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USAID RESPONDS TO HIV/AIDS: A STRATEGY FOR THE FUTURE

**TO INCREASE USE OF IMPROVED, EFFECTIVE AND SUSTAINABLE RESPONSES
TO REDUCE HIV TRANSMISSION
AND TO MITIGATE THE IMPACT OF THE HIV/AIDS PANDEMIC.**

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

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USAID RESPONDS TO HIV/AIDS: A STRATEGY FOR THE FUTURE

The U.S. Agency for International Development has been the global leader in addressing the international HIV/AIDS pandemic over the past ten years. USAID has worked in partnership with international organizations, donors, national governments, and nongovernmental organizations (NGOs) to develop innovative approaches to prevent HIV/AIDS and sexually transmitted infections (STIs) and to build the capacity of individuals and communities to slow the spread of the pandemic.

USAID has focused on three primary approaches: increasing access to and demand for condoms, mainly through condom social marketing programs; reducing sexual risk through behavior change communications; and treating and controlling STIs.

USAID-funded programs have directly educated more than 15 million people about the risks of HIV/AIDS and STIs and have trained more than 150,000 people to educate others about prevention. The Agency has distributed more than 200 million condoms and has expanded and improved STI-prevention programs in a number of countries.

THE SPREAD OF HIV/AIDS AND STIs

Despite such achievements, the pandemic has spread and intensified, and HIV and other STIs continue to pose a serious challenge to sustainable development and to public health around the world. In many developing countries, HIV/AIDS is unraveling years of progress in economic and social development. AIDS is increasing illness and death among adolescents and adults between the ages of 14 and 49, years normally devoted to childrearing and work. HIV/AIDS is also taking an increasing toll on women and children in these countries. The rate of new HIV infections is growing faster among women than men, which in turn affects children and threatens to eliminate the gains made in child survival over the past 20 years. Indeed, a recent study by USAID estimates that by 2010 over 40 million children in 23 Sub-Saharan African countries will lose one or both parents, largely as a result of HIV/AIDS and complicating illnesses.¹

Children and young adults are also at increased risk for HIV infection. Every minute, five young people aged 10 to 24 are infected with HIV, according to the Joint United Nations Programme on AIDS (UNAIDS). UNAIDS estimates that last year 2.3 million people died from AIDS and that

more than 30 million people are currently living with HIV, at least a third of whom are children.

The number of people infected with HIV may reach 60 million by 2000, according to the World Health Organization (WHO). UNAIDS recently warned of a major outbreak of HIV in Eastern Europe and the countries of the former Soviet Union, where HIV infection rates have accelerated rapidly, particularly among young people and injecting drug users. There was a sixfold increase in the number of people living with HIV in Eastern Europe between 1994 and 1997.

The spread of HIV has been exacerbated in many developing countries by a high background prevalence of other STIs. The presence of an STI dramatically enhances the efficiency of HIV transmission, increasing the likelihood of infection from exposure to HIV as much as tenfold. In 1995, an estimated 333 million new cases of curable STIs were contracted through unprotected sexual intercourse. Globally, STIs other than HIV are second only to maternal morbidity and mortality as a cause of healthy years of life lost among women between the ages of 15 and 44. STI prevention, detection, and treatment therefore are also important health goals in their own right.

¹Susan Hunter and John Williamson, *Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS*. Arlington, VA: Health Technical Services (HTS) Project for USAID, 1998.



L. GUBB, WHO

One of the many AIDS orphans of Africa. She attends a day care center set up by the French nongovernmental organization Partage.

USAID'S RESPONSE

In response to the changing face of the pandemic, in 1996 USAID undertook a comprehensive review of its strategy and thoroughly redesigned its programs into the next century. This participatory process involved important stakeholders, including host country ministries of health and AIDS control agencies, policymakers, NGOs and PVOs (private voluntary organizations), organizations representing people living with HIV and AIDS, international donors, and U.S. government agencies. The Agency's new strategic objective is:

To increase use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.²

This was built on two overarching themes: the need for continued and expanded emphasis on sustainable responses to prevent HIV transmission, and a new emphasis on mitigating the epidemic's impact on people and communities while more closely studying its social, economic, and policy impacts.

The Agency will use six approaches to achieve this strategic objective:

1. Strategies to reduce the sexual transmission of HIV
2. Managing and preventing STIs
3. Eliminating barriers to providing HIV/AIDS services to youth, women, people living with HIV and AIDS, and other vulnerable populations
4. Increasing the capacity of nongovernmental, community-based, and commercial organizations to respond to HIV/AIDS
5. Increasing the quality, availability, and use of evaluative and surveillance information
6. Developing and promoting effective strategies for providing basic care and support services for people living with HIV and AIDS.

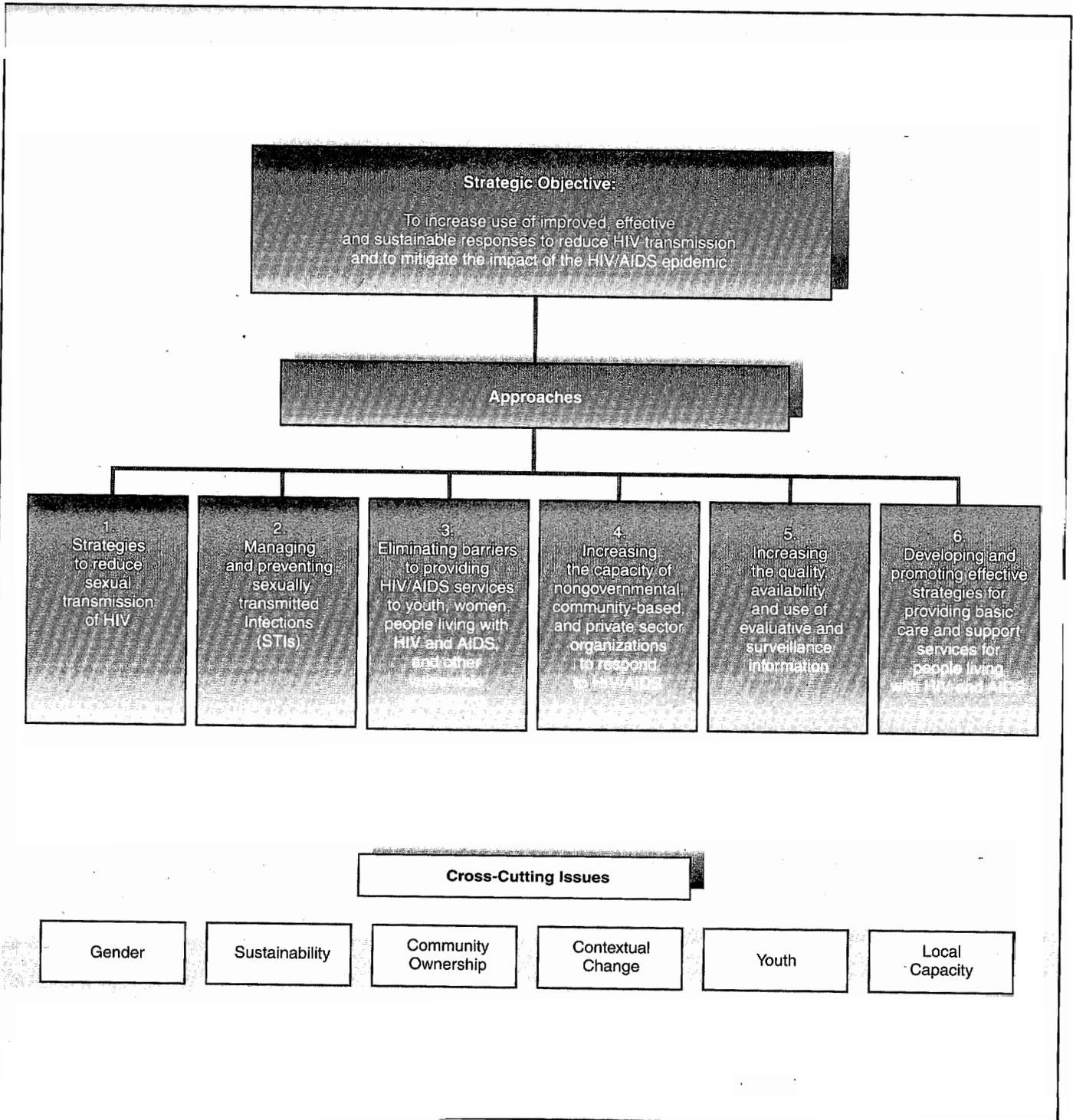
This report presents the approach USAID will employ to achieve its new strategic objective over the next several years. We first present the Agency's six approaches and describe six cross-cutting issues that will be integrated into all HIV/AIDS prevention and mitigation programs and then briefly describe the HIV/AIDS portfolio of grants, contracts, cooperative agreements, and interagency agreements, which will implement the new strategy. Finally, we introduce the staff of the HIV/AIDS Division and list recent USAID publications on HIV/AIDS.

²The Agency's response to HIV/AIDS is coordinated by the HIV/AIDS Division, a division of the Office of Health and Nutrition in USAID's Center for Population, Health and Nutrition of the Bureau for Global Programs, Field Support and Research. This objective is the PHN Center's "Strategic Objective 4."

PREVENTING HIV/AIDS AND MITIGATING ITS IMPACT

SIX APPROACHES

The Agency will follow six approaches to achieve its strategic objective “to increase use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.”



HIV/AIDS IMPLEMENTATION WORKING GROUP

To ensure that the programs in USAID's global HIV/AIDS portfolio maximize the achievement of the results stated in the Agency's results framework, the HIV/AIDS Division has established the Implementation Working Group (IWG).

The IWG's function is to identify, promote, and monitor intra-portfolio collaboration. Its members include senior representatives from each of the Agency's SO4 implementing partners and members of the HIV/AIDS Division staff. The IWG meets at least semiannually to review and manage collaborative activities. Smaller working groups, established for specific collaborative initiatives, meet more frequently.

Plenary IWG meetings were held in November 1997 and April 1998. Two initiatives were launched at those meetings to maximize the effectiveness of the portfolio through greater collaboration:

- a common approach for conceptualizing, monitoring, and evaluating NGO and CBO capacity-building activities
- consistent methods for costing interventions and analyzing their cost-effectiveness.

Smaller IWG-sponsored working groups are currently working on these issues. The next plenary IWG meeting is scheduled for October 1998.

1. REDUCING THE SEXUAL TRANSMISSION OF HIV

Sexual transmission accounts for approximately 85 percent of HIV infections in the developing world. The reduction of sexual transmission entails the adoption of safer sexual behaviors and norms and the reduction of unsafe sexual situations. USAID, therefore, will build on its experience to develop and promote increasingly effective interventions and technologies that reduce individuals' and communities' vulnerability to sexually transmitted HIV infection.

2. MANAGING AND PREVENTING SEXUALLY TRANSMITTED INFECTIONS

The presence of STIs can dramatically increase the efficiency of HIV transmission. Therefore, prompt and effective STI case management is among the most effective measures available for reducing HIV transmission. USAID is committed to developing improved techniques and approaches for preventing and managing STIs and promoting the use of sound STI treatment guidelines by both private and public sector health providers.

3. ELIMINATING BARRIERS TO PROVIDING HIV/AIDS SERVICES TO YOUTH, WOMEN, PEOPLE LIVING WITH HIV AND AIDS, AND OTHER VULNERABLE POPULATIONS

In many communities, existing policies, norms, and resource constraints hamper the effectiveness of HIV/AIDS prevention and management efforts. USAID will address these barriers by effectively communicating the economic, social, and health costs of HIV/AIDS to key policymakers. The Agency will seek to destigmatize and promote the dignity and human rights of vulnerable groups, particularly by removing barriers to the delivery of information and services to young people, women, and people living with HIV and AIDS.

4. INCREASING THE CAPACITY OF NONGOVERNMENTAL, COMMUNITY-BASED, AND PRIVATE SECTOR ORGANIZATIONS TO RESPOND TO HIV/AIDS

Progress in halting the spread of the pandemic and its consequences can only be made if public sector and donor efforts are supplemented by private sector investments in HIV/AIDS prevention and mitigation activities. USAID will provide assistance to U.S. private voluntary organizations (PVOs) and AIDS service organizations (ASOs) both to strengthen their capacities to deliver effective HIV/AIDS services and to promote the capacity of their host-country NGO counterparts to plan, implement, monitor, and evaluate effective interventions. USAID will also promote the engagement of transnational and indigenous commercial enterprises in responding to the pandemic.

5. INCREASING THE QUALITY, AVAILABILITY, AND USE OF EVALUATIVE AND SURVEILLANCE INFORMATION

As HIV/AIDS/STI epidemics continue to evolve around the world, there is an even greater need to understand the dynamics of transmission, the impact of the epidemic, and the effects of interventions designed to curtail them. It is also essential to identify gaps in our knowledge, reexamine our data needs, and develop cost-effective methodologies for both gathering and interpreting this data.

The Agency will support the development of improved tools and models for collecting, analyzing, and disseminating surveillance and monitoring information and will help countries establish and/or strengthen their HIV/AIDS surveillance and monitoring systems.

HIV/AIDS SURVEILLANCE DATA BASE

Information on the AIDS pandemic and on HIV prevalence within selected population groups is ad hoc and inaccurate in most of the developing world. Much of the data is cumulative over many years, which masks trends and inaccurately portrays current realities. There is significant under-reporting of AIDS cases, which weakens a powerful indicator of an epidemic's morbidity and mortality. Finally, the use of case definitions is often inconsistent, which makes it difficult to compare data across and within countries.

The HIV/AIDS Surveillance Data Base, which was developed and is maintained by the U.S. Bureau of the Census (BuCen), helps USAID and other organizations at work in HIV/AIDS overcome some of these limitations to develop demographic models and project epidemic trends. BuCen compiles and synthesizes information from official sources and from medical and scientific studies, international conferences, and the press.

The data base can be used on personal computers, is highly portable, and has a user-friendly interface. Users can easily retrieve and display information for certain population groups in selected countries. The data can be printed in tabular format or saved in ASCII or Lotus™ file formats. The data base, which is updated twice a year, is located at: www.census.gov/ipc/www/hivaidsn.html

USAID has supported the development and maintenance of the database since 1987.

Prevention-Care Dynamic

The effect of care interventions in increasing the impact of prevention strategies and in mitigating the negative consequences of the epidemic on the prospects for sustainable development.

Prevention-and-Care Continuum

The integration of care interventions into national and international responses to the HIV/AIDS pandemic.

6. DEVELOPING AND PROMOTING EFFECTIVE STRATEGIES FOR PROVIDING BASIC CARE

HIV/AIDS care interventions are those that mitigate the effects of the pandemic on individuals, families, communities, and nations. USAID recognizes that care interventions are an important component of a national response to an HIV/AIDS epidemic, because such programs increase the impact of prevention strategies and mitigate the negative consequences of the epidemic on the prospect for sustainable development. This is the "prevention-care dynamic."

USAID will support the development of guidelines for the appropriate integration of care interventions into national and international responses to the pandemic (the "prevention-and-care continuum"). The Agency also will identify, develop, and promote best practices in providing specific care services to vulnerable and affected populations.

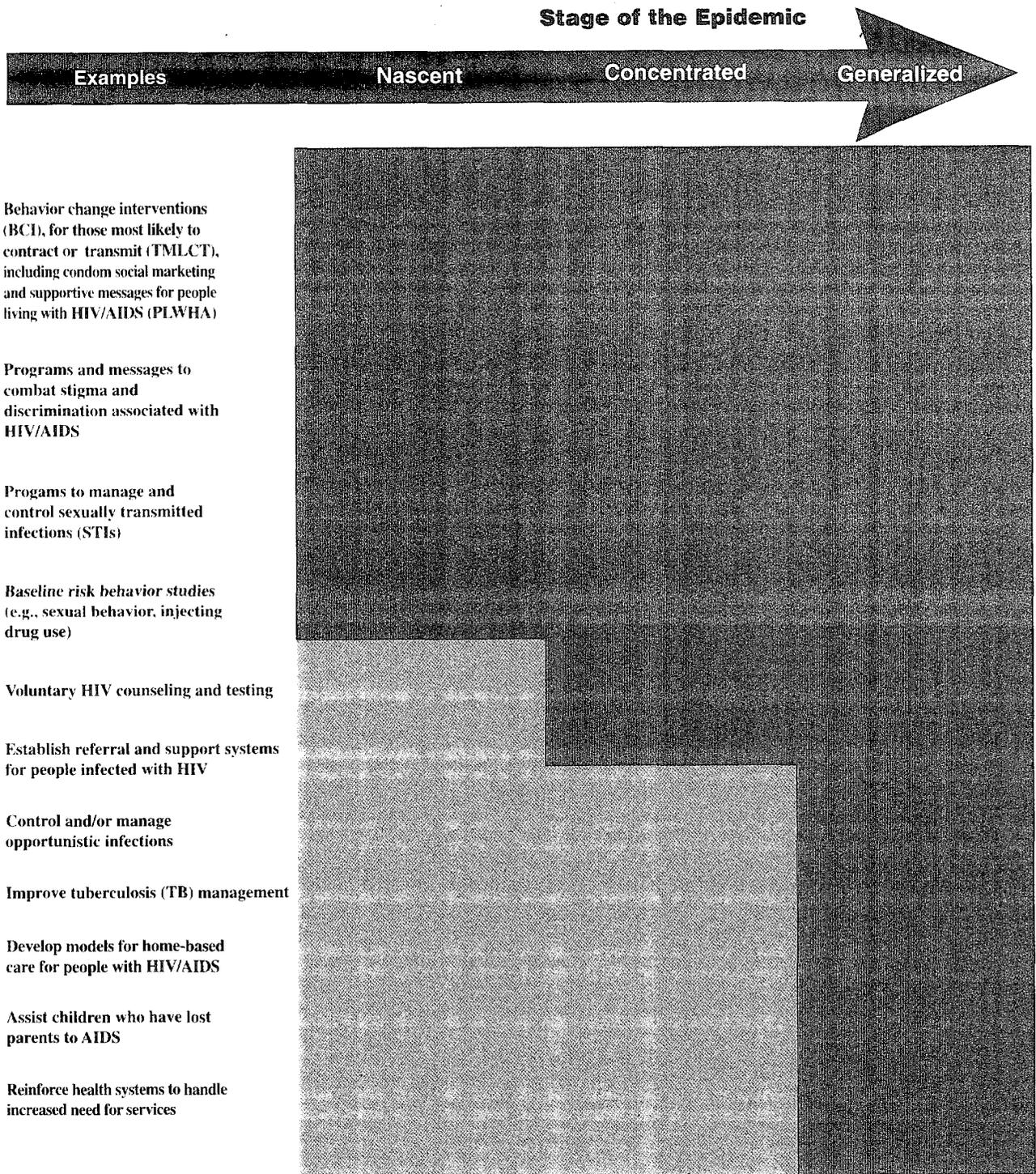
CROSS-CUTTING ISSUES

All HIV/AIDS programs in USAID's portfolio must incorporate several cross-cutting issues into the design, implementation, and evaluation of their activities.

GENDER

Women — who were almost absent from the HIV/AIDS epidemic in the 1980s — are increasingly at risk of becoming infected with HIV. WHO estimates that by 1994, women accounted for

The HIV/AIDS Prevention and Care Continuum



these types of interventions may be appropriate at this state of the epidemic.

these types of interventions are usually imperative no later than at this stage of the epidemic.

Source: U.S. Agency for International Development, June 1998.

almost half of newly infected adults. Over 14 million women will have been infected by 2000, and 4 million of them will have died.

The sexual and economic subordination of women contributes to their increasing risk of contracting HIV. To break this cycle, women must be empowered to protect themselves from exposure to infection by making informed choices. HIV prevention and STI diagnosis and treatment must be integrated into sexual and reproductive health programs. Women affected by HIV/AIDS should be a primary target of prevention and care programs, and such programs should be integrated into existing political, social, and health structures, particularly at the community and family levels.

Because women's vulnerability cannot be effectively challenged by women as individuals or even as groups, women also must be encouraged to network, form alliances, and advocate for change. Top-level political commitment is needed to reduce the social vulnerability of women to HIV infection by improving their health and their educational, legal, and economic prospects. Men should also be encouraged to protect their own health and that of their partner(s); this is particularly important for young men just becoming sexually active.

SUSTAINABILITY

HIV/AIDS is becoming endemic, heightening the need for programs that achieve results and can be sustained over the long term. Efforts to promote and ensure program sustainability should be incorporated explicitly into every program design.

Progress toward improving sustainability is measurable by the extent to which they:

- enhance the technical skills of host-country or regional entities to plan, manage, and evaluate HIV/AIDS activities
- strengthen the organizational capacity of host-country or regional institutions engaged in HIV/AIDS work, including improving the quality of their governance structures, management systems, staffing, leadership, and fund-raising ability
- build and improve vertical and horizontal networks and coalitions of institutions.

COMMUNITY OWNERSHIP

Individuals, families, and communities must be prepared to cope with HIV and AIDS over the long term, because the pandemic and its consequences will be with us for generations. In the face of limited donor and government resources, future programs to prevent, control, and mitigate the effects of HIV/AIDS will be undertaken largely at the community level, by local organizations and with local resources. We must help communities develop the capacities they will need by making them full participants in the design, implementation, and evaluation of those HIV/AIDS programs that complement policies and programs carried out by the government and the private sector.

HIV/AIDS PARTICIPATION CONFERENCE

The HIV/AIDS Division gathered more than 50 people from around the world to share and synthesize experiences and lessons for the participatory management of HIV/AIDS programs.

The main conclusions of the conference included:

- Participation is difficult.
- Participation is a phased activity.
- Participatory processes must have clear purposes and operational goals.
- To succeed, participatory processes must be supported by adequate time, funding, and personnel resources.
- Participatory processes should be characterized by parity, inclusion, and stakeholder representation.
- Stakeholder participants must be fully empowered.
- Planning must include measures to build capacity and promote sustainability.
- Stakeholders must be given feedback on the results of participatory processes.

CONTEXTUAL CHANGE

Individuals' sexual behavior, and therefore their vulnerability to HIV, are affected by societal, community, and peer-group pressures and expecta-

SEXUAL TRAFFICKING

Sexual trafficking is a process by which women and children are tricked or coerced into situations where they are sexually exploited. Trafficking is an economic problem because poverty makes women and children vulnerable. It is a human rights concern because women and children are abused and denied their freedom. It is a health issue because trafficked women and children suffer from many health problems, including HIV/AIDS.

There is evidence that the number of sexually trafficked women and children has grown significantly in recent years, although it is difficult to accurately gauge the scope of this illegal activity. In addition, Eastern Europe has begun to supply trafficked women, organized crime has moved into the business, and a high percentage of trafficked women in Asia have been positive for HIV when tested.

Trafficked individuals are most likely to be girls who come from poor homes and families that are no longer intact. Most trafficked girls are lured by offers of good jobs and economic gain. They are afraid to escape their captors because they fear physical punishment for themselves or their families or owe money to the trafficker. Others distrust law enforcement officers and feel that they have no other options.

In response, the United States has joined the European Union and international organizations in a coordinated effort to end sexual trafficking. The overall U.S. government strategy, which is being coordinated by the Inter-agency Council on Women, focuses on:

- prevention, including information campaigns on human rights and trafficking and measures to lessen the economic vulnerability of those at risk through the creation of enterprise centers and skills-training programs.
- protection, including programs for returned women, care in crisis centers, HIV prevention and care for sex workers and their clients, reproductive health education, and care for people living with HIV/AIDS and their families.
- enforcement activities, including programs to protect and enforce women's rights.

tions. To improve future prevention programs, we must better understand these interactions and develop ways to influence and/or change these norms and values.

YOUTH

The sexual and reproductive health of adolescents in a given population sets the stage for the sexual and reproductive health of the entire community. By 2020, almost 90 percent of all adolescents (10- to 24-year-olds) will live in the developing world, up from 83 percent in 1990. Fostering safe sexual behavior among this group is clearly important to efforts to prevent the spread of STIs, including HIV.

In most regions of the world, HIV infection is growing rapidly among young adults. Worldwide, young people under age 25 account for up to 75

percent of all new HIV infections. In Sub-Saharan Africa, for example, the rates of new infection are highest among 15- to 24-year-olds, both male and female. In Latin America and the Caribbean, there is evidence of a rapid shift of new infection toward younger people, particularly those between the ages of 15 and 24.

Lessons learned in prevention education and clinical service delivery for adolescents have focused on achieving two related objectives: delaying the onset of sexual activity, and encouraging safe sexual behaviors. Programs that have had some success include:

- programs that use peer educators, which builds on evidence that peer norms are critical to behavior change
- school-based programs, where the teachers are well trained in the skills needed to explore issues related to growing up,

sexuality, and gender roles within the context of HIV/AIDS

- programs that increase communication with parents or older family members
- counseling and services from health providers who are able to provide private and confidential care either free or at low cost
- health providers that integrate STI services into broader reproductive health services.

LOCAL CAPACITY

Nongovernmental organizations are often in the best position to mobilize individual communities for HIV/AIDS prevention and care. These NGOs can often develop responsive, cost-effective program because they have close relationships with members of the community and broad experience in community development. Building the capacities of such well-positioned organizations, particularly indigenous NGOs and CBOs, can improve the overall design, implementation, and evaluation of sustainable HIV/AIDS prevention and care.

In Addis-Ababa, Ethiopia, women and children rejected because of AIDS find refuge at a special home run by the sisters of Mother Theresa's order.

A FRAMEWORK FOR NGO/CBO CAPACITY-BUILDING

USAID is building a framework to define the needs of NGOs and CBOs for enhanced capacity and to measure the outcome of interventions designed to build such capacity. This framework will help the Agency

- identify gaps in current approaches to capacity-building
- use performance-based management to set goals
- conduct meta-analyses to identify best practices
- aggregate reporting
- identify opportunities for collaboration.

The Agency is now recommending that its partners integrate capacity-building interventions into their annual workplans. In addition, the HIV/AIDS Division's Implementation Working Group (IWG) has organized a working group to establish performance indicators and develop data-collection methods to monitor capacity-building interventions, optimize collaborative planning and implementation of these interventions, and identify best practices and track lessons learned in performance monitoring. (For more information on the IWG, see page 4).

L. GUBB, WHO



USAID'S PORTFOLIO OF HIV/AIDS PROGRAMS										
Activity	Estimated Total Funding	Function	Technical Assistance and Delivery of Prevention and Care Services						Management and Administration	
			1. Reduce Sexual Transmission of HIV	2. Prevent and Manage STIs	3. Eliminate Barriers to HIV/AIDS Services	4. Increase Capacity of NGOs, CBOs, and the Private Sector	5. Increase Use of Evaluation and Surveillance	6. Provide Basic Care and Support to People with HIV and AIDS	Develop and Disseminate Best Practices	Coordinate Programs
AIDSMark Project	\$75 million	Social Marketing								
Biomedical Research Grants	\$8 million	Research								
Bureau of the Census Agreement	\$5 million	Surveillance Database								
CDC Agreement	\$3 million	Promoting NGO Linkages; Surveillance								
DMELLD Project	\$25 million	Monitoring and Evaluation								
HORIZONS Project	\$40 million	Operations Research								
IMPACT Project	\$150 million	Field and Regional Programs								
International HIV/AIDS Alliance Grant	\$25 million	Capacity-Building								
NCIH Global AIDS Program	\$1.6 million	Promoting NGO Linkages								
Peace Corps Agreement	\$2 million	Community-Based Programs								
POLICY Project	TBD	Policy Support								
UNAIDS Grant	\$72 million	Multilateral Coordination								

Note: TBD = to be determined

USAID'S PORTFOLIO OF HIV/AIDS PROGRAMS

AIDSMARK

Function: Social Marketing

Project Dates: September 1997–September 2002

Estimated Total Funding: \$75 million

AIDSMark is a five-year global program that uses social marketing methods to sell critical public health products and services that prevent the spread of HIV/AIDS and other sexually transmitted infections (STIs).

OBJECTIVES

- Provide global leadership in social marketing for HIV/STI prevention and management
- Enhance and expand the social marketing of barrier methods, including male and female condoms
- Social market STI treatment, clinical services and diagnostics, and products
- Foster a receptive socio-cultural context for HIV/AIDS prevention
- Strengthen and expand private sector involvement in the fight against AIDS
- Research and publicize effective social marketing methods for preventing HIV and other STIs.

FUNDING MECHANISM

Cooperative Agreement

IMPLEMENTATION

AIDSMark is working with USAID missions, other international donors, host governments, NGOs, and businesses to:

- Broaden current programs to include a wider range of products and services
- Scale up programs to reach additional target groups and intensify efforts with current target groups
- Increase the capacity of programs in areas such as management, marketing, communications, research, and sustainability
- Start new social marketing programs.

IMPLEMENTING ORGANIZATIONS

AIDSMark is managed by Population Services International (PSI) in collaboration with Family Health International (FHI), International Center for Research on Women (ICRW), International Planned Parenthood Federation (IPPF), Management Sciences for Health (MSH), Program for Appropriate Technology in Health (PATH), and DKT International.

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BIOMEDICAL RESEARCH

Function: Research

Project Dates: 1999–2002

Estimated Total Funding: \$8 million

This set of procurements, likely to be awarded in early 1999, will be for biomedical research to develop selected technologies to reduce transmission of HIV and to diagnose STIs.

OBJECTIVES

The Agency will support research for development of:

- an effective vaginal microbicide to reduce the sexual transmission of HIV/STIs
- rapid, simple, and inexpensive STI diagnostic tests that are suitable for low-resource settings and allow screening and treatment of asymptomatic infections
- ensure that any HIV vaccine under development is suitable for the developing world (e.g., in terms of HIV strain, delivery methods, cost, stability)
- realistic technologies to reduce perinatal (i.e., mother-to-child) transmission of HIV.

FUNDING MECHANISM

Two to three discrete Cooperative Agreements.

IMPLEMENTATION

The funding for this research is designed to augment and supplement initiatives already underway, particularly to tailor them to the needs of developing countries.

BIOMEDICAL RESEARCH PRIORITIES

USAID sponsored a workshop on future priorities for USAID support of HIV/AIDS–related biomedical research in November 1997. The participating researchers and health experts identified four priority areas for the next 3-5 years:

- microbicides
- vaccines
- STD diagnostics
- vertical transmission (i.e., from mothers to children).

They also identified four long-term research initiatives that would benefit from USAID support:

- development of specialized HIV tests and use of tests to monitor HIV incidence
- identification of biomedical markers to validate behavior change
- research on the potential impact of HIV community-level care and therapies on risk-reduction behavior change
- assessment of HIV care strategies including nutrition and micronutrients.

There was a consensus that USAID's involvement in such research is crucial, particularly because of the Agency's extensive expertise in advocacy, product design, field support, operations research, and product distribution and/or marketing. However, because USAID's funds are limited, participants emphasized that investments in specific research projects must be allocated strategically, to fill gaps or to specifically tailor the effort to the needs of developing countries.

U.S. BUREAU OF THE CENSUS (BUCEN)

Function: Surveillance Database

Project Dates: January 1998–December 2002

Estimated Total Funding: \$5 million

The U.S. Bureau of the Census (BuCen) plays the leading role in international efforts to develop, validate, and disseminate improved tools and models for surveillance and evaluation of HIV/AIDS/STIs.

BuCen maintains the HIV/AIDS Surveillance Data Base, an assemblage of HIV prevalence data for developing countries in Africa, Asia, Latin America and the Caribbean, and Oceania. BuCen uses this data to track patterns and trends in HIV infection among sub-populations within countries and to estimate AIDS mortality for incorporation into population projections.

OBJECTIVES

BuCen's overall objective is to provide policymakers, donors, and researchers with the most comprehensive, up-to-date information on HIV infection status and trends. BuCen will also continue to encourage the development and strengthening of national sentinel surveillance programs and to identify priorities and needs for strengthening such data collection.

FUNDING MECHANISM

InterAgency Agreement

IMPLEMENTATION

- The HIV/AIDS Surveillance Data Base: BuCen will continue to maintain the HIV/AIDS Surveillance Data Base, including the initiation of limited data collection in the countries of the New Independent States (NIS), where HIV prevalence data are now becoming available. BuCen will continue to distribute the data base on diskette and in printed form up to two times per year, focused around the schedule of regional and international AIDS conferences.
- Development and strengthening of national sentinel surveillance programs: While collecting HIV prevalence information, BuCen will work with local counterparts to access data availability and quality and prepare summary analyses of this information. When possible, BuCen will conduct in-country workshops to discuss available data and its implications, building on its successful 1997 seminars in El Salvador, Guatemala, and Honduras.
- Issues-related reports: BuCen will produce analytical reports on important public health or policy issues related to HIV/AIDS. Among the topics covered will be HIV infection rates and trends and the availability of appropriate tools and models for measuring and evaluating these trends.
- Technical support: BuCen will provide technical assistance to the HIV/AIDS Division as requested. This includes special analyses using the HIV/AIDS Surveillance Data Base, for example, in the form of country profiles or trend analyses.

CONTACT

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U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Function: Promoting NGO Linkages; Surveillance

Project Dates: September 1998–September 2002

Estimated Total Funding: \$3 million

The United States Centers for Disease Control and Prevention (CDC) is responsible for promoting health and quality of life by preventing and controlling disease, injury, and disability. This agreement will bring to USAID and its programs the CDC's experience and expertise in detecting and investigating health problems, conducting research to enhance prevention, developing and advocating sound health policies, implementing prevention strategies, promoting healthy behaviors, fostering safe and healthy environments, and providing leadership and training in public health.

OBJECTIVES

The CDC will

- assist in developing surveillance guidelines appropriate to different regions with different epidemiologic profiles (ranging from nascent to mature epidemics)
- carry out operational research protocols to address major issues faced by developing countries, such as how best to measure HIV incidence and how best to estimate national HIV seroprevalence with HIV surveillance data from discrete geographic and population groups
- provide assistance to selected USAID Missions to develop, improve, and use HIV/AIDS surveillance systems.

FUNDING MECHANISM

Participatory Agency Services Agreement (PASA)

IMPLEMENTATION

The PASA between CDC and the HIV-AIDS Division will be part of an umbrella PASA USAID. CDC will conduct operations research that addresses major epidemiological issues faced by developing countries, such as methods to estimate national HIV seroprevalence in different HIV/AIDS epidemiological situations and methods to estimate incidence in high HIV-prevalence countries by periodic cross-sectional seroprevalence studies among people aged 15 to 19.

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DMELLD — DESIGN, MONITORING, LESSONS LEARNED, AND DISSEMINATION PROJECT

Function: Monitoring and Evaluation

Project Dates: September 1998–September 2003

Estimated Total Funding: \$25 million

This project will provide G/PHN/HN, Regional Bureaus, and Missions with continuous and flexible access to a range of administrative, managerial, and technical expertise needed to design HIV/AIDS strategic objectives and results frameworks and to monitor the processes, outcomes, and impact of HIV/AIDS activities. In addition, DMELLD will collect and disseminate research, implementation, and evaluation/assessment findings.

OBJECTIVES

DMELLD will serve as the principal mechanism available to the HIV/AIDS Division and other USAID management units for tasks related to the design and evaluation of programs in HIV/AIDS prevention and mitigation. DMELLD will

- provide state-of-the-art technical thinking, experience, and knowledge through the collection and dissemination of lessons learned and best practices
- provide a systematic approach to design and evaluation
- provide Missions with technical assistance for program design, monitoring, and evaluation
- collect technical lessons learned from all components of the portfolio and disseminate these to Missions, cooperating agencies, governments, and international donors.

FUNDING MECHANISM

Performance-Based Contract

IMPLEMENTATION

Specific assistance and/or support tasks to be carried out under this activity include:

- **Design:** informed technical assistance to the field for designing national HIV/AIDS prevention and mitigation strategies, strategic objectives, results frameworks, and results packages
- **Monitoring and Evaluation:** technical assistance to design M&E systems and to develop and manage a system to aggregate data from USAID-supported programs
- **Lessons Learned:** distill lessons learned and best practices from all SO4 components and other USAID-supported HIV/AIDS prevention and mitigation programs
- **Dissemination:** Gather and disseminate information produced by portfolio members, and summarize the information for targeted audiences.

Best practices are “principles, policies, strategies, and activities that, according to collective experience from around the world, are recognized to be technically, ethically, and strategically sound.” —UNAIDS

HORIZONS

Function: Operations Research

Project Dates: August 1997–August 2002

Estimated Total Funding: \$40 million

HORIZONS is a global project with a mission to strengthen and refine the responses to HIV/AIDS in developing countries through operations research to develop and identify best practices for prevention.

OBJECTIVES

HORIZONS will identify and disseminate the most effective ways to combat HIV/AIDS, by

- identifying components of effective HIV/AIDS programs and policies
- testing potential solutions to problems in prevention, care, support, and service delivery
- disseminating and using findings with a view toward replicating and scaling-up successful interventions.

FUNDING MECHANISM

Cooperative Agreement

IMPLEMENTATION

HORIZONS implements field-based, applied operations research in developing countries. HORIZONS seeks a balanced portfolio of research on

- STI prevention, diagnosis, and management
- Care and support services for people infected with or affected by HIV/AIDS
- Stigmatization and discrimination against people living with HIV/AIDS
- Risk assessment and risk reduction
- Policy analysis and change
- Social marketing and private sector involvement
- NGOs, community mobilization, and capacity-building.

Using a participatory approach, HORIZONS actively collaborates with partner organizations, UNAIDS, and with national and local institutions in countries around the world, including government ministries, national AIDS committees, NGOs, universities, and others.

HORIZONS also seeks to build local capacity for conducting operations research and disseminating and using best practices that emerge from operations research. HORIZONS gives explicit attention to sexuality and the effects of gender inequality on the transmission of HIV and STIs; the unique vulnerability

Operations research is a process of identifying and solving program problems by examining those policy factors or variables that program administrators and managers can control and manipulate. Operations research may involve many methodologies, but the process includes five basic steps:

- problem identification and diagnosis
 - information dissemination
 - strategy selection
 - information use.
 - strategy experimentation and evaluation



A. CONTRERAS, BASICS

THE HORIZONS RESEARCH AGENDA

- How can the risk of acquiring and transmitting STIs including HIV be reduced through interventions to promote changes in individual behavior and community?
- How can sexual risk effectively be reduced through social marketing of relevant commodities and services?
- What are best practices for preventing, diagnosing, and managing STIs?
- How can policy and advocacy activities be implemented in ways that best ensure broad participation in and access to health care services, adequate protection for the human rights of people infected with or affected by HIV, and regional collaboration in prevention and care strategies?
- What are appropriate ways to mobilize NGOs, communities, and governments to provide effective care and support services for people infected with or affected by HIV?
- How can USAID and its international partners best ensure private-sector participation in HIV/AIDS prevention and care activities?

of youth to infection with HIV and to losing parents to AIDS; the need to involve people living with HIV/AIDS in program design and evaluation; and the crucial link between prevention and care activities.

HORIZONS is headquartered in Washington, DC, and has offices in New Delhi, Nairobi, and Bangkok.

IMPLEMENTING ORGANIZATIONS

HORIZONS is directed by the Population Council. Other partner organizations are the International Center for Research on Women (ICRW), Program for Appropriate Technology in Health (PATH), the International HIV/AIDS Alliance, University of Alabama at Birmingham, and Tulane University.

CONTACT

Andrew Fischer, Project Director
Population Council
4301 Connecticut Avenue, NW, Suite 280
Washington, DC 20008 USA
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IMPACT — IMPLEMENTING AIDS PREVENTION AND CARE PROJECT

Function: Program Implementation

Project Dates: September 1997–September 2002

Estimated Total Funding: \$150 million

IMPACT provides design, management, monitoring, and technical support in HIV/AIDS/STI prevention, care, and control to regional and country-specific program interventions.

OBJECTIVES

IMPACT's broad mandate is to help USAID Missions and Regional Bureaus develop and implement programs that reflect and accommodate the pandemic's unique characteristics in particular developing countries. IMPACT is also designed to build on the core values of participation and community empowerment to build the capacity of communities to design, manage, implement, advocate for, and take ownership of programs for prevention and care.

FUNDING MECHANISM

Cooperative Agreement

IMPLEMENTATION

IMPACT provides technical assistance, training, materials production, and other field support such as development of communications campaigns and delivery of STI clinical services.

The project began in 1997, with program funding from nine countries: Bangladesh, Brazil, Honduras, India, Madagascar, Mexico, Nicaragua, the Philippines, and Zambia. During its first year, the project has focused on developing and launching programs in these nine countries; promoting its services to other USAID Missions and Bureaus; and establishing systems for managing the program and achieving appropriate results.

IMPLEMENTING ORGANIZATIONS

This agreement is being implemented by Family Health International (FHI) in partnership with the Institute of Tropical Medicine (ITM) in Brussels, Management Sciences for Health (MSH), Population Services International (PSI), Program for Appropriate Technology in Health (PATH), and the University of North Carolina (UNC) at Chapel Hill.

CONTACT

Dr. Peter Lamptey, Project Director
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
www.fhi.org

INTERNATIONAL HIV/AIDS ALLIANCE

Function: Capacity-Building

Project Dates: September 1997–September 2002

Estimated Total Funding: \$25 million

The Alliance is an international nongovernmental organization (NGO) created by a multidonor initiative that works to mobilize and build the capacity of local organizations in developing countries to respond to HIV/AIDS. The Alliance works in countries on the frontiers of the HIV/AIDS pandemic, where there is not yet strong local capacity to respond.

OBJECTIVES

The Alliance mobilizes and supports indigenous NGOs and community-based organizations (CBOs) to respond to HIV/AIDS through a variety of initiatives:

- encouraging international networks and federations that work in other areas of health or development to take on a broader community-level commitment to HIV/AIDS work
- developing links to other existing country and community-level HIV/AIDS programs
- identifying, documenting, and disseminating the methods and insights of successful HIV/AIDS initiatives in poor communities
- reinforcing the understanding and commitment of both the public and political decision makers to support community action on AIDS in developing countries.

FUNDING MECHANISM

Grant

IMPLEMENTATION

The Alliance works in eight countries: Bangladesh, Burkina Faso, Cambodia, Ecuador, Morocco, Senegal, and Sri Lanka. It has played a crucial role in catalyzing broad, community-based prevention and care efforts in these countries, often before HIV has widely affected vulnerable populations.

The Alliance will sustain and expand these efforts into countries facing a growing risk from HIV/AIDS and countries with newly emerging NGO sectors, such as India and Mexico. The Alliance will also seek to bring donor support to community organizations in an increasingly cost-efficient manner, including by assisting both country programs and community initiatives to secure increasing funds from other sources.

CONTACT

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International HIV/AIDS Alliance
Barratt House
341 Oxford Street
London W1R 1HB, England
e-mail: AIDSALLIANCE@compuserve.com

NATIONAL COUNCIL ON INTERNATIONAL HEALTH (NCIH) GLOBAL AIDS PROGRAM

Function: Promoting NGO Linkages

Project Dates: May 1991–July 1999

Estimated Total Funding: \$1.6 million

The NCIH Global AIDS Program acts as liaison, educator, and coalition-builder for US and indigenous nongovernmental organizations (NGOs), community-based organizations (CBOs), and commercial and civic organizations working in HIV/AIDS prevention. The program also serves as a source of varied, up-to-date information on the global HIV/AIDS pandemic.

OBJECTIVES

The NCIH Global AIDS Program focuses on activities and network-building among private sector organizations working on HIV/AIDS. Its focus is on organizations outside of the United States, although it does collaborate with domestic AIDS organizations on a variety of policy and educational issues.

FUNDING MECHANISM

Cooperative Agreement

IMPLEMENTATION

The NCIH Global AIDS Program maintains a database of NGOs working in HIV/AIDS prevention, care, and treatment and publishes a directory of the major international HIV/AIDS organizations. The program also publishes the bi-monthly newsletter, *AIDSLink*, which is a comprehensive report on global AIDS policy and news as well as a forum for information exchange among NGOs responding to HIV/AIDS around the world. NCIH supports regional and international networks of NGOs, CBOs, and commercial organizations.

CONTACT

Ron MacInnis and Helen Cornman, Program Directors

National Council on International Health

1701 K Street, NW, Suite 600

Washington, DC 20006

e-mail: ncih aids@ncih aids.org

www.ncih.org

U.S. PEACE CORPS

Function: Community-Based Programs

Project Dates: September 1997–September 2002

Estimated Total Funding: \$2 million

This partnership will help the Peace Corps broaden its role in HIV/AIDS prevention and care and will tap into the Peace Corps' comparative advantages in grassroots development and working in hard-to-reach communities in developing countries.

OBJECTIVES

Peace Corps volunteers will work to build host-country capacities in delivering services, planning projects, and organizational management through a variety of training and educational activities. The focus will be on developing nongovernmental organizations (NGOs) and community-based organizations (CBOs), integrating community approaches to respond to HIV/AIDS, and targeting activities to women and youth. Most activities funded under this agreement are part of longer-term Peace Corps projects that will continue for several years.

FUNDING MECHANISM

Interagency Agreement

IMPLEMENTATION

Country-level activities will take place in Cameroon, Malawi, Senegal, Tanzania, Togo, and Zimbabwe in Africa; Thailand and Nepal in Asia; and the Dominican Republic, Ecuador, and Honduras in Latin American/Caribbean.

In addition, a regional workshop was held in Africa in December 1997, and Peace Corps volunteers attended the October 1997 Asia-Pacific HIV/AIDS International Conference.

CONTACT

Shelley Smith, Health Program Specialist

U.S. Peace Corps

1990 K Street, NW, 8th floor

Washington, DC 20526

www.peacecorps.gov

POLICY PROJECT

Function: Policy Support

Project Dates: September 1995–September 2000

Estimated Total Funding: to be determined

The POLICY Project is pursuing the goals of the 1994 Cairo International Conference on Population and Development to create a supportive environment for family planning and reproductive health.

OBJECTIVES

As the epidemic has matured, efforts to reform policy on family planning and reproductive health commitment to combat HIV. The POLICY Project will address such policy issues as seeking direct governmental contributions to the effort, decision-making about resource allocation, addressing concerns about discrimination and stigma, and identifying appropriate care and support interventions for people and communities affected by HIV/AIDS.

FUNDING MECHANISM

Incremental funding to the project, which was funded under a Cooperative Agreement by the USAID/Office of Population/Policy and Evaluation Division.

IMPLEMENTATION

POLICY Project country activities are currently underway or planned for: Benin, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mexico, South Africa, Tanzania, Zambia, and Zimbabwe. These activities include capacity-building for HIV/AIDS policy advocacy and technical assistance and training on strategic planning at both the national and district levels. The project's HIV/AIDS activities are funded by three sources: core funding from the Office of Population, core funding from the HIV/AIDS Division, and field support from USAID missions.

The Project completed the Spectrum Policy Modeling System, which consolidates the demographic projection, family planning, and AIDS Impact models. Other activities include:

- preparing a guide on sentinel surveillance data analysis
- developing an HIV/AIDS policy compendium covering policy formulation and a framework for legal and regulatory analysis
- additional modeling efforts on the AIDS Impact Model (AIM), EpiModel, and a TB model
- publication of facilitator training manuals and advocacy training guide for HIV/AIDS programs.

IMPLEMENTING ORGANIZATIONS

POLICY is being implemented by The Futures Group International with Research Triangle Institute (RTI) and the Center for Development and Population Activities (CEDPA).

CONTACT

Harry Cross, Project Director

John Stover, Vice President

The Futures Group International
1050 17th Street, NW, Suite 1000

Washington, DC 20036

www.tfgi.com

UNAIDS (JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS)

Function: Multilateral Coordination

Project Dates: September 1997–September 2002

Estimated Total Funding: \$72 million

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is a catalyst for action in HIV/AIDS programs worldwide and has become a leader in the global response to HIV/AIDS. UNAIDS unites the HIV/AIDS-related activities of these organizations:

- United Nations Children's Fund (UNICEF)
- United Nations Development Program (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Educational, Social and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank.

OBJECTIVES

UNAIDS is mobilizing resources and creating partnerships to build coalitions and capacity for responding to HIV/AIDS. It supports national strategic planning and promotes best practices. UNAIDS also coordinates the HIV/AIDS activities of five UN organizations at the country level.

FUNDING MECHANISM

Grant

IMPLEMENTATION

UNAIDS is a unique international body because it is independent, responsible to its contributors, including USAID, the lead donor, and to its governing board, which includes a US government representative.

UNAIDS works at the country, regional, and global levels in the following mutually reinforcing areas:

- Policy development and research: identifying the major issues in the HIV/AIDS policy arena and serving as a source of information on international best practices
- Technical support: building national capacities to provide an expanded response to the epidemic
- Advocacy: promoting a comprehensive, multi-sectoral response to HIV/AIDS that is technically, ethically, and strategically sound and which is supported by adequate resources
- Coordination: coordinating programs and action by UNAIDS' cosponsors and other UN agencies to support national-level responses to HIV/AIDS.

CONTACT

Peter Piot, Executive Director

UNAIDS

World Health Organization

1211 Geneva 27, Switzerland

www.us.unaids.org



MICHEL BÜHRER

ANNEX A. THE HIV-AIDS DIVISION STAFF

The HIV-AIDS Division at USAID/Washington is part of the Office of Health and Nutrition in USAID's Center for Population, Health and Nutrition of the Bureau for Global Programs, Field Support and Research. For further information, contact the Division at:

U.S. Agency for International Development
G/PHN/HN/HIV-AIDS
Ronald Reagan Building 3.07-075
1300 Pennsylvania Ave., NW
Washington, DC 20523-0016
Fax (202) 216-3046 / 216-3702
www.info.usaid.gov/pop_health/hiv_aids/

PAUL R. DE LAY, MD, DTM&H, HIV-AIDS DIVISION CHIEF

Provides technical guidance and management oversight to the Division's 11-person technical staff.

Dr. De Lay is a physician with training and experience in family practices, infectious/tropical disease, epidemiology, preventive medicine and public health. He practiced clinical medicine for 13 years, including 8 years as Medical Director of Refugee Medical Services for the City of San Francisco. In 1988, Paul joined the WHO Global Programme on AIDS, working primarily in Malawi, in East Africa. In 1991, Paul joined the HIV-AIDS Division, serving as a Senior Technical Advisor focusing on prevention and management of sexually transmitted diseases (STDs), epidemiologic surveillance, simulation modeling to assess impact, evaluation methodologies, and developing the Agency's strategy to support HIV-related care. Dr. De Lay was named as Chief of the HIV-AIDS Division in February 1997.

PAURVI BHATT, MPH, NGO CAPACITY ADVISOR, ASIA AND NEAR EAST (ANE)

Serves as senior technical advisor to the Division on issues relating to the relationship between HIV/AIDS and economics and is co-coordinator for HIV programming in the Asia and Near East (ANE) region.

Ms. Bhatt works to strengthen and support NGOs, CBOs, institutions, and networks that facilitate and implement HIV/AIDS prevention and care activities in developing countries. Her work also focuses on the connection between the health system and vulnerable populations; the spectrum of alternative resources and approaches to community support for those affected by HIV/AIDS. Ms. Bhatt's research interests include issues related to cost-effectiveness and equity.

AMY BLOOM, MD, BIOMEDICAL PROGRAM ADVISOR

Advises on all biomedical areas related to HIV/AIDS.

Dr. Bloom's areas of expertise include STDs, STD diagnostics, microbicides, perinatal transmission, breastfeeding, Vitamin A deficiency, tuberculosis, HIV/AIDS care, and rational pharmaceutical management. She is also the coordinator for the Agency's tuberculosis program, policy, and activity plan.

CLIFTON CORTÉZ, JD, POLICY ADVISOR

Serves as the point of contact for the Division's cooperative agreement with the National Council on International Health (NCIH) and the HIV/AIDS component of the POLICY Project, and serves as HIV/AIDS backstop for the Latin America and Caribbean (LAC) region.

Mr. Cortez specializes in policy (generally), human rights, and NGO/PVO linkages. He has worked on HIV/AIDS policy for the American Bar Association and United Nations High Commissioner for Refugees.

ALAN GETSON, MPH, SENIOR PROGRAM ADVISOR

Serves as one of two Cognizant Technical Officers (CTOs) for the HIV/AIDS Division's IMPACT and AIDSMark activities, and is the Division Coordinator for HIV/AIDS activities in West Africa.

Mr. Getson specializes in public health management, international development, and the design, management, and evaluation of sustainable development programs. He has worked for USAID since 1978. His many accomplishments include improving USAID coordination in child survival, population, and HIV/AIDS with other major donors including UNICEF, the World Bank, WHO, and other UN agencies.

DOUG HEISLER, BS, MA, MS, PHD, SENIOR HEALTH DEVELOPMENT OFFICER

Co-Coordinates USAID's worldwide HIV/AIDS social marketing program.

Dr. Heisler is a demographer/urban planner whose interests include the spatial distribution of HIV/AIDS, the economic impact of HIV/AIDS in sub-populations, and data analysis for policy and program development. Most recently, he guided the USAID Office of Population's social marketing program as it developed innovative partnerships with the commercial private sector.

JOHN NOVAK, PHD, MONITORING AND EVALUATION (M&E) ADVISOR

Provides technical assistance in strategic planning/M&E systems, and serves as HIV/AIDS Division Coordinator for the LAC and Eastern Europe/New Independent States (ENI) regions.

Dr. Novak's work in HIV/AIDS dates back to 1989, when he served as Project Director for the USAID-funded AIDSCOM Project, which developed communications strategies for HIV/AIDS prevention. He has previously worked in the areas of family planning and health sector reform.

DAVID PIET, MA, MPH, ECM SENIOR HEALTH/POPULATION OFFICER

Serves as co-Activity Manager for the IMPACT Project, backstops USAID programs in several Asia/Near East countries, and is responsible for child survival, policy, and the U.S.-Japan Common Agenda.

Mr. Piet, a career Foreign Service Officer, has 25 years of experience providing technical assistance and managing international assistance for population/family planning, child survival, maternal and child health, reproductive health, HIV/AIDS, and related public health programs (the last 19 years with USAID Missions in Indonesia, Nepal, and Bangladesh). He has extensive firsthand experience in cross-cultural negotiation, strategic planning, and policy and program development.

JAYNELL SMITH, PROGRAM OPERATIONS ASSISTANT

Serves as the contact point for the Division for all program planning and budgeting.

DAVID STANTON, MN, MPH, EPIDEMIOLOGIST

Cognizant Technical Officer (CTO) for the HORIZONS project, the BuCen Agreement, the Coordinated Appeal, and UNAIDS, and CDC.

Mr. Stanton addresses the following technical areas: male condoms, prevention-and-care continuum, STDs, surveillance and modeling, and perinatal transmission. His technical expertise is in epidemiology, STD/STI treatment, antiretroviral drugs, and AIDS clinical care. He also provides support in the areas of donor coordination, vitamin A, breastfeeding, tuberculosis, and vaccines.

LINDA SUSSMAN, MED, PHD, SOCIAL AND BEHAVIORAL SCIENCE ADVISOR

Serves as a technical advisor on social and behavioral science and research issues.

Dr. Sussman provides technical expertise to improve the planning and implementation of STI/HIV information, education, and communication (IEC) and behavior change interventions (BCI). She serves as liaison for related activities in the PHN Center, within the Agency as a whole, and with other international agencies and NGOs. She has also worked on communication strategies related to HIV/AIDS, adolescent reproductive health, orphans affected by HIV/AIDS, and integrating STI/HIV prevention and care in alternative settings.

BARBARA DE ZALDUONDO, MS, PHD, SENIOR BEHAVIORAL SCIENCE ADVISOR FOR BEHAVIORAL INTERVENTIONS AND RESEARCH

Serves as Technical Advisor and co-Manager for the HORIZONS Project and is the Division's Africa Team Leader.

Dr. de Zalduondo is a medical anthropologist with over 15 years of experience in social and behavioral research on culture, health, and sexuality and the implications of these for public health services and behavior change communications. She provides technical advice to Missions and to Population, Health and Nutrition Center (G/PHN) programs to develop and evaluate intervention strategies to reduce sexual and reproductive health risk. Since 1988, when she managed the AIDS and Reproductive Health Network at Harvard, she has designed and collaborated on numerous HIV/AIDS behavioral research, training, and intervention activities (with an emphasis on gender and youth) in Latin America, the Caribbean, and East and Central Africa. She also serves as Adjunct Assistant Professor in the Department of Population Dynamics at Johns Hopkins School of Hygiene and Public Health.

ANNEX B. USAID PUBLICATIONS ON HIV/AIDS

Accomplishments in HIV/AIDS Programs, 1995-1997. Arlington, VA: Center for International Health Information for USAID, December 1997.

AIDSCAP Final Report: 1990-1997. Vols. I and II; CD-ROM. Arlington, VA: AIDS Control and Prevention Project, Family Health International, for USAID, December 1997.

AIDSCAP Lessons Learned: 1990-1997. Arlington, VA: AIDS Control and Prevention Project, Family Health International, for USAID, December 1997.

Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS — Executive Report. Arlington, VA: Health Technical Services Project for USAID, December 1997.

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Field, Mary Lyn, Shelley Smith, and Ellen Weiss. *AIDS Technical Support Project (ATSP) — Lessons Learned: Programming for Adolescents and Young Adults.* Arlington, VA: Health Technical Services Project for USAID, February 1998.

Girma, Messaye. *Participatory Strategic Planning: The Experience of USAID's Center for Population, Health and Nutrition in Designing its HIV/AIDS Strategic Objective.* HIV/AIDS Study Series. Arlington, VA: Health Technical Services Project for USAID, February 1996.

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MacInnis, Ron, and Victor Barnes. *AIDS Technical Support Project (ATSP) — Lessons Learned: Integration of HIV/AIDS Programs with Other Services.* Arlington, VA: Health Technical Services Project for USAID, February 1998.

Novak, John, and Claude Betts. *AIDS Technical Support Program (ATSP) Technical Review.* Arlington, VA: Health Technical Services Project for USAID, 1996.

The Participation Toolkit: A USAID Health, Population and Nutrition Officer's Guide to Using Participatory Approaches for Managing HIV/AIDS Activities. Arlington, VA: Health Technical Services Project for USAID, 1997.

Pielemeier, John D. *Final Evaluation of the National Council for International Health (NCIH) AIDS Initiative.* Arlington, VA: Health Technical Services Project for USAID, February 1997.

Stanecki, Karen, Bill Rau, Thomas Rehle, and Karl Western. *AIDS Technical Support Project (ATSP) — Lessons Learned: Surveillance, Data for Decision Making, and Policy.* Arlington, VA: Health Technical Services Project for USAID, February 1998.

The Status and Trends of the Global HIV/AIDS Pandemic: Final Report from the XI International Conference on AIDS Satellite Symposium. Arlington, VA: AIDS Control and Prevention Project, Family Health International, for USAID, 1997.

The Status and Trends of the HIV/AIDS Epidemics in Africa: Final Report from the XI International Conference on AIDS Pre-Conference Workshop. Arlington, VA: AIDS Control and Prevention Project, Family Health International, for USAID, 1996.

USAID Responds to HIV/AIDS, A Report on the Fiscal Years 1995 and 1996 HIV/AIDS Prevention Programs of the United States Agency for International Development. Washington, DC: USAID, December 1997.

Please request copies of these and other USAID publications from USAID's Development Information Services Clearinghouse (CDIE/DISC):

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U.S. Agency for International Development
1611 North Kent Street, Suite 200
Arlington, VA 22209-2111
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ANNEX C. ACRONYMS

AIDS	Acquired immunodeficiency syndrome
AIM	AIDS Impact Model
ANE	Asia and Near East Region
ASO	AIDS service organization
ATSP	AIDS Technical Support Program
BCC	Behavior change communication
BCI	Behavior change interventions
BuCen	United States Bureau of the Census
CA	Cooperating agency
CBO	Community-based organization
CDC	United States Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities
CTO	Cognizant Technical Officer
DMELLD	Design, Monitoring and Evaluation, Lessons Learned, and Dissemination Project
ENI	Eastern Europe/New Independent States Region
FHI	Family Health International
FP	Family planning
G/PHN/HN	Global Bureau's Center for Population, Health and Nutrition, Office of Health and Nutrition, Bureau for Global Programs, Field Support and Research (of USAID)
HFS	Health Financing and Sustainability Project
HIV	Human immunodeficiency virus
HTS	Health Technical Services Project
ICRW	International Center for Research on Women
IEC	Information, education, and communication
ITM	Institute of Tropical Medicine (Brussels)
IWG	Implementation Working Group
IMPACT	Implementing AIDS Prevention and Care Project
IPPF	International Planned Parenthood Federation
LAC	Latin America and the Caribbean
M&E	Monitoring and evaluation
MCH	Maternal and child health
MSH	Management Sciences for Health
NCIH	National Council on International Health

NGO	Nongovernmental organization
NIS	New Independent States of the former Soviet Union
PASA	Participating Agency Services Agreement
PATH	Program for Appropriate Technology in Health
PSI	Population Services International
PVO	Private voluntary organization
RTI	Research Triangle Institute
SO	Strategic objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNC	University of North Carolina
UNICEF	United Nations Children Fund
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Social and Cultural Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization