

## AIDS Initiatives in Africa

RF 88076

DOCKET  
TO BE DISCARDED  
WHEN MINUTE IS FILED

**GUIDELINE:** Cooperative Initiatives in Health and Population

**GRANTEE:** For allocation by the officers

**OBJECTIVE:** To identify factors that intensify heterosexual transmission of human immunodeficiency virus (HIV) in Africa, interventions that can be effective there in preventing transmission, and mechanisms for communicating project results to policymakers and program managers.

**AMOUNT:** \$750,000

**DURATION:** Two years beginning January 1, 1989 .

**STRATEGY:** Evidence points to heterosexual transmission as the dominant mode of HIV spread in Africa. Cases of AIDS are virtually all confined to adults in the sexually active age groups and to infants born to HIV-positive mothers. The rate of seroprevalence among females is equal to or greater than that of males. Interrelationships between AIDS, reproductive health, and sexuality, therefore, must be better understood if the epidemic in Africa is to be limited.

**DESCRIPTION:** Most African countries have established national committees for the control of AIDS according to the guidelines established by WHO. A few are in the process of developing active AIDS prevention programs based largely on public education. Promotion of safer sexual behavior, avoidance of sexually-transmitted diseases, and the encouragement of condom use are the main practical measures now available. Providing AIDS prevention health messages in Africa is a formidable task, and there is a need to test strategies that will be feasible and effective. Over 80 percent of the sub-Saharan population is rural and has limited access to the health infrastructure. Condoms are not readily available, their use has encountered resistance, and promotion of condom use will require intensive, long-term education. It has been reported that condoms are used by fewer than 1 percent of men in virtually all of the countries in the region. And that 1 percent probably represents occasional use.

This appropriation would support three projects, each based on an intervention strategy that requires evaluation. Two of the projects are in high-prevalence regions of Uganda and one is in a low-prevalence area in Senegal:

1. Makerere University (in collaboration with the University of California, San Francisco). The researchers will determine the prevalence of HIV infection among patients attending sexually-transmitted disease (STD) clinics located in or near Mulago Hospital, Kampala. The objective will be to identify factors that influence transmission of HIV from seropositive patients to their seronegative partners in sexually stable relationships. There is evidence, not yet fully substantiated, that the pre-existence of STD, particularly when there is genital ulceration, exacerbates the transmission of HIV. Through this prevalence study a cohort of HIV-discordant stable sexual partners will be identified for a future longitudinal study of transmission and to test different intervention strategies. Liaison and logistical support for the UCSF principal investigators in Uganda will be provided by Seth Berkley, who is assigned by the Task Force for Child Survival to help the Ministry of Health reestablish the country's primary health care system (see second HS item in this docket).

2. Ugandan Government AIDS Control Program (in collaboration with the Columbia University Center for Population and Family Health - CPFH). This project will study the effect of health education on the transmission of HIV in the Rakai District, located on major trucking routes between Tanzania, Rwanda, and Kenya, and thought to have one of the highest rates of HIV infection in the world. Goals of the project are to determine the prevalence and annual incidence of HIV infection, attitudes toward condom use, and the effects of AIDS education programs in which condom promotion and distribution will be important components. The researchers will carry out repeated health, attitudinal, and behavioral surveys, as well as serosurveys, on a cohort of 3,200 persons drawn from randomly selected clusters in the community. Preventive strategies being compared include implementation of community depots to distribute condoms, upgrading of existing health education systems, and intensive education campaigns. Reports on which strategies are most effective will be disseminated to all of Rakai District and to other areas of Uganda through the Ministry of Health's seminars for district medical officers and its training program for health visitors, inspectors, and educators.

3. Health Department of Pikine, Senegal (in collaboration with Columbia University CPFH). The Yewi Jaboot (Choice for the Family) project is located in Pikine, a low-income satellite community of Dakar. Pikine is one of the most severely crowded areas of West Africa. Although seroprevalence is currently low, the region is at high risk for introduction and spread of HIV. The

Health Department's objective is to provide integrated STD/AIDS prevention and family planning services to the 400,000 inhabitants served by 14 health facilities. The Department will test the use of nonmedical facilitators, backstopped by nurses, to provide information and to distribute condoms and spermicides. Knowledge, attitude, and practice surveys coupled with serosurveys will be conducted before, during, and after three years of project activity. Curtailing entry of HIV infection into Pikine is essential to avoid a major outbreak of AIDS in Senegal as a whole. If the project is successful, it will strengthen the capability of the Ministry of Health to undertake a preventive program in the Dakar/Pikine area, which contains approximately 15 percent of Senegal's population.

These projects will address the following questions: What are the causal factors associated with the heterosexual transmission rate of HIV? What delivery systems and personnel will be most effective in AIDS prevention programs? What types of training and supervision activities will be needed? How can AIDS prevention best be integrated with other health and family planning services?

**RISKS/EVALUATION:** Evaluation aspects are built into each project's design. More difficult to evaluate will be the impact and importance of these three projects as other national AIDS prevention campaigns gain momentum. The major risk is that the projects, even if successful, may fail to have an impact outside the immediate areas where they are carried out.

**BUDGET:** The appropriation (\$450,000 from PS, \$300,000 from HS) will be used to meet each project's budget for the first two years, as summarized below:

Uganda - Makerere University.....	\$300,000
Uganda - Rakai District.....	250,000
Senegal - Pikine.....	<u>200,000</u>
Total	\$750,000

Each project budget includes a salary and benefits component for a resident advisor from the collaborating U.S. institution. The bulk of the funds are for expenditure within Africa and will be provided as direct allocations to the African institutions concerned.

**FURTHER SUPPORT:** These projects will require at least a third year of support, part of which may be provided by other donors. Evaluation during the second year will determine whether the officers recommend a third-year terminal grant or continuing multiyear funding.