CHILDREN ON THE BRINK

STRATEGIES TO SUPPORT CHILDREN ISOLATED BY HIV/AIDS

EXECUTIVE REPORT

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Children on the Brink: Strategies to Support a Generation Isolated by HIV/AIDS *tells a powerful and deeply disturbing story of crisis proportions. More than 40 million children in 23 developing nations will likely have lost one or both of their parents by 2010. Most of these deaths will be the result of the HIV/AIDS pandemic and complicating illnesses. The human and social costs of these numbers are staggering.*

In countries across Africa, Asia and Latin America, HIV/AIDS is unraveling years of progress in economic and social development. Life expectancy — which has been steadily on the rise for the last three decades — will drop to 40 years or less in nine sub-Saharan African countries by 2010. In all 23 countries included in this study, AIDS-related mortality will eliminate the gains made in child survival over the past 20 years. In Zambia and Zimbabwe, infant mortality rates will likely nearly double, and child mortality rates will triple. The economies of the developing nations in this study will all struggle to deal with the immense economic dislocation and costs of illness, death and lost opportunity. And while the bulk of countries in this study are in Africa, this report should also serve as a grave reminder of similar storm clouds gathering now in Asia and Latin America, and of the terrible toll the HIV/AIDS crisis will claim on those regions' children.

This report provides a compelling demographic portrait of an immense problem. However, more important than the numbers contained in this study is the human story they tell. Forty million children losing one or both of their parents are 40 million children more likely to be forced into child labor; 40 million children who may never have an opportunity to attend school; and 40 million children more at risk of contracting HIV. This study should serve as a call to action for developed and developing nations alike. We cannot risk losing an entire generation of children to despair, ill health and hopelessness.

J. Brian Atwood
Administrator, U.S. Agency for International Development

Cover Photo: FAO Photo, Uganda 1994
Since his father died of AIDS 18 months ago, and his mother ran away to find a new life, Ismail, 18, looks after his eight brothers and sisters, including a three-year-old sick with AIDS. His paternal aunts are trying to take the land away from Ismail and his siblings, and they often take the plantain bananas Ismail grows as a staple to feed the family. The region around Ismail's town of Rakai in Uganda was initially the hardest hit by AIDS, but the virus has now spread throughout the country, and the death toll is mounting around the nation.

Overview

In many of the sub-Saharan African countries included in this study, the HIV/AIDS epidemic began early and is now severe, with the percentage of the population infected with HIV reaching more than 30 percent in some urban areas. The Asian countries that are most seriously affected by HIV/AIDS are home to over 20 percent of the world's population, and it is likely that by 2020 the largest number of children to lose parents to HIV/AIDS will be in South and Southeast Asia. The sheer size of the population at risk for HIV/AIDS in Asia means that the problem of parental deaths there will eventually eclipse that of sub-Saharan Africa. The number of children likely to lose their parents due to HIV/AIDS will also continue to grow in Latin America and the Caribbean, where the epidemic also started later.

Unfortunately, data is unavailable to make accurate projections of the number of children to lose parents to HIV/AIDS in most Asian countries where the epidemic impact is likely to be severe, such as India, Burma, Cambodia and Vietnam. This lack of data underscores the importance of understanding how children and households are being affected and can best be assisted in sub-Saharan Africa so that these lessons can be applied when the problem of parental deaths becomes more severe in Asia and elsewhere.

According to the U.S. Census Bureau, 15.6 million children will have lost their mothers or both of their parents in the 23 countries studied in this report by 2000. Largely as a result of the HIV/AIDS epidemic, the number of those children who will likely lose their mothers or both parents in these 23 countries will increase to 22.9 million by 2010.

As stark as these figures may be, they do not fully convey the impact of HIV/AIDS on children and families in these countries. In order to develop a fuller picture of this impact, the U.S. Agency for International Development (USAID) expanded Census Bureau estimates to also include the number of children who will likely lose their *fathers* in these countries. Tracking the projected growth in the number of paternal deaths provides a fuller understanding of the impact of HIV/AIDS on children, for several reasons:

- Single mothers are the most impoverished members of these societies, and their ability to support children without the assistance of the father is very limited.
- In many societies, children whose fathers die of AIDS often lose their mothers soon after due to illness or social forces.
- In most of these countries, the social safety net provides only minimal assistance to widows and their children.

When paternal deaths are included, the total number of children who will lose one or both of their parents from all causes in these 23 countries is projected to increase from 24.7 million in 2000 to 41.7 million in 2010.

The loss of a parent obviously has profound significance to a child. The death of a mother, in particular, has dramatic consequences. Children lose

The 23 Countries in This Study

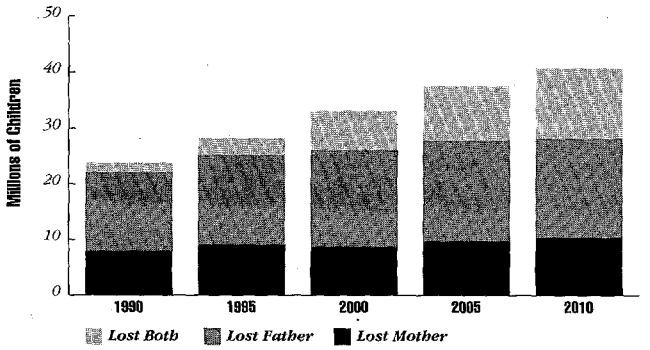
Nineteen of the countries in this study were included because the percentage of the population infected with HIV was estimated to be greater than 5 percent. Four additional countries were included: two where infection rates are approaching 5 percent; and two for which sufficient data existed to estimate AIDS mortality and the rate of loss of parents.

Botswana	**Brazil**
Burkina Faso	**Burundi**
Cameroon	**Central African Rep.**
Congo	**Côte d'Ivoire**
Dem. Rep. of Congo	**Ethiopia**
Guyana	**Haiti**
Kenya	**Lesotho**
Malawi	**Nigeria**
Rwanda	**Tanzania**
Thailand	**South Africa**
Uganda	**Zambia**
Zimbabwe	

THIS OUTGROWTH of the HIV/AIDS epidemic may create a lost generation — a sea of youth who are disadvantaged, vulnerable, undereducated and lacking both hope and opportunity.

love and nurturing, and their households often break up, with siblings sent to different members of the extended family. Loss of a father frequently means the loss of income and subsequent economic deprivation. In any case, loss of a parent poses tremendous challenges for a child. These children may suffer depression, malnutrition, lack of immunizations or health care, increased demands for labor, loss of schooling, forfeiture of inheritance, forced migration, homelessness, vagrancy, starvation, crime and increased exposure to HIV infection.

Loss of Parent Estimates for 23 Study Countries



The growing number of children who will lose parents will, in turn, have a profound impact on their societies. With children who have lost parents eventually comprising up to a third of the population under age 15 in some countries, this outgrowth of the HIV/AIDS epidemic will create a lost generation — a sea of youth who are disadvantaged, vulnerable, undereducated and lacking both hope and opportunity. The creation of such a large and disaffected demographic "youth explosion" could propel some of these societies to significant unrest and destabilization over the long term. The threat to the prospects for economic growth and development in the most seriously affected countries is considerable. New approaches — including policy innovations for women and children — must be developed within the next few years to nurture and develop local efforts to assist families and communities affected by the crisis.

It is important to note that while HIV/AIDS causes serious problems for children, singling out these children for assistance can sometimes stigmatize the intended beneficiaries. The needs of individual children who lose parents to AIDS are not necessarily greater than those of children who have lost parents to other causes, and they may begin long before their parents become ill or die from AIDS. Interventions to respond to children who have lost parents to AIDS must target communities and must include all children affected by HIV/AIDS, not just those whose parents have been infected with HIV or have died from AIDS.

The Demographic Effects of HIV/AIDS

Countries may experience the most severe demographic effects of HIV/AIDS years after the height of the epidemic. The demographic effects detailed below are now apparent in sub-Saharan Africa, where the epidemic began early, and will occur in the next decade for countries in Asia and Latin America.

IN ALL 23 COUNTRIES included in this study, AIDS-related mortality will eliminate the gains made in child survival over the past 20 years.

Life expectancy. Life expectancy will drop to 40 years or less in nine sub-Saharan African countries by 2010. Botswana, Zambia, and Zimbabwe would have had life expectancies of 60-70 years without HIV/AIDS, but will have life expectancies of only around 30 years with HIV/AIDS. Other countries that were making more modest but significant improvements in life expectancy will also see severe reductions.

Death rates. Crude death rates may be more than 1.5 times their present levels for the 23 countries overall, but the effects will vary by country. For example, crude death rates are projected to increase by half in Ethiopia but will more than double in Tanzania and Uganda. In the hardest-hit countries, including Zambia,

Zimbabwe and Malawi, crude death rates may increase by three to six times.

Infant and child mortality. In all 23 countries included in this study, AIDS-related mortality will eliminate the gains made in child survival over the past 20 years. The increases in infant and child mortality are expected to be most pronounced in those countries that have made the greatest progress in reducing infant and child mortality. In Zambia and Zimbabwe, infant mortality rates are expected to nearly double and child mortality rates to triple. In Kenya and Uganda, infant mortality rates are projected to increase by 50 percent and child mortality rates to double.

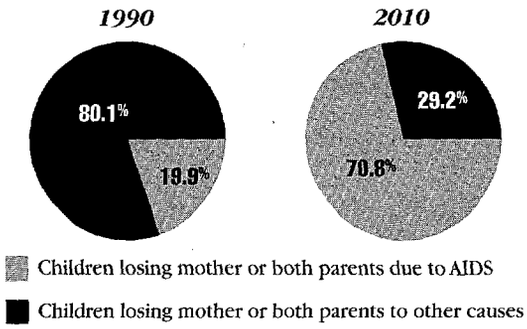
Population growth rates. AIDS will reduce population growth rates to less than half of their expected levels by 2010, and they may remain low or negative for many years. In most countries, total population growth will remain positive because fertility rates will remain high. However, in three countries, Botswana, Guyana and Zimbabwe, fertility rates may drop sufficiently to result in negative population growth by 2010.

Age distribution. In sub-Saharan Africa children under age 5 will continue to outnumber adults over age 44. According to the Census Bureau, there will be 12 times as many children under age 15 as adults over age 64 in sub-Saharan Africa. The proportion of the world's children under age 15 who live developing countries will near 90 percent in 2020. As a consequence, increased adult deaths caused by the epidemic may exacerbate the significant demographic "youth explosion" in the countries in this study.

The Socio-Economic Effects of HIV/AIDS

HIV/AIDS will cause fundamental social and economic changes in the 23 study countries that will affect the demand for labor, the availability of social services, access to health care, educational opportunities and the rates of poverty at the household level. The World Bank's 1993 World Development Report noted that HIV infections were a leading cause of disability and death and predicted an annual slowing of income growth per capita by 0.6 percent in the 10 worst-affected countries

Children's Loss of Mothers or Both Parents to AIDS versus Other Causes



in sub-Saharan Africa. The epidemic will continue to have a profound impact at the local level on families, communities and small-scale industries. The effects of HIV/AIDS will be uneven among households and communities, but will encompass the following areas:

The well-being of individuals and households. The costs of HIV/AIDS-related illness and death can be enough to send a household into permanent poverty or from poverty into destitution. Per capita and household income will decline as more families are thrown into poverty by the costs of illness, health and hospital care and support of orphans. The loss of women's labor in the home and in agriculture will create critical deficits in food supplies and potentially in exports.

Demand for labor. HIV/AIDS causes illness and death among adults in the most productive age groups. Costs of absenteeism and reduced productivity may be higher than the costs of eventual deaths. HIV/AIDS will significantly slow the growth of the labor force and will create labor shortages in certain markets. A study in Uganda estimated that there would be 2 million fewer people in the working age groups by 2010, 12 percent less than without HIV/AIDS.

Urban poverty. Higher HIV infection rates in urban areas will aggravate the situation of the urban poor more than the rural poor, who have broader household and community support systems and can fall back, to some extent, on household food production as their incomes decline.

Agricultural production. Household food production will become less labor-intensive and probably less nutritious. Commercial production by small-holders and plantations will be jeopardized as labor is diverted to the immediate demands of food crop production.

Social services. Increases in HIV/AIDS–related illness and death will likely cause a decline in school attendance as declining household incomes put pressure on children to help meet household needs for labor and income. A 1992 World Bank study in Tanzania suggested that HIV/AIDS may reduce the number of primary school children by 22 percent and the number of secondary school children by 14 percent from the level that could be expected without HIV/AIDS. HIV/AIDS also will reduce the number of teachers available, just as it will reduce the number of skilled workers in the health care and social services. HIV/AIDS-related illnesses will continue to swamp hospital beds and budgets in many of the countries in this study.

The Impact of HIV/AIDS on Children

The problems children face as a result of HIV/AIDS begin long before their parents die as they live with sick relatives in households stressed by the drain on their resources. Children are left emotionally and physically vulnerable by the illness or death of one or both parents. They may suffer lingering emotional problems from attending to dying parents and seeing their parents die. In countries with even only moderately severe HIV infection rates, up to 25 percent of children born to healthy women may have at least one HIV-infected parent by their fifth birthdays.

Subsequently, children who have lost parents are more likely to be removed from school because their households need new sources of income and labor. Children are increasingly forced to assume adult roles in the home and in external labor markets. Strains on households and families may result in increases in child abuse and neglect in countries where social welfare systems may already be weak or marginal. Girls may face pressure to marry at younger ages. These children also will experience higher mortality rates and suffer from decreased nutrition.

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HIV/AIDS also causes the dissolution of families. Children may be fostered or adopted prior to the death of a parent. Orphans are cared for by grandparents, uncles, aunts or siblings. Female orphans may be preferred for adoption over male orphans because they can provide domestic labor, sexual diversion and, in many places, a bride price. In short, children in households affected by HIV/AIDS face loss of their family and their identity, severe emotional distress, increased malnutrition, the loss of health care, the increased likelihood they will be forced into child labor, reduced opportunities for education, the loss of their inheritance, forced migration, homelessness and increased exposure to HIV infection.

APPROPRIATE PROGRAMS must be effective, cost-effective and sustainable over the long term.

The Impact of HIV/AIDS on Families

HIV/AIDS places new demands on family resources and reduces the time adults can spend on income-generating activities or subsistence agriculture. Medicines, treatments and other care often consume a significant share of the family income. When HIV infections result in disability, households are less able to care for children and the elderly. The demands for children's labor for domestic chores, income-generating work or care for an ailing household member increase. Households with HIV/AIDS typically spend a full year's income meeting treatment and funeral costs. Many families are impoverished by HIV/AIDS, particularly those with little savings or reserves. Female-headed households are especially vulnerable.

The problems caused by HIV/AIDS are shared by all

members of a household. The locus of care for HIV/AIDS patients is the family because of poverty or a lack of access to institutional care, personal preference and cultural norms. Changes in family composition and increased poverty have limited the ability of many families to provide care for sick family members. Most HIV/AIDS patients now care for themselves or are assisted by female relatives. These caretakers often lack medicine or treatments. The demands of caring for sick household members may lead them to neglect themselves and other household members. Labor-intensive, small-holder farms generally decline as a result of HIV/AIDS because illness reduces the quantity of household labor and limits the amount of income available for farm investment. HIV/AIDS deaths may result in changes in land ownership and utilization, reduced food stores and the sale of livestock holdings. The overall result may be diminished nutrition for adults and children. AIDS deaths lead to a redistribution of household assets, often with the disenfranchisement of women and children. Widows may have difficulty remarrying or finding potential husbands willing to assume responsibility for their children.

THE RESPONSE

It is impossible to overemphasize or exaggerate the scope and complexity of challenges faced by children affected by HIV/AIDS and by the families, communities and governments responsible for them. The coordination, effectiveness and impact of HIV/AIDS programs must be improved. Appropriate programs must be effective, cost-effective and sustainable over the long term.

The first and most important responses to the problems caused by HIV/AIDS comes from the affected children, families and communities themselves. The efforts of governments, nongovernmental organizations (NGOs) and donors are significant largely to the extent that they help children, families and communities cope more easily with these problems. Recent experience suggests that six basic intervention strategies can help national governments, NGOs and donors target their efforts.

REDUCING "property grabbing" by protecting women's and children's property and inheritance rights is vital.

THE CHANGES experienced by children, families and communities vary around the world. In Africa, despite widespread poverty, children benefit from broad support mechanisms that may provide a stronger safety net than in other regions. This support system includes multi-generational families, single mothers living in sub-households, customs for exchanging children among kin and the sharing of child support and child rearing. Many of these patterns and customs differ in Asia and Latin America.

1. Strengthen the Capacity of Families to Cope with Their Problems

When a household begins to feel the effects of HIV/AIDS, extended family relationships are its first safety net. Although families are under great stress, the extended family has not collapsed under the weight of the HIV/AIDS pandemic. Most families are still providing some level of care for the overwhelming majority of affected children. Even in the most severely affected countries, the overwhelming majority of children who lose parents are living with extended family members.

The reality of caregiving for HIV/AIDS in developing countries places the greatest stress on females in the family, both adults and children. Action is needed to empower women and maximize their access to economic resources. Many of the problems faced by households affected by HIV/AIDS are fundamentally economic. These households are generally struggling to make ends meet and suffer setbacks when a member is sick or dies with HIV/AIDS or when they take in foster children. Arranging access to credit or ways to generate additional income can help families overcome such setbacks. In addition, reducing the labor demands on household members can free them to undertake other productive activities. Such labor-

saving efforts could include measures such as supporting community-based child care or extending piped water to villages.

Reducing "property grabbing" by protecting women's and children's property and inheritance rights is vital. This can be done, for example, by informing affected communities about ways women's and children's inheritance rights can be enhanced and by supporting legal services for widows and orphans. Measures should also be taken to reduce the health risks to children in households affected by HIV/AIDS. These may include developing home-based health services, supporting child nutrition programs, making special efforts to include these children in immunization programs and other health outreach efforts and targeting especially vulnerable children with HIV prevention programs.

HOUSEHOLDS WITH HIV/AIDS typically spend a full year's income meeting treatment and funeral costs.

2. Stimulate and Strengthen Community-Based Responses

For children whose families cannot adequately provide for their basic needs, the community is the second safety net. In many areas, communities have joined together to support and assist families and children affected by HIV/AIDS. Left on their own, with no external assistance, some communities have devised identification and assistance programs of varying sophistication to help needy families in their midst. While being the least visible, many of these community-based responses may be the most cost-effective interventions.

Frequently, the most vulnerable children and families are the least likely to make their needs known to the community. An active effort is required to identify them and to mobilize local resources to respond to their most urgent needs. Many of the community-based programs to assist those affected by HIV/AIDS are

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developed and run by community-based organizations. These organizations are generally democratic, representing the interests of their members and accountable to them. They are formed as a response to shared experiences, and they generally do not rely on outside sources for funding. These groups form a powerful constituency for governments, nongovernmental organizations and donors.

Many of the communities hardest hit by HIV/AIDS have fashioned similar responses to HIV/AIDs and the needs of families and children. The community responses have included systems to enumerate and assess the needs of families and children, means of targeting assistance to those most in need, ad hoc monitoring systems of vulnerable children, labor sharing, broader access to credit, protection of the legal rights of women and children, efforts to help orphans support themselves, repair of deteriorating houses, apprenticeships to teach adolescents marketable skills and efforts to change local laws and practices that burden needy families and children.

3. Ensure that Governments Protect the Most Vulnerable Children and Provide Essential Services

The most vulnerable children are those who fall through the safety nets of both family and community. These children need a third line of response. National governments have the ultimate responsibility for ensuring that children are protected and cared for if they are on their own or if those with whom they live are unable to adequately care for them.

MANY OF THE COMMUNITIES hardest hit by HIV/AIDS have fashioned similar responses to HIV/AIDs and the needs of families and children.

This responsibility requires governments to intervene to protect abused or neglected children. Children who lose both parents are especially vulnerable. Most foster families provide the best care they can, but some have exploited or abused orphans they have taken in. Governments also have a responsibility to provide services on many levels that improve the welfare of children by ensuring access to safe water and health services, enabling all children to attend school and empowering families to support themselves economically.

ENABLING CHILDREN to stay in school and to learn vocational skills improves their ability to provide for their own needs, now and in the future.

Adoption and foster care mechanisms are needed to help children who require special placement. Building these mechanisms involves strengthening and expanding governmental or NGO programs, supporting measures to ensure rapid placement of abandoned infants and supporting screening procedures to ensure that children are placed in institutional care only when no better options are possible. Many children who have lost parents to AIDs have to work to survive. Sensitizing police and other public officials to the situation of children who work on the street and to any laws that protect them and promoting enforcement of child labor laws are vital.

Government leadership is also needed to encourage all elements of society to collaborate in developing realistic strategies to meet the needs of children and families affected by HIV/AIDS. These strategies can directly target the problems caused by HIV/AIDS, or they can seek to have a much wider social impact, such as providing free primary education or improving water and sanitation systems in vulnerable communities. The strategies should include attempts to harness private, as well as public and charitable, resources.

4. Build the Capacity of Children to Support Themselves

Children who have lost parents often must support themselves and their younger siblings earlier than other children. HIV/AIDS catches children in a double bind. At a point where children face a premature need for education and training that will help them support themselves, economic pressures and the need to replace lost adult labor often force them to drop out of school. Girls are often forced to drop out first, causing long-term losses for the society.

Enabling children to stay in school and to learn vocational skills improves their ability to provide for their own needs, now and in the future. Interventions to help children continue their education must address the specific factors that cause them to drop out and may include paying school expenses or vocational training fees, supporting apprenticeships with local artisans, constructing school facilities in exchange for guaranteed admission of children without parents and developing informed education for part-time students. It is also important to decrease households' dependence on children's work by boosting the income-generating capacity of poor households in areas seriously affected by HIV/AIDS.

5. Create an Enabling Environment for Affected Children and Families

The significance of efforts by governments, NGOs, donors, religious bodies and other entities will depend largely on the extent to which they make it easier for children, families and communities to cope with the effects of HIV/AIDS. In addition to the strategies for direct intervention described above, all parties must work together toward the overarching goal of creating an enabling environment for those affected.

Stigma and discrimination impede efforts to prevent the spread of HIV/AIDS and improve care and support of those with HIV/AIDS. The process of reducing stigma and discrimination is largely one of reducing fear, ensuring basic legal protection and transforming

IN MANY SUB-SAHARAN African countries, responsibility for children's welfare is often assigned to the most under-staffed and under-funded government agencies.

the public perception of HIV/AIDS. Providing information and challenging myths can help reduce fear. Laws to protect the rights of those with HIV/AIDS and their families regarding health services, employment, housing, and schools can directly enhance their ability to cope. In some countries, public attitudes have been changed when political leaders or popular public figures have spoke openly about HIV/AIDS.

Sufficient financial resources must be mobilized and allocated to support essential policies and priorities. In many sub-Saharan African countries, responsibility for children's welfare is often assigned to the most under-staffed and under-funded government agencies. Resource-strapped governments also rely on funding and assistance from donors and NGOs to provide many health, educational and social services. The private sector's commitment to respond should be nurtured. Many countries have work-site HIV/AIDS prevention programs with nascent care components. In some countries, concerned employers are developing survivor support programs which include health, education and vocational training. Private philanthropy can also be a source of support for local programs.

Laws and policies should be changed, where necessary, to reduce the vulnerability of children and families. At a minimum, laws and governmental policies and activities should promote women's and children's rights and status, allow women to own land and hold jobs, promote the responsibility of males for maintaining and supporting families, support increased activity and coordination among nongovernmental organizations, increase multi-sectoral responses to HIV/AIDS, encourage private sector investment in HIV/AIDS prevention and care and redirect national investment to improve health care and educational opportunities for those affected by HIV/AIDS.

USAID WORKS with more than 500 private voluntary and nongovernmental organizations in 40 countries to implement HIV prevention programs.

6. Monitor the Impact of HIV/AIDS on Children and Families

Because an HIV/AIDS epidemic is constantly evolving, monitoring its effects provides essential information to guide policy and program development. Systems that regularly collect and disseminate information on the health and socio-economic impact of HIV/AIDS on families and children are particularly important.

Accurate information is essential for targeting assistance to children in the most seriously affected areas. There is a need to enhance mechanisms for collecting and analyzing data on the impact of HIV/AIDS on children, families and communities — their coping strategies, the factors that contribute to the spread of HIV/AIDS and existing programs and services. Estimates and projections of parent loss are particularly valuable. When community members assist in collecting data, they become more familiar with the scale and nature of the problems created by HIV/AIDS and are usually motivated to take charge and find solutions. This data must be updated regularly to reflect the changing face of the epidemic and the impact of interventions.

PREVENTION

Prevention remains a crucial element in combating HIV/AIDS. Without more effective prevention programs, the international community will never get the upper hand in the battle to protect children and families from the impact of HIV/AIDS. For the past decade, USAID has played a leading role in combating the HIV/AIDS epidemic. USAID works with more than 500 private voluntary and nongovernmental organizations in 40 countries to implement HIV prevention programs. The Agency has reached more than 15 million people with comprehensive HIV prevention education.

USAID has committed more than $700 million to HIV/AIDS programs during the past eight years. This commitment has enabled the Agency to establish effective partnerships with international organizations, donors, national governments and nongovernmental organizations, develop innovative approaches to HIV/AIDS prevention and build community capacity to slow the spread of the epidemic. Given the threat the epidemic poses to sustainable development, USAID has made reducing transmission of HIV and other sexually transmitted diseases one of its strategic objectives. To achieve this objective, the Agency:

- Implements HIV/AIDS prevention programs using proven strategies to prevent transmission.

- Encourages policy reform to address social, cultural, regulatory and economic barriers to controlling HIV/AIDS and other sexually transmitted infections (STIs).

- Develops and tests new strategies and methods for preventing transmission and mitigating the impact of the HIV/AIDS pandemic.

Given the lack of an effective HIV/AIDS vaccine or treatment, USAID's strategy focuses on prevention. In recent years, however, the Agency has supported efforts to identify models of care and support for people living with HIV/AIDS and their families.

USAID's HIV/AIDS Program

The U.S. Agency for International Development has been the global leader in addressing the HIV/AIDS pandemic. USAID–funded projects support and increase the local capacity of developing countries to implement HIV/AIDS education and prevention programs. USAID's HIV/AIDS Division recently launched a new set of activities to prevent the sexual transmission of HIV:

Global Leadership, Research and Development
USAID will develop and diffuse the most effective ways of combating HIV/AIDS through operations research, field testing of program interventions and review of scientific studies and publications.

Regional and Country Interventions in HIV/AIDS
USAID will provide field support directly to its missions for implementation of prevention and control programs, including technical assistance, training, materials production and support for AIDS/sexually transmitted infection (STI) programs (including communications campaigns and STI clinical services).

Regional and Country Social Marketing Interventions
USAID will support condom promotion and distribution and will provide field support directly to its missions to implement condom distribution interventions for HIV/AIDS prevention and control.

Design, Monitoring, Evaluation, Lessons Learned and Dissemination
USAID will provide field missions with technical assistance for program design, monitoring and evaluation. It will also collect technical lessons learned and periodically disseminate these to field missions, cooperating agencies, governments and international donors.

Multilateral Assistance
USAID will provide support to the Joint United Nations Programme on HIV/AIDS (UNAIDS), which contributes to the U.N. strategic planning and coordination process for international AIDS programs.

Specialized HIV/AIDS Program Assistance
USAID will support and enhance the above activities by a) establishing and improving data collection and reporting systems, including STI/HIV surveillance; b) building PVO/NGO capacity through technical assistance, training, technology exchange and institutional partnering; c) conducting biomedical research to support development of a vaginal microbicide, inexpensive STI diagnostics and vaccines for use in developing countries; d) providing technical assistance and operations research to develop rational, strategically sound basic care components which enhance prevention programs; and e) promoting a more effective and targeted policy dialogue.

Technical and Administrative Support
USAID will support several central contracts and cooperative agreements designed to provide a variety of technical and administrative assistance to the HIV/AIDS Division to improve the management and implementation of the overall HIV/AIDS program effort.

USAID

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