



Surveillance and Surveys

The U.S. President's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

**Mailing address:
SA-29, 2nd Floor
2201 C Street, NW
Washington, DC 20522-2920
www.PEPFAR.gov**

To ensure quality and sustainability of its programs, the President's Emergency Plan for AIDS Relief (PEPFAR) is committed to the collection and use of strategic information for program accountability and improvement. Measuring the national burden of HIV is essential for developing effective prevention and care interventions.

Collecting and analyzing high-quality data in under-resourced settings is a critical challenge. Vital registration, routine census, and HIV case reporting are virtually unknown in most developing nations. To initiate and improve surveillance systems, PEPFAR is supporting countries' efforts to:

- Build capacity of national staff to develop and implement high-quality surveillance systems;
- Conduct HIV surveillance and surveys;
- Assess data and surveillance system quality;
- Analyze data and disseminate surveillance results.

PEPFAR supports countries in collecting several types of surveillance information:

- HIV prevalence and recent infection rates through sentinel surveillance, including antenatal clinic and STI clinic attendees and high-risk populations in the community;
- HIV and behavioral prevalence in the general population through the Demographic and Health Survey (DHS) and the AIDS Indicator Surveys (AIS) with HIV testing;
- Behavioral prevalence among high-risk populations; and
- Transmission of drug resistant HIV strains.

Historically, the only data for estimating HIV rates in most countries were from "sentinel surveillance" – the results of HIV tests among selected groups in a population. These groups typically include pregnant women visiting antenatal care centers and, less frequently, people seeking treatment for sexually transmitted infections (STIs). Starting in 2001, another source of data became available: the USAID/PEPFAR-funded Demographic and Health Survey (DHS). DHS tests a representative sample of the population and links HIV infection status with other social and behavioral information, such as education or condom use, giving a more detailed picture of the epidemic.

Data from both DHS and the AIDS Indicator Surveys (AIS) are fundamental to understanding local epidemics. These data form the basis for program planning and are used to evaluate

dfc[fUá `YZUWwfk \Yb i gYX`cb[]h X]bU`ni": H: X]hZ&8 < GUbX5-G:g fj Yng\Uj YVYb`

conducted in Latin America, sub-Saharan Africa and Asia. Similar surveys are underway in 12 more countries.

PEPFAR also supports development of new surveillance methods – e.g., for targeting hard-to-reach populations, monitoring antiretroviral drug (ARV) resistance, improving the quality of laboratory testing for HIV serologic surveys, assessing new laboratory methods to monitor recent infections among HIV surveillance and survey samples, measuring AIDS-related mortality, and, through the Service Provision Assessment (SPA) survey, tracking the availability and quality of antiretroviral treatment in health care services in developing countries. To date, SPA surveys including HIV have been carried out in two countries and are underway in three more.

