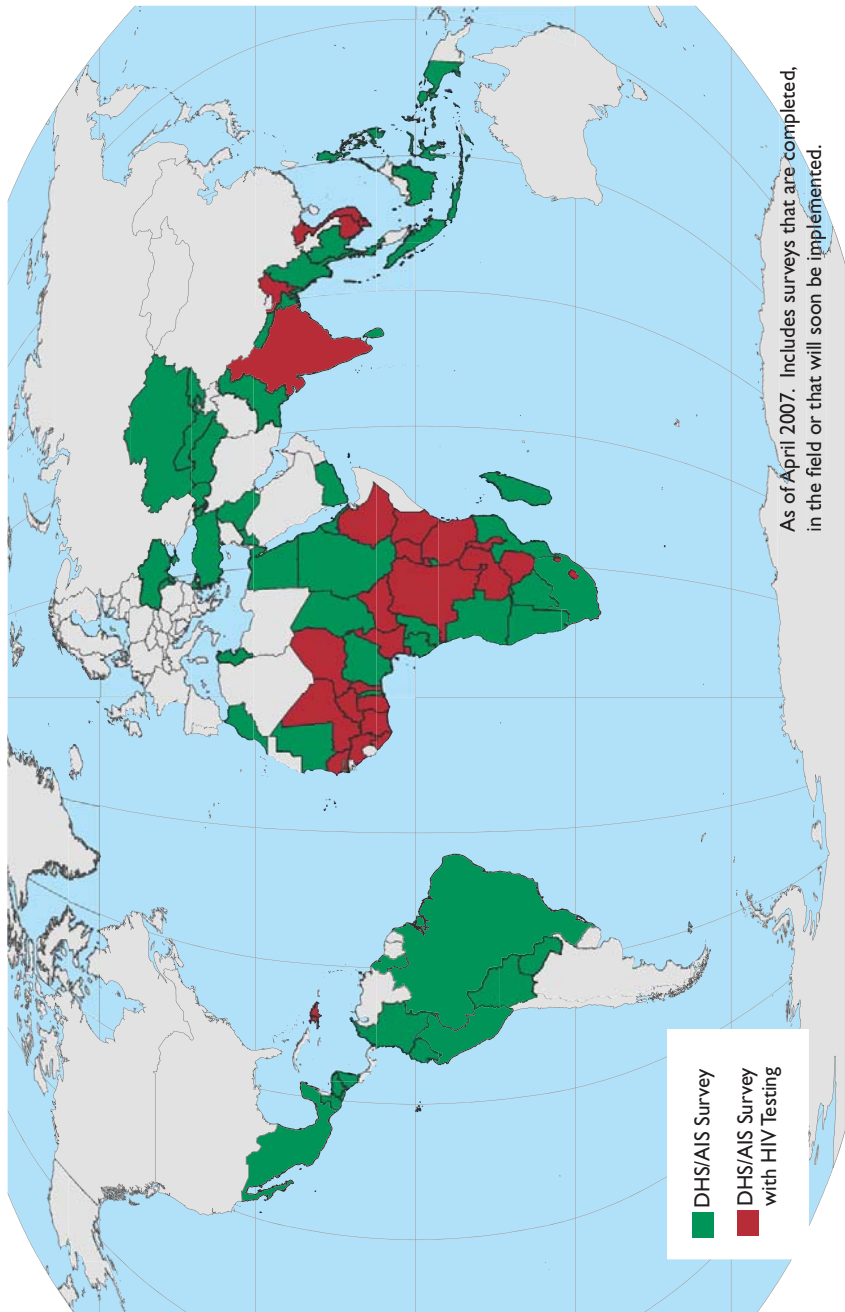


Since 1984, DHS has provided technical assistance in 80 countries for the implementation of more than 200 surveys including HIV testing in more than 30 countries.



HIV Notes

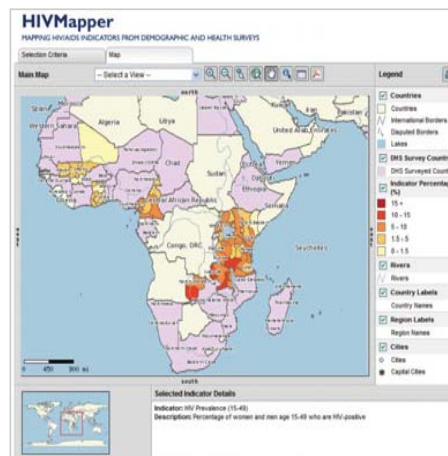
from MEASURE DHS



May 2007

A Picture Speaks 1,000 Words: New Tool Allows Users to Make Custom HIV Maps

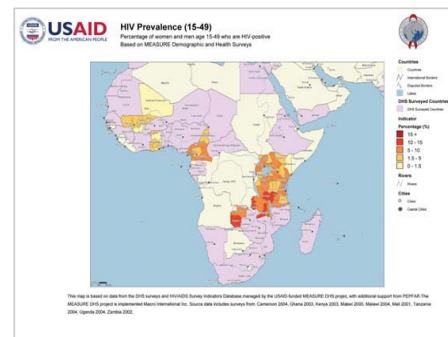
Web users can now make their own maps of HIV indicators using MEASURE DHS's newest web-based tool- **HIVmapper**. This easy program allows users to create maps on a variety of HIV indicators, ranging from HIV knowledge to HIV testing and HIV prevalence. HIVmapper uses MEASURE DHS data from the HIV/AIDS Survey Indicators Database, which allows for cross-country comparisons. Data for mapping are currently available from 20 countries, and users can choose to map only one country, a region of the world, or the entire world.



The interactive map tab allows the user to zoom, decide on labels, or view specific data points.

www.hivmapper.com

In addition to selecting the specific indicators and countries, users can also customize the look of their maps. HIVmapper lets the user choose an appropriate color scheme, and determine which labels and geographic features (e.g. rivers and cities) should appear on the map. Finally, the user can select a either a portrait or landscape view of the map. Maps can be exported into PDF format for use in PowerPoint presentations and reports.



The final result: map printed to pdf for use in reports or presentations.

What's Coming...

HIV Prevalence Data in summer/fall of 2007:

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

Fall 2007 and beyond:

- Democratic Republic of Congo
- Liberia
- Zambia

Upcoming HIV SPA Surveys:

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

Upcoming Conferences:

Global Health Council: Visit our booth (# 319) for demonstrations of HIVmapper and the HIV/AIDS Survey Indicators Database.

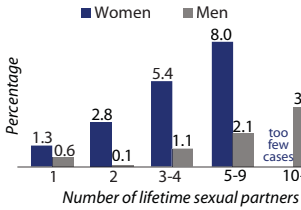
PEPFAR Rwanda: Vinod Mishra, MEASURE DHS Director of Research, will be attending this year's PEPFAR meeting in Kigali, Rwanda. He will be presenting a paper on HIV-discordant couples in sub-Saharan Africa.

HIV Prevalence in Haiti, Niger, Cambodia, Mali, and Benin: Results from Recent Surveys

2.2 Percent of Haitians HIV-Positive

Two percent of men age 15-49 and 2.3 percent of women age 15-49 in Haiti are HIV-positive according to the 2005-06 Mortality, Morbidity, and Utilization of Services Survey. Among women, prevalence increases with age until it peaks at 4.1 percent among 30-34 year olds, while men's peak occurs later, at 4.4 percent among 40-44 year olds. HIV is spread unevenly throughout the country: prevalence is highest in Nippes, North, and North-east departments (over 2.6 percent) and lowest in Center, Grand-Anse, and South-east (1.6 percent and below). Women and men who have had more lifetime sexual partners are much more likely to be HIV-infected. HIV prevalence among women with 5-9 lifetime sexual partners is 8 percent, compared to only 1.3 percent among those with only one lifetime sexual partner.

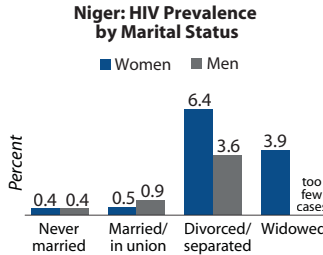
Haiti: HIV Prevalence by Number of Lifetime Sexual Partners



Divorced and Separated Women and Men Have Higher HIV Risk in Niger

HIV prevalence is relatively low in Niger-0.7 percent of women and men age 15-49 are HIV-positive. Urban residents are more likely to be infected (1.4 percent) than rural residents (0.5 percent). There are also some marked regional differences: HIV prevalence is highest in Diffa (1.7 percent) and Agadez (1.6 percent) and

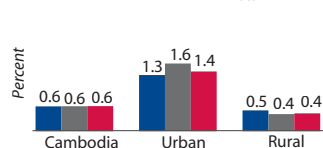
lowest in Maradi (0.3 percent) and Tillaberi (0.4 percent). There is a strong relationship between HIV prevalence and marital status in Niger: women and men who are divorced or separated are much more likely to be HIV-positive (6.4 percent for women and 3.6 percent for men) than those who are currently married or have never been married.



HIV Prevalence Less than 1 Percent in Cambodia

Less than 1 percent of Cambodians age 15-49 are HIV-positive according to the recently released 2005 Cambodia Demographic and Health Survey. Prevalence is more than three times higher in urban areas (1.4 percent) than in rural areas (0.4 percent).

Cambodia: HIV Prevalence



Although HIV prevalence is low in Cambodia, prevention is challenging because, as in most countries, more than half of HIV-positive men and women do

not know their HIV status. Respondents are given information about free voluntary counseling and testing, but it is unknown how many take advantage of these services.

Mali: Preliminary Data Show Little Change in HIV Prevalence since 2001

Five years after the first round of HIV testing in DHS surveys, the preliminary results from the 2006 Mali DHS shows no change in HIV prevalence. Currently 1.3 percent of Malians age 15-49 are HIV-positive with either HIV1 or HIV2. The 2001 Mali DHS found a national prevalence rate of 1.7 percent, but the small difference between the 2001 and 2006 estimates is not statistically significant, and it is not possible to conclude that any change in prevalence has occurred in the past five years.

Malian women are more likely to be HIV-infected than men (1.5 percent compared to 1.0 percent). Urban residents are almost twice as likely to be HIV-positive as rural residents.

Benin: Preliminary Data Show HIV prevalence at 1.2 Percent

Just over 1 percent of Beninese age 15-49 are HIV-positive according to the preliminary results of the 2006 DHS. Like Mali, in Benin, HIV prevalence is higher among women than men (1.5 percent versus 0.8 percent). Urban residents are much more likely to be HIV infected, as prevalence is almost twice as high in urban areas as in rural areas (1.7 percent versus 0.9 percent). Prevalence also differs by region, ranging from 0.3 percent in Collines to a high of 2.7 percent in Couffo.

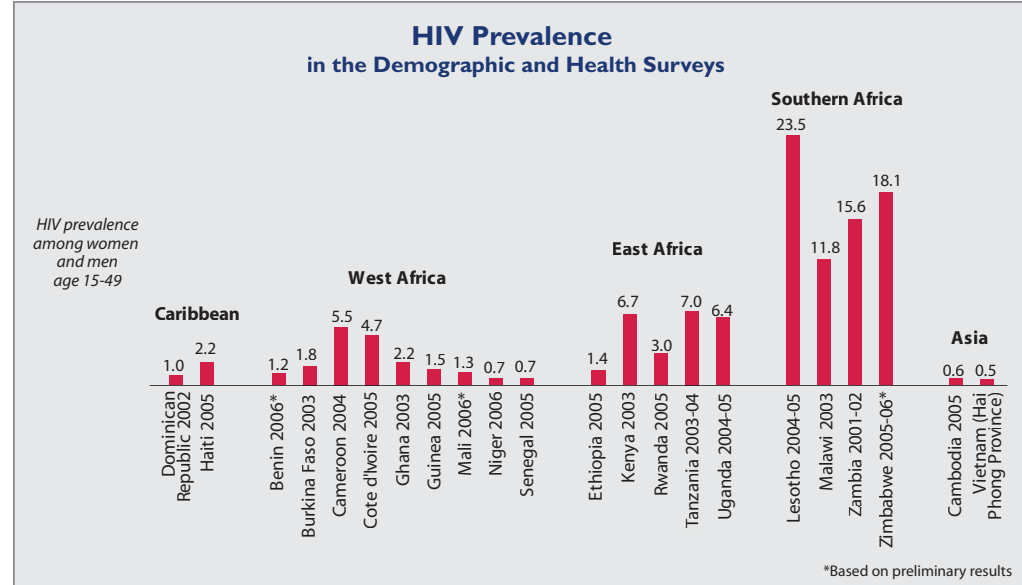
Kenyans Trained to Map Data to Monitor and Evaluate HIV Programs

PEPFAR and DFID joined forces in April to fund the training of eighteen statisticians from a variety of Kenyan governmental organizations in GIS mapping. MEASURE DHS collaborated with Constella Futures to train staff from the National AIDS Control Council, the National AIDS/STD, TB, and Leprosy Control Programme, the National Coordinating Agency for Population and Development, the Kenya AIDS Watch Institute, the Central Bureau of Statistics, and other government and PEPFAR-funded programs. Participants learned how to link databases with GIS datasets, the basic principles of GIS, and basic mapping techniques. Trainees worked together in groups to map local COBPAP (community-based program activity report) data using GIS software. Participants were able to create maps that showed HIV-related services at the constituency level, including provision of voluntary counselling and testing (VCT), availability of anti-retroviral therapy (ART), and services for orphans and vulnerable children. National organizations can use these maps to track the progress of community service organizations, identify holes in services, or discover where resources are overlapping. Province-level HIV prevalence data can also be linked to the constituency level program data to highlight areas of specific need for services.



John Kamigwi, Deputy Director of the National AIDS Control Council (NACC), opens the GIS Training session in Nairobi on April, 27, 2007.

HIV Prevalence in the Demographic and Health Surveys



*Based on preliminary results