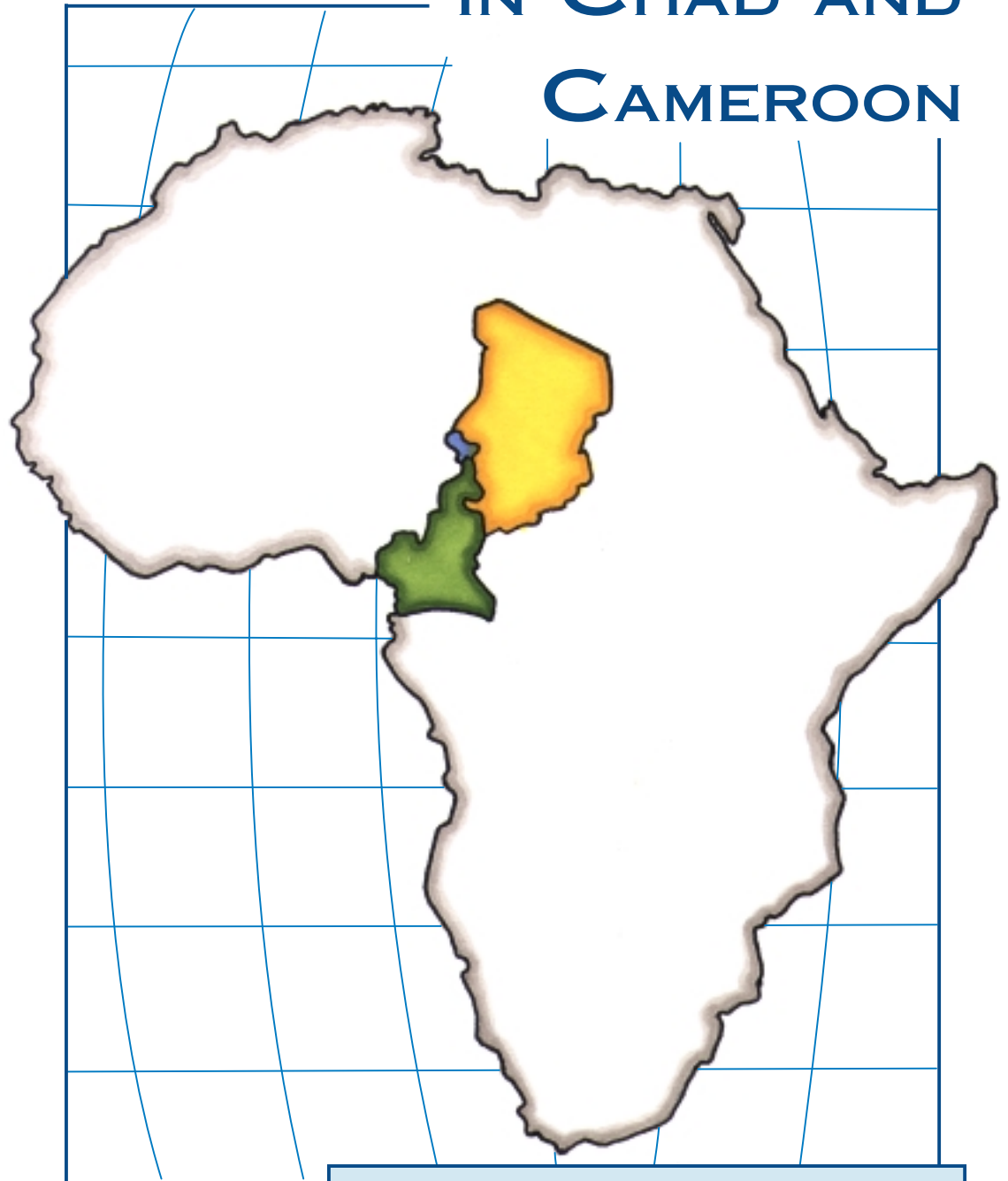


# PLANNING FOR HIV/AIDS PREVENTION IN CHAD AND CAMEROON



A BRIEFING PAPER FROM THE  
CHAD/CAMEROON  
DEVELOPMENT PROJECT

# PLANNING FOR HIV/AIDS PREVENTION IN CHAD AND CAMEROON

**M**ore than any other region on earth, the people of Sub-Saharan Africa (SSA) suffer from the HIV/AIDS epidemic. As 2001 began, 25.3 million people in the region were living with HIV/AIDS, according to the Joint United Nations Programme for HIV/AIDS (UNAIDS). Thus, a region that contains just over 10% of the world's population accounts for 70% of all the world's HIV/AIDS cases. About 80% of the people who die from AIDS die in SSA, a total of 2.4 million in 2000. In SSA the primary HIV/AIDS epidemic vector is heterosexual activity, rather than the homosexual contacts or intravenous drug use prevalent in Europe and North America.

## **Current Conditions**

In Cameroon, nearly 8% of the population is infected with the HIV/AIDS virus, compared to a world average of just over 1%. In Chad, the infection rate is almost 3%. The average HIV/AIDS infection rate in all SSA countries has reached 9%.

## **Objectives**

The first priority of the project's planning for potential HIV/AIDS impacts was to do no harm. As bad as the situation is in Cameroon and Chad, the project should not make it worse. In addition, planners felt the HIV rate in the project impact area might actually be improved by a strong intervention and education program.

## **Strategy**

The scientific team used computer modeling techniques to select a multi-dimensional array of mitigation measures, including education programs and direct intervention. The resulting strategy, which is now being carried out in the project area, includes the following elements:

### **EDUCATION**

All project workers are being educated about HIV/AIDS prevention methods and the consequences of failing to protect themselves and others from infection. They receive an initial briefing when hired, followed by periodic refresher classes. Sessions are in the native language of each worker and take into account his or her cultural background. Daily morning safety meetings also include AIDS prevention.



Project workers attending an HIV/AIDS training. The three hour session was conducted by a facilitator who worked in the local language, as well as French and Arabic.

## CONDOM DISTRIBUTION

The project distributes free condoms to its employees at all project locations using multiple means of distribution, including wall-mounted dispensers in camp clinics.

Condoms are available to workers at all project clinics in quantity and at no charge.



## EXISTING STDs

Study has shown that sexually transmitted diseases, particularly ones that cause lesions such as gonorrhea and syphilis, significantly increase the risk of HIV infection. Therefore, STD screening is performed at pre-employment medical examinations and at each subsequent clinic visit, even for unrelated complaints. Curable STDs are treated to eliminate this risk factor. The ongoing worker HIV/AIDS education programs also include STD awareness, emphasizing the need to obtain treatment in order to reduce the risk from AIDS.

## RISK GROUP TARGETING

HIV awareness and education programs are targeting high-risk groups, even though many do not work for the project, such as commercial sex workers and military personnel. Project workers likely to come in contact with the local population, such as truckers, receive intensive training beyond that provided to regular project employees.

## COMMUNITY HEALTH OUTREACH PROGRAM

This program is aimed at reducing potential project health impacts on local communities and includes a major emphasis on HIV/AIDS. Rural villages are being provided with initial inventories of condoms so that ongoing low-profit sales programs can be launched. The project has paid for a mobile audio/visual training van which will tour oilfield area villages. Educational billboards and publications are being supplied.

## Sustainability

The Chad/Cameroon Development Project is seeking to build a legacy of HIV/AIDS programs and knowledge that will continue even after the intensive employment levels of the three-year construction period have ended. Therefore, to build the sustainability of HIV/AIDS prevention programs in the project area, the project has established no stand-alone programs and instead provides capacity building support and close coordination to existing government and NGO programs. For example, the funding for the audio/visual training van mentioned above augments an NGO's existing mobile education program. Project management has also opened dialogues with UNAIDS, the World Health Organization, the World Bank and several private sector organizations to foster program cooperation and to explore the potential for helping to sustain new programs in Chad and Cameroon.

## Monitoring

The project monitors transmission factors related to HIV/AIDS in order to detect any potential impacts or hot spots in the project area. The project's Epidemiological Information System tracks ongoing data on HIV/AIDS and STDs in the worker population. In addition, the Sentinel Surveillance System has been designed to alert the project to any sudden spikes of disease.

## Impact Estimates

Several computer models have been used to estimate the project's potential HIV/AIDS impacts. These models show that the project's mitigation program can reasonably be expected to reduce overall HIV transmission within the project's zone of influence.

The primary modeling tool has been a program called AVERT, developed under sponsorship of US AID by Family Health International. Project medical advisors believe this model is an especially valuable tool for the Chad/Cameroon Development Project because it has been validated using data from commercial sex workers in Cameroon and workers at a mining project in South Africa.

Modeling shows that the project's mitigation measures could have a clear positive effect on HIV/AIDS in the project area.

- For each doubling of condom use by project workers, new HIV cases will be reduced by more than 10%.
- For each 40% decrease in STDs among project workers, new HIV cases would be reduced by 33%.
- For each 10% decrease in partner change rate by project workers, new HIV cases would be reduced by about 9%.

Other computer models project similar results. It is important to point out that computer models can vary in reliability because they must project a great many complex variables into the future. However, taken as a whole, the AVERT model clearly indicates that the project's HIV/AIDS prevention programs could substantially reduce the number of new HIV cases in the project area of influence.

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