



DHAPP
DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

2005 ANNUAL REPORT

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM (DHAPP)

December 2005



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5 January 2006

Colleagues,


The Department of Defense HIV/AIDS Prevention Program (DHAPP) is pleased to present the fiscal year 2005 annual country reports. During the fiscal year, DoD resources provided HIV/AIDS prevention, care, and treatment services to militaries in Africa and worldwide. Now providing HIV/AIDS prevention assistance to troops in 71 countries, the efforts of DHAPP staff, and our US government and international colleagues, have the potential to affect over 6,815,200 military members around the world.

During FY05, 337,733 troops and family members were reached with prevention messages and 5166 military members were trained to provide prevention messages to peers. Military HIV programs around the globe supported 258 Counseling and Testing Centers, at which 64,157 troops were tested for HIV and received their results. Five thousand four hundred and seven uniformed personnel were provided with HIV-related palliative care and 906 military health providers were trained in the provision of that care. Three hundred five uniformed health providers were trained in antiretroviral therapy techniques, 26 laboratories were equipped and now perform HIV and/or CD4 testing, and 128 laboratory technicians were trained to conduct those tests.

Our program has touched individual lives as well. One of the many success stories of which we feel proud to be a part is included here:

Dr. Fiona is a military pediatrician in the Ugandan People's Defense Force (UPDF). During the early stages of the US Department of Defense HIV/AIDS Prevention Program (DHAPP), she was named by the US Embassy Defense Attaché to Uganda as a candidate to attend the new Military International HIV Training Program (MIHTP) in San Diego, California. The MIHTP is a 4-week "mini-residency" developed by DHAPP staff in collaboration with Naval Medical Center San Diego, the University of California San Diego School of Medicine, and San Diego State University School of Public Health. Physicians from international militaries have the opportunity to experience intense lectures, tours US medical facilities, and take part in rounds and counseling with HIV patients. Trainees are exposed to the most up-to-date advances in HIV prevention and care, specifically antiretroviral therapy (ART), opportunistic infections, and epidemiology.

A participant in an early MIHTP class several years ago, Dr. Fiona returned to Uganda and immediately began training other physicians and developing a clinical program for her military patients. Today, Dr. Fiona's clinic cares for over 500 HIV patients. In addition, her training in HIV care and her personal commitment to children led Dr. Fiona to begin working with HIV-positive orphans, many of whom were very ill. With the advent of prioritization of orphans and vulnerable children as target populations in the President's Emergency Plan for AIDS Relief, these children were able to access ART. Since then the 40-50 children in the care of Dr. Fiona's program are not only living longer, but with a higher quality of life and more energy. They are a part of a dynamic and effective post-test club, which actively participates in HIV prevention for the UPDF. The children, some as young as 3 years old, compose and perform songs and drama skits/presentations/productions about HIV.



Dr. Fiona is seen as a clear leader in HIV clinical care. She was invited to present at the Asia Pacific Military Medicine Conference in Vietnam in May 2005. She continues to lead the UPDF HIV program, and has hosted study tours from other militaries. The resounding success of the UPDF HIV prevention program is due to Dr. Fiona's perseverance and dedication to HIV patients and their orphans and her strong personal relationships with DHAPP staff members, as well as the UPDF's continued collaboration with the US DoD.

Please visit our web site to view this year's annual reports, additional success stories, and other valuable information:
<http://www.nhrc.navy.mil/programs/dhapp/country.html>

On behalf of all of the staff at DHAPP, thank you for your support of our ongoing efforts to win battles in the war against HIV/AIDS.

Very Respectfully,



Richard A. Shaffer, Ph.D.
Executive Director

AFGHANISTAN

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BACKGROUND

Country Statistics

The population of Afghanistan is estimated at 29.9 million, with an average life expectancy of 42.9 years. Pashto and Dari are the official languages of Afghanistan, which has a literacy rate of 36%. Literacy is much higher for men (51%) than for women (21%). Starting in 1973, Afghanistan has endured decades of conflict and instability. Following the fall of the Taliban in 2001, Afghanistan has entered a process of physical and political reconstruction. The annual per capita income is estimated at \$800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 0.01%. The number of people living with HIV/AIDS in Afghanistan is unknown. Little is known about the factors that influence the spread of HIV/AIDS in Afghanistan. The main modes of transmission are believed to be intravenous drug use and blood transfusions.

Military Statistics

No reliable estimates are currently available for the size of the military forces in Afghanistan. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the Afghan National Army (ANA) during an in-country assist visit 27–31 August 2005. The purpose of this trip was to meet with the US Central Command, Office of Security Cooperation Afghanistan (OSCA) and ANA Office of the Surgeon General representatives to discuss the Afghanistan HIV/AIDS proposal, and to provide education on funding streams and future HIV/AIDS prevention opportunities within the ANA.

Key components of the DHAPP program were discussed, and DHAPP staff met with the Surgeon General, Deputy Surgeon General, and Directors of Policy & Planning, Laboratory, Blood Bank, Medical Services, and Infectious Disease Clinic. DHAPP staff also met with ANA students who were sent to the June 2005 Thailand Regional Training Center *HIV/AIDS Treatment and Care Workshop* to discuss what they had learned and passed on to their peers and leadership.

The ANA plans to work closely with OSCA during development of an HIV/AIDS prevention program. The program intentions are to develop a military strategic HIV/



AIDS plan; HIV/AIDS policy in military personnel; a knowledge, attitudes, and practices survey, and educational materials; and conduct a survey to determine the prevalence of HIV/AIDS in the ANA.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP has continued to work with Afghan military officials and US Embassy personnel to commence the establishment of a comprehensive HIV/AIDS prevention/education program. During fiscal year 2005, funding was sent to Afghanistan to support the travel of 2 Afghan military physicians and 1 interpreter to the Regional Training Center in Bangkok, Thailand. Other funding is slated to be sent for commencement of the ANA program. DHAPP staff members traveled to Afghanistan in August 2005 to assist with the logistics of the start of their program.



ALBANIA

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BACKGROUND

Country Statistics

The population of Albania is estimated at 3.6 million people, with an average life expectancy of 77.2 years. Albanian is the official language, with an estimated literacy rate of 87%. In the early 1990s, Albania ended 46 years of Communist rule and established a multiparty democracy. The transition has proved difficult, since successive governments have dealt with challenges of high unemployment, poor infrastructure, and disruptive political opponents. Although Albania's economy continues to grow, the country is still one of the poorest in Europe. The annual per capita income is \$4,900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is unknown, and the number of people living with HIV/AIDS in Albania is also unknown. The first 2 HIV/AIDS cases were diagnosed and reported in Albania in 1993. The primary mode of HIV transmission is thought to be heterosexual contact. Vulnerable groups include intravenous drug users, migrant populations, and sex workers and their clients.

Military Statistics

The size of the armed forces is approximately 54,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the military of Albania for the 2006 fiscal year. The overall goal of the proposed project is to increase the level of HIV/AIDS knowledge and safer behaviors of the soldiers, officers, and medical staff. Specific objectives of the proposed project include identifying and training peer educators; distributing information, education, and communication (IEC) materials to the recruits; training medical staff on diagnosis and treatment of sexually transmitted infections; conducting a knowledge, attitudes, practices, and behavior survey; refurbishing and enhancing a Counseling and Testing (CT) Center, promoting CT, and creating and distributing training packs and IEC materials for soldiers participating in missions abroad.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have continued collaborative efforts with Albanian military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members in Albania. DHAPP funding for these efforts has been approved and was sent at the end of FY05 for the commencement of their program.

ANGOLA

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BACKGROUND

Country Statistics

The Angolan population is estimated to be 11 million people, with an average life expectancy of 38.4 years. Portuguese is the official language of Angola, which has an estimated literacy rate of 67%, unevenly distributed between men and women. Since the end of a 27-year civil war in 2002, Angola has begun to enjoy the fruits of peace. Subsistence agriculture provides the main livelihood for 85% of the population. Oil production and the supporting activities are vital to Angola's economy, contributing about 45% to the gross domestic product and more than half of exports. The annual per capita income is \$2,100.



HIV/AIDS Statistics

The HIV prevalence rate in Angola's general population is estimated at 3.9%. Angola has approximately 240,000 individuals living with HIV/AIDS. It is believed that Angola's civil war may have deterred the spread of HIV. Now that the war is over, and transpor-

tation routes are reopening, there is concern that HIV will spread more rapidly. Identified significant risk factors include blood transfusions and unprotected sexual contact. Most cases of HIV in Angola are spread through multi-partner heterosexual sex. Mother-to-child transmission accounts for approximately 15% of HIV cases.

Military Statistics

The Angolan Armed Forces (FAA) is estimated at approximately 110,000. According to a 2003 study by Charles R. Drew University, HIV prevalence in the military ranges from 3–11% depending upon the location. HIV prevalence rates were highest near the border of Namibia (11%).

PROGRAM RESPONSE

In-Country Ongoing Assistance

Angola's proposed project, under the direction of the Drew Center for AIDS Research, Education and Services (Drew CARES), builds upon their current DHAPP work, and is designed to expand access to counseling and testing (CT). In Angola, efforts were made to increase knowledge of HIV, improve demand for HIV testing, and improve the physical, laboratory, and human resources infrastructure to conduct CT. Regions of Angola known to have high cross-border traffic with the Democratic Republic of Congo were targeted. These large populations of military personnel and commercial sex workers, compounded by few HIV

prevention services, are presumed to have high rates of HIV infection. Development of these sites will provide the necessary infrastructure and expertise to create an operational and sustainable CT clinic that can serve this high-risk region.

In addition, success of Drew CARES partnership model used with the Angolan military suggested that it could be used in other African militaries with limited resources and recovering from civil war. As part of Drew CARES work, they also consulted with the US Department of Defense in Rwanda and the Rwandan military to develop a strategic plan for HIV prevention, surveillance, care, and treatment in the Rwandan military.



Foreign Military Financing Assistance

Angola was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was bestowed/granted during fiscal year 2003, and was released for expenditure during this fiscal year. These funds are intended for the purchase of a chemistry and hematology analyzer, CD4 count technology, and ELISA machine for HIV testing and viral load analysis.

Proposed Future Activities

In January 2005 DHAPP received and reviewed a follow-on proposal from the FAA to continue and expand HIV/AIDS prevention efforts in FY06. Key elements of the proposal included developing a new HIV prevention curriculum, training military personnel as master trainers and peer health educators, and conducting a comprehensive HIV mass awareness campaign.



OUTCOMES & IMPACT

Prevention

During FY05, the Charles R. Drew University of Medicine and Science has continued to provide exceptional results in its work with the FAA, specifically in the areas of prevention. The FAA military HIV/AIDS prevention program has exceeded all goals in prevention and peer education during FY05. During the year, 570 peer advocates were trained to provide a comprehensive prevention message. These advocates have now trained 7592 military personnel in HIV/AIDS prevention topics. In addition, 20,000 brochures describing condom use and using clean razors to prevent HIV/AIDS have been provided to the FAA for distribution to soldiers. Finally, the FAA has supported 6 targeted condom service outlets during the fiscal year.

One thousand four hundred and seventy military personnel were interviewed about their knowledge, practices, and planned behavior with regard to condom use to prevent the spread of HIV/AIDS. These baseline interviews took place between March and July 2005. Six-month follow-up interviews to detect any changes effected by the peer advocate training began in September 2005, and 200 additional military personnel have already been interviewed.

Care

The FAA worked to resolve confidentiality and quality control issues as they pertain to CT centers. They decided that these will be best maintained if CT teams trained and set up to deliver CT services in fixed predefined sites. Planning meetings also resulted in an implementation strategy/schedule/program that will train personnel for CT sites at 2 military units in Luanda. One of these sites will be at the main army base and the other at the main FAA Air Force base. The FAA Army and Air Force bases in Luanda have set up facilities where CT services will be provided. The CT teams will receive their training in Luanda and will be provided with intensive and extensive practical training at the main military hospital in Luanda. The training will be implemented by Drew University, and protocols created for these purposes will serve as the standard to be used by the FAA in the future. Training began at the end of July 2005. The FAA will be implementing such services as soon as all relevant personnel are trained.

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BACKGROUND

Country Statistics

The population of Barbados is estimated to be 279,300 people, with an average life expectancy of 72.6 years. English is the official language, and the in-country literacy rate is estimated at over 99%. A former British colony and a member of the Commonwealth, the economy of Barbados is based on tourism, manufacturing, and agriculture. One of the wealthiest of the Caribbean countries, annual per capita income is approximately \$16,400.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.5%, with approximately 2500 people living with HIV/AIDS. HIV prevalence in men exceeds that in women by almost 3:1. The primary mode of reported HIV/AIDS transmission in Barbados is thought to be heterosexual contact.

Military Statistics

The size of the Royal Barbados Defense Force is approximately 1000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Barbados received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has

been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the military of Barbados for the 2006 fiscal year. The overall goal of the proposed project is to develop a comprehensive HIV/AIDS prevention program for the armed forces in Barbados. Some specific objectives of the proposed project include the establishment a center of excellence in HIV prevention, a media library, and a counseling and testing program. Other goals include sending medical staff to courses and conferences, enhancing laboratory capabilities, and conducting a condom distribution program.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Barbados are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of FY05, DHAPP funding was released to the implementing partner for commencement of activities.

Early efforts have yielded preliminary results. One indigenous organization was provided with technical assistance in HIV-related policy development and institutional capacity building. Fifteen individuals were

BARBADOS

trained in HIV-related policy development, institutional capacity building, stigma and discrimination reduction, and community mobilization.

The Center for Disaster & Humanitarian Assistance Medicine (CDHAM) successfully gained the support of host nation military leadership. Coordination/ collaboration with and between the US Military Liaison Office (USMLO), US Agency for International Development (USAID), International Agencies (e.g. Joint United Nations Program on HIV/AIDS), and national agencies continues to develop in a positive direction. Direct planning and execution of projects is being coordinated.



BELIZE

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BACKGROUND

Country Statistics

The population of Belize is estimated at 279,500, with an average life expectancy of 67.5 years. English is the official language of Belize. Literacy is about 94%, evenly distributed between men and women. In recent decades, Belize's economy has been transformed, with the service sector overtaking agriculture, fishing, and forestry. Annual per capita income is estimated at \$6,500.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 2.4%, the highest HIV rate in the Central American region. Belize has an estimated 3600 people living with HIV/AIDS. Most people living with HIV/AIDS in Belize are 20–29 years old. Almost 50% of the reported cases are women. Among those tested for HIV, women were infected at a younger age than men, which has serious implications for women in their reproductive years. HIV in Belize is largely transmitted through heterosexual contact, but mother-to-child transmission is also important. The epidemic is generalized and affects both urban and rural populations.

Military Statistics

The size of the armed forces in Belize is approximately 1000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Belize received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the military of Belize for the 2006 fiscal year. The overall goal of the proposed project is to develop a comprehensive HIV/AIDS prevention program for the armed forces in Belize. Specific objectives of the proposed project include conducting a mass awareness campaign, conducting pre- and post-behavioral change surveys, developing a counseling and testing program, improving sexually transmitted infection management, conducting a condom distribution and availability program, and hosting a multi-sectoral HIV/AIDS workshop.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Belize are being undertaken by the Uniformed Services University of the Health Sciences (USUHS)

as part of a collaborative agreement between DHAPP and USUHS. Toward the end of FY05, DHAPP funding was released to the implementing partner for commencement of activities and limited early data have been collected.

By the end of the fiscal year, 800 troops had been reached with prevention messages that focused on abstinence and/or being faithful. Eight troops or family members had been provided with HIV-related palliative care, including care for TB.

One indigenous organization was provided with technical assistance for HIV-related policy development and institutional capacity building. The Center for Disaster & Humanitarian Assistance Medicine (CDHAM) was successful in gaining the support of the leadership with forward progress in coordination/communication improving considerably over the quarter. Coordination/ collaboration with and between the US Military Liaison Office (USMLO), US Agency for International Development (USAID), and national agencies continues to develop in a positive direction. Direct planning and execution of projects are in the coordination stages.



BENIN

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BACKGROUND

Country Statistics

The population of Benin is estimated at 7.5 million people, with an average life expectancy of 50.5 years. French is the official language, and the in-country literacy rate is estimated at 33.6%, distributed unevenly between men and women. The economy of Benin is concentrated primarily in agriculture and services, with an annual per capital income of \$1,200.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.9%. Benin has an estimated 68,000 people living with HIV/AIDS. Identified risk factors include early initiation of sexual activity, poverty, illiteracy, gender status disparity, and lack of treatment for sexually transmitted infections (STIs). Eighty-two percent of HIV/AIDS infections in Benin occur through heterosexual contact; mother-to-child transmission is also an important mode. Although prevalence is relatively low compared with other African countries, HIV is spreading steadily among young adults and other vulnerable populations.

Military Statistics

The size of the armed forces is approximately 7500. A surveillance study conducted in July 2005 based on 893 blood samples revealed that the HIV prevalence rate in the Benin Armed Forces (BAF) is 2.02%, very similar to the national rate.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2005, DHAPP provided funds to establish a subcontract with Population Services International (PSI)-Benin to support a multitude of activities, including trainings, workshops, sensitization activities, testing, the purchase of rapid test reagents, a survey, library materials, labor, travel, and costs associated with HIV/AIDS prevention and care.



Proposed Future Activities

A proposal was received on behalf of the military of Benin for the 2006 fiscal year. The overall goal of the proposed project is to increase responsible health behavior among BAF members. Specific objectives include improving the information, education, and communication program, improving the HIV surveillance system, improving the STI management program, improving psychosocial support for people living with HIV/AIDS, conducting a behavioral surveillance survey, performing monitoring and evaluation, establishing a condom distribution program, and expanding counseling and testing (CT) services and laboratory diagnostic capabilities.

OUTCOMES & IMPACT

Prevention

During FY05, the BAF continued its commitment to prevention messages with a comprehensive overview. One hundred and forty-six troops were reached through these community outreach efforts at comprehensive prevention (74 women, 72 men). Ninety-one soldiers were trained to provide this message to peers, and 48 condom service outlets were supported. All condom service outlets were managed by decentralized units, and were provided with condoms throughout the period. These decentralized units include 250 peer educators, who will receive follow-up training in FY06. Two service outlets providing prevention of mother-to-child transmission provided services to military members and their families. During FY05, 711 pregnant women received PMTCT services, and 31 women received a course of antiretroviral therapy (ART). Finally, 30 military health personnel were trained on the use of HIV rapid test kits, with a focus on injection safety.

An important achievement in the BAF includes the completion of a behavioral and serological survey. Analysis of the serological data activity was conducted in July 2005 and managed by a team composed of 3 laboratory technicians. Overall, 893 blood samples have been tested at the CT laboratory based in the military hospital. Brief analysis of the data revealed that HIV prevalence rate in BAF is 2.02%, very similar to the national rate of 2%.

Care

During FY05, 1 outlet provided generalized palliative care for military patients with HIV/AIDS. During the year, 7 troops received care at these outlets.

Counseling and Testing

One service outlet provided counseling and testing (CT) for military members. During FY05, 1017 soldiers were tested and received their results (478 men, 539 women).



Treatment

During the last quarter of FY05, 2 service outlets provided ART to soldiers and family members. During this quarter, 40 adults (16 men, 24 women) and 6 children (4 boys, 2 girls) initiated ART. By the end of FY05, 542 adults (282 men, 260 women) and 398 children (228 boys, 170 girls) had ever received ART services, and 230 adults (110 men, 120 women) and 43 children (23 boys, 20 girls) were receiving therapy at the end of the final quarter. Four health workers were trained in the provision of ART services, and 4 laboratories had the capability to perform CD4 and/or lymphocyte testing. Thirty people were trained in the provision of laboratory services.



Other Activities

In FY05, 15 personnel were trained in strategic information, and 1 indigenous organization was provided with technical assistance in strategic information, policy development, institutional capacity building, and overall prevention/treatment/care strategies.

BOTSWANA

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Country Statistics

The population of Botswana is estimated at 1.6 million, with an average life expectancy of 33.9 years, down significantly from a high of 67 years prior to the HIV/AIDS epidemic. English is the official language of the country, which has an in-country literacy rate of 80%. Botswana has a stable, democratic government and a large, well-developed public health care infrastructure. One of the most prosperous countries in Africa, its high rate of economic growth is fueled by diamond mining and tourism. Financial services, subsistence farming, and cattle raising are other key sectors of the economy. The annual per capita income is \$9,200.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 37.3%, one of the highest HIV prevalence rates in the world. However, the HIV epidemic in Botswana appears to be stabilizing. The number of people living with HIV/AIDS is approximately 350,000. Identified risk factors include high-risk heterosexual contact with multiple partners, widespread poverty, in-country migration, and lack of care and treatment for sexually transmitted infections. Heterosexual contact is the principal mode of transmission. More than 6% of children in the country, aged 18 months to 4 years, are estimated to be HIV positive, most of whom are likely due to mother-to-child transmission.

Military Statistics

The Botswana Defense Force (BDF) is estimated at 9000 active-duty personnel. As of this annual report, no information regarding HIV prevalence in the military was available. However, it is estimated at 40%, slightly higher than the general population.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the BDF, which included a site visit to the BDF Counseling and Testing (CT) center and laboratory, 8–9 August 2005. The purpose of the trip was to meet with country team members including representatives from the Office of Defense Cooperation and the Centers for Disease Control and Prevention, and US Embassy and BDF medical staffs, and to discuss plans for the President's Emergency Plan for AIDS Relief 2006 Country Operational Plan (COP).

The current status of the BDF program, equipment, and training needs for the CT center and laboratory and areas of program expansion that the BDF would like supported were discussed. The visit ended with

all parties agreeing on final plans to further investigate equipment and laboratory training, and to develop the upcoming September COP.



Foreign Military Financing Activities

Botswana was awarded Foreign Military Financing funding for the acquisition of needed laboratory and medical equipment. Currently, the BDF and US Embassy representatives have negotiated and planned with DHAPP staff members to purchase CD4 counters to outfit 4 laboratory facilities in the BDF.

Proposed Future Activities

As a PEPFAR focus country, the military of Botswana submitted a comprehensive HIV/AIDS prevention, care and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall COP. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.

OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Botswana to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of the end of FY05, DHAPP desk officers have maintained active roles as members of the Botswana country core team at the OGAC, providing support to the country team in its implementation of PEPFAR funding. During FY05, no military-specific proposal for continued assistance has been received specifically for DHAPP consideration.

However, military activities were included in the Emergency Plan Country Operational Plan request this year, and DHAPP desk officers acted as reviewers in this process to ensure military members were represented in the plan. DHAPP looks forward to continuing collaborative efforts with the BDF in FY06.



BRAZIL

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Country Statistics

The population of Brazil is estimated at 186 million people; it is by far the most populous country in South America. Portuguese is the official language of Brazil, which has an estimate literacy rate of 86%, evenly distributed between men and women. Exploiting vast natural resources and a large labor pool, it is today South America's leading economic power and a regional leader. Brazil's economy is dominated by services, industry, and agriculture. The annual per capital income is \$8,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 0.7%. Brazil has an estimated 660,000 people living with HIV/AIDS. Transmission occurs mainly through sexual contact, which is responsible for 60% of recorded cases. However, intravenous drug use is also a significant mode of HIV transmission. Most new HIV infections occur in adults aged 20–35 years. Although the overall national prevalence rate remains low, a growing portion of the new HIV cases are among women. In some regions, the prevalence rates among pregnant women are 3–6%. Other vulnerable groups included commercial sex workers, men who have sex with men, and injecting drug users.

Military Statistics

The size of the armed forces in Brazil is approximately 288,000. As of this annual report,

no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was submitted by the US Southern Command on behalf of Brazil's military for the 2006 fiscal year time period. The goal of the proposed project is to plan and conduct a one-time HIV/AIDS prevention workshop in Brazil, which would involve the militaries of 13 Central and South American countries.

OUTCOMES & IMPACT

Prevention/ Care/Treatment

Because the first proposal for HIV prevention activities in the Brazilian military was received during FY05, there are no outcomes measures as of the end of this reporting period. DHAPP looks forward to continued collaboration with Brazil in the development of its program.



BURUNDI

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Burundi is estimated to be 6.4 million, with a life expectancy of 43.5 years. Kirundi and French are the official languages of Burundi, which has a literacy rate of 51.6%, disproportionately distributed between men and women. Since independence in 1961, Burundi has been plagued by conflicts, which have caused severe economic disruption. The economy is mainly agricultural, with approximately 90% of the population dependent on subsistence agriculture. Annual per capital income is approximately \$600.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 6%. Burundi has an estimated 250,000 people living with HIV/AIDS. HIV rates in Burundi are significantly higher in urban than in rural areas. Since the first case of AIDS in Burundi was diagnosed in 1983, the epidemic has grown rapidly, making HIV/AIDS one of the major causes of death in the country. Vulnerable groups include women, military personnel, commercial sex workers, internally placed people, and refugees.

Military Statistics

The size of Burundi's armed forces is approximately 40,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the military of Burundi for the 2006 fiscal year. The objectives of the proposed project include conducting an HIV seroprevalence study, conducting a mass awareness campaign, conducting a peer education program, expanding the counseling and testing (CT) program, training CT counselors, training laboratory technicians, and developing laboratory capacity.

OUTCOMES & IMPACT

Prevention

The Burundi military HIV/AIDS prevention program is still in its nascent phase. The objective of Burundi's program initially is to develop an organic CT capability, including training of CT personnel, demand creation within the National Defense Force (FDN), building/equipping a CT facility, and research/production of an HIV/AIDS policy for the FDN. Population Services International has focused on training, equipping, education/awareness, and research for development of FDN policy. The Defense Attaché Office has overseen the second component, the construction of the CT facility. During FY05, the Burundi Armed Forces AIDS Control Program made early progress toward achieving prevention and care goals. In FY05, 4 military health care workers were trained in the prevention of mother-to-child transmission, according to international standards.

Care

Seven military personnel were trained to provide CT services in a series of sessions organized by Family Health International (FHI) in late FY05. The targeted audiences for the 3 seminars were supervisors of CT facilities and nonmedical and medical personnel working in CT facilities. The general objective of the training was to reinforce the importance of CT and its effect on HIV/AIDS prevention. In each seminar, FHI facilitators discussed the benefits of CT, including indirect benefits in PMTCT, prevention and treatment of tuberculosis and other opportunistic infections, and psychosocial support for people living with HIV/AIDS.

Other Activities

Two Burundian military medical doctors were trained in both strategic information and HIV-related policy at a DHAPP-funded seminar organized by the Infectious Diseases Society of America in collaboration with the Infectious Diseases Institute in Uganda. Nine additional military members were trained in organizational capacity building.



CAMBODIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Cambodia is estimated at 13.6 million, with an average life expectancy of 58.9 years. Khmer is the official language of Cambodia, which has an estimated literacy rate of 73.6%, unevenly distributed between men and women. After decades of war, the long-term development of the country's economy remains a significant challenge. Subsistence agriculture employs about 70% of the workforce, but tourism is of growing economic importance. The annual per capita income is estimated at \$2,000.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 2.6%. Although an estimated 34,500 Cambodians have died of AIDS since the first case was reported in 1991, HIV prevalence in the country continues to decline. Cambodia has an estimated 170,000 people living with HIV/AIDS. The majority of HIV cases are transmitted through unprotected heterosexual contact. The highest prevalence occurs among female commercial sex workers. Mother-to-child transmission is becoming an increasingly important route of transmission; about one quarter of all new HIV cases are transmitted this way.

Military Statistics

The size of Cambodia's armed forces is approximately 140,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

In early 2005, DHAPP received a proposal for prevention efforts in the Royal Cambodian Armed Forces. Key objectives of the proposal include assure access to best practices and lessons learned in the areas of HIV/AIDS policy, counseling and testing, peer education, and technical requirements for management of HIV/AIDS; develop in-country medical capacity; build a cadre of medical personnel that can support HIV/AIDS treatment and care initiatives; build Cambodia's medical capacity to support technical services associated with HIV/AIDS forcewide testing; and build capacity to manage and monitor HIV/AIDS activities and to continually assess the status of HIV in the defense community. Specific goals for the current requested funding included the training of

3 Cambodian military physicians at the University of Hawaii *HIV/AIDS Clinical Training Program* (2 weeks), and sending 3 Cambodian military physicians to the established US Pacific Command Center of Excellence in Disaster Management and Humanitarian Assistance and Royal Thai Army co-sponsored Regional Training Center HIV/AIDS workshops (4 days).

OUTCOMES & IMPACT

Prevention/Care/Treatment

The HIV/AIDS prevention efforts currently taking place for military members in Cambodia are being performed in collaboration with the Center of Excellence in Hawaii.

CAMBODIA

During this quarter, a proposal has been received for DHAPP consideration and approved for action; however, at this time, no funding has been sent to Cambodia.



CAMEROON

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Cameroon is estimated at 16.4 million, with an average life expectancy of 47.8 years. English and French are the official languages, with an estimated literacy rate of 79%, unevenly distributed between men and women. Cameroon has generally enjoyed stability, which has permitted the development of agriculture, roads, and railways, as well as a petroleum industry. The economy is based mainly on oil and agriculture. The annual per capita income is estimated at \$1,900.

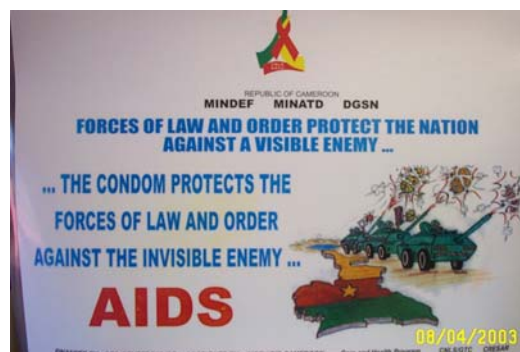
HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 6.9%. The number of people living with HIV/AIDS is approximately 560,000; these cases are equally distributed between men and women. HIV prevalence in Cameroon is higher in urban than in rural areas. HIV transmission is primarily heterosexual and women are most vulnerable, with 3 infected women for every infected man. Identified significant risk factors include high-risk heterosexual contact with multiple partners, contact with commercial sex workers, and lack of care and treatment for sexually transmitted infections (STIs).

Military Statistics

The Cameroonian Armed Forces (CAF) is estimated at 13,000. Because the CAF has not performed forcewide HIV testing since 1996, current prevalence rates are unavailable.

However, a 2002 Johns Hopkins University HIV prevalence study of a sample of CAF military personnel revealed a prevalence rate of 9.8%.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the Central African militaries in Cameroon during an in-country assist visit 8–10 August 2005. The purpose of the trip was to discuss the Central African militaries project with John Hopkins University, and to educate the country team on the DHAPP and President's Emergency Plan for AIDS Relief (PEPFAR) programs and the role that Defense Attaché Offices play in HIV/AIDS prevention programs.

Meeting participants included Defense Attaché Officers from the following countries: Cameroon, Chad, Congo Brazzaville, Democratic Republic of Congo, and Gabon. Participants in this meeting discussed how HIV/AIDS is an integral part of the defense security system and how DHAPP, PEPFAR, and Johns Hopkins University each have an important role as a security agent.

There was strong agreement by all central African countries for an immediate response from all representatives to write proposals for the upcoming DHAPP proposal cycle. Further detail is planned for the Defense Attaché Officers at the October meeting in Germany.



In-Country Ongoing Assistance

Continuing with efforts established in 2002 and 2003, the Walter Reed–Johns Hopkins Cameroon Program (WRJHCP) targeted the capital city of Cameroon for their continued efforts. Their work focused on training 2 medical personnel in STI care using the syndromic approach and facilitated medical care of AIDS patients in the target population, according to national policies and international guidelines. Other efforts were made to encourage behavior communication change among military personnel and their family members by training 200 peer educators. Further efforts were made to improve and encourage both HIV preventive behaviors and the protection of persons living with HIV/AIDS in the target group through 75 educational sessions organized by peer educators. Lab efforts targeted improving skills in the use of rapid tests for the diagnosis of HIV in the military health centers by training 2 laboratory technicians. Mass awareness emphasizing behavior change related to STI/HIV/AIDS resulted in the production and distribution of 2000 pamphlets and 200 artificial penises, 115 photo flip charts, 2000 posters, and 2000 uniforms for peer educators.

Foreign Military Financing Assistance

Cameroon was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory and medical

equipment. This funding was awarded during FY03, and was released for expenditure during this fiscal year. Equipment purchases are still in negotiation. The country team plans to use the FMF funds to purchase a chemistry and hematology analyzer, along with supporting reagents and supplies.

OUTCOMES & IMPACT

Prevention/Care/Treatment

WRJHCP is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé and Príncipe, Equatorial Guinea, and the Democratic Republic of Congo. During the latter part of fiscal year 2005, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on STI treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé and Príncipe, Equatorial Guinea, and the Democratic Republic of Congo, and will expand upon the efforts commenced during FY05. DHAPP anticipates successful programs in all 7 Central African militaries and is progressing toward these important targets in prevention and care.

In addition, ongoing efforts from the 2002/2003 Cameroon program implementation led to the training of 200 military and family peer educators, 2 physicians in STI management and HIV-related palliative care, and 2 laboratory technicians.



CENTRAL AFRICAN REPUBLIC

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS AMONG UNIFORMED PERSONNEL IN SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of the Central African Republic (CAR) is estimated at 3.8 million, with life expectancy estimates at 43.4 years. French is the official language of the country, with an overall literacy rate of 51%. Literacy is much higher for men (63%) than for women (40%). Factional fighting between the government and its opponents has remained a drag on economic growth. The economy is based mainly on subsistence agriculture and forestry, with the agricultural sector generating about half of gross domestic product. The annual per capita income is estimated at \$1,100.

HIV/AIDS Statistics

The HIV epidemic in the CAR is generalized and has been growing steadily since the first case was reported in the early 1980s. The HIV/AIDS prevalence rate in the general population is estimated to be 13.5%. The CAR has an estimated 260,000 people living with HIV/AIDS. Young people 15–35 years old are the hardest hit by the epidemic, and women are more severely affected than men.

Military Statistics

The size of the armed forces is approximately 3000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was received from Johns Hopkins University on behalf of the CAR military for the 2006 fiscal year. The proposal describes a combined project that also includes Chad, Gabon, and Congo-Brazzaville. The overall goal of the proposed project is to decrease HIV infection in military personnel through the integration of community mobilization, behavior change communication activities, and peer education and condom distribution. Other aspects of the project include conducting a knowledge, attitudes, practices and behavior survey, as well as an HIV seroprevalence study.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Because the first proposal for HIV prevention activities in the CAR military was received during FY05, there are no outcomes measures as of the end of this reporting period. DHAPP looks forward to continued collaboration with CAR in the development of its program.



CHAD

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Chad is estimated at 9.8 million, with an average life expectancy of 47.2 years. French and Arabic are the official languages of Chad, which has a literacy rate of 47.5%, unevenly distributed between men and women. Chad's postindependence history has been marked by instability and violence. Over 75% of Chad's population relies on subsistence agriculture and livestock raising, but oil production has recently become an important part of the economy. The annual per capita income is estimated at \$1,600.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 4.8%. The number of people living with HIV/AIDS in Chad is approximately 200,000. HIV prevalence is unequally distributed across the country, with the highest prevalence in the densely populated south of the country. Identified significant risk factors include high-risk heterosexual intercourse with multiple partners and commercial sex workers.

Military Statistics

The size of the Chadian military is approximately 30,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Continuing with efforts established in 2002 and 2003, the Walter Reed–Johns Hopkins Cameroon Program (WRJHCP), targeted the capital city of Chad for their continuing work. Their efforts there focused on training of 2 medical personnel in sexually transmitted infection (STI) care using the syndromic approach and facilitated medical care of AIDS patients in the target population, according to national policies and international guidelines.

Other efforts were made to encourage behavior communication change among military personnel and their family members by training 200 peer educators. Further efforts were made to improve and encourage both HIV

preventive behaviors and the protection of persons living with HIV/AIDS in the target group through 75 educational sessions organized by peer educators. Lab efforts targeted improving skills in the use of rapid tests for the diagnosis of HIV in the military health centers by training 2 laboratory technicians. Mass awareness emphasizing behavior change related to STI/HIV/AIDS resulted in the production and distribution of 2000 pamphlets and 200 artificial penises, 115 photo flip charts, 2000 posters, and 2000 uniforms for peer educators.

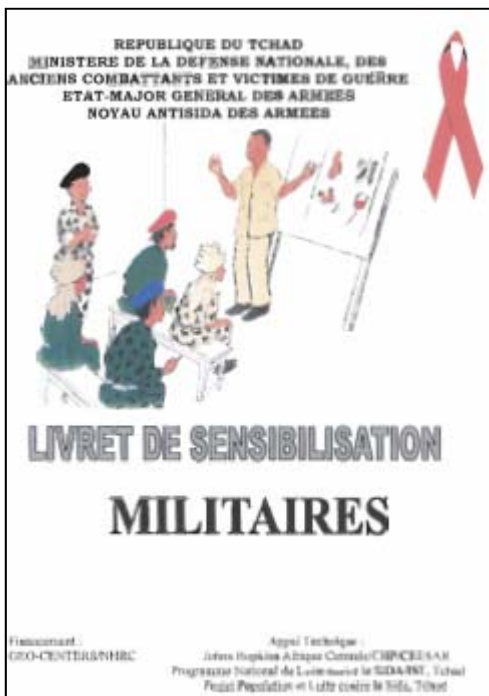


Foreign Military Financing Assistance

Chad was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This funding was awarded during fiscal year 2003, and was released for expenditure during this fiscal year. Actual funding has not been received in-country as of yet. The Chadian military, US Embassy representatives, and DHAPP staff members continue to negotiate equipment purchases.

Proposed Future Activities

A proposal was received from Johns Hopkins University on behalf of the military of Chad for the FY06. The proposal describes a combined project that also includes the Central African Republic, Gabon, and the Democratic Republic of Congo. The overall goal of the proposed project is to decrease HIV infection in military personnel through the integration of community mobilization, behavior change communication activities, and peer education and condom distribution. Other aspects of the project include conducting a knowledge, attitudes, practices and behavior survey, as well as an HIV seroprevalence study.



OUTCOMES & IMPACT

Prevention/Care/Treatment

WRJHCP is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé, Equatorial Guinea, and the Democratic Republic of Congo. During the latter part of FY05, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on STI treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé, Equatorial Guinea, and the Democratic Republic of Congo, and will expand upon the efforts commenced during FY05. DHAPP anticipates successful programs in all 7 Central African militaries and is progressing toward these important targets in prevention and care.

In addition, ongoing efforts in Chad have led to the training of 200 military and family peer educators, 2 physicians in STI management and HIV-related palliative care, and 2 laboratory technicians.

CONGO- BRAZZAVILLE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Congo-Brazzaville is estimated at 3 million, with an average life expectancy of 52.3 years. French is the official language of Congo-Brazzaville, which has an estimated literacy rate of 83.8%. Since 1993, Congo-Brazzaville has endured a series of civil wars that have caused a great amount of destruction. The economy is based mainly on oil and forestry. The annual per capita income is approximately \$800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 4.9%, with an estimated 90,000 people living with HIV/AIDS. A prevalence study conducted in 2003 found wide variations in HIV rates by region; the highest rates were found in the south. Men between 35 and 49 years of age had higher HIV rates than any other group. Identified significant risk factors for HIV in Congo-Brazzaville include unprotected heterosexual contact, significant poverty, and contact with commercial sex workers.

Military Statistics

There are no reliable estimates available for the size of the armed forces. The HIV rate for the military in Congo-Brazzaville is estimated at 4%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Continuing with efforts established in 2002 and 2003, the Walter Reed Johns Hopkins Cameroon Program (WRJHC), targeted Congo-Brazzaville for their continued work. Their efforts there focused on training of 2 medical personnel in STI care using the syndromic approach and facilitated medical care of AIDS patients in the target population, according to national policies and international guidelines. Other efforts were made to encourage behavioral communication change among military personnel and their family members by training 200 peer educators. Further efforts were made to improve and encourage both HIV preventive behaviors and the protection of persons living with HIV/AIDS in the target group through 75 educational sessions organized by peer educators. Lab efforts targeted improving skills in the use of rapid tests for the diagnosis of HIV in the military health centers by training 2 laboratory technicians. Mass awareness emphasizing behavior change related to STI/HIV/AIDS resulted in the production and distribution of 2,000 pamphlets and 200 artificial penises, 115 photo flip charts, 2,000 posters and 2,000 uniforms for peer educators.



LE VIOL EST UN CRIME QUI NOUS EXPOSE AUX
INFECTIONS SEXUELLEMENT TRANSMISSIBLES ET AU
VIH/SIDA

Proposed Future Activities

A proposal was received from Johns Hopkins University on behalf of the military of Congo-Brazzaville for the 2006 fiscal year. The proposal describes a combined project that also includes Chad, Gabon, and the Central African Republic. The overall goal of the proposed project is to decrease HIV infection in military personnel through the integration of community mobilization, behavior change communication activities, and peer education and condom distribution. Other aspects of the project include conducting a knowledge, attitudes, practices and behavior survey, as well as an HIV seroprevalence study.

An additional proposal was received for Congo-Brazzaville. The objectives of this proposed project include establishing laboratories for HIV/AIDS testing in 3 military hospitals (Brazzaville, Point Noire, and Dolosie), establishing 3 integrated counseling and testing (CT) centers, training CT counselors, conducting an HIV prevention campaign in the military camps (abstinence, be faithful, and the correct and consistent use of condoms), training military physicians and laboratory staff, and conducting HIV surveillance.

OUTCOMES & IMPACT

Prevention/Care/Treatment

The Walter Reed-Johns Hopkins Cameroon Program is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé and Principe, Equatorial Guinea, and the Democratic Republic of the Congo. During the latter part of FY05, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on sexually transmitted infection treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé and Principe, Equatorial Guinea, and the Democratic Republic of the Congo, and will expand upon the efforts commenced during FY05. DHAPP anticipates successful programs in all seven Central African militaries and is progressing toward these important targets in prevention and care.

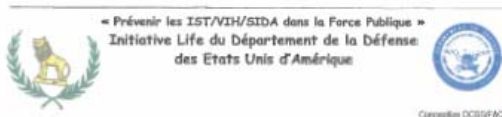
In addition, ongoing efforts in Congo-Brazzaville have led to the training of 200 military and family peer educators, two physicians in STI management and HIV-related palliative care, and two laboratory technicians.



IV^e CAMPAGNE DE PREVENTION DES IST ET DU VIH/SIDA DANS LA FORCE PUBLIQUE



- fidélité
- abstinence
- préservatif



CÔTE D'IVOIRE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Côte d'Ivoire is estimated at 17.3 million, with an average life expectancy of 48.6 years. French is the official language of the country, which has a literacy rate of 50.9%, unevenly distributed between men and women. Côte d'Ivoire was recently embroiled in a bitter civil war that has effectively partitioned the country into two parts. The economy is heavily dependent on agriculture and related activities, engaging roughly 68% of the workforce. The annual per capita income is estimated at \$1,500.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 7%. The number of people living with HIV/AIDS is approximately 570,000. Of these, 78% are adults 20–49 years old. Other vulnerable groups include military personnel, displaced and mobile populations, and commercial sex workers. HIV prevalence is higher in urban than in rural areas. Identified significant risk factors for HIV include early initiation of sexual activity, significant poverty, and unprotected heterosexual contact.

Military Statistics

The size of the armed forces is approximately 8000. Côte d'Ivoire has not performed forcewide HIV testing; however, the HIV infection rate in the military has been estimated at 9%.

PROGRAM RESPONSE

During fiscal year 2005, bilateral military programs for HIV prevention in the Côte d'Ivoire military were suspended due to instability in the area. DHAPP staff members look forward to future successful collaboration with Côte d'Ivoire.

OUTCOMES & IMPACT

Although programming for the Côte d'Ivoire military has been suspended, DHAPP personnel have maintained roles as members of the core team for the Office of the Global AIDS Coordinator, offering support to the in-country team in their country operational planning process for funding under the President's Emergency Plan for AIDS Relief in Côte d'Ivoire.



DEMOCRATIC REPUBLIC OF THE CONGO

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of the Democratic Republic of the Congo (DROC) is estimated to be 60 million, with an average life expectancy of 51.1 years. French is the official language; the literacy rate is 65.5%, disproportionately distributed between men and women. DROC is experiencing an internal war, which contributes to a weakened economy. Agriculture is the mainstay of the country's economy, accounting for 55% of the country's gross domestic product. The annual per capita income is estimated at \$700.

HIV/AIDS Statistics

HIV/AIDS prevalence in DROC is estimated at 4.2%, while the number of people believed to be living with HIV/AIDS is 1.1 million. Identified risk factors include blood transfusions, unprotected sex, heterosexual contact with multiple partners and commercial sex workers, and untreated sexually transmitted infections. Transmission of HIV is primarily through heterosexual activity, which accounts for 87% of the cases in the country. Commercial sex workers have HIV prevalence rates as high as 30%.

Military Statistics

The size of the armed forces is estimated between 225,000 and 300,000. Since DROC is becoming more stable, it is expected that the total population of the military will decrease to approximately 75,000-125,000 within the next few years. As of

this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the DROC military during an in-country assist visit, 30 April–2 May 2005.

The highlight of the technical assistance visit was the development of the Congolese military's plan for future efforts in HIV prevention. In collaboration with the Center for Disease Control and the US Agency for International Development, the country team worked together on the proposal of a Johns Hopkins program to evaluate HIV prevalence and conduct a knowledge, attitudes,



practices, and behavior survey among Congolese military personnel. In addition, plans were developed to establish a peer education program to provide HIV/AIDS facts, and to train master trainers. The Defense Attaché Office at the US Embassy agreed to support the purchase of basic HIV/AIDS laboratory diagnostic equipment to care for HIV-infected military persons and their families. Doctors and nurses will be trained in HIV/AIDS care through the *Military International HIV/AIDS Training Program* and the Infectious Diseases Institute, and physicians participated in an HIV/AIDS counseling and education training workshop in Bangkok (21–25 June 2005). A strategic information database will be created to enhance HIV/AIDS care by computerizing laboratory diagnostics and patient care.

In-Country Ongoing Assistance

With an interest in expanding their program, the Walter Reed Johns Hopkins Cameroon Program (WRJHCP), traveled to DROC to establish a relationship with their government and local military teams to discuss possible project work in the future, possible objectives, and an implementation plan.

Proposed Future Activities

A proposal was received on behalf of the DROC military for the 2006 fiscal year. Specific objectives of the proposed project include conducting an HIV prevention campaign in the military, establishing Counseling and Testing (CT) Centers, training CT counselors and educators, training military physicians, and establishing laboratories for HIV tests in military hospitals throughout the country.



OUTCOMES & IMPACT

Prevention/Care/Treatment

The Walter Reed-Johns Hopkins Cameroon Program is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé and Príncipe, Equatorial Guinea, and the Democratic Republic of the Congo. During the latter part of FY05, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on sexually transmitted infection treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé and Príncipe, Equatorial Guinea, and the Democratic Republic of the Congo, and will expand upon the efforts commenced during FY05. DHAPP anticipates successful programs in all seven Central African militaries and is progressing toward these important targets in prevention and care.



DJIBOUTI

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Djibouti is estimated to be 477,000, with an average life expectancy of 43.1 years. French and Arabic are the official languages; the literacy rate is 68%, disproportionately distributed between men and women. The economy of Djibouti is based on service activities linked with the country's strategic location and status as a free trade zone. The per capita income is estimated at \$1,300 per year.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 2.9%. The number of people living with HIV/AIDS is approximately 9100. The primary mode of HIV transmission in Djibouti is heterosexual contact. Vulnerable groups include military personnel, commercial sex workers, dockworkers, truck drivers, and refugees. Women are more severely affected than men. Individuals 20–29 years old are more severely affected than other age groups.

Military Statistics

The size of the Djiboutian Armed Forces (FAD) is estimated at 8000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff met with the Djibouti country team to provide information regarding the upcoming proposal cycle and reporting requirements, and to establish a plan for laboratory development, during an in-country assist visit that took place 11–16 July 2005.

DHAPP staff met with the Director of Health Services for the FAD, the FAD HIV/AIDS Coordinator, Deputy Surgeon/Medical Planner, and Combined Joint Task Force–Horn of Africa. A laboratory assessment was completed and this visit was able to bring key personnel together to assist FAD in establishing its laboratory for HIV/AIDS diagnostics.

DHAPP plans to include Djiboutian physicians in an upcoming *Military International HIV Training Program*, and schedule a follow-up visit to assess progress of laboratory operation and development.



Foreign Military Financing Assistance

Djibouti was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was awarded during fiscal year 2003, and was released for expenditure during this fiscal year. Since the time this money was awarded, the FAD have purchased HIV test kits and contracted the remaining funding to purchase hepatitis B and C test kits, an automated immunoassay analyzer, a hematology analyzer, and other HIV/AIDS diagnostic equipment and supporting supplies.

Proposed Future Activities

A proposal was received on behalf of the FAD for FY06. Specific objectives of the proposed project include conducting an Information, Education, and Communication campaign; training peer educators and peer educator supervisors; enhancing laboratory capabilities; training medical staff; and establishing 2 new Counseling and Testing (CT) Centers.



OUTCOMES & IMPACT

Prevention

During FY05, 2 community outreach programs, with specific focus on abstinence and/or being faithful, reached 510 military members (480 men, 30 women). Fifty troops were trained to provide prevention messages that focused primarily on abstinence and/or being faithful.

Care

The FAD supported 3 service outlets providing general, HIV-related palliative care. This program reached a total

of 5 people and trained 10 individuals in the provision of palliative care.



Counseling and Testing

During FY05, the FAD supported 1 outlet providing CT. Eighty-three troops were tested during the year and received their results (61 men, 22 women). Two individuals were trained in CT according to national standards.

Treatment

Ten FAD adults were established on antiretroviral therapy (ART) at the end of FY05 (8 men, 2 women). Four health care workers were trained in the provision of ART. Twelve laboratory technicians were trained in laboratory services.



DOMINICAN REPUBLIC

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of the Dominican Republic is estimated at 8.9 million people, with an average life expectancy of 67.3 years. Spanish is the official language; estimated literacy is 84.7%, evenly distributed between men and women. Although the economy has historically been based mainly on agriculture, in recent years the service sector has overtaken agriculture as the economy's largest employer, due to growth in tourism and free trade zones. The per capita income is \$6,300 per year.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.7%, with approximately 88,000 people living with HIV/AIDS. Of these, 62,800 were men aged 15-49 years. HIV/AIDS is the leading cause of death among Dominican women of reproductive age; however, HIV rates among pregnant women have been declining since the late 1990s. Vulnerable groups include sex workers and their clients, individuals with sexually transmitted infections (STIs), and migrants.

Military Statistics

The size of the Dominican Republic's armed forces is approximately 24,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Dominican Republic received funding late in 2005 so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the military of Dominican Republic for the 2006 fiscal year. Specific objectives of the proposed project include building a training center for military HIV/AIDS prevention, developing a peer education program, building laboratory infrastructure, establishing a counseling and testing (CT) program, conducting a condom distribution program, enhancing clinical care of people living with HIV/AIDS, and hosting a multi-sectoral HIV/AIDS workshop.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in the Dominican Republic are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. During February-March 2005, the Dominican Republic military sent 2 physicians to the *Military International HIV/AIDS Training Program* (MIHTP) in San Diego. They were provided with training in prevention, CT,

DOMINICAN REPUBLIC

care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country. DHAPP looks forward to continued collaboration with the Dominican Republic military.

Early efforts have yielded preliminary data in the Dominican Republic. One indigenous organization was provided with technical assistance for HIV-related policy development and institutional capacity building. The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) was successful in gaining the commitment of host nation military leadership to share pertinent information and to work within the framework of the program. A copy of the Country Operational Plan was provided as a source of information to develop supporting plans. Continued positive coordination/collaboration efforts between the US Military Assistance Advisory Group, US Agency for International Development, and national agencies continue. The officers who attended MIHTP in 2004 are enthusiastic and fully involved within the armed forces program. The main contact with the armed forces is through the officer in charge of the program.



EAST TIMOR

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of East Timor is estimated at 900,000 people, with an average life expectancy of 65.9 years. Tetum and Portuguese are the official languages; estimated literacy is 58.6%. After 25 years of occupation by Indonesia, East Timor is now in a state of transition, and many civil and governmental institutions are currently being developed. The economy is based mainly on services, which account for 57% of the country's gross domestic product. The annual per capita income is \$400.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population in East Timor is unknown at this time but is thought to be very low. The first HIV case in the country was reported in 2001, and as of 2004, only 24 cases had been reported. However, many more people could be infected with HIV than current data indicate. A 2003 study found HIV prevalence rates of 3% for female commercial sex workers and 1% for men who have sex with men.

Military Statistics

The size of the East Timor Defense Force (ETDF) is estimated at 3000. Because the ETDF does not conduct forcewide testing, the overall prevalence rate for the military is unknown. However, recent testing of all new ETDF recruits did not result in any HIV+ cases.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

The Center of Excellence (COE)/US Pacific Command (USPACOM) conducted consultative meetings with the US Ambassador to East Timor and representatives from the ETDF, Joint United Nations Programme on HIV/AIDS, US Agency for International Development (USAID), Family Health International (FHI), and the World Health Organization (WHO), September 19–23, 2005. It was established that the ETDF is committed to addressing the issue of HIV and has various programs targeted at the military supported by FHI. The ETDF and Police supported and participated in developing HIV/AIDS prevention programs, and an HIV/AIDS prevention strategy and recommendation were produced to support the behavior change intervention program for the uniformed services. Focus areas for future efforts were identified:

- *Policy.* At this time it is not clear what would happen if military personnel test positive for HIV. There are currently no HIV-positive personnel identified to date.
- *Support at the senior level.* Additional advocacy at the senior-level of commanders would increase support for program development and implementation.
- *Consultation with regional militaries.* Policymakers could be assisted in making decisions based on the experiences of regional counterparts.

- *HIV testing capacity.* Once a policy is in place, Counseling and Testing (CT) Centers should be established.
- *Trained medical personnel.* Standing up CT requires training of medical personnel.
- *Additional peer education training.* Every company commander and section commander should have some level of HIV/AIDS training.

Proposed Future Activities

A proposal was received on behalf of the ETDF for the 2006 fiscal year. Specific objectives of the proposed project include establishing a center of excellence for military HIV/AIDS prevention, developing a peer education program, developing laboratory infrastructure, and conducting forcewide CT.

OUTCOMES & IMPACT

Prevention/Care/Treatment/Other Activities

Based on the series of consultative meetings with the ETDF, USAID, FHI, and WHO it was determined that developing a policy for the military to address HIV testing as well as treatment and care is a priority. This could be achieved through a 3-4 day ETDF policy seminar/working group. COE/USPACOM, in collaboration with FHI, will fund the reproduction of FHI Information, Education, and Communication materials and facilitate development and dissemination of policy to troop commanders, once developed.



EL SALVADOR

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of El Salvador is estimated at 6.7 million people, with an average life expectancy of 71.2 years. Spanish is the official language; estimated literacy is 80.2%, evenly distributed between men and women. The economy is based mainly on services, which account for 60% of the country's gross domestic product. The annual per capita income is estimated at \$4,900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 0.7%, with approximately 29,000 people living with HIV/AIDS. The male-to-female ratio of reported AIDS cases is approximately 1.9:1. The majority of HIV cases are sexually transmitted, with 76% of cases transmitted through heterosexual contact. The epidemic is largely concentrated in urban areas. Vulnerable populations include commercial sex workers and their clients, sexually transmitted infection (STI) patients, surgical patients, men who have sex with men, and street children.

Military Statistics

The size of the armed forces is approximately 17,000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

In-Country Ongoing Assistance

El Salvador received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the El Salvadoran military for the 2006 fiscal year. Specific objectives of the proposed project include developing an HIV prevention mass awareness and education program, developing an STI management program, developing a counseling and testing program, conducting a condom distribution program, conducting a behavioral surveillance survey, and hosting a multi-sectoral HIV/AIDS workshop.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in El Salvador are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in El Salvador and forthcoming results.



EQUATORIAL GUINEA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS AMONG UNIFORMED PERSONNEL IN SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Equatorial Guinea is estimated to be 536,000, with an average life expectancy of 49.7 years. Spanish and French are the official languages; the literacy rate is 85.7%, disproportionately distributed between men and women. This tiny country, composed of a mainland portion plus 5 inhabited islands, is one of the smallest on the African continent. The discovery and exploitation of large oil reserves have contributed to dramatic economic growth in recent years. Forestry, farming, and fishing are also major components of the economy. The annual per capita income is estimated at \$2,700.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 3.4%, with approximately 5900 people living with HIV/AIDS. Little is known about the factors that influence the spread of HIV/AIDS in Equatorial Guinea. The primary mode of HIV transmission is believed to be heterosexual contact. Women are believed to be more severely affected than men.

Military Statistics

The size of the armed forces is approximately 1000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

With an interest in expanding their program, the Walter Reed–Johns Hopkins Cameroon Program (WRJHCP) traveled to Equatorial Guinea to establish a relationship with their government and local military teams to discuss possible project work in the future, possible objectives, and an implementation plan.



OUTCOMES & IMPACT

Prevention/Care/Treatment

The Walter Reed–Johns Hopkins Cameroon Program is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé and Principe, Equatorial Guinea, and the Democratic Republic of the Congo. During

EQUATORIAL GUINEA

the latter part of FY05, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on sexually transmitted infection treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé and Príncipe, Equatorial Guinea, and the Democratic Republic of the Congo, and will expand upon the efforts commenced during FY05. DHAPP anticipates successful programs in all seven Central African militaries and is progressing toward these important targets in prevention and care.

ERITREA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Eritrea is estimated to be 4.6 million, with an average life expectancy of 52.2 years. Eritrea has no official language(s); the most common languages are Tigrinya, Arabic, Tigre, and Kunama. The estimated literacy rate is 58.6%, unevenly distributed between men and women. Eritrea's economy was devastated by its 30-year-long independence war with Ethiopia and hurt again by the strain of the 1998-2000 border war. The economy is based primarily in subsistence agriculture, with 80% of the population involved in farming or herding. Annual per capita income is \$900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 2.7%, with an estimated 60,000 people living with HIV/AIDS. Approximately 70% of reported cases are among young adults aged 20 to 39 years. Identified risk factors include high-risk heterosexual contact with multiple partners, perinatal transmission, and transmission through blood and blood products. HIV prevalence varies considerably by region, ranging from under 2% in the west to over 7% in the southeast.



Military Statistics

The size of the armed forces is approximately 200,000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the Eritrean Defense Force (EDF) during an in-country assist visit, 17-23 July 2005.

DHAPP staff met with the following members of the country team: Director of Health Services for the EDF, Health Team Leader for US Agency for International Development (USAID), Project Management Specialist for USAID, Procurement & Contracts agent for USAID, and the US Ambassador to Eritrea. With DHAPP guidance, the EDF has now established a means of procuring laboratory equipment.

DHAPP staff members are committed to the development of a standard operating procedures (SOP) for the EDF. The EDF will use this SOP in training its newly hired program manager.



OUTCOMES & IMPACT

Prevention/Care/Treatment

The DHAPP office is committed to continuing its collaborative relationship with the EDF and US Embassy officials there. Funding was approved for a comprehensive HIV/AIDS prevention program in the EDF; however, due to a variety of challenges, funding was not sent to commence these activities during fiscal year 2005. At the end of the fiscal year, the Defense Attaché Office hired a program manager. DHAPP staff will be working with this program manager to commence activities in Eritrea in early FY06.



ESTONIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Estonia is estimated at 1.3 million, with an average life expectancy of 71.8 years. Estonian is the official language; estimated literacy is 99.8%. Since regaining its freedom from the USSR, Estonia has been transitioning to a modern market economy with strong ties to the West. The economy is based mainly on services, which account for 69% of the country's gross domestic product; electronics and telecommunications sectors are particularly strong. The annual per capita income is \$14,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.1%, with approximately 7,800 people living with HIV/AIDS. The main driving force behind the epidemic in Estonia is intravenous drug use. The epidemic in Estonia remains concentrated among intravenous drug users in specific parts of the country. Youth and young adults are more severely affected than other age groups. Other vulnerable groups include commercial sex workers, men who have sex with men, and prisoners.

Military Statistics

The size of the armed forces is approximately 5000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the military of Estonia for the 2006 fiscal year. Specific objectives of the proposed project include developing a train-the-trainer program for the military, conducting pretests and posttests to assess behavior change, establishing an HIV surveillance program, and conducting military-wide HIV prevention training on World AIDS Day.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Because the first proposal for HIV prevention activities in the Estonian military was received during FY05, there are no outcomes measures as of the end of this reporting period. DHAPP looks forward to continued collaboration with Estonia in the development of its program.

ETHIOPIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS AMONG UNIFORMED PERSONNEL IN SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Ethiopia is estimated to be 73 million, with an average life expectancy of 48.8 years; the latter has been significantly affected by the HIV/AIDS epidemic. Amharic and English are the official languages; the estimated literacy rate is 42.7%, disproportionately distributed between men and women. The Ethiopian economy is primarily agricultural, accounting for half of the gross domestic product and 80% of total employment. Annual per capita income is \$800.

HIV/AIDS Statistics

The HIV/AIDS prevalence estimate is 4.4%, and the number of people believed to be living with HIV/AIDS is 1.5 million. AIDS already accounts for about one third of all young adult deaths in the country. Identified risk factors include unprotected sexual contact, blood transfusions, unsafe injections, and perinatal transmission. Eighty-eight percent of all transmissions are acquired through heterosexual contact. The epidemic is concentrated mainly in urban areas. Individuals aged 15–24 years are more severely affected than other age groups.

Military Statistics

The National Defense Force of Ethiopia (NDFE) is estimated at approximately 350,000. HIV prevalence in the NDFE is estimated at 7%.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff met with the NDFE program manager and US Embassy Security Assistance Officer to discuss current US Department of Defense (DoD) activities and fiscal year 2006 Country Operational Plan (COP) plans, during an in-country assist visit 10–12 August 2005.

DHAPP staff reviewed blueprints for the Blood Center and Counseling and Testing (CT) Center renovations, and discussed planning for the Blood Safety Program. Blueprints for the Blood Center will be reviewed in San Diego and a new spreadsheet will be used to track funding and expenditures.



In addition, DHAPP staff provided technical assistance to the NDFE during the President’s Emergency Plan for AIDS Relief (PEPFAR) Core Team visit 22–26 August 2005.

Group discussions centered on working toward having all aspects of the prevention, care, and treatment activities in a seamless network model working from the hospital to the health center and then the community

level (and vice versa). The COP was reviewed, there was a small group discussion on strategic information, and the roles of each partner were identified. One of the major projects being undertaken is the development of a Blood Safety Program for the military including the renovation for a blood donation center, provision of blood testing equipment, set up of training curriculum and plan, and computer tracking of blood products.

Plans for DoD-specific follow-up visits are anticipated once the renovation on the Blood Center and CT at Bella Hospital are under way. This is expected to take place after 1 January 2006.

Foreign Military Financing Assistance

Ethiopia was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This funding was awarded during FY03, and was released for expenditure during this fiscal year. Plans to purchase Blood Bank equipment with this funding are under way.

Proposed Future Activities

As a PEPFAR focus country, the NDFE submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via the/its PEPFAR country team's overall COP. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention

The NDFE supports prevention of mother-to-child transmission activities specifically located in 2 service outlets, located at the Air Force Hospital and the Bella Defense Referral Hospital. During FY05, 450 pregnant women received Prevention of mother-to-child transmission (PMTCT) services there, and 14 were started on antiretroviral therapy (ART) prophylaxis. In addition, 5 health workers were trained in the provision of PMTCT services according to national or international standards.

Care

The NDFE supported 1 service outlet for care services for HIV-infected troops and their families. During FY05, the Bella Defense Referral Hospital provided tuberculosis care for 7 HIV-infected patients.

Counseling and Testing

One CT Center was supported by the NDFE at Bella Defense Referral Hospital. During FY05, 99 soldiers were tested for HIV and received their results.

Treatment

The NDFE supports 1 service outlet for ART, at the Air Force Hospital. During FY05, 6 children and 8 adults newly initiated therapy there. By the end of the fiscal year, 300 adults, 6 children, and 14 pregnant women had ever received ART at this site. Five health care workers were trained during FY05 to provide ART.

GABON

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS AMONG UNIFORMED PERSONNEL IN SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Gabon is estimated to be 1.4 million people, with an average life expectancy of 55.7 years. French is the official language in Gabon; literacy is 63.2%, unevenly distributed between men and women. Despite being made up of more than 40 ethnic groups, Gabon has escaped the strife afflicting many other West African states, making Gabon one of the more prosperous and stable countries in Africa. The oil sector now accounts for 50% of the gross domestic product. The annual per capita income estimate is \$5,900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 8.1%, with an estimated 48,000 people living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact, and sexual contact with commercial sex workers.

Military Statistics

The size of the armed forces is approximately 5000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

In-Country Ongoing Assistance

Continuing with efforts established in 2002 and 2003, the Walter Reed Johns Hopkins Cameroon Program (WRJHC), targeted the capital city of Gabon for their continuing work. Their efforts there focused on the training of 2 medical personnel in sexually transmitted infection (STI) care using the syndromic approach, and facilitated medical care of AIDS patients in the target population, according to national policies and international guidelines. Other efforts to encourage behavioral communication change among military personnel and their family members included the training of 200 peer educators.

Further efforts were made to improve and encourage both HIV preventive behaviors and the protection of persons living with HIV/AIDS in the target group, through 75 educational sessions organized by peer educators. Lab efforts targeted improving skills in the use of rapid tests for the diagnosis of HIV in the military health centers by training two laboratory technicians. Mass awareness emphasizing behavior change related to STI/HIV/AIDS resulted in the production and distribution of 2000 pamphlets and 200 artificial penises, 115 photo flip charts, 2000 posters and 2000 uniforms for peer educators.



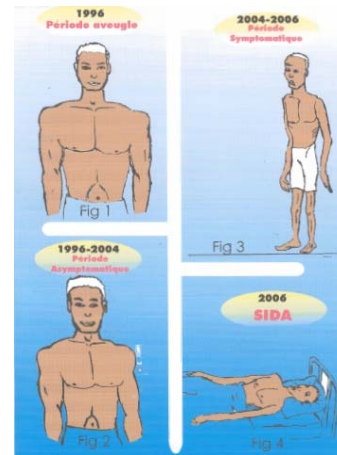
Foreign Military Financing Activities

Gabon was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. Plans for this funding include the purchase of HIV diagnostic equipment and supplies.

Proposed Future Activities

A proposal was received from Johns Hopkins University on behalf of the Gabonese military for the 2006 fiscal year. The proposal describes a combined project that also includes the Central African Republic, Chad, and Congo-Brazzaville. The overall goal of the proposed project is to decrease HIV infection in military personnel through the integration of community mobilization, behavior change communication activities, and peer education and condom distribution. Other aspects of the project include conducting a knowledge, attitudes, practices, and behavior survey, as well as an HIV seroprevalence study.

An additional proposal was received on behalf of the military of Gabon. Specific objectives of this proposal include enhancing laboratory infrastructure, training of master trainers and peer educators, conducting HIV awareness and education for the troops, conducting training of soldiers prior to peacekeeping missions, expanding and promoting counseling and testing functions, enhancing laboratory capabilities, and conducting condom distribution.



OUTCOMES & IMPACT

Prevention/Care/Treatment

The Walter Reed-Johns Hopkins Cameroon Program is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé and Príncipe, Equatorial Guinea, and Democratic Republic of the Congo. During the latter part of FY05, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on sexually transmitted infection treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé and Príncipe, Equatorial Guinea, and the Democratic Republic of the Congo, and will expand upon the efforts commenced during FY05. DHAPP anticipates successful programs in all seven Central African militaries and is progressing toward these important targets in prevention and care.

Ongoing work in the Gabon military included the training of 200 military and family member peer educators in the comprehensive prevention message, the training of two physicians in STI management and palliative care, and the training of two laboratory technicians.

THE GAMBIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of The Gambia is estimated to be 1.6 million, with an average life expectancy of 55.2 years. English is the official language; literacy is about 40.1%, disproportionately distributed between men and women. The Gambia is one of Africa's smallest countries and unlike many of neighbors, it has enjoyed long spells of stability since independence. Over 75% of the population depends on crops and livestock for its livelihood. The annual per capita income is estimated at \$1,800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.2%, with an estimated 6800 people living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact, and sexual contact with commercial sex workers. Prevalence is higher in rural than in urban areas. Women are more severely affected than men.

Military Statistics

The size of the armed forces is approximately 2000. Because The Gambia's military does not conduct forcewide testing, the overall prevalence rate for the military is unknown. However, HIV prevalence in the military is estimated at 2.1%, slightly higher than the HIV rate in the civilian population.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance during an in-country assist to the recently implemented HIV/AIDS prevention program in the Gambian Armed Forces (GAF) in August 2005.

During this trip, DHAPP staff met with the Permanent Secretary of Defense and the GAF. DHAPP staff members were informed that peacekeeping training was conducted and well received by the troops. High information retention corresponded to this training as determined by a pre- and post-test that was administered. Sensitization training began in July 2005 and was also well received by the troops.

The HIV/AIDS program coordinator from Senegal plans to make periodic trips to The Gambia to help them in the development of their HIV/AIDS program and provide assistance where possible.

Proposed Future Activities

A proposal was received on behalf of the GAF for the 2006 fiscal year. Some specific objectives of the proposed project include developing a train-the-trainer program for the military and their families, developing testing capability, strengthening infrastructure to provide surveillance statistics, and improving laboratory infrastructure.



OUTCOMES & IMPACT

Prevention

The GAF held its first HIV/AIDS prevention event in July 2005. The event was deemed a success with the training of 50 trainers, who have since carried out twelve training sessions in collaboration with DHAPP and the National AIDS Secretariat (NAS). Over the course of 12 sessions, 600 GAF personnel were reached with a comprehensive prevention message (465 men and 135 women). The GAF intends to reach each member of the military through training seminars within the next year. This means that over 2000 soldiers and their families will receive HIV/AIDS prevention education. This is deemed a considerable achievement in a country that has been historically silent on the issue of HIV transmission. Additionally, DHAPP has provided funds for the purchase of a TV and VCR so that films can be shown at training seminars and to prepare troops who are leaving on peacekeeping missions. Finally, the GAF supported 9 targeted condom service outlets for military members.

With regard to prevention of mother-to-child transmission (PMTCT), GAF medical services do not currently include antenatal care. Pregnant military women and spouses receive antenatal care through public clinics, which GAF subsidizes. GAF clinics are not currently staffed or equipped to be capable of handling deliveries or set up to provide PMTCT.

Care

All GAF clinics (9 outlets) provide basic palliative care to any military member or family member with HIV. However, all tuberculosis care is institutionalized at the na-

tional level and treated at 1 of 2 hospitals. The number of HIV-infected troops/families receiving HIV care is unknown at this time due to a lack of record-keeping.

Counseling and Testing

With NAS funding, the GAF recently completed the construction of a new counseling and testing center. The GAF is now preparing to train counselors and obtain equipment for the facility. They expect to be fully operational in FY06.

Other Activities

All HIV/AIDS prevention trainings include sessions devoted to reducing the stigma typically associated with HIV in The Gambia. As such, 600 military members were trained in the reduction of stigma and discrimination during FY05. People living with HIV/AIDS are invited to seminars to speak about their experiences and answer questions from participants. Additionally, all participants are encouraged to go out into their communities to engage people in discussions about HIV and act as resources to those who are interested in learning more. Participants are given ideas about how to answer questions, as well as where to direct people for further information.



GEORGIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Georgia is estimated at 4.7 million, with an average life expectancy of 75.9 years. Georgian is the official language; the estimated literacy is 99%. Since independence from the USSR, Georgia has endured periods of civil war and unrest as well as violence, and it remains among the poorest countries of the former USSR. The economy of Georgia is based mainly on agriculture and services. The annual per capita income is estimated at \$3,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.1%, with approximately 3000 people living with HIV/AIDS. The main route of HIV transmission is thought to be intravenous drug use. Men are more severely affected than women. Vulnerable groups include intravenous drug users, migrant populations, and commercial sex workers and their clients.

Military Statistics

The size of the armed forces is approximately 27,000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the Georgian military in Tbilisi, Georgia, and conducted site visits to the local hospital and laboratory, and National AIDS Center, during an in-country assist visit 6-11 March 2005. The purpose of the visit was to conduct a needs assessment for the Georgian military HIV/AIDS program.

DHAPP staff met with the Chief of the Office of Defense Cooperation at the US Embassy, the Deputy Chief of Mission there, the US Agency for International Development health coordinator, and representatives from World Vision. DHAPP staff and Georgian Ministry of Defense officials discussed the US-funded initiatives that train Georgian soldiers in preparation for overseas deployments. DHAPP staff visited the National AIDS Center, which opened in 1989 and is the locus of most AIDS treatment activities in the country. Activities include counseling and testing, infection control, blood safety, and antiretroviral therapy (ART). Eighty-nine persons are now in ART and there is a substantial research effort under way.

There are plans to increase education and HIV testing, and to expand laboratory capability. The Georgian military is transitioning to policy of mandatory HIV testing for all soldiers (not just contractors), and soldiers deploying must be tested for HIV and hepatitis B and C viruses. Consideration is being given to develop a more robust testing program, including the purchase of ELISA machine for the hospital, and expand HIV/AIDS education for troops.

In-Country Ongoing Assistance

Georgia received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Caucasus Social Marketing Agency and consists of conducting 43 training sessions for a total of 850 soldiers deploying later in 2005. Other work will be the creation and printing of Mini-books on HIV and sexually transmitted infection (STI) for soldiers, deploying in Iraq, preparation and editing booklets on HIV and STI for all army staff, and testing all Information, Education, and Communication materials on focus groups.

Proposed Future Activities

A proposal was received on behalf of the Georgian military for the 2006 fiscal year. Specific objectives of the proposed project include developing a train-the-trainer program for the military, conducting forcewide HIV screening, establishing an HIV test laboratory, and establishing an STI syndromic management program.

OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have begun early collaborative efforts with Georgian military officials and US Embassy personnel to establish a comprehensive HIV/AIDS prevention/education program for military members in their country. DHAPP funding was provided for startup efforts in HIV prevention efforts in Georgia during late FY05. As of the end of the fiscal year, no reportable data as a result of these have been collected, since the program has only recently commenced. DHAPP staff members anticipate continued collaboration on a successful initial program in Georgia.



GHANA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Ghana is estimated to be 21 million, with an average life expectancy of 58.5 years. English is the official language; literacy is about 74.8%, disproportionately distributed between men and women. Ghana has a developing economy with vast natural resources; however, the domestic economy continues to revolve around subsistence agriculture, which accounts for 34% of gross domestic product and employs 60% of the workforce, mainly small landholders. The annual per capita income is estimated at \$2,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 3.1%, with an estimated 350,000 people living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact, sexual contact with commercial sex workers, and having a sexually transmitted infection. Heterosexual intercourse is the mode of transmission for about 80% of HIV cases, with mother-to-child transmission accounting for an additional 15% of cases. HIV prevalence is generally higher in urban areas, in mining and border towns, and along main transportation routes.

Military Statistics

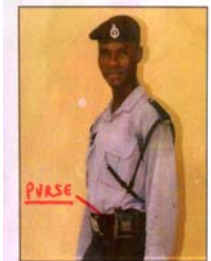
The size of the armed forces is approximately 7000. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 6.7%, which is significantly higher than the general population.

PROGRAM RESPONSE

Foreign Military Financing Assistance

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. Specific equipment purchases are currently being negotiated by US Embassy and DHAPP staff. Plans to purchase a CD4 counter and viral load analyzer are under way.

A POLICE OFFICER WEARING
A CONDOM PURSE



Proposed Future Activities

A proposal was received on behalf of the military of Ghana for the 2006 fiscal year. The overall goal of the proposed project is to provide training for provision of care and support for people living with HIV/AIDS. This would be achieved through capacity building, equipping military hospital laboratories, training laboratory staff, training health workers in adherence counseling, and training medical officers in clinical management of HIV/AIDS.





OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Ghana for the implementation of important HIV/AIDS prevention efforts among military members there. During FY05, the Ghana Armed Forces AIDS Control Program made steady progress specifically in the areas of prevention and care. The Ghana Armed Forces reported that 71 individuals received counseling and testing and 2 individuals received prevention of mother-to-child transmission services according to national or international guidelines.

DHAPP staff members look forward to expanded collaborative efforts in the GAF AIDS Control Program in the coming year.



GUATEMALA

DHAPP

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BACKGROUND

Country Statistics

The population of Guatemala is estimated to be 14.6 million, with an average life expectancy of 65.1 years. Spanish is the official language; literacy is about 70.6%, unevenly distributed between men and women. The 1996 signing of peace accords, which ended 36 years of civil war, removed a major obstacle to foreign investment, but instability and conflict continue to hamper economic development. The agricultural sector accounts for about one fourth of the gross domestic product and employs half of the labor force. Coffee, sugar, and bananas are the main products. The annual per capita income is estimated at \$4,200.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 1.1%, with approximately 78,000 people living with HIV/AIDS. The epidemic is concentrated in urban areas and along major transportation routes. The male-to-female ratio among new AIDS cases is estimated at 1.8:1. HIV is transmitted primarily through sexual activity. It is estimated that 75% of all reported AIDS cases in the country were transmitted heterosexually, and 17% were transmitted through men who have sex with men.

Military Statistics

The size of the armed forces is approximately 31,000. A 2002 study of 3300 military personnel found an HIV prevalence rate of 0.7%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Guatemala received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the Guatemalan military for the 2006 fiscal year. Specific objectives of the proposed project include developing an HIV prevention mass awareness and education program, developing a sexually transmitted infection management program, developing a counseling and testing program, conducting a condom distribution program, conducting a behavioral surveillance survey, and hosting a multi-sectoral HIV/AIDS workshop.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Guatemala are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of FY05, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Guatemala and forthcoming results.

GUINEA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

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BACKGROUND

Country Statistics

The population of Guinea is estimated to be 9.5 million, with an average life expectancy of 49.4 years. French is the official language in Guinea, which has an estimated country-wide literacy rate of 36%, unevenly distributed between men and women. Unrest in Sierra Leone and Liberia has spilled over into Guinea on several occasions over the past decade, threatening stability and creating humanitarian emergencies. Guinea is a developing nation. Its economy is concentrated primarily in agriculture (25%), industry (38%), and services (37%); the mining sector accounts for 75% of the country's exports. The annual per capital income is approximately \$2,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 3.2%, with an estimated 140,000 people living with HIV/AIDS. HIV is spread mainly through heterosexual intercourse. Identified risk factors include early initiation of sexual activity, high-risk heterosexual contact, sexual contact with commercial sex workers, and polygamous marriages. High rates of HIV have been found among commercial sex workers (42%).

Military Statistics

The size of the armed forces is approximately 10,000. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 6.6%, which is significantly higher than the general population.



PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the Guinean Armed Forces (GAF) for the 2006 fiscal year. The overall goal of the proposed project is to develop a comprehensive counseling and testing (CT) program for the armed forces in Guinea. Specific objectives of the proposed project include constructing 2 CT centers in military camps, procuring laboratory equipment for the 2 centers, training laboratory technicians and CT counselors, developing promotional materials to



promote the use of the centers, and assessing the impact of the CT centers.

OUTCOMES & IMPACT

Prevention

During FY05, the GAF was committed to prevention messages with a comprehensive overview. Through these community outreach efforts at comprehensive prevention 9135 troops were reached (8,952 men and 183 women). Five hundred and thirty-seven soldiers were trained to provide this message to peers, and 210 condom service outlets were supported.

Care/Counseling and Testing

Three service outlets provided HIV counseling and/or testing for GAF military members. During FY05, 350 soldiers were tested and received their results (343 men, 7 women). Forty soldiers were trained in the provision of CT services.

Treatment

Three GAF laboratories have the capability to perform HIV testing, although none can perform CD4 and/or lymphocyte testing. Forty personnel were trained in clinical management.

Other Activities

Forty-three indigenous organizations were provided with technical assistance in the development of HIV policy, institutional capacity building, and the reduction of stigma and discrimination. One hundred and fifty-five military members attended training on these issues.

GUYANA

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BACKGROUND

Country Statistics

The population of Guyana is estimated to be 765,283 people, with an average life expectancy of 65.5 years. English is the official language, and the in-country literacy rate is estimated at over 98.8%. Until the 1990s more than 80% of Guyana's industries were state-owned. Since then, the government has divested itself of many industries, but it now faces different sets of problems in the form of environmental threats to the coastal strip, commercial threats to the rainforest, and poverty. Agriculture and mining are the prominent sectors of the economy, and the annual per capita income is approximately \$3,800.

HIV/AIDS Statistics

Since the first case was reported in 1987, there has been a steady increase in the annual incidence of HIV in Guyana. The HIV/AIDS prevalence rate in the general population is estimated to be 2.5%, with an estimated 11,000 people living with HIV/AIDS. The majority of infected persons are 20–39 years old. HIV is spread mainly through heterosexual intercourse, accounting for over 80% of AIDS cases. Approximately 18% of AIDS cases are attributed to men who have sex with men. High rates of HIV have been recorded among individuals seeking treatment for sexually transmitted infections (15% for men and 12% for women).

Military Statistics

The size of the armed forces is approxi-

mately 2000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

As a President's Emergency Plan for AIDS Relief (PEPFAR) focus country, the military of Guyana submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall Country Operational Plan (COP). Military activities for fiscal year 2006 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Guyana are being undertaken by the US Southern Command as part of a collaborative agreement with DHAPP. During this quarter, DHAPP staff coordinated initial efforts with the OGAC country team and worked as members of the core team for PEPFAR. Support for the military prevention and care sections of the Guyana FY06 COP was requested via the in-country US Government team there and was reviewed as part of the COP process. Approved activities will commence with the receipt of the FY06 funding in the new fiscal year.

HONDURAS

DHAPP

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BACKGROUND

Country Statistics

The population of Honduras is estimated at 6.9 million people, with an average life expectancy of 65.6 years. Spanish is the official language; the estimated literacy rate is 76.2%. Honduras is one of the poorest countries in the Western Hemisphere, with an unequal distribution of income and high unemployment. Economic growth is dependent on the economy of its main trading partners and on commodity prices, particularly coffee. The annual per capita income is \$2,800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 1.8%, with approximately 63,000 people living with HIV/AIDS. AIDS is the leading cause of death among Honduran women and is believed to be the second biggest cause of death overall in the country. Most HIV-positive Hondurans (85%) are between the ages of 15 and 49. Identified risk factors include high-risk heterosexual contact, sexual contact with men who have sex with men, sexual contact with commercial sex workers, and high rates of sexually transmitted infections.

Military Statistics

The size of the armed forces is approximately 8000. As of this annual report, no information regarding HIV prevalence in the military was available, but a 1997 study found a prevalence of 6.8% among military recruits.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Honduras received funding late in 2005 so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the Honduran military for the 2006 fiscal year. Specific objectives of the proposed project include developing a counseling and testing (CT) program, training CT counselors, developing an abstinence and be faithful training program, conducting an HIV prevalence study, hosting 2 regional training workshops, and establishing an HIV prevention center of excellence.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Honduras are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of FY05, DHAPP funding was released to the implementing partner for commencement of activities. In addition, during February–March 2005, the Honduran military sent two physicians to the *Military International HIV/AIDS Training Program* in San Diego. They were provided with

HONDURAS

training in prevention, CT, care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country.

Early efforts have yielded some preliminary results. One indigenous organization was provided with technical assistance for HIV-related policy development and institutional capacity building. Four individuals were trained in HIV-related institutional capacity building. The Center for Disaster and Humanitarian Assistance Medicine was successful in gaining leadership support for the US Southern Command (USSOUTHCOM) HIV/AIDS prevention initiative. This has resulted in a more aggressive effort by the Honduran Armed Forces HIV/AIDS Program Coordinator to gain support from the government. Coordination efforts with and between US DoD, US Agency for International Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and national agencies, continue to develop in a positive direction. US DoD is working with UNAIDS/United Nations Population Fund and the Honduran Armed Forces to develop a coherent and collaborative program.



INDIA

DHAPP

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BACKGROUND

Country Statistics

The population of India is estimated at 1.1 billion people, with an average life expectancy of 64.4 years. Hindi is the primary official language; the estimated literacy rate is 59.5%, unevenly distributed between men and women. The world's largest democracy has emerged as a major power after several decades during which its economy was virtually closed. Services are the major source of economic growth, though two thirds of the workforce is in agriculture. The annual per capita income is \$3,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.9%, with approximately 5.1 million people living with HIV/AIDS. Although this is a low prevalence rate, due to its large population, India now ranks just behind South Africa in the overall number of individuals who are living with HIV/AIDS. In addition, it appears that overall HIV prevalence in India is continuing to rise. Six of India's states account for nearly 80% of all reported AIDS cases. The predominant mode of HIV transmission is through heterosexual contact, the second most common mode being intravenous drug use. Identified risk factors include high-risk heterosexual contact, intravenous drug use, and contact with commercial sex workers.

Military Statistics

The size of the armed forces is approximately 1.3 million. As of this annual report,

no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

During May 2005, DHAPP staff provided technical assistance to the Indian Armed Forces (IAF) during the IAF *International HIV/AIDS Workshop for Peer Leaders of the Armed Forces*.

The objective of this workshop was to train peer leader teams from the IAF regional commands (Western Eastern, Northern, and Southern Commands) in HIV prevention. Teams included medical officers, nurses, teachers, and spiritual leaders from around the country. Members from the IAF Army, Air Force and Navy attended the workshop.

The peer leader teams at the workshop learned the basics of HIV/AIDS and prevention efforts, with the subsequent objective to train 10 peer leader teams within each of their respective regions. An HIV/AIDS peer leader workbook was developed by the IAF and provided to the participants. It in-



cluded relevant information on HIV/AIDS and clear definitions about HIV disease, to assist them in their efforts for establishing a peer leader program in their region. This interactive workshop created a cadre of peer leaders in the IAF who will help combat the disease in a multi-pronged fashion by acting as counselors and health educators, hoping to combat stigma regarding those affected. Two drama troupes of young soldiers at the workshop performed for approximately 100 people. At the conclusion of the workshop, plans were made to train a total of 40 teams over the following 6 months.



Proposed Future Activities

A proposal was received on behalf of the IAF for the 2006 fiscal year. The overall goal of the proposed project is to build and strengthen the institutional capacity of the Indian military to initiate and sustain HIV/AIDS prevention activities. Specific objectives of the proposed project include developing a train-the-trainer program, conducting 2 national workshops, expanding a counseling and testing (CT) program, and expanding existing laboratory capabilities.

OUTCOMES & IMPACT

Prevention

During FY05, one community outreach prevention program was implemented that focused primarily on abstinence and/or being faithful. Sixty troops were reached and trained as peer educators with these programs. The 60 peer leaders trained during the peer educator workshop in New Delhi served as master trainers for the remainder of the year. In addition, the IAF established 21 targeted condom service outlets during this reporting period.

Care

Early in FY05, the laboratory equipment and supplies were provided to augment HIV testing and surveillance activities being conducted by the Indian Armed Forces Medical Services (IAFMS) in the largest HIV screening

effort the IAF has undertaken to date. In addition, the IAF established 21 CT Centers, and 23,500 soldiers (recruits) were tested for HIV and received their results during this reporting period.

Other Activities

The second *International HIV/AIDS Workshop for Peer Leaders of the Armed Forces* was the second workshop jointly organized by the IAF and the Center of Excellence in Disaster Management and Humanitarian Assistance, the US Pacific Command, and DHAPP, was held at the Base Hospital in Delhi Cantonment, New Delhi, India, 27–30 April 2005. The purpose of the workshop was to train the trainers, targeting HIV/AIDS prevention peer leaders, including military medical officers, religious leaders, teachers, and community volunteers who serve within the military community. The workshop focused on key issues and related policy concerns regarding the science of HIV/AIDS, best practices in HIV/AIDS prevention and in mitigation of HIV/AIDS transmission in the military, counseling in the military environment, and specific counseling issues for peer leaders. In attendance were 60 members of the Indian Armed Forces community who are commanders, medical/spiritual advisors, or counselors to the soldiers, squadron leaders, teachers of the children, and mentors to the wives of the soldiers.

The third *International HIV/AIDS Workshop for Peer Leaders of the Armed Forces* was held at the Army Hospital in the Shillong, Meghalay, India, 30 August–2 September 2005. Similar to the first HIV/AIDS Workshop for Peer Leaders, held in New Delhi, this workshop brought military and civilian personnel together who interact and deal with both the soldiers and their families. Shillong was selected as a venue to host the workshop, specifically to take the training out of the major cities and out to the most remote areas of India and areas where rates of HIV/AIDS were of concern. The third workshop focused on similar issues, and drew an audience of similar demographics as the second.



INDONESIA

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BACKGROUND

Country Statistics

The population of Indonesia is estimated at 242 million people, with an average life expectancy of 69.6 years. Bahasa Indonesia is the official language; the estimated literacy rate is 88%. Indonesia has experienced unprecedented turmoil in recent years, including the loss of East Timor, interethnic and religious conflict, and a devastating tsunami in 2004. Agriculture and services are the prominent sectors of the economy. The annual per capita income is \$3,500.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 0.1% with an estimated 120,000 people living with HIV/AIDS. Although this rate is low, Indonesia may be on the brink of a rapidly worsening epidemic. The HIV epidemic in Indonesia is concentrated mainly among intravenous drug users and their sexual partners and commercial sex workers and their clients. In 2004, 44% of all reported AIDS cases had been transmitted through intravenous drug use; an additional 44% had been transmitted through heterosexual intercourse. The male-to-female ratio of AIDS cases in 2003 was 4.7:1.

Military Statistics

The size of the armed forces is approximately 297,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the military of Indonesia for the 2006 fiscal year. The specific objectives of the proposed project include developing a peer education training program, developing a counseling and testing (CT) program, and expanding existing laboratory capabilities.



OUTCOMES & IMPACT

Prevention/Care/Treatment

A multi-agency working group was convened at the end of fiscal year 2005, bringing together officials from the Indonesia Armed Forces (TNI), US Department of Defense, Ministry of Defense, US Agency for International Development, Family Health International, and Joint United Nations Programme on HIV/AIDS. The bilateral working group met 19–23 September 2005 in Jakarta, Indonesia. The goals of the working group were met, including the initiation of the first US Government-TNI-Donor working group discussion on HIV/AIDS programmatic activities; the coordination of partnerships with other donors on current and future HIV/AIDS activities; the development of

a comprehensive work plan for the US Pacific Command (USPACOM) Bilateral HIV/AIDS Program with the Indonesian Defense Department, the TNI, and donor agencies; and the completion of a laboratory assessment at the Central Army Referral Hospital, providing valuable information needed for infrastructure capacity building phase of the USPACOM Bilateral HIV/AIDS Program in Indonesia.

KAZAKHSTAN

DHAPP

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BACKGROUND

Country Statistics

The population of Kazakhstan is estimated at 15.2 million people, with an average life expectancy of 66.6 years. Russian and Kazakh are the official languages; the estimated literacy rate is 98.4%. The largest of the former Soviet republics in territory, excluding Russia, Kazakhstan possesses large fossil fuel reserves as well as plentiful supplies of other minerals and metals. It also has a large agricultural sector. Since independence, oil development has brought rapid economic growth to this country. The annual per capita income is \$7,800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 0.2%, with an estimated 16,500 people living with HIV/AIDS. The HIV epidemic in Kazakhstan is concentrated mainly among intravenous drug users and their sexual partners. Intravenous drug users accounted for about 75% of new HIV cases in 2003; the remainder of new cases were infected through sexual transmission. The great majority of the HIV cases are male, and the most affected age group is 20-29 years old. Other vulnerable groups include intravenous drug users, commercial sex workers, prisoners, migrants, and truck drivers.

Military Statistics

The size of the armed forces is approximately 64,000. As of this annual report, no

information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members have established contact with the US Embassy in Kazakhstan and has assisted them, along with their military colleagues there, in the early development of a plan for future activities. Through this collaboration, members of the Kazakhstan military were able to work with the US Embassy to ensure 2 military physicians were able to attend vital training in HIV prevention, care, and treatment methods at the San Diego-based *Military International HIV/AIDS Training Program* (MIHTP).



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP has commenced early collaborative interaction with military officials and US Embassy staff in Kazakhstan to establish a comprehensive HIV/AIDS prevention/education program for their country. During April–May 2005, DHAPP funded 2 physicians to attend MIHTP in San Diego. Feedback from the participants indicated that they felt the course would be of great assistance to them in the commencement of prevention, treatment, and care programs for the military members in their country. At this time, no additional funding has been sent to Kazakhstan.

KENYA

DHAPP

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BACKGROUND

Country Statistics

The population of Kenya is estimated at 33.8 million, with an average life expectancy of 48 years. English and Kiswahili are the official languages of Kenya, which has a literacy rate of 85%. The regional hub for trade and finance in East Africa, Kenya has a developing, relatively diversified economy. About 75% of the workforce is employed in agriculture, which accounts for 19% of the gross domestic product. Services (62%) and industry (19%) make up the other sectors of the economy. The annual per capita income is estimated at \$1,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 6.7%, with an estimated 1.2 million people living with HIV/AIDS. HIV prevalence in Kenya appears to be decreasing, with the most dramatic drops in prevalence observed in urban areas. More than 1.2 million children in Kenya have been orphaned through the death of their mother to HIV/AIDS. Identified risk factors include high-risk heterosexual contact with multiple partners, untreated sexually transmitted infections, and perinatal transmission. Girls and young women are particularly vulnerable to infection. Women aged 15–24 years are more than twice as likely to be infected as men of this age.

Military Statistics

The size of the armed forces is approximately 35,000. The Kenyan Department of

Defense (KDOD) HIV rate is estimated at 7%.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

The US Army has a significant in-country presence in Kenya and has provided needed technical assistance to the KDOD in the implementation of its activities, as well as the preparation of proposals for future efforts.

Proposed Future Activities

As a President's Emergency Plan for AIDS Relief (PEPFAR) focus country, the military of Kenya submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall Country Operational Plan (COP). Military activities for fiscal year 2006 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention

The KDOD made significant progress during FY05 in all areas of its comprehensive HIV/AIDS prevention program. During the fiscal year, 33,439 troops were reached with community outreach prevention programs focusing on abstinence and/or being faithful (17,093 men and 16,346 women). Of these, the messages reaching 6,593 troops had a primary abstinence message (4262 men and 2,331 women). During the year, 472 military members were trained in providing this message to peers. In addition, 143,000 KDOD troops and their family members were reached with community outreach programs focusing on a comprehensive prevention message (97,000 men and 46,000 women). Another fifteen individuals were trained in providing this message to peers. The KDOD supported 440 targeted condom service outlets during the year.

Fifteen outlets providing prevention of mother-to-child transmission (PMTCT) services were supported by the KDOD during FY05. During the year, 1,290 pregnant women received PMTCT services, including counseling and testing (CT). Of those, 171 received a complete course of antiretroviral prophylaxis. Thirty health care workers were trained in the provision of PMTCT services.

Care

The KDOD supported 40 service outlets providing general palliative care for HIV infection. Of these, 1 provided care specifically for tuberculosis (TB). During FY05, 1,289 troops and family members received care for HIV (704 men, 585 women). Of these, 234 received treatment for TB (164 men, 70 women).

Counseling and Testing

Twenty outlets provided CT services to military members and their families during FY05. During this time, 7,414 KDOD personnel were tested and received their results (5,416 men and 1,998 women). Forty-nine individuals were trained in the provision of CT services to troops and family members.

Treatment

One service outlet provided antiretroviral therapy (ART) for military members during FY05. During the year, 402

military members newly initiated ART (257 adult men, 117 adult women, 15 boys, 13 girls). At the end of the year, 684 individuals had ever been on an ART regimen (473 men, 175 women, 18 boys, 18 girls). At the end of the year, 648 members were on ART (444 men, 168 women, 18 boys, 18 girls). Eighty-two military health care workers were trained in the provision of ART.



KYRGYZSTAN

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BACKGROUND

Country Statistics

A Central Asian country and a member of the Commonwealth of Independent States, Kyrgyzstan was formerly part of the Soviet Union; independence was achieved in 1991. The population is estimated at 5.1 million, with an average life expectancy of 68.2 years. Kyrgyz and Russian are the official languages of Kyrgyzstan, which has a literacy rate of 99%. Kyrgyzstan's economy depends largely on agriculture and livestock; the main agricultural products are cotton, tobacco, wool, and meat. The annual per capita income is estimated at \$1,600.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be less than .01%, with an estimated 3900 people living with HIV/AIDS. As of 2004, only 543 cases of HIV infection had been officially reported in Kyrgyzstan. However, independent estimates put the overall number of cases at up to many times the official number. The country is facing a rapidly expanding HIV epidemic. The main vulnerable groups include injecting drug users, commercial sex workers and their clients, prisoners, and young people. The main mode of transmission is intravenous drug use. Most people living with HIV/AIDS are 20–39 years old. Men are much more severely affected than women.

Military Statistics

The size of the armed forces is approximately 9000. As of this annual report, no

information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members have established contact with the US Embassy in Kyrgyzstan and has assisted them, along with their military colleagues there, in the early development of a proposal for future activities. Through this collaboration, members of the Kyrgyzstan military were able to work with the US Embassy to ensure 2 military physicians were able to attend vital training in HIV prevention, care, and treatment methods at the San Diego-based *Military International HIV/AIDS Training Program* (MIHTP).

Proposed Future Activities

A proposal was received on behalf of the military of Kyrgyzstan for the 2006 fiscal year. The specific objectives of the proposed project include developing a peer education training program, establishing an HIV/AIDS prevention information center, conducting a survey to determine HIV awareness, and strengthening and expanding laboratory infrastructure.

OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP has commenced early collaborative interaction with military officials and US Embassy staff in Kyrgyzstan to establish a

KYRGYZSTAN

comprehensive HIV/AIDS prevention/education program for their country. DHAPP provided support for 2 Kyrgyzstan military physicians to attend the MIHTP in April–May 2005. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country. In addition, DHAPP funds sent to date have been used to purchase software for 9 computers in an effort to establish infrastructure for the program.



LESOTHO

DHAPP

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BACKGROUND

Country Statistics

The population of Lesotho is estimated to be 1.9 million, with an average life expectancy of 34.5 years, shortened due to the AIDS epidemic. English and Sesotho are the official languages; the overall literacy rate is 84.8%. Literacy is significantly higher for females (95%) than for males (75%). The economy of Lesotho is primarily based on subsistence agriculture, especially livestock. Unemployment is very high, and a large number (35%) of active male wage earners seek employment in South Africa. The annual per capita income is estimated at \$3,200.

HIV/AIDS Statistics

Lesotho has the third highest HIV prevalence in the world. HIV prevalence is estimated to be 29%, with 320,000 people living with HIV/AIDS. Over 100,000 children have lost one or both parents to AIDS. The 25–29 age group is the most severely affected, with a prevalence of 39%. Risk factors include sexually transmitted infections (STIs), unprotected heterosexual contact with multiple partners, contact with commercial sex workers, and mother-to-child transmission. Approximately half of patients seeking treatment for STIs are HIV positive.

Military Statistics

The size of the armed forces is approximately 2000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained close collaborative interaction with the Lesotho Defense Force (LDF) and US Embassy representatives there. DHAPP staff members interacted with the LDF during monthly conference calls, during which the LDF provided updates on their current activities, as well as on the proposed expansion of efforts and the development of their strategy for the Office of the Global AIDS Coordinator. DHAPP staff members provided technical assistance for the proposal and strategy development, as well as for monitoring and evaluation of current activities.



Proposed Future Activities

A proposal was received on behalf of the LDF for the 2006 fiscal year. The specific objectives of the proposed project include establishing a peer education training program, conducting mass awareness training on counseling and testing (CT), training military medical personnel, establishing porter camps for wellness, HIV/AIDS, tuberculosis (TB), and STIs, establishing mother and child health clinics, and strengthening and expanding laboratory infrastructure.



OUTCOMES & IMPACT

Prevention

During FY05, the LDF HIV prevention program reported significant accomplishments during this and the previous reporting period, functioning out of the Makoanyane Military Hospital. One hundred troops (80 men, 20 women) were reached through these community outreach efforts with a primary message of abstinence and/or being faithful. Thirty military members were trained to provide this prevention message. In addition, 50 service members (35 men, 15 women) were reached with comprehensive prevention messages, and 53 were trained to provide this message to peers. The LDF supports 5 condom service outlets.

Care

During FY05, 2 outlets provided generalized and TB-specific palliative care for military patients with HIV/AIDS. During the year, 194 troops and family members received care at these outlets. Of these patients, 144 received care for TB. Thirty health care providers were

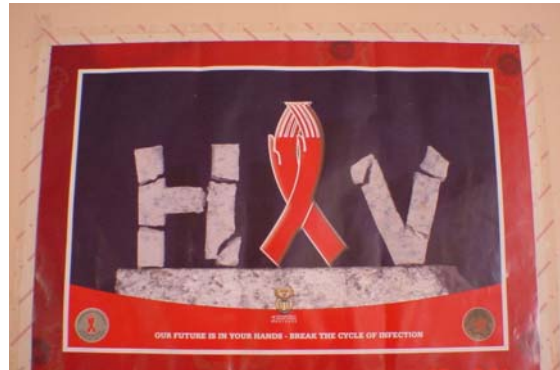
trained in the provision of general palliative care, and an additional 14 were trained in providing TB care for HIV patients.

Counseling and Testing

Two CT outlets were supported by the LDF during FY05. During the year, 162 soldiers were tested and received their results. Eighteen military members were trained to provide this service.

Treatment

The LDF supported one service outlet which provided antiretroviral therapy (ART) for military members during FY05. By the end of the year, 177 military patients were established on ART, and 12 health workers were trained in the provision of ART. One laboratory had the capability of providing CD4 and/or lymphocyte testing, and 4 laboratory technicians were trained in laboratory services.



MADAGASCAR

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Country Statistics

The population of Madagascar is estimated to be 18 million, with an average life expectancy of 56.9 years. French and Malagasy are the official languages; the overall literacy rate is 68.9%, unevenly distributed between men and women. Agriculture, including fishing and forestry, is a mainstay of the economy, accounting for 29% of the gross domestic product and employing 74% of the population. The annual per capita income is estimated at \$800.

HIV/AIDS Statistics

The HIV prevalence rate in Madagascar's general population is estimated at 1.7%. Approximately 140,000 individuals in the country are living with HIV/AIDS. National rates of adult HIV prevalence in Madagascar have risen sharply in recent years, as seen among pregnant women attending prenatal clinics. Significant risk factors for infection include unprotected heterosexual contact, poverty, low literacy, and sexually transmitted infections (STIs). It is believed that the epidemic is driven mainly by unprotected heterosexual contact.

Military Statistics

The size of the armed forces is approximately 21,000. As of this annual report, no information regarding HIV prevalence in the military was available.



PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the military of Madagascar for the 2006 fiscal year. The specific objectives of the proposed project include establishing an HIV/AIDS mass awareness campaign for militaries and their families; establishing 3 Counseling and Testing (CT) centers; training laboratory technicians, peer educators, and counselors; strengthening and expanding laboratory infrastructure; and improving the blood safety program.



OUTCOMES & IMPACT

Prevention/Care/Treatment

The Madagascar Ministry of Defense (MOD) HIV prevention program is in its early stages. During FY05, 3150 members of the military were reached with comprehensive prevention messages, and 51 individuals were trained to provide those messages to peers. One targeted condom service outlet has been established. In addition, 1 military hospital has instituted a program of blood-safety activities. 24 personnel were provided training in laboratory techniques, CT provision, and HIV-related palliative care



HIV, testing principles, diagnosis strategies of HIV, blood drawing techniques with the Vacutainer system, syphilis serologic diagnosis, and the use of lab management tools.

DHAPP staff look forward to continued collaboration with the Madagascar MOD, and expansion of their program in the near future.



Other Activities

In the end of FY05, 1 indigenous program was provided with technical assistance in capacity building, and 24 personnel were provided training in laboratory techniques, CT provision, and HIV-related palliative care. The Madagascar MOD Military Health Service organized this training session for military personnel from 6 military health regions. The objective was to reinforce CT managers' capacity in HIV/AIDS counseling (pre- and post-test) and psychosocial responsibility for people living with HIV. Training content included emphasis on the seriousness of STI and AIDS, with general information on STI/AIDS, as well as counseling methods and techniques. The participants included 8 medical doctors and 2 nurses, and the trainers were 2 medical doctors from the program "Fight Against STI/ HIV/AIDS" from the Ministry of Health and Family Planning. The objective of the second session was to allow the participants to acquire basic techniques on diagnosis of HIV infections and opportunistic infections. The training consisted of theoretical and practical sessions, including the evolution and indicators of

MALAWI

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Country Statistics

The population of Malawi is estimated to be 12.2 million, with an average life expectancy of 41.4 years, shortened due to the AIDS epidemic. English and Chichewa are the official languages; the overall literacy rate is 62.7%, distributed disproportionately between men and women. Landlocked Malawi ranks among the world's least developed countries. The economy is predominately agricultural, with about 90% of the population living in rural areas. Agriculture accounts for nearly 40% of the gross domestic product and 88% of export revenues; tobacco accounts for over 50% of exports. The annual per capita income is estimated at \$600.

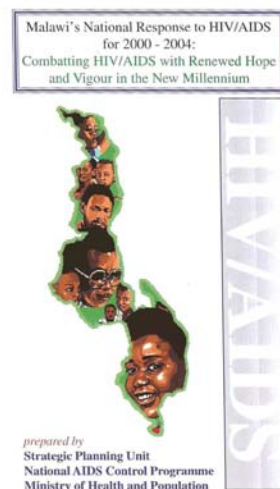
HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 14.2%, with approximately 900,000 people living with HIV/AIDS. AIDS is the leading cause of death among Malawian adults; patients with HIV/AIDS-related conditions occupy over 70% of hospital beds. Approximately 400,000 children have lost parents to HIV/AIDS. The 2 main mechanisms of transmission in Malawi are heterosexual contact and mother-to-child transmission. HIV prevalence is almost twice as high in urban areas as in rural areas. More than half of the new HIV infections are occurring in young people aged 15-24 years.

Military Statistics

The size of the armed forces is approxi-

mately 5000. As of this annual report, no information regarding HIV prevalence in the military was available, but military HIV rates are believed to be slightly higher than in the civilian population.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early collaborative contact with US Embassy staff in Malawi and with Malawi Defense Force (MDF) members. Program development and implementation, logistics, and proposal planning were undertaken by DHAPP staff members in coordination with the MDF, and a technical assist in-country visit was planned for early in fiscal year 2006.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Since MDF programs in HIV prevention, care, and treatment are relatively new, limited data were available for FY05. In the generalized palliative care setting, 8 military patients were provided with general HIV-related palliative care. Two hundred and fifty military members were tested for HIV and received their results. In addition, 1 Counseling and Testing Center was approved for renovations, which are scheduled in early FY06. DHAPP staff members anticipate successful continued collaboration with the MDF and the US Embassy staff in Malawi.

MALI

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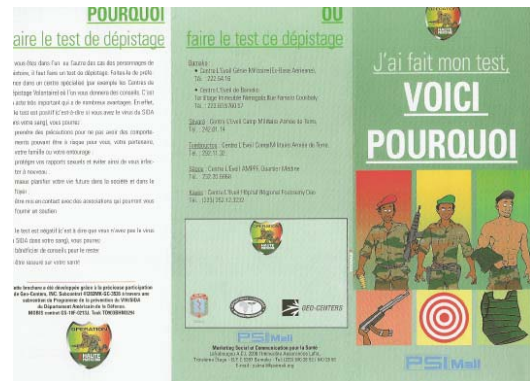
The population of Mali is estimated to be 12.3 million, with an average life expectancy of 48.6 years, shortened due to the AIDS epidemic. French is the official language; the estimated literacy rate is 46.4%, distributed disproportionately between males and females. Mali is a developing country with a stable and democratic government. The economy of Mali is described as underdeveloped, with 80% of the population engaging in subsistence agriculture. The annual per capita income is estimated at \$900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 1.9%, with approximately 140,000 people living with HIV/AIDS. Recorded cases are higher in Malian women than in men. Identified risk factors include high-risk heterosexual contact with multiple partners, sexual contact with commercial sex workers, and a high rate of sexually transmitted infections. Migration is thought to be a significant factor in Mali's HIV epidemic, as HIV rates are substantially higher in bordering countries such as Côte d'Ivoire and Bukina Faso.

Military Statistics

The size of the armed forces is approximately 7000. As of this annual report, no information regarding HIV prevalence in the military was available, but is thought to be higher than the national average of 1.9%.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members provided technical assistance to US Embassy representatives in Mali during an in-country assist visit 19–March 2005.

DHAPP staff members toured the main laboratory, the primary Counseling and Testing (CT) center, and regional center that had been developed with previous year's funding. The military and civilians share the main hospitals, with the military functioning primarily out of health clinics. There are 34 military clinics in the 6 military regions, and 3 CT centers are available. Two labs currently support the military. Approximately 20 military physicians have received training in antiretroviral therapy.

Program development, implementation, and logistics of providing personnel support for the Malian Defense Force (MDF) were discussed and action items identified. In addition, DHAPP staff members provided technical assistance in the development of the MDF fiscal year 2006 proposal for funding.

In-Country Ongoing Assistance

In order to effectively use the funding sent directly to the US Embassy in Mali, the MDF began actively looking for a nongovernmental organization (NGO) to assist them with their HIV/AIDS prevention and education efforts. At this time, no group has been selected; however, the objective for such an organization should be to provide administrative supervision of the MDF effort. The NGO will utilize the personnel resources that the MDF has available and will identify and set up the program plan and budget indicators. The NGO will also be responsible for fulfilling the DHAPP administrative/financial reporting requirements and submitting them through the office of the US Defense Attaché for the duration of the contract. Specifically, the MDF and the selected NGO will also work together to design educational pamphlets with behavior changing information for distribution.

Proposed Future Activities

A proposal was received on behalf of the MDF for FY06. The specific objectives of the proposed project include expanding a peer education training program, constructing and equipping 2 new CT centers in the Gao and Kayes regions, enhancing laboratory capabilities, training Malian military health service personnel, and conducting CT monitoring and evaluations.

led to Mali in March 2005 to conduct a needs assessment and assist with proposal preparation. Objectives included the increase of technical capacity of military health centers by training selected personnel to collect data and analyze information. The MDF requested assistance with renovating and equipping 3 laboratories, and constructing 1 CT Center. Refresher training for peer educators and personnel working at the existing CT Centers was requested as an additional priority. DHAPP staff members look forward to the commencement of this program and continued collaboration with the MDF.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have begun collaborative efforts with MDF officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members in Mali. DHAPP staff members trav-

MAURITANIA

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BACKGROUND

Country Statistics

The population of Mauritania is estimated to be 3.1 million, with an average life expectancy of 52.7 years. Arabic is the official language; the estimated literacy rate is 41.7%, distributed disproportionately between men and women. Half of the country's population depends on agriculture and livestock for a livelihood. Mauritania is expected to benefit from the exploitation of its offshore reserves of oil and natural gas. The annual per capita income is estimated at \$1,800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.6% with approximately 9500 people living with HIV/AIDS. Little is known about the factors that influence the spread of HIV/AIDS in Mauritania. Infection rates are believed to be higher in border towns than in other areas.

Military Statistics

The size of the armed forces is approximately 16,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members have established and maintained collaborative contact with US Embassy representatives in Mauritania.

DHAPP staff members provided technical assistance regarding the logistic challenges faced by the US Embassy staff in the procurement of the military's needed laboratory and counseling and testing (CT) equipment and facilities. Despite instability in the country, the combined the Department of Defense collaboration allowed basic purchases to be made for the setup of a laboratory and CT center in Mauritania.



OUTCOMES & IMPACT

Prevention/Care/Treatment

According to the US Embassy in Mauritania, many bilateral efforts for HIV prevention are currently suspended due to instability and widespread famine in the area. DHAPP funding was sent to Mauritania late in the fiscal year, and despite the ongoing difficulties in the country, these funds have been expended. Basic equipment was procured for the setup of a CT Center at Nouakchott, as well as for its related laboratory. Specific equipment purchased includes a microplaque

MAURITANIA

reader, an automatic microplaque washer, 2 incubators, reagents, quick test kits, ELISA tests, and micropipettes, tubes, disinfectants, needles, and Vacutainers.

DHAPP looks forward to anticipated results from the newly equipped laboratory and CT Center, as well as to continued collaboration with Mauritania in fiscal year 2006.

MOROCCO

DHAPP

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BACKGROUND

Country Statistics

The population of Morocco is estimated to be 32.7 million people, with an average life expectancy of 70.7 years. Arabic is the official language; the estimated literacy rate is 51.7%, distributed disproportionately between men and women. The economy of Morocco is concentrated primarily in agriculture (40%) and services (45%). Tourism is an important sector of the economy, as are cash remittances from the large number of Moroccans working in France. The annual per capita income is estimated at \$4,200.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.1%, with approximately 15,000 people living with HIV/AIDS. Individuals 30–39 years old and those living in the regions of Marrakech and Agadir are the most severely affected. HIV in Morocco is mainly transmitted through heterosexual intercourse. Less frequent modes of transmission include sexual contact with men who have sex with men, intravenous drug use, and blood or blood products. Mother-to-child transmission accounts for about 5% of cases.

Military Statistics

The size of the armed forces is approximately 100,000. The Moroccan military is currently involved in 6 peacekeeping operations (Haiti, Ethiopia, Western Sahara, Rwanda, and Sierra Leone). As of this annual report, no information regarding HIV preva-

lence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff conducted an initial site assessment and discussed potential DHAPP prevention efforts with the Moroccan Ministry of Defense during an in-country technical assist visit, 6–10 June 2005. This trip also included a site visit to the Rabat Military Hospital, which is the largest military hospital in Morocco and North Africa.

An overview of the DHAPP program was provided and the Ministry of Defense identified areas in need of support. AIDS patients are currently being provided with antiretroviral therapy at a cost of approximately \$100 per patient per month.

There is interest in conducting an HIV/AIDS prevalence survey, and Moroccan physicians would like the opportunity to visit the Centers for Disease Control and Prevention and be included in *Military International HIV Training Program*.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP has continued to engage Moroccan military officials and US Embassy staff to establish a new HIV/AIDS prevention/education program for their military members, with focus on activities that will increase their capacity in strategic information methods, specifically disease surveillance systems. Morocco was slated to receive additional funding in fiscal year 2006, and DHAPP will work with the US Embassy representatives and with the Moroccan military to establish the implementation of those funds.

MOZAMBIQUE

DHAPP

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BACKGROUND

Country Statistics

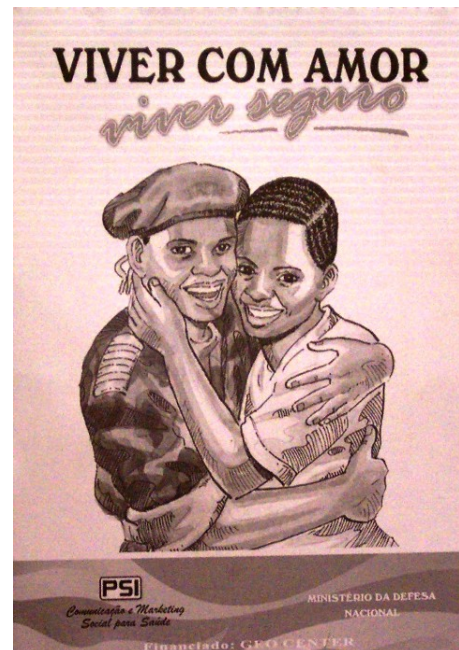
The population of Mozambique is estimated to be 19.4 million people, with an average life expectancy of 40.3 years, shortened due to the AIDS epidemic. Portuguese is the official language; the estimated literacy rate is 47.8%, distributed disproportionately between men and women. Mozambique is described as a developing nation with a majority of the population dependent on subsistence agriculture. The annual per capita income is estimated at \$1,200.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 12.2%, with approximately 1.3 million people living with HIV/AIDS. Recent data show a dramatic increase in the HIV epidemic in Mozambique. The primary mode of HIV transmission is heterosexual contact. HIV prevalence levels are highest in the country's central and southern provinces, where rates as high as 20% have been found. Vulnerable groups include commercial sex workers and their clients, mobile populations, and people with sexually transmitted infections.

Military Statistics

The size of the armed forces is approximately 11,000. As of this annual report, no information regarding HIV prevalence in the military was available, but it is estimated that HIV prevalence may be as high as 39% in some military units.



PROGRAM RESPONSE

In-Country Ongoing Assistance

Funding distributed in fiscal year 2005 was used to continue the program started in FY04. This program, conducted by Population Services International-Mozambique, is designed to expand counseling and testing (CT) services in the Ministry of Defense at 4 recruit training sites and establish a Ministry of Defense policy for confidentiality. Funds were also used to train counselors and staff, procure equipment and supplies, and conduct Information, Education, and Communication/behavior change communication seminars, and outreach.

Military-to-Military Technical Assistance

DHAPP staff members provided technical assistance to the Mozambique Armed Defense Forces (MADF) during an in-country assist visit 28 March to 1 April 2005. The purpose of the visit was to collaborate with the MADF and the country team on the development of the MADF plan for HIV prevention, care, and treatment to be proposed for the Country Operational Plan (COP) in FY06.

DHAPP staff members met with US Embassy representatives on the country team and with Population Services International to discuss the status of the program and proposal to date. Action items included follow-up for the military CT Center refurbishment. Members of the MADF met with DHAPP staff to discuss the upcoming prevalence/behavioral study set for implementation in the MADF. Logistic details were discussed and probable sites were determined. The DHAPP staff member interviewed candidates for the program manager position and made an offer to one of them.

Other meetings took place between DHAPP staff members and the US Ambassador to Mozambique, the Centers for Disease Control and Prevention (CDC), and US Agency for International Development representatives on the Mozambique President's Emergency Plan for AIDS Relief (PEPFAR) country team. The CDC provided an update on the inclusion of the military hospital in its work with antiretroviral therapy, including the imminent start of 100 patients per month on treatment there. During outbriefing meetings the next day, the Ambassador expressed her support for the military program, and all members of the country team agreed to work together with the new program manager in the development of programs to be submitted in the FY06 COP process for PEPFAR.

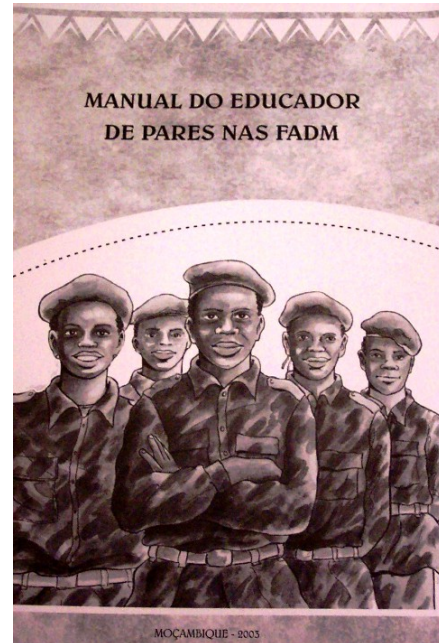
Foreign Military Financing Assistance

Mozambique was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. Specific equipment purchases are currently being negotiated by US Embassy and Mozambique military representatives, and DHAPP staff.

Proposed Future Activities

As a PEPFAR focus country, the military of Mozambique submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's

overall COP. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Mozambique to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Mozambican country core team at the OGAC, providing support to the country team in its implementation of PEPFAR funding. During FY05, DHAPP staff members were actively engaged with Mozambican officials in the commencement of an HIV behavioral and seroprevalence study. In addition, DHAPP has assisted Mozambique with its established CT Centers and in the process of renovating 2 more centers. Finally, DHAPP funding was used to hire an in-country program manager, who will assist the US Embassy team in the implementation of prevention, care, and treatment programs beginning in early FY06. DHAPP desk officers have engaged country team members through their association with the OGAC core team, and were active planning participants in the COP process for FY06.

NAMIBIA

DHAPP

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Country Statistics

The population of Namibia is estimated to be 2 million people, with an average life expectancy of 43.9 years, shortened due to the AIDS epidemic. English is the official language, but Afrikaans is the most prevalent. The estimated in-country literacy rate is 84%. Namibia normally imports about 50% of its cereal requirements; in drought years food shortages are a major problem in rural areas. Namibia has a well-developed mining industry; however, approximately half of the population relies on subsistence agriculture. Namibia has an annual per capital income of \$7,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 21.3%, with approximately 210,000 people living with HIV/AIDS. HIV/AIDS is now the primary cause of death in Namibia. AIDS-related conditions account for over 75% of all hospitalizations. By the end of 2003, approximately 57,000 children in Namibia had lost one or both parents to AIDS. Heterosexual sex is the main transmission route, followed by mother-to-child transmission. Prevalence varies dramatically by region, ranging from 9–43%. Internal labor migration and the presence of major transportation routes linking Namibia to other high prevalence countries have helped to fuel the epidemic.

Military Statistics

The size of the armed forces is approxi-

mately 15,000. Forcewide testing has not been conducted, but HIV prevalence in the Namibian Defense Force (NDF) is estimated at 33%.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the NDF during an in-country assist visit, 7–14 July 2005. The purpose of the trip was to have the chance to observe current efforts, assist with planning, and conduct a site visit for prevention activities in the NDF.

During this visit DHAPP staff members met with the Namibian Permanent Secretary of Defense and the Chief of Staff. Site visits of the Military Action and Prevention Programme (MAPP), and Remember Eliphaz HIV/AIDS Education Centre (REEC) were conducted. DHAPP staff attended a lecture on antiretroviral therapy (ART) that was attended by over 50 soldiers, as well as a MAPP training session attended by approximately 60 soldiers. *During the MAPP training session, the MAPP team showed the video Remember Eliphaz, led discussions, presented dramas, and took questions from the group.* Also during this visit, a ceremony was held to turn over the new vehicle that will be used for home-based care visits, and

other prevention and care materials on behalf of MAPP and DHAPP. DHAPP staff members also met with members of the President's Emergency Plan for AIDS Relief (PEPFAR) country team, during which Centers for Disease Control and Prevention representatives indicated their plans to assist with adding military personnel to the program that provides ART to HIV/AIDS-positive patients.

In-Country Ongoing Assistance

Funds were provided in continued support of DHAPP efforts for the NDF. In fiscal year 2005, support continued for MAPP, an HIV/AIDS prevention education and behavior change communication (BCC) campaign being conducted by Population Services International/Social Marketing Association (PSI/SMA). PSI/SMA continues to work toward expanding current prevention activities and BCC for HIV/AIDS prevention among NDF members and Ministry of Defense (MOD) officials. Efforts continued in the following activities: (1) developing a focused Information, Education, and Communication campaign aimed at improving healthy behavior, including condom use among uniformed personnel by using media/education (dramas, communication materials, and video); training capacity building (study tour, strategic planning workshop, and peer education); and outreach (mobile video unit and a multi-purpose drop-in center); (2) increasing availability of condoms; and (3) evaluating lessons learned and disseminating best practices.

Proposed Future Activities

As a PEPFAR focus country, the NDF submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall Country Operational Plan (COP). Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention

Five years of cooperative work has resulted in a strong partnership between the Namibian MOD and the US Department of Defense (DoD) in the fight against HIV/AIDS. The efforts are achieved through their implementing platform, the MAPP, which is now identified as the official military response to the HIV/AIDS crisis in the Namibian Government's national strategic plan on HIV/AIDS.

During FY05, the MAPP support team visited 23 bases and bush camps, including the Namibian Army's Headquarters and all military personnel who had just returned from peacekeeping missions in Liberia. MAPP teams focus on comprehensive methods of HIV prevention in edutainment sessions on bases, educational sessions at REEC, and in workshops and training. These community outreach efforts at comprehensive prevention reached 7865 troops (6709 men and 1156 women).. Sixty-two soldiers were trained to provide this message to peers, and 11 condom service outlets were supported.

Care

From REEC, which has a garden that grows food, the MAPP team visited 11 male soldiers who were placed in a home-based care (HBC) program by the MOD. Food rations of Mahangu, maize meal, and e'pap were given to each soldier. There was also a request by several of the HBC providers for additional HBC kits for those in the military's HBC program.

Counseling and Testing

The largest constraint on counseling and testing (CT) is the lack of a complete MOD policy on HIV/AIDS prevention, treatment, and care. MAPP will continue to assist the MOD/NDF in developing a policy that supports their national objectives of preventing and treating HIV/AIDS. Information on how to access CT services both on and off military facilities is integrated into the presentations by the MAPP team. The CT Center for the Windhoek military hospital is in process. NDF members will be trained next quarter to provide the service.

Forty-seven NDF members and REEC staff went through CT training courses during FY05 and are prepared to function in military CT Centers when they are operational next quarter.

Treatment

The DoD effort with the NDF does not currently involve treatment for affected soldiers; however, the team is working with the country team to begin this process.

Other Activities

One indigenous organization received technical assistance for institutional capacity building and HIV-related policy development. REEC conducted Saturday educational events on stigma and discrimination and a regional pool tournament reaching 43 soldiers who were trained to implement policy, capacity building, stigma, and discrimination programs. These sessions are completely voluntary and the REEC has seen increased support from base commanders in assisting their members by providing transportation to the center. Another Saturday session on ART and adherence drew an additional crowd of 65 soldiers and was facilitated by the Kavango regional pharmacist. This is the third such session, and REEC has the support of local medical professionals for facilitation. Additionally, the MAPP team accomplished unprecedented success by conducting two highly effective Commanders' conferences, resulting in 96 commanders trained. These conferences allowed NDF Commanding Officers to be fully informed on the HIV/AIDS pandemic and the programs available for prevention, care, and treatment. The Deputy Minister opened both seminars and the NDF Chief of Staff participated by presenting a session called "HIV in the Military." During the third quarter of FY05, a vehicle was donated to assist the MOD/NDF in carrying out HBC visits.

NEPAL

DHAPP

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Country Statistics

The population of Nepal is estimated at 27.7 million people, with an average life expectancy of 59.8 years. Nepali is the official language; the estimated literacy rate is 45.2%, unevenly distributed between men and women. An isolated, agrarian society until the mid-20th century, Nepal entered the modern era in the 1950s without schools, hospitals, roads, telecommunications, or electric power, but has made steady progress toward sustainable economic growth. Agriculture remains Nepal's principal economic activity, providing a livelihood for over 80% of the population. Annual per capita income is estimated at \$1,500.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.5%, and it is reported that 3100 people are living with HIV/AIDS. Experts believe the actual rate may be much higher, with the official figures representing only passive case reporting. Men are much more severely affected by HIV than women. Intravenous drug use is the primary mode of HIV transmission. Other key factors involved in the spread of HIV in Nepal include high rates of mobility and migration for work opportunities, prostitution, poverty, gender inequality, and low education levels.

Military Statistics

The size of the Royal Nepalese Army (RNA) is approximately 50,000. As of this annual re-

port, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was received on behalf of the RNA for the 2006 fiscal year. Specific objectives of the proposed project include developing laboratory infrastructure, developing a counseling and testing program, developing a peer education program, developing surveillance capabilities, and conducting workshops and conferences.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Because the first proposal for HIV prevention activities in the RNA was received during FY05, there are no outcomes measures as of the end of this reporting period. DHAPP looks forward to continued collaboration with Nepal in the development of its program.



NICARAGUA

DHAPP

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BACKGROUND

Country Statistics

The population of Nicaragua is estimated to be 5.5 million people, with an average life expectancy of 70.33 years. Spanish is the official language, and the in-country literacy rate is estimated at 67.5%. Nicaragua is struggling to overcome the consequences of dictatorship, civil war, and natural calamities, which have made it one of the poorest countries in the Western Hemisphere. Lacking substantial mineral resources, Nicaragua has traditionally relied on agricultural exports to sustain its economy. The annual per capita income is approximately \$2,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.2%, the lowest rate in Central America. Approximately 6400 people in Nicaragua are living with HIV/AIDS. Most cases occur among individuals aged 20–39 years. Men are more severely affected than women, with a male-to-female ratio of 3:1, but infection rates among women are growing. Sexual transmission accounts for most (86%) of the cases. The main vulnerable groups are men who have sex with men and commercial sex workers.

Military Statistics

The size of the armed forces is approximately 16,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Nicaragua received funding late in 2005 so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the Nicaraguan military for the 2006 fiscal year. The overall goal of the proposed project is to develop a comprehensive HIV/AIDS prevention program for the armed forces in Nicaragua. Some specific objectives of the proposed project include developing a train-the-trainer program, developing a stigma and discrimination reduction program, establishing a sexually transmitted infection management program, establishing a counseling and testing program, training medical staff, enhancing laboratory capabilities, and conducting a condom distribution program.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Nicaragua are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of the current reporting period, DHAPP funding was released to the implementing partner for commencement of activities. DHAPP looks forward to the start of the program in Nicaragua and forthcoming results.

NIGER

DHAPP

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BACKGROUND

Country Statistics

The population of Niger is estimated at 11.7 million people, with an average life expectancy of 42.1 years. French is the official language; the estimated literacy rate is 17.6%, unevenly distributed between men and women. One of the poorest countries in the world, Niger has minimal government services and insufficient funds to develop its resource base. The largely agricultural economy centers on subsistence crops, livestock, uranium deposits, and re-export trade. The estimated per capital income is \$900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.2%, with approximately 70,000 people living with HIV/AIDS. Relatively little is known about the specific factors that influence the spread of HIV/AIDS in Niger. Incomplete testing and people's reluctance to seek hospital treatment for AIDS have led to a lack of reliable statistics on the true level of HIV infection among Niger's people. According to Niger's 2002 sentinel survey, HIV prevalence among commercial sex workers in Niger was 26%. The HIV rate for truckers was 1.7%; the rate for teachers was 1.4%.



Military Statistics

The size of the armed forces is approximately 10,000. As of this annual report, no information regarding HIV prevalence in the military was available. However, it is estimated at 3.8%, slightly higher than the general population.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members have established contact with the US Embassy in Niger and have assisted them, along with their military colleagues there, in the early planning for future activities. Through this collaboration, DHAPP staff members hope to assist with the development of a proposal for prevention activities there.

OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Niger to plan for future activities to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, no proposal for continued military assistance has been received for consideration by DHAPP; therefore, at this time, no funding has been sent to Niger.

NIGERIA

DHAPP

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BACKGROUND

Country Statistics

The population of Nigeria is estimated to be 129 million people, with an average life expectancy of 46.7 years. English is the official language; the estimated literacy rate is 68%, distributed disproportionately between men and women. Following nearly 16 years of military rule, a new constitution was adopted in 1999, and a peaceful transition to civilian government was completed. Although Nigeria is one of the world's largest oil producers, few Nigerians have benefited from the oil wealth. Most of the country's population relies primarily on subsistence agriculture. Annual per capita income in Nigeria is estimated to be \$1,000.

HIV/AIDS Statistics

Nigeria ranks third in the world on HIV prevalence, and it has the largest number of HIV cases of any country in Africa. The HIV prevalence rate in the general population is estimated at 5.4%, with approximately 3.6 million people living with HIV/AIDS. The epidemic in Nigeria is growing rapidly. HIV in Nigeria is mainly transmitted through heterosexual intercourse. Women are somewhat more affected than men. Youth and young adults are more severely affected than other age groups. Identified risk factors include sexually transmitted infections, heterosexual contact with multiple partners and with commercial sex workers, mother-to-child transmission, and blood transfusions. It is estimated that blood transfusions are responsible for 10% of all HIV cases.

Military Statistics

The size of the armed forces is approximately 92,000. Forcewide testing has not been conducted, but HIV prevalence in the military is estimated at 8%.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

The US Army has a significant in-country presence in Nigeria and has provided needed technical assistance to the Nigerian military in the implementation of its activities, as well as the preparation of proposals for future efforts.

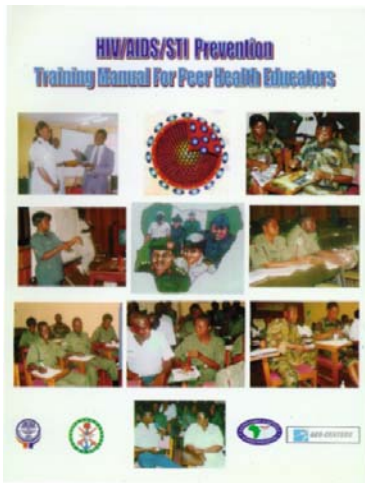
Proposed Future Activities

As a President's Emergency Plan for AIDS Relief (PEPFAR) focus country, the military of Nigeria submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to

the Office of the Global AIDS Coordinator (OGAC) via the PEPFAR country team's overall Country Operational Plan. Military activities for fiscal year 2006 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.

Other

The DoD HIV Program (Nigeria) has established its office at the US Embassy, Abuja. The program has hired a program manager, program assistant, driver, and office manager.



OUTCOMES & IMPACT

Prevention/Care

Because funding was received late in the fiscal year, data have only begun to be collected. During FY05, 20 Nigerian military members were provided with general HIV-related palliative care. In addition, during October and November 2004, the Nigerian military sent 2 physicians to the *Military International HIV/AIDS Training Program* in San Diego. They were provided with training in prevention, counseling and testing, care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country.

Treatment

The first patients initiated treatment at the very end of the fiscal year, with 25 patients currently treated (18 men, 7 women). Eleven military medical officers were trained in care and treatment methods at the DoD-sponsored Infectious Diseases Institute course in Kampala, Uganda. Statements of work are presently under revisions for improvements at all 4 major laboratory facilities. During the year, 15 laboratory technicians received training on the provision of HIV laboratory services.

PAPUA NEW GUINEA

DHAPP

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BACKGROUND

Country Statistics

The population of Papua New Guinea is estimated to be 5.5 million people, with an average life expectancy of 64.9 years. English is the official language; the estimated literacy rate is 64.6%, distributed disproportionately between men and women. Papua New Guinea is richly endowed with natural resources, but exploitation has been hampered by rugged terrain and the high cost of developing infrastructure. Agriculture provides a subsistence livelihood for 85% of the population. The annual per capita income is estimated at \$2,200.

HIV/AIDS Statistics

Papua New Guinea has the highest per capita HIV prevalence in the Pacific. Prevalence is estimated to be 0.6%, with 16,000 people living with HIV/AIDS. The first case was reported in 1987, and the number of infections had risen steadily since the mid-1990s. Heterosexual intercourse is the primary mode of transmission. The epidemic is concentrated in Port Moresby and other towns, and along major transport routes. Geography is a major factor in the spread of HIV in Papua New Guinea, which shares an island with Papua, a high-prevalence region of Indonesia.

Military Statistics

The size of the Papua New Guinea Defense Force (PNGDF) is approximately 4000. As of this annual report, no information regarding HIV prevalence in the PNGDF was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff conducted a technical assistance visit to Papua New Guinea 8–15 September 2005. The purpose of the visit was to focus on capacity and partnership-building issues, and related policy concerns, regarding the DHAPP-approved and -funded bilateral HIV/AIDS engagement between the US Pacific Command (USPACOM)/Center of Excellence (COE) and the PNGDF.

During this visit, the following tasks were accomplished: (1) coordination of overall bilateral HIV/AIDS 2-year strategic plan; (2) review and signing of terms of reference; (3) a key working group meeting that included additional partners outside of implementing partners, such as the Joint United Nations Programme on HIV/AIDS and the Papua New Guinea National AIDS Council (NAC); (4) a site assessment of PNGDF medical, communication, and technical infrastructure capacity in Port Moresby at multiple barracks; (5) a site assessment of PNGDF medical, communication, and technical infrastructure capacity at 2 remote posts: Wewak and Lae; (6) a needs assessment and identification of human resources within the PNGDF medical department; (7) a site assessment and evaluation of future training sites for implementation of the overall plan; (8) coordination and briefing of the US Embassy in Papua New Guinea on bilateral engagement, procurement, and overall strategy; and (9) further developing the existing interoperability relationship and capacity building between US military medical services and the PNGDF.

Plans to train technicians within the PNGDF to use purchased laboratory equipment are under way. Further augmentation of current infrastructure, including communications and laboratory equipment purchases as well as consumables to outfit Counseling and Testing (CT) Centers, is needed and an expanded look into the epidemiological patterns of HIV infection in the PNG DF is being considered.

Proposed Future Activities

A proposal was received on behalf of the PNGDF for the 2006 fiscal year. Specific objectives of the proposed project include developing laboratory infrastructure, developing an HIV/AIDS awareness and education program, developing surveillance capabilities, conducting a behavioral surveillance survey, developing a CT program, and strengthening capabilities in palliative care.

program is currently referring patients to Port Moresby General Hospital for CT and treatment. PNGDF has utilized some rapid testing when available. Most testing is performed by Provincial hospitals after soldiers are referred to them for care.

Other activities

One indigenous organization was provided with technical assistance for policy development visit during a visit by team members of USPACOM/COE, 6–15 September 2005 in Papua New Guinea. Technical assistance was provided at 4 main PNGDF bases as at the NAC. FY06 first quarter plans include procurement of communications equipment and capacity building via outfitting of 2 CT Centers.

DHAPP staff members look forward to expanded collaborative efforts with the PNGDF program in the coming year.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Efforts in HIV/AIDS prevention projects for PNGDF members are relatively new. During FY05, 6 military members were trained to be able to provide comprehensive prevention messages to peers. One laboratory has the capability to perform HIV tests, but not CD4 or lymphocyte testing. The Taurama barracks in Port Moresby have some newly renovated space; however, this barracks

PERU

DHAPP

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BACKGROUND

Country Statistics

The population of Peru is estimated to be 27.9 million people, with an average life expectancy of 69.5 years. Spanish and Quechua are the official languages; the estimated literacy rate is 87.7%, distributed disproportionately between men and women. The economy of Peru is dominated by the service sector, which employs 73% of the country's population. Annual per capita income is estimated to be \$5,600.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.5%. Approximately 82,000 people in Peru are living with HIV/AIDS. Most HIV transmission occurs through sexual contact. Most cases occur among individuals aged 20–39 years. Men account for the majority of HIV cases. Most heterosexual HIV transmission appears to occur in women whose partners have sex with men or who have contact with commercial sex workers. HIV rates are highest in the large urban areas of the country.

Military Statistics

The size of the armed forces is approximately 115,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early collaborative contact with US Embassy staff in Peru and with collaborating partners. Program development and implementation, logistics, and proposal planning were undertaken by the collaborative team in coordination with the Peruvian military, and a technical assist-in-country visit is planned for fiscal year 2006.



OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Peru are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Existing knowledge,

attitudes, and practices (KAP) data from the Peruvian military were analyzed during FY05 and the results were presented to the officials at the consortium of military HIV/AIDS programs in Peru. These data have helped to generate an improved KAP survey to be deployed as a pilot, pending review. During FY05, one indigenous organization was provided with technical assistance in the areas of strategic information, organizational capacity building, and HIV policy development.

DHAPP staff members look forward to expanded collaborative efforts with the Peruvian military in the coming year.

RUSSIA

DHAPP

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BACKGROUND

Country Statistics

The population of Russia is estimated to be 143 million people, with an average life expectancy of 67.1 years. Russian is the official language; estimated literacy rate is 99.6%. Russia has struggled in its efforts to build a democratic political system and market economy to replace the strict controls of the Communist period. The economy of Russia is dominated by the service sector, which employs 65% of the country's population. Annual per capita income is estimated to be \$9,800.



HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.1%, with an estimated 860,000 people living with HIV/AIDS. Russia reported relatively low levels of HIV until the 1990s, when the epidemic began to spread rapidly. Russia has a concentrated HIV epidemic disproportionately affecting vulnerable populations of intravenous drug users, commercial sex workers, and men who have sex with men. Intravenous drug use is thought to be the major factor driving the epidemic. In some areas, HIV prevalence among intravenous drug users may be as high as 65%. In the general population, men are more severely affected by HIV than women, but the rate of female infections is rising rapidly. Most cases of HIV occur among individuals aged 20–39 years.

Military Statistics

The size of the armed forces is approximately 1.5 million. As of this annual report, no information regarding HIV prevalence in the Russian military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance during a President's Emergency Plan for AIDS Relief core team visit to Russia and conducted site visits of Saratov Oblast (Province) AIDS Center, Burdenko Main Military Clinical Hospital in Moscow, the District Polyclinic in St. Petersburg, the Youth Rehabilitation Narcological Center in the Krasnogvardeyskiy District, and the City AIDS Center, during an in-country assist visit, 11–16 July 2005.

During this visit several issues were discussed, including (1) status of the HIV/AIDS epidemic in Russia; (2) areas of focus, including treatment, care and support, policy and advocacy, women and child health, abandonment prevention and assistance to orphans affected or living with HIV/AIDS, and tuberculosis treatment and control; (3) plans for the September workshop; and (4) discussion on drug control and abuse prevention. DHAPP staff met with peer educators from a local orphanage, discussed programs that involve youth participation, and met with the various agencies that collaborate on HIV/AIDS activities within the country. There is consideration of developing a comprehensive prevention program for the Ministry of Defense (MOD).

DHAPP staff attended the 2005 US–Russia Military HIV/AIDS Prevention Workshop, *Applied Strategies to Halt the Spread of AIDS in the Military*, 10–12 September 2005.

This workshop included broad representation from the Russian MOD (~100 participants), as well as Azerbaijan, Armenia, Ukraine, and Uzbekistan. Training was provided by the Defense Institute for Medical Operations team in the following areas: risk reduction, intravenous drug users, men who have sex with men, blood supply screening, commercial sex workers, peacekeepers, pre- and post-test counseling, health care worker safety, HIV and human rights, monitoring and evaluation, control of sexually transmitted infections, HIV-positive people, and fitness for duty. DHAPP staff met with the Chief State Sanitary Physician of the Russian Federation, Ministry of Health and Social Development, and visited the MOD Reference Laboratory.

In collaboration with the Russian MOD, future HIV prevention activities include (1) a comprehensive pilot prevention program development and evaluation, (2) a mass awareness campaign, (3) medical training, and (4) purchase of medical equipment and supplies.

Proposed Future Activities

A proposal was received on behalf of the Russian military for the 2006 fiscal year. The specific objectives of the proposed project include conducting an Information, Education, and Communication program, establishing an HIV/AIDS reference laboratory, training military medical personnel, developing a counseling and testing program, expanding HIV testing and surveillance, and conducting an HIV/AIDS prevention workshop.



OUTCOMES & IMPACT

Prevention/Care/Treatment

The Russian MOD has been working with the US Department of Defense (DoD) on HIV/AIDS issues for 2 years. Joint MOD/DoD conferences have opened a dialogue on increasing and improving HIV prevention efforts. Recent public statements by ministry officials also indicate that the MOD now perceives HIV to be a national security threat.

The MOD has begun to provide antiretroviral therapy (ARV) to officers found to have HIV while serving in the military. The Beckman Coulter CD4 counter has been purchased and is being installed at the AIDS Prevention and Control Laboratory of the Main Center for Sanitary and Epidemiological Surveillance of the Russian MOD. It will be used in the routine HIV case management, training of military district laboratory staff, and diagnostic research. The DoD owns the equipment and is loaning it to the Russian MOD through a formal diplomatic agreement. By providing a CD4 counter, the US Government will enable Russian military physicians to better monitor the status of its HIV-positive officers in the military, encouraging ARV treatment and retention of HIV-positive personnel. This represents the first step toward providing more diagnostic laboratory equipment to the Russian MOD to encourage it to do more testing, evaluation, and treatment. The US Ambassador plans to attend the ribbon-cutting ceremony for the unveiling of the CD4 counter in early FY06.



RWANDA

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Country Statistics

The population of Rwanda is estimated to be 8.4 million people, with an average life expectancy of 47.0 years. The low life expectancy has been significantly affected by the HIV/AIDS epidemic. Kinyarwanda, French, and English are the official languages; the literacy rate is 70.4%, distributed disproportionately between men and women. Rwanda is a rural country with about 99% of the population engaged in agriculture. It is the most densely populated country in Africa, with few natural resources and minimal industry. Per capita income in Rwanda is estimated to be \$1,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 5.1%, with approximately 250,000 people living with HIV/AIDS. The epidemic in Rwanda appears to have stabilized in recent years, although prevalence is still rising in some areas. Prevalence is more than twice as high in urban areas as in rural areas. HIV in Rwanda is mainly transmitted through heterosexual intercourse. Factors that have contributed to the rapid spread of the disease include low rates of condom use, high incidence of multiple sex partners, early onset of sexual activity, and the overall civil crisis of the 1990s. Youth and young adults are more severely affected than other age groups.



Military Statistics

The size of the armed forces is approximately 70,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members provided technical assistance to the military of Rwanda during an in-country assist visit, 29 August–10 September 2005. The purpose of the trip was twofold. The first week included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2006. The second week included military-specific planning and technical assistance to the Rwandan Defense Forces (RDF) and US Embassy representatives.

During the 2-week visit, DHAPP staff members met with all involved US Government agencies that are providing prevention, care, and treatment of HIV patients and spoke about capacity and the possibility of expansion, visited multiple care and treatment facilities, met with the head of the military HIV/AIDS program, visited military sites for care facilities to be established, visited Population Services International sites, and visited a mobile unit on the Tanzania border providing HIV counseling and testing (CT). During these meetings, DHAPP staff members provided feedback on better organization and implementation of CT, discussed military policies and guidelines, and in consultation with the RDF, developed policies and guidelines for military personnel. These

guidelines included prevention programs, as well as care and treatment for HIV-positive troops.

Proposed Future Activities

As a President's Emergency Plan for AIDS Relief (PEPFAR) focus country, the RDF submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall Country Operational Plan. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



and treatment programs for HIV in their country. The implementation of DHAPP-funded prevention efforts in Rwanda has not yet commenced. DHAPP anticipates significant progress in prevention, care, and treatment in the RDF programs during FY06.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Rwanda to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country, specifically in the area of care. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Rwanda country core team at the OGAC, providing support to the country team in its implementation of PEPFAR funding.

During July 2005, the RDF sent 2 physicians to the *Military International HIV/AIDS Training Program* in San Diego. They were provided with training in prevention, CT, care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care,

SAO TOMÉ & PRINCIPE

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BACKGROUND

Country Statistics

One of Africa's smallest countries, Sao Tomé and Principe consists of two main islands and a number of smaller islets. The population of Sao Tome and Principe is estimated to be 187,000 people, with an average life expectancy of 67 years. Portuguese is the official language; the estimated literacy rate is 79%, distributed disproportionately between men and women. The country's economy is mainly based on agriculture; other important economic activities include fishing and a small industrial sector. The scenic islands have potential for tourism, and the government is attempting to improve its tourist industry infrastructure. The annual per capita income is estimated at \$1,200.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 1.0%, with an unknown number of people living with HIV/AIDS. The first case of AIDS was confirmed in Sao Tomé in 1987, but there was a sudden increase in the number of HIV cases in 1998, when Gabon (which has an infection rate of 8.1%) expelled all 3000 Sao Tomeans who had been living in Gabon and sent them home. Men are more severely affected by HIV than women. Relatively little is known about the factors that influence the spread of HIV/AIDS in Sao Tomé and Principe.

Military Statistics

The size of the armed forces is approximately 700. As of this annual report, no in-

formation regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

With an interest in expanding their program, the Walter Reed–Johns Hopkins Cameroon Program (WRJHCP), traveled to Sao Tomé to establish a relationship with its government and local military teams to discuss possible project work in the future, possible objectives, and an implementation plan.

Proposed Future Activities

A proposal was received on behalf of the military of Sao Tomé and Principe for the 2006 fiscal year. The objectives of the proposed project include conducting a mass awareness campaign, conducting a peer education program, training counselors, training laboratory technicians, conducting a condom distribution program, and developing laboratory capacity.

OUTCOMES & IMPACT

Prevention/Care/Treatment

The Walter Reed–Johns Hopkins Cameroon Program is committed to providing technical assistance to Central African militaries to improve their HIV/AIDS prevention programs. To meet this objective, a statement of work was refined for efforts in Cameroon, Gabon, Congo-Brazzaville, Chad, Sao Tomé

SAO TOMÉ & PRINCIPE

and Principe, Equatorial Guinea, and Democratic Republic of the Congo. During the latter part of FY05, initial efforts took place in Cameroon, as well as Gabon, Congo-Brazzaville, and Chad, with emphasis on sexually transmitted infection treatment and care, training military peer educators, and training laboratory technicians on the use of rapid testing kits. Early FY06 efforts will involve Sao Tomé and Principe, Equatorial Guinea, and Democratic Republic of the Congo, and will expand on the efforts commenced during FY05. DHAPP anticipates successful programs in all 7 Central African militaries and is progressing toward these important targets in prevention and care.



SENEGAL

DHAPP

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BACKGROUND

Country Statistics

The population of Senegal is estimated to be 11.1 million people, with an average life expectancy of 58.9 years. French is the official language; the estimated literacy rate is 40.2%, distributed disproportionately between men and women. Senegal is a developing nation with a strong democratic government. Predominantly rural and with limited natural resources, the country earns foreign exchange from fish, phosphates, peanuts, tourism, and services. The majority of its population are employed in agriculture. The annual per capita income is estimated at \$1,700.



HIV/AIDS Statistics

Senegal has one of the lowest HIV/AIDS rates in Sub-Saharan Africa, with an estimated 0.8% of the population living with HIV/AIDS. The number of people living with HIV/AIDS is estimated at 44,000. While other Sub-Saharan Africa countries are experiencing the worst HIV epidemics in the world, Senegal's HIV rate has consistently

remained below 2% since 1997. Senegal is considered to have a concentrated epidemic. Although the HIV rate in the general public has been consistently low, specific vulnerable populations have much higher prevalence, such as a prevalence rate of 17% among commercial sex workers. Identified risk factors include heterosexual contact with multiple partners and contact with commercial sex workers.

Military Statistics

The size of the armed forces is approximately 9000. Although the military has not performed forcewide testing, screening of a sample of 4105 Senegalese Armed Forces (SAF) personnel revealed an HIV infection rate of 1.24%.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance to the SAF during an in-country assist visit, 24 August – 3 September 2005. DHAPP staff members observed that civilian and military ministries in Senegal efficiently combine efforts to implement plans that benefit both programs. The SAF has utilized DHAPP funds efficiently, which is demonstrated by its capacity to increase acceptance of HIV testing among military recruits from 25% to 90%.

During the visit, DHAPP staff toured Ziguinchor, the location of one of the laboratory rehabilitation sites. Developing a military training center in Dakar is under consideration. Additionally, a member of the Office of

Defense Cooperation at the US Embassy will be participating in the interagency working group in November 2005, between the US Agency for International Development and Family Health International.



Foreign Military Financing Assistance

Senegal was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. Equipment specifications are being negotiated; however, there are current plans to purchase CD4 counters to outfit 4r laboratory facilities.

Proposed Future Activities

A proposal was received on behalf of the SAF for the 2006 fiscal year. The specific objectives of the proposed project include conducting an Information, Education, and Communication (IEC) program, conducting mass awareness and HIV education activities and workshops, training medical staff and social workers, expanding the counseling and testing (CT) program, conducting evaluation of HIV prevention activities, training staff in the care of people living with HIV/AIDS, and participating in international and national seminars and conferences.

OUTCOMES & IMPACT

Prevention

During FY05, the SAF continued its commitment to prevention messages with a comprehensive overview. Efforts focusing primarily on abstinence and/or being faithful reached 2614 soldiers (2610 men and 4 women). In addition, another 5561 troops were reached through these community outreach efforts at comprehensive pre-

vention (5559 men, 2 women), and 25 condom service outlets were supported. Forty-nine military members were trained to provide a comprehensive prevention message to peers. One event targeted young recruits new to HIV prevention messages during a 1-day awareness building event. The other event was a cross-country race that concluded with discussions on HIV prevention methods. All participants were given T-shirts featuring the SAF HIV prevention logo. In addition to the 2 mass awareness events, a variety of IEC materials have been purchased and distributed among the military camps. DHAPP provided the funds to purchase 300 posters with military-specific HIV prevention messages, 350 guides detailing methods of transmission, treatment options, prevention of mother-to-child transmission (PMTCT), military people living with HIV/AIDS (PLWHA), and 2000 leaflets concerning condom use, as well as 50 videos addressing various aspects of HIV, including transmission, counseling, and true stories from PLWHA.

Five clinics were capable of providing the full range of PMTCT services. At the 5 clinics during FY05, 791 women were provided counseling concerning HIV testing and 681 actually were tested. Of these, 8 were seropositive and were provided with HIV prophylaxis. Fifteen military health workers were trained in the provision of PMTCT services.

SAF has 8 service outlets participating in medical transmission safety programs, and has trained 40 health care providers in the provision of blood and injection safety for the prevention of HIV. DHAPP provided funds to purchase over 800 Sharpsafe containers that are being used at testing sites and throughout the military hospitals.

Care

During FY05, 18 outlets provided generalized palliative care for military patients with HIV/AIDS. During the year, 180 troops received care at these outlets. Of these, 1 was provided with tuberculosis (TB) treatment and another 5 provided with TB prophylaxis. Fifteen health care workers were trained in the provision of HIV/AIDS (including TB-HIV) palliative care.



Counseling and Testing

Nine service outlets provided CT for military members. During FY05, 4745 soldiers were tested and received their results (4740 men, 5 women).

Treatment

Two SAF adult male patients have initiated antiretroviral therapy (ART) during FY05. Sixteen health workers were trained in the provision of ART services. Of the 1,343 troops tested during the fourth quarter, only 8 were found to be seropositive. These 8 soldiers are not currently on ARV but they are being followed to determine the proper course of treatment. One military laboratory has been provided with the necessary equipment for carrying out HIV tests and CD4 tests with DHAPP funding. The World Bank has provided funding for the training of military personnel to use the equipment. The laboratory is still being set up and will be fully operational during the first quarter of the next fiscal year. Seventeen technicians were trained in laboratory services during FY05.

Other Activities

Four organizations were provided with technical assistance, and 4 people were officially trained in the provision of capacity building and stigma reduction, although all sensitization efforts include a component related to the reduction of stigma and discrimination. The head of the SAF has been very active in discussing the HIV issue with other military officials, both nationally and internationally. He has been instrumental in spearheading the effort to open dialogue about HIV. The coordinator for the SAF HIV/AIDS prevention program attended a 3-week training course in Burkina Faso at the Centre International de Formation en Recherche to learn better surveillance and information management techniques that will be applied to the SAF HIV/AIDS prevention program. He is currently carrying out research that will be presented at the follow-up course in May 2006.

SERBIA-MONTENEGRO

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS AMONG UNIFORMED PERSONNEL IN SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Serbia and Montenegro is estimated to be 10.8 million people, with an average life expectancy of 74.7 years. Serbian is the official language; the estimated literacy rate is 96.4%. The country is a loose federation of two republics (Serbia and Montenegro), comprising most of the former country of Yugoslavia. Mining and manufacturing are the largest contributors to the economy. Agriculture is also important; wheat, corn, hemp, and sugar beets are the chief crops. The annual per capita income is estimated to be \$2,400.

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated to be 0.2%. The number of people living with HIV/AIDS in Serbia and Montenegro is estimated at 10,000. Youth and young adults are more severely affected than other age groups; approximately 45% of all HIV cases in the country are between 15 and 29 years of age. Relatively little is known about the factors that influence the spread of HIV in Serbia and Montenegro, although the early phases of the epidemic were primarily driven by intravenous drug use.

Military Statistics

The size of the armed forces is unknown. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early collaborative contact with US Embassy staff in Serbia and Montenegro and with collaborating partners. Program development and implementation, logistics, and proposal planning were undertaken by the collaborative team in coordination with the Serbian and Montenegrin Armed Forces.

Proposed Future Activities

A proposal was received on behalf of the military of Serbia and Montenegro for the 2006 fiscal year. The specific objectives of the proposed project include developing a train-the-trainer program, developing a mass awareness campaign, conducting a condom distribution program, conducting an HIV seroprevalence study, training military medical personnel, and developing laboratory capacity.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have continued collaborative efforts with military officials and US Embassy staff in Serbia-Montenegro to establish a comprehensive HIV/AIDS prevention/education program for military members in that country. DHAPP funding for these efforts was sent late in FY05. DHAPP looks forward to the commencement of the program in the Serbian Montenegrin Armed Forces.

SIERRA LEONE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Sierra Leone is estimated to be 6 million people, with an average life expectancy of 42.5 years. English is the official language in Sierra Leone, which has an in-country literacy rate of 29.6%, distributed disproportionately between men and women. Sierra Leone is described as an extremely poor nation, even by Sub-Saharan African standards, since a long civil war and ongoing social disorder continue to hamper development. About two thirds of the working-age population engages in subsistence agriculture. The annual per capita income estimate is \$600.

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 7%, with approximately 170,000 individuals living with HIV/AIDS. However, exact figures have been difficult to establish, since Sierra Leone is still recovering from a decade-long civil war. Prevalence rates are thought to be higher in urban than in rural areas. Identified significant risk factors include high-risk heterosexual contact and contact with commercial sex workers.

Vulnerable populations include commercial sex workers and their clients, military personnel, ex-combatants, and transport workers.

Military Statistics

The size of the armed forces is approximately 3000. As of this annual report, no information regarding HIV prevalence in the military was available, but it is estimated that HIV prevalence is higher in the military than in the general population.

PROGRAM RESPONSE

Military to Military Technical Assistance

DHAPP staff members maintained continued collaborative contact with US Embassy staff in Sierra Leone and with collaborating partners. Program development and implementation, logistics, and proposal planning were undertaken by the collaborative team in coordination with the Republic of Sierra Leone Armed Forces (RSLAF).

Foreign Military Financing Assistance

Sierra Leone was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. Current plans for the funding include the purchase of HIV rapid test kits, microscopes, autoclaves, temperature-controlled equipment, and other HIV diagnostic reagents and supplies.



Proposed Future Activities

A proposal was received on behalf of the RSLAF for the 2006 fiscal year. The overall goal of the proposed project is to continue to increase the level of HIV/AIDS knowledge and safer behaviors of RSLAF personnel. Specific objectives of the proposed project include developing a peer education program, conducting a condom distribution and social marketing program, expanding the counseling and testing (CT) program to include 3 new sites, conducting HIV prevention promotional events (e.g., concert tour, drama tour), conducting a knowledge, attitudes, practices, and behavior (survey, and providing support groups for people living with HIV/AIDS.

OUTCOMES & IMPACT

Prevention

During FY05, the RSLAF continued its commitment to prevention messages, as well as reaching goals in care and treatment. Over the year, 1390 troops were reached through community outreach efforts, which focused on abstinence and/or be faithful messages, and 100 military members were trained to be able to teach these programs. Of these, 900 troops (800 men, 100 women) were reached with abstinence messages. Over 5000 troops were reached with comprehensive prevention messages, and 200 were trained to provide this message to peers. Thirty condom service outlets were supported. One service outlet provided prevention of mother-to-child transmission (PMTCT) services to military members and their families. During FY05, 672 pregnant women received PMTCT services, and 2 women received a course of antiretroviral therapy (ART). Finally, 55 health workers were trained in the provision of PMTCT services according to international guidelines. One outlet was supported that focused on blood safety, and 33 members were trained in methods of blood safety. Six hundred military health personnel were trained on the importance of injection safety.



Care

During FY05, 1 outlet provided generalized palliative care for military patients with HIV/AIDS. During the year, 405 troops received care at these outlets. Of these, 15 patients received treatment for TB (12 men, 3 women) and another 18 were treated for the prevention of tuberculosis (TB; 15 men, 3 women). Eleven health care providers were trained in HIV/AIDS palliative care, as well as care of HIV-related TB.



Counseling and Testing

One service outlet provided CT for military members. During FY05, 1073 soldiers were tested and received their results, and 30 members were trained to provide these services.

Treatment

During FY05, 1 service outlet provided ART to soldiers and family members. During the year, 17 adults (all men) and 8 children (all girls) initiated ART. The same 25 patients were receiving therapy at the end of the final quarter. Five health workers were trained in the provision of ART services. One laboratory had the capability to perform CD4 and/or lymphocyte testing, and 5 people were trained in the provision of laboratory services.

Other Activities

In FY05, 4 personnel were trained in strategic information, and 1 indigenous organization was provided with technical assistance in strategic information, policy development, institutional capacity building, and overall prevention/treatment/care strategies. Twenty-eight military members were trained in policy development and institutional capacity building. Another 8 were trained in the reduction of stigma and discrimination, as well as in the mobilization of community services for HIV prevention, treatment, and care services.

SOUTH AFRICA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of South Africa is estimated to be 44.3 million people, with an average life expectancy of 43.3 years, down significantly from a high of 61 prior to the HIV/AIDS epidemic. Although English predominates, South Africa also has 10 other official languages and a literacy rate of approximately 86.4%. South Africa is described as a middle-income, developing country with significant resources, a well-developed infrastructure, and a substantial stock exchange. However, the South African economy is highly stratified, with 13% of the population living in first-world conditions and 53% in third-world conditions. The annual per capita income is approximately \$11,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 21.5%, one of the highest HIV prevalence rates in the world. The number of people living with HIV/AIDS is approximately 5.3 million. South Africa now has more people living with HIV than any other country in the world. HIV/AIDS is now the number one cause of death in South Africa. Prevalence rates are still increasing. Identified risk factors include high-risk heterosexual contact with multiple partners, sexually transmitted infections, and perinatal transmission. Heterosexual contact is the principal mode of transmission, accounting for 79% of all HIV cases. Vulnerable groups include commercial sex workers, miners, truck drivers, and men who have sex with men.

Military Statistics

The South African National Defense Force (SANDF) is estimated at 63,000 active-duty personnel. As of this annual report, no information regarding HIV prevalence in the military was available. However, HIV prevalence is estimated to be between 17 and 23%, about the same as the HIV rate in the general population.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members conducted a technical assistance visit to South Africa 24 July to 6 August, 2005. The primary objective of this trip was to provide continuing technical assistance to the SANDF to meet the 2005 Country Operational Plan (COP) objective for Orphans and Vulnerable Children (OVC).

Accomplishments included:

- OVC technical assistance was provided to 4 bases (and their surrounding community partners) located in 4 provinces. Priority problems were identified and workable plans were initiated to be included in the fiscal year 2006 COP.
- Plans addressed the care and prevention of HIV/AIDS transmission to OVC with the following emphasis areas: (1) Ladysmith, Kwa Zulu Natal: Sexual activity in teens; (2) Phalaborwa, Limpopo: Parenting skills; (3) Mefikeng, North-West: Myths and belief systems; (4) Um-tata, Eastern Cape: Package of care for OVC to address coordination between organizations, life-skills train-

ing, and basic needs.

In addition, DHAPP staff conducted site visits in: Lady-smith, Kwa Zulu Natal, Phalaborwa, Limpopo, Mefikeng, North-West, Umtata, Eastern Cape, and Cape Town, South Africa.

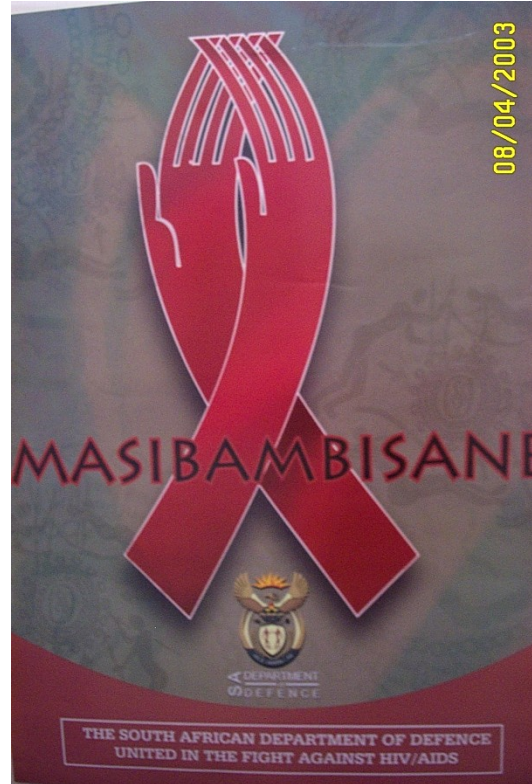
A second technical assistance visit was conducted by DHAPP staff at the *Phidisa* Conference held in Cape Town, South Africa, 2–7 August 2005. The purpose of this trip was for DHAPP staff to facilitate the *Phidisa* Conference workshop on HIV surveillance and provide support for all workshops and military presentations. Additionally, staff members met with delegates from DHAPP-supported countries attending the meeting to discuss prevention program status and to address country needs.

Accomplishments included the following:

- DHAPP staff facilitated opening the workshop for all military attendees.
- DHAPP staff facilitated the workshop session on HIV surveillance in military settings.
- DHAPP staff met with representatives from Angola, Namibia, Sierra Leone, Zimbabwe, Benin, Botswana, Mozambique, Swaziland, and Lesotho to discuss implementation of the FY05 HIV/AIDS prevention program and planning for FY06.
- DHAPP staff held in-depth meetings with Mozambican representatives regarding development of programs addressing programs for prevention for HIV-positive persons.
- DHAPP staff developed follow-up plans with all Foreign Military Financing funded countries on the purchasing and assessment of all laboratory equipment.

Proposed Future Activities

As a President’s Emergency Plan for AIDS Relief (PEPFAR) focus country, the SANDF submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via its PEPFAR country team’s overall COP. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention

The SANDF has continued to meet its targets in HIV prevention, considered by many to lead the way in innovative thinking about military programs. During FY05, 2165 troops were reached by community outreach programs focusing on abstinence and/or being faithful. Sixteen individuals were trained in the provision of these services. This entails almost entirely the prevention program called “Combatting HIV and AIDS Through Spiritual and Ethical Conduct” (CHATSEC), which is run by the military chaplains. Good coverage was obtained in 8 of the 9 provinces of South Africa, most notably the Western Cape where 8% of the SANDF community was reached during the past 12 months. The CHATSEC course is available in 2 versions: a 3-day and a 5-day version. The 5-day version focuses on a set of core spiritual values that are common across major religions in South Africa. The 3-day course focuses on spirituality and value clarification, and links this to ethical decision making. Both courses are strongly focused on abstinence and faithfulness, with little or no emphasis on condom use.

In addition, another 1884 troops were reached with community outreach programs with a comprehensive prevention message, and 1164 were trained as master trainers to deliver this message. The SANDF supported

405 targeted condom outlets. Five individuals were trained in blood safety and 4 were trained in injection safety.

The SANDF supported 104 outlets providing prevention of mother-to-child transmission (PMTCT) services. During FY05, 3849 pregnant women were provided with PMTCT services at these locations. Forty-eight military health workers were trained in the provision of PMTCT.

Care

The SANDF supports 130 outlets that provide HIV-related palliative care. The number of troops receiving palliative care services has been restricted for security reasons. However, 330 individuals were trained in the provision of HIV-related care, including tuberculosis care.

Counseling and Testing

During FY05, the SANDF supported 105 Counseling and Testing (CT) Centers. One thousand five hundred and seventeen troops or family members (968 men, 549 women) were tested for HIV and received their results during the year. Two hundred and thirty-one troops were trained in the provision of CT.

Treatment

During FY05, 94 health workers were trained in the provision of antiretroviral therapy (ART) in accordance with national or international standards. One laboratory had the capability to perform HIV or CD4 testing.

Other Activities

A 5-day strategic information work session was facilitated by the SANDF Monitoring & Evaluation (M&E) Manager, during which all regional and national HIV managers underwent training in M&E theory, M&E strategy and plan, the results of some M&E activities, and the utilization of M&E results in program planning. In total, 29 individuals were trained in M&E.

SURINAME

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Suriname is estimated at 438,100 people, with an average life expectancy of 69 years. Dutch is the official language, and the in-country literacy rate is estimated at 88%. Since gaining independence in 1975, Suriname has had to contend with a series of coups and a civil war. The economy is dominated by the alumina industry, which accounts for more than 15% of the gross domestic product and 70% of export earnings. Prospects for local onshore oil production are good, with an oil drilling program under way. Annual per capita income is estimated at \$4,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.7%. Suriname has an estimated 5200 people living with HIV/AIDS. Relatively little is known about the factors that influence the spread of HIV/AIDS in Suriname. Heterosexual contact is thought to be the principal mode of HIV transmission. Prevalence among commercial sex workers is estimated at 22%.

Military Statistics

The size of the armed forces in Suriname is approximately 2,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early collaborative contact with US Embassy staff in Suriname and with collaborating partners. Program development and implementation, logistics, and proposal planning were undertaken by the collaborative team in coordination with the Suriname military.

In-Country Ongoing Assistance

Suriname received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the military of Suriname for the 2006 fiscal year. The overall goal of the proposed project is to develop a comprehensive HIV/AIDS prevention program for the armed forces in Suriname. Specific objectives of the proposed project include conducting a mass awareness campaign, conducting pre- and post-behavior change surveys, developing a counseling and testing program, developing laboratory infrastructure, conducting a condom distribution and availability program, and hosting a multi-sectoral HIV/AIDS workshop.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Throughout FY05, DHAPP has continued to work with Suriname military officials and US Embassy personnel to commence the establishment of a comprehensive HIV/AIDS prevention/education program. Early efforts have yielded preliminary results.

One indigenous organization was provided with technical assistance for HIV-related policy development and institutional capacity building. The Center for Disaster and Humanitarian Assistance Medicine was successful in gaining the support of host nation leadership, evidenced by the development of a 3-member coordination committee that was formed at the conclusion of an important meeting with the military leadership, military medical staff, national HIV/AIDS program representative, and other representatives from the United States and Suriname. The action occurred within 1 day after the conclusion of a Traditional Command Activity-sponsored HIV/AIDS program workshop. Coordination/ collaboration efforts with and between the US Security Assistance Office, US Political/Economics Officer (also the HIV/AIDS Program Action Officer), and national and international agencies continue to develop in a very positive direction. Direct program support to the Suriname military is rapidly increasing through long-distance program support. A technical visit is planned in December.



Foreign Military Financing Assistance

Swaziland was awarded Foreign Military Assistance funding for the acquisition of laboratory and medical equipment. Money has not been received in-house for these funds as of the submission of this report.

Proposed Future Activities

A proposal was received on behalf of the USDF for the 2006 fiscal year. The specific objectives of the proposed project include expanding a peer education training program, conducting empowerment workshops for female soldiers, expanding counseling and testing (CT) capacity and outreach services, conducting an HIV seroprevalence study, performing monitoring and evaluation of existing HIV prevention programs, and expanding capacity to provide care and support for people living with HIV/AIDS.

OUTCOMES & IMPACT

Prevention

During FY05, the USDF showed continuing commitment to prevention messages to its members. Eight hundred and thirty-nine troops (682 men, 157 women) were reached through these community outreach efforts with a primary message of abstinence and/or being faithful. Of these, 74 received a message that was primarily focused on abstinence. Sixty military members were trained to provide this prevention message. In addition, 50 service members (45 men, 5 women) were reached with comprehensive prevention messages, and 50 were trained to provide this message to peers. The USDF supports 13 condom service outlets.

Care

During FY05, 9 outlets provided generalized and tuberculosis-specific palliative care for military patients with HIV/AIDS. During the year, 123 troops and family members received care at these outlets (81 men, 42 women). Of these patients, 98 received care for TB (71 men, 27 women), and 6 received preventive therapy for TB (2 men, 4 women). Three health care providers were trained in the provision of general palliative care, and an additional 6 were trained in providing TB care for HIV patients.

Counseling and Testing

Two CT outlets were supported by the USDF during FY05. During the year, 100 soldiers were tested and received their results (65 men, 35 women). Four military members were trained to provide this service. The USDF anticipates the opening of 2 additional CT Centers in the coming year.

Treatment

The USDF supported 1 service outlet which provided antiretroviral therapy (ART) for military members during FY05. By the end of the year, 81 adult military patients (42 men, 27 women) and 5 pediatric patients (3 boys, 2 girls) were established on ART. One laboratory had the capability of providing CD4 and/or lymphocyte testing.



TAJIKISTAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Tajikistan is estimated to be 7.2 million people, with an average life expectancy of 64.6 years. The primary languages are Tajik and Russian; the literacy rate is estimated at 99.4%. Tajikistan became independent in 1991 following the breakup of the Soviet Union. It has one of the lowest per capita gross domestic products of the 15 former Soviet republics. Agriculture occupies more than 67% of the population; cotton is the most important crop. Per capital income is estimated to be \$1,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population has been reported to be 0.1%. As of 2004, the total number of officially registered people living with HIV/AIDS was 317. However, the true HIV prevalence rate in Tajikistan is unknown, mainly due to the lack of testing facilities in most areas. According to the Joint United Nations Programme on HIV/AIDS, the probable number of people living with HIV in the country at the end of 2004 was approximately 5000. Intravenous drug use remains the main source of HIV infection, followed by sexual transmission, and blood transfusions. Vulnerable groups include intravenous drug users, commercial sex workers, prisoners, migrants, young adults, and street children.

Military Statistics

The size of Tajikistan Armed Forces (TAF) is approximately 6000. As of this annual re-

port, no information regarding HIV prevalence in the military was available. As of this annual report, no information regarding HIV prevalence in the military was available. However, it is estimated to be about the same as the HIV rate in the general population.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members have established contact with the US Embassy staff in Tajikistan and has assisted them, along with their military colleagues there, in the early development of a plan for future activities. Through this collaboration, TAF members were able to work with the US Embassy to ensure 2 military physicians were able to attend vital training in HIV prevention, care, and treatment methods at the San Diego-based *Military International HIV/AIDS Training Program* (MIHTP).

OUTCOMES & IMPACT

Prevention

The Ministry of Defense (MOD), Republic of Tajikistan HIV/AIDS prevention program is in its early stages. During the second half of fiscal year 2005, 251 Tajikistan troops were reached with comprehensive HIV prevention messages, and another 16 were trained in the provision of these messages to others. In addition, during April and May 2005, the Tajikistan military sent 2 physicians to MIHTP. They were provided with training in prevention, counseling and testing (CT), care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country.

Care

Palliative care training for medical professionals on HIV/AIDS started in Tajikistan in July 2005. So far the Central Military Hospital and its military providers have not been involved in this program, which is clearly needed. Currently in Tajikistan HIV/AIDS is concentrated in particularly vulnerable groups such as commercial sex workers and intravenous drug users. To date there are no records of HIV/AIDS-infected orphans in Tajikistan.



Counseling and Testing

During FY05, the MOD Republic of Tajikistan supported 6 outlets providing CT. Five hundred and thirty-two troops were tested during the year and received their results. Another 5 individuals were trained in the provision of CT services.

Treatment

Six laboratories have the capability to perform HIV testing, but not CD4 or lymphocyte testing. Seven laboratory technicians were trained in laboratory services.

Other Activities

In this past year, MOD Republic of Tajikistan has just started working on the issues associated with HIV/AIDS in the military. The MOD recently approved a strategy for dealing with AIDS in the military, without which no real work could be done. One of the elements of this strategy is the development of a national policy on AIDS in the military, to include policies on testing, privacy, care of infected soldiers, and other issues. During FY05, 6 individuals were trained in strategic information, and 10 indigenous organizations were provided with technical assistance for strategic information. In addition, 12 organizations were provided with technical assistance for HIV-related policy development, and 8 for HIV-related institutional capacity building. Twenty-five individuals were trained in policy development and capacity building, and another 142 individuals were trained in the reduction of stigma and discrimination.



TANZANIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Tanzania is estimated at 36.8 million people, with an average life expectancy of 45.2 years. Swahili and English are the official languages, and the in-country literacy rate is estimated at 78.2%, unevenly distributed between men and women. Tanzania is one of the poorest countries in the world. The economy depends heavily on agriculture, which accounts for almost half of gross domestic product, and employs 80% of the workforce. Topography and climatic conditions, however, limit cultivated crops to only 4% of the land area. Annual per capita income is estimated at \$700.

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 8.8%, with approximately 1.6 million individuals living with HIV/AIDS. Prevalence rates are higher in urban than in rural areas, and women are more severely affected than men. Identified significant risk factors include high-risk heterosexual contact and contact with commercial sex workers. Vulnerable populations include commercial sex workers and their clients, military personnel, transportation workers, refugees, and prisoners.

Military Statistics

The size of the armed forces is approximately 27,000. As of this annual report, no information regarding HIV prevalence in the military was available, but it is estimated that HIV rates are higher within the military population than in the general population.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff participated in the President's Emergency Plan for AIDS Relief (PEPFAR) meeting, "Alcohol, HIV Risk Behaviors and Transmission in Africa: Developing Programs for the United States Emergency Plan for AIDS Relief," held in Tanzania, 28 August – 2 September 2005.

DHAPP staff coordinated a session on alcohol use and HIV risk in the military. Presentations covered military HIV and alcohol use risk factors, testing, comprehensive prevention plans, and the need for more alcohol-related prevention activities.

An introductory meeting took place regarding the potential role of the US Department of Defense (DoD) in a new effort in HIV prevention among African truck drivers and communities. The idea is to have safety stops for prevention and care along common transportation routes for drivers and the community, and to include many prevention partners in this effort. DHAPP staff will follow up on plans for new alcohol-related initiatives will be followed up by DHAPP staff.



In addition, the US Army has a significant in-country presence in Tanzania and has provided needed technical assistance to the Tanzanian People's Defense Force (TPDF) in the implementation of its activities, as well as the preparation of proposals for future efforts.

Proposed Future Activities

As a PEPFAR focus country, the TPDF submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via the/its PEPFAR country team's overall Country Operational Plan. Military activities for fiscal year 2006 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.

OUTCOMES & IMPACT

Prevention

In FY05, the TPDF HIV prevention program reported significant accomplishments during this fiscal year, with high numbers of soldiers reached through efforts in counseling and testing (CT), as well as palliative care. Community outreach prevention programs were implemented that focused primarily on abstinence and/or being faithful. These efforts reached 62,126 soldiers and their family members (37,276 men and 24,850 women).

Care

TPDF has 2 service outlets providing general HIV-related palliative care for infected troops and families. During this reporting period, 1398 military patients received palliative care services, including care for tuberculosis/HIV (793 men, 605 women). One hundred and ninety health care workers were trained in palliative care.

TPDF reported 1 service outlet providing care for military orphans and vulnerable children (OVC). During the reporting period, 400 OVC received services at this outlet, including 193 male and 207 female children.

Counseling and Testing

TPDF reported 9 service outlets providing CT for military members. During the year, 7801 soldiers received their test results in these facilities (3085 men and 4716

women). Thirty soldiers were trained in the provision of CT services.

Treatment

Initial health facility and laboratory assessment technical assistance visits have been made to 6 of the 8 military hospitals targeted for assistance. Family Health International, working directly with TPDF medical officials and the Tanzanian National Care and Treatment Program, has expanded access to antiretroviral therapy (ART) to a total of approximately 700 (650 military and 50 dependents) during FY05 at the central referral hospital in Dar, Lugalo General Military Hospital (GMH). In addition to Lugalo GMH, 3 other military hospitals in Mwanza, Arusha, and Zanzibar have referred a total of at least 89 patients (40, 35, and 14, respectively), to regional referral centers for ART. Two military health providers were trained in treatment and care methods at the DoD course in Uganda.

Upcoming plans call for expanding ART to at least 1000 patients at Lugalo GMH, 250 patients each at Mbeya and Mwanza, and 100 patients each in Tabora and Songea military hospitals in FY06. Concomitant with this expansion of ART and care services, significant upgrading of laboratory and health facility equipment will be undertaken at all military hospitals. Other services to be provided in FY06 include (1) prevention program expanded to cover approximately 200,000 persons and 5000 recruits, with 150 peer educators and 15 trainers trained; (2) CT services expanded to a total of 8000 individuals at 6 sites with 20 health care workers to be trained; (3) prevention of mother-to-child transmission services expanded to a total of 6000 women at 4 sites, 350-400 (5-7%) of whom are to receive nevirapine prophylaxis and 24 health care workers to be trained; and (4) review of TPDF policy for medical access to HIV-positive personnel and dependents and establishment of a standardized HIV testing policy with approximately 40,000 military personnel and TPDF civilians to be trained.



THAILAND

DHAPP

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BACKGROUND

Country Statistics

The population of Thailand is estimated at 65.4 million people, with an average life expectancy of 71.6 years. Thai is the official language, and the in-country literacy rate is estimated at 92.6%. Thailand has a well-developed infrastructure, a free-enterprise economy, and is open to foreign investment. Agriculture employs about 50% of the workforce, but the industrial and service sectors are expanding rapidly. In December 2004, a major tsunami took 8500 lives in Thailand and caused massive destruction of property. Annual per capita income is estimated at \$8,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population has been reported to be 1.5%, with 570,000 people living with HIV/AIDS. The number of new infections in Thailand has fallen every year since 1991 due to a very comprehensive national HIV/AIDS response. There is evidence that the HIV epidemic in Thailand is now spreading largely among the spouses and clients of commercial sex workers and among certain marginalized sections of the populations, such as intravenous drug users and migrants. The HIV prevalence among female sex workers was just over 10% in 2003; the HIV rate among intravenous drug users attending treatment clinics was 45%. It is believed that heterosexual intercourse still accounts for the majority of new infections.

Military Statistics

The size of the Royal Thai Armed Forces is estimated at approximately 300,000 active-duty personnel. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Proposed Future Activities

A proposal was submitted by the US Pacific Command (USPACOM) for fiscal year 2006. The goal of the proposed project is to renovate and expand the operations of its existing regional training center in Thailand for the USPACOM area of operations. Other objectives of the proposed project include infrastructure development (physical expansion of square footage of training facilities), training of trainers from 20 different countries, and in-country administrative support for coordination, curriculum development, and execution.

OUTCOMES & IMPACT

Prevention/ Care/Treatment

DHAPP has continued to work with the Thai military in support of its comprehensive HIV/AIDS prevention/education program. The bilateral program with the Thai military is relatively new. Funding is slated to be sent early next fiscal year, in support of the prevention and control of HIV/AIDS through capacity and partnership building, technical training, and training of master trainers.

THAILAND

In addition to bilateral efforts in Thailand, DHAPP provided funding early in the fiscal year to support 36 delegates from 18 Asia Pacific nations (Bangladesh, Philippines, Tonga, Fiji, India, Vietnam, Papua New Guinea, Malaysia, Mongolia, Indonesia, Thailand, Sri Lanka, and Nepal) to attend the *Asia Pacific Regional HIV/AIDS Treatment and Care Workshop* in Bangkok, Thailand. The 4-day workshop was held at Phramongkutklao Military Medical Center (PMMC), US Armed Forces Research Institute of Medical Sciences (AFRIMS).

The workshop was organized by the Center of Excellence, the Royal Thai Army, PMMC, and AFRIMS. The objectives of this workshop were: (1) to give an overview of HIV/AIDS prevention and treatment technologies; (2) to enhance military medical capacity to provide effective HIV/AIDS counseling and education across a continuum of care; (3) to provide accommodative learning through hands-on counseling sessions and role-playing; (4) to encourage community and capacity building to create an effective environment for the prevention and treatment of HIV/AIDS; (5) to facilitate partnership building among the represented countries, with an emphasis on sustainable networks and sharing best practices and lessons learned to better combat the HIV/AIDS pandemic; (6) to continue to expand the regional hub of military medical professionals with expertise; and (7) to develop master trainers via a train-the-trainers format and provide materials, resources, and partnerships for subsequent in-country training.

Later in FY05, again in conjunction with the University of Hawaii and AFRIMS/Thailand partners, DHAPP provided funding for a second workshop, which invited 24 military medical officers from 14 countries of the region. Both workshops were considered successful by all participants.



TOGO

DHAPP

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BACKGROUND

Country Statistics

The population of Togo is estimated at 5.7 million people, with an average life expectancy of 57 years. French is the official language, and the in-country literacy rate is estimated at 60.9%, unevenly distributed between men and women. Togo has a developing economy, with 65% of the workforce engaged in agriculture. Coffee, cocoa, and cotton are the most important crops. Annual per capita income is estimated at \$1,600.

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 4.1%, with approximately 110,000 individuals living with HIV/AIDS. Prevalence rates are higher in urban than in rural areas, and women are more severely affected than men. Youth and young adults are more severely affected than other age groups. Identified significant risk factors include high-risk heterosexual contact and contact with commercial sex workers. Vulnerable populations in Togo include commercial sex workers and their clients, military personnel, and transportation workers.

Military Statistics

The size of the armed forces is approximately 7000. As of this annual report, no information regarding HIV prevalence in the military was available, but it is estimated that HIV rates are higher within the military population than in the general population.



PROGRAM RESPONSE

Military-to-Military Technical Assistance

Togo is currently experiencing civil unrest and travel to that country is not considered appropriate. DHAPP staff members look forward to future interactions and collaboration with the Togo military and US Embassy representatives for the continued expansion of early efforts there.

Foreign Military Financing Assistance

Togo was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. When the country is again under stable government rule, there are plans to purchase microscopes and reagents and supplies for CD4 quantification.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Togo to plan for future activities to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country. As of this reporting date, no funding has been sent to Togo.



TRINIDAD & TOBAGO

DHAPP

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BACKGROUND

Country Statistics

The population of Trinidad and Tobago is estimated at 1.1 million people, with an average life expectancy of 68.9 years. English is the official languages, and the in-country literacy rate is estimated at 98.6%. Independent since 1962, the country is one of the most prosperous in the Caribbean thanks largely to petroleum and natural gas production and processing and to the country's reputation as an excellent investment site for international businesses. Tourism is a growing sector. Annual per capita income is estimated at \$10,500.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 3.2%. Approximately 29,000 people in Trinidad and Tobago are living with HIV/AIDS. Most HIV transmission occurs through heterosexual contact. Youth and young adults are more severely affected than other age groups.

Military Statistics

The size of the armed forces is approximately 3000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early col-

laborative contact with US Embassy staff in Trinidad and Tobago and with collaborating partners. Program development and implementation, logistics and proposal planning were undertaken by the collaborative team in coordination with the Trinidad and Tobago military.

In-Country Ongoing Assistance

Trinidad and Tobago received funding late in 2005, so the majority of the assistance effort will be conducted in 2006. Significant work has been planned with the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Proposed Future Activities

A proposal was received on behalf of the military of Trinidad and Tobago for the 2006 fiscal year. The overall goal of the proposed project is to develop a comprehensive HIV/AIDS prevention program for the armed forces in Trinidad and Tobago. Specific objectives of the proposed project include developing a comprehensive education and training program, conducting a condom distribution and availability program, expanding counseling and testing (CT) services, developing an advocacy program, and hosting a multi-sectoral HIV/AIDS workshop.

OUTCOMES & IMPACT

Prevention/Care/Treatment

Current efforts in HIV/AIDS prevention projects for military members in Trinidad and

TRINIDAD & TOBAGO

Tobago are being undertaken by the Uniformed Services University of the Health Sciences (USUHS) as part of a collaborative agreement between DHAPP and USUHS. Toward the end of FY05, DHAPP funding was released to the implementing partner for commencement of activities.

Early results indicate that one indigenous organization was provided with technical assistance for HIV-related policy development and institutional capacity building. The Center for Disaster and Humanitarian Assistance Medicine worked to gain the support of host nation military leadership and supported the efforts of their program coordinator. Their program is not well established. Coordination/collaboration efforts with and between the US Military Liaison Office, US Agency for International Development, Centers for Disease Control and Prevention, and national and international agencies continue to develop in a very positive direction. Direct program support to the Trinidad and Tobago military is likely to improve in the next quarter.



UGANDA

DHAPP

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BACKGROUND

Country Statistics

The population of Uganda is estimated to be 27.3 million people, with an average life expectancy of 51.6 years. English is the official language of Uganda, and the in-country literacy rate is estimated at 69.9%, unevenly distributed between men and women.

Uganda is a country with substantial natural resources and a developing economy. Agriculture is the most important sector of the economy, employing over 80% of the workforce. Coffee accounts for the bulk of export revenues. Annual per capital income is estimated at \$1,500.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population has been reported to be 7%, with 530,000 people living with HIV/AIDS.

Uganda is one of the few African countries where HIV prevalence rates have declined. Due to a very comprehensive national HIV/AIDS response over the past decade, HIV rates in Uganda have fallen from a rate of 18.9% in 1992 to a rate of 7% in 2005. Identified significant risk factors include high-risk heterosexual contact with multiple partners and sexually transmitted infections. Prevalence is higher in urban areas (10.7%) than in rural areas (6.4%). Prevalence is higher among females than males.

Military Statistics

The size of the military is estimated at 50,000 active-duty personnel. As of this annual report, no information regarding HIV

prevalence in the military was available, but it is estimated that HIV rates are slightly higher within the military population than in the general population.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff provided technical assistance in the assessment of laboratory capacity and the identification of appropriate equipment and training for treatment of HIV-infected patients in the Uganda People's Defense Force, 8–13 January 2005. In Bombo, Uganda, DHAPP staff visited the Infectious Disease Institute (IDI), Core Laboratories at IDI, Makerere Medical Center and National TB Reference Laboratory, and the laboratory facilities in Mbuyu, Uganda. Future equipment purchases will be centered on a sequential approach to upgrading laboratory facilities.

In addition, DHAPP staff initiated the first DHAPP-sponsored IDI course held in Kampala, Uganda, 3–7 July 2005. During this course, discussion groups regarding HIV policies and prevention programs were formed with diverse and active student participation. Consideration is being given to conduct a francophone course and develop a monitoring and evaluation program for this course.

Foreign Military Financing Assistance

Uganda was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This funding

was awarded during FY03, and was released for expenditure during this fiscal year. These funds have been used to purchase chemistry and hematology analyzers and supporting HIV/AIDS diagnostic supplies and reagents.

Proposed Future Activities

As a President's Emergency Plan for AIDS Relief focus country, the UPDF submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via its PEPFAR country team's overall Country Operational Plan. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.

OUTCOMES & IMPACT

Prevention

During FY05, the UPDF continued its commitment to prevention messages, as well as targeted goals in HIV palliative care. Over the year, 20,000 troops (12,000 men, 8000 women) were reached through community outreach efforts with comprehensive prevention messages, and 30 military members were trained to be able to teach these programs. Twelve condom service outlets were supported.

Care

During FY05, 2 outlets provided generalized palliative care for military patients with HIV/AIDS. During the year, 80 troops and their families (32 men, 48 women) received care at these outlets. Forty health care providers were trained in HIV/AIDS palliative care, as well as care of HIV-related tuberculosis. Challenges included the capture and documentation of these data. The country team plans to ask for increased technical support for the set up of a data management system during FY06.

Counseling and Testing

Fifteen service outlets provided counseling and testing for military members. During FY05, 13,985 soldiers (7160 men, 6825 women) were tested and received their results, and 10 military members were trained to

provide these services. Extended testing services were able to reach populations who previously had little or no access to testing services. Demand for services is on an upward trend, which resulted in problems with stock-outs and delays in getting supplies and equipment to the field in time. Monitoring of sites located away from main towns and centers has been a continuing challenge.

Treatment

Thirteen military health care workers were trained during FY05 in the provision of antiretroviral therapy in accordance with international standards.

Other Activities

In FY05, 80 personnel were trained in strategic information.



UKRAINE

DHAPP

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BACKGROUND

Country Statistics

The population of Ukraine is estimated at 47.4 million people, with an average life expectancy of 66.9 years. Ukrainian is the official language, and the in-country literacy rate is estimated at 99.7%. Ukraine was formerly part of the Soviet Union; independence was achieved in 1991. Industry and services are the key sectors of the economy. Annual per capita income is estimated at \$6,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated to be 1.4%, with an estimated 360,000 people living with HIV/AIDS. Although the HIV prevalence rate is relatively low, it is growing steadily. The most common mode of HIV transmission is intravenous drug use, which is responsible for 57% of HIV cases. Heterosexual contact accounts for about 27% of total HIV cases. Prevalence is highest in the southern and eastern regions of the country. Among the key factors driving the epidemic are transactional sex, high levels of migration, and large numbers of intravenous drug users.



Military Statistics

The size of the armed forces in Ukraine is approximately 300,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early collaborative contact with US Embassy staff in Ukraine. Program development and implementation, logistics, and proposal planning were undertaken by the collaborative team in coordination with the Ukrainian military.

Proposed Future Activities

A proposal was received on behalf of the military of Ukraine for the 2006 fiscal year. The specific objectives of the proposed project include developing an education and prevention program for military personnel, training medical staff in HIV diagnostics,

expanding laboratory infrastructure, establishing a donor blood/plasma bank, expanding infrastructure to ensure blood safety, and establishing an HIV surveillance system.



OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP is currently engaged in a collaborative interaction with military officials and US Embassy staff in Ukraine for the implementation of important HIV/AIDS prevention efforts among military members there. DHAPP funding was provided for start-up efforts in HIV prevention efforts in Ukraine during late FY05. Recent data received indicated the commencement of a program, with no reportable numbers as of the end of the fiscal year. DHAPP looks forward to continued collaboration and targeted results as the program progresses.



UZBEKISTAN

DHAPP

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BACKGROUND

Country Statistics

The population of Uzbekistan is estimated at 26.9 million people, with an average life expectancy of 64.2 years. Uzbek is the official language, and the in-country literacy rate is estimated at 99.3%. Independent from the Soviet Union since 1991, Uzbekistan is a dry, landlocked country. Uzbekistan is now the world's second-largest cotton exporter, a large producer of gold and oil, and a regionally significant producer of chemicals and machinery. Agriculture is an important sector of the economy, employing 44% of the population. Annual per capita income is estimated at \$1,800.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population has been reported to be less than 0.1%, with approximately 11,000 people living with HIV/AIDS. Despite a low prevalence rate, the number of HIV cases in Uzbekistan is growing rapidly. Intravenous drug use remains the main source of HIV infection, followed by sexual transmission. Vulnerable groups include injecting drug users, commercial sex workers, prisoners, and migrants. Men are much more severely affected than women. Young people aged 15–34 years are much more severely affected than other age groups.

Military Statistics

The size of military is approximately 59,000. As of this annual report, no information regarding HIV prevalence in the military was

available. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members have established contact with US Embassy staff in Uzbekistan and has assisted them, along with their military colleagues there, in the early development of a proposal for future activities. Through this collaboration, members of the Uzbekistan military were able to work with the US Embassy to ensure 2 military physicians were able to attend vital training in HIV prevention, care, and treatment methods at the San Diego-based *Military International HIV/AIDS Training Program* (MIHTP).

Proposed Future Activities

A proposal was received on behalf of the military of Uzbekistan for the 2006 fiscal year. The specific objectives of the proposed project include expanding the HIV education program; conducting a knowledge, attitudes, behavior, and practices survey; conducting a seroprevalence study; establishing an HIV information and education center; expanding laboratory infrastructure and the counseling and testing (CT) program to 6 fully equipped sites; and strengthening the sexually transmitted infections management program.

OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have continued collaborative interaction with military officials and US Embassy staff in Uzbekistan to establish a comprehensive HIV/AIDS prevention/education program for their country. Proposed activities have recently commenced in collaboration with the Naval Medical Research Unit No. 3 in Cairo.

During FY05, DHAPP supported the attendance of 1 Uzbek physician for the April–May 2005 MIHTP course. Feedback from the participant indicated that the course content was well received and should provide valuable insight as the military commences HIV/AIDS prevention, care, and treatment programs in their country.

FY06 plans include establishing 6 CT sites within the different military regions of Uzbekistan to offer CT to 6000 service members. In addition, the Uzbekistan Ministry of Defense (MOD) has chosen a site for the HIV laboratory within the Central Military Hospital grounds in Tashkent. Three bids have been obtained for renovating the space, making it a first-rate, functioning HIV laboratory. Three bids have been obtained for purchasing the necessary equipment and supplies for testing the 6000 service personnel. The MOD will establish a date of onset for renovation and laboratory testing.

DHAPP staff members anticipate future success and results directly in support of the targets set by the military efforts of HIV prevention in Uzbekistan.



VIETNAM

DHAPP

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BACKGROUND

Country Statistics

The population of Vietnam is estimated at 83.5 million people, with an average life expectancy of 70.6 years. Vietnamese is the official language, and the in-country literacy rate is estimated at 90.3%. Vietnam became a unified country in 1976 after the armed forces of the communist north seized the south of the country. Agriculture employs about 63% of the population. Vietnam is working to promote job creation to keep up with the country's high population growth rate. Annual per capita income is estimated at \$2,700.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population has been reported to be 0.4%, with 263,000 people living with HIV/AIDS. Most infections are confined to two high-risk groups, injecting drug users and sex workers. People under age 30 are most severely affected, and men are much more severely affected than women. Injecting drug use has been identified as the most common mode of HIV transmission, followed by heterosexual intercourse.

Military Statistics

The size of the Vietnam Armed Forces is estimated at approximately 480,000 active-duty personnel. HIV prevalence in the military has been estimated at about 0.64% among military recruits.



PROGRAM RESPONSE

Proposed Future Activities

As a President's Emergency Plan for AIDS Relief (PEPFAR) focus country, the military of Vietnam submitted a comprehensive HIV/AIDS prevention, care and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall Country Operational Plan. Military activities for fiscal year 2006 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention

The Vietnam Ministry of Defense (VMOD) accomplished noteworthy progress during FY05 in its comprehensive HIV/AIDS prevention program. During the fiscal year, 3450 troops were reached with community outreach prevention programs focusing on abstinence and/or being faithful (3450 men and 0 women). Of these, all programs had a primary abstinence message. In addition, 350 VMOD troops were reached with community outreach programs focusing on a comprehensive prevention message (350 men, 0 women). One hundred and fifty individuals were trained in providing this message to peers. The VMOD supported 150 targeted condom service outlets during the year.

One service outlet carried out blood-safety activities during the year.

Care

The VMOD supported 2 service outlets providing general palliative care for HIV infection. Of these, one provided tuberculosis-specific care. During FY05, 250 troops and family members received care for HIV (250 men, 0 women). One health care provider was trained in the provision of palliative care for HIV.

Counseling and Testing

One outlet provided counseling and testing services to military members and their families during FY05. During this time, 178 VMOD personnel were tested and received their results (178 men, 0 women).

Treatment

One military health care worker was trained in the provision of antiretroviral therapy. One laboratory functioned with the capability to perform CD4 and/or lymphocyte tests. Six laboratory professionals were trained in the provision of HIV laboratory services.



ZAMBIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Zambia is estimated to be 11.3 million people, with an average life expectancy of 39.7 years, down significantly from a high of 52 years prior to the HIV/AIDS epidemic. English is the official language, with an estimated literacy rate of 80.6%, distributed disproportionately between men and women. Zambia is one of the most urbanized countries in Sub-Saharan Africa, with almost 50% of the population living in a few urban areas clustered along the main transportation corridor. Agriculture employs about 85% of the population. Annual per capita income is estimated to be \$900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in Zambia is one of the highest in the world. The prevalence rate in the general population is estimated to be 16.5%, with approximately 920,000 people living with HIV/AIDS. Heterosexual contact is the principal mode of transmission. Mother-to-child transmission is also a significant mode of transmission. HIV rates are highest among women aged 20–29 and among men 30–39 years. Rates are much higher in urban areas than in rural areas, with the highest HIV rates found in cities and towns along major transportation routes. Vulnerable groups include military personnel, commercial sex workers, truckers, and fisheries workers.



Military Statistics

The size of the Zambian military is estimated at 22,000. The Zambian National Defense Force (ZNDF) is made up of the Army, the Air Force, and Zambian National Service (ZNS). HIV prevalence is 34% in the Army, 17% in the Air Force, and 28% in the ZNS.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members provided technical assistance during an in-country site assessment in Lusaka, Zambia, 24–28 April 2005. The trip included a visit to Maina Soki Hospital.

In-country activities were reviewed, including (1) JHPIEGO conducting a wide-ranging prevention of mother-to-child transmission (PMTCT) program in the ZDF (2) implementing an infection control program (blood-borne pathogen training, postexposure prophylaxis, infection control), and (3) developing hospital policies and standards.

DHAPP staff met with the new program coordinator, the Director of General Medical Services of ZNDF, US Embassy staff, members of the ZNDF twinning planning group, the Information, Education, and Communication coordinator for ZNDF, and representatives of the nursing directorate to discuss palliative care,

Clinic, laboratory, infrastructure, and supply needs will continue to be discussed and addressed. Pharmacist and physicians will continue to be trained in more advanced areas of treatment algorithms and supply

management.

In addition, DHAPP staff members visited Zambia again with the President's Emergency Plan for AIDS Relief (PEPFAR) core team to conduct an fiscal year 2006 review and planning for the following year, from 29 August – 3 September 2005. During this visit, fiscal roles for appropriate HIV/AIDS collaborating partners were established and the COP was reviewed.

Plans were made to evaluate equipment and training needs of the laboratory, technicians, and physicians and establish automated blood culture capability. Additionally, there are plans to complete a palliative care visit, finish the library, develop the radiology/ophthalmology facility, and develop a mobile Counseling and Testing (CT) Center with the purchase of vehicles and equipment.

Foreign Military Financing Assistance

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. Specific equipment purchases are currently being negotiated by ZNDF, US Embassy, and DHAPP staff members.

In-Country Ongoing Assistance

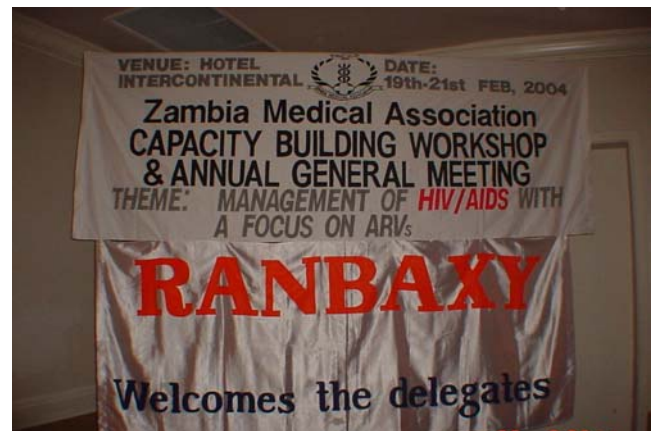
In FY05, nongovernmental organizations conducted many efforts being in Zambia. Prevention and treatment, management and staffing, and strategic information were all areas of focus in FY05. Project Concern International (PCI) provided technical assistance to the ZNDF in the areas HIV CT, centering primarily on training medical personnel, social workers, and peer educators in understanding the pros and cons of HIV testing and in developing counseling skills. PCI also provided assistance by conducting an HIV/AIDS prevalence survey in conjunction with the ZNDF; establishing a strong, sustainable palliative care program; maintaining the existing Abstinence/Be Faithful program; and working to reach military units with stigma reduction messages through peer education.

CARE International has been instrumental in implementing an orphans and vulnerable children (OVC) program designed to award educational scholarships to OVC who might not be able to attend school without scholarships, provide psychosocial counseling and support and referrals to both military and civilian social services for children and families who desperately need these services, and provide trade skills or income-generating skills for HIV/AIDS OVC and AIDS widows. JHPIEGO also provided assistance to the ZDF in a multitude of areas, including implementing a comprehensive PMTCT program at 4 military hospitals,

providing technical assistance to antiretroviral therapy (ART) service delivery sites established in 4 major military hospitals, and working to prevent new infections at various service delivery sites.

Proposed Future Activities

As a PEPFAR focus country, the military of Zambia submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via its PEPFAR country team's overall COP. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.



OUTCOMES & IMPACT

Prevention

During FY05, the ZNDF was committed to prevention messages with a comprehensive overview. Through these community outreach efforts at comprehensive prevention, 25,591 troops were reached.. Four hundred and twenty-eight soldiers were trained to provide this message to peers, and 80 condom service outlets were supported. In addition, 60 military providers were trained in the provision of PMTCT services according to national or international standards. Finally, during July 2005, the ZNDF sent 3 physicians to the *Military International HIV/AIDS Training Program (MIHTP)* in San Diego. They were provided with training in prevention, CT, care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country.

Care

During FY05, 51 outlets provided generalized palliative care for military patients with HIV/AIDS. During the year, 1416 troops and family members received care at these outlets (685 men, 754 women). Two hundred and nineteen personnel were trained in palliative care.

Counseling and Testing

All 53 units are providing some level of HIV counseling and/or testing. Numbers counseled and tested during the period are based on returns submitted by 19 of the units. During FY05, 1068 soldiers were tested and received their results (501 men, 567 women). Eighty-six soldiers were trained in the provision of CT services. Over 50 ZDF personnel have gone public about their HIV-positive status. A number of units do not have adequate facilities designated for CT, and suffer from a shortage of test kits.

Treatment

Treatment activities were initially approved to improve infrastructure through construction and renovation of 6 HIV/AIDS CT Centers, HIV/AIDS laboratories, and tuberculosis (TB)/HIV wards, including Dambwa CT, Mukuni CT, Maramba CT, Livingstone Police/MOH CT and Batoka Hospital TB Ward in Livingstone District, and State Lodge in Lusaka. The locations for these clinics were selected to increase the accessibility of CT services for military personnel, their families, and the civilian population. The TB/HIV ward will serve as a major entry point for anti-retroviral therapy. A CT will be included in this ward.

Since the approval of the funds for this project, renovation of the Batoka Hospital outpatient pediatric ward program was added to the project because this would greatly increase the capacity for PMTCT and treatment for pediatric HIV patients. Currently, the facility lacks space to provide adequate care and treatment for the volume of pediatric patients coming to the hospital. It is also anticipated that the recent policy on free ART services will increase the demand for pediatric ART services at the Batoka Hospital. Livingstone district has one of the highest HIV/AIDS prevalence rates due to proximate to the border with Zimbabwe and Botswana. There are 3 large military bases located in the district and Batoka Hospital is a referral hospital for all military personnel and their families in the district. As initially planned and approved, The US Department of Defense (DoD) will collaborate with the Centers for Disease Control and Prevention, which will help to equip the facilities and train laboratory personnel. Finally, 7 laboratories have the capability to perform CD4 and/or lymphocyte

testing, and 4 personnel were trained in clinical management.

Other Activities

Four ZNDF nurses were sent to the Naval Medical Center San Diego (NMCS D) to observe practices in palliative care and clinical management in September as a part of the NMCS D twinning activities. The nurses have submitted a visit summary and recommendations after the trip. The American Health International Alliance is working on a post-visit evaluation, which will be finalized in the next few months. The DoD PEPFAR office in Lusaka used the remaining training funds to send a pharmacist at the Maina Soko to receive a course in supply chain management of HIV/AIDS medicines and supplies held in South Africa. Sixteen individuals were trained in community mobilization for total HIV programs. Finally, 48 military members were provided with technical assistance and/or training in the area of strategic information for capacity building.



ZIMBABWE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Zimbabwe is estimated to be 12.7 million people, with an average life expectancy of 39.1 years, down significantly from a high of 60 years prior to the HIV/AIDS epidemic. English is the official language, with an estimated literacy rate of 90.7%. The economy is dominated by agriculture and services, with agriculture employing 66% of the workforce. Unemployment is very high and in recent years, the country has endured rampant inflation and critical food and fuel shortages. Annual per capita income is estimated to be \$1,900.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in Zimbabwe is one of the highest in the world. The prevalence rate in the general population has been reported to be 24.6%, with 1.8 million people living with HIV/AIDS. Over the past 5 years, there is evidence that HIV rates have decreased. Heterosexual intercourse has been identified as the most common mode of HIV transmission. Vulnerable groups include military personnel and commercial sex workers. Young adults in the 25–29 age group are more severely affected than other age groups. Women are more severely affected than men.

Military Statistics

The size of the Zimbabwe Defence Forces (ZDF) has been estimated at 40,000 active-duty personnel. The ZDF has not performed forcewide screening; however, HIV preva-

lence in the military is estimated to be higher than in the civilian population.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members maintained early collaborative contact with US Embassy staff in Zimbabwe and with collaborating partners. Program development and implementation, logistics, and proposal planning were undertaken by the collaborative team in coordination with the ZDF, and a technical assist in-country visit is planned for fiscal year 2006.

Proposed Future Activities

A proposal was received on behalf of the military of Zimbabwe for FY06. The specific objectives of the proposed project include establishing a train-the-trainer program, training medical personnel in management of HIV/AIDS and opportunistic infections, enhancing laboratory infrastructure, and expanding the counseling and testing (CT) program.

OUTCOMES & IMPACT

Prevention

Because funding was received late in the fiscal year, data have only begun to be collected. However, several targeted goals were met for the implementation of future programs. Thirty military members were trained to be peer educators for a comprehensive prevention program for troops and

families. Forty other personnel were trained in the necessary computer software for data entry, collection, and reporting requirements. Twelve condom service outlets were supported.

Care

Three service outlets were supported that provided CT services. During FY05, 210 troops were tested for HIV and received their results (127 men, 83 women). In addition, 2 portable buildings were procured and renovations planned for additional service outlets. Equipment for these centers was also procured (computers, office supplies).

Treatment

The ZDF supported 3 service outlets that provided anti-retroviral therapy (ART) to military patients and their families. During FY06, 1466 patients were provided with ART (974 adult men, 489 adult women, 2 boys, 1 girl). Three laboratories had the capability to provide HIV and/or CD4 testing.

In addition, during October and November 2004, the Zimbabwean military sent 2 physicians to the *Military International HIV/AIDS Training Program* in San Diego. They were provided with training in prevention, CT, care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country.



APPENDIX A: MIHTP

BACKGROUND

Physicians from militaries around the world have had the unique opportunity to visit the United States for 30 days to participate in this training. Trainees experience in-depth lectures, tour US medical facilities, and take part in rounds and counseling sessions with HIV/AIDS patients. Trainees are exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically anti-retroviral therapy, opportunistic infections, and epidemiology.

The *Military International HIV Training Program* (MIHTP), which is administered 4 to 5 times per year, involves intense study, collaboration, and coordination. DHAPP staff examined results from all training sessions that took place during FY05 to determine the program's effectiveness.

MEASURES OF EFFECTIVENESS

Pre- and post-tests for MIHTP trainees were developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, NMCSU, UCSD, and SDSU. The test consists of 40 multiple choice questions taken directly from the lectures, covering topics such as antiretroviral drugs, US military policies, opportunistic infections, and statistical analysis. The pretest is administered during the trainees' orientation, prior to any lectures. If necessary, the test is translated into the trainees' native languages. Posttests are administered during the out-briefing following the 30-day training program. The test comparisons allow identification of changes in the trainees' comprehension of the subject matter as well as assist in the identification of areas for improvement, emphasis, or deletion.

RESULTS

25 October 2004 – 27 November 2004: Nigeria and Zimbabwe

Four trainees attended this training program (2 from Nigeria, 2 from Zimbabwe), all taking part in the testing. The table below displays the wide discrepancy in pretest scores, ranging from 45% to 65%. On the other hand, posttest scores ranged from a 67.5% to a 77.5%, indicating a decrease in variance among the trainees, with change in a positive direction. During this training session, students' scores had an average increase of 17.5%.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Average
Pretest score	65.00%	50.00%	45.00%	60.00%	55.00%
Posttest score	72.50%	72.50%	67.50%	77.50%	72.50%

The result of a *t* test from pretest to posttest was significant ($\alpha = .016$). The scores were significantly different.

APPENDIX A: MIHTP

22 February 2005 – 26 March 2005: Dominican Republic and Honduras

Seven trainees attended this training program (4 from Dominican Republic, 3 from Honduras), all taking part in the testing. The table below displays the wide discrepancy in pretest scores, ranging from 40% to 57.5%. On the other hand, posttest scores ranged from 62.5% to 70%, indicating a decrease in variance among the trainees, with change in a positive direction. During this training session, students' scores had an average increase of 17%.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7	Average
Pretest score	50%	57.5%	43%	42.5%	45%	40%	55%	47.5%
Posttest score	65%	65%	67.5%	62.5%	65%	57.5%	70%	64.64%

The result of a *t* test from pretest to post-test was significant ($\alpha < .001$). The scores were significantly different.

11 April 2005 – 15 May 2005: Kyrgyzstan, Tajikistan, Kazakhstan, and Uzbekistan

Eight trainees attended this training program (2 from Kyrgyzstan, 2 from Tajikistan, 2 from Kazakhstan, and 2 from Uzbekistan), and all took part in the testing. The table below displays the wide discrepancy in pretest scores, ranging from 30% to 57.5%. Posttest scores ranged from 40% to 57.5%, creating a much narrower range among the trainees, but still not showing much improvement. Some scores remained the same, and one decreased. During this training session, students' scores had an average increase of only 6.88%, which is one of the lowest increases in the past few training sessions.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7	Trainee 8
Pretest score	35%	40%	35%	57.5%	30%	35%	35%	45%
Posttest score	45%	50%	40%	57.5%	37.5%	47.5%	47.5%	42.5%

Despite the average increase in test score, a *t* test was significant ($\alpha < .011$).

01 July 2005 – 29 July 2005: Rwanda and Zambia

Five trainees attended this training program (2 from Rwanda and 3 from Zambia), all taking part in the testing. The table below shows that the scores on the pre-test illustrate a similar competence level among trainees, with the exception of one high-scoring individual. Scores ranged from 32.5% to 72.5%. On the other

APPENDIX A: MIHTP

hand, posttest scores ranged from 32.5% to 75%, demonstrating that the learning experience was quite varied for the trainees, many showing a large improvement from their pretest. There was a decrease noted in the scores of one of the trainees; it is difficult to determine where the inconsistency lies. During this training session, students' scores had an average increase of 15%, with an average increase of 21.25% if trainee #2 is removed (which is one of our highest increases in the past 6 training sessions).

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5
Pretest score	40%	42.5%	40%	72.5%	32.5%
Posttest score	62.5%	32.5%	75%	75%	57.5%

Despite the sizable average increase in test scores, the result of a *t* test from pretest to posttest was not significant ($\alpha > .05$). The scores were not significantly different, again due to the decrease in Trainee #2's score. Once this score was removed, $\alpha = .05$, making the change significantly different.

SUMMARY

In summary, military clinicians from around the globe have attended the Military International HIV/AIDS Training Program in San Diego. According to all participants and instructors, the program has evolved into an experience of great professional value. All students of the MIHTP have agreed that the skills they have developed during training will be taken back to their countries and put to valuable use in their own militaries' fight in the war against HIV and AIDS.



APPENDIX B: ACKNOWLEDGMENTS

The Department of Defense HIV/AIDS Prevention Program would like to express thanks to all of our partners worldwide, who worked as a team to make FY05 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at DoD, the Office of the Global AIDS Coordinator, CDC, USAID, Peace Corps, Department of Labor, universities, and non-governmental organizations. Together with DHAPP staff in San Diego, our collaborators around the world continue to win battles in the war against HIV/AIDS in military personnel.

