



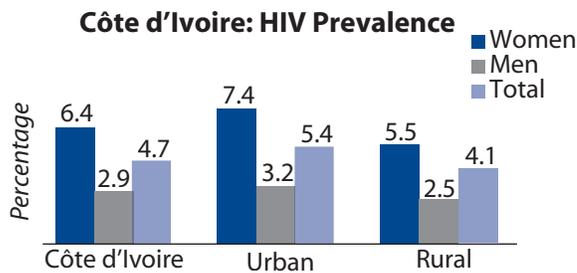
HIV Notes

from MEASURE DHS

February 2007

HIV Prevalence in Cote d'Ivoire Almost 5 Percent

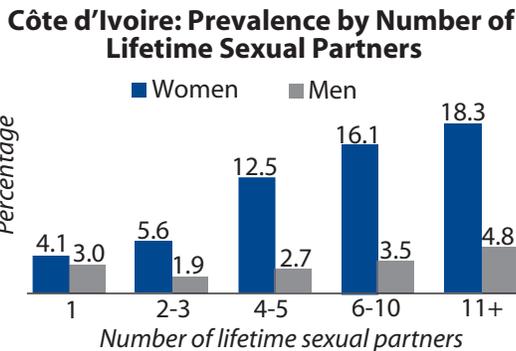
The 2005 Cote d'Ivoire AIDS Indicator Survey reports a national HIV prevalence rate of 4.7% among men and women age 15-49. Women are more than twice as likely as men to be infected with HIV, and prevalence is higher among women than men in all age groups.



HIV prevalence varies by residence and region in Cote d'Ivoire. Women and men living in urban areas are at slightly higher risk than those in rural areas. Prevalence is highest in Abidjan (6.1 percent), Center-East and South Regions (5.8 percent and 5.5 percent). It is lowest in North-West, where only 1.7 percent of adults are infected.

The Cote d'Ivoire data show a clear association between household wealth and women's HIV prevalence. Almost 9 percent of women living in the wealthiest households are HIV-positive compared to only 3.6 percent of those in the poorest households. For men, there is no clear association between household wealth and HIV prevalence.

HIV prevalence is most common among those who are divorced, separated, or widowed. These men and women are more than twice as likely to be HIV-positive than those who are either currently married or have never been married. HIV prevalence also increases significantly as men and women have more sexual partners.



HIV-Positive Zambians Have Limited Access to ART

Sixteen percent of Zambians age 15-49 are HIV-positive (2001-02 ZDHS), but only 10 percent of health facilities offer anti-retroviral therapy (ART) according to the new 2006 Zambia HIV Service Provision Assessment (ZHSPA) survey. The ZHSPA, released in November 2006, reports that there are only 43 facilities in Zambia offering ART, half of which are located in Lusaka. Fewer than one in five facilities can provide services to prevent maternal-to-child transmission of HIV (PMTCT), an essential service for reducing new infections among infants. Those living with HIV/AIDS do have access to many health-related support services — almost all (97 percent) of facilities offer care and support services, including treatment for sexually transmitted infections, malaria, and tuberculosis.

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What's Coming...

HIV Prevalence Data in spring/summer of 2007:

- Cambodia
- India
- Niger
- Mali
- Cape Verde
- Swaziland
- Benin
- Zimbabwe (preliminary report already available)

Fall 2007 and beyond:

- Zambia
- Democratic Republic of Congo
- Liberia

Upcoming HIV SPA Surveys:

- Tanzania (Spring 2007)
- Uganda (late 2007)
- Rwanda (early 2008)

HIV-related research to be presented at Population Association of America's Annual Conference:

Women's Age at Marriage and HIV Status: Evidence from Nationally-Representative Data in Cameroon- Tim Adair, HIV Fellow (Poster)

Urban Poverty and Sexual Behavior in Five African Cities- Anuja Jayaraman, Population Fellow (Poster)

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HIV services in Zambia, continued:

Voluntary counselling and testing services are not universal. ZHSPA results indicate that 44 percent of health facilities offer voluntary counselling and testing (VCT) services and only 20 percent of these facilities have a written informed consent policy for HIV testing.

These and many other results were presented at a national seminar in Lusaka in November 2006 and at subsequent data users workshops in Lusaka and Ndolo. Workshop participants included data users from the National HIV/AIDS/STI/TB Council, USAID Cooperating Agencies, International Agencies, hospitals, NGOs, community and faith-based organizations, and the Ndola District Health Board.

The ZHSPA Survey collected data on HIV-related services from 430 health facilities throughout Zambia. The sample included hospitals, urban and rural health centers, and facilities managed by governmental and nongovernmental authorities. Facilities were sampled from each of Zambia's nine regions.

Curriculum to educate hundreds in Tanzania

The introduction of population-based HIV testing in Sub-Saharan Africa through Demographic and Health Surveys has greatly expanded the amount of data available about HIV prevalence and associated factors. It has also, however, created some confusion among data users who are not familiar with this new method of measuring prevalence. Users often wonder which figures to use, how to understand them, how to explain them to others, and how to use the data to improve programs and policies.

In Tanzania, the MEASURE DHS project has developed an HIV curriculum based on the results of the 2003-04 Tanzania HIV/AIDS Indicator Survey. The two-day training reviews the major findings of the survey, and highlights the differences between Tanzania's sentinel surveillance system and the DHS population-level testing protocol. It includes case studies that offer examples of data use for working with media, adjusting budgets, evaluating programs, and writing proposals. The curriculum is intended for people who are working in the field of HIV and health, but do not have a high level of technical or statistical survey knowledge.



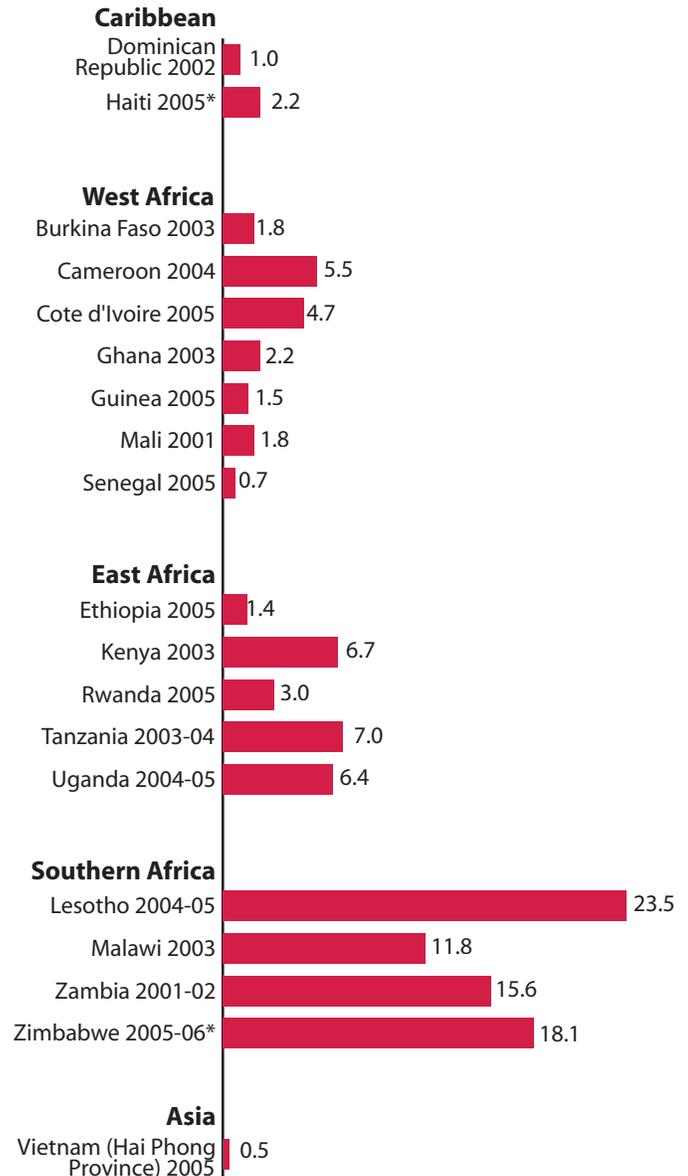
Utafiti wa Viashirio vya VVU na UKIMWI Tanzania (THIS)

Mwongozo wa Mafunzo Katika Usambazaji wa Matokeo



The curriculum package includes a facilitator's guide in both English and Kiswahili, accompanying PowerPoint presentations in English, as well as a flipchart in Kiswahili. The package also features user-friendly report documents, posters, and brochures. Three trainings-of-trainers were held in 2006, preparing approximately fifty professionals from Regional Facilitating Agencies throughout Tanzania as well as local and international NGO staff members to carry out trainings in their local community settings. One thousand curriculum packages have already been distributed throughout Tanzania.

HIV Prevalence in the Demographic and Health Surveys



HIV prevalence among women and men age 15-49

*Based on preliminary results