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AIDS

In the Developing World

A Report to Congress on the
USAID Program for Prevention
and Control of HIV Infections
August 1992

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, WASHINGTON, DC 20515

C O N F R O N T I N G

AIDS

I n t h e D e v e l o p i n g W o r l d

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FROM THE ADMINISTRATOR

This is an extraordinary time in the modern history of nations. People around the globe are exploring the principles of democracy and then electing to accept the disciplines and responsibilities of free government and free markets. In all regions of the world, men and women in their most productive years are turning their talents and energies toward the creation of new democratic structures.

Yet it is these men and women—the most able to design, build, and support new democratic systems—who are the most at risk for the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), the fatal but preventable disease that is spreading through much of the world.

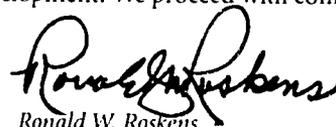
Unknown only a decade ago, HIV/AIDS has now become an epidemic of such proportions that no populated region on earth remains free from risk. Developing nations, least able to withstand the devastating effects of the disease, have been the hardest hit. HIV/AIDS is not only a massive public health challenge but a profound threat to the economic growth and social stability many nations are struggling to achieve.

The U.S. Agency for International Development (USAID) has been committed to preventing and controlling HIV/AIDS since 1986 because we recognize that such a commitment is essential to preserving social and economic gains made in the developing world. Through our bilateral programs, we have pioneered HIV/AIDS prevention activities in more than 70 developing countries. We have worked closely with government policymakers and community-based organizations, with public- and private-sector professionals, and with the people most imperiled by the disease. We have launched more than 700 intervention programs and developed mechanisms to measure their effect.

We have helped create models to evaluate the future consequences of an unchecked epidemic and how specific interventions might alter those consequences. Research into the components of behavior change further supports our ongoing effort to refine and improve intervention strategies. The substantial knowledge we are accumulating in HIV/AIDS prevention not only enables us to provide needed technical assistance abroad but enhances our ability to control HIV/AIDS at home.

We have accomplished a great deal during the first four years of our prevention and control initiative and have learned how to use the resources at hand in working to prevent the spread of HIV. Now we must focus and intensify our efforts to change the course of the epidemic. An estimated 12 million people are infected with HIV, and without adequate preventive measures, as many as 40 million people may be infected by the end of the decade. Most of these people will die from AIDS within 10 years of contracting the virus. Continued losses of this magnitude to a preventable disease are unacceptable.

To respond effectively, we have expanded the agency's technical capabilities and extended its financial commitment. Over the next five years we plan to invest approximately \$400 million in a comprehensive HIV/AIDS prevention program. Our work will contribute to a greater understanding of ways to control the spread of HIV and will demonstrate the impact of well-integrated, large-scale intervention programs in as many as 15 developing nations. It is our intention to slow the progress of HIV/AIDS and its threat to economic and social development. We proceed with confidence and with the certain knowledge that we must succeed.



Ronald W. Roskens

Administrator

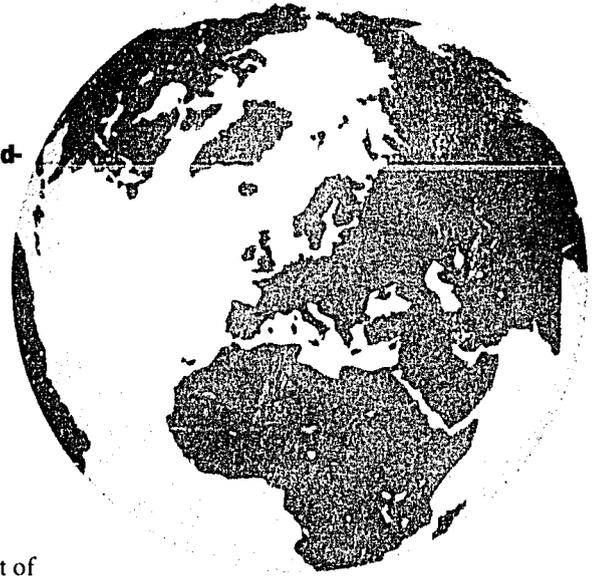
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WORLDVIEW. The human immunodeficiency virus (HIV) is spreading throughout much of the world. Deaths from the acquired immunodeficiency syndrome (AIDS) continue to mount. The World Health Organization (WHO) reported in early 1992 on the expanded dimensions of the pandemic:



- As many as 12 million adults, or one out of every 250 adults in the world, have been infected with HIV. One million contracted the disease in the last year.
- Forty million people worldwide could be infected with HIV by the year 2000 unless adequate preventive measures are taken.
- The number of HIV-positive women and children is rising steadily. One million infected children have been born to infected mothers, who passed the virus to their babies before, during, or shortly after birth.
- HIV is most commonly spread through sexual contact. Eighty percent of HIV infections worldwide have been sexually transmitted, most of them through heterosexual intercourse.
- Other sexually transmitted disease (STD) infections, which are widespread in the developing world, accelerate the spread of HIV.
- HIV infection weakens the immune system, thus inviting the onset of other infectious diseases, such as tuberculosis. In some developing countries, the rising incidence of clinical tuberculosis already constitutes an epidemic parallel to HIV/AIDS.

REGIONAL IMPACT

- In sub-Saharan Africa, more than 6 million adults, or one in every 40 men and women, are HIV-infected. By the end of the decade,

the adult mortality rate in some areas is expected to triple. As many as 8 million HIV-infected infants may be born in Africa by the year 2000, countering recent gains in child survival rates in some countries. Ten million uninfected African children will have lost one or both parents to HIV/AIDS.

- One million adults in South and Southeast Asia are HIV-infected, a figure expected to triple by 1995.
- More than 1 million people, including 10,000 newborns, in Latin America and the Caribbean are HIV-infected. The figure is twice the number estimated just one year ago.
- In all developing regions of the world, the epidemic is draining limited resources and weakening infrastructures essential to social and economic progress. Without able-bodied men and women to work the land, run the machines, manage the offices, heal the sick, and educate the next generation, recent advances made in many developing countries may be lost.

THE RESPONSE

- The world health community has responded to the spread of HIV/AIDS by

directing considerable resources and energy toward the development of policies, programs, and interventions that will help prevent and control the disease.

- Since 1986 the WHO Global Program on AIDS (WHO/GPA) has provided technical leadership, planning, and coordination of AIDS prevention and control and has conducted AIDS-related research.
- Private voluntary organizations (PVOs) and other nongovernmental organizations (NGOs) are giving increased attention to HIV/AIDS, and their expertise has become an important resource in the battle against the disease.
- USAID in the last four years has developed HIV/AIDS intervention strategies and provided technical assistance for more than 700 prevention and control activities in over 70 developing countries.
- In addition to committing more than \$91 million to WHO/GPA since 1986, USAID has allocated over \$158 million for bilateral HIV/AIDS prevention and control programs, including \$23 million to support activities conducted by community and other nongovernmental organizations. USAID has also supplied millions of condoms for HIV/AIDS prevention—more than 500 million in Africa alone.

THE FUTURE FOCUS

- In the absence of an effective, affordable, and widely available vaccine, prevention programs for the foreseeable future must concentrate on curbing the spread of HIV/AIDS by modifying high-risk behav-

iors. Viable strategies include encouraging individuals to reduce their number of sexual partners; improving the prevention, diagnosis, and treatment of STDs; and increasing access to and use of condoms.

- Large-scale, comprehensive intervention programs supported by government leaders, the private sector, and other nongovernmental organizations should have the greatest impact in countries with high or rapidly rising HIV seroprevalence rates. Carefully targeted activities designed for specific audiences may be most appropriate in low-prevalence countries.
- Continued research is required into sexual behavior and the cultural and socioeconomic factors that may influence behavior change. Such studies will yield information to help refine and bolster the effectiveness of interventions.
- USAID plans to devote resources to study the effect of the HIV/AIDS epidemic on economic, social, and political growth, in order to improve planning for future development programs.
- Future directions established for HIV/AIDS prevention efforts in the developing world are applicable to many initiatives in industrialized nations as well. Lessons learned from targeted intervention activities and information gleaned from basic and applied research will assist all countries in confronting the threat of HIV/AIDS.



COUNTRY	SEROPREVALENCE
AFRICA	
Benin (1)	4.5
Botswana (2)	1.2
Burkina Faso (3)	16.9
Burundi (4)	18.5
Cameroon (5)	8.6
Central African Republic (6)	20.6
Chad (7)	Not available
Cote d'Ivoire (8)	23.8
Ethiopia (9)	18.2
Ghana (10)	25.2
Guinea-Bissau(11)	Not available
Kenya (12)	59.2
Malawi (13)	55.9
Mali (14)	23.0
Mauritania (15)	.0

COUNTRY	SEROPREVALENCE
Mozambique (16)	2.6
Niger (17)	5.8
Nigeria (18)	12.8
Rwanda (19)	79.8
Senegal (20)	2.3
South Africa (21)	3.2
Swaziland (22)	Not available
Tanzania (23)	38.7
Togo (24)	Not available
Uganda (25)	76.0
Zaire (26)	37.8
Zambia (27)	54.0
Zimbabwe (28)	Not available

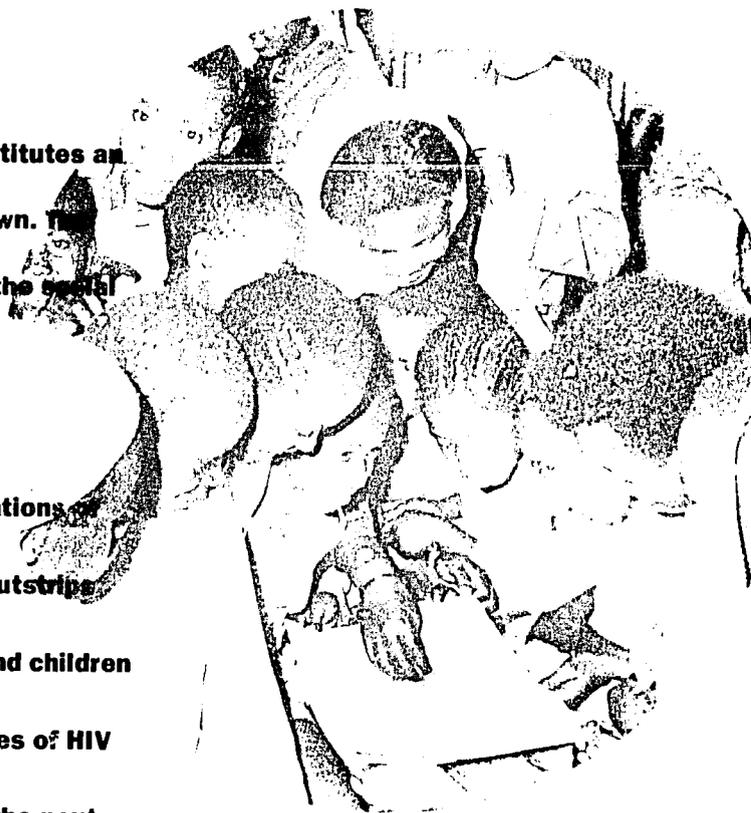


COUNTRY	SEROPREVALENCE
ASIA	
India (29)	18.1
Indonesia (30)	Not available
Papua New Guinea (31)	.7
South Pacific (32)	Not available
Sri Lanka (33)	.0
Thailand (34)	20.6
EUROPE/NEAR EAST	
Morocco (35)	7.1
Turkey (36)	1.6
LATIN AMERICA AND THE CARIBBEAN	
Bolivia (37)	.0
Brazil (38)	3.0
Colombia (39)	14.6
Costa Rica (40)	.0

COUNTRY	SEROPREVALENCE
Dominican Republic (41)	2.6
Eastern Caribbean	
Antigua & Barbuda (42)	1.7
Barbados (43)	Not available
St. Lucia (44)	Not available
Trinidad & Tobago (45)	13.0
Ecuador (46)	Not available
Guatemala (47)	Not available
Haiti (48)	41.9
Honduras (49)	Not available
Jamaica (50)	14.6
Mexico (51)	2.2
Peru (52)	.3
Venezuela (53)	Not available

THE PANDEMIC PROGRESSES. HIV/AIDS now constitutes an epidemic more widespread than any the world has known. The disease, within just a few years, could halt or reverse the social and economic gains achieved by decades of effort and investment.

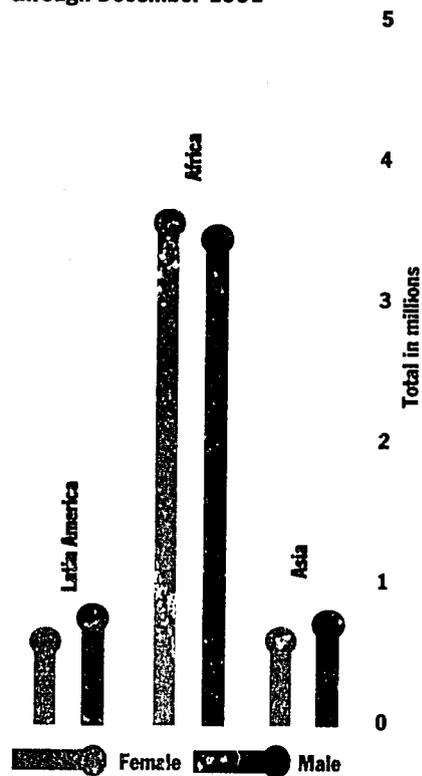
No nation can afford to ignore the powerful implications of the epidemic. At present, the spread of the virus still outstrips efforts to control it, and the number of men, women, and children lost to AIDS continues to climb. By year's end, new cases of HIV will amount to nearly 2 million. This means that during the next 24 hours, 5,000 people will become infected; during the next month, more than 150,000 people will become infected.



Soon, adults and children in developing countries will account for 90 percent of the world's HIV/AIDS cases. More women of childbearing age are HIV-positive, and about 30 percent of babies born to them are infected. By the end of the decade, an estimated 10 million infants will have been born with HIV. Moreover, additional millions of uninfected children are likely to lose one or both parents to AIDS before their 10th birthdays.

Specific sexual behaviors common around the globe raise the risk of infection and contribute to its fast spread. Most people who become infected routinely engage in sexual intercourse without condoms in circumstances that increase the chance of acquiring HIV. These circumstances include having a number of different sexual partners, or having a partner

Estimated cumulative global distribution of adult HIV infections through December 1991



who does; having a sexually transmitted disease other than HIV; and/or having a partner who is infected with HIV and another STD, a factor that increases the chance of contracting HIV tenfold.

The prevalence of risk-taking behaviors combined with the continuing spread of the virus has led the World Health Organization to boost projections of the numbers of people who will be infected by the end of the decade from 30 to 40 million.

HIV INFECTION AND AIDS CASES

(estimated cumulative totals)

	1989 (mil.)	1991 (mil.)	2000 (mil.)
AIDS Cases	0.6	2.0	10.0*
HIV Infection	6.0	12.0	40.0

*Adults only, all other numbers represent adults/children

Sources: WHO/GPA.

THE REGIONAL PERSPECTIVE

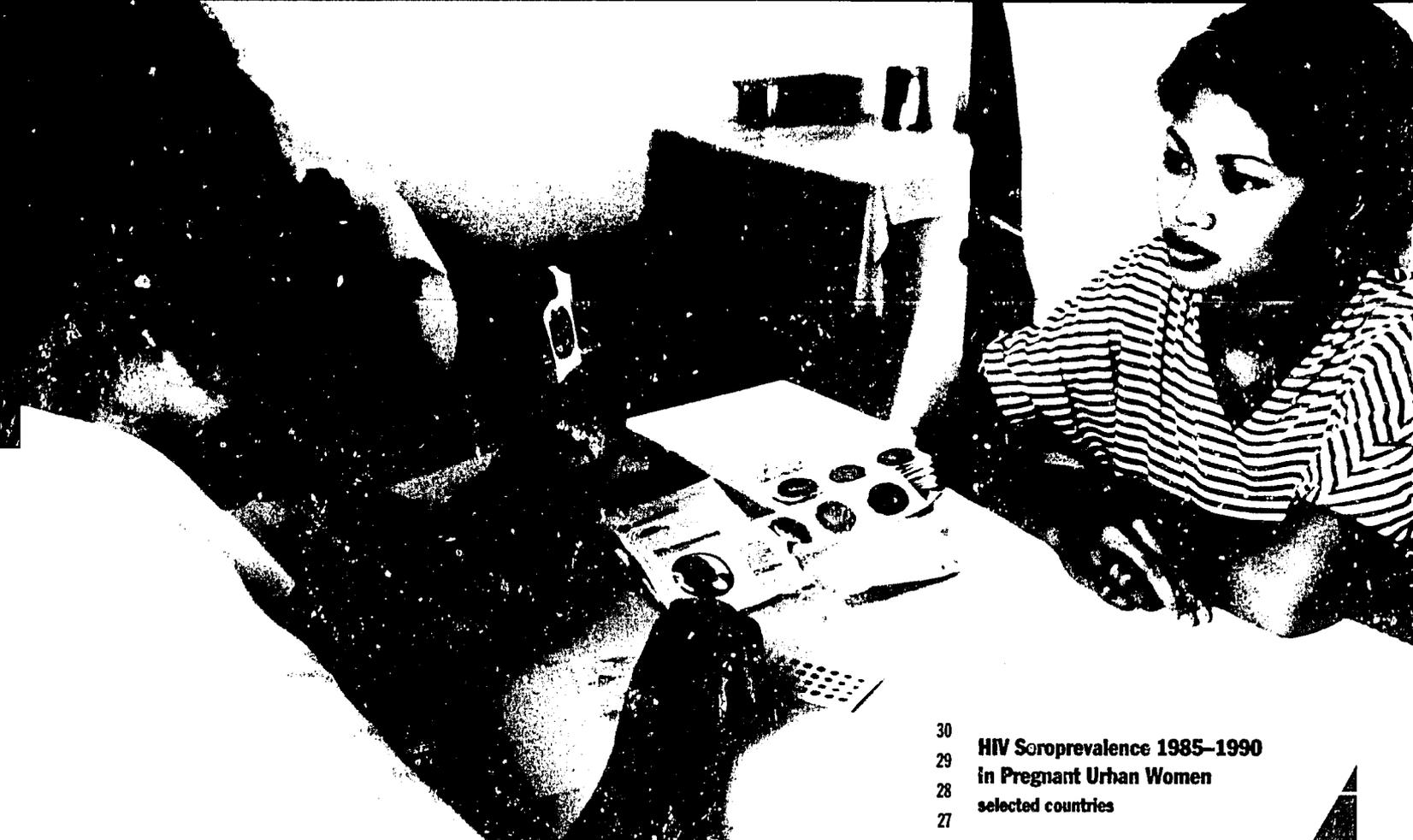
Although no nation can afford to be complacent about HIV/AIDS, countries in the developing world are currently the hardest hit and least able to amass the resources necessary to slow the disease's spread. More than 60 percent of HIV-infected adults live in sub-Saharan Africa (which has been experiencing the epidemic the longest), almost 10 percent live in Asia, and about 10 percent live in Latin America and the Caribbean. As compelling as these numbers are, there is still time to stem the tide of this disease, even in the most afflicted regions of the world.

SUB-SAHARAN AFRICA

HIV/AIDS is a family disease in Africa. Equal numbers of men and women contract the virus, and as of 1990, approximately 500,000 HIV-infected babies had been born to HIV-infected mothers, a figure expected to reach 8 million by the decade's end. At the same time, deaths from AIDS could increase child mortality rates by 50 percent in some areas of Africa.

During the 1990s, the ramifications of HIV/AIDS will be most strongly felt in some urban areas of East and Central Africa, where up to one-third of all adults are already



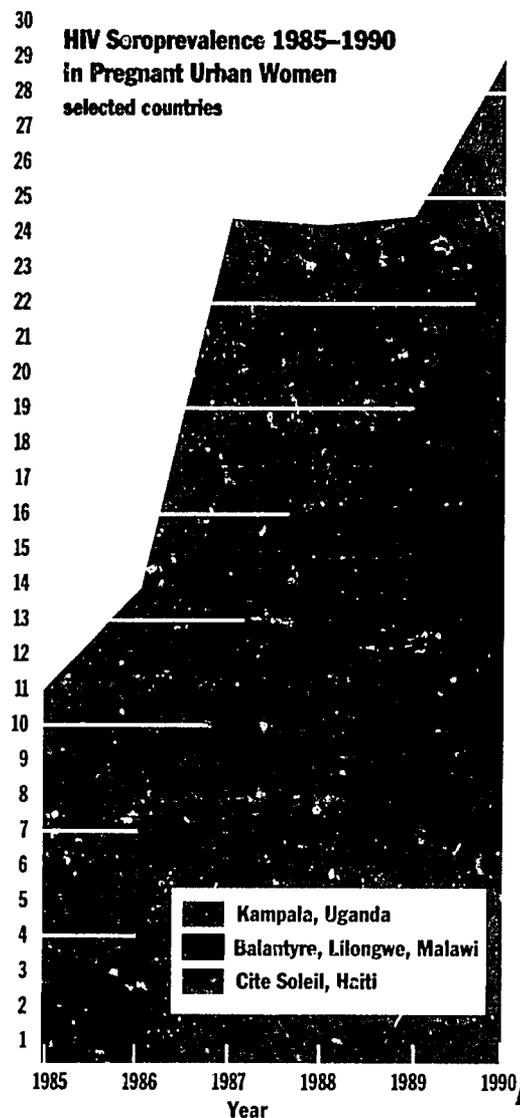


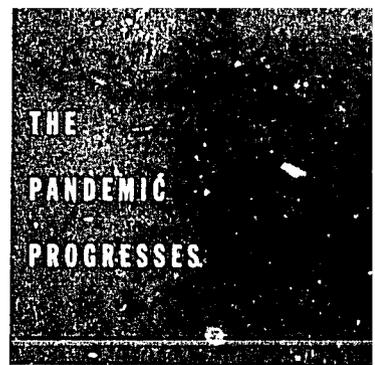
“Interventions mounted quickly and targeted appropriately can slow the epidemic in Asia. Because policymakers in some countries are willing and able to confront the HIV/AIDS threat now, in its early stages, it is still possible to contain the spread of HIV.”

infected. As many as 80 percent of inpatients in a few large urban hospitals are HIV-infected. By the end of the decade, the adult mortality rate may triple in these areas.

Although most evident in cities, HIV is moving into rural areas, which are reporting sharp increases in infection rates. The Food and Agriculture Organization estimates that a quarter of the farms in the most affected countries of sub-Saharan Africa may fail as the disease decimates the work force.

Despite the bleak statistics, many small-scale interventions are succeeding; information drawn from the projects is helping to define the best ways to slow the continued spread of





HIV/AIDS in Africa. Encouraging results from scores of activities are leading to the development of comprehensive, national intervention strategies.

ASIA

The incidence of HIV/AIDS is rising swiftly in South and Southeast Asia, where more than 1 million people are now believed to be infected. Because the population there is twice that of sub-Saharan Africa, where 6 million have been infected, the HIV/AIDS epidemic in Asia could strike vastly greater numbers of people.

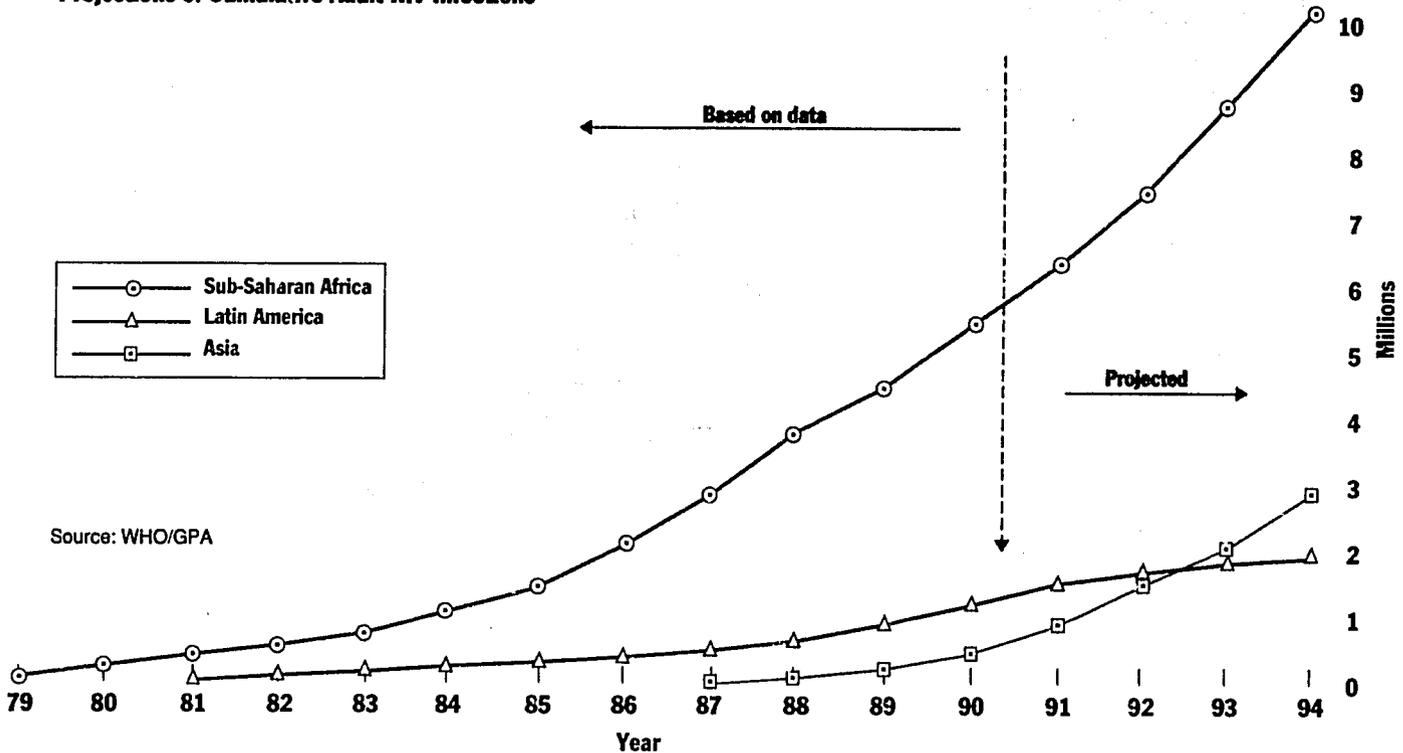
Several countries in the region, such as Thailand, India, and the Philippines, have well-established commercial sex industries.

Prostitutes are regularly patronized by large numbers of both national and foreign clients, thus accommodating the spread of HIV within and across country borders.

Of the 300,000 prostitutes active in Bombay, India, nearly 30 percent are thought to be HIV-infected. The government of Thailand estimates that as many as 30 percent of the nation's 800,000 prostitutes are infected, as are 3 percent of the 20- and 21-year-old men recruited by the army and 1 percent of women seeking care at public maternal-health clinics. Without efforts to control the disease, Thailand alone could have as many as 4 million infected individuals by the year 2000.

Interventions mounted quickly and targeted appropriately can slow the epidemic in

Projections of Cumulative Adult HIV Infections



Source: WHO/GPA



“Strong national infrastructures in many Latin American and Caribbean countries combined with established, active networks of nongovernmental and private voluntary organizations provide the framework for constructive intervention programs.”

Asia. Because policymakers in some countries are willing and able to confront the HIV/AIDS threat now, in its early stages, it is still possible to contain the spread of HIV.

LATIN AMERICA AND THE CARIBBEAN

Most HIV infections in Latin America and the Caribbean are sexually transmitted, with heterosexual intercourse the dominant mode of transmission. High rates of other STDs are implicated in hastening the spread of HIV, as are the opportunities presented by heavy travel,

tourism, foreign trade, and regional migration.

HIV prevalence among prostitutes continues to climb. As many as 60 percent of the prostitutes in Haiti, for instance, and 35 percent of several hundred prostitutes surveyed in Honduras are thought to be infected.

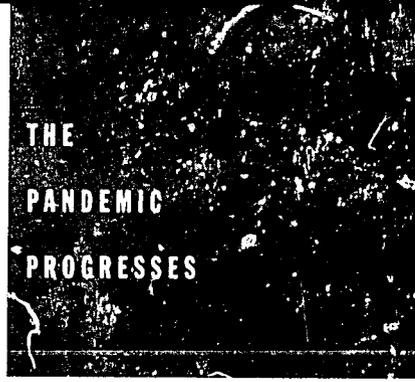
HIV also appears to be moving into the general population. Women and children throughout the region are increasingly vulnerable to the disease. In Brazil and the Caribbean, for example, infection rates among pregnant women are rising.

Strong national infrastructures in many Latin American and Caribbean countries combined with established, active PVO and NGO networks provide the framework for constructive intervention programs. With this foundation in place, the region demonstrates a clear potential for curtailing the spread of HIV/AIDS.

THE IMPACT

HIV/AIDS attacks the vital core of society by striking men and women at the peak of their productive years, when their contributions to family, community, and country are most needed. The United Nations Development Program has reported that in the most affected countries, the epidemic “could deplete critical sections of the labor force, undermine the public-sector capacity to govern, lead to social and civil unrest, and adversely affect every sector of the economy, including agriculture, industry and transport.”

HIV/AIDS is already straining the basic structures of society in many developing nations. In some cases, decades of investment to improve the quality of life are in jeopardy. The disease, if not stopped, also threatens the



survival of many members of the next generation, the people expected to lead and build their countries in the future.

Health care infrastructures in some countries are already buckling under the burden of HIV/AIDS. No current system in the developing world will be able to manage or pay for the care required for the escalating numbers of people suffering from AIDS and AIDS-related diseases.

The interactions between HIV and other infectious diseases, in fact, are a growing concern. It has been documented that HIV and other STDs interact in ways that promote transmission. Evidence shows, too, that HIV-infected persons who harbor tuberculosis infection develop active TB more frequently than those without HIV. The disease is then easily communicated to others. HIV/AIDS has hobbled decades of progress in controlling tuberculosis in many parts of the world; in Africa, the incidence of TB has grown to epidemic proportions, paralleling that of HIV/AIDS.

The adverse effects of HIV/AIDS could reach far beyond families, communities, and societies. As a nation's work force shrinks and resources dwindle, the infrastructures essential to a functioning society may become overwhelmed, unable to respond to the gathering health crisis. Great human suffering, coupled with the diminished ability of society to cope, may lead to political turmoil and civil unrest.

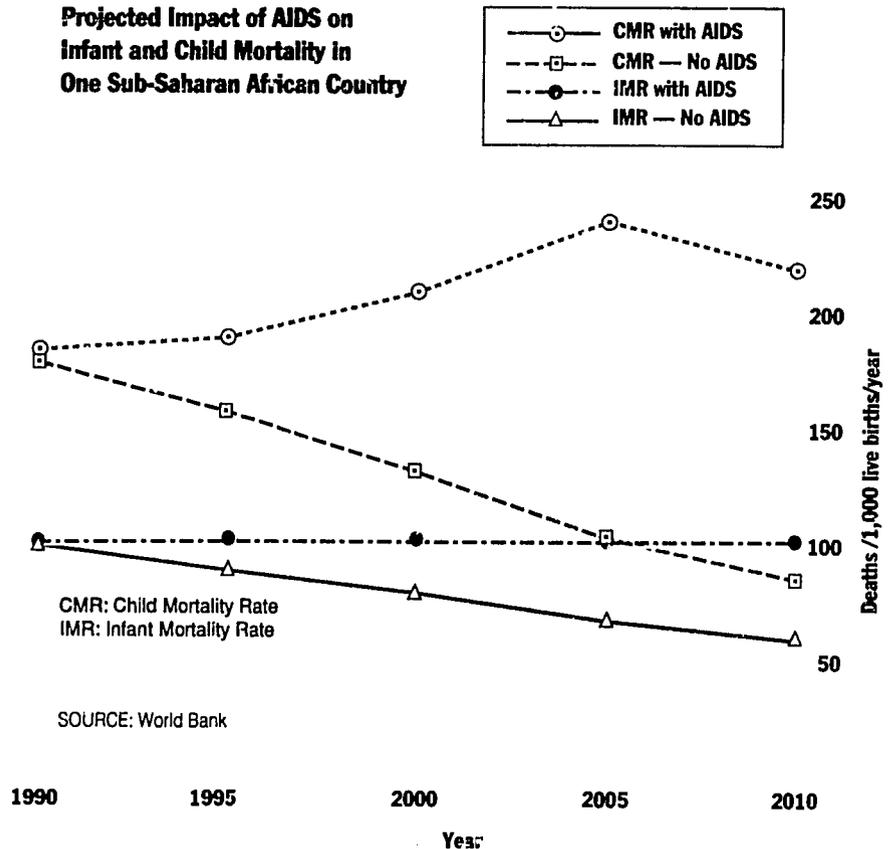
USAID and other international donor organizations are working to head off the potentially grave impact of HIV/AIDS by applying knowledge gained and expertise developed in the field to prevent and control the disease.

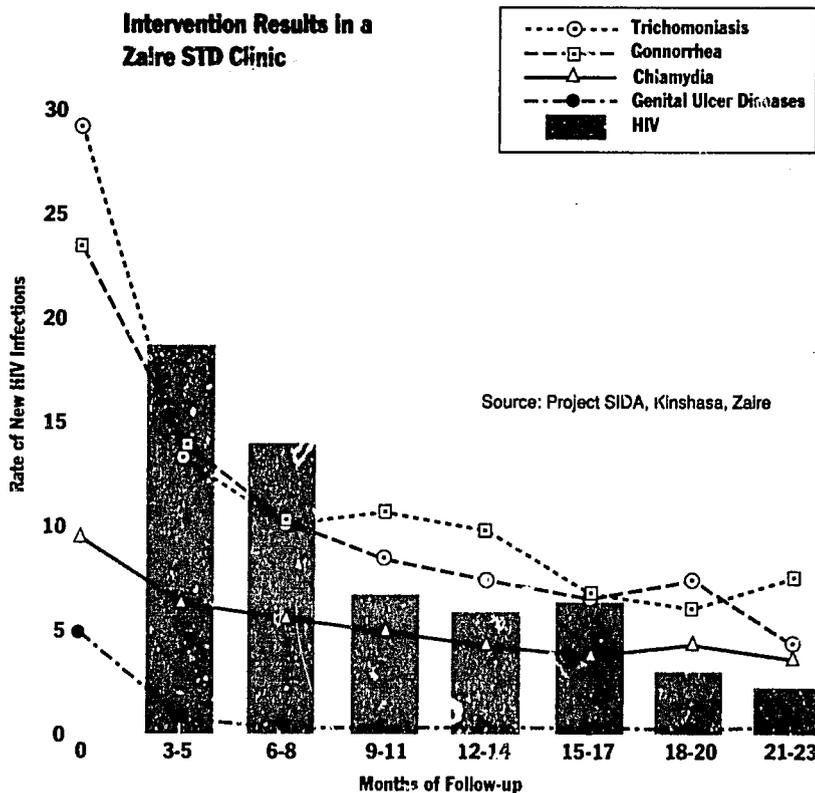
LESSONS LEARNED

The governments of many developing countries have acted more aggressively in the past year to confront the spread of HIV/AIDS within their own borders. With increasing frequency, national leaders are becoming more directly involved in efforts to plan and manage the response to the epidemic. This noteworthy change in direction is important to establishing and maintaining country-wide HIV/AIDS intervention programs.

Strong grass-roots organizations will be critical to the success of national programs. Because the PVOs and NGOs have established widespread contacts and have the respect and trust of the people they serve, their efforts will be invaluable.

Projected Impact of AIDS on Infant and Child Mortality in One Sub-Saharan African Country





A pivotal lesson learned is that strategies combining several methods of prevention known to work are more effective than those that rely on a single method. Experience to date has shown that a reduction in the number of casual sex partners, improved diagnosis and treatment of STDs, and the increased use of condoms together can significantly alter the course of the epidemic. The favorable outcome of behavior changes and improved STD services is evident in field work, in the results of small programs already in place, and in data from computer modeling developed with USAID assistance.

A highly successful intervention project, for example, among prostitutes served by an STD clinic in Zaire has led to a marked drop in the incidence of HIV infection among the women. Jointly sponsored by the U.S. Public Health Service and the Institute of Tropical Medicine in Antwerp, Belgium, the project included regular examinations and treatment for STDs, personal counseling to encourage behavior change, and condom distribution. The incidence of

STDs, including genital ulcer disease, gonorrhoea, and chlamydia has declined as well. Within 23 months, new HIV infections fell from almost 20 percent to less than 5 percent of the population served, and genital ulcer disease was nearly eliminated. At the beginning of the program almost none of the women reported using condoms with their clients; after 23 months, 60 percent of the women were using them regularly.

Condom promotion activities have also succeeded in many countries in Africa and in Latin America. Information collected so far indicates that condoms will be acquired and reportedly used with increasing regularity if they are easily accessible, available in sufficient quantity, and marketed appropriately. USAID shipped more than 130 million condoms to Africa in 1991, up nearly 400 percent since 1987. The increase is tied directly to increased demand. Because of the success of many social marketing programs in several developing countries, more local governments are now moving to support the vigorous marketing of condoms.

Computer modeling has supported results reported from the field. The U.S. Interagency Working Group on AIDS (iwgAIDS) model uses country-specific demographic data and HIV infection rates to assess the impact of an uncontrolled epidemic on various demographic and economic factors in a given country. The model then projects how different intervention strategies would affect the course of the epidemic. USAID has also supported the development of the "AIDS Impact Model," or AIM, for presenting modeling results to decision-makers in a graphic and easily understood format.

Recently, experts used USAID's modeling capabilities to analyze the likely impact of spe-

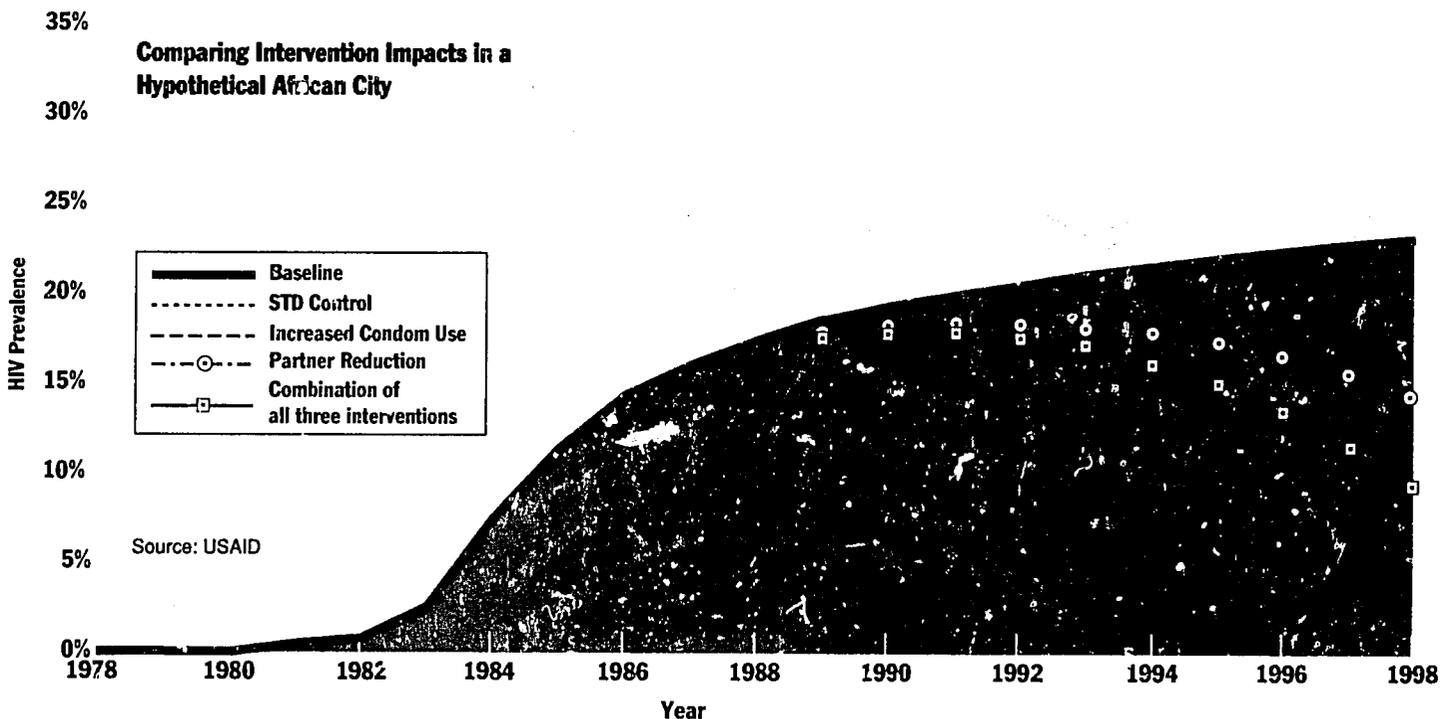
cific HIV/AIDS interventions on a sub-Saharan African city experiencing a severe epidemic. First they defined the level of infection that would result if the epidemic simply ran its course. Then they identified the goals of three interventions: decrease the number of casual sexual contacts by about one half; increase condom use in about 30 percent of casual sexual encounters; and administer appropriate treatment in 30 percent of sexually transmitted disease cases. The results demonstrated that each intervention alone reduces the incidence of HIV infection significantly, and the three combined have especially good results. The graph below illustrates these conclusions.

The chart shows the level of infection that would result from no change in risk behaviors, from each individual intervention, and when all three are applied simultaneously.

GOALS AND DIRECTIONS

A swift response is crucial to stopping the HIV/AIDS epidemic. While more still needs to be learned about ways to motivate and sustain behavior change that will lower the risk of infection, substantial progress has already been made. The expertise that has been accumulated, coupled with substantial resources and commitment, is enabling USAID to respond more effectively to slow the spread of HIV.

Although research is underway on a vaccine to prevent HIV/AIDS, it will take years, if not decades, to develop, test, and manufacture an affordable and widely available product. While this work continues, the present goal must be to move steadily forward, using the resources at hand to mount the large-scale activities needed to stop the progression of HIV/AIDS.



THE USAID RESPONSE. The U.S. Agency for International Development manages the U.S. foreign assistance program. The agency works in partnership with other U.S. government agencies, U.S. businesses, nonprofit organizations, and other international donor agencies to enable less developed nations to grow into independence in the areas of health, education, agriculture, and economic development. Because HIV/AIDS jeopardizes the headway made in recent decades, and because lessons learned from USAID activities abroad can help prevent HIV/AIDS at home, USAID has become a leader in the worldwide struggle against the disease.



The agency has done so in two major ways: by supporting and coordinating with the World Health Organization/Global Program on AIDS (WHO/GPA) and by providing bilateral assistance through its missions in countries with high and growing rates of HIV infection. USAID also funds research to enhance HIV/AIDS intervention programs. It has pursued these aims in coordination with other U.S. government agencies.

COORDINATION WITH WHO/GPA

In 1986 the World Health Organization, with the help of the United States and other member nations, created the Special Program on AIDS to explore ways to respond to the growing threat of HIV/AIDS. The effort was expanded in 1988 into the Global Program on AIDS, with a mandate to develop a worldwide strategy of technical and financial support to fight the disease. USAID has been a consistent supporter of and partner in WHO/GPA efforts. In addition to providing financial assistance,

USAID is an active member of the WHO/GPA Management Committee.

The WHO program was established at a time when very little was known about HIV/AIDS or how to fight it. WHO/GPA provided leadership in technical support, planning, and evaluation; it also assisted in implementing programs at the country level, a new role for WHO. Recent assessments of the WHO/GPA point to its success in mobilizing a worldwide political and programmatic response to the AIDS threat. WHO/GPA has ensured that most countries have established national AIDS committees to develop guidelines, policies, and strategies for HIV/AIDS prevention. The program continues to provide leadership in stimulating policy reform and in generating financial support for national AIDS control programs.

USAID and WHO/GPA work closely together, capitalizing on the specialized expertise each brings to the effort. As one of WHO/GPA's earliest partners, USAID has con-

tributed more than \$91 million to the global effort since 1986. In 1991 USAID accounted for about 30 percent of all donor support to WHO/GPA, making USAID the world's largest provider of funds for HIV/AIDS prevention and control programs.

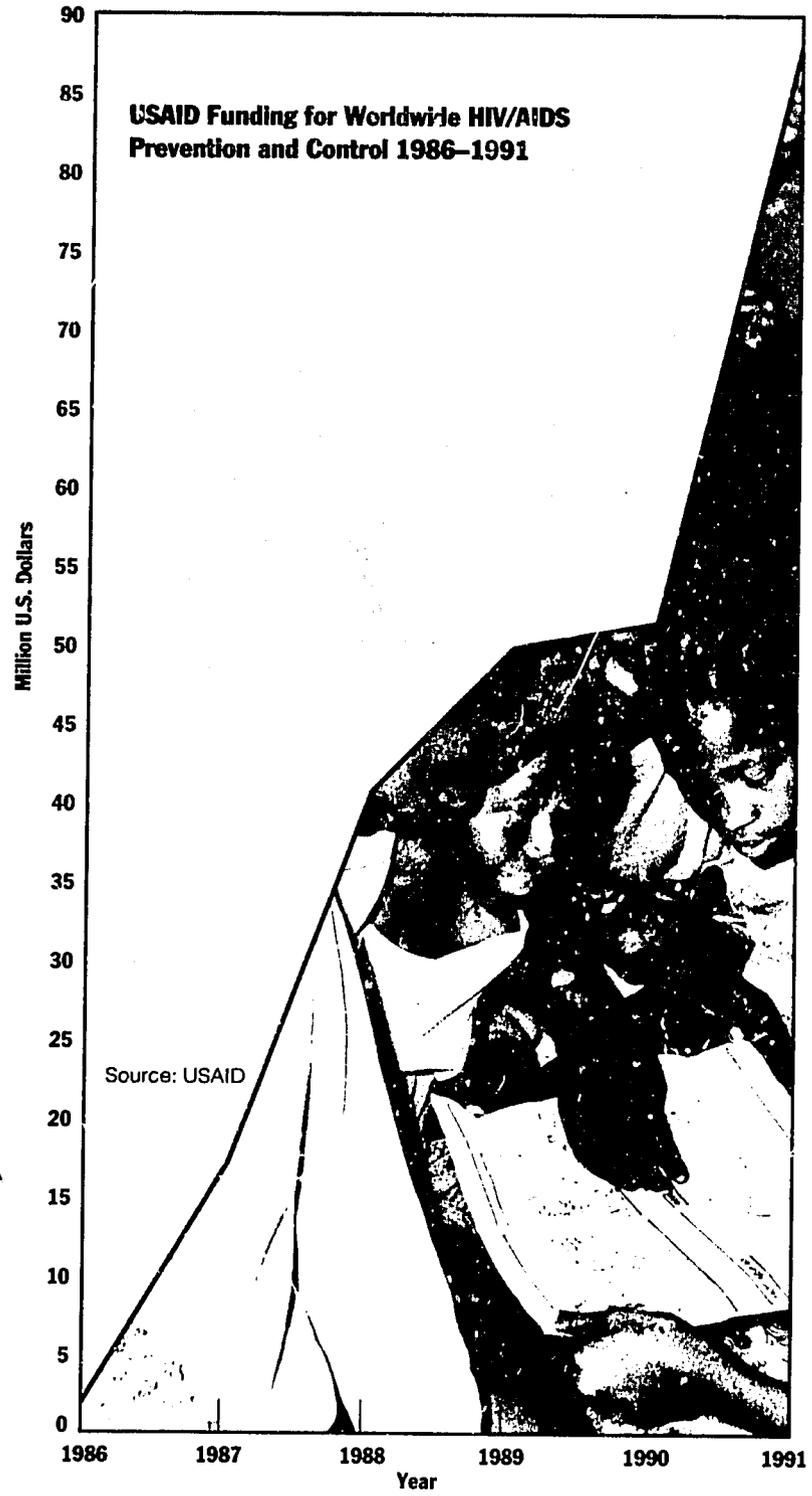
THE USAID BILATERAL ASSISTANCE PROGRAM

In 1987 USAID saw the need to complement the WHO/GPA program with an initiative that emphasized technical assistance and program development. Building on its decentralized operating structure, extensive network of missions, and strong technical field staff, USAID designed a program focused on the support, design and establishment of prevention activities at the country level.

The bilateral assistance program is enhanced by USAID's technical expertise, cooperative partnerships, and substantial in-country experience in meeting health care and development needs in Africa, Asia, and Latin America and the Caribbean.

Aside from USAID's considerable financial commitment, USAID has expanded numerous health and family planning activities to encompass HIV/AIDS intervention efforts. The agency has also encouraged partnerships with other U.S. programs in the developing world. An example is a three-year project with the Peace Corps to assist African countries in designing and implementing HIV/AIDS education activities targeted toward youth in and out of school, health personnel, women at high risk, and the general public.

Since 1987 USAID has disbursed more than \$158 million for AIDS prevention through its bilateral assistance programs. USAID funding for these purposes has increased steadily as





the epidemic has worsened. In 1991 alone USAID committed \$65.2 million. Over the next five years, it expects to invest approximately \$400 million worldwide to fund bilateral activities and continue its support of WHO/GPA.

In the last year, USAID has focused particular attention on two critical areas in the fight against HIV/AIDS: women and HIV/AIDS, and the development of mechanisms to measure the effectiveness of prevention programs.

WOMEN AND HIV/AIDS

Women now account for one-third of all cases of HIV infection. Increasingly, married and unmarried women from all socioeconomic backgrounds are being exposed to HIV through sexual contact with an infected partner.

Through a cooperative agreement with the International Center for Research on Women, USAID assists the Women and AIDS Research Program in exploring the sexual attitudes and behaviors of men and women, the cultural and socioeconomic issues that put women at risk for HIV infection, and the options open to women for preventing HIV/AIDS. The program currently conducts 15 research projects: 6 in Africa, 5 in Asia and the Pacific, and 4 in Latin America and the Caribbean.

MEASURING PROGRAM PROGRESS

To assess more precisely the outcome of HIV/AIDS prevention activities, USAID has tested a series of practical HIV prevention program indicators to evaluate program status and to monitor program results over time. During the summer of 1991, USAID conducted a pilot test in Jamaica of a preliminary list of indicators that USAID and WHO/GPA will consider adopting as standardized measures of program progress.

RESEARCH AND COORDINATION

USAID supports a broad array of research and training activities for HIV/AIDS prevention. Among them are:

- operational research for evaluating the success of interventions aimed at improving the diagnosis and treatment of STDs, promoting safer sexual behavior, and increasing the use of condoms;
- behavioral research into the reasons for unsafe sexual practices and the means to change them;
- assessment of the negative socioeconomic consequences of HIV/AIDS;
- development and field evaluations of inex-

- pensive, appropriate STD diagnostic tests;
- participation in peer reviews of international research projects; and
- support of in-country training for field-oriented and clinically based epidemiologists.

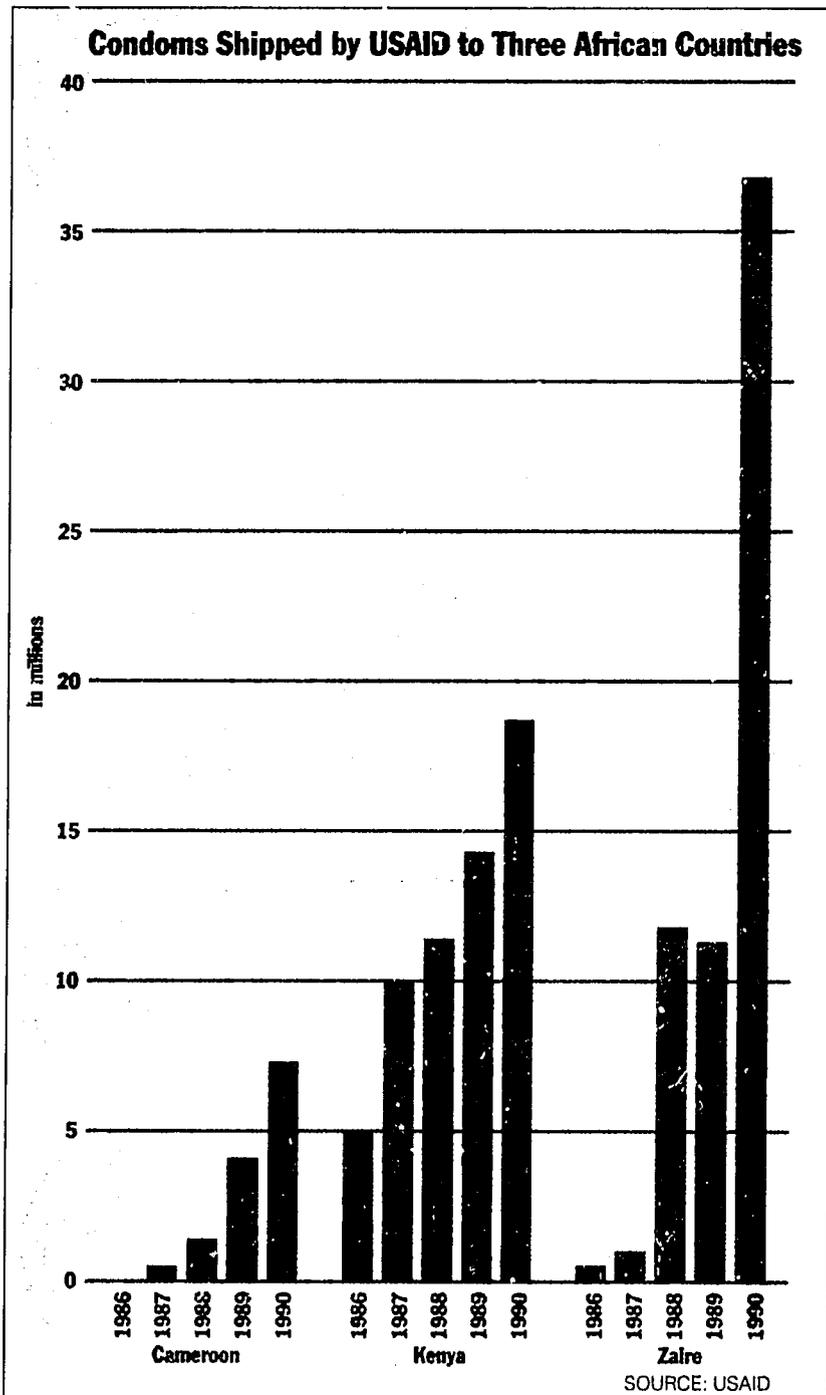
USAID coordinates international HIV-related prevention and control activities with

other U.S. government agencies. In this role, USAID:

- participates in the Interagency Working Group in International AIDS Issues convened by the Department of State;
- serves on the Federal Coordinating Committee on the HIV epidemic (FCC) convened by the Public Health Service, and

CHRONICLE OF USAID INVOLVEMENT IN HIV/AIDS PREVENTION

October 1985	Joined the Interagency Working Group on AIDS (iwgAIDS) to assess the impact of HIV/AIDS on other countries and U.S. foreign policy.	April 1989	Initiated support of the National Council for International Health to assist information exchange and networking among U.S.-based private voluntary and nongovernmental organizations working on AIDS internationally.
September 1986	First contributed to the World Health Organization's Special Program on AIDS (later the Global Program on AIDS).	July 1990	Formed the STD Diagnostics Network to make available inexpensive, rapid, and simple technologies for the detection of sexually transmitted diseases.
April 1987	Announced USAID policy guidance on AIDS.	August 1990	Established a research grants program in cooperation with the International Center for Research on Women to identify HIV/AIDS prevention strategies for women in developing countries.
September 1987	Launched the AIDS Technical Support Project, a worldwide AIDS prevention and control effort implemented by the AIDSCOM and AIDS-TECH programs.	November 1990	Undertook an internal review and redesign of the central AIDS program.
March 1988	Supported the formation of the iwgAIDS Models and Methods Subcommittee to develop models and databases for estimating and forecasting the scope and impact of the AIDS pandemic.	May 1991	Established a set of standardized country-level indicators to measure the impact of AIDS control programs.
September 1988	Established an agreement with the Centers for Disease Control to engage domestic expertise to combat AIDS internationally.	August 1991	Established a partnership with the Peace Corps to provide AIDS education in eight African countries.
September 1988	Assumed leadership of the International Subcommittee of the Federal Coordinating Committee on AIDS to facilitate coordination of federal HIV/AIDS activities in developing countries.	August 1991	Joined multidonor initiative to increase and improve support to developing country nongovernmental organizations working in HIV/AIDS.
March 1989	Initiated support of the grants program for the HIV/AIDS Prevention in Africa Project to assist international private voluntary and nongovernmental organizations working in the region most affected by the pandemic.	October 1991	Signed \$168 million cooperative agreement with Family Health International to implement a new strategy for preventing HIV/AIDS.
		December 1991	To date, USAID had provided \$249 million for AIDS prevention and control in developing countries.



co-chairs the FCC's International Subcommittee (FCCIS). The FCCIS facilitates cooperation and communication among U.S. government agencies active in international AIDS prevention, control, and research, and maintains a database of the agencies' activities; and

- participates in the Working Group on HIV Vaccine Development and International Field Trials of the Federal Coordinating Committee on Science and Technology.

THE USAID INITIATIVE

USAID will continue to focus on preventing the sexual transmission of HIV through the most viable methods: encouraging a reduction in the number of sexual partners; improving the diagnosis, treatment, and prevention of sexually transmitted diseases; and increasing access to and use of condoms. New insights gained over time will be used to further refine intervention strategies.

Prevention programs and research alone, however, cannot stem the tide of HIV/AIDS. Strong governmental support within developing countries is equally essential. USAID will therefore intensify its efforts to seek committed leadership and sound policies that will buttress sustainable activities, assure continued financial assistance, attract the best qualified people to the task, and help maintain good morale among those working on HIV/AIDS interventions.

The goal is to demonstrate in several countries the inroads that can be made against the epidemic when large-scale HIV/AIDS intervention programs are undertaken with the firm support of national leaders.

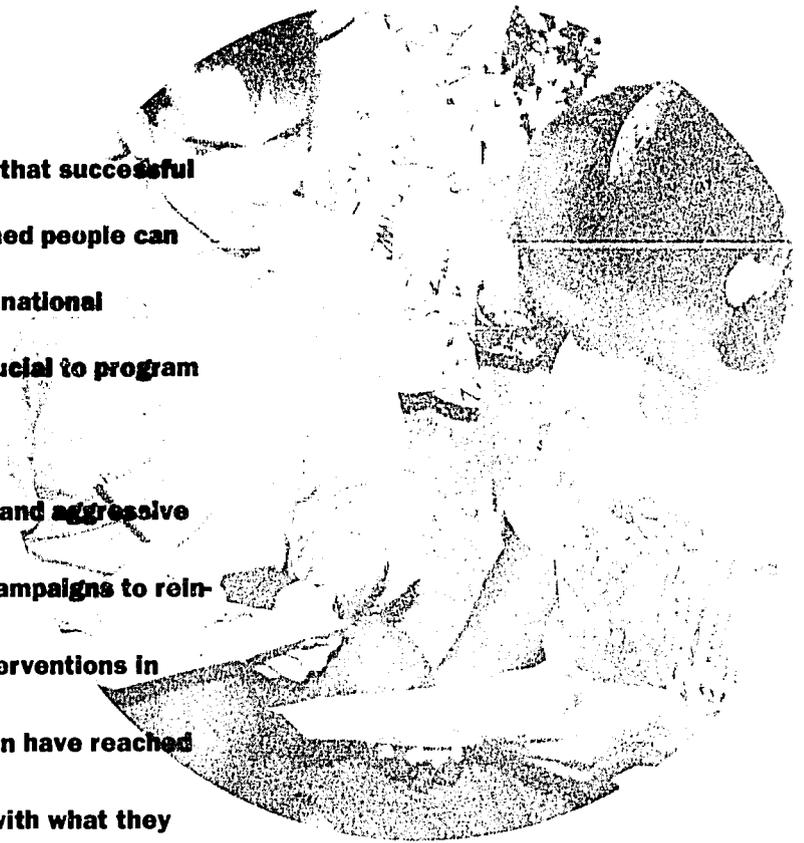
U.S. Institutions Involved in USAID-Funded AIDS Prevention Activities

Academy for Educational Development (AIDSCOM Project) Washington, DC	East Virginia Medical School Norfolk, VA	The NAMES Project San Francisco, CA	PrismDAE Corporation Washington, DC
The Adventist Development and Relief Agency Washington, DC	Experiment in International Living Washington, DC	National Academy of Sciences Washington, DC	Program for Appropriate Technology in Health Seattle, WA
African Medical & Research Foundation New York, NY	Family Health International (AIDSTECH Project) Research Triangle Park, NC	National Center for Nursing Research Bethesda, MD	Project HOPE Millwood, VA
American Association for the Advancement of Science Washington, DC	Howard University Washington, DC	National Council for International Health Washington, DC	Project San Francisco San Francisco, CA
Annenberg School of Communication University of Pennsylvania Philadelphia, PA	International Forum for AIDS Research Washington, DC	National Institute on Aging Bethesda, MD	Save the Children Federation Westport, CT
Ansell, Inc. Washington, DC	International Science and Technology Institute Washington, DC	National Institute of Allergy and Infectious Diseases Bethesda, MD	Tulane University School of Public Health New Orleans, LA
Bureau of the Census Washington, DC	International Center for Research on Women Washington, DC	National Institute on Child Health and Human Development Bethesda, MD	University of California at Los Angeles Los Angeles, CA
CARE New York, NY	International Planned Parenthood Federation Western Hemisphere New York, NY	Pan American Health Organization Washington, DC	University of California at San Francisco San Francisco, CA
Case Western Reserve University Cleveland, OH	The Johns Hopkins University Baltimore, MD	Partners of the Americas Washington, DC	University of Illinois Chicago, IL
Catholic Relief Services Baltimore, MD	John Snow, Inc. Washington, DC	Pathfinder Fund Watertown, MA	University of Michigan Ann Arbor, MI
Center for Development and Population Activities Washington, DC	Management Sciences for Health Boston, MA	Peace Corps Washington, DC	University of Pennsylvania Philadelphia, PA
Centers for Disease Control Atlanta, GA	Minnesota International Health Volunteers Minneapolis, MN	People-to-People Health Foundation Miliwood, VA	University Research Corporation Bethesda, MD
Columbia University New York		Population Council New York, NY	University of Washington Seattle, WA
		Population Services International Washington, DC	Uniformed Services University of the Health Sciences Bethesda, MD
		Porter Novelli Washington, DC	World Vision Relief and Development Monrovia, CA

THE RESULTS. USAID's experience has shown that successful intervention strategies are possible, that informed people can and do choose to limit risky behaviors, and that national leadership and community-based support are crucial to program success over time.

USAID has also learned that peer education and aggressive condom marketing, combined with multimedia campaigns to reinforce prevention messages, do indeed work. Interventions in Africa, Asia, and Latin America and the Caribbean have reached millions of men and women and provided them with what they need to know and do to protect themselves from infection.

Following are highlights of a representative selection of successful intervention strategies that will be encompassed in USAID's future programs.



SOCIAL MARKETING SELLS CONDOMS

Region/Location:

- Eastern Caribbean/Dominica

Intervention:

- "Lifestyle" marketing of condoms

Lessons Learned:

- Condoms can be marketed successfully without relying on health-related messages.
- Consumption can be increased by expanding distribution to nontraditional outlets.

Key Results:

- An 83 percent increase in condom sales.
- A 15 percent increase in number of distribution outlets.
- Program expansion to government health clinics.
- Increased visibility of condoms in the media; increased consumer recognition of campaign images.

Dominica, with fewer than 100,000 people, has a growing HIV seroprevalence rate. When condom sales and use failed to grow despite the burgeoning HIV/AIDS epidemic, health planners sought technical assistance from USAID to increase sales.

A USAID study conducted in Mexico had addressed some of the same problems facing Dominica, and offered a possible solution. In the Mexico study, traditional health-related messages did little to convince individuals at high risk for HIV infection to use condoms. But when the messages linked condoms to social acceptance, popularity, and desirable lifestyles, they began to get attention.

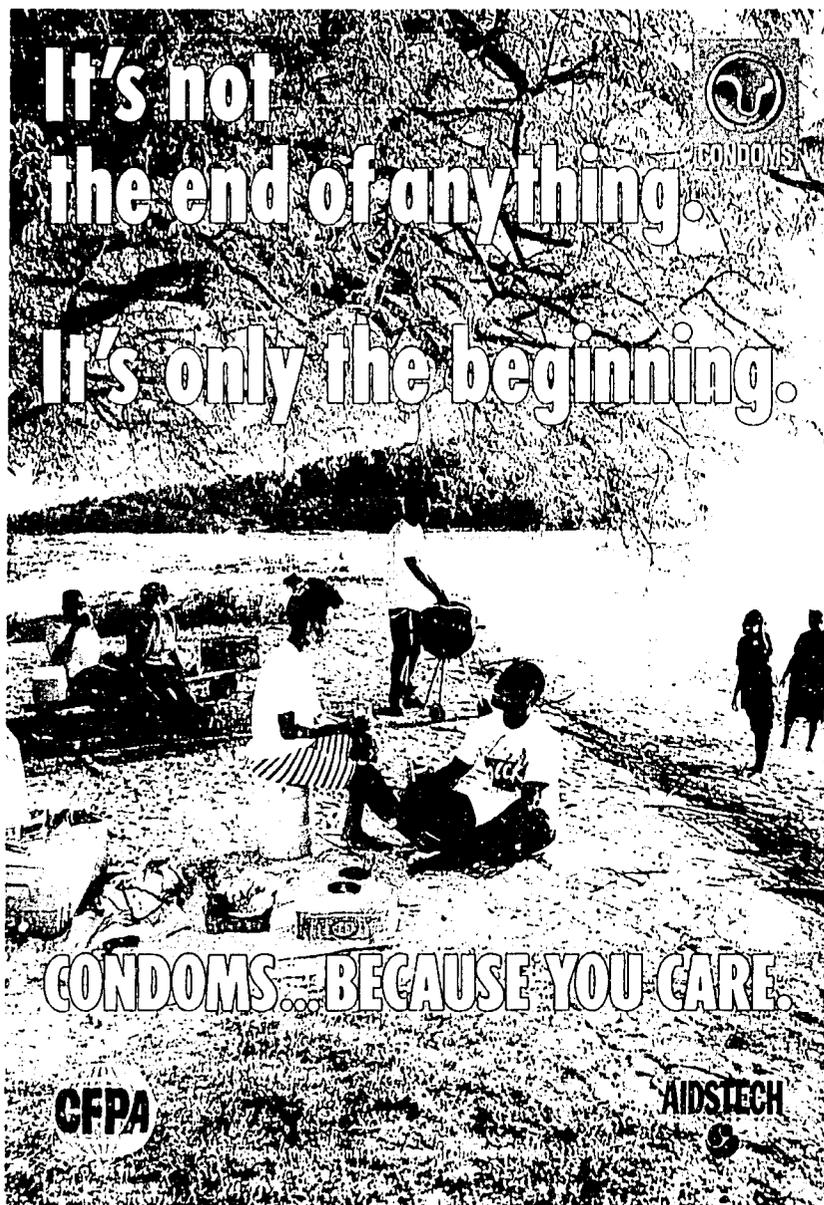
Promotions based on U.S. mass market advertising techniques proved the most promising in attracting consumer interest.

In Dominica, USAID worked with local and regional family planning agencies to create campaign materials with a “lifestyle” approach to condom marketing. Posters, developed in conjunction with the Caribbean Family Planning Affiliation, are now displayed in corner shops and neighborhood bars in every city

“In Dominica, USAID worked with local and regional family planning agencies to create campaign materials with a ‘lifestyle’ approach to condom marketing.”



Condom product packaging for a retail display box in Dominica.



"Attractive new displays and marketing systems have encouraged shopkeepers to take the condoms off the back shelf and move them to the front counter. Clerks report that when they wear the campaign's "Condoms ... Because You Care" buttons, people ask more questions. And most importantly, condom sales are up."

and village in the country. They feature people at the beach relaxing at the end of the day. Medical or health themes are avoided, and condoms are shown as familiar products in a familiar scene.

Designers produced a "symbol," printed in bright Caribbean pinks, greens, and blues, to unify the campaign. Participating shops and bars display the symbol to signal that "condoms are available here" and to show the range of places where condoms are sold.

The campaign, managed by the Dominica Planned Parenthood Association, borrows heavily from the marketing techniques of private enterprise by relying on local distributors to visit regularly with shopkeepers and bar managers. The distributors demonstrate how to position posters, encourage clerks to wear campaign buttons, and exhibit products for high visibility.

Attractive new displays and marketing systems have encouraged shopkeepers to take the condoms off the back shelf and move them to the front counter. Clerks report that when they wear the campaign's "Condoms ... Because You Care" buttons, people ask more questions. And most importantly, condom sales are up.

Within the first six months after the campaign began in November 1990, surveys showed that more than half the outlets experienced a remarkable 83 percent increase in sales. In some shops, sales have been up more than 300 percent. Moreover, the number of outlets selling condoms has grown by 15 percent.

A welcome byproduct of the campaign has been a breakdown in inhibitions about discussing condoms and AIDS. Eighteen months ago, the Dominica Planned Parenthood

Association was nearly closed down for mentioning the word “condom” on a radio talk show. Today, local stations around the country are broadcasting condom information and promotional spots.

Response to the campaign has been so favorable that the Ministry of Health has requested that promotional materials be distributed to all government health clinics.

“MARITZA” TEACHES NEGOTIATION SKILLS

Region/Location:

- Latin America/Dominican Republic

Intervention:

- Peer education and improved STD control

Lessons Learned:

- People at risk are receptive to targeted interventions and will change risk behaviors.
- Members of a group are most likely to adopt new behavioral practices based on favorable information provided by other members.
- Behavior change requires positive role models and opportunities to rehearse new skills.

Key Results:

- Reached more than 4,000 prostitutes and through them their clients.
- Initiated project in 650 sites in Santo Domingo, Santiago, and Puerto Plata.
- Distributed more than 500,000 condoms in the first year of the project.

Maritza is the latest heroine of AIDS prevention in the Dominican Republic. She is the main character of “The Triumphs of Maritza,” a comic book developed in and distributed throughout this country of 7 million people. Maritza is a prostitute working in Santo Domingo. She is street-smart. She is intelligent. She protects her health and the health of others by requiring the use of condoms all the time.

The comic book, designed in bold colors, is part of the Avancemos Project, a USAID-funded HIV/AIDS education and prevention program for prostitutes in Santo Domingo and Puerto Plata, the cities with the highest reported numbers of AIDS cases in the country. Before the project started, studies showed that more than 90 percent of nearly 4,500 prostitutes—many of them mothers or of childbearing age—wanted to protect themselves by using condoms but that clients objected.

In extensive focus-group discussions held to identify the reasons clients give for avoiding condoms, the Avancemos Project staff and the prostitutes developed five typical client profiles: The Executive, The Smooth Talker, The Macho, The Stubborn One, and The Indomitable. The profiles became the focus of the comic book chapters in which Maritza triumphs. She counters each man’s refusal to use condoms and convinces four of the five to do so. When the fifth refuses, she refuses him as a client.

Maritza is now a role model for the prostitutes. The women read each chapter and, in sessions led by Avancemos educators, discuss ways of dealing with male reluctance to use condoms.

Avancemos has also developed a “Maritza” flip chart series that gives advice on how to recognize the symptoms of common STDs and



“Thanks to the task force, all bars and discos now maintain supplies of condoms and display posters with specially designed AIDS awareness and condom promotion messages.... HIV/AIDS, a once discomfoting subject, has become a more acceptable topic of discussion, and most people are eager to ask questions and request condoms.”

discusses prevention strategies. The Avancemos team also designed a program for training peer health educators in effective use of the educational materials and in promoting correct condom use among the prostitutes. It also helped develop improved STD services for the prostitutes.

Last year the project distributed almost 6,000 copies of the comic book to prostitutes in 645 bars and brothels in the two cities, along with more than 500,000 condoms. Avancemos is now being replicated elsewhere in the country. Maritza's familiar image is appearing on the outskirts of Santo Domingo and in the cities of La Romana and Santiago. Moreover, clinic records show that since the project began, the number of patients testing positive for STDs has decreased from 82 percent to 36 percent.

STD CONTROL AND COMMUNITY COMMITMENT REDUCE RISK

Region/Location:

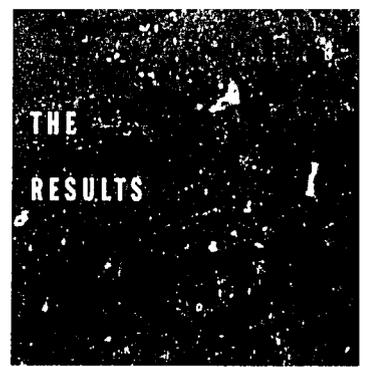
- Philippines/Olongapo

Intervention:

- Peer education and improved STD services for prostitutes

Lessons Learned:

- Intervention programs benefit when they are supported by existing community structures and social networks.
- The support of policy makers and health care providers is essential for the development of targeted programs.



- **Involvement of the community in all aspects of the project increases the potential for program sustainability.**

Key Results:

- **Two-fold increase in numbers of women reporting consistent condom use.**
- **Over 36,000 people were reached through the educational program.**
- **Decrease of 25 percent in rates of gonorrhea in STD clinics.**

The Olongapo AIDS Prevention Task Force is composed of city health officials, representatives of the mayor's office, the city press, bar owners and managers, and other prominent business people and citizens. It helps set priorities for and guides multifaceted, community-based AIDS prevention activities. Because HIV infection is increasing among the 5,000 licensed prostitutes in Olongapo, a primary responsibility has been the education of these women and the operators of entertainment-related businesses.

Thanks to the task force, all bars and discos now maintain supplies of condoms and display posters with specially designed AIDS awareness and condom promotion messages. Peer educators conduct HIV/AIDS information sessions before the establishments open each evening and remain throughout business hours to talk more informally with both prostitutes and patrons. In the process, HIV/AIDS, a once discomforting subject, has become a more acceptable topic of discussion, and most people are eager to ask questions and request condoms. So far, more than 1,400 peer educators have

reached an estimated 36,000 people in 1,300 entertainment establishments and community groups in Olongapo.

Licensed prostitutes in Olongapo are required to have regular STD examinations. Improved HIV and STD education and counseling services offered by trained clinic staff members are making a difference. The clinic in Olongapo is handling almost 200,000 patient visits per year. In the past three years, rates of gonorrhea among STD patients have dropped by 25 percent and remained consistently low.

Moreover, half the prostitutes now report using condoms all the time, up from 25 percent when the interventions began.

The Olongapo task force is now receiving requests for similar STD education services for teacher's groups, police, and street children.

EDUCATION AND STD CONTROL TO FIGHT AIDS

Region/Location:

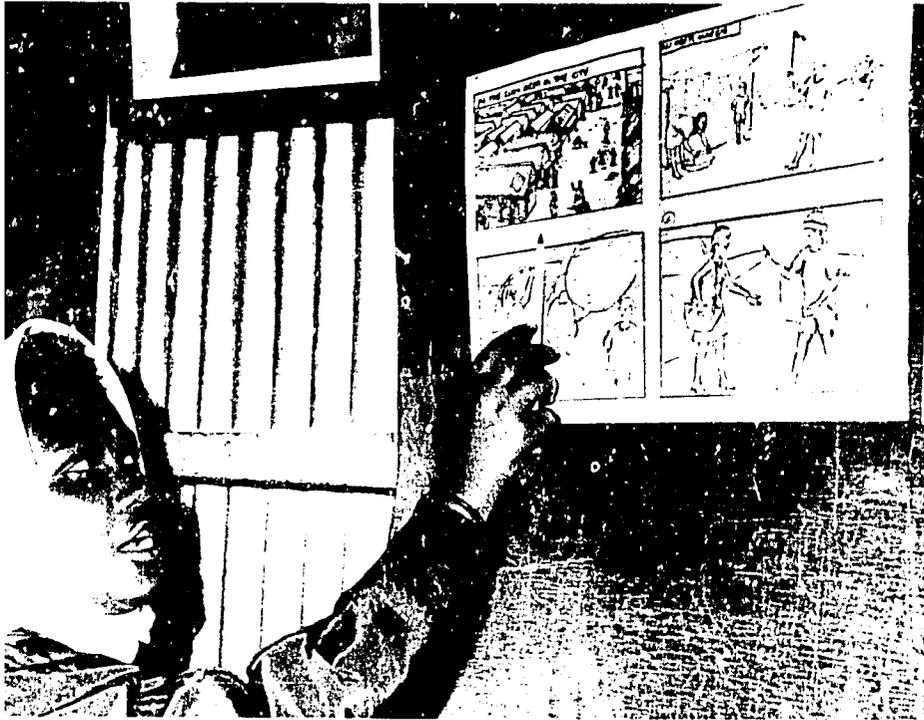
- **Africa/Kenya**

Intervention:

- **Community health workers trained in AIDS prevention**

Lessons Learned:

- **Groups outside of government are often in the best position to reach the community.**
- **STD clinics provide opportunities to reach people practicing high risk behaviors.**
- **Intervention programs are enhanced when integrated into existing institutional structures.**



“Turning to less traditional methods of getting their prevention messages across, they have organized local traditional drama groups and produced HIV/AIDS prevention videos scripted in English and KiSwahili. They are also dispensing about 500,000 condoms a month.”

Key Results:

- 26,000 people reached annually by community health workers .
- 54,000 patients reached annually at eight STD clinics .
- 2.4 million condoms distributed annually.

Kenya’s Crescent Medical AID (CMA) is a charitable organization operating clinics in

eight low-income Nairobi neighborhoods with the help of a professional staff and a network of trained community health workers. USAID provides training in community education and counseling techniques to clinical and service staff to build awareness of HIV/AIDS in the community, distribute condoms, and diagnose STDs.

The CMA health workers are making impressive inroads in the communities they serve. Turning to less traditional methods of getting their prevention messages across, they have organized local traditional drama groups and produced HIV/AIDS prevention videos scripted in English and KiSwahili. They are also dispensing about 500,000 condoms a month, talking with families about AIDS prevention strategies, and helping develop educational materials for low-literacy audiences, especially young people.

Youth volunteers use the materials to start up discussions about AIDS prevention with their peers. With support from the health workers and other professionals, they produce educational activities geared to youth and the problems they confront daily in their communities.

Crescent Medical Aid has also started an STD program to improve detection and establish a surveillance system and contact-tracing system. It is also training CMA physicians, nurses, and laboratory technicians in the clinical management of STDs, laboratory diagnostic skills, and overall counseling and education practices.

The CMA’s multipronged program has been even more successful than first envisioned. The health workers and professional staff members are reaching almost 80,000 people a year with educational messages and through clinic visits.

COMMUNITIES MOBILIZE FOR PREVENTION

Region/Location:

- Africa/Zimbabwe

Intervention:

- Community-based programs to reach at-risk groups

Lessons Learned:

- People are more likely to change behaviors when they are encouraged to do so from a member of their own group.
- Programs are strengthened by the support of the community.

Key Results:

- 53,000 women and 230,000 men reached in Bulawayo.
- Increase in condom use from 18 percent to 84 percent among high-risk groups.
- 3 million condoms distributed annually in three cities.

In Zimbabwe, communities are responding to the crisis with a variety of imaginative prevention activities. Many programs have grown out of a grass-roots effort by Bulawayo—a city of almost 700,000 people located in a poor, rural area long dependent upon migrant labor—to face the HIV/AIDS threat head on.

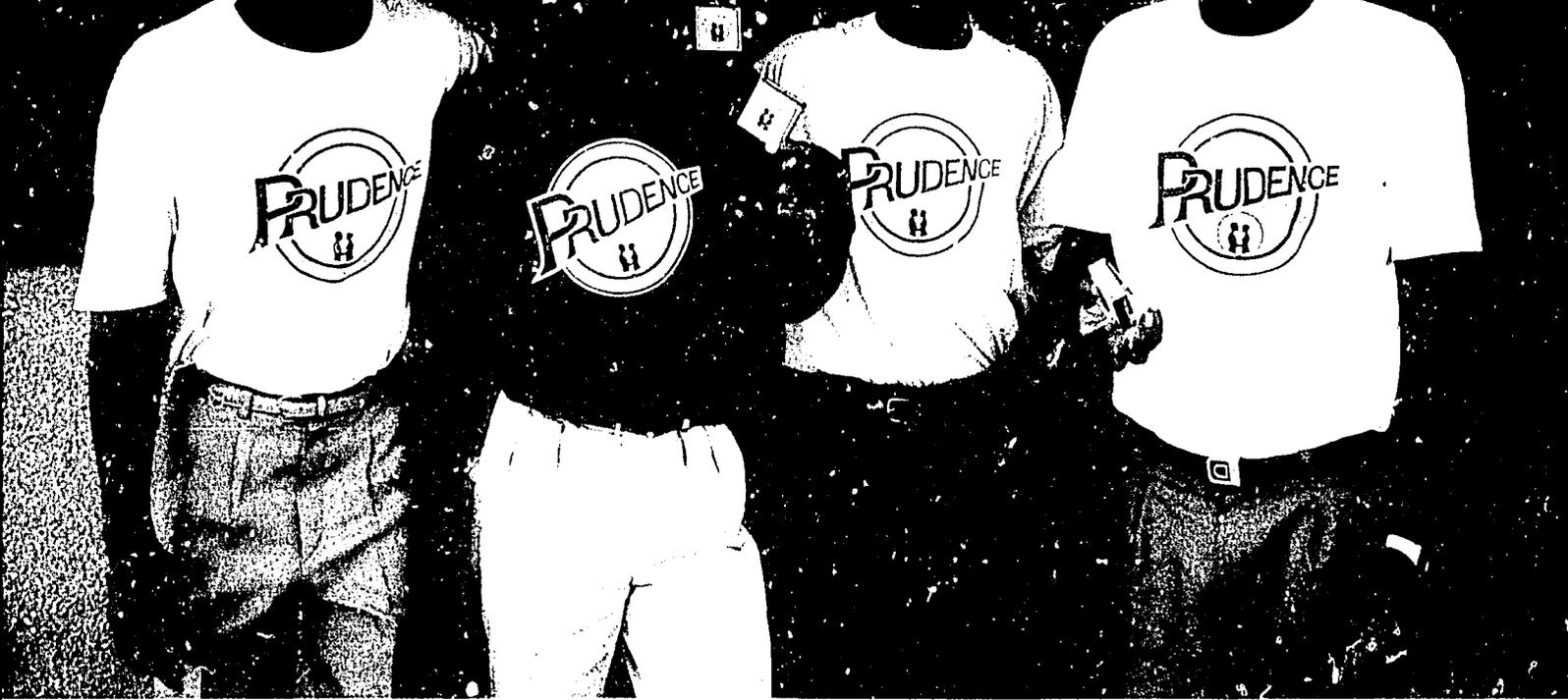
In 1989, leaders of the Bulawayo City Council mobilized the community to institute a multifaceted prevention program.

Demographic and health issues affecting the area were assessed. Training sessions on biomedical and social issues were developed for health professionals and community workers

and as a means of involving a broad cross-section of local residents. The City Council also sponsored roundtable discussions for professional groups.

Program managers in early 1990 began to recruit and teach peer educators to work with populations susceptible to HIV infection. The peer educators then found others who could dispense HIV/AIDS-related information and create community support for prevention. Soon, bar owners, managers, security personnel, and taxi drivers were taking part in educational sessions and distributing condoms and information.





Members of the condom cowboy sales force in Burkina Faso.

“Thanks to inspired promotional techniques and a high-visibility sales force, Burkina Faso is operating one of the most successful condom social marketing programs in the world.”

Bulawayo’s successes are impressive: in the first year alone, the program trained almost 100 peer educators, and over 230,000 men and 53,000 women attended 2,700 AIDS meetings and education sessions. Among those receiving the more than 1.5 million condoms the program distributed were 96 percent of Bulawayo’s prostitutes and 69 percent of their clients.

Most encouraging are the reported changes in behavior: reported condom use increased from 18 percent to 84 percent among prostitutes. The women also became more willing to ask clients to use condoms—at the start of the program, only 12.5 percent said they always asked clients to use condoms; in the follow-up survey 72 percent said they always asked.

One of the program’s most valuable contributions is the opportunity it has begun to provide for people to reduce their economic dependence on behaviors that may increase their

exposure to HIV infection. Prostitutes can attend classes in jewelry-making or join income-generating clubs for dressmaking, knitting, and drama. Peer educators help the participants sell their products at trade fairs in Bulawayo.

The Bulawayo project is serving as a prototype in two other cities in Zimbabwe. Kariba is already reporting progress. In one month, more than 167 education sessions were conducted at hotels, bars, clinics, workplaces, and fishing camps; almost 1 million condoms have been distributed, an average of about 200,000 a month. In Masvingo, AIDS education activities have taken place in more than 100 workplaces, and 35 peer educators are dispensing more than 120,000 condoms a month.

CONDOM COWBOYS INCREASE SALES

Region/Location:

- Africa/Burkina Faso

Intervention:

- Condom Social Marketing Program

Lessons Learned:

- Condoms can be marketed successfully in developing countries.
- Effective condom social marketing requires adequate product supply and accessibility, aggressive product promotion, and appropriate product pricing.

Key Results:

- 3.3 million condoms sold in six months.
- Achieved sales of one condom per capita; exceeds sales results of all other condom social marketing programs worldwide.

Thanks to inspired promotional techniques and a high-visibility sales force, Burkina Faso is operating one of the most successful condom social marketing programs in the world.

In 1991, the country's Ministry of Health established PROMACO to set up a national condom social marketing effort. The goals were to ensure that distribution mechanisms operated efficiently in getting ready supplies of condoms to local vendors and to undertake a campaign to encourage condom use.





“The multimedia campaign is reaching diverse audiences across Burkina Faso. ...social marketing promotions have already been created for truckers, miners, military personnel, and students.”

Based on other effective models in Africa, the PROMACO campaign developed its own personality and style. In Burkina, the campaign sales personality is the condom cowboy and the style is light-hearted, fun, and flamboyant. Cowboys wearing white hats and carrying ammunition belts loaded with condoms roar into town on motorcycles. Once they capture the attention of the crowd, they begin to promote Prudence condoms. While handing out T-shirts, bumper stickers, and even potholders with Prudence logos, the cowboys exhort the crowd to buy Prudence condoms at any of the many local shops or vendors.

Sometimes the condom cowboys visit major markets with truck-mounted sound systems that broadcast popular music and songs with HIV/AIDS prevention themes. PROMACO also sponsors sporting events, dances, films, and theater performances and airs daily promotional

messages on one of the country's most popular radio stations. Campaign slogans—such as “Prudence: La Joie de Vivre”—are upbeat.

The multimedia campaign is reaching diverse audiences across Burkina Faso. Some promotions are being expanded and fine-tuned for people who may benefit from more targeted messages; social marketing promotions have already been created for truckers, miners, military personnel, and students.

PROMACO's solid sales and distribution network is composed of 91 wholesalers and close to 1,000 retailers operating in 20 of the country's 30 provinces. In its first six months, the program reported sales of more than 3.3 million condoms. PROMACO has already achieved annual sales of one condom per capita, thus exceeding per-capita sales levels of all other condom social marketing efforts worldwide.

The campaign has succeeded for many reasons—the commitment of national policymakers, adequate product supplies, an acceptable price for the condoms, a reliable distribution network, and the disciplined application of proven marketing techniques. Credit goes to the condom cowboys as well.

RELIGIOUS LEADERS ENCOURAGE FIDELITY

Region:

- Africa/Malawi

Intervention:

- Reducing the number of sexual partners

Lessons Learned:

- More research is needed on behavioral factors that may influence people to reduce their number of sexual partners.
- Measuring the impact of partner-reduction strategies is difficult, compounding the task of designing more effective strategies.

Key Results:

- Different cultures and populations perceive the benefits and liabilities of partner reduction differently; those most receptive to this intervention must be identified.
- Prevailing sociological values and practices must be integrated appropriately into strategies.

Evidence amassed from hundreds of HIV/AIDS intervention activities in the field clearly suggests that individuals can and do choose to adopt new sexual behaviors to reduce the risk of HIV infection. One behavior change believed to be critical to arresting the spread of the virus is a reduction in the number of casual sexual partners, but it is among the most difficult to accomplish, sustain and measure.

Nevertheless, because empirical evidence demonstrates the decisive impact this behavior change can have on the epidemic, USAID is

pressing ahead with research on the factors that may influence people to limit their number of sexual partners. USAID is integrating appropriate messages into other intervention strategies and urging community-based organizations to participate in these efforts.

USAID is also supporting several pilot projects that explore methods to influence behavior change. Project HOPE, a PVO, is providing assistance for one such project in Malawi.

The project was developed in 1990 to mobilize the religious communities of Malawi to assist overburdened health care personnel in providing HIV/AIDS education and counseling services. It has encouraged religious leaders to introduce HIV/AIDS prevention themes into their ministries and pastoral messages by emphasizing the importance of monogamy and sexual abstinence outside of marriage.

To date, the project has provided training in psychosocial counseling and resource materials to 600 Protestant ministers, 400 Catholic priests, nuns and lay persons, 81 youth leaders, 432 Muslim leaders, and 100 leaders of women's groups; it also produced a special curriculum for Muslim groups. HIV/AIDS prevention presentations have been made to more than 25,000 church and community members and more than 20,000 AIDS information booklets have been distributed.

The project's success in bringing together religious leaders to advance Malawi's HIV/AIDS prevention efforts has prompted planners to design a similar strategy for Brazil.

THE FUTURE FOCUS. HIV/AIDS continues to spread with alarming speed throughout the developing world. Sexual behaviors common around the globe accelerate the spread, as do high rates of other STDs. USAID's field experience has shown that it is indeed possible to mount effective interventions. Three objectives have emerged as the most crucial in doing so: achieve a reduction in the number of sexual partners; improve the diagnosis, treatment, and prevention of sexually transmitted diseases; and increase access to and use of condoms.



These objectives will guide USAID as it provides continuing leadership in technical assistance and program development. To assure progress, USAID will step up efforts to encourage decision-makers in developing countries to create and sustain policies conducive to carrying out useful HIV interventions. Behavioral research to improve intervention strategies will continue to be a priority, as will evaluations to gauge the effectiveness of project design and implementation.

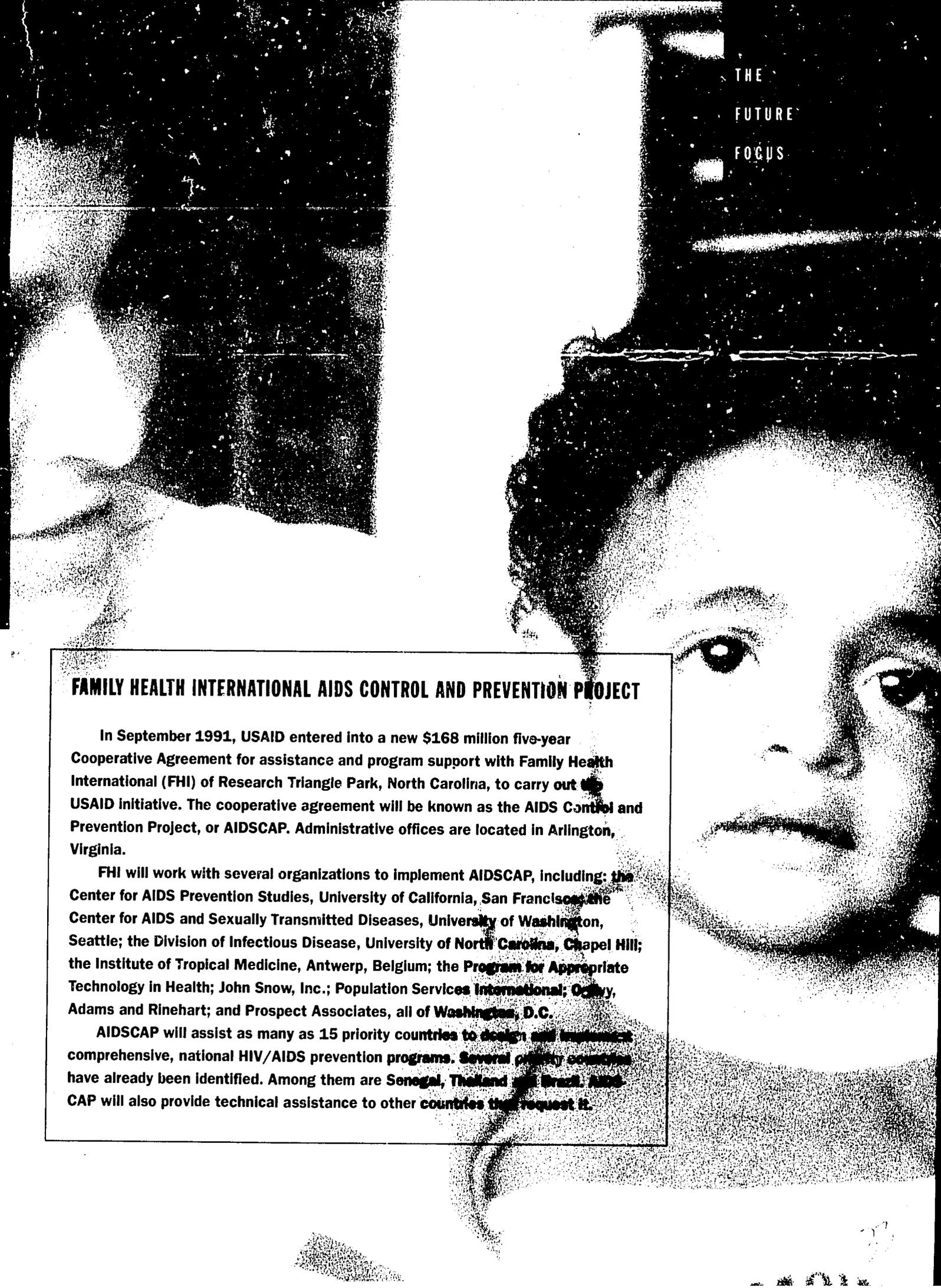
While continuing its multilateral support of WHO/GPA goals, USAID has boosted its own bilateral commitment to HIV/AIDS prevention. USAID's multifaceted program supports the efforts of its missions to combine HIV/AIDS activities with ongoing health programs or to extend them beyond existing projects.

The bilateral program also includes a new five-year cooperative agreement with Family Health International (FHI) of Research Triangle Park, North Carolina. FHI will provide the technical assistance needed for establishing

comprehensive, national HIV/AIDS prevention programs in cooperation with USAID missions in as many as 15 developing nations.

The programs will be mounted in countries identified by USAID missions as having a significant need for HIV/AIDS interventions, a committed political leadership, a supportive national health infrastructure, and an active network of private-sector, nongovernmental, and community-based organizations to sustain the activities. The programs will also serve as working models that can be replicated or adapted elsewhere.

Because nongovernmental and private voluntary organizations have responded to the epidemic with imaginative prevention strategies and have the potential to make an even greater contribution, USAID has identified a need to increase support to them. In cooperation with other donor agencies, USAID is helping NGO/PVO communities in developing countries continue and broaden their work in HIV/AIDS. First steps included field visits to five developing countries to assess the needs of NGOs, review the capacity of other organiza-



THE
FUTURE
FOCUS

FAMILY HEALTH INTERNATIONAL AIDS CONTROL AND PREVENTION PROJECT

In September 1991, USAID entered into a new \$168 million five-year Cooperative Agreement for assistance and program support with Family Health International (FHI) of Research Triangle Park, North Carolina, to carry out the USAID initiative. The cooperative agreement will be known as the AIDS Control and Prevention Project, or AIDSCAP. Administrative offices are located in Arlington, Virginia.

FHI will work with several organizations to implement AIDSCAP, including: the Center for AIDS Prevention Studies, University of California, San Francisco; the Center for AIDS and Sexually Transmitted Diseases, University of Washington, Seattle; the Division of Infectious Disease, University of North Carolina, Chapel Hill; the Institute of Tropical Medicine, Antwerp, Belgium; the Program for Appropriate Technology in Health; John Snow, Inc.; Population Services International; Odby, Adams and Rinehart; and Prospect Associates, all of Washington, D.C.

AIDSCAP will assist as many as 15 priority countries to design and implement comprehensive, national HIV/AIDS prevention programs. Several priority countries have already been identified. Among them are Senegal, Thailand and Brazil. AIDSCAP will also provide technical assistance to other countries that request it.



“HIV/AIDS affects all regions of the populated world and all sectors of society. Less than a decade ago, HIV/AIDS was recognized as a growing threat to public health; today, it threatens the continued social and economic development of many nations.”

tions to help assist them, and prepare a proposal for a pilot HIV/AIDS NGO Support Program. The pilot program will be tested in a limited number of countries, and if successful, a decision will be made to expand the program.

HIV/AIDS affects all regions of the populated world and all sectors of society. Less than a decade ago, HIV/AIDS was recognized as a growing threat to public health; today, it threatens the continued social and economic develop-

ment of many nations. The United States has invested heavily to support initiatives that improve the health, education, and well-being of people in developing nations, but those improvements are imperiled by the continued spread of HIV.

Even more compelling is the present and potential loss of life. Because HIV infection is preventable, these losses are unacceptable. Therefore USAID's investment in activities to prevent and control the disease will grow substantially in the next five years. With the steadfast support of government leaders in developing countries and the help of groups outside of government, USAID will continue to take action that is expected to slow the course of the HIV/AIDS pandemic.

INTRODUCTION. USAID has reached virtually millions of people throughout the developing world in its efforts to slow the spread of HIV/AIDS. Working with private voluntary organizations, local governments, community groups, and health professionals, USAID supports hundreds of prevention and control activities in many developing countries.

Appendix A presents a sampling of USAID-funded projects underway in 19 countries in Africa, Asia, and Latin America and the Caribbean in 1991. To attack the AIDS threat from all sides, USAID backs an array of activities—research that is crucial to developing effective interventions; the training of thousands of citizen “educators” to get information on HIV/AIDS and its prevention to people in inner cities as well as remote rural villages; improvement of methods to prevent and treat sexually transmitted diseases; the distribution of millions of condoms; and the strengthening of the capacity of local institutions to cope with HIV/AIDS. Finally, USAID supports numerous efforts that encourage understanding and compassion for people who have contracted the disease and for their families.

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APPENDIX A

World Summary

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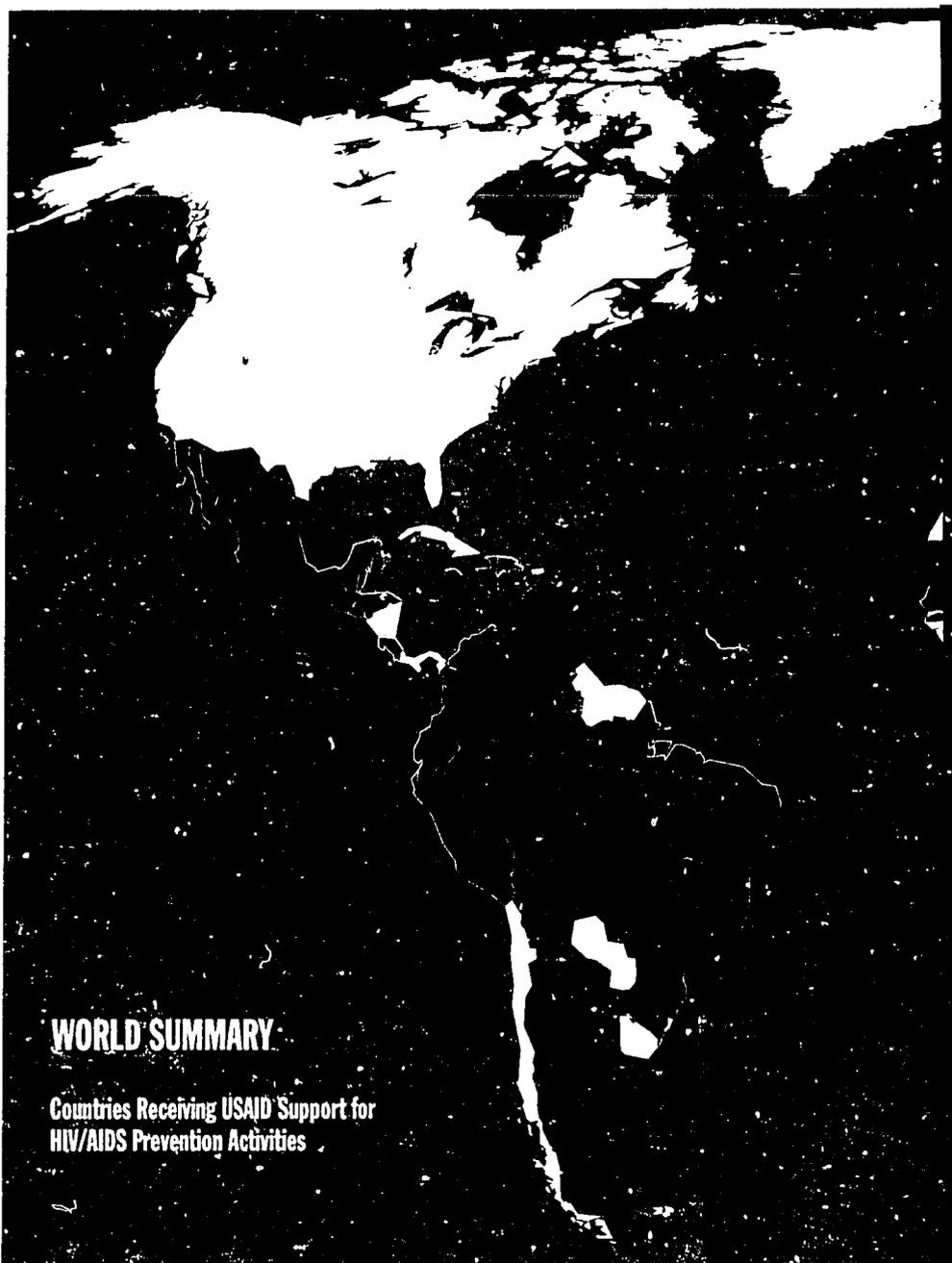
APPENDIX B

USAID Funding for

Fiscal Year 1991

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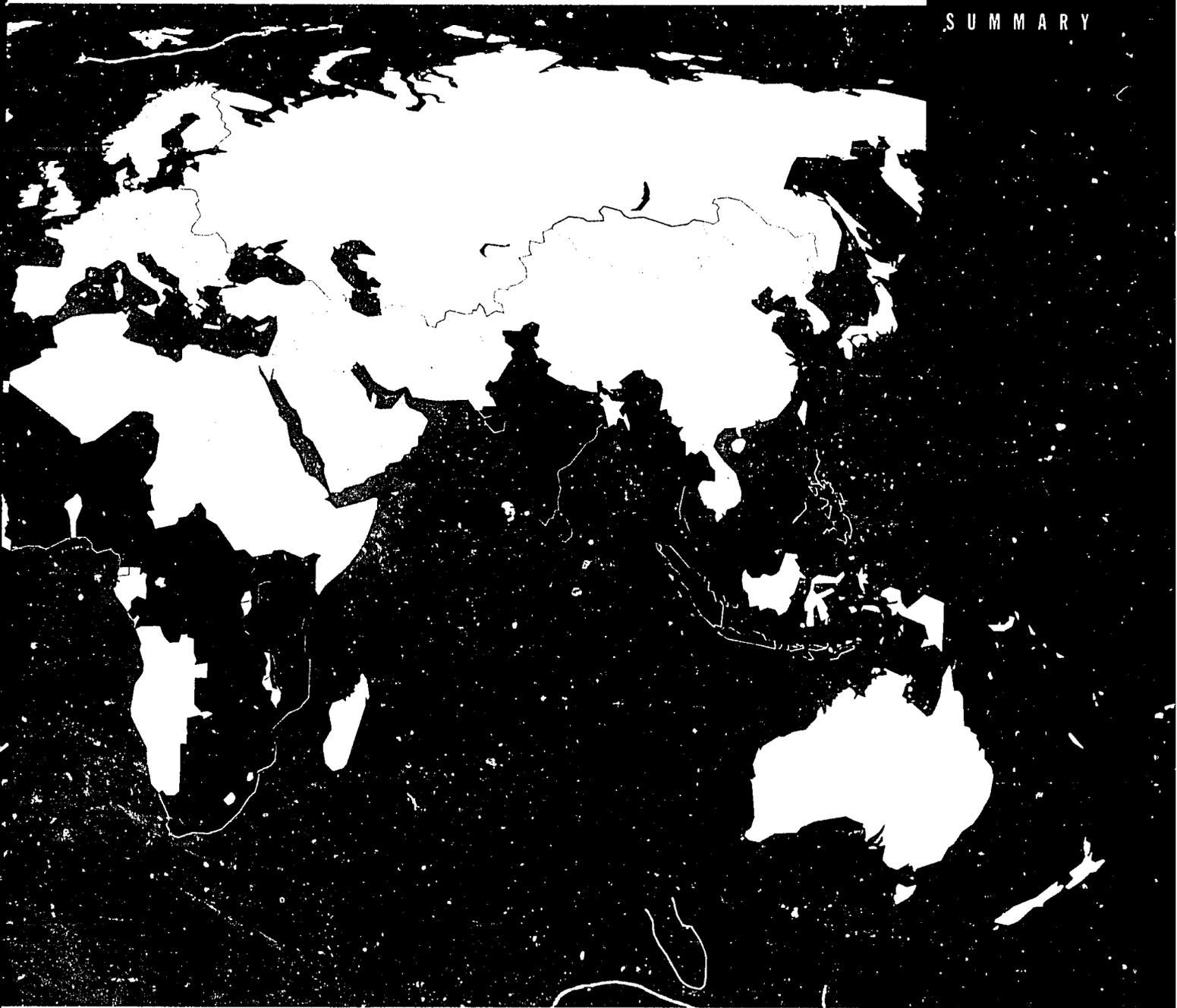


WORLD SUMMARY

Countries Receiving USAID Support for HIV/AIDS Prevention Activities

HIV/AIDS Prevention Activities Supported by USAID

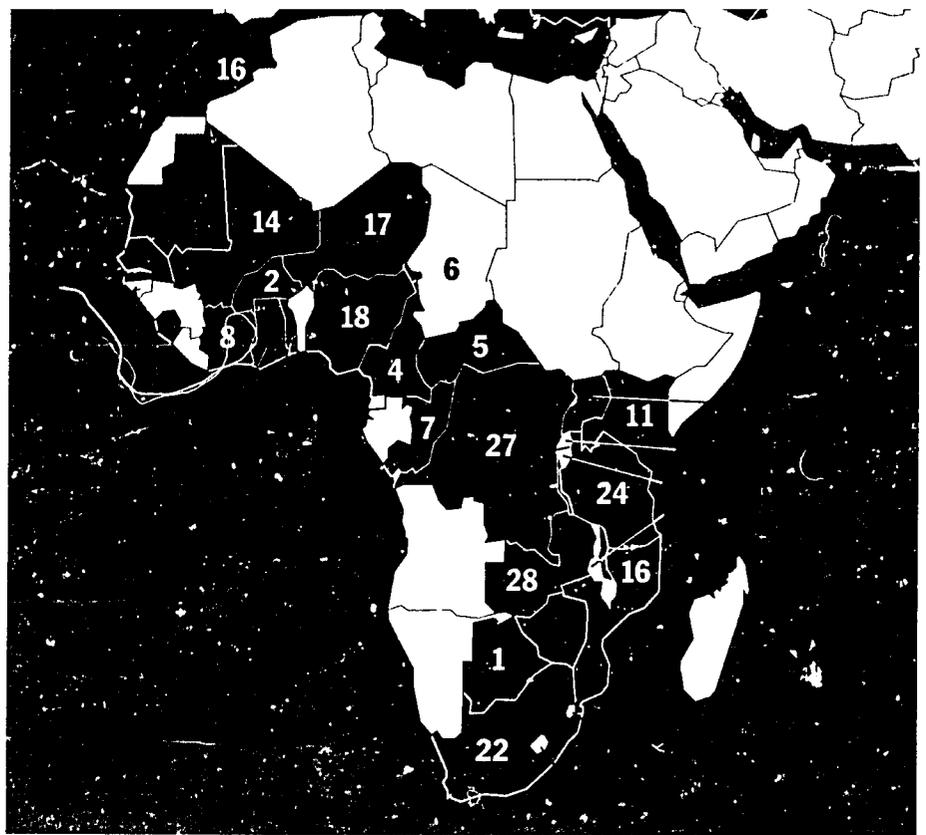
Activity	Latin America & the Caribbean	Africa	Asia	Europe & Near East	TOTAL
Condom Supply and Promotion	23	26	6	2	57
Blood Product Safety	8	8	1	0	18
Health Care Financing	10	2	2	0	14
PVO Activities	20	16	3	1	40
Public Information Campaigns	16	15	4	1	36
Resident Advisors	7	7	2	0	16



HIV/AIDS Prevention Activities Supported by USAID

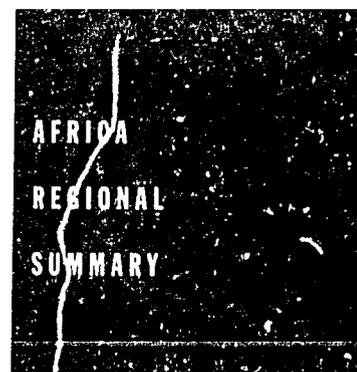
<i>Activity</i>	<i>Latin America & the Caribbean</i>	<i>Africa</i>	<i>Asia</i>	<i>Europe & Near East</i>	<i>TOTAL</i>
STD Control	17	14	2	0	33
Epidemiology and Surveillance	7	17	2	0	27
Targeted Behavior Change	23	40	13	1	77
Behavioral Research	4	3	2	0	9
Total					327

AFRICA REGIONAL SUMMARY



	Botswana (1)	Burkina Faso (2)	Burundi (3)	Cameroon (4)	Central African Republic (5)	Chad (6)	Congo (7)	Cote D'Ivoire (8)	Gambia (9)	Ghana (10)	Kenya (11)	Lesotho (12)	Malawi (13)	Mali (14)	Mauritius (15)	Morocco (16)	Niger (17)	Nigeria (18)	Rwanda (19)	Senegal (20)	Sierra Leone (21)	South Africa (22)	Swaziland (23)	Tanzania (24)	Togo (25)	Uganda (26)	Zaire (27)	Zambia (28)	Zimbabwe (29)	TOTAL
Condom Supply and Promotion	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	26
Blood Product Safety				■						■	■		■						■							■	■			8
Health Care Financing													■																	2
PVO Activities			■	■	■					■	■	■	■	■				■	■				■	■		■	■	■	■	16
Public Information Campaigns			■				■			■	■		■	■								■	■	■		■	■	■	■	15
Resident Advisors				■	■					■	■		■										■			■				7
STD Control		■		■	■	■		■	■	■	■			■				■	■				■	■		■	■	■	■	14
Epidemiology and Surveillance		■	■	■					■	■	■		■	■				■					■			■	■	■	■	17
Targeted Behavior Change	■	■	■	■	■		■		■	■	■		■	■	■		■	■	■	■	■	■	■	■		■	■	■	■	40
Behavior Research	■																								■				3	

*Shaded squares may reflect more than one program per country



CAMEROON

SITUATION ANALYSIS:

Levels of HIV infection are relatively low, but the potential exists for rapid spread. Migrant workers from countries with high prevalence rates travel in and out of Cameroon, and prostitutes move frequently throughout the country. The National AIDS Control Service (NACS) actively supports private-sector and community-based interventions targeting these populations.

Reported AIDS Cases: 429
(Date of last Report: 4/30/91)

*Increase over 1990 Report: 43%

Total Population: 11,390,000

Cumulative Incidence: 37.6 per million

** HIV Seroprevalence:

*** Urban—	High Risk	8.6%
	Low Risk	1.1%
Rural—	High Risk	Not Available
	Low Risk	.4%

USAID STRATEGY:

USAID works with the NACS to develop AIDS prevention projects aimed at mobile populations. Cameroon's infrastructure is a useful base for improving blood transfusion practices and services for sexually transmitted diseases (STDs). An important component of AIDS prevention is encouraging private-sector involvement to assure that the activities are sustained.

USAID FUNDING, 1991: \$2,317,714

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

**HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.

****High-risk groups:* prostitutes and their clients, STD patients, or other people with known risk factors.

Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

USAID-SUPPORTED COUNTRY PROGRAMS

Prevention of Sexual Transmission of HIV

USAID, through the National AIDS Control Service, continues to expand existing interventions that curtail sexual transmission of HIV infection among prostitutes, their partners and potential clients, and STD patients. HIV prevention activities are conducted in STD clinics and community organizations in four cities—Yaounde, Douala, Ebolowa, and Maroua—where 120 peer educators counsel individuals and groups on HIV and condom use. The educators reached 2,000 prostitutes and 2,000 STD patients in 1991, and according to preliminary data from postintervention surveys, they have been instrumental in increasing knowledge about AIDS and reported condom use. They have also sold 19 percent of nearly 6 million condoms sold since Cameroon's successful social marketing project began in 1989. Assisted by nongovernmental organizations and health service providers, the project, which markets condoms through bars, hotels, street vendors, kiosks, small shops, and other untraditional retail outlets, accounts for 60 percent of total sales. In another program activity, a survey of 900 male workers at the Brewery of Cameroon and a second, household cluster survey of 500 men are assessing the effect of condom use on reported STDs among men and providing data for a project that will promote appropriate STD treatments.

Social Marketing of STD Treatments

Research began in 1991 for a pilot study exploring feasibility of using social marketing to improve STD treatment in Yaounde and Douala. The project will attempt to standardize diagnosis by training more than 200 pharmacists and other private-sector health care providers to use simple STD diagnostic flowcharts and to improve treatment by marketing low-cost "treatment kits" designed for men with urethral discharge syndrome.

Development of a National Counseling Program

The national AIDS prevention program has established a resource center in Yaounde that provides materials, training manuals, and evaluation of services for HIV/AIDS counselors. Program activities include integrating counseling services into several major health centers and collaborating with the National AIDS Control Service in developing guidelines for AIDS counseling.

Monitoring Rates of HIV and Syphilis

USAID provides technical and financial support and commodities to the NACS for a national system of sentinel surveillance. Surveillance information is used in monitoring rates of HIV and other STD infections in order to determine program priorities and the effectiveness of interventions. Groups of pregnant women, STD clinic patients, and newly hospitalized tuberculosis patients are being screened monthly for HIV and other STDs in Yaounde, Douala, Garoua, and Bertoua. Data indicate AIDS control efforts may have slowed rates of HIV infection and STDs among clinic patients. Escalating HIV prevalence in Yaounde among pregnant women who practice low-risk behavior points up the need for interventions that encourage men to use condoms and teach women to negotiate condom use with their partners.

AIDS Education and Training

The Save the Children Federation successfully implemented a training-of-trainers program for AIDS education in the far north province of Cameroon. During 14 workshops more than 316 rural health care workers and secondary school teachers learned to convey the facts, skills, and attitudes that help people protect themselves and their families against HIV infection. So far, the trainers have reached more than 24,000 individuals and distributed 104,000 condoms.

Research on the Efficacy of Barrier Methods

The National AIDS Control Service is continuing research on the link between barrier

contraceptive use and HIV and STD infection rates in a sample of about 300 prostitutes who were followed monthly for up to 12 months. The study is designed to determine relationships between the incidence of HIV, gonorrhea, and syphilis and the use of condoms and spermicides in preventing infection among prostitutes. Results to date show that consistent spermicide use reduces the incidence of HIV.

Modeling of the AIDS Epidemic

A regional workshop on the AIDS Impact Model (AIM), a computer simulation program that creates projections of the potential impact of the AIDS epidemic on the health and economy of a country, was held in Yaounde for medical epidemiologists, demographers, and statisticians from Cameroon and five other countries of Francophone Africa. The purpose was to teach decision-makers how to use the models to develop HIV/AIDS prevention policies.

The Faces of AIDS

USAID supported production of an AIDS educational film that presents stories of people with AIDS and their families in Cameroon and Zimbabwe. Filmed on location in both countries with the support of the ministries of health, health care professionals, and private organizations, *The Faces of AIDS* shows the epidemic's impact on individuals and communities in Africa. The film is available in both French and English.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 **HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.
 ****High-risk groups:* prostitutes and their clients, STD patients, or other people with known risk factors.
Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

GHANA

SITUATION ANALYSIS:

An active commercial sex industry contributed to the early spread of the epidemic in Ghana, but the epidemiology is changing. Because the Ghanaian population is young and having multiple sex partners is a common practice, HIV infection is moving into the general population. With heavy travel between cities and the countryside, prevalence in rural areas is likely to rise. The major areas of infection appear to be Ashanti and the eastern regions.

Reported AIDS Cases: 2,852
 (Date of last Report: 9/30/91)

*Increase over 1990 report: 39%

Total Population: 15,509,000

Cumulative Incidence: 183.8 per million

**HIV Seroprevalence:

*** Urban—	High Risk	25.2%
	Low Risk	2.2%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

Programs are designed to check the impending spread of HIV into the general population. Up to now, interventions have focused on prostitutes, taxi drivers, soldiers, and others practicing risky behaviors, but the need to reach the public at large is now evident. In 1991 USAID supported a nationwide education and communication campaign encouraging people to adopt lifestyles that exclude risky sexual behaviors.

USAID FUNDING, 1991: \$1,945,238

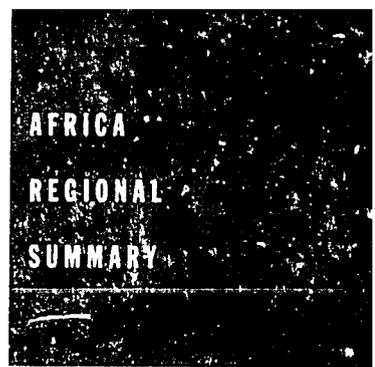
USAID-SUPPORTED COUNTRY PROGRAMS

Intervention with Prostitutes

USAID, in cooperation with the Ministry of Health, is expanding a pilot program aimed at 2,000 prostitutes and their potential clients in Accra, Tema, and Kumasi. The project has encompassed condom distribution and education about sexual transmission of HIV, the need for condoms, and the early detection and treatment of STDs. Program evaluations show sustained behavior change among some prostitutes, with many using condoms regularly; some women continued to purchase condoms even after free distribution was halted. The expanded intervention opens up opportunities to address condom acceptability, evidence of HIV infection, and program sustainability. A local marketing firm has developed HIV/AIDS prevention posters and brochures, and the local condom social marketing program is collaborating on distribution.

Assistance to Ghana Armed Forces

The Ghana Armed Forces (GAF) has designed and implemented a comprehensive AIDS/STD prevention program for soldiers. The intervention, which may serve as a prototype for similar projects in other countries, is one of only a handful of education campaigns directed specifically at men, to provide them with the knowledge and skills for preventing disease transmission. The training of health officers, distribution of educational materials, and condom promotion are ongoing activities during regular health forums at all seven garrisons. During social activities, soldiers take quizzes and play games that educate them about HIV transmission. In its first two months, the project sold 30,000 condoms and distributed 6,800 pieces of educational and promotional materials, which were developed and pretested in cooperation with a local marketing firm.



Nationwide HIV/AIDS Information, Education and Communication

With the support of the Ministry of Health, a nationwide multimedia education campaign was launched to provide AIDS information, inspire compassion for persons with the disease, raise awareness of risky personal behaviors, and promote safer sexual behavior. USAID supported a local advertising firm in developing educational radio and TV spots and printed materials aimed at the general public. Ghana is the first country to target HIV/AIDS information toward adolescents who are not in school.

Research Activities

USAID has provided technical assistance to local researchers in conducting pre- and post-intervention surveys of knowledge, attitude, behavior, and practices among 1,553 persons aged 15 to 30 in the central and Brong-Ahafo regions of Ghana. Data collected before a new media campaign was launched had shown that many inaccurate perceptions exist about HIV that lead to risky behavior. Findings of the later survey will help evaluate the effectiveness of the campaign, which is directed at the general population to motivate change in their belief systems and behavior.

Training of Trainers and Prevention Counselors

USAID continues to provide technical assistance to the Ministry of Health to train and monitor local trainers and counselors involved in primary health care. The goal is to build local capacity so HIV/AIDS prevention efforts will continue beyond the project's lifetime. In addition, several training-of-trainer workshops for performing artists help them explore ways to convey HIV information and encourage compassion for people with HIV/AIDS through drama, song, and writing.

KENYA

SITUATION ANALYSIS:

HIV is spread primarily through heterosexual contact in Kenya. The country's seaports, major trucking routes and fast-growing cities attract mobile populations especially susceptible to the risk of HIV. While infection rates are still most prevalent among vulnerable subgroups, they are escalating among the general population. The private sector, especially local private voluntary organizations, constitutes a well-developed infrastructure for primary health care delivery and a basic network for promoting AIDS prevention services.

Reported AIDS Cases: 9,139
(Date of last Report: 5/31/90)

*Increase over 1990 report: 0%

Total Population: 25,242,000

Cumulative Incidence: 362 per million

****HIV Seroprevalence:**

*** Urban—	High Risk	59.2%
	Low Risk	7.8%
Rural—	High Risk	Not Available
	Low Risk	1.0%

USAID STRATEGY:

USAID AIDS activities, which focus primarily on education, counseling, and condom promotion/distribution, build upon the existing network of nongovernmental organizations. Prevention services target both those who practice high-risk behaviors (prostitutes, STD clinic patients, and transport workers) and adolescents, in the hope of reaching them *before* they confront choices that may involve dangerous sexual practices. Public-sector involvement is aimed at ensuring that AIDS/HIV issues are fully integrated into Ministry of Health training programs for health care workers. Condom education and promotion are also incorporated into the condom social marketing program.

USAID FUNDING, 1991: \$1,723,257

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education and Condom Distribution Among Transport Workers

The African Medical and Research Foundation (AMREF), with USAID support, has trained peer educators to provide condoms and AIDS/STD education to transport workers and their sexual partners at truck stops along the trans-African highway and at the depot in the port city of Mombasa. To date, 11 peer educators and bar managers have distributed 98,000 condoms. An evaluation of this and a sister project in Tanzania suggests that the success of these programs depends largely on the initiative, leadership qualities, and interpersonal skills of the peer educators.

Community-based Outreach Among Urban Poor in Nairobi

Crescent Medical Aid (CMA), a non-governmental organization that delivers medical care and preventive services in eight Nairobi clinics, has conducted training workshops for 18 community-based condom distributors. The sessions have focused on AIDS information and counseling, production of educational resources, outreach activities, and condom distribution. CMA also gave reference manuals based on the training program to community workers and local NGOs. So far, close to 2 million condoms have been dispensed. In an extension of the project, CMA distributors and CARE Kenya have jointly produced educational materials for adolescents; over 10,000 booklets have been distributed. In related activities, USAID has supported training for CMA medical staff members in preventing and managing STDs and has upgraded laboratory facilities for STD diagnostics.

Information, Education, Communication Campaign, and Counseling Services

World Vision Relief and Development (WVRD) is integrating AIDS prevention services into existing health education programs. With funding from USAID and in cooperation with the National AIDS Control Program, other NGOs, and local communities, WVRD has launched interventions in two slum areas of Nairobi, a periurban area near Nairobi, and a Masai tribal site. To meet the growing demand from public and private institutions for AIDS education and counseling, trained project staff members have in turn trained health workers and community leaders to conduct these activities. In 1991, the project reached approximately 60,000 people, including pregnant women, youth, prisoners, prostitutes, STD patients, factory workers, and truck drivers.

Quality Assurance for HIV Testing

With USAID support, Kenya has set up a national program for quality assurance in HIV testing. Training materials have been created and workshops conducted on managing the program and developing proficiency testing and laboratory inspection programs. In another USAID-funded project, the University of Nairobi is conducting a clinical trial on a simple, rapid, and inexpensive HIV test,

which was developed by the Program for Appropriate Technology in Health (PATH). So far, data from the trial, underway at two sites in Kenya, indicate that the HIV dipstick test is sensitive, specific, and practical for many laboratory settings and testing situations.

Blood Bank Data Management System

With USAID assistance, the National Public Health Laboratory has developed a computer-based management system for tracking blood donors and collecting the health histories of recipients. Equipment and on-site training for data entry and reporting have been provided, in an effort to improve the accuracy and efficiency of Kenya's record-keeping on blood donations.

AIDS and STD Prevention and Awareness

USAID is working with Minnesota International Health Volunteers to increase awareness about the transmission and prevention of AIDS and STDs. As a component of a larger child survival project in Dagoretti, a slum area of Nairobi, the project uses the community-based approach to reach women of reproductive age. Health professionals supply information in the clinics, and 120 community health workers go door to door to provide HIV education and condoms. The project aims to reach an estimated 22,000 women and children.

MALAWI

SITUATION ANALYSIS:

Malawi is one of East Africa's most seriously affected countries. High seroprevalence rates among urban pregnant women indicate that the HIV infection has spread beyond high-risk groups. One factor that may increase transmission is the agricultural base of the economy, which creates a seasonal, migratory labor force.

Reported AIDS Cases: 12,074
(Date of last report: 10/31/90)

*Increase over 1990 report: 41%

Total Population: 9,438,000

Cumulative Incidence: 1,279.2 per million

**HIV Seroprevalence:

*** Urban—	High Risk	55.9%
	Low Risk	22.8%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

USAID supports information campaigns that reach the general population. Because young people account for the majority of Malawi's population, emphasis is placed on prevention education for school-aged children.

USAID FUNDING, 1991: \$1,645,398

USAID-SUPPORTED COUNTRY PROGRAMS:

AIDS Education in the Schools

HIV prevention education will be introduced into the curriculum at public, private, and religious school systems at the primary, secondary, and advanced levels in 1992. More than 200,000 books will be supplied to launch the project, which is based on research begun in 1989. Surveys and focus-group studies involved students, parents, and teachers in designing and pretesting materials. Project staff trained in the curriculum materials have since trained teachers in three regions. A school-based survey of risky behaviors will complement the project.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 **HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.
 ***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.
 Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

Education and Counseling Through Religious and Community Leaders

Project HOPE, in collaboration with the Private Hospital Association of Malawi, has provided training in HIV/AIDS education and counseling to community leaders, including more than 1,000 Christian religious leaders, 432 Muslim leaders (both women and men), 81 youth group leaders, and 100 women's group leaders. The project has also handed out more than 20,000 AIDS pamphlets written in Chichewa, the local dialect. Project HOPE is extending training to include peer educators at urban and rural work sites.

Surveillance and Modeling of the AIDS Epidemic

USAID has furnished technical assistance to the National AIDS Control Program for developing HIV and STD surveillance and studies to measure the potential impact of AIDS in Malawi between now and the year 2000. Relatively little information exists on the extent of infection in rural areas, but a pilot survey is underway to measure seroprevalence levels among rural women who are pregnant. The findings will enable policymakers to identify effective interventions and the resources needed to support them.

Attitudes of Malawians Toward Blood Donation

The Red Cross Society is conducting USAID-funded research to identify factors that motivate people to donate blood. The results will help improve blood donor recruitment and HIV testing policies and procedures. Eleven field workers, who are trained in survey and focus-group interview techniques, and an expert in blood collection will assist in gathering data in 10 districts, covering about half of the country.

Traditional Advisers as Communication Channels for HIV Prevention Messages

Formative research on the potential role of traditional female advisers in HIV intervention activities is underway. Women between the ages of 15 and 25 account for 60 percent of the reported AIDS cases, and yet 8 out of 10 Malawi women live in rural areas where access to information on AIDS and STDs is limited. Traditionally, information regarding sexual norms and practices is passed to younger women in the village by older females. The study examines the level of knowledge about STDs and AIDS among young women in two rural villages, the type of information older women pass on, and the way in which it is communicated. Findings will be the basis of a pilot education intervention that relies on older females to educate younger women about STDs and AIDS.

HIV and STD Counseling and Testing in Blantyre

The Johns Hopkins University School of Hygiene and Public Health and the Malawi Ministry of Health have conducted HIV and STD screening, risk-factor assessment, and counseling of 6,581 pregnant women served by Queen Elizabeth Hospital in Blantyre. The project has trained counselors to advise the women on the link between STDs and HIV and how to prevent both. Among the 600 HIV-positive women in the two-year study, 30 percent reported using condoms sometimes after one counseling session. This figure increased to 59 percent after ongoing counseling. The project also upgraded STD treatment services at the hospital and conducted research on STD prevalence, antibiotic treatment for gonorrhea, and the feasibility of using simple diagnostic algorithms for STDs in areas where few health resources are available.

TANZANIA

SITUATION ANALYSIS:

The rates of HIV infection and other STDs are high. The trans-Africa highway that traverses Tanzania contributes because it is heavily used by transport workers and others whose lifestyles are likely to involve multiple sexual partners. As HIV infection moves into the general population, community-based services are increasingly called upon to meet Tanzania's burgeoning health care needs.

Reported AIDS Cases: 27,396
(Date of last Report: 8/31/91)

*Increase over 1990 Report: 74%

Total Population: 26,869,000

Cumulative Incidence: 1,018.6 per million

**HIV Seroprevalence:

*** Urban—	High Risk	38.7%
	Low Risk	8.9%
Rural—	High Risk	11.7%
	Low Risk	5.4%

USAID STRATEGY:

Interventions are focused on high-risk groups, including prostitutes, transport workers, factory workers and young adults. USAID is strengthening the capacity of nongovernmental organizations to carry out prevention efforts and is increasing support for STD control services. USAID also supports the National AIDS Control Program and in 1991 donated 20 million condoms.

USAID FUNDING, 1991: \$2,325,937

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education and Condom Distribution Among Transport Workers

A multiyear campaign designed to promote safer sexual practices among transport workers along the Tanzania-Zambia Highway is operating at six truck stops, a brewery, and an interfreight trucking company. Established by the African Medical and Research Foundation (AMREF) and the National AIDS Control Program, the project uses trained peer educators (barmaids, bar owners, and former truck drivers) to supply condoms and AIDS prevention messages to hotel owners, prostitutes, barmaids, and gas station attendants. To date, they have handed out more than 2.5 million condoms. Research indicates that the project has led to increased demand for condoms by transport workers and their sexual partners. Surveys show that the number of men and women reporting having ever used a condom increased from less than 50 percent before the project began to 74 percent of the men and 91 percent of the women afterward. Drivers are becoming more reluctant to stay in hotels not supplying condoms, and women increasingly demand that their sexual partners use condoms.

In-Depth Study of Truck Stop Social Networks

Researchers have collected qualitative data at four stops on a major Tanzanian trucking route in an effort to define the pattern of commercial sex interactions. The findings are helping to determine the most effective ways to initiate behavior change among prostitutes and transport workers along the route.

Comparative Evaluation of Trucker Interventions

A comparative evaluation of transport worker intervention projects in Tanzania and Kenya showed that Tanzanian peer educators have distributed 1 million condoms to truck drivers, travelers, and prostitutes along major truck routes. The analysis of the two East African projects suggests that their success depends primarily on the initiative, leadership qualities, and interpersonal skills of the peer educators.

AIDS Education in the Workplace and Prevention Counseling

The Tanzanian national labor union and an umbrella group of NGOs are conducting a project to provide education and support for behavioral change for 20,000 people at industrial and service-sector workplaces and at community organizations. More than 260 personnel trained in program design and HIV/AIDS counseling conduct on-site educational activities.

Testing Behavior Change Theories Among Women in the Workplace

USAID and the Organization of Tanzanian Trade Unions are conducting an operations research project with educated professional women who work in the insurance industry. The project will train 200 women in ways to influence condom use by their partners as well as collect data on cultural attitudes toward discussing sexual behaviors with partners.

STD Education for Pharmacists

Preliminary research has been completed for a pilot education workshop designed for Dar-es-Salaam pharmacists. Pharmacists play an important role in the health care of African men, who often seek STD treatment at pharmacies instead of health clinics. USAID is assisting the Muhimbili Medical Center in determining what pharmacists and pharmacy workers know about STDs and in helping them better understand their roles in STD prevention and treatment. The program's goal is to enhance the ability of pharmacists to provide information and treatment for HIV and STDs.

Social Marketing of Condoms

Financial and technical assistance from USAID has led to the development of a new, locally marketed and packaged commercial condom and a campaign to promote the product. In coordination with the government of Tanzania, a local public relations firm and distributor are marketing Salama (which means "safe" in Kiswahili) condoms to men ages 18 to 35 in Dar-es-Salaam. Promotional posters, brochures, and stickers have been produced and print ads placed in Dar-es-Salaam's major daily newspapers. Salama condoms are sold throughout the country in pharmacies, retail shops, bars, hotels, and social clubs. To assess Salama's market reach, a local research team is conducting audits in about 300 Salama retail outlets and all 70 pharmacies in Dar-es-Salaam and at outlets in commercial districts of Mwanza and Mbeya.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 **HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.
 ****High-risk groups:* prostitutes and their clients, STD patients, or other people with known risk factors.
Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

UGANDA

SITUATION ANALYSIS:

AIDS has hit Uganda especially hard. Following years of civil strife and devastation, the pandemic further strains the country's weakened economic and social systems. With one in four adults in Kampala now believed to be HIV-positive, the situation is worsening. The Ugandan government, having recognized that AIDS is a social threat as well as a health problem, is working closely with major donor agencies to establish comprehensive prevention activities.

Reported AIDS Cases: 30,190
(Date of last Report: 12/31/91)

*Increase over 1990 Report: 42%

Total Population: 18,690,000

Cumulative Incidence: 1,615.3 per million

**HIV Seroprevalence:

*** Urban—	High Risk	76.0%
	Low Risk	28.1%
Rural—	High Risk	86.0%
	Low Risk	12.3%

USAID STRATEGY:

USAID supports Uganda's multisectoral AIDS Commission and the National AIDS Control Program. In cooperation with the commercial sector, local private voluntary organizations, and the government, USAID's strategy emphasizes voluntary behavior change, STD control, and AIDS educational campaigns. USAID provides leadership and guidance in policy and strategy formulation, funds activities, and supplies training and technical assistance for these activities.

USAID FUNDING, 1991: \$11,300,667

USAID-SUPPORTED COUNTRY PROGRAMS:

AIDS in the Private Sector

To complement the government's multimedia public awareness campaigns and other nationwide education programs, USAID supports initiatives by local private voluntary

organizations that promote safe sexual behavior. In collaboration with the Federation of Uganda Employers (FUE) and the Experiment in International Living (EIL), USAID is supporting a workplace peer education program for an estimated 400,000 workers at a variety of companies and organizations. To date, FUE and EIL have trained over 300 individuals in HIV counseling and condom promotion who have then trained 5,330 peer educators. Over 1.4 million condoms have been distributed. In a related project, technical assistance from the U.S. Centers for Disease Control enabled Uganda's AIDS Information Center to test and counsel 21,900 people at two centers in Kampala. Additional centers are now open in Jinja, Mbarara, and others are scheduled to open in Mbale and Masaka, to serve an estimated 280,000 people.

AIDS Education Film

It's Not Easy, a dramatic film about AIDS and the first of its kind to be written and produced in Africa, is being distributed worldwide. Produced by FUE, EIL, and Uganda Television, with technical assistance from USAID, the film focuses on a young family's experiences with AIDS and illustrates how the workplace and the community can offer healing, support, and education. Surveys indicate the film is a useful source of AIDS information and engenders more positive attitudes toward people with AIDS. The film is or will be translated into Swahili, siSwati, French, Lugandan, Shon, Ndebeli, and Afrikaans. Its success has led to distribution of over 2,000 copies in Africa. Discussion guides accompany showings of *It's Not Easy* to groups involved in the AIDS in the Private Sector project.

Nontraditional Commercial Distribution of Condoms

In conjunction with an Africa-wide advertising campaign designed to stimulate demand for condoms in Uganda and seven other countries, a team of condom promotion specialists accompanies the distribution sales force and encourages retailers—in bars, boutiques, gas stations, and hotels as well as more traditional locations—to stock condoms by conveying

their importance in AIDS prevention.

The AIDS Support Organization (TASO)

With USAID support, TASO has trained more than 100 Ugandans in HIV prevention and AIDS counseling. The community organization uses an innovative approach that emphasizes "living positively with AIDS" and teaches HIV-positive people and their families how to prevent further HIV transmission. TASO has also started a rural outreach project combining HIV prevention, condom distribution, and community-based support for persons with AIDS.

Anonymous HIV Testing and Counseling and the "Post-Test Club"

The first anonymous testing and counseling center in sub-Saharan Africa was founded in Kampala in 1990. More than 30,000 clients have received counseling designed to promote behavior change from the USAID-funded AIDS Information Center. Clients have formed the "Post-Test Club," a social group that encourages the maintenance of safer sexual practices. Members have produced and performed dramas with AIDS prevention messages for schools and community groups. A growing number of couples come to the center prior to marriage, suggesting that Ugandans are increasingly eager to learn their serostatus and adopt appropriate HIV prevention strategies. The center also distributes condoms.

Sociocultural Context of AIDS Prevention

Through the Behavioral Research Grants program, USAID is funding an extensive joint research project by Case Western Reserve University, EIL, and Makerere University to examine sociocultural factors affecting AIDS prevention among a sample of clients at an HIV testing and counseling center in Kampala. Researchers are exploring how knowledge of serostatus affects client behavior; they are interviewing seropositive and seronegative clients to learn how cultural values influence condom use and risk-reduction strategies. Results will be used to develop appropriate HIV counseling and condom promotion messages.

ZAIRE

SITUATION ANALYSIS:

Although complete data are not available, Zaire's seroprevalence may be one of the highest in Africa. The primary mode of HIV transmission is through heterosexual intercourse, but infection through prenatal transmission and blood transfusion is also significant. Zaire has been a center for international studies on AIDS since the mid-1980s, so the country's capacity for biomedical and sociobehavioral research is relatively strong.

Because of massive civil unrest over the last year, USAID assistance has been curtailed, except for ongoing support to the condom social marketing program.

Reported AIDS Cases: 14,762
(Date of last Report: 8/31/91)

*Increase over 1990 Report: 21%

Total Population: 37,832,000

Cumulative Incidence: 390.1 per million

**HIV Seroprevalence:

*** Urban—	High Risk	37.8%
	Low Risk	6.0%
Rural—	High Risk	17.7%
	Low Risk	3.6%

USAID STRATEGY:

USAID supports the National AIDS Prevention and Control Program in its efforts to curb HIV transmission by defining the prevalence and impact of the AIDS epidemic in Zaire and by raising public awareness. Providing education about ways to protect against HIV/AIDS transmission is a priority.

USAID FUNDING, 1991: \$5,912,388

USAID SUPPORTED COUNTRY PROGRAMS

Mass Media AIDS Project

USAID, Population Services International (PSI), and the Zaire National AIDS Committee are assisting the government in producing a national AIDS mass media campaign

aimed at youths 12 to 19 years old and prospective parents ages 20 to 30. The project seeks to motivate safe sexual practices by influencing social behavior through TV and radio spots, dramas, and several other media. Follow-up surveys show a reported increase in the practice of abstinence, fidelity, and condom use among young adults and the general public; annual condom sales through the PSI project rose by more than 1,000 percent.

Condom Social Marketing Project

USAID has supported the extensive condom social marketing project implemented by PSI. A dynamic private-sector marketing approach has created widespread awareness and demand for condoms and spermicides, while making these products available at affordable prices throughout the country. Condom sales have risen from 935,000 in 1988 to 20 million in 1991. The number of untraditional outlets, such as small stores, bars, and hotels, has grown significantly, now accounting for about 16 percent of sales.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

**HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.

***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.

Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

ZAMBIA

SITUATION ANALYSIS:

Zambia is one of the African countries most affected by HIV. An estimated 25 percent of sexually active adults in urban areas are HIV-positive. Seroprevalence among pregnant women, blood donors, and new STD clinic patients is extremely high. STD patients are particularly at risk, with infection rates among them ranging from 30 percent to 54 percent. At least one-third of hospital inpatients have AIDS-related diseases. The epidemic further threatens the country's economic stability—which already suffers from a shortage of trained personnel—because HIV infections frequently occurs among the productive, educated segments of Zambian society.

Reported AIDS Cases: 5,802
(Date of last Report: 10/31/91)

*Increase over 1990 Report: Not Available

Total Population: 8,400,000

Cumulative Incidence: 690.7 per million

**HIV Seroprevalence:

*** Urban—	High Risk	54.0%
	Low Risk	24.5%
Rural—	High Risk	13.0%
	Low Risk	13.0%

USAID STRATEGY:

To support the country-wide strategy developed by the National AIDS Control Program, USAID is financing AIDS intervention activities first in the Copperbelt and Lusaka regions, with later expansion planned for the southern region. USAID is strengthening the capabilities of public and private institutions in Zambia to combat the spread of HIV/AIDS.

USAID FUNDING, 1991: \$1,262,492

USAID SUPPORTED COUNTRY PROGRAMS

Radio and Live Drama for AIDS Education and Prevention

Nshilakamona, a serial radio drama about families facing the AIDS crisis in their homes and communities, aired weekly during prime time for 39 weeks. Zambia is one of the first countries in the world to create a radio drama on the impact of HIV/AIDS. Developed jointly by the Ministry of Health and NGOs, including the Copperbelt Health Education Project and the Church's Medical Association of Zambia, the project was produced in Bemba, one of Zambia's seven major languages. USAID also funded the services of a public relations firm to handle publicity and audience participation activities and to help attract corporate sponsorship. A baseline survey on knowledge, attitudes, beliefs, and practices conducted prior to the airing of *Nshilakamona* will be compared to a follow-up survey to determine the response of the listening audience.

Training Video for AIDS Counselors

The Ministry of Health and Zambia National Services have worked with 15 Zambian AIDS counselors and 10 local actors to produce a 30-minute educational video for use in training counselors. *Challenges in AIDS Counseling* was pretested with 60 counselors-in-training, modified accordingly, and then distributed to 175 governmental and nongovernmental organizations. The demand for *Challenges in AIDS Counseling* has reached far beyond Zambia, and copies are being distributed worldwide.

Research and Training: Communication and Formative Research

USAID, in partnership with the Copperbelt Health Education Project and the Zambia National Broadcasting Corporation, has trained 30 health educators, nurses, government officials, and employees of a local public relations firm to conduct qualitative

research, including focus-group discussions and pretesting of communication materials.

Live and Videotaped Theater Performances for AIDS Education

USAID supported a local scriptwriter in developing a concept and story line for a stage play on AIDS-related issues. The drama, which is aimed at sexually active youth and young adults, will be performed live and videotaped for national television broadcast.

Education, Counseling, and Research

In collaboration with the University Teaching Hospital of Lusaka, USAID established an STD clinic patient information and counseling program in Zambia. The project will evaluate and test diagnostic technologies and equipment and offer training for 46 STD clinics nationwide. Experts from the Uniformed Services University of the Health Sciences are conducting training in laboratory technology and data management. A project evaluation will assess incidence rates of gonorrhea, syphilis, and other genital ulcer diseases. Also underway at the University Teaching Hospital is a study of the association between consistent use of spermicides and condoms and HIV incidence among couples in which one partner is seropositive. Preliminary findings suggest that consistent use of spermicides and condoms can substantially lower the infection rate among women.

ZIMBABWE

SITUATION ANALYSIS:

A relatively strong urban economy and a well-developed infrastructure encourage travel around Zimbabwe. Many young people, for example, migrate to the cities in search of jobs. Yet it is the mobile and economically unstable populations, such as young women who find employment opportunities limited and turn to prostitution out of need, that are especially vulnerable to HIV infection, accounting for much of its spread throughout Zimbabwe.

Reported AIDS Cases: 10,551
(Date of last Report: 12/31/91)

*Increase over 1990 Report: 50%

Total Population: 10,019,000

Cumulative Incidence: 1,053 per million

**HIV Seroprevalence:

*** Urban—	High Risk	Not Available
	Low Risk	3.2%
Rural—	High Risk	6.6%
	Low Risk	1.4%

USAID STRATEGY:

USAID programs build upon Zimbabwe's fairly strong urban health care infrastructure, an extensive commercial farming system, and broad networks of private voluntary organizations. Although AIDS programs have been conducted primarily in cities, interventions are increasingly needed in rural areas as HIV spreads. USAID will complement successful urban programs with education and prevention services in rural districts.

USAID FUNDING, 1991: \$637,447

USAID-SUPPORTED COUNTRY PROGRAMS

Community AIDS Prevention Programs for High-Risk Groups in Bulawayo

Bulawayo's health department has been working since 1989 to reduce HIV transmission among prostitutes, their sexual partners, and people with STDs through peer education, motivational outreach programs, and condom distribution. By the end of 1991, 80 peer educators had reached nearly half of Bulawayo's 700,000 residents through 2,700 contacts in bars, hotels, and brothels. More than 1.5 million condoms were distributed in 1991; according to a postintervention survey, 96 percent of the prostitutes and 69 percent of clients had received them. Reported condom use among prostitutes increased from 18 percent to 84 percent and from 40 to 59 percent among clients. The project has also furnished supplies and equipment to improve the services at STD clinics.

STD/HIV Prevention, Education, and Condom Distribution in Masvingo

In 1991, the health department of Masvingo selected 35 peer educators from core groups vulnerable to HIV infection and trained them to provide AIDS information and condoms in over 100 workplaces. In its first four months, the project distributed more than 120,000 condoms. Activities also include the development of a community action plan involving local leaders in promoting education about HIV and STDs among high-risk groups. A decline in STD rates has been noted since improvements in diagnosis, treatment, and counseling were made at regional health clinics.

Community HIV Prevention Program in the Lake Kariba Region

USAID and the local health department have established outreach programs for groups at risk for HIV transmission, particularly fishermen, traders, and military personnel. Personnel from the Bulawayo project trained five project leaders, who supervised 35 peer educators. The peer educators offer AIDS

information and support to people in the Kariba town communities; they distributed over 362,000 condoms in the first four months of the project.

AIDS Education and Condom Promotion in the Commercial Farming Sector

After the government, commercial farming represents Zimbabwe's second-largest labor force. The Commercial Farmers' Union (CFU), with 73 local associations, is providing additional support for condom promotion and distribution and AIDS education to union leaders and 270,000 farm laborers in Zimbabwe. A new condom distribution system includes the country's three largest farmers' cooperatives, with membership totaling more than 6,000. During the second year of the program, the CFU and the Zimbabwe National Family Planning Council, which coordinates and controls distribution, dispensed nearly half a million condoms in one farming community.

Training of Trainers for AIDS Education

Save the Children Federation introduced training-of-trainers for AIDS prevention into an existing child survival project in three rural areas. In collaboration with the Ministry of Health, Save the Children is developing a network of trained health and development workers and local leaders to teach HIV/AIDS prevention skills in their communities. Project staff members have trained 97 percent of health center staff members and 95 percent of village community workers within the target areas. Educational efforts reached 4,640 families. A follow-up survey showed significant growth in knowledge of HIV and in the acceptance and use of condoms.

AIDS Education and Condom Promotion in the Marondera District

World Vision Relief and Development and the Ministry of Health have conducted more than 20 training workshops for leaders of community groups such as village development committees in the Marondera District. An AIDS awareness campaign is addressing specific gaps in knowledge and misconcep-

ASIA REGIONAL SUMMARY



	India (1)	Indonesia (2)	South Pacific (3)	Sri Lanka (4)	Thailand (5)	Philippines (6)	TOTAL
Condom Supply and Promotion	■	■	■	■	■	■	6
Blood Product Safety						■	1
Health Care Financing					■	■	2
PVO Activities				■	■	■	3
Public Information Campaigns			■	■	■	■	4
Resident Advisors					■	■	2
STD Control					■	■	2
Epidemiology and Surveillance					■	■	2
Targeted Behavior Change	■	■	■	■	■	■	13
Behavior Research		■			■		2

*Shaded squares may reflect more than one program per country

INDIA

SITUATION ANALYSIS:

HIV is spreading among people who practice high-risk behaviors. Infection is most prevalent in the states of Maharashtra, Tamil Nadu, and Manipur, which are each located in three different regions of the country. HIV prevalence among STD patients in Madras, Tamil Nadu, rose from 0.1 percent in 1986 to 2.4 percent in 1991. Prevalence is as high as 48 percent among intravenous drug users in Manipur.

Reported Cases: 85
(Date of last Report: 9/30/91)

*Increase over 1990 Report: Not Available

Total Population: 859,192,000

Cumulative Incidence: 0.1 per million

**HIV Seroprevalence:

*** Urban—	High Risk	18.1%
	Low Risk	.1%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

USAID is assisting the government of India in reducing the spread of HIV in the states with the highest prevalence of infection. Efforts are coordinated with state-level activities and focus on condom promotion and distribution, behavior change, and improving STD treatment among prostitutes, their clients and STD patients. USAID is encouraging NGO and private-sector participation in AIDS prevention and is reinforcing local capacity to carry out prevention activities.

USAID FUNDING, 1991: \$448,608

USAID-SUPPORTED COUNTRY PROGRAMS

Distribution of AIDS Video

To educate policymakers in India about the scope of the AIDS threat, USAID has funded the duplication and distribution of 1,000 copies of *Talking AIDS, Stopping AIDS*, a video produced by the Indian Association of

Preventive and Social Medicine and CEDAC Communications Systems, a New Delhi filmmaker. The video has been distributed to policymakers, government officials, and health care providers in India. The video and a pamphlet highlighting facts about AIDS attempt to create awareness about the enormity of the potential problem and generate public support for HIV intervention activities.

In-Depth Study of Poor Women in Bombay

With USAID support, the Tata Institute of Social Sciences is studying how urban Indian women perceive their sexual behavior. Findings from focus-group discussions with women from various religious, ethnic, and occupational groups in Bombay are helping program planners shape appropriate prevention messages for this population. AIDS interventions will be integrated into maternal and child health services, reproductive and contraceptive health services, and STD control programs.

AIDS Model for Low-Income Adolescent Girls in Urban India

World Vision Relief and Development (WVRD) is conducting research on a culturally suitable model for educating low-income adolescent girls in Bombay about HIV/STD prevention. WVRD will conduct focus groups and distribute questionnaires to young women ages 15 to 20 from a Bombay slum, as well as from a municipal school. Results will be used in planning interventions, including a peer education program.

Equipment for Blood Transfusion Centers

To support India's AIDS control plan, USAID in 1991 contributed funds to the government to purchase equipment for HIV and surveillance at 65 blood transfusion centers.

INDONESIA

SITUATION ANALYSIS:

In response to the spread of HIV in other Asian countries, Indonesia has begun to address its own situation. With the HIV epidemic still in the early stages, prevention and education are top priorities. The Ministry of Health and the National AIDS Committee have identified the commercial sex industry as a leading target for HIV interventions. Surabaya, a busy seaport estimated to have the largest commercial sex industry in Southeast Asia, is a prime location for such efforts.

Reported AIDS Cases: 16
(Date of last Report: 9/30/91)

*Increase over 1990 Report: Not Available

Total Population: 181,366,000

Cumulative Incidence: 0.1 per million

**HIV Seroprevalence: Not Available

*** Urban—	High Risk	Not Available
	Low risk	.0%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

USAID is working with policymakers and health professionals from the public and private sectors to understand the potential impact of AIDS on Indonesia, promote behaviors that decrease the risk of HIV infection, and initiate the legal and social changes needed to halt the spread of HIV. Major components of this strategy are the development of health policies,

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

**HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.

***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.

Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

surveillance activities to track the extent and spread of HIV, communication programs offering HIV/AIDS education and behavior-change messages, and improvements in diagnosing and treating STDs.

USAID FUNDING, 1991: \$402,676

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Risk Among Prostitutes and Clients

In collaboration with the Ministry of Health, Udayana University, and the University of Michigan, USAID has initiated research in Bali on risky behaviors among prostitutes and the men likely to be their clients; a major focus is testing the hypothesis that attitudes and beliefs influence sexual practices and condom use. Researchers will also examine the potential spread of HIV and other sexually transmitted diseases among tourists, prostitutes, and the general population.

Research on the Surabaya Commercial Sex Industry

USAID has supported formative, ethnographic research to describe the size, scope, and characteristics of the commercial sex industry and high-risk behaviors in Surabaya. The study identified 10 subgroups among the clients engaging prostitutes, whose numbers are estimated at 21,000. Data on the sex industry—its organizational structure, clientele, employment conditions, demographics, risk behaviors, and access to health services—are helping to focus further behavioral and epidemiological research and guiding the formation of targeted activities that will promote behavior change and condom use.

Research on the Shipping Industry

Because Indonesia is an archipelago of 13,000 islands, workers and voyagers on the ships that frequent the country's ports are accelerating the spread of HIV into Indonesia and elsewhere. USAID is supporting research on domestic and international shipping industries, focusing on shipping patterns and ports of call in high HIV-prevalence harbors.

Off-ship sexual behavior was studied through 183 intercept surveys of seamen docked in Jakarta and Surabaya. Findings will shed light on a significant means of HIV spread in the Southeast Asia region and thus will be useful in developing AIDS prevention policies and behavior-change interventions.

HIV Risk-Assessment and Risk-Reduction Counseling

In collaboration with the Indonesian Medical Association, the Ministry of Health is conducting HIV prevention training for a network of health providers from public and private health care institutions, universities, and NGOs. Teaching modules have been developed for the trainees, who will train additional counselors in HIV/AIDS education and ways to guide clients to select and adopt appropriate personal HIV risk-reduction behaviors.

Women and AIDS Operations Research

USAID, in support of a cross-regional women and AIDS operations research initiative, is providing technical assistance to the Applied Psychology Institute of the University of Indonesia in the development of culturally appropriate HIV risk-reduction strategies for Indonesian women. The institute is conducting quantitative behavioral research on women's perceived norms about discussing sexual behavior and HIV prevention with their husbands. An intervention model will be created to assist women in conducting such discussions.

Technical Assistance AIDS/STD Prevention Programs

USAID-funded activities are all backed by technical assistance. In Surabaya, USAID, in cooperation with the U.S. Centers for Disease Control, is providing assistance to strengthen prevention, screening, and treatment of STDs in Surabaya. It is also training Ministry of Health staff to use AIDS computer models in determining the impact of various policy options.

PHILIPPINES

SITUATION ANALYSIS:

HIV seroprevalence rates thus far are relatively low. Though most AIDS cases were initially contracted by Filipinos living abroad who returned home with the disease, HIV is now endemically transmitted. One reason is that low per-capita incomes have drawn more males and females into the commercial sex industry at home and overseas. Moreover, many Filipinos work in countries where risks of infection are much higher. The Philippines has a well-developed health care system, valuable local technical resources, and a strong infrastructure for controlling sexually transmitted diseases.

Reported AIDS Cases: 53
(Date of last Report: 8/28/91)

*Increase over 1990 Report: 21%

Total Population: 62,338,000

Cumulative Incidence: 0.9 per million

**HIV Seroprevalence:

*** Urban—	High Risk	.1%
	Low Risk	Not Available
Rural—	High Risk	.1%
	Low Risk	Not Available

USAID STRATEGY:

Because studies show a high level of misperceptions about AIDS, USAID has concentrated on getting accurate information to policymakers, the public, and specific groups at high risk for HIV infection. It has also focused on improved surveillance and blood testing capabilities, and is planning to broaden education efforts. USAID will continue to support the efforts of PVOs and NGOs, which are skilled in reaching vulnerable populations.

USAID FUNDING, 1991: \$30,429

USAID-SUPPORTED COUNTRY PROGRAMS

Health Education and Intervention Program for Prostitutes

USAID continues to build on the success of multifaceted community-based projects in Manila that promote safer sexual practices among urban prostitutes and other hospitality workers. Initiated in 1989 in Metro Manila, Olongapo, and Angeles City with the city councils and health departments, the program is designed to enhance the capabilities of these communities in designing, establishing, monitoring, and evaluating interventions for individuals who practice high-risk behaviors. The project staff has worked with the media, bar owners, health educators, and policymakers to develop effective prevention and control programs. They have trained 1,400 outreach workers and peer educators who have brought information programs to 1,300 entertainment establishments and community groups. Follow-up surveys of these efforts indicate some early success—reported condom use is up from 24 percent to 44 percent in Olongapo and from 24 percent to 62 percent in Angeles. Other USAID-funded activities have included assessments of STD services in these cities and recommendations for improving their quality and cost-effectiveness. Since the services were upgraded, gonorrhea cases have declined by 35 percent while the number of people visiting the clinics has risen significantly.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 **HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.
 ****High-risk groups:* prostitutes and their clients, STD patients, or other people with known risk factors.
Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

Remedios AIDS Information Center

USAID has supported the establishment in Manila of the Remedios AIDS Information Center (RAIC). The first of its kind in the Philippines, the RAIC is a grass-roots, drop-in information and counseling center. It also serves the wider Manila community, presenting lectures and films and operating a telephone hotline. The RAIC has also collaborated with the Department of Health in producing and distributing 10,000 copies of a quarterly AIDS periodical designed for health workers and NGOs, which are encouraged to use RAIC facilities for their own AIDS prevention initiatives.

Operations Research Projects by NGOs

In cooperation with the RAIC, USAID is supporting three operations research projects conducted by nongovernmental organizations that will produce information for developing suitable HIV prevention and risk-reduction interventions for select high-risk groups. The Health Action Information Network has two research projects underway: the first evaluates the effect of specific information campaigns on HIV/AIDS knowledge, attitudes, and practices among 120 medical and nursing students at five Manila universities and colleges; the second analyzes how social norms among 30 male prostitutes in Manila influence HIV-related behaviors. A research project conducted by the Institute for Social Studies in Action is examining the knowledge and behaviors of 60 merchant seamen and their wives in Manila; a related goal is assessing the ability of the wives to influence the sexual behaviors of their husbands.

Multimedia Campaign

The Department of Health has built upon the success of the AIDS education media campaign it launched in 1990 to start a second national campaign targeted to presexually active and sexually active young adults ages 15 to 24. The new campaign messages have shifted from offering general information to motivating behavior change and influencing

social norms that govern peer-group interactions. They encourage discussing sex, listening to friends and partners, and promoting safe sexual behaviors. Audience surveys conducted before and after the campaign began will measure changes in the attitudes, beliefs, and perceived norms among young adults.

Telephone Hotline Service

A national telephone hotline was set up to reinforce the general information media campaign and to monitor its reach and effectiveness. Data collected through the hotline have enhanced AIDS prevention communications and helped to evaluate the campaign's impact. Hotline data, for example, revealed that the first AIDS education campaign reached a secondary audience of young men, who were then selected as a primary target audience for the second campaign.

Upgrading of Social Hygiene Clinics

USAID assisted the Communicable Disease Control Center and Department of Health in upgrading 13 social hygiene clinics, providing equipment, supplies, and staff training. As a result, the number of clients patronizing the improved clinics has risen 30 percent. HIV/STDs task forces have been created in Olongapo and Angeles, and local government participation has expanded.

Financial Planning of Health Screening Resources

A cost analysis, conducted with the assistance of the Research Institute of Tropical Medicine, measured the current and projected demand for HIV blood screening; a plan for meeting that demand was recommended to the Ministry of Health. Because of the country's reliance on commercial blood donations, HIV screening, which can be conducted at little cost, appears warranted. Findings indicate that substantial cost savings are possible by collecting and screening mass volumes of blood at specialized facilities and by making HIV screening a routine part of blood processing.

THAILAND

SITUATION ANALYSIS:

The AIDS epidemic in Thailand has changed significantly over the last four years, reaching proportions comparable to the worst outbreaks in Africa. Although intravenous-drug users in Bangkok were the first to experience high HIV rates, the disease then surfaced among prostitutes in Bangkok, nearby provinces, and northern Thailand. Now HIV has been detected in every province and is spreading into the population at large.

Reported AIDS Cases: 179
(Date of last Report: 10/31/91)

*Increase over 1990 Report: 61%

Total Population: 58,614,000

Cumulative Incidence: 3.0 per million

**HIV Seroprevalence:

*** Urban—	High Risk	20.6%
	Low Risk	.3%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY

In response to the changing nature of the epidemic in Thailand, USAID's strategy is concentrated on a comprehensive program of condom promotion, STD control, and behavior modification. While capacity-building will continue throughout the country, assistance will intensify in Bangkok because of its vast population and rising infection rate. USAID also supports self-sustaining efforts, such as workplace awareness campaigns and rapid diagnostics for HIV or STDs, to curb the spread of the virus.

USAID FUNDING, 1991: \$1,630,864

USAID-SUPPORTED COUNTRY PROGRAMS

A Study of Sexual Networking in Provincial Thailand

Results from a USAID-funded study assessing patterns of sexual-partner exchange in rural Thailand are the basis of recommendations for strategies to encourage condom use and develop interventions for individuals engaging in multiple sexual relationships. The research encompassed 250 in-depth interviews of married and single Thai men and women from a variety of occupations who were asked about condom use, perceptions of risk, attitudes toward commercial sex and casual sex, and details about their sexual partners of the previous 12 months.

Klong Toey AIDS Education Project

Drawing on its experience in helping heroin addicts recover in the Bangkok slum Klong Toey, the Duang Prateep Foundation (DPF) has trained volunteers and former drug users to promote HIV testing, AIDS education, and condom use among IV drug users and their partners. DPF, a grass-roots organization, is also receiving support from USAID to broaden outreach efforts to other groups, particularly adolescents and their parents.

Educational Interventions Among Migratory Female Adolescents

A USAID-supported project is pretesting AIDS and STDs educational materials aimed at the unmarried, poor, mostly teen-aged women who migrate to northern Thailand's cities for jobs but turn to prostitution out of economic need. Designed for use by health professionals and peer leaders, the materials are based on findings from focus groups, in-depth interviews, and surveys of the women.

AIDS Education Institutions

In partnership with the Population and Community Development Association (PDA), USAID has supported the development of an AIDS-in-the-workplace slide show for workers at 300 major Thai private and state-owned businesses, educational institutions, and government agencies. Volunteers have been trained as peer educators to promote HIV/AIDS prevention and use an information kit developed especially for this effort.

AIDS Prevention Among Adolescents

The Population Council and Khon Kaen University are evaluating AIDS-related knowledge, sexual behaviors, and perceptions of risk among female and male adolescents in north-eastern Thailand. They are also studying how the youth communicate with peers and families. Data collected through focus groups and questionnaires will assist in formulating a peer counseling program and HIV/AIDS educational materials. To track effectiveness, every six months the project compares changes in knowledge and high-risk sexual behaviors among students in the intervention group to those of students in a control group.

Northern Provinces Initiative

With the AIDS division of the Ministry of Health, USAID developed a regional strategy to strengthen the existing health infrastructure and test new, innovative approaches to HIV prevention and control in northern Thailand. Initiated in five provinces during 1990, the project is being expanded to other areas of the country. Staff members from 70 health centers and hospitals in Payao Province have been trained to use standardized educational materials developed by the Program for Appropriate Technology in Health. They have also been trained in condom stock management and logistics.

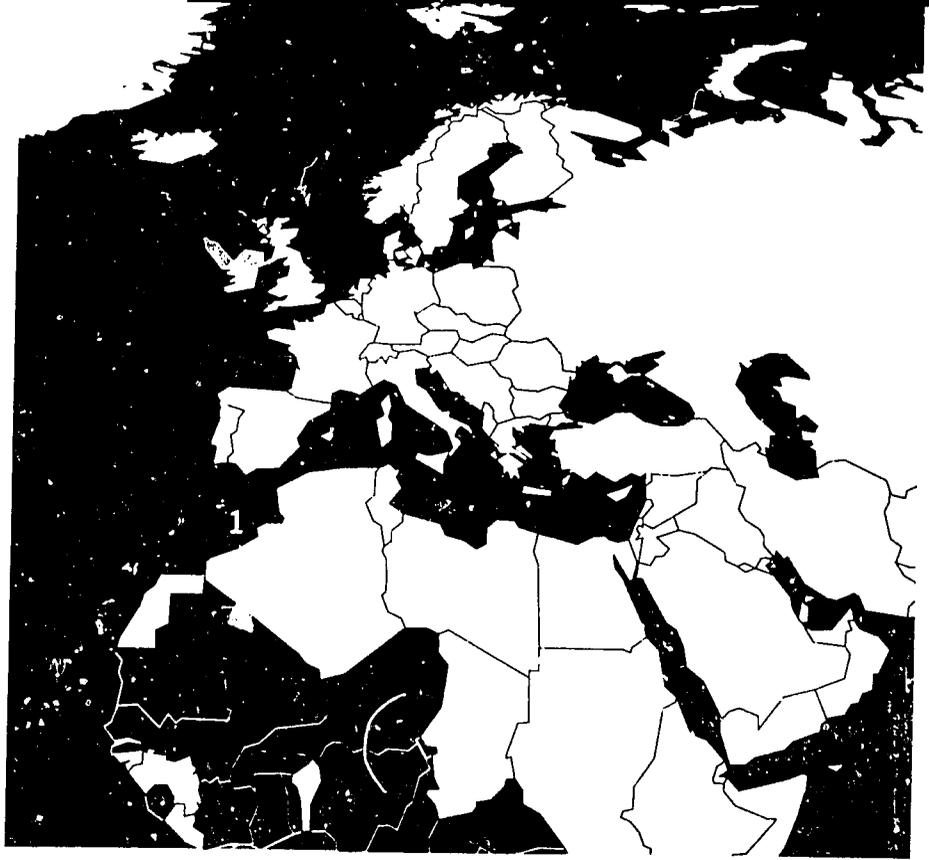
Operations Research

USAID has established a small grants program to enable rapid development and testing of interventions. Standardized educational materials have been translated into Burmese for use among 160 women working in brothels; an evaluation indicates this effort is associated with expanded knowledge about HIV and greater self-reported condom use. At the request of the Thai government, USAID also analyzed the effectiveness of a government policy requiring condom-only brothels. Results showed that condom use in some brothels grew from 74 percent to 93 percent. Governors and chief medical officers from eight provinces met in a conference to explore the possibility of installing a region-wide policy for condom-only brothels. Another project studied the sexual behaviors, alcohol use, condom use, and knowledge about HIV of more than 100 truckers at two truck stops in central-northeast Thailand. Data indicate this population is at great risk for HIV infection.

**Behavior Research for
AIDS Prevention**

Through the USAID Behavioral Research Grants program, researchers at Columbia University and Mahidol University are examining sexual activities and HIV-related attitudes, beliefs, and practices among truckers and prostitutes in low-income areas of Bangkok and Saraburi, both cities with large commercial sex industries. The study marks the first time Thailand has examined migration and travel patterns as they relate to the spread of HIV infection.

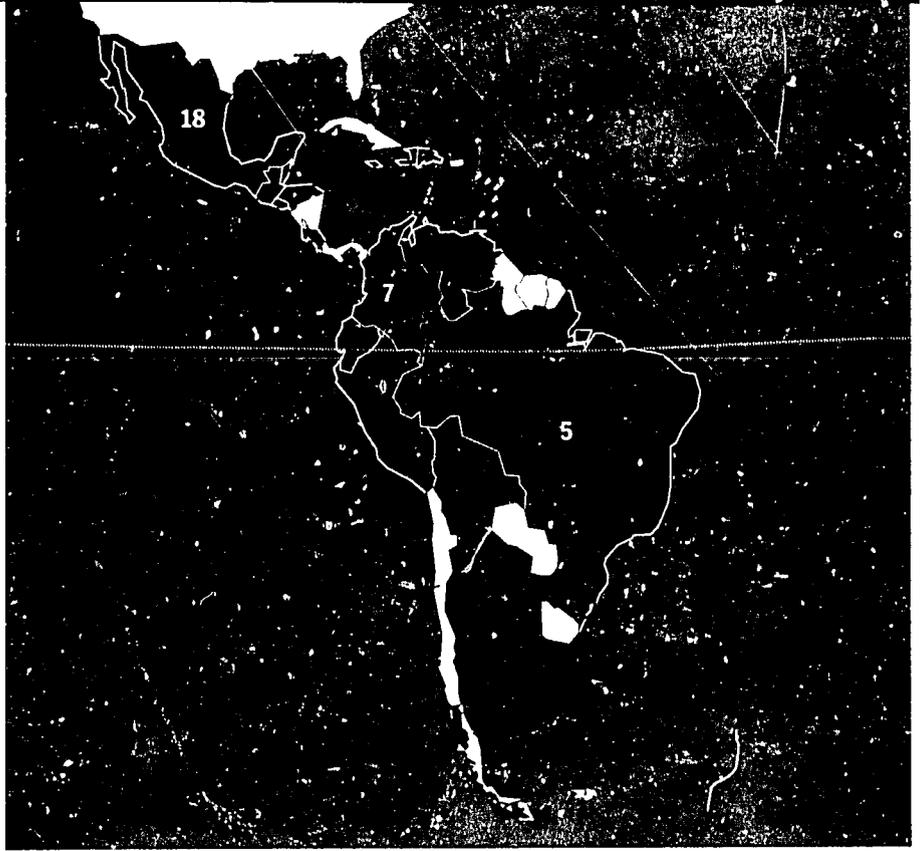
EUROPE AND THE NEAR EAST REGIONAL SUMMARY



	Morocco (1)	TOTAL
Condom Supply and Promotion	■	1
Blood Product Safety		0
Health Care Financing		0
PVO Activities	■	1
Public Information Campaigns	■	1
Resident Advisors		0
STD Control		0
Epidemiology and Surveillance		0
Targeted Behavior Change	■	1
Behavior Research		0

*Shaded squares may reflect more than one program per country

LATIN AMERICA AND THE CARIBBEAN REGIONAL SUMMARY



	Antigua & Barbuda (1)	Barbados (2)	Belize (3)	Bolivia (4)	Brazil (5)	Chile (6)	Colombia (7)	Costa Rica (8)	Dominica (9)	Dominican Republic (10)	Ecuador (11)	El Salvador (12)	Grenada (13)	Guatemala (14)	Haiti (15)	Honduras (16)	Jamaica (17)	Mexico (18)	Peru (19)	St. Lucia (20)	St. Vincent (21)	Trinidad (22)	TOTAL
Condom Supply and Promotion		■		■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	23
Blood Product Safety				■	■					■	■	■										■	8
Health Care Financing	■	■								■									■			■	10
PVO Activities	■	■		■	■			■	■	■	■	■	■	■	■			■	■	■	■	■	20
Public Information Campaigns	■	■			■		■	■		■		■	■		■				■		■	■	16
Resident Advisors					■				■	■					■		■				■	■	7
STD Control	■	■	■	■					■	■	■	■	■	■	■		■			■	■	■	17
Epidemiology and Surveillance				■	■					■		■			■							■	7
Targeted Behavior Change	■	■		■	■			■	■	■	■	■		■	■		■	■	■	■	■	■	23
Behavior Research						■									■		■	■				■	4

*Shaded squares may reflect more than one program per country

BRAZIL

SITUATION ANALYSIS:

Although AIDS in Brazil was first documented in homosexual and bisexual men, the majority of new AIDS cases are transmitted heterosexually. A dramatic increase of HIV infection has occurred among women and newborns. The country's AIDS cases nearly doubled in 1991, with more than half reported in São Paulo (42 percent) and Rio de Janeiro (13 percent).

Reported AIDS Cases 21,023
(Date of last Report: 8/31/91)

*Increase over 1990 Report: Not Available

Total Population: 153,322,000

Cumulative Incidence: 137.1 per million

**HIV Seroprevalence:

*** Urban—	High Risk	3.0%
	Low Risk	1.2%
Rural—	High Risk	.0%
	Low Risk	.0%

USAID STRATEGY:

USAID's comprehensive effort to address the large and growing AIDS problem in Brazil concentrates on improving the capacity of public- and private-sector institutions to conduct AIDS prevention activities and behavioral research. Nongovernmental institutions are receiving training in developing educational materials, peer education, program management, condom distribution logistics, and condom social marketing. Results of qual-

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

**HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.

***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.

Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

itative research among less accessible and marginalized populations contribute to innovative strategies to reach those for whom more traditional methods of AIDS education will not work.

USAID FUNDING, 1991: \$1,743,231

USAID-SUPPORTED COUNTRY PROGRAMS

BEMFAM Training for Health Professionals in AIDS Education Skills

In collaboration with the Civil Society for Family Welfare (BEMFAM), Brazil's national family planning association, USAID has trained 135 health professionals in AIDS education skills and program management at workshops in Rio de Janeiro, Salvador, Recife, Fortaleza, and Belem. BEMFAM has also developed a prototype training package and is training other NGOs to conduct similar workshops. A video, which was produced in Mexico to help train HIV educators and counselors there, has been translated to Portuguese for Brazilian audiences.

Women and AIDS Research Project

In collaboration with the Brazilian Interdisciplinary Association on AIDS and the Collective on Sexuality and Health, USAID is supporting research on the power dynamics of sexual decision-making and women's options for AIDS prevention. Based on the outcome of focus groups with low-income women in Rio de Janeiro and São Paulo and interviews with female and male factory workers in São Paulo, researchers will develop a video and printed materials for teaching women to negotiate safer sexual practices with their partners.

Training of Peer Educators in AIDS Prevention

The Implementing Agency for Cooperation and Training is teaching medical, nursing, and social work students to train prostitutes as peer educators to promote AIDS prevention and condom use in Fortaleza and São Luis. So far, 37 peer educators have reached 3,236 women and 1,588 men in 70 commercial sex establishments and distributed over 23,000 condoms.

AIDS Education Materials for Low Income Audiences

USAID, in cooperation with the Brazilian Association of Family Planning Institutions (ABEPF), has taken the lead in creating education programs for low-income audiences. To reach a significant number of citizens, ABEPF conducted 24 focus groups with men and women in several cities and, based on the findings, designed materials for poor communities. ABEPF also trained community teachers and health care providers in ways to use the materials.

Management and Technical Training

USAID has assisted the Center for Control and Immunological Investigation (CCII) in establishing training sessions in AIDS program management, fundraising strategy, social marketing, and research. CCII also is training HIV-positive individuals and family members to act as peer educators in their communities.

AIDS in Public and Private-Sector Institutions

In cooperation with a consortium of private and public banks, which has reached an estimated 4 million people with HIV educational programs since 1990, USAID is expanding prevention efforts in the workplace to other businesses. Twenty São Paulo-based companies participate in the program and conduct peer education training, as do several community-based groups. The São Paulo Industrial Federation and the Occupational Safety Foundation have developed a training module. They are evaluating existing programs and introducing modified programs at selected work sites.

AIDS and Sexuality among Low-Income Adolescent Women in Recife

The Brazilian Center on Children and Adolescents, a nongovernmental organization that operates several HIV/AIDS peer education programs and a community theater project, is examining sexual decision-making practices among poor adolescent women, particularly those who live on the streets. This data will be used to create intervention activities for these women.

Prostitutes Trained Via Community Radio

BEMFAM has started an AIDS prevention radio campaign sponsored by local businesses and developed with the assistance of a local prostitute association. Women in the brothel community of Villa Mimosa in Rio de Janeiro learn about HIV/AIDS through *Radio Comunitaria*, programming aired over loudspeakers throughout the brothel district. The broadcasts of musical entertainment and paid advertising present messages promoting condoms and offering information about HIV and STDs. The program is credited with raising condom use from 59 percent to 81 percent among Villa Mimosa prostitutes, according to data from tracking surveys conducted before and after the project began.

Behavioral Research, Outreach, and Counseling for Bisexual Men

In an operations research project, BEMFAM has studied, at five locations in Rio de Janeiro, the sexual behavior of 2,500 men who have sex with men. Participants have received condoms, AIDS information, risk-reduction counseling, and support services. Despite social and psychological barriers that may deter bisexual men from seeking condoms or AIDS information, data so far suggest that condom distribution and risk-assessment counseling can be effective in places where bisexual men gather. Research about the complex nature of bisexual behavior is guiding the design of appropriate AIDS prevention programs.

DOMINICAN REPUBLIC

SITUATION ANALYSIS:

HIV transmission in the Dominican Republic occurs predominantly among heterosexuals, driven by an extensive prostitution industry and a large population engaging in sexual activity with multiple partners. Migration from Haiti, which has a high HIV prevalence rate, and the Dominican Republic's substantial tourist industry also contribute to the epidemic's spread. The disease had occurred primarily in those people practicing high-risk behaviors and has now moved into the general population. Although public-sector leadership has diminished, the country's relatively strong private-sector infrastructure provides a solid base on which to develop AIDS prevention services.

Reported AIDS Cases 1,574
(Date of last Report: 12/31/91)

*Increase over 1990 Report: 6%

Total Population: 7,321,000

Cumulative Incidence: 214.9 per million

**HIV Seroprevalence:

*** Urban—	High Risk	2.6%
	Low Risk	1.6%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

USAID invests in the private sector through PVOs and other organizations with access to those communities where HIV is most easily transmitted. As the disease spreads into the population at large, more attention is being directed toward secondary groups, such as the clients of prostitutes, working-class men and women, military personnel, and prisoners.

USAID FUNDING, 1991: \$1,319,975

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

**HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.

***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.

Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

USAID-SUPPORTED COUNTRY PROGRAMS

Intervention Among Prostitutes in Santo Domingo and Puerto Plata

The local private voluntary organizations have recruited 414 prostitutes through STD clinics and commercial sex establishments to serve as peer educators for direct contact with 3,500 prostitutes of the 25,000 working in Santo Domingo and the tourist zone of Puerto Plata and for indirect contact with 10,000 prostitutes. This multifaceted behavior-change intervention combines AIDS education, condom distribution, and improved STD prevention and treatment services. Researchers have conducted baseline and follow-up surveys to evaluate the intervention's effectiveness; preliminary findings indicate a dramatic increase in knowledge of AIDS and condom use among the prostitutes.

AIDS Educational Comic Book

More than 316 peer educators have distributed 6,480 copies of "Maritza," a comic book designed to teach female prostitutes how to negotiate condom use with their clients, in more than 400 bars and brothels in Santo Domingo, Santiago, and Puerto Plata. The publication, one component of a comprehensive prevention program for prostitutes in Santo Domingo and Puerto Plata, is based on data obtained in focus groups. The findings had indicated that 90 percent of 500 prostitutes wanted to use condoms but lacked confidence in their ability to persuade clients to do so. The comic book presents a role model who uses verbal argument, flattery, and flirtation to counter client refusal to use condoms. A second "Maritza" flip chart and comic-book series have been developed to help peer educators correct misconceptions about STDs and emphasize the importance of seeking diagnosis and treatment. In a related project, a comic book based on the character "Mario" has been introduced in Haina to dock loaders and sugar cane cutters known to have frequent contacts with female sex workers and who systematically refuse to use condoms. The intervention is designed to determine the extent of behavior modification in regard to condom use that can be achieved.

Youth Peer Education

A six-hour training module has been created to train young peer educators to instruct their classmates on HIV transmission and prevention and to enhance the country's sex education program for high-school students. Conducted by PROFAMILIA, the national family planning association, the project each year trains 250 students in 40 schools as peer educators, in an effort to reach 20,000 students. In light of the popularity of the comic book developed as a teaching device for the project and of the general success of the program, USAID is distributing the module in other Latin American countries. Adolescents have received nearly 38,500 comic books through training sessions.

Research Among Men Who Have Sex with Men

After an extensive survey showed a strong need to provide information and safer-sex counseling to Dominican men who have sex with men, USAID has provided support to a local nongovernmental organization, Amigos Siempre Amigos—Friends Always Friends—to develop appropriate interventions.

Theater Presentations

With USAID support, two local organizations—the Fight Against AIDS and the Cultural Foundation for Health Education—are training volunteers to use local theater presentations in both rural and urban communities to raise awareness and provide information about HIV infection among older adolescents and young adults. Since the project began in early 1991, an estimated 1,725 men and women have attended 23 presentations in Santo Domingo and outlying provinces.

Local prostitutes who act as peer educators have organized a theater group and perform their short, comic skits urging the use of condoms in bars and entertainment establishments. The group has made 20 presentations, distributed 6,500 condoms, and handed out 2,600 pieces of informational material.

Financial Planning for Blood Collection, Screening and Transfusion

USAID has provided technical assistance in assessing costs and resources needed to upgrade the safety of the national blood supply system. Collection and central storage of data from all blood banks and laboratories are underway. A computer simulation model enabling users to illustrate on a graphic map where resources are most needed will be presented to decision-makers to promote cost-effective blood transfusion policies. In a related effort, USAID funded a PROCETS initiative in which 65 laboratories and 1,232 physicians nationwide were surveyed about existing transfusion practices, in order to establish a system that will screen for HIV in all collected blood units. Results suggested the need for training in blood banking and laboratory quality assurance as well as for the development of national policy on transfusions and protocols for medical care of seropositive patients.

Private-Sector Mobilization

A pilot program targets male and female employees of industrial and free-trade zones with a combination of HIV/AIDS education, STD diagnosis and treatment, and the promotion of condom use. Eight seminars have been held with hotel and tourist industry workers of 180 establishments.

EASTERN CARIBBEAN

(ANTIGUA AND BARBUDA, BARBADOS, DOMINICA, GRENADA, ST. KITTS, ST. LUCIA, ST. VINCENT, AND TRINIDAD AND TOBAGO)

SITUATION ANALYSIS:

The Eastern Caribbean region has a wide range of HIV seroprevalence rates, with a few countries experiencing some of the highest levels in the world. The virus is primarily transmitted heterosexually among, for example, young women who turn to prostitution out of economic necessity and by others who engage in the liberal sexual behaviors that are culturally acceptable in the region. Because most of the countries have small populations, the unchecked spread of HIV would be catastrophic.

Reported AIDS Cases 1,376
(Date of last Report: 12/31/91)

*Increase over 1990 Report: 26%

Total Population: 2,240,000

Cumulative Incidence: 614.2 per million

**HIV Seroprevalence:

Antigua:		
*** Urban—	High Risk	1.7%
Barbados:		
Urban—	Low Risk	.1%
St. Lucia:		
Urban—	Low Risk	.5%
Trinidad and Tobago:		
Urban—	High Risk	13.0%
	Low Risk:	.9%

USAID STRATEGY:

USAID complements interventions aimed at those who practice high-risk behavior with prevention campaigns geared toward the general population. The goal is to preempt the rapid spread of HIV that has occurred in similar settings.

USAID FUNDING, 1991: \$1,111,277

USAID-SUPPORTED COUNTRY PROGRAMS

Interventions in St. Lucia

Behavior-change interventions that USAID supports in St. Lucia provide HIV/STD counseling and training in condom use to high-risk people, including STD patients, migrant farm workers, and prisoners. More than 139,000 condoms have been dispensed thus far. USAID also collaborated with STD clinic staff to improve HIV risk assessment and to disseminate information to STD patients at the St. Lucia facility.

Interventions with Prostitutes and STD Patients in Antigua

More than 50,000 condoms as well as HIV/AIDS information materials have been dispensed to 300 prostitutes through a peer education program operating in Antiguan STD clinics, brothels, and bars. Baseline surveys indicate that 43 percent of the prostitutes reported they use condoms consistently with clients, but 50 percent said they never use them with long-term partners. The project has also trained STD clinic staff in HIV/STD counseling and condom promotion and use.

Behavior Intervention Communication Campaign

An HIV/AIDS communication campaign designed to reach sexually active youth is targeting parents as well. In collaboration with several private-sector firms (the Caribbean News Agency, Systems Caribbean, Inc., and Corbin Compton), USAID drew on survey data from St. Vincent, St. Lucia, and Grenada to develop this large-scale intervention, which features radio public service announcements and call-in programs, a radio drama series, public education seminars, TV messages, and print materials. Follow-up surveys report that the radio campaign reached 76 percent of the target population. USAID also assisted the Caribbean Epidemiology Center (CAREC) in developing a regional "AIDS and the Media" workshop.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

**HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.

****High-risk groups:* prostitutes and their clients, STD patients, or other people with known risk factors.

Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

Condom Promotion and Distribution

The Caribbean Family Planning Affiliation, with assistance from USAID, launched a condom promotion campaign that, unlike others, does not rely on messages about AIDS, health, or family planning. Materials such as posters, condom dispensers, buttons, and stickers feature "lifestyle" messages in which condoms are linked to social acceptance, popularity, and desirable lifestyles rather than to disease prevention. Condom use has risen 83 percent since the innovative campaign, which is patterned on U.S. soft-drink advertising, was launched in eight parishes in Dominica in 1990.

Intervention with Prisoners in St. Vincent

As a result of previous research conducted among male inmates at the prison in St. Vincent, USAID and CAREC designed, established, and evaluated a model program to educate staff and inmates about HIV. The study had compared the risks and educational needs of long-term and short-term prisoners as well as the prison staff. The resulting program has served as the model for numerous educational efforts throughout the Eastern Caribbean region.

Gonorrhea and Chlamydia Prevalence Study

In conjunction with CAREC, USAID has conducted a prevalence study of gonorrhea and chlamydial infection in Antigua, Dominica, St. Lucia, and St. Vincent. Findings will be used to develop interventions to control these diseases and to adapt World Health Organization (WHO) treatment guidelines. Results indicate 15 percent of women tested in prenatal clinics had gonorrhea and 13 percent had chlamydia infections. Among male STD patients with urethritis, 39 percent had gonorrhea and 10 percent had chlamydia. Follow-up studies in these countries are underway.

Upgrading STD Services

A needs assessment of STD services in the public and private sectors resulted in USAID launching a full-scale effort to improve the ability of St. Lucia clinic to diagnose and treat STDs. The clinic received diagnostic equipment, and WHO simplified treatment plans were adapted. Two nurses from St. Lucia were trained in the clinical management of STDs at the Centers for Disease Control STD training center in Baltimore.

Training Health Professionals

In the Eastern Caribbean many people with STD symptoms seek care from pharmacists and private physicians rather than public clinics. To strengthen the services of private-sector providers in St. Lucia and Dominica, USAID sponsored workshops on HIV and STD prevention, management, and counseling for 83 local health professionals, including physicians, nurse practitioners, and pharmacists.

AIDS Information Hotline

With support from USAID, four national AIDS hotlines, each modeled differently, are operating in the region. USAID has also funded the creation of a training and development program currently used throughout Latin America and Asia.

Feasibility of Alternative-Care Facilities for HIV-Positive Persons in Barbados

A USAID-funded study by the government of Barbados on the feasibility of establishing an alternative-care facility for AIDS patients shows a great need for such facilities. The study also indicated that care can be more cost-effective and humane when delivered in a hospice-like setting dedicated solely to AIDS treatment. Data showed that the average cost of treating an AIDS patient is \$150 a day, or \$4,500 during the patient's lifetime.

HAITI

SITUATION ANALYSIS:

Economic and social instability and prevailing sexual practices lead to the high HIV seroprevalence rates occurring among certain populations in Haiti. Seroprevalence among pregnant women living in one slum in Port-Au-Prince, for example, was approximately 10 percent, and 60 percent of prostitutes tested in Haiti were HIV-infected. Although AIDS awareness in Haiti is high, knowledge about its transmission is low.

Reported AIDS Cases 3,086
(Date of last Report: 12/31/91)

*Increase over 1990 Report: 20%

Total Population: 6,287,000

Cumulative Incidence: 490.8 per million

**HIV Seroprevalence:

*** Urban—	High Risk	41.9%
	Low Risk	5.0%
Rural—	High Risk	Not Available
	Low Risk	3.0%

USAID STRATEGY:

USAID is working with the public and private sectors to build a solid base of information about AIDS and how it is transmitted. Many of Haiti's AIDS programs are now implemented by local private voluntary organizations. USAID will also continue to emphasize interventions for prostitutes.

USAID FUNDING, 1991: \$2,040,489

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education and STD Services in Gonaives

USAID has funded a nongovernmental organization, the Centers for Development and Health (CDS), to incorporate AIDS prevention messages and condom promotion in its program. So far, 52 community health workers, 4 social workers, and 1 doctor have received training to counsel clients at the Gonaives health clinic and provide AIDS information to other citizens. CDS activities now reach about 30 percent of the Gonaives population. STD services have also been integrated into primary health care services. USAID is providing technical assistance to train doctors and local technicians in STD diagnosis and treatment.

Community-based AIDS Prevention Campaign

An intervention program in Port-Au-Prince, Gonaives, Cap Haitien, and Saint Mare has reached over 3,000 prostitutes and their clients. A consortium of private and public organizations, including the Implementing Agency for Cooperation and Training, the Social Service Committee of Haiti, and the Haitian National Institute for Social Welfare and Research, provides ongoing AIDS education and condom distribution through 100 AIDS educators. A variety of educational resources—brochures, billboards, posters, calendars, and radio spots—have been

developed, pretested, and distributed; more than 1.5 million condoms have been dispensed each year.

AIDS in the Workplace

The Group Against AIDS, a consortium of private-sector companies dedicated to establishing AIDS prevention activities in the workplace, has contacted over 10,000 men and women in 52 factories in Port-Au-Prince through 115 trained peer educators. The educators have distributed 545,000 condoms; they provide ongoing support and educational resources.

AIDS Surveillance and Counseling

Preliminary results of a USAID-funded HIV surveillance study conducted by the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) show an HIV infection rate of 7 percent among healthy adults in Port-Au-Prince and 33 percent among STD patients. USAID also supports GHESKIO's program of voluntary HIV testing and counseling to the general community. Social workers have been trained to inform and support those identified as HIV-positive, and a system to coordinate counseling activities with other health service agencies has been established.

Assistance in Condom Logistics and Distribution

USAID provided financial and technical support to PROFAMIL, Haiti's private-sector family planning association, for the warehousing, inventory, and distribution of 4 million condoms designated for AIDS intervention projects. Staff members were trained in inventory management, standardization of supply procedures, and stock rotation.

Behavioral Research for AIDS Prevention

In an effort to develop culturally appropriate interventions, USAID is funding joint research by The Johns Hopkins University and Centers of Development and Health (CDS) on the relationship of culture, health, and sexuality to HIV risk-reduction behaviors. The study of sexual beliefs, perceptions, and behaviors of

men and women is being conducted in Cite Soleil, an urban slum area of Port-au-Prince, and a low-income town in northern Haiti.

Behavioral Research on Women and HIV/AIDS Interventions

The Haitian Child Health Institute, with USAID support, is studying the link between psychosocial factors and women's perceived ability to protect themselves against HIV infection. Capitalizing on previous research evaluating the extent to which Haitian women believe themselves capable of influencing and preventing high-risk behavior, the new results will support efforts to promote the participation of women in local campaigns aimed at slowing the spread of AIDS. Similar data collected from men will be used to design messages promoting behavior change among both men and women.

Condom Social Marketing

USAID and Population Services International (PSI) are assisting a local distributor with a condom social marketing initiative. The condom Pante sells for half the price of Prime, a popular commercial brand in Haiti; Pante sales to date are averaging 36,000 a month.

AIDS Video

USAID has supported the development, production, and distribution of *Living with AIDS*, a video in Haitian Creole that portrays the realities of coping with AIDS and urges compassion and caring for those infected. Since its television premier, more than 140 video tapes have been distributed.

Christian Organizations Respond to AIDS

Results of a study assessing responses to the AIDS epidemic by Haitian Christian organizations led to a national meeting of these groups to collaborate on HIV prevention efforts, particularly in training parishioners as AIDS counselors. The Union of Seventh Day Adventists held a series of two-day "sensitivity" sessions in Port-Au-Prince and Cap Haitien for 110 pastors and educators.

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 **HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.
 ***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.
 Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

JAMAICA

SITUATION ANALYSIS:

Sexual transmission remains the most prevalent mode of HIV spread in Jamaica. Although the number of confirmed cases has been relatively low, the moderately high seroprevalence rate is indicative of problems to come. The growing incidence of other STDs, certain types of drug use, and the limited resources of the public health care system could lead to a major AIDS epidemic that would be economically and socially devastating in this small country. While Jamaica faces other serious problems, the National HIV/STD Control Program is maintaining its focus on slowing the spread of the disease.

Reported AIDS Cases 235
(Date of last Report: 6/30/91)

*Increase over 1990 Report: 22%

Total Population: 2,489,000

Cumulative Incidence: 94.4 per million

**HIV Seroprevalence:

*** Urban—	High Risk	14.6%
	Low Risk	.3%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

USAID's strategy to control STDs and AIDS encompasses educational activities, applied operations research, and improved STD diagnosis and treatment at facilities of the Ministry of Health. Two major goals are to reinforce the institutional capacity of the Ministry of Health and to stimulate closer collaboration between the various institutions working on AIDS prevention.

USAID FUNDING, 1991: \$1,414,676

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS-Related Sexual Decision-Making

In order to develop effective behavior-change interventions for Jamaica, the University of California at Los Angeles and the University of the West Indies have collaborated in USAID-funded behavioral research to examine how psychosocial and sociocultural factors surrounding sexual decision-making may increase risk of HIV infection. Findings from interviews with 108 men and women suggest that sociocultural values and practices tend to limit condom use among individuals having sex with multiple partners, though not with their primary partners.

HIV/AIDS Program Linked with STD Programs

USAID has supported management and technical assistance to the Ministry of Health from the Centers for Disease Control (CDC) to improve STD and AIDS prevention and control activities in Jamaica. It has assisted the ministry with hiring and training 15 STD/HIV contact investigators who have been deployed to provide intervention services in each of Jamaica's 14 parishes. USAID has also supported the establishment of seven new STD diagnosis and treatment facilities in the ministry's primary health care centers that serve as a base for the STD/HIV contact investigation staff and has provided assistance to two STD clinics in Kingston and Montego Bay.

Public Information: An Integrated Approach

Mass media communications have shifted emphasis from raising awareness about HIV to stimulating behavior change, in the wake of a nationwide survey showing that respondents had little sense of personal control over protecting themselves from infection and that condom use was low. A new public education campaign, designed for radio, TV, and print by a local advertising firm, encourages Jamaicans to take individual action. It also promotes Helpline, a telephone hotline service offering anonymous

counseling, information, and referrals to as many as 800 callers a week. Data collected through the hotline have been used to revise prevention messages and educational materials, to evaluate the campaign's impact, and to develop services for HIV-infected people.

Women's Health Study

With USAID support, the Ministry of Health is expanding its research and intervention activities for women at high risk for HIV infection in Kingston, Jamaica's capital and major port. More than 123 prostitutes and women visiting STD clinics were surveyed about their sexual practices and their knowledge and beliefs about AIDS and STDs. Participants received HIV/STD education, condoms, and HIV testing, and counseling by peer educators and a contact investigator trained by the CDC. Survey data helped in developing community-based interventions and educational initiatives that encourage safer sex among these populations.

Study of Men at Risk and Development of Peer Intervention Program

Qualitative research documents patterns of social and sexual behavior, condom use, and attitudes toward HIV testing among Jamaican bisexuals and men who have sex with men. Results have helped shape AIDS prevention programs for these men, and a group has been identified to establish peer education programs.

Female Low-income Workers and AIDS

The University of California at Los Angeles and the University of the West Indies have collaborated on research to determine the health, economic, and psychosocial factors that increase the risk of HIV infection among two groups of working women in Kingston: informal commercial importers and free-trade-zone factory workers. Findings helped the development of an educational video on HIV and STDs prevention by SISTREN, a grass-roots women's theater company, and will be useful in designing future interventions for women.

Collaborative Efforts

The National Family Planning Board, the National Council on Drug Abuse, and the National HIV/STD Control Program have held joint workshops to begin integrating health and lifestyle interventions.

The three organizations are jointly distributing materials from their own programs and are training peer counselors and setting up referral systems. AIDS/STD Helpline is collaborating with the National Family Planning Board to further develop their counseling services.

MEXICO

SITUATION ANALYSIS:

The number of AIDS cases in Mexico has increased significantly over the past several years. Homosexual and bisexual transmission accounts for nearly 60 percent of reported cases, with males between 25 and 44 years at highest risk. Urban populations of middle and high socioeconomic strata have the highest incidence of HIV infection. Mexico has an extensive private-sector network interested in providing AIDS prevention services.

Reported AIDS Cases 9,073
(Date of last Report: 12/31/91)

*Increase over 1990 Report: 35%

Total Population: 85,721,000

Cumulative Incidence: 105.8 per million

**HIV Seroprevalence:

*** Urban—	High Risk	2.2%
	Low Risk	.7%
Rural—	High Risk	Not Available
	Low Risk	Not Available

USAID STRATEGY:

USAID supports many different projects in Mexico, rather than placing funding in a single organization or project. Collaboration with CONASIDA, Mexico's National Council for the Control and Prevention of AIDS, is considerable, but the primary vehicle for USAID's presence is the NGO community, which is increasingly active in AIDS prevention and education.

USAID FUNDING, 1991: \$982,106

USAID-SUPPORTED COUNTRY PROGRAMS

Community-Based AIDS Prevention Project in Cuidad Juarez

A peer education and condom distribution program among 1,500 female and male prostitutes in Cuidad Juarez has succeeded in broadening knowledge about AIDS, raising the reported use of condoms and spermicides, and improving the number of visits to STD clinics. In 1988 the Mexican Federation of Private Family Planning Associations launched this community-based intervention by establishing local support among prostitutes and bar owners. Project staff members have recruited and trained 140 peer educators, who are providing HIV information and 8,000 condoms a month to prostitutes. The project is being replicated in Tijuana.

Technical Assistance for Developing the National AIDS Communication Plan

USAID funded technical assistance to CONASIDA to develop an AIDS prevention communication plan. A USAID subcontractor led a week-long educational session with CONASIDA's Communications Department on the program, which encompasses mass-media promotion of CONASIDA services and community-level interventions for eight target populations: in-school adolescents, parents of adolescents, health care providers, teachers, decision-makers, men who have sex with men, prostitutes, and sexually active heterosexual couples. USAID will continue to support technical assistance as the program is implemented.

Role of Pharmacies in AIDS and Condom-Use Education

A survey of 168 pharmacists, conducted by the Mexican Research Institute on Family and Population with USAID technical support, assessed the possible role of pharmacies in HIV/STD prevention. Results indicated that most pharmacists and other pharmacy workers know little about HIV/STDs or how condoms prevent them, but they expressed willingness to participate in training and condom

*This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 **HIV seroprevalence data are collected by the U.S. Bureau of Census from the most representative studies available.
 ***High-risk groups: prostitutes and their clients, STD patients, or other people with known risk factors.
 Low-risk groups: pregnant women (attending antenatal clinics), blood donors, general population samples, or others with no known risk factors.

promotion efforts. In response, SOMARC (Social Marketing Project of the Futures Group), CONASIDA, and the Family Planning Division of the Secretariat of Health have sponsored training sessions and developed a sales strategy for promoting Protector, the social marketing condom.

Behavioral Research on Men at Risk

With USAID assistance, the Population Council and CONASIDA are undertaking a project to influence the attitudes and behavior of men who are at high risk for HIV. A rapid increase in the heterosexual transmission of HIV among Mexicans has led to concern that male bisexuals may be a key link between the homosexual population, which has high HIV prevalence, and groups such as women and newborn babies, where prevalence is on the rise. A large-scale survey of 10,000 adult males is underway to gather data for designing strategies to motivate behavior change among bisexual men; so far, interviews of 118 males identified as bisexual have been conducted. Data about partner networks, attitudes toward protection, and strategies for dealing with HIV risk, as well as results from a similar study on female partners of bisexual men, will contribute to the development of pilot interventions.

Radio Soap Opera

A 20-episode radio soap opera about AIDS aired in Mexico City in 1991. Ten percent of respondents in a random telephone poll said they had listened to the program, which was developed by Mexicans Against AIDS, a confederation of 13 private voluntary organizations.

Women and AIDS Training

USAID is supporting efforts by CIDHAL (Communication, Interchange, and Human Development in Latin America) to train women from community organizations in AIDS prevention and education. CIDHAL held a week-long workshop for 24 women and has produced an audio-visual presentation of women's experiences and perspectives as HIV-positive individuals or as family members or friends of people with HIV infection.

Photographs courtesy of:

Family Health International
Pages 3, 6, 14, 15, 16, 26, 27, 28, 29, 30, 32

Academy for Educational Development
Pages 20, 24

Pan American Health Organization, by Carlos Gaggero
Pages 7, 10, 33, 34

World Bank
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USAID Fiscal Year 1991 Funding Obligations for HIV/AIDS Prevention Activities

Region/Country	AIDS Account	Health Account	Population Account	Development Fund for Africa	Other Accounts	FY '91 Total
<i>Africa Region</i>	1,063,019			1,918,300		2,981,319
Benin			19,462			19,462
Botswana				21,000		21,000
Burkina Faso	144,242		167,445	945,000		1,256,687
Burundi	67,318			1,613,694		1,681,012
Cameroon	1,022,365		335,349	960,000		2,317,714
Central African Republic	111,416					111,416
Chad				50,000		50,000
Cote d'Ivoire	50,000		47,895	595,000		692,895
Ethiopia	300,000					300,000
Ghana	147,031			1,798,207		1,945,238
Guinea-Bissau			143,686			143,686
Kenya	785,258		699,999	238,000		1,723,257
Malawi	636,825		298,573	710,000		1,645,398
Mali	3,262		25,548	100,000		128,810
Mauritania	63,381					63,381
Mozambique				1,000,000		1,000,000
Niger	88,273	60,000		159,000		307,273
Nigeria	288,612		145,450			434,062
Redso/W				60,000		60,000
Rwanda			89,252	29,000		118,252
Senegal	354,795		68,178		73,500	496,473
South Africa	99,967			1,070,000		1,169,967
Swaziland				350,000		350,000
Tanzania	420,610		1,105,327	800,000		2,325,937
Togo				188,000		188,000
Uganda	578,985		21,682	10,300,000	400,000	11,300,667
Zaire	352,297		1,760,091	3,800,000		5,912,388
Zambia	1,070,910		191,582			1,262,492
Zimbabwe	518,712		118,735			637,447
AFRICA TOTAL	8,167,278	60,000	5,238,254	26,705,201	473,500	40,644,233
<i>Asia Region</i>						
India	403,108	45,500				448,608
Indonesia	402,676					402,676
Papua New Guinea	63,629					63,629
Philippines	30,429					30,429

USAID FISCAL
YEAR 1991
FUNDING

Region/Country	AIDS Account	Health Account	Population Account	Development Fund for Africa	Other Accounts	FY '91 Total
South Pacific	547,000					547,000
Sri Lanka	5,459					5,459
Thailand	1,152,769		478,095			1,630,864
ASIA TOTAL	2,605,070	45,500	478,095			3,128,665
<i>Europe & Near East Region</i>	63,282					63,282
Morocco	40,982				195,000	235,982
EUROPE AND NEAR EAST TOTAL	104,264				195,000	299,264
<i>Latin America and the Caribbean (LAC) Region</i>	1,331,504	513,000				1,844,504
Belize					6,200	6,200
Bolivia	514,600	50,000				564,600
Brazil	1,605,008		138,223			1,743,231
Colombia	77,274					77,274
Costa Rica	35,513					35,513
Dominican Republic	1,148,461	105,000	66,514			1,319,975
Eastern Caribbean	1,111,277					1,111,277
Ecuador	126,215					126,215
El Salvador	37,628	155,000				192,628
Guatemala	103,918					103,918
Haiti	1,902,767	48,000	89,722			2,040,489
Honduras	250,000	66,430	48,254			364,684
Jamaica	1,294,676	120,000				1,414,676
Mexico	390,306		591,800			982,106
Peru	53,652	49,000				102,652
Venezuela	3,400					3,400
LAC TOTAL	9,986,199	1,106,430	934,514		6,200	12,033,343
Interregional	6,141,923	2,292,281			709,039	9,143,243
WHO/GPA	23,000,000					23,000,000
WW TOTAL	29,141,923	2,292,281			709,039	32,143,243
GRAND TOTAL	50,004,734	3,504,211	6,650,870	26,705,201	1,383,739	88,248,755