



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

2006 ANNUAL REPORT

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM (DHAPP)

January 2007



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Colleagues,

The Department of Defense HIV/AIDS Prevention Program (DHAPP), headquartered at the Naval Health Research Center in San Diego, is proud to be an integral part of the President's Emergency Plan for AIDS Relief (PEPFAR), which is the single largest international health initiative in U.S. Government history dedicated to a single disease. In fiscal year 2006, DHAPP worked diligently to continue efforts ensuring that, as part of the PEPFAR strategy, military populations, their families, and surrounding communities, were provided technical assistance and resources to expand the fight against HIV/AIDS. I am pleased to present the Annual Report for the period October 2005 to September 2006, which summarizes DHAPP activities in 70 militaries around the world.

During these 12 months, using PEPFAR and Department of Defense (DoD) resources, DHAPP provided HIV/AIDS prevention, care, treatment, and capacity-building support that reached over 6 million troops and their families in Africa and around the globe. This report provides an overview of the activities and accomplishments that DHAPP sponsored during this period. Included among these is the training of 7,599 military members to provide prevention education to their peers, who then reached 736,812 troops and family members with those prevention messages. In these 12 months, DHAPP activities around the globe supported 324 counseling and testing centers, at which 72,800 troops were tested for HIV and received their results. Additionally, 31,252 uniformed personnel or dependents were provided with HIV-related palliative care, with 1,172 military health providers trained in palliative care clinical skills.

Also included in this report are descriptions of 45 laboratories, which were equipped to provide HIV and/or CD4 testing, and 430 laboratory technicians who were trained to provide those tests. Further, 14,103 military members or their dependents were established on antiretroviral therapy by the end of the fiscal year, with 584 uniformed health providers newly trained in antiretroviral therapy techniques. Finally, 3,167 military leaders were trained in policy, capacity building, and mobilization of resources in the fight against HIV/AIDS.

This report represents the work of countless dedicated military and civilian personnel who have two main goals as the cornerstone of their efforts: (1) ensuring that HIV-negative personnel know how to protect themselves from infection and stay HIV-negative, and (2) compassionate care and support of those infected with HIV and their family members. Within the U.S. DoD, the success of DHAPP is due to the activities of personnel from the Offices of the Secretaries of Defense, Navy, Army, and Air Force, the Combatant Commands, medical



personnel from these services, and DoD personnel in U.S. Embassies around the world. DHAPP has also established a relationship with an impressive cadre of universities and nongovernmental organizations that focuses on the specific issues of the HIV epidemic in military populations.

The country reports in the following pages represent a small but critical part of the overall U.S. Government effort to fight HIV/AIDS around the world. Even though the program is relatively small, to the individuals reached by DHAPP efforts, the effect is enormous. Further, throughout history, successful militaries have always recognized that “health is a readiness issue,” and the impact that HIV is having on the overall health of the forces in many militaries around the world is an issue that must be rigorously addressed.

We continue to fight HIV, alongside our U.S. Government and international military partners, with the intensity warranted by such a serious threat to military readiness and national security worldwide. We are proud of DHAPP’s progress in FY06, and we look forward to sustained success as we continue the battle against HIV/AIDS.

Very respectfully,

A handwritten signature in black ink, appearing to read "R.A. Shaffer".

Richard A. Shaffer, Ph.D.
Executive Director

AFGHANISTAN

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BACKGROUND

Country Statistics

In 2004, Afghanistan inaugurated its first democratically elected president, and its National Assembly was inaugurated in December 2005. Of the estimated 4 million refugees in October 2001, 2.3 million have returned. The Afghan population is estimated to be 29.9 million people, with an average life expectancy of 46.2 years. Pashto or Persian (Dari) are the official languages of Afghanistan, which has an estimated literacy rate of 36%, unevenly distributed between men and women. Growing political stability and continued international commitment to Afghan reconstruction create an optimistic outlook for continuing improvements in the Afghan economy in 2006. Expanding poppy cultivation and a growing opium trade may account for one third of the gross domestic product. GDP per capita is \$800, with 53% of Afghani people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Afghanistan's general population is estimated at less than 0.01%. Risk factors in the epidemic are not well-documented; however, sexual transmission, blood transfusion, and intravenous drug use were all identified in the available sample.

Military Statistics

The new Afghan National Army (ANA) is estimated at approximately 70,000 members, with an Air Force of 8000 members. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

A US Army physician assigned to Combined Forces Command-Afghanistan (CFC-A) in Afghanistan worked in close collaboration with the DHAPP staff and the ANA Surgeon General to commence training of recruits in the newly established Army. DHAPP provided HIV prevention materials, which have proven effective in many countries with established and successful programs. The prevention materials were translated into Dari, and during distribution of the training manuals, the CFC-A physician conducted a knowledge, attitudes, and practices survey with recruits. Results are being analyzed.

US Central Command Surgeon staff have begun working closely with the ANA Surgeon General to align future efforts with prevention and policy training in the ANA.

Proposed Future Activities

DHAPP received a proposal on behalf of the Afghan National Army for HIV prevention scale-up efforts in fiscal year 2007. The primary objective of the proposal focused on collaborative efforts of the ANA, the National Military Academy of Afghanistan (NMAA), US military training missions, and DHAPP to prevent the spread of HIV among Afghan military forces and to sustain an indigenous program in conjunction with the international effort to build the ANA. The majority of proposed activities focused on the inclusion of HIV prevention training in the NMAA curriculum to ensure all levels of the ANA play a leading role in the fight against the epidemic among ANA forces. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

DHAPP staff members have continued collaborative efforts with ANA officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members in Afghanistan. The ANA HIV prevention program for military members has only recently commenced. DHAPP looks forward to successful program implementation in Afghanistan.



ALBANIA

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BACKGROUND

Country Statistics

The Albanian population is estimated to be 3.6 million people, with an average life expectancy of 77.4 years. Albanian is the official language, and the literacy rate is estimated at 98.7%, evenly distributed between men and women. In the 2005 general elections, the Democratic Party and its allies won a decisive victory by pledging to reduce crime and corruption and promote economic growth. The election was considered an important step forward. The gross domestic product per capita is \$4,900, with 25% of Albanian people living below the poverty line. Albania, with troops in Iraq and Afghanistan, has been a strong supporter of the global war on terrorism.

HIV/AIDS Statistics

The HIV prevalence rate in Albania's general population is unknown. Identified significant risk factors include intravenous drug users, migrant populations, and sex workers and their clients.

Military Statistics

The military in Albania is estimated at approximately 54,000 members. Albania

allocates 1.4% of the gross domestic product for military expenditures. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Implementation of proposed activities for the current fiscal year faced significant challenges due to contracting issues. The goals were to increase the level of HIV/AIDS knowledge and safer behaviors of the soldiers, officers, and medical staff, including identifying and training peer educators; distributing Information, Education, and Communication (IEC) materials to 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 distributing IEC materials for soldiers participating in missions abroad.

Proposed Future Activities

Because of the challenges faced this year in the commencement of the program in Albania, FY06 funding will be used to meet the objectives of the Albanian military's HIV prevention program during FY07.

OUTCOMES & IMPACT

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. The Albanian HIV prevention program for military members has only recently commenced. DHAPP looks forward to successful program implementation in Albania.



ANGOLA

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BACKGROUND

Country Statistics

Angola has continued a slow rebuilding process after the end of a 27-year civil war in 2002. The Angolan population is estimated to be 12.1 million people, with an average life expectancy of 38.6 years. Portuguese is the official language of Angola, which has an estimated literacy rate of 67%, unevenly distributed between men and women. Angola's high growth rate is driven by its oil sector, with record oil prices and rising petroleum production. Oil production and its supporting activities contribute about half of the gross domestic product (GDP) and 90% of exports. The GDP per capita is \$3,200, with 70% of Angolans living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Angola's general population is estimated at 3.7%. Angola has approximately 320,000 individuals living with HIV/AIDS. Identified significant risk factors include blood transfusions and unprotected sexual contact. Most cases of HIV in Angola are spread through multi-partner heterosexual sex.

Military Statistics

The Angolan Armed Forces (FAA) is estimated at approximately 110,000. Angola

allocates 8.8% of the GDP for military expenditures. The Charles R. Drew University 2003 military prevalence study estimated HIV prevalence in the military ranges from 3–11%, depending upon the location. HIV prevalence rates are highest near the border of Namibia (11%).

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FAA has continued its efforts in the fight against HIV/AIDS in collaboration with the Drew Center for AIDS Research, Education, and Services (Drew CARES). Late fiscal year activities are designed to expand access to counseling and testing (CT). In Angola, peer education programs have been developed and implemented with the goals of increasing knowledge of HIV, increasing demand for HIV testing, and strengthening the physical, laboratory, and human resources infrastructure to conduct CT. Development of CT in high-risk military operational sites will continue to provide the necessary infrastructure and expertise to create an operational and sustainable CT clinic that can serve these personnel.

Foreign Military Financing Assistance

Angola was awarded Foreign Military Financing funding for the acquisition of

laboratory and medical equipment. This award was allocated for FY03-04, and 2003 funding was released for expenditure during the FY05. Although still in negotiation, the plan is to use the 2003 funding to procure CD4 count and viral load testing equipment, in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

DHAPP received a proposal from Drew CARES on behalf of the FAA for activities in FY07. The primary objectives of the proposal included the expansion of CT centers for military members, including training of counselors and increasing CT accessibility. In addition, the peer educators already trained will attend refresher/new training to incorporate in their future messages information about CT and a referral link to services. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

During FY06, the Charles R. Drew University of Medicine and Science continued to provide exceptional results in its work with the FAA, specifically in the area of prevention, with expansion into CT. The 570 peer advocates trained last year have continued to train their fellow troops. These advocates have now reached 12,658 military personnel with comprehensive prevention messages. Twenty thousand brochures describing the significance of abstinence and fidelity in HIV/AIDS prevention have been distributed to the FAA. Two thousand four hundred and sixty-three military personnel have been interviewed regarding their practices regarding abstinence and fidelity to prevent the spread of HIV/AIDS. Six-month follow-up interviews to detect any changes effected by the peer advocate training occurred from September–December 2005. Data are being analyzed. Six targeted condom service outlets were supported by the FAA.

In June, 18 members of the FAA Medical Division were trained in all HIV prevention forms. The training consisted of 7 days of instruction that entailed active participation by the participants. The participants represented 7 of 10 military regions of the country and all military branches. These participants are expected to return to their respective military regions and develop a work plan for training HIV advocates in each of the military units. Each participant was provided with all of the materials necessary for the delivery of effective training sessions, in addition to receiving a total of 10,000 newly created “mini-manuals” for HIV activists. Along with the work materials, they received paperwork that will be filled in on a monthly basis so they can report their activities to the Health Division on a regular basis. Finally, a second comic book has been created for distribution to troops, with a new story line regarding the life of the “Soldier Lunguka,” specifically addressing vertical transmission of HIV. BBC Angola and the Drew CARES team have entered an agreement to produce a serial drama radio program for the FAA.

Care

One service outlet provided HIV-related palliative care to military members and their families, including care for tuberculosis. Two CT centers provided HIV testing for FAA personnel. Sixteen nurses and lab technicians received CT training, including 5 days of theoretical instruction and 1 week of practical training at CT clinics in Luanda. These counselors are now offering services in two new locations of the capital city, the military hospital in Lubango and in Cunene, a high-risk border region. Information on number of military personnel tested and results will be received monthly. At present, the military follows national laws on testing for HIV; no mandatory testing is done, except for military personnel who will be involved in international peacekeeping.



BARBADOS

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Country Statistics

The population of Barbados is estimated to be 279,900 people, with an average life expectancy of 75.3 years. English is the official language of Barbados, which has an estimated literacy rate of 99.7%, evenly distributed between men and women. The gross domestic product per capita is \$17,300. Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities, but production in recent years has diversified into light industry and tourism. Growth was positive in 2005.

HIV/AIDS Statistics

The HIV prevalence rate in the Barbadian general population is estimated at 1.5%, with approximately 2500 individuals living with HIV/AIDS. Most cases of HIV in Barbados are attributed to unprotected heterosexual contact.

Military Statistics

The Royal Barbados Defense Force (RBDF) consists of approximately 1000 personnel distributed among the Ground Forces and the Coast Guard. The Defense Force is responsible for national security and can be

employed to maintain public order in times of crisis, emergency, or other specific need. The percentage of the Barbados GDP expended for a military purpose is unknown. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences traveled to Barbados in February 2006 to meet with members of the RBDF and the National AIDS Council to discuss progress for the April 2006 *Regional Caribbean HIV/AIDS Conference*.

Proposed Future Activities

DHAPP received a proposal from CDHAM on behalf of the RBDF for activities in fiscal year 2007. Stated goals for the upcoming fiscal year included the following: train 30 master trainers, 10 peer educators, and 27 counselors for counseling and testing; implement troop-level HIV/AIDS prevention education and behavior change communication training; provide infrastructure and equipment for HIV testing centers; increase access to testing for all military personnel;

develop HIV laboratory diagnostic capability, including training 8 laboratory personnel in HIV, sexually transmitted infection, and tuberculosis diagnostics, quality assurance, and additional laboratory management requirements; increase clinical capability for health care of those infected with HIV; and establish effective monitoring and evaluation procedures. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

Over the fiscal year, 800 RBDF troops (725 men, 75 women) were reached with prevention messages focusing on abstinence and/or being faithful. In addition, 500 T-shirts were distributed to and worn on World AIDS Day 2005 by RBDF members.

In April 2006, the RBDF and CDHAM co-sponsored a 4-day training session on HIV/AIDS for uniformed services in Eastern Caribbean and English-speaking Central American countries. Forty-three military participants were trained in initiation and strengthening of regional dialogue on HIV/AIDS in the defense environment, assistance in the development of national prevention programs, and strengthening of civilian-military collaboration. The event outcome was a greater understanding of stigma and discrimination issues and reduction activities, community involvement, health and psychosocial issues related to HIV/AIDS, and the early development and refinement of policy development.

In addition, 10,000 condoms were ordered through Pharmaco (a local distributor in the Caribbean) and will be delivered to the Military Liaison Office for delivery to the RBDF.



BELIZE

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BACKGROUND

Country Statistics

The population of Belize is estimated to be 287,730 people, with an average life expectancy of 68.3 years. English is the official language of Belize, which has an estimated literacy rate of 94.1%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$6,800, with 33% of the population of Belize living below the poverty line. Tourism has become the mainstay of the economy.

HIV/AIDS Statistics

The HIV prevalence rate in the Belize general population is estimated at 2.5%, which places Belize as having the highest per capita HIV prevalence rate in Central America. Seventy percent of HIV cases in Belize are attributed to heterosexual sex, with another 7% attributed to men who have sex with men.

Military Statistics

The Belize Defense Force (BDF) consists of approximately 800 personnel, with a primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.7% of the GDP for military

expenditures. The BDF estimates military HIV prevalence rates at 0.07%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, conducted an initial needs assessment in Belize in 2004, with a recent follow-on visit to discuss logistics of their proposal to DHAPP. CDHAM will continue to play an integral role in technical assistance to Belize as their program commences.

Proposed Future Activities

DHAPP received a proposal from CDHAM on behalf of the BDF for activities in fiscal year 2007. Stated goals for the upcoming fiscal year included the following: provide refresher training for 17 counselors for counseling and testing (CT) and peer education, including work with the Louisiana National Guard medical unit; include HIV training when Belize sends BDF medics to the United States for military-to-military training; develop a mass awareness campaign to introduce the prevention program to the troops; perform a cost analysis of rapid HIV

test kits; increase testing of all military personnel via an assessment of current usage of CT centers by military members; assess current laboratory capability and train lab personnel; and train one military medical staff member at the San Diego *Military International HIV/AIDS Training Program*. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

The BDF HIV prevention program has recently commenced, with one indigenous organization provided with technical assistance for capacity building. The Military Liaison Office (MLO) of the US Embassy purchased and delivered a laptop computer, projector, and printer to support the BDF HIV prevention program.

Fourteen Belize military members were trained during a DoD-sponsored awareness workshop for the BDF in December 2005. The objectives of the workshop were to enhance the skills of BDF members to provide care and support to persons living with HIV/AIDS. Specific training included capacity-building training in HIV/AIDS-specific counseling and capacity-building training in HIV/AIDS-specific home-based care.

In addition, a 4-day workshop on HIV/AIDS, for uniformed services in the Eastern Caribbean and English-speaking Central American countries, took place in Barbados in April 2006. The objectives of the conference, attended by BDF members, were: initiate and strengthen the regional dialogue on HIV/AIDS in the defense environment, assist in the development of national prevention programs, strengthen civilian-military collaboration, and enhance knowledge regarding the development of an HIV/AIDS prevention program. The training was designed to facilitate the development of HIV/AIDS awareness policies and programs among the militaries of the region.

Finally, 10,000 condoms ordered through Pharmaco (a local distributor in the Caribbean) were delivered to the MLO, which in turn delivered them to the BDF.

Care

Fifteen hundred rapid test kits ordered through the World Health Organization were delivered to the MLO for delivery to the BDF.



BENIN

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Country Statistics

The population of Benin is estimated to be 7.86 million people, with an average life expectancy of 53.0 years. French is the official language of Benin, which has an estimated literacy rate of 33.6%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$1,100, with 33% of people in Benin living below the poverty level. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade.

HIV/AIDS Statistics

The HIV prevalence rate in general population of Benin is estimated at 1.8%, with approximately 87,000 individuals living with HIV/AIDS. Most cases of HIV in Benin are spread through multi-partner heterosexual sex and mother-to-child transmission.

Military Statistics

The Benin Armed Forces (BAF) is estimated at approximately 7,500 members. Benin allocates 2.3% of the GDP for military expenditures. A seroprevalence study conducted in 2005 still appears to provide the most updated military prevalence rates, currently estimated to be 2.2%.



PROGRAM RESPONSE

In-Country Ongoing Assistance

During fiscal year 2006, DHAPP collaborated with the BAF and Population Services International (PSI)-Benin to support vital HIV prevention and care activities for military personnel and their families. Successful implementation of behavior change communication strategies in the BAF was completed, using data from the behavioral sentinel surveillance. The first national HIV/AIDS prevention conference for the BAF took place and included 110 military attendees. A military health center in Parakou has undergone renovations that will lead to its use for counseling and testing (CT) for military members. Finally, CT services at Cotonou were made possible through the purchase of CD4 counters and viral load equipment, in addition to training center personnel.

Proposed Future Activities

DHAPP received a proposal from PSI-Benin

on behalf of the BAF, for HIV prevention activities during FY07. The primary objective of the proposal includes building on the successes of BAF programs by expanding training of medical and lay personnel to provide prevention, care, laboratory, prevention of mother-to-child transmission (PMTCT), and treatment services to military members and their families. Special emphasis will be placed on increasing access to CT services for service members in the northern and central regions of the country by opening another CT center, and providing mobile CT services. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

The BAF continued its outstanding prevention programs during FY06, reaching 2617 military members and their families (2020 men, 597 women) with comprehensive prevention messages and training another 20 personnel to provide those messages. Four service outlets provided

PMTCT services, and 1138 pregnant women were provided with those services, including one treated with a complete course of antiretroviral prophylaxis in a PMTCT setting.

Care

Three service outlets provided HIV-related palliative care to BAF personnel and their families. Sixteen military members (10 men, 6 women) were provided HIV-related care, including 4 who were treated for tuberculosis.

Three CT centers provided services to BAF members and their families. During FY06, 2787 individuals were tested for HIV and received their results (2220 men, 567 women).

Treatment

Six service outlets provided antiretroviral therapy (ART) for BAF members. During the fiscal year, 1519 individuals had ever received ART (570 men, 584 women, 188 boys, 177 girls). Eleven health care workers were trained in ART.



BOTSWANA

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Country Statistics

With four decades of uninterrupted civilian leadership, progressive social policies, and capital investment, Botswana is considered one of the most dynamic economies in Africa. Botswana's population is estimated to be 1.6 million people, with an average life expectancy of 33.7 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 79.8%, evenly distributed between men and women. Mineral extraction, principally diamond mining, dominates economic activity, though tourism is a growing sector due to the country's conservation practices and extensive nature preserves. The gross domestic product (GDP) per capita is \$10,700, with 30% of Botswanans living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Botswana's general population is considered the highest in the world, estimated at 24.1%. Botswana has approximately 270,000 individuals living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact with multiple partners, in-country migration, and lack of care and treatment for

sexually transmitted infections. Heterosexual contact is the principal mode of 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. Botswana allocates 3.4% of the GDP for military expenditures.



PROGRAM RESPONSE

In-Country Ongoing Assistance

In February 2006, the President's Emergency Plan for AIDS Relief (PEPFAR) Core Team provided technical assistance to the BDF. This trip included discussions on current BDF needs and procedures, as well as over 25 site visits to collaborating organizations that support the BDF. In August 2006,

a follow-up trip by the Core Team was organized to assist the BDF with their Country Operational Plan (COP) for fiscal year 2007 and discuss implementation of their 2006 program with the BDF and Population Services International (PSI).

Proposed Future Activities

Ongoing successful BDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Botswana country team and were included in the FY07 COP.

OUTCOMES & IMPACT

Prevention

The BDF was funded for activities throughout the fiscal year; however, reporting data were received for the first quarter activities only. During the first quarter, the Office of Defense Cooperation, in conjunction with the BDF and PSI, developed a comprehensive survey to determine education and behavior patterns of the 18-24 years age demographic within the BDF. The BDF senior leadership had identified this group as a target population for future bilateral programming. The survey was approved by BDF leadership during the first quarter, and is expected to be implemented in February 2007. Fifty (50) targeted condom service outlets were supported for the BDF.

DHAPP looks forward to future successful collaboration with the BDF and the US Embassy in Botswana.



BURUNDI

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Country Statistics

Burundi's population is estimated to be 8.0 million people, with an average life expectancy of 50.8 years. Kirundi and French are the official languages of Burundi, which has an estimated literacy rate of 51.6%, unevenly distributed between men and women. The economy is predominantly agricultural with more than 90% of the population dependent on subsistence agriculture. The gross domestic product (GDP) per capita is \$700, with 68% of Burundians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Burundi's general population is estimated at 3.3%. Burundi has approximately 150,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Burundi National Defense Force (BFDN) is estimated at approximately 30,000 personnel. Burundi allocates 5.6% of the GDP for military expenditures. No current prevalence data are available for the BFDN.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Population Services International (PSI) was awarded funding to work with the BFDN during fiscal year 2006 and have succeeded in early efforts to develop and implement an HIV/AIDS prevention program for military members and their families. Specific accomplishments include sensitization of military leaders to HIV as a potential threat, training for troops on HIV prevention techniques, and the establishment of counseling and testing (CT) for military members.

Proposed Future Activities

DHAPP received a proposal from PSI on behalf of the BFDN for activities during FY07. The primary objectives of the proposal included referral for military members who tested seropositive during FY06, introduction to CT services, the formation of a mobile prevention training team to provide peer education in remote camps, continued efforts toward information and education of military members through pairs of peer educators in the camps, and augmentation of military clinics' capacity to care for HIV-positive personnel.

The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention and Care

The HIV program in Burundi is relatively new. DHAPP received no reporting data on activities in this program during the fiscal year. DHAPP looks forward to future successful collaboration with the BFDN.



CAMBODIA

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 Cambodia is estimated to be 13.8 million people, with an average life expectancy of 59.3 years. Khmer is the official language of Cambodia, which has an estimated literacy rate of 73.6%, unevenly distributed between men and women. More than 50% of the population is aged 20 years or younger. The population, particularly in the poverty-ridden countryside, suffers from an almost total lack of basic infrastructure. Seventy-five percent (75%) of the population is engaged in subsistence farming. The gross domestic product (GDP) per capita is \$2,500, with 40% of the population living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Cambodia is estimated at 1.6%, with approximately 130,000 individuals living with HIV/AIDS. The response of the Cambodian government and civil society in the fight against HIV/AIDS has been impressive. In 2001, the government implemented the 100% Condom Use Program (CUP) in all provinces, requiring brothel-based sex workers to attend monthly sexually transmitted infection (STI) screenings and involving establishment owners in condom negotiation

initiatives.

Military Statistics

The Royal Cambodian Armed Forces (RCAF) is estimated at approximately 110,000 members. The RCAF has been organized into five military regions and three forces (Navy, Army and Air Force). Each force has its own independent health structure that provides medical services to military personnel and their family members. The Ministry of National Defense (MoND) Health Department is responsible for medical supplies and equipment and for management of medical personnel. Cambodia expends 3.0% of the GDP for military purposes. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In collaboration with the US Pacific Command (USPACOM) and implementing partner the Center of Excellence (COE) in Hawaii, DHAPP has made early contact with the RCAF and initial planning for future activities has taken place.

Proposed Future Activities

DHAPP received a proposal for activities in FY07 from Family Health International on

behalf of the RCAF. The specific objectives of the proposal included Increased awareness of HIV/AIDS prevention among military personnel and their families; improved STI case management and service delivery; uptake of HIV/AIDS/STI prevention, treatment, care, and support services; enhanced capacity of MoND and civil society for HIV/AIDS intervention with RCAF; broadcast and production of a radio serial; expanded peer education network; 2 new CT (CT) sites; increased access to counseling and testing services; increased access to condoms; stronger linkages between military and civilian health systems; and support and involvement of local stakeholders for a national HIV/AIDS strategic plan.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.

OUTCOMES & IMPACT

DHAPP has continued its collaborative interaction with USPACOM and COE as implementing partners for future activities in the RCAF. No programmatic activities took place in the RCAF during the current reporting period. DHAPP looks forward to future collaboration with 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

Cameroon has generally enjoyed stability, which has permitted the development of agriculture, roads, and railways, as well as a petroleum industry. Cameroon's population is estimated to be 17.3 million people, with an average life expectancy of 51.1 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 79%, unevenly distributed between men and women. Because of its oil resources and favorable agricultural conditions, Cameroon has one of the best-endowed primary commodity economies in Sub-Saharan Africa. The gross domestic product (GDP) per capita is \$2,300, with 48% of Cameroonian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Cameroon's general population is estimated at 5.4%. Cameroon has approximately 510,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Cameroon Armed Forces (CAF) is estimated at approximately 26,000 members.

Cameroon allocates 1.5% of the GDP for military expenditures. Since 1990, four HIV surveillance studies have been conducted in the military and the last one conducted in 2005 revealed a military prevalence of 11.3%, twice the rate in the general population.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa (including Cameroon) in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable

approach to preventing infectious diseases among troops and their families.



Foreign Military Financing Assistance

Cameroon was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2005, and 2003 funding was released for expenditure near the end of FY05. Although still in negotiation, the country team plans to use 2003 funding to procure CD4 count equipment, an ELISA machine, microscope, refrigerator and freezer, in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the CAF for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past 4 years, aiming to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Principe.) Continuous efforts were proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training for trained peer educators in these four countries. Using the same survey methodology already established in these four countries

will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Prevention

The CAF continued to report successful program results in collaboration with JHCP. During the fiscal year, 789 troops were reached with prevention messages that focused on abstinence and being faithful (685 men, 104 women), and 50 additional people were trained on the provision of those messages. Four hundred and twenty-nine (429) military members were reached with comprehensive prevention messages (379 men, 50 women), and 50 were trained to provide that message.

Care and Treatment

Two CAF members were trained to provide HIV-related palliative care, and two counselors in the provision of counseling and testing.

Other

One indigenous organization (CAF) was provided with technical assistance for strategic information and capacity building. Three individuals were trained in institutional capacity building and 50 others were trained in community mobilization for HIV prevention, care, and treatment.





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 Central African Republic population is estimated to be 4.3 million people, with an average life expectancy of 43.5 years.

French is the official language of Central African Republic, which has an estimated literacy rate of 51%, unevenly distributed between men and women. Subsistence agriculture, together with forestry, remains the backbone of the economy of the Central African Republic, with more than 70% of the population living in outlying areas. The agricultural sector generates half of the gross domestic product (GDP). The per capita GDP is \$1,100.

HIV/AIDS Statistics

The HIV prevalence rate in the Central African Republic general population is estimated at 10.7%, with approximately 250,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Central African Armed Forces (FACA) is estimated at approximately 3000 members. The Central African Republic allocates 1.0% of the GDP for military expenditures. No military prevalence data were available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable approach to preventing infectious diseases among troops and their families.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the FACA for activities during fiscal year 2007. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past four years, aiming to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of Congo, Equatorial Guinea, and Sao Tomé and Príncipe.) Continuous efforts

were proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training for trained peer educators in these four countries. Using the same survey methodology already established in these four countries, will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

The program in the Central African Republic is newly proposed; no reporting data were collected during the current fiscal year.





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

Chad's population is estimated to be 9.9 million people, with an average life expectancy of 47.5 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 47.5%, unevenly distributed between men and women. Chad's primarily agricultural economy will continue to be boosted by major foreign direct investment projects in the oil sector that began in 2000. Over 80% of Chad's population relies on subsistence farming and livestock for its livelihood. The gross domestic product (GDP) per capita is \$1,400, with 80% of Chadian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Chad's general population is estimated at 3.5%. Chad has approximately 180,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Chadian National Army (ANT) is estimated at approximately 19,000 members. Chad allocates 1.0% of the GDP for military expenditures. In 2003, with funding from

DHAPP, the first HIV surveillance was conducted for the ANT in the capital city, N'Djamena, revealing a prevalence of 5.3%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa (including Chad) in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable approach to preventing infectious diseases among troops and their families.

In March 2006, DHAPP staff conducted a field visit to N'Djamena on behalf of the DHAPP-sponsored program. Technical assistance was provided to the local military team in preparation for the official launch ceremony of the first activity on their action plan, at the Moundou military base. During the visit (1) assistance was provided during planning and coordination of activities, and during identification and preparation of

training materials; (2) training modules and agenda for peer educators were finalized; and (3) 41 troops and 9 family members were trained with assistance from DHAPP staff during the training session.

Foreign Military Financing Assistance

Chad was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2003 and 2005, and 2003 funding was released for expenditure in early FY06. Although still in negotiation, the plan is to use 2003 funding to procure HIV diagnostic equipment and supplies.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the ANT for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past 4 years, aiming to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Principe.) Continuous efforts were proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training for trained peer educators in these four countries. Using the same survey methodology already established in these four countries will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Prevention

During the fiscal year, the ANT reported significant early success in their new HIV prevention program. During the year, 1660 troops and family members were reached with comprehensive HIV prevention messages (1264 men, 396 women), and another 50 individuals were trained in the provision of those messages. Four (4) military members were trained in both blood- and injection-safety techniques.

Care and Treatment

Four (4) ANT members were trained in the provision of both HIV-related palliative care and antiretroviral therapy.

Other

During the year, one indigenous organization (ANT) was provided with technical assistance for strategic information. Fifty (50) military members were provided training in HIV-related community mobilization.



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 Côte d'Ivoire population is estimated to be 17.6 million people, with an average life expectancy of 48.8 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 50.9%, unevenly distributed between men and women. Côte d'Ivoire is among the world's largest producers and exporters of coffee, cocoa beans, and palm oil. Despite government attempts to diversify the economy, it is still heavily dependent on agriculture and related activities, engaging roughly 68% of the population. Growth was negative in 2000-03 because of the difficulty in meeting the conditions of international donors, continued low prices of key exports, and severe civil war. The gross domestic product per capita is \$1,600, with 37% of Ivoirians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Côte d'Ivoire's general population is estimated at 7.1%. Côte d'Ivoire has approximately 750,000 individuals living with HIV/AIDS. 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 Côte d'Ivoire Defense and Security Forces (FDSC) is approximately 8000. Côte d'Ivoire has not performed force-wide HIV testing; however, the HIV infection rate in the military has been estimated at 9%.



PROGRAM RESPONSE

During fiscal year 2006, bilateral military programs for HIV prevention in the FDSC were suspended due to continued instability in the area. DHAPP staff members look forward to future collaboration with Côte d'Ivoire.

OUTCOMES & IMPACT

Although programming for the FDSC continues to be suspended, DHAPP personnel have maintained active roles as members of the Côte d'Ivoire core team for the Office of the Global AIDS Coordinator. In these roles, DHAPP staff members have offered 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 Democratic Republic of the Congo population is estimated to be 62.6 million people, with an average life expectancy of 51.46 years. French is the official language of the Democratic Republic of the Congo, which has an estimated literacy rate of 65.5%, unevenly distributed between men and women. The economy of this nation of potential wealth has declined drastically since the mid-1980s. The war, which began in August 1998, dramatically reduced national output and government revenue. In 2005, renewed activity in the mining sector boosted Kinshasa's fiscal position and growth. Business and economic prospects are expected to improve once a new government is installed after elections. The gross domestic product (GDP) per capita is \$700.

HIV/AIDS Statistics

The HIV prevalence rate in the Democratic Republic of the Congo general population is estimated at 3.2%, with approximately 1 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Congolese Armed Forces are estimated



at approximately 3000 members. This military, rebuilding after the end of the war in 2003, is one of the most unstable in the region. The armed forces are composed of 97,800 active-duty troops, with Army, Navy, and Air Force branches. The Democratic Republic of the Congo allocates 1.0% of the GDP for military expenditures. No official HIV surveillance has been conducted in the military; however, results from a behavioral sentinel surveillance study conducted among military personnel in 2005 revealed that 13% of them were infected with a sexually transmitted infection.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and

surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable approach to preventing infectious diseases among troops and their families.

Foreign Military Financing Assistance

The Democratic Republic of the Congo was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2005 and has not yet been released for expenditure. Although still in negotiation, the plan is to use these funds to procure HIV diagnostic equipment and supplies.



Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the Congolese Armed Forces for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past 4 years, aiming to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Príncipe.) Continuous efforts were proposed to monitor the rate of HIV in the already

established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training for trained peer educators in these four countries. Using the same survey methodology already established in these four countries, will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Early in the fiscal year, contact with local military collaborators was established, and the first site visit was completed in October 2005. The strategic plan for prevention activities was approved by the military high command. Field activities began with expansion of the HIV surveillance protocol, which would be used to conduct the surveillance among the militaries based in Kinshasa.

During the final quarter of the year, the Ministry of Defense submitted the HIV surveillance protocol was submitted by to the national ethics committee and clearance was received from this Committee. Study forms were finalized and contract was signed with the national AIDS reference laboratory in Kinshasa to conduct laboratory testing of all collected samples. Active field surveillance is slated to begin early next year after country has returned to normal business following the presidential election.



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 486,500 people, with an average life expectancy of 43.1 years. French and Arabic are the official languages of Djibouti, which has an estimated literacy rate of 67.9%, unevenly distributed between men and women. The economy is based on service activities connected with the country's strategic location and status as a free trade zone in north-east Africa. Two thirds of the inhabitants live in the capital city; the others are mostly nomadic herders. Low rainfall limits crop production to fruits and vegetables, and most food must be imported. The gross domestic product (GDP) per capita is \$1,000, with 50% of Djiboutian people living below the poverty line. Djibouti hosts the only US military base in Sub-Saharan Africa and is a front-line state in the global war on terrorism.

HIV/AIDS Statistics

The HIV prevalence rate in Djibouti's general population is estimated at 3.1%. Djibouti has approximately 15,000 individuals living with HIV/AIDS. The primary mode of transmission is heterosexual contact. Women are more severely affected than men. Individuals aged 20–29 years are more severely affected than other age groups.

Military Statistics

The Djibouti Armed Forces (FAD) is estimated at approximately 8000 members. 4.3% of Djibouti expends 4.3% of the GDP for military purposes. No current HIV prevalence data are available for military personnel.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have worked in coordination with the FAD and US Embassy personnel in Djibouti to provide technical assistance as needed as the FAD prevention and care program continues to expand. DHAPP looks forward to continued collaboration with the FAD.

Foreign Military Financing Assistance

Djibouti was awarded Foreign Military Financing funding for the acquisition of

laboratory and medical equipment. This award was allocated for fiscal year 2003 and released for expenditure during FY05. These funds have been used to purchase a hematology analyzer, autoclave, centrifuge, and HIV test kits, in addition to other supporting diagnostic supplies and reagents.



Proposed Future Activities

DHAPP received a proposal from the FAD for activities in 2007. Specific objectives of the proposal included nutritional support for military personnel living with HIV/AIDS; enhanced training of military physicians on the care and treatment of people with HIV; use of Information, Education, and Communication materials during a prevention tour of military bases, aimed at increased HIV awareness; training for nurses on the provision of prevention of mother-to-child transmission (PMTCT) services; and set up and equipment of 2 counseling and testing (CT) centers.

The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

Data for FAD activities are based on the final quarter of FY06 only. During that quarter, 56 FAD peer educators

were trained to provide comprehensive prevention messages to FAD troops. The personnel trained to be peer educators were recruited from different military camps around the country. Training has been divided into two sessions because of differing operational responsibilities among the bases. Training and community outreach programs are planned to continue in FY07.

One (1) FAD outlet provided PMTCT services to 28 pregnant military women.

Care and Treatment

The FAD supports 2 CT centers for its troops. During the last quarter of FY06, 35 FAD personnel were tested for HIV and received their results (15 men, 20 women). A seroprevalence study was conducted with FAD personnel during the last quarter of FY06, with results forthcoming.

One service outlet provides antiretroviral therapy (ART) for FAD members and their families. During the last quarter of the fiscal year, 9 FAD personnel were initiated on ART (9 men). The FAD supports one laboratory with the capacity to perform HIV tests, and 5 laboratory personnel were trained in the provision of these tests.



DOMINICAN 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 Dominican Republic is estimated to be 9.2 million people, with an average life expectancy of 71.7 years. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 84.7%, evenly distributed between men and women. The gross domestic product per capita is \$7,500, with 25% of the population of Dominican Republic living below the poverty line. Although the country has long been viewed primarily as an exporter of sugar, coffee, and tobacco, 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 country suffers from marked income inequality; the poorest half of the population receives less than one fifth of gross national product, while the richest 10% enjoys nearly 40% of the national income.

HIV/AIDS Statistics

The HIV prevalence rate in the Dominican Republic general population is estimated at 1.1%. It is estimated that 88,000 Dominicans are living with HIV/AIDS, which is the leading cause of death among Dominican women of reproductive age. Nearly three quarters of all reported HIV cases occur in

men. High-risk populations include commercial sex workers and their clients and those with other sexually transmitted infections.

Military Statistics

The Armed Forces of the Dominican Republic (FFAA) consists of approximately 44,000 active-duty personnel, about 30% of whom are used for nonmilitary operations, including providing security. The primary missions are to defend the nation and protect the territorial integrity of the country. The army, twice as large as the other services combined with about 24,000 active-duty personnel, consists of 6 infantry brigades, a combat support brigade and a combat service support brigade. The air force operates 2 main bases, one in the southern region near Santo Domingo and one in the northern region of the country. The navy maintains 7 aging vessels and 4 new vessels. The FFAA is second in size to Cuba's military in the Caribbean. The armed forces participate fully in counter-narcotics efforts. They also are active in efforts to control contraband and illegal immigration from Haiti to the Dominican Republic and from the Dominican Republic to the United States.

The rate of infection among the FFAA ranges from 1.3% to 1.5%, according to the figures registered in the STI/HIV/AIDS service unit of the military hospital and the National Police.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, conducted an initial needs assessment in the Dominican Republic in 2004, with recent follow-on visits to discuss logistics of their proposal to DHAPP.

CDHAM continued work toward a coordinated/collaborative effort with the FFAA and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Office to further develop like projects to support the military. Military representatives from Latin America and the Caribbean and civilian representatives from national and international agencies met in November to discuss HIV/AIDS within the FFAA.

Proposed Future Activities

DHAPP received three proposals on behalf of the FFAA for fiscal year 2007 activities. The first, from CDHAM, included the following objectives: raise awareness of HIV/AIDS prevention among students in training schools and military universities; establish counseling services; promote adequate condom use and ensure adequate

provision and distribution; and strengthen the FFAA capacity to implement, monitor, and evaluate HIV/AIDS prevention activities.

The second proposal, received from Project HOPE, emphasized the following objectives: conduct quality peer education at the troop level, provide basic HIV counseling and testing services to military members, and provide quality care and treatment to people living with HIV/AIDS.

The third proposal, received from Cicitelli Associates Incorporated, listed the following objectives: work closely with the FFAA, the National AIDS Program, and the Ministry of Health to assess needs and resources, develop an implementation plan, and establish strong lines of communication; establish in-country staff to provide management and coordination; establish a seroprevalence and behavioral surveillance system for the FFAA; and develop a master trainer program for identified military master prevention trainers.

All three proposals were reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Prevention

CDHAM has worked to gain the support of the leadership, including providing technical assistance to one indigenous organization (FFAA) in the areas of capacity building and policy development. However, toward the end of the current reporting period, momentum in these efforts was slowed, due to a variety of significant personnel issues and competing activities for collaborators. CDHAM continues its diligent work to reestablish momentum with increased trust and growing support for the program at the highest levels in the FFAA.

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 to be 1.06 million people, with an average life expectancy of 66.2 years. Tetum and Portuguese are the official languages of East Timor, which has an estimated literacy rate of 58.6%. In late 1999, about 70% of the economic infrastructure of East Timor was laid waste by Indonesian troops and anti-independence militias, and 300,000 people fled westward. Over the next 3 years, however, a massive international program, manned by 5000 peacekeepers (8000 at peak) and 1300 police officers, led to substantial reconstruction in both urban and rural areas. The gross domestic product per capita is \$800, with 42% of East Timorians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in East Timor's general population is not known. 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 East Timor Defense Force (Forças de Defesa de Timor-L'este, FDTL) is estimated

at approximately 600 members. The FDTL currently has no identified HIV-positive personnel. Although force-wide testing is not in place, voluntary testing of 250 personnel across all companies and sections did not result in identification in any positive cases.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE) have been engaged with the FDTL during 2006 and have commenced activities there. Activities for fiscal year 2006 have included policy and systems strengthening through an advocacy workshop to endorse previously developed FDTL internal regulations on HIV/AIDS protocol; laboratory infrastructure and capacity building to include outfitting an STI/CT (sexually transmitted infection/counseling and testing) center in Mentinaro; developing a curriculum on STI prevention, counseling, and treatment; and CT technical skills training.

Proposed Future Activities

DHAPP received a proposal for FY07 activities from US-PACOM/COE on behalf of FDTL. Proposed activities for FY 2007 will continue and expand FY 2006 activities: human capacity building through training and educating FDTL personnel in scaling up peer education activities to reach 100% of the FDTL personnel, developing family-based preventions to extend peer leader education to the community, documenting and sharing lessons learned from different programs; laboratory infrastructure and capacity building through scaling up the capacity of STI/VCT centers in Baucau, and providing critical supplies and continued curriculum development and translation for STI/HIV prevention, care, and treatment.

The objective of the proposed program is to ensure access to best practices and lessons learned from military and civil efforts in the areas of HIV/AIDS policy, systems strengthening, human capacity building, training and education, and capacity building of laboratories and infrastructure in order to build and maintain robust and comprehensive national HIV/AIDS military specific programs. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention, Care, and Treatment

In February 2006, an HIV/AIDS Strategic Planning Conference was held to bring together senior FDTL officers to review and revise the 5-year HIV/AIDS strategic plan, and to prioritize work activities for the first 2 years of the plan. Approximately 30 senior military officers from FDTL, representatives from UNAIDS, Ministry of Health, Family Health International, Fundasaun Timor Hari'i, COE, and the U.S. Office of Defense Cooperation were present.

East Timor experienced almost 4 months of civil unrest in the second half of 2006, finally returning to normal operations in August. Peer leader training originally scheduled for spring 2006 is now scheduled to be carried out in November 2006. USPACOM/COE is partnering with a local nongovernmental organization to implement the training. DHAPP looks forward to a productive year ahead as USPACOM/COE continues its work with the US Embassy, the FDTL, and local partners to assist in the fight against HIV/AIDS.



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 to be 6.8 million people, with an average life expectancy of 71.5 years. Spanish is the official language of El Salvador, which has an estimated literacy rate of 80.2%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$4,700, with 34% of the population living below the poverty line. A 12-year civil war, which cost about 75,000 lives, was brought to a close in 1992 when the government and leftist rebels signed a treaty that provided for military and political reforms.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of El Salvador is estimated at 0.9%, with approximately 34,000 individuals living with HIV/AIDS. The most frequent mode of transmission is through heterosexual intercourse (77%). Vertical transmission, following a marked downward trend, accounts for 7.4% of transmission. Urban areas comprise 75% of the reported cases.

Military Statistics

The El Salvadoran Armed Forces (ESAF) consist of approximately 16,000 members, with 15,000 members in the Army, 700 in the

Navy, and 1100 in the Air Force. The ESAF is primarily made up of young men and women aged 18-49 years with a 12-month service obligation. El Salvador has had 380 Infantry and Special Forces personnel in Iraq since August 2003. In 1987, the first HIV case in the Armed Forces was detected. Since that first case until 2005, 383 cases of HIV/AIDS have been reported in the ESAF. In 1994, the Military Medical Command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS in Armed Forces personnel. El Salvador expends 1.0% of its GDP for military purposes. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In August 2004, the Center for Disaster and Humanitarian Assistance/Uniformed Services University of the Health Sciences (CDHAM/USUHS) received funding from DHAPP to conduct an assessment visit to identify ESAF needs. Subsequent engagement has taken place to move forward in planning and executing the projects approved in fiscal year 2005 to enhance HIV/AIDS prevention program activities. CDHAM personnel have supported the Chief for

ESAF HIV/AIDS programs during dedicated visits, and while attending conferences on HIV/AIDS, sponsored by such agencies as the US Southern Command (USSOCOM), the committee for the prevention of HIV/AIDS in the Armed Forces and National Police: Latin America and the Caribbean, the Joint United Nations Programme on HIV/AIDS, and others.

Proposed Future Activities

DHAPP received two proposals for activities in FY07 on behalf of the ESAF. The first, from CDHAM, emphasized the following objectives: implement an institutional HIV/AIDS policy in the ESAF; increase knowledge, improve attitudes, and prevent HIV/AIDS and sexually transmitted infection (STI) among Armed Forces personnel; build the capacity of health services providers to provide comprehensive HIV/AIDS/STI; care and form the committee for the prevention and control of HIV/AIDS in El Salvador to contribute to the national HIV/AIDS response.

The second, from Research Triangle International, listed the following objectives: establish an HIV surveillance program that links HIV serosurveillance and behavioral surveillance of the ESAF, and develop and implement a master trainer model for HIV/AIDS prevention training of peer counselors and for risk-behavior change.

Both proposals were reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.

OUTCOMES & IMPACT

DHAPP has continued its collaborative interaction with USSOCOM and CDHAM/USUHS as implementing partners for future activities in the El Salvadoran Armed Forces. No programmatic activities took place in the ESAF during the current reporting period. DHAPP looks forward to future collaboration with El Salvador.



EQUATORIAL GUINEA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

Equatorial Guinea's population is estimated to be 540,100 people, with an average life expectancy of 49.5 years. Spanish and French are the official languages of Equatorial Guinea, which has an estimated literacy rate of 85.7%, unevenly distributed between men and women. Equatorial Guinea has experienced rapid economic growth due to the discovery of large offshore oil reserves, and in the last decade has become Sub-Saharan Africa's third largest oil exporter. Forestry, farming, and fishing are also major components of the gross domestic product (GDP). GDP per capita is \$50,200, the second highest in the world.

HIV/AIDS Statistics

The HIV prevalence rate in Equatorial Guinea's general population is estimated at 7.9%. Equatorial Guinea has approximately 60,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Equatorial Guinean Armed Forces (EGAF) is estimated at approximately 2000 members. Equatorial Guinea allocates 2.1% of the GDP for military expenditures.

No HIV surveillance has been conducted in the military, but it is estimated to be similar to the general population.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable approach to preventing infectious diseases among troops and their families.

In April 2006, DHAPP staff conducted a field visit to Equatorial Guinea. Technical assistance was provided to the local military team in preparation for the official launching ceremony of the first activity on their action plan, at Moulia military base. During the visit, DHAPP staff assisted the EGAF HIV team with renovation and installation of equipment in the new HIV/AIDS information center at the military infirmary, and with training the HIV/AIDS information center manager. In addition, DHAPP staff

helped train 41 troops and 15 family members during the peer education session.

Foreign Military Financing Assistance

Equatorial Guinea was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2003 and 2005, and 2003 funding was released for expenditure during FY05. Although still in negotiation, the plan is to use FY03 funds to procure HIV test kits.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the EGAF for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past 4 years, aiming to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Principe.) Continuous efforts were proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as

well as to conduct refresher training for trained peer educators in these four countries. Using the same survey methodology already established in these four countries, will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Prevention

In early prevention efforts, the following activities have been approved by the Minister of Defense: training of 100 peer educators, HIV surveillance for 500 people in Malabo, training of four laboratory technicians in HIV testing, training of ten medical personnel in HIV care, production and distribution of educational materials, regular peer educational sessions in the various units, and distribution of condoms. A capacity-building technical session is planned for 11-15 December 2006 in Malabo during which JHCP experts will discuss forthcoming project activities with the local military HIV/AIDS technical team.



ERITREA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

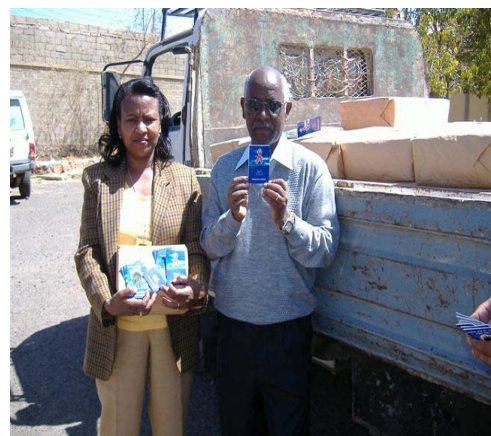
The population of Eritrea is estimated to be 4.78 million people, with an average life expectancy of 59.1 years. Several languages are spoken in Eritrea including Afar and Arabic, with an estimated literacy rate of 58.6%, unevenly distributed between men and women. Since independence from Ethiopia in 1993, Eritrea has faced the economic problems of a small, desperately poor country. Like the economies of many African nations, the economy is largely based on subsistence agriculture, with 80% of the population involved in farming and herding. The gross domestic product (GDP) per capita is \$1,000, with 50% of Eritreans living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Eritrea's general population is estimated at 2.4%. Eritrea has approximately 59,000 individuals living with HIV/AIDS. Identified significant risk factors include blood transfusions and unprotected sexual contact. Most cases of HIV in Eritrea are spread through heterosexual sex. Unmarried women aged 15-24 years are a vulnerable group in this population, with prevalence rates three times that of the general population.

Military Statistics

The Eritrean Defense Forces (EDF) is estimated at approximately 200,000. Eritrea allocates 17.7% of the GDP for military purposes. A two-and-a-half-year border war with Ethiopia that erupted in 1998 ended under UN auspices in December 2000. Eritrea currently hosts a UN peacekeeping operation that is monitoring a 25 km-wide Temporary Security Zone on the border with Ethiopia.



PROGRAM RESPONSE

In-Country Ongoing Assistance

In April 2006, DHAPP staff provided peer education training on HIV/AIDS and sexually transmitted infection prevention for health workers at a military hospital in Eritrea in order to increase awareness and

change behavior on a grass-roots level. Topics of the training included universal precautions to prevent transmission of HIV to health workers, treatment of patients, and how and why to use antiretroviral therapy. Thirty (30) workers were trained.

Foreign Military Financing Assistance

Eritrea was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2004, and 2003 funding was released for expenditure during the FY05. These funds have been used to procure a chemistry analyzer, centrifuge, and water bath, in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

DHAPP received a proposal from the EDF for activities in 2007. The primary objectives were to scale up a “*Seeing Is Believing*” campaign to all soldiers and new recruits, using EDF HIV-positive members; continue the ongoing care and support program for tuberculosis (TB) and opportunistic infections (OIs) prophylaxis; develop and distribute new Information, Education and Communication (IEC) materials; refurbish and equip 5 counseling and testing (CT) centers; conduct biannual HIV testing for all personnel; provide reagents and test kits for CT centers and laboratories; provide postexposure prophylaxis training for medical personnel; and monitor and evaluate impact.



The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

During the fiscal year, 240 EDF troops were reached with comprehensive prevention messages, and another 210 were trained in blood safety. Twenty-five military medical providers were trained in the provision of prevention of mother-to-child transmission.

In September 2006, 26,000 brochures were produced and handed over to EDF health officers. This effort is a continuation of the production of IEC materials. Previously, pocket-sized calendars were produced and distributed to EDF personnel, with a primary goal to teach and encourage behavior change about HIV/AIDS in military personnel.

The EDF brochures focus on CT, including messages explaining the components of CT and its importance and advantages.

Care and Treatment

The EDF supports three laboratories that have the capability to perform HIV tests and CD4 and/or lymphocyte testing. TB prophylaxis is now provided to all HIV-positive troops who are negative for TB. Bactrim is used when indicated to protect against OIs. Antiretroviral therapy has recently been introduced as an option for active-duty troops.

Other

As part of a prevention package, 240 EDF troops were trained on the reduction of HIV-related stigma and discrimination.

ESTONIA

DHAPP

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BACKGROUND

Country Statistics

The Estonian population is estimated to be 1.3 million people, with an average life expectancy of 72.0 years. Estonian is the official language, and the literacy rate is estimated at 99.8%, evenly distributed between men and women. Forcibly incorporated into the USSR in 1940, Estonia regained its freedom in 1991, with the collapse of the Soviet Union. Since the last Russian troops left in 1994, Estonia has been free to promote economic and political ties with Western Europe. It joined both NATO and the European Union in the spring of 2004. The gross domestic product (GDP) per capita is \$17,500, with 5% of Estonian people living below the poverty line.

Estonia supports the United States and NATO with an infantry platoon in Iraq, demining specialists in Afghanistan, and security forces in Bosnia/Kosovo.

HIV/AIDS Statistics

The HIV prevalence rate in Estonia's general population is 1.3%, with 10,000 people currently living with HIV/AIDS. The main driving force behind the epidemic in Estonia is intravenous drug use. 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 Estonian Defense Forces (EDF) is estimated at approximately 5000 members. Estonia allocates 2.0% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

To date, regular education for conscripts, military school students, and deployable forces is provided, but only within a 16-hour package of medical lectures, which leaves approximately 1-2 hours of lectures for all communicable and sexually transmitted diseases including HIV/AIDS. Basic facts, concept of a disease, and prognosis are explained.

In fiscal year 2003, under the Northern Europe Initiative program, the US Embassy financed a program titled *HIV/AIDS prevention among recruits of Estonian Defense Forces.* Interactive 2- and 4-hour trainings

for 1742 conscripts age 19 were implemented at that time.

In FY05, another 120 training sessions for 1817 vocational school students and 30 4-hour training sessions for 450 army conscripts were implemented on the following topics: development of communication, negotiation, and refusal skills; information on risks of drug use and unprotected sex; safe sex to prevent transmission of HIV/AIDS, other sexually transmitted infections, and unwanted pregnancy; harm reduction during the use of illicit drugs; attitudes toward unsafe sex and drug use; development of social skills to understand social pressure; and development of values and positive group norms.

In FY06, US European Command sponsored a US Department of Defense physician who spoke to EDF medical personnel about US efforts to prevent HIV/AIDS in the US military. She also spoke about military efforts in other countries in fighting the disease and the misinformation around it. Finally, EDF medical leaders have attended three main HIV/AIDS prevention conferences, which have helped in strategic planning work.

Proposed Future Activities

DHAPP received a proposal for FY07 activities from the EDF. The overall objectives of the proposed activities included increasing conscript, soldier, and leader HIV/AIDS prevention awareness through a military-wide training program; distribution of Estonian language information packets, which will be a plastic coated sleeve that contains basic facts about HIV/AIDS, a code of conduct for uniformed services, prevention instructions, and a pocket to safely carry a condom; and the use of rapid HIV tests to screen all conscripts and deploying/redeploying soldiers.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.



OUTCOMES & IMPACT

DHAPP staff members have continued collaborative efforts with Estonian military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for military members in Estonia. DHAPP looks forward to successful program implementation in Estonia.

ETHIOPIA

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 Ethiopia is estimated to be 74.7 million people, with an average life expectancy of 49 years. Amharic is the official language of Ethiopia, which has an estimated literacy rate of 42.7%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$900, with 50% of Ethiopian people living below the poverty line. Ethiopia's poverty-stricken economy is based on agriculture, accounting for half of the GDP, 60% of exports, and 80% of total employment. The agricultural sector suffers from frequent drought and poor cultivation practices. Coffee is critical to the Ethiopian economy, with exports of some \$156 million in 2002.

HIV/AIDS Statistics

The HIV prevalence rate in Ethiopia's general population is not known with certainty but is estimated between 0.9% and 3.5%, with between 420,000 and 1.3 million individuals living with HIV/AIDS. Identified risk factors include unprotected sexual contact, blood transfusions, unsafe injections, and vertical transmission. Eighty-eight percent (88%) of all transmissions are acquired through heterosexual contact.

Military Statistics

The National Defense Forces of Ethiopia (NDFE) consists of approximately 350,000 active-duty members. Ethiopia expends 3.4% of its GDP for military purposes. Military HIV prevalence rates are estimated at 7%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Blood Banking technical assistance was provided by DHAPP and US Navy Blood Program personnel. Lectures on blood safety, processing and transfusion medicine were provided. Joint meetings to discuss national blood plans were held with the Ethiopian Red Cross, CDC, WHO, and the DoD. In the fall of 2006, the NDFE Bella Hospital Blood Center facility was completed and procurement for a computerized tracking system, blood banking and transfusion service equipment began. Key management personnel for the Blood Center were trained in a three-week program at the Naval Medical Center San Diego. It is expected that the Bella Hospital Blood Center in Addis Ababa will begin operations in spring 2007.

DHAPP personnel participated in a review of the President's Emergency Plan for AIDS

Relief (PEPFAR) Ethiopia prevention program, producing an action report for the country team. In addition, throughout the year, the PEPFAR Core Team provided technical assistance to the country team and NDFE. This included discussions on current NDFE needs and procedures, as well as site visits to collaborating organizations that support the NDFE. Follow-up assistance was organized by the PEPFAR the Core Team to assist the NDFE with their Country Operational Plan (COP) for fiscal year 2007.

Foreign Military Financing Assistance

Ethiopia was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for Y2003 and released for expenditure during FY05. Plans to purchase NDFE Blood Bank equipment with this funding are under way.

Proposed Future Activities

Ongoing successful NDFE and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment—with specific emphasis on the opening of the new NDFE Blood Bank—for military members and their families. All proposed activities were submitted to the Ethiopia country team and were included in the FY07 COP.



OUTCOMES & IMPACT

Prevention

During FY06, 250,000 troops and family members were provided with comprehensive HIV prevention messages. The NDFE maintained 448 targeted condom service outlets, with 100% of condom availability continuously maintained for troops. A total of 154 persons from the Ethiopia Defense Health Sciences College and military hospitals have attended lectures on blood safety and proper blood transfusion practices. The lecturers were from the US Naval Medical Center San Diego Blood Bank. All health professionals and support staff have been trained on injection safety. The training has occurred with a phased approach, and has been augmented since 2003, with provision of universal precaution equipment and policies.

Ten (10) NDFE outlets have provided basic services for prevention of mother-to-child transmission (PMTCT). During FY06, 696 pregnant women have been provided with PMTCT services, 47 of whom were provided with a complete course of antiretroviral therapy (ART) prophylaxis. Fourteen (14) health care workers were trained in the provision of PMTCT.

Care

Ten (10) NDFE outlets provided HIV-related palliative care. During FY06, 3485 troops and family members were provided with HIV-related palliative care (2597 men, 888 women). One hundred and thirty (130) military health workers were trained in the provision of HIV-related care.

The NDFE supported 20 counseling and testing (CT) centers. During the year, 10,995 troops were tested for HIV and received their results (2448 men, 8547 women). Forty-five (45) military members were trained in the provision of CT.

GABON

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Gabon's population is estimated to be 1.42 million people, with an average life expectancy of 54.5 years. French is the official language of Gabon, which has an estimated literacy rate of 63.2%, unevenly distributed between men and women. Gabon enjoys a per capita income four times that of most of Sub-Saharan African nations. This has supported a sharp decline in extreme poverty; however, because of high income inequality, a large proportion of the population remains poor. Gabon depended on timber and manganese until oil was discovered offshore in the early 1970s. The oil sector now accounts for 50% of gross domestic product (GDP). The GDP per capita is \$7,000.

HIV/AIDS Statistics

The HIV prevalence rate in Gabon's general population is estimated at 7.9%. Gabon has approximately 60,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Gabonese Armed Forces (GAF) is a small, professional military estimated at

approximately 5000 members. Gabon allocates 3.4% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance for the GAF was conducted in Libreville, revealing a prevalence of 4.1%, half that of the general population.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa (including Gabon) in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable approach to preventing infectious diseases among troops and their families.

In April 2006, DHAPP staff conducted a field visit to Gabon on behalf of the DHAPP sponsored HIV/AIDS prevention program. Technical assistance was provided to the local military team in preparation for the official launching ceremony of the first activity on their action plan, at Moulia military

base. During the visit: (1) assistance was provided to the military HIV team for renovation and installation of equipment in the new HIV/AIDS information center at the military infirmary, and with training of the HIV/AIDS information center manager, (2) 41 troops and 15 family members were trained with the assistance from DHAPP staff during the peer education session.

Foreign Military Financing Activities

Gabon was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2003 and 2005, and 2003 funding was released for expenditure during FY05. Although still in negotiation, the plan is to use FY03 funds to procure HIV test kits.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the GAF for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past 4 years, aiming to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Príncipe.) Continuous efforts were proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training of trained peer educators in these four countries. Using the same survey methodology already established in these four countries, will provide for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.



OUTCOMES & IMPACT

Prevention

The GAF reported early success with their new HIV prevention program. During the fiscal year, 731 troops were reached with comprehensive HIV prevention messages (546 men, 185 women). Fifty-six (56) troops were trained in the provision of these messages.

Other

One indigenous organization was provided with technical assistance for both strategic information and institutional capacity building. Two (2) individuals were trained in capacity building, and another 56 were trained in community mobilization for HIV prevention, care, and treatment.

THE GAMBIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BACKGROUND

Country Statistics

The population of The Gambia is estimated to be 1.64 million people, with an average life expectancy of 54.1 years. English is the official language of The Gambia, which has an estimated literacy rate of 40.1%, unevenly distributed between men and women. The Gambia has no significant mineral or natural resource deposits and has a limited agricultural base. About 75% of the population depends on crops and livestock for its livelihood. Small-scale manufacturing activity features the processing of peanuts, fish, and hides. The gross domestic product (GDP) per capita is \$1,900.

HIV/AIDS Statistics

The HIV prevalence rate in The Gambia's general population is estimated at 2.4%, with approximately 20,000 individuals living with HIV/AIDS. The predominant mode of HIV transmission in The Gambia is heterosexual contact, with women being the most affected.

Military Statistics

The Gambian Armed Forces (GAF) consists of approximately 2500 active-duty members. The Gambia expends 0.4% of its GDP for military purposes. Because The Gambia's

military does not conduct force-wide testing, the overall prevalence rate for the military is unknown. However, HIV prevalence in the military is estimated at 2.1%. GAF medical unit consists of approximately 50 persons, both medical and non-medical. These include 2 doctors, 5 registered nurses, 15 enrolled nurses, 6 laboratory technicians, 2 pharmacy technicians, and 22 nurse assistants.



PROGRAM RESPONSE

In-Country Ongoing Assistance

Prior to the launch of The Gambian Armed Forces HIV/AIDS Prevention Program sponsored by the US Department of Defense HIV/AIDS Prevention Program (DHAPP), the National AIDS Secretariat (NAS) carried out minimal HIV/AIDS preventive education in the military. The two programs have successfully cooperated, when NAS has available funds. During the first year of the DHAPP activities, over 500 soldiers and 50 officers have participated in HIV/AIDS

sensitization training events, as well as 240 wives of soldiers, and 50 civilians working in GAF. Thirty (30) soldiers have been trained to act as counselors for the counseling and testing (CT) center that is near completion at Yundum Barracks. The GAF took the initiative to construct the necessary infrastructure and DHAPP is providing the equipment to produce a fully functional CT center to reach the goal of 100% testing within the military. In addition to this, the GAF has installed 6 HIV awareness billboards throughout the country and produced a cassette tape with music and lyrics written by the GAF military band to raise HIV understanding within the military.

Proposed Future Activities

DHAPP received a proposal for fiscal year 2007 activities directly from the GAF. The objectives of the proposal include increased HIV/AIDS awareness of military personnel and their dependants through sensitization workshops, distribution of Information, Education, Communication and behavior change communication materials and mass awareness programs; increased use of condoms by service members by increasing condom availability; human capacity building involving master trainers, CT counselors and supervisors, laboratory technicians, nurses and doctors, including attendance at the Infectious Diseases Institute training in Uganda; increased use of CT center at Yundum Barracks by military personnel and their dependants by ensuring adequate supplies of laboratory equipment and consumables are available at the sole military CT center; increased testing of all military personnel through formulation of appropriate policies encouraging all categories of military personnel to go for CT; and provision of equitable treatment, care, and support for people infected and affected by HIV/AIDS in a conducive and favorable environment.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

During the year, 600 GAF troops were reached with comprehensive prevention messages (409 men, 191 women). The GAF supported 39 targeted condom service outlets.

Care

Nineteen (19) service outlets provided HIV-related palliative care for troops and families. Thirty (30) military medical and lay personnel were trained in the provision of CT services.

Other

Three hundred (300) GAF personnel received training in the reduction of stigma and discrimination, as well as in the mobilization of HIV-related community resources for prevention, care, and treatment. Fifty (50) GAF senior officers participated in a 2-day HIV awareness building event. The event included presentations by peer educators previously trained using DHAPP funds, discussions with NAS representatives and question/answer sessions with representatives from a local nongovernmental organization that cares for people living with HIV/AIDS and provides CT services.



GEORGIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The population of Georgia is estimated to be 4.66 million people, with an average life expectancy of 76 years. Georgian is the official language of Georgia, which has an estimated literacy rate of 100%, evenly distributed between men and women. Georgia's main economic activities include the cultivation of agricultural products such as grapes, citrus fruits, and hazelnuts; mining of manganese and copper; and output of a small industrial sector producing alcoholic and nonalcoholic beverages, metals, machinery, and chemicals. Despite the severe damage the economy has suffered due to civil strife, Georgia, with the help of the International Monetary Fund and the World Bank, has made substantial economic gains since 2000, achieving positive gross domestic product (GDP) growth and curtailing inflation. The GDP per capita is \$3,400, with 54% of Georgian people living below the poverty level. A partner in the war on terror, Georgia has sent troops to Iraq.

HIV/AIDS Statistics

The HIV prevalence rate in Georgia's general population is estimated at 0.2%, with approximately 5600 individuals 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 Georgian Armed Forces (GAF) consists of approximately 27,000 active-duty members. Georgia expends 0.54% of its GDP for military purposes. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The new GAF HIV prevention program included the following objectives: improve the understanding of HIV/AIDS and sexually transmitted infections (STIs) among military personnel; provide information on HIV/AIDS

and STI transmission and prevention through slides, lectures, and booklets; foster open dialogue about healthy living, HIV/AIDS and STIs; and increase knowledge acquisition, attitude modification, and behavior change in military members.



OUTCOMES & IMPACT

Prevention

One thousand nine hundred and ninety-seven (1997) troops were reached with comprehensive prevention messages during the fiscal year. To date, 43 training sessions on HIV/AIDS and STI prevention have been held for troop-level education. In addition, 6 medical providers were trained in HIV prevention, care and treatment before deploying to Iraq. Finally, 19,000 booklets on HIV/AIDS and another 19,000 on STI have been prepared for publication, as well as 2000 mini-books on HIV/AIDS and 2000 on STIs specifically for troops deployed in Iraq. After publication, these materials will be distributed among the troops.

GHANA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The population of Ghana is estimated to be 22.4 million people, with an average life expectancy of 58.8 years. English is the official language of Ghana, which has an estimated literacy rate of 74.8 unevenly distributed between men and women. Well endowed with natural resources, Ghana has roughly twice the per capita output of the poorer countries in West Africa. Gold, timber, and cocoa production are major sources of foreign exchange. The domestic economy continues to revolve around subsistence agriculture, which accounts for 34% of the gross domestic product (GDP). The GDP per capita is \$2,500, with 31% of Ghanaian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in general population of Ghana is estimated at 2.3%, with approximately 320,000 individuals living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact with multiple partners, sexual contact with commercial sex workers, and migration (HIV rates are substantially higher in bordering countries such as Côte d'Ivoire, Togo, and Burkina Faso).

Military Statistics

The Ghanaian Armed Forces (GAF) is estimated at approximately 12,000 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile, currently engaged in four United Nations Peacekeeping missions in Côte d'Ivoire, Democratic Republic of the Congo, and Liberia. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 6.7%, which is higher than the general population. Ghana allocates 0.8% of the GDP for military expenditures.



PROGRAM RESPONSE

In-Country Ongoing Assistance

Recognizing the impact of sexually transmitted infections (STIs) and HIV/AIDS on internal and external security, the GAF currently conducts HIV testing for recruitment and

deployment overseas. In 2004, with funding and technical assistance from DHAPP, the GAF was provided training in capacity building for laboratory technicians, counseling and testing (CT), and prevention of mother-to-child (PMTCT) personnel, and to peer educators. In September 2006, as part of the national scale-up program and the need to provide integrated HIV/AIDS/STI and opportunistic infections prevention, care, and treatment, the National AIDS Control Program (NACP) supported a GAF HIV program for capacity building of health care providers on the use of antiretroviral therapy (ART).

During the fiscal year, 3 GAF physicians attended the *Military International HIV/AIDS Training Program* in San Diego.

Foreign Military Financing Assistance

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2005, and 2003 funding was released for expenditure during FY05. These funds have been used to procure CD4 count and viral load testing equipment, a refrigerator and centrifuge, in addition to other supporting diagnostic supplies and reagents.



Proposed Future Activities

DHAPP received two proposals for FY07 activities. The first, from the GAF submitted through the Office of

Defense Cooperation at the US Embassy in Ghana, emphasized the following objective: prevent new HIV infections and improve the quality of life of GAF personnel and their families living with HIV/AIDS. Specifically, the goals of the proposal include: reduce HIV prevalence by 50%, train 80% of GAF Chaplains and Imams as counselors and educators; train 80% of GAF Regimental Sergeant Majors as peer educators; train 200 civilian employees; determine HIV/AIDS knowledge, attitudes, and practices (KAP) of troops and their families using a KAP survey; and produce an educational film for the troops and their families.

The second, received from Family Health International on behalf of the GAF, included objectives that strengthen the GAF/NACP initiative for prevention and care by creating demand for and use of HIV/AIDS/STI prevention and care and ensuring the quality of these services. Specifically, the program goals include: assess and reduce risk behavior of uniformed personnel and their families through a range of behavioral change strategies; strengthen the capacity for HIV/STI service delivery, strengthen referral linkages and systems between the military reception centers and health centers in the allied communities targeting people who engage in high-risk behavior, and ensure sustainable services and systems through capacity building and working with local and national counterparts.

The proposals were reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

The GAF reported continued success in its prevention and care programs during FY06. During the year, 6 pregnant women were provided with PMTCT services, 4 of whom were provided with a complete course of ART.

Care and Treatment

One (1) GAF outlet provided HIV-related palliative care. During the year, 6 military members or spouses were provided with HIV-related palliative care. One (1) military medical provider was trained in the provision of HIV-related palliative care, including services for tuberculosis.

Two (2) CT centers were operational for GAF personnel and families. During the year, 253 troops were tested for HIV and received their results. One (1) GAF provider was trained in provision of CT. One (1) GAF medical officer was trained in the provision of ART.

Other

Three hundred and twenty-four (324) GAF personnel were trained in institutional capacity building during the year.



GUATEMALA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

The population of Guatemala is estimated to be 12.3 million people, with an average life expectancy of 69.4 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 70.6%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$4,700, with 75% of the population living below the poverty line. Guatemala is the largest and most populous of the Central American countries with a GDP per capita roughly one half that of Brazil, Argentina, and Chile. The agricultural sector accounts for about one fourth of the GDP, two thirds of exports, and half of the labor force. Coffee, sugar, and bananas are the main products.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Guatemala is estimated at 0.9%, with approximately 61,000 individuals living with HIV/AIDS. Seventy percent (70%) of reported cases are men. Under-reporting could be as high as 50%, due to Guatemala's inadequate surveillance system, social stigma and discrimination, and insufficient medical access. The Guatemalan epidemic is spread primarily through sexual activity, and is growing rapidly among men who have sex with

men and commercial sex workers.

Military Statistics

The Guatemalan Armed Forces (GAF) consists of approximately 15,500 members, stationed in 44 military bases across the country. Guatemala has a draft system and requires 18 months of military service. Guatemala expends 0.5% of its GDP for military purposes. 3000 military personnel tested for HIV as part of a 2003 study, 0.7% of these members were found to be HIV positive.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The GAF, in collaboration with the Joint United Nations Programme on HIV/AIDS and the Ministry of Health in Guatemala, began HIV prevention and HIV counseling for military personnel in 2003. Since then, 11 training sessions have been held in all 44 military commands, with 6800 service members tested for HIV. Eighty-two (82) new HIV infections have been identified, with 41 requiring antiretroviral therapy (ART) according to World Health Organization guidelines. No ART has been started to date, since these medication regimens are not currently provided to the military.

Proposed Future Activities

DHAPP received a proposal for fiscal year 2007 from Project HOPE on behalf of the GAF. The proposal emphasized the following objectives: conduct quality peer education at the troop level by increasing the number of military health educators trained to promote HIV/AIDS prevention; provide basic-level HIV counseling and testing services; and provide quality care and treatment to people living with HIV/AIDS by training military health workers to deliver ART services.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.



OUTCOMES & IMPACT

DHAPP has only just begun its collaborative interaction with the GAF. No programmatic activities took place with military personnel during the current reporting period. DHAPP looks forward to future collaboration with Guatemala.

GUINEA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

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BACKGROUND

Country Statistics

The population of Guinea is estimated to be 9.69 million people, with an average life expectancy of 49.5 years. French is the official language of Guinea, which has an estimated literacy rate of 35.9%, unevenly distributed between men and women. Guinea possesses major mineral, hydropower, and agricultural resources, yet remains an underdeveloped nation. The country possesses almost half of the world's bauxite reserves and is the second-largest bauxite producer. The gross domestic product (GDP) per capita is \$2,000, with 40% of people in Guinea living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in general population of Guinea is estimated at 1.5%, with approximately 85,000 individuals living with HIV/AIDS. Most cases of HIV in Guinea are spread through multi-partner heterosexual sex and mother-to-child transmission.

Military Statistics

The Guinean Armed Forces (GAF) is estimated at approximately 10,000 members. Guinea allocates 2.9% of the GDP for military expenditures. 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

In-Country Ongoing Assistance

During fiscal year 2006, DHAPP collaborated with the GAF and the Defense Attaché Office of the US Embassy in Guinea and the in-country partner Population Services International. During the year, the following successes were noted: FY04-06 knowledge, attitudes, and practices (KAP) baseline and follow-up studies completed; study trips to three countries were organized for military decision makers; a written policy drafted by the Ministry of Defense HIV/AIDS committee was vetted during a verification workshop funded by DHAPP and signed into law; 264 master trainers and supervisors were

trained; 576 peer educators were trained; behavior change communication (BCC) materials were conceived using results of the KAP study, produced and distributed via peer educators; condom availability was increased through social marketing in and around military installations in all military regions; and approximately 19,000 military personnel participated in over 12,000 activities.

Foreign Military Financing Assistance

Guinea was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for FY05 and has not yet been released for expenditure. Although still in negotiation, the plan is to use these funds to procure HIV diagnostic equipment and supplies.

Proposed Future Activities

DHAPP received two proposals on behalf of the GAF for activities in FY07. The first, from the Defense Attaché Office of the US Embassy, focused on expansion of existing GAF programs. The primary objective of the proposals include expanding prevention programs to reach 75% of military personnel; adding a fourth counseling and testing (CT) center for GAF personnel; dashboard impact studies based on last year's KAP surveys; and hiring a program manager.

A second proposal was received from partner EngenderHealth on behalf of the GAF. The goal of the proposed activities is the dissemination of a gender-based HIV/AIDS prevention curriculum, *Men as Partners*, through master trainers and peer educators. Through trained peer educators, EngenderHealth proposed to facilitate the implementation of *Men as Partners* messages and activities in the military setting and wider military community.

The proposals were reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.



OUTCOMES & IMPACT

Prevention

The GAF continued its outstanding prevention programs during FY06, reaching 46,090 military members and their families (45,168 men, 922 women) with comprehensive prevention messages and training another 2160 personnel to provide those messages. Twelve (12) service outlets provided blood safety services, and ninety (90) military personnel were trained in blood safety. Another 150 were trained in injection safety.

Care

Fifty (50) service outlets provided HIV-related palliative care to GAF personnel and their families. Four hundred (400) military members were trained in the provision of HIV-related care, including tuberculosis. Twelve (12) CT centers provided services to GAF members and their families. During FY06, 662 individuals were tested for HIV and received their results (1628 men, 34 women).

Treatment

Two (2) service outlets provided antiretroviral therapy (ART) for GAF members. During the fiscal year, 40 military medical personnel were trained in the provision of ART. Five (5) GAF laboratories had the capacity to perform HIV tests. One hundred and forty (140) laboratory

personnel were trained in the provision of these services.

Other

Seven hundred and two (702) individuals were trained in strategic information methods; 54 indigenous organizations were provided with technical assistance (TA) for strategic information. Three (3) organizations were provided with TA for policy development and another 37 were provided with TA for HIV-related institutional capacity building. One hundred and eighty-four (184) individuals were trained in policy development, 702 in capacity building, and 2100 in both reduction of stigma and discrimination and community mobilization.



GUYANA

DHAPP

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BACKGROUND

Country Statistics

Guyana's population is estimated to be 767,200 people, with an average life expectancy of 65.8 years. English is the official language of Guyana, which has an estimated literacy rate of 98.8%, evenly distributed between men and women. The Guyanese economy exhibited moderate economic growth in 2001-02, based on expansion in the agricultural and mining sectors, a more favorable atmosphere for business initiatives, a more realistic exchange rate, fairly low inflation, and the continued support of international organizations. The gross domestic product (GDP) per capita is \$4,500.

HIV/AIDS Statistics

The HIV prevalence rate in Guyana's general population is estimated at 2.4%, with approximately 12,000 individuals living with HIV/AIDS. The majority of infected persons are 20- to 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.

Military Statistics

The Guyana Defense Force (GDF) is estimated at approximately 2000 active-duty

troops. Guyana allocates 0.9% of the GDP for military expenditures. HIV prevalence in the GDF has been estimated at about 0.64% among military recruits.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the GDF in the form of review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the GDF and US Embassy personnel. DHAPP staff members represent the GDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that GDF programs are adequately addressed.

Proposed Future Activities

Ongoing successful GDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Guyana country team, and were included in the FY07 COP.

OUTCOMES & IMPACT

Prevention

During FY06, 528 troops were reached with prevention messages that emphasized abstinence and/or being faithful (502 men, 26 women). Thirty-four (34) military personnel were trained in the provision of these prevention messages. The GDF supported 24 condom service outlets. Two (2) outlets participated in blood safety activities, and 36 military members were trained in blood safety.

Other

Three indigenous organizations were provided with technical assistance in strategic information, policy development, and institutional capacity building.



HONDURAS

DHAPP

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BACKGROUND

Country Statistics

The population of Honduras is estimated to be 7.3 million people, with an average life expectancy of 69.3 years. Spanish is the official language of Honduras, which has an estimated literacy rate of 76.2%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$2,900, with 53% of the population of Honduras living below the poverty line. Growth remains dependent on the economy of the United States, its largest trading partner, on continued exports of nontraditional agricultural products (e.g., melons, chiles, tilapia, and shrimp), and on reduction of the high crime rate.

HIV/AIDS Statistics

The HIV prevalence rate in the Honduras general population is estimated at 1.5%. Honduras accounts for almost 60% of HIV/AIDS cases in Central America and occupies the fifth place in the official number of total cases on the American continent. In 2005, there were more than 79,000 cases, according to national estimates using the GOALS model, which links program goals and resource allocation levels. Sex is the transmission route for 93% of the total number of cases reported, mother-to-child transmission

accounts for 6.5%, and blood transmission represents 0.5%.

Military Statistics

The Honduran Armed Forces (FAH) consists of approximately 8000 troops. Primary tasking is to defend the nation's borders and provide support to the civil authorities as needed. Honduras allocates 2.55% of the GDP for the military. 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. There is some knowledge of HIV/AIDS within the military even though there is not a formal training program in place. The FAH does not have a strategic plan, written policies, or programs for military members and their families.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, conducted an initial needs assessment in Honduras in 2004, with recent follow-on visits to discuss logistics of their proposal to DHAPP.

CDHAM continued work toward a coordinated/ collaborative effort with the FAH and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Office to further develop like projects to support the military. Military representatives from Latin America and the Caribbean and civilian representatives from national and international agencies met in November to discuss HIV/AIDS within the armed forces. As the momentum builds, a continued positive outcome is the ongoing support of the United Nations Population Fund in identifying needs and offering assistance in the planning of future activities to support the FAH.

Proposed Future Activities

DHAPP received two proposals on behalf of the FAH for fiscal year 2007 activities. The first, from CDHAM, included the following objectives: implement services related to sexual and reproductive health in the military units and the military hospital, incorporate the policies on safe pregnancy and the prevention of the vertical transmission, and strengthen FAH capacity for promotion of sexual and reproductive health and prevention of HIV in the camp garrison.

The second proposal, received from EngenderHealth, emphasized the following objectives train 25 docents to provide education and behavior change communication to 600 cadets; train 25 FAH master trainers to provide educational workshops on gender and HIV to 10 troops each, reaching 30% of the community; and improve the quality of HIV health services in 10 military clinics by increasing access to counseling and testing.

Both proposals were reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Prevention

CDHAM has worked to gain the support of the leadership, including providing technical assistance to one indigenous organization (the FAH) in the areas of capacity building and policy development. However, toward the end of the current reporting period, momentum in these efforts was slowed, due to a variety of significant personnel issues and competing activities for collaborators. CDHAM continues its diligent work to reestablish momentum with increased trust and growing support for the program at the highest levels in the FAH.



INDIA

DHAPP

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BACKGROUND

Country Statistics

The population of India is estimated to be 1.09 billion people, with an average life expectancy of 69.8 years. Hindi is the official language in India, which has an estimated literacy rate of 59.5%, unevenly distributed between men and women. Despite impressive gains in economic investment and output, India faces pressing problems such as the ongoing dispute with Pakistan over Kashmir, massive overpopulation, environmental degradation, extensive poverty, and ethnic and religious strife. The gross domestic product per capita is \$3,400, with 25% of the Indian population living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in India's general population is estimated at 0.9%. There were 5.7 million people living with HIV in 2005. The predominant mode of HIV transmission is through heterosexual contact, followed by intravenous drug use. Identified risk factors include high-risk heterosexual contact, intravenous drug use, and contact with commercial sex workers.

Military Statistics

The Indian Armed Forces (IAF) is estimated

at approximately 1.3 million active-duty troops and more than 500,000 reserves. Although military HIV prevalence rates are unknown, AIDS is documented as the fifth most common reason for death of IAF members.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE), have continued to collaborate with the IAF for the following in-country activities: laboratory infrastructure and capacity building, early peer education efforts, and equipping counseling testing (CT) centers.

In addition, DHAPP staff attended the *Asia Pacific Military Medicine Conference* in India in March 2006, where they participated

in sessions on HIV/AIDS in the military and met with COE and USPACOM representatives.

Proposed Future Activities

DHAPP received a proposal for fiscal year 2007 activities, from EngenderHealth on behalf of IAF. The proposed program will build upon and expand current USPACOM and COE activities. Proposed activities for FY07-08 include using the EngenderHealth Men as Partners (MAP) Program to develop and implement a skill-based, peer-education training program to address negative gender constructs that increase risk of HIV in IAF personnel. Specific goals include training 40 MAP master trainers and 200 military peer educators to conduct military-specific training, reaching over 1000 troops.

The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

The IAF program is relatively new, with most activities in early stages of implementation. During the fiscal year, 2 peer leader training workshops (in New Delhi and in Mumbai) have been planned for execution early in FY07.

Care and Treatment

Counseling and testing supplies (HIV test kits, disposable supplies, testing supplies for opportunistic infections) were procured during the fiscal year and are currently in the process of delivery to the IAF. Delivery is expected early in FY07. A CD4 counter and reagents have been procured and are expected to be delivered in the next fiscal year.



INDONESIA

DHAPP

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BACKGROUND

Country Statistics

Indonesia is the world's fourth most populous country and home to the world's largest Muslim population. The population of Indonesia is estimated to be 245.4 million people, with an average life expectancy of 69.8 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 68.9%, unevenly distributed between men and women. In late December 2004, the Indian Ocean tsunami took 131,000 lives with another 37,000 missing, left some 570,000 displaced persons, and caused an estimated \$4.5 billion in damages and losses. The resulting inflation and interest rate hikes dampened growth prospects in 2006. The gross domestic product per capita is \$3,600, with 16.7% of Indonesian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Indonesia's general population is estimated at less than 0.1%. There were roughly 170,000 people living with HIV in 2005. Currently the epidemic is concentrated primarily amongst injection drug users (IDUs); in 2003, 34% of the reported AIDS cases in Indonesia were acquired by injection drug use.

Military Statistics

The Indonesia Armed Forces (TNI) is estimated at approximately 297,000 active-duty troops, with 400,000 reserves. In recent years, the US Department of Defense (DOD)/TNI AIDS Prevention Commission was established to develop policies in support of HIV/AIDS intervention and programs, and to design and coordinate integrated and sustainable HIV/AIDS programs. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE), have continued to collaborate with the TNI for the following in-country activities: laboratory infrastructure and capacity building, advocacy workshops, capacity building of counseling testing (CT) centers a train-the-trainers workshop, and a treatment, care, and support workshop.

Proposed Future Activities

DHAPP received a proposal for fiscal year 2007 activities on behalf of TNI. The proposed program will build upon and expand

current USPACOM and COE activities. Proposed activities for FY 2007-2008 include: expansion of behavioral change communication activities, increased services for prevention of sexually transmitted infection, enhancement of CT centers, expansion of care, support, and treatment services, and continuance of surveillance activities.

The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

The TNI HIV prevention program is relatively new, with the focus of most activities on capacity building in several areas. During the fiscal year, 40 individuals were trained in policy development. DHAPP looks forward to continued collaboration with the TNI.



KAZAKHSTAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The population of Kazakhstan is estimated to be 15.2 million people, with an average life expectancy of 66.9 years. Russian is the official language of Kazakhstan, which has an estimated literacy rate of 98.4%, evenly distributed between men and women. Kazakhstan, the largest of the former Soviet republics in territory, excluding Russia, possesses enormous fossil fuel reserves and plentiful supplies of other minerals and metals. It also has a large agricultural sector featuring livestock and grain. The gross domestic product (GDP) per capita is \$8,300, with 19% of the population living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Kazakhstan is estimated at 0.1%, with approximately 12,000 individuals 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, with the remainder of new cases infected through sexual transmission.

Military Statistics

The Kazakhstan Armed Forces are estimated at approximately 64,000 members. Kazakhstan expends 0.9% of its GDP for military purposes. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have maintained contact with US Embassy staff in Kazakhstan and have provided technical assistance, along with their military colleagues there, for continued development of a plan for future prevention activities for military members.

Proposed Future Activities

No proposal was received from Kazakhstan for activities in fiscal year 2007.

OUTCOMES & IMPACT

Prevention

No official programmatic activities took place in Kazakhstan during the fiscal year, although prevention materials sent by DHAPP have been translated for use. DHAPP staff members look forward to future engagement with Kazakhstan to plan a successful program there.

KENYA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

Kenya's population is estimated to be 37.7 million people, with an average life expectancy of 48.9 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85.1%, evenly distributed between men and women. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance upon several primary goods whose prices have remained low. In the December 2002 elections, a new opposition government took on the economic problems facing the nation. In 2003, progress was made in rooting out corruption and encouraging donor support, with the gross domestic product (GDP) growing more than 5% in 2005. The GDP per capita is \$1,100, with 50% of Kenyans living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Kenya's general population is estimated at 6.1%. Kenya has approximately 1.3 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. 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 Kenyan Department of Defense (KDOD) is estimated at approximately 35,000 personnel. Kenya allocates 1.6% of the GDP for military expenditures. The KDOD HIV prevalence rate is estimated at 7%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the KDOD during in-country Core Team visits. The purpose of each trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the KDOD and US Embassy personnel. DHAPP staff members represent the KDOD as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that KDOD programs are adequately addressed.

Proposed Future Activities

Ongoing successful KDOD and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Kenyan country team and were included in the FY07 COP.



OUTCOMES & IMPACT

Prevention

During FY06, KDOD continued to provide exceptional results across all areas in prevention, care, and treatment of HIV. Through extensive community outreach efforts, a total of 112,688 military personnel and their families were reached with prevention messages that focused primarily on abstinence and being faithful (92,630 men, 20,058 women). A total of 20,664 troops and families received abstinence-only messages mainly through faith-based organizations and seminars aimed at the youth in the military population. Seventy-nine others were trained in the provision of those messages. In addition, 63,176 military members and their families were reached with comprehensive prevention messages (49,630 men, 14,536 women). Condom services were provided through 440 dispensing points (mess toilets, hospitals waiting rooms, clinics, bars). Seventy-two (72) new individuals were trained in the provision of comprehensive prevention.

During the fiscal year, 1496 women were provided with prevention of mother-to-child transmission (PMTCT) services at 14 PMTCT sites. These services included counseling, HIV testing, and results. Of the women tested

under PMTCT setting, 66 were provided with a complete course of antiretroviral (ARV) prophylaxis. Fourteen military health care workers were trained in the provision of PMTCT.

Care

One (1) service outlet provided HIV-related palliative care to military members and their families. During the year, 1383 KDOD members were provided with HIV-related palliative care (939 men, 444 women), and another 126 individuals were trained in the provision of that care. These numbers included 374 troops and family members receiving treatment for tuberculosis (TB). With the streamlining of TB services the numbers are gradually picking up and the initial stigma caused due to the integration of services appears to be decreasing.

Twenty counseling and testing (CT) centers provided HIV testing for KDOD personnel. During FY06, a total of 5857 troops and family members were tested for HIV and received their results (4163 men, 1694 women). 57 military members were trained in the provision of CT. Three military post-test clubs remained active during the current period.

Treatment

During FY06, one (1) outlet provided ART services to KDOD personnel and their families. 219 service members or dependents were newly started on antiretroviral therapy (ART) during the reporting period (138 men, 56 women, 13 boys, 12 girls). Nine hundred and fifty-four (954) military members or families had ever received ART by the end of the fiscal year (639 men, 255 women, 32 boys, 28 girls). Eight (8) military health workers were trained in the provision of ART. One KDOD laboratory had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 5 laboratory workers were trained.

KYRGYZSTAN

DHAPP

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BACKGROUND

Country Statistics

In 1991, Kyrgyzstan achieved independence from the Soviet Union. The population of Kyrgyzstan is estimated to be 5.2 million people, with an average life expectancy of 68.5 years. Kyrgyz and Russian are the official languages of Kyrgyzstan, which has an estimated literacy rate of 98.7%, evenly distributed between men and women. Cotton, tobacco, wool, and meat are the main agricultural products, although only tobacco and cotton are exported in any quantity. The gross domestic product per capita is \$2,000, with 40% of Kyrgyz people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Kyrgyzstan's general population is estimated at less than 0.10%, with approximately 700 people living with HIV in 2005. Risk factors in this concentrated epidemic include primarily intravenous drug use, comprising 80% of cases. Sexual transmission accounts for most other cases.

Military Statistics

The Kyrgyz Republic Armed Forces are estimated at approximately 9000. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

With financial support from DHAPP and administrative support from the US Embassy Security Assistance Office, assistance for the scale-up of laboratory and testing/care facilities was provided to the medical units of the Ministry of Defense, Border Troops, National Guard, Ministries of Emergency Situations and Interior Forces to help them continue their own HIV/AIDS prevention programs. Specific equipment purchased and provided included 7 autoclaves, 25 hot air sterilizers, 25 ultraviolet irradiators, 7000 gloves, 70,000 syringes, and 10,000 systems for intravenous injections. Furthermore, the Medical Departments of the Kyrgyz Republic Armed Forces received educational

materials such as computers, projectors, TV sets, video cameras, and over 125,000 copies of handouts and calendars for soldiers and officers, which were distributed as an everyday reminder for HIV/AIDS prevention.

Proposed Future Activities

A proposal was received on behalf of the Kyrgyz Republic Armed Forces for FY07. The specific objectives of the proposed project include increasing awareness of HIV in military personnel through training of master trainers and peer educators; development and distribution of information, education, and communication materials; creation of a military-specific video on HIV awareness; and increased knowledge of and access to counseling and testing (CT) services. In addition, two CT centers and their laboratories will be equipped and medical personnel will be trained on treatment of sexually transmitted infections and the importance of linkage to CT services.

OUTCOMES & IMPACT

Prevention

During this fiscal year, the Kyrgyz Republic Armed Forces commenced a comprehensive prevention, care, and treatment program, with impressive early results. Early in the year, 5100 troops (5000 men and 100 women) were reached with a comprehensive prevention education message, and 150 troops were trained to provide that message to peers. Nine pregnant women were provided with services for prevention of mother-to-child transmission.



LESOTHO

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 Lesotho is estimated to be 2.02 million people, with an average life expectancy of 34.4 years. English is the official language of Lesotho, which has an estimated literacy rate of 84.8%, unevenly distributed between men and women, interestingly with women having higher literacy rates (94.5%) than men (74.5). The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. The gross domestic product (GDP) per capita is \$2,500, with 49% of people in Lesotho living below the poverty line.

HIV/AIDS Statistics

AIDS is the number one killer of the Basotho people, with 23,000 dying each year from the disease. The HIV prevalence rate in the Lesotho general population is estimated at 23.2%, resulting in approximately 270,000 individuals living with HIV/AIDS in Lesotho. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. Lesotho allocates 2.1% of the GDP for

military expenditures. No HIV prevalence data are currently available for LDF members.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DoD partner Population Services International (PSI) began working with the LDF in 2005, with activities focused on training of peer educators among military personnel, prevention programs that emphasized counseling and testing (CT) and correct use of condoms, and training of CT counselors. The activities have led to increased demand for CT services among military personnel.

In addition, DHAPP staff traveled to Lesotho during the fiscal year to provide technical assistance regarding their military prevention, care and treatment targets in the context of the larger country operational plan.

Proposed Future Activities

DHAPP received a proposal from PSI on behalf of the LDF for activities in fiscal year 2007. The primary objectives were to increase the number of master trainers and peer educators trained among military personnel; develop and implement new Information, Education, and Communication materials, including a board game called "Snakes and Ladders," which emphasizes partner reduction; increase use of mobile CT services and increase uptake of CT services at one base in the country through which most military personnel rotate during the year; and increase quality control of CT laboratory procedures.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.



OUTCOMES & IMPACT

Prevention

The LDF reported impressive early results of their prevention programming in collaboration with PSI. During the fiscal year, 990 troops were trained in the provision of prevention programs focused on abstinence and/or being faithful (886 men, 104 women), with 880 of these trained as peer educators in the provision of these

messages. Another 170 troops were reached with comprehensive prevention messages (150 men, 20 women), with 80 trained in the provision of comprehensive prevention. The LDF supported 18 condom service outlets.

The LDF supported 2 outlets providing prevention of mother-to-child transmission (PMTCT) services. During the year, 30 pregnant military women were provided with services there. Another 15 medical personnel were trained in the provision of PMTCT services.

Care

Two (2) service outlets provided HIV-related palliative care services to LDF personnel and their families. During the fiscal year, 548 military personnel were provided with HIV-related palliative care (463 men, 85 women). Of these, 75 received treatment for tuberculosis. Nine (9) medical personnel were trained to provide HIV-related palliative care.

Two outlets provided CT services for military personnel. Four hundred (400) troops or family members were tested for HIV and received their results (201 men, 199 women). Twenty-nine (29) medical personnel were trained in the provision of CT.

Treatment

Two (2) service outlets provided antiretroviral therapy (ART) for LDF members and their families. At the end of the year, 590 troops and family members were provided with ART (13 boys, 6 girls, 353 men, 218 women). Eighteen (18) military medical providers were trained in the provision of ART. Four (4) laboratories had the capability to perform HIV testing, and 11 laboratory personnel were trained in the provision of these tests.

LIBERIA

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 Liberia is estimated to be 3.04 million people, with an average life expectancy of 39.6 years. Liberian is the official language, and the literacy rate is estimated at 57.5%, unevenly distributed between men and women. Civil war and government mismanagement have destroyed much of Liberia's economy, especially the infrastructure in and around Monrovia, while continued international sanctions on diamonds and timber exports will limit growth prospects for the foreseeable future. The gross domestic product (GDP) per capita is \$900, with 80% of Liberian people living below the poverty line. Liberia, with troops in Iraq and Afghanistan, has been a strong supporter of the global war on terrorism.

HIV/AIDS Statistics

The current HIV prevalence rate in Liberia's general population is unknown, but 2003 estimates ranged from 8.2% to 12% among adults. In 2003, it was estimated that 100,000 Liberians were living with HIV/AIDS, and over 7000 deaths were attributed to the disease.

Military Statistics

The size of the Armed Forces of Liberia (AFL) is unknown. Liberia allocates 7.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In September 2006, DHAPP staff conducted a HIV/AIDS site assessment in Monrovia, Liberia, to explore potential HIV/AIDS prevention efforts in collaboration with the AFL. While in Monrovia, DHAPP staff met with Liberian personnel responsible for training and providing HIV/AIDS prevention training to military recruits, toured recruit facilities, discussed current HIV testing practices, and began HIV/AIDS prevention program planning.

OUTCOMES & IMPACT

DHAPP staff members have just begun collaborative efforts with Liberian military officials and US Embassy staff to establish a comprehensive HIV/AIDS prevention/education program for AFL members. DHAPP looks forward to successful program implementation in Liberia.



MADAGASCAR

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 Madagascar is estimated to be 18.6 million people, with an average life expectancy of 57.3 years. French and Malagasy are the official languages of Madagascar, which has an estimated literacy rate of 68.9%, unevenly distributed between men and women. Agriculture, which includes fishing and forestry, is a mainstay of the economy, accounts for more than one fourth of Madagascar's gross domestic product (GDP), and employs 80% of the population. The GDP per capita is \$900, with 50% of Malagasy people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Madagascar is estimated at 0.5%, with approximately 49,000 individuals living with HIV/AIDS. Most cases of HIV in Madagascar are spread through multi-partner heterosexual sex.

Military Statistics

The Malagasy Armed Forces (MAF) is estimated at approximately 21,000 members. Madagascar allocates 7.2% of the GDP for military expenditures. No HIV/AIDS prevalence data were available for the armed forces.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Past collaborative efforts with the MAF have resulted in the following early accomplishments: new safety precautions are now taken during blood transfusions; 600 blood packets have been tested at the military hospital; an awareness campaign was conducted in 50 military dispensaries, reaching 2500 military members and their families; a plea was made to the military hierarchy to support the fight against HIV/AIDS in the MAF; and a policy was drafted and implemented on counselling and testing for military members, eventually leading to mandatory testing.

Foreign Military Financing Assistance

Madagascar was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2005 and has not been released yet for expenditure. Although still in negotiation, the plan is to use these funds to procure HIV diagnostic equipment and supplies.

Proposed Future Activities

DHAPP received a proposal from the MAF for activities in FY07. The primary objectives

are to develop a plan to educate the entire military on HIV prevention, develop a strategy for a military outreach program to educate the populace in outlying provincial regions, educate military leaders, improve sanitary conditions and proper procedures in clinics and hospitals for blood transfusions, and improve transportation, training, and facilities dedicated to HIV prevention activities.

The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

The MAF reported initial success in its prevention programs during the first quarter of FY06. Reporting data were not received after the first quarter. During the first quarter, 989 military members were reached with comprehensive prevention messages, and 10 medical officers were trained to provide these messages. These health care providers, who work at military health installations around Madagascar, went on to provide mass sensitization activities in their respective regions. In addition, condoms were provided to the MAF. While no exact number of beneficiaries and specific sites have been reported, a general total of 13,120 condoms were distributed to military dispensaries in the 7 areas of most concern. In addition, 9 military dispensaries in outlying areas in Madagascar were provided with medical equipment/supplies, such as sterilizers and disposable syringes, to promote sanitation and hygiene efforts. Fourteen (14) military members were trained in injection safety.

Other

The Central Director of Health Department for the Ministry of Defense, who is also the general coordinator of all military HIV/AIDS activities, attended a 1-week HIV/AIDS conference, offered by the Defense Institute for Medical Operations, San Antonio, Texas, in December 2005. The

conference provided him with knowledge to better manage HIV/AIDS prevention, especially evaluation.



MALAWI

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 Malawi is estimated to be 13.0 million people, with an average life expectancy of 41.7 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 62.7%, unevenly distributed 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 accounted for nearly 36% of the gross domestic product (GDP) and 80% of export revenues in 2005. The GDP per capita is \$600, with 55% of Malawian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in general population of Malawi is estimated at 14.1%, with approximately 940,000 individuals living with HIV/AIDS. Most cases of HIV in Malawi are spread through multi-partner heterosexual sex 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 Malawi Defense Force (MDF) is estimated at approximately 5000 members. Malawi allocates 0.8% of the GDP for military expenditures. No HIV/AIDS prevalence data were available for the armed forces.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Early MDF collaborative efforts with partners Family Health International (FHI), Population Services International (PSI), and Project Concern International (PCI) have included the successful implementation of a military HIV/AIDS policy and the establishment of counseling and testing (CT) centers at 4 sites, as well as the development of tailored peer education programming. In addition, the MDF is conducting a current seroprevalence study in the barracks. Despite these successes, the MDF faces limited availability of (1) CT services and anti-retroviral therapy (ART) for military personnel and (the allied population remains limited to 4 sites), (2) home-based care for the chronically ill, (3) services for orphans and vulnerable children (OVC), and (4) antenatal clinics. Where high-quality services are available, they are offered in isolation, and

uptake is often significantly lower than expected due to a variety of barriers (e.g., confidentiality; impact of a positive diagnosis on a military career and relationships and family; and fear of stigma).

In October 2005, DHAPP staff participated in a country team visit to Malawi to meet with the MDF. During this site visit, they discussed current military practices and programs, areas for potential expansion or improvement, and strategy and the Country Operational Plan.

Foreign Military Financing Assistance

Malawi was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2005 and has not yet been released for expenditure. Although still in negotiation, the plan is to use these funds to procure HIV diagnostic equipment and supplies.

Proposed Future Activities

DHAPP received four proposals for work with the MDF during FY07. The first, from FHI on behalf of the MDF, included objectives to capitalize on successes and rapidly scale up sustainable services: (1) expansion of critical services and peer education programming, (2) coordination among key stakeholders, (3) increase advocacy and stigma reduction, and (4) develop capacity building of MDF and local partners.

The second, from PSI, included objectives to increase MDF capacity to implement improved, effective, and sustainable responses to HIV, including CT and related services to personnel and their families while reducing related stigma and discrimination. Goals included training peer educators, continuing provision of *Chisango* condoms, equipping CT centers, and developing specific Information, Education, and Communication materials.

The third, from ResourceLinC, stressed the objectives of enhanced peer education programming, including laptop computers and Internet access for master trainers, development of a training film for the MDF, creation of an MDF-specific film discussion guide, use of prefab design structures to add an additional 3 military CT centers, implementation of mandatory HIV testing for military personnel, and increased infrastructure of MDF laboratories.

The fourth proposal was submitted by PCI. Proposed objectives included improve skills within the MDF for planning, managing, monitoring, and evaluating HIV prevention activities; increase promotion of safer sex practices among MDF personnel and spouses/partners; and increase promotion of CT among MDF personnel and spouses/partners.

The proposals were reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.



OUTCOMES & IMPACT

Prevention

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.

Care

Seven (7) MDF outlets provided HIV-related palliative care. During the year, 52 military members or spouses were provided with HIV-related palliative care (31 men, 21 women), with 47 of those treated for tuberculosis (TB). Nine (9) military medical providers were trained in the provision of HIV-related palliative care, with another 10 trained in provision of services for TB.

MDF outlets provided services to 263 OVC. Seventy (70) MDF personnel were trained in the provision of care for OVC. Four (4) CT centers were operational for MDF personnel and families. During the year, 884 troops were

tested for HIV and received their results (676 men, 208 women). Seventy-eight (78) MDF providers were trained in provision of CT.

Treatment

During the fiscal year, 10 outlets provided ART for MDF members and families. By the end of the fiscal year, 1559 MDF personnel and family members were established on ART (17 boys, 7 girls, 805 men, 730 women). Seventy-one (71) MDF medical personnel were trained in the provision of ART. Eleven (11) MDF laboratories had the capacity to perform HIV tests, and 3 laboratory personnel were trained in the provision of these tests.

Other

Eighty-five (85) MDF personnel were trained in institutional capacity building. One hundred and forty (140) were provided training in community mobilization for HIV prevention, care, and treatment.

MALI

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 Mali is estimated to be 11.7 million people, with an average life expectancy of 49 years. French is the official language of Mali, which has an estimated literacy rate of 46.4%, unevenly distributed between men and women. Mali is among the poorest countries in the world, with 65% of its land area desert, and with a highly unequal distribution of income. Economic activity is largely confined to the river area irrigated by the Niger. About 10% of the population is nomadic and some 80% of the labor force is engaged in farming and fishing. The gross domestic product (GDP) per capita is \$1,200, with 64% of Malian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Mali's general population is estimated at 1.7%, with approximately 130,000 people living with HIV in 2005. The primary modes of HIV transmission are heterosexual contact, sexual contact with commercial sex workers, and a high rate of sexually transmitted infections (STIs). Migration is thought to be a significant factor in Mali's HIV epidemic.

Military Statistics

The Mali Armed Forces (MAF) is estimated at approximately 7,000 members. Mali allocates 1.9% of the GDP for military expenditures. Military HIV prevalence rates are unknown; however, the majority of MAF soldiers are between 15- and 24-years-old, the group most vulnerable to HIV infection.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In-country partner Family Health International (FHI) has established a collaborative relationship with the MAF and US Embassy officials in country. In Mali, military and civilian populations share the main hospitals, with the military primarily using the health clinics. There are 34 military clinics in the 6 military regions. Four (4) counseling and testing (CT) centers are available in Bamako, Timbuktu, Sevare, and Segou. The MAF conducts HIV testing as part of routine medical examination upon recruitment into security services, and the MAF offers state-of-the-art treatment, care, and support to all sick service members, spouses, and children under the age of 18, within and outside the country. The health care system in the military is severely limited in its capacity to care for people living with HIV/AIDS (PLWHA) due to inadequate staff skills, supplies, and infrastructure, including erratic

availability of reagents in CT centers, drugs for STI treatment, and interrupted supplies of antiretroviral drugs in clinics.

Proposed Future Activities

DHAPP received two proposals for fiscal year 2007 activities on behalf of the MAF. The first, from partner FHI, focused on the following objectives: training CT workers and peer educators, and providing first-aid training for health care workers providing services for PLWHA (specifically, training will occur for health care providers in counseling, HIV screening, laboratory skills, and clinical skills to care for PLWHA; strengthening peer education by training cadres in each garrison that has a CT site; expanding CT sites by reinforcing capacity of the laboratory in Kati to accurately analyze HIV tests; and renovating 4 military CT sites.

The second proposal, from Fayetteville State University, stressed the following objectives: train master trainers and peer educators, engage HIV/AIDS behavior change communication, provide infrastructure for HIV testing centers, increase military voluntary CT, develop HIV laboratory capability, and increase clinical capability for care of PLWHA.

Both proposals were reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention, Care and Treatment

During fiscal year 2006, no reporting data were received from the MAF or its partners. DHAPP looks forward to future collaborative efforts with the MAF.



MAURITANIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BACKGROUND

Country Statistics

Mauritania achieved independence from France in 1960. The population of Mauritania is estimated to be 3.17 million people, with an average life expectancy of 53.1 years. Arabic is the official language of Mauritania, which has an estimated literacy rate of 41.7%, unevenly distributed between men and women. In 2001, it was discovered that Mauritania has an estimated 1 billion barrels of oil in reserves 80 km offshore. Substantial oil production and exports were scheduled to begin in early 2006 and may average 75,000 barrels per day. In the meantime, the government has emphasized reduction of poverty, improvement of health and education, and promoting privatization of the economy. The gross domestic product (GDP) per capita is \$2,200, with 40% of Mauritanian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Mauritania's general population is estimated at less than 0.70%, with approximately 12,000 people living with HIV in 2005. Risk factors are largely unknown.

Military Statistics

The Mauritanian Armed Forces are estimated at approximately 16,000 members. Mauritania allocates 1.4% of the GDP for military expenditures. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

During the current reporting period, DHAPP funding supported the implementation of Defense Institute for Medical Operations (DIMO) HIV training (in French) for military health care providers in Mauritania.

Training in HIV-related prevention, care, and treatment was given to 119 providers (57 military officers, 4 enlisted military members, 58 civilians).

OUTCOMES & IMPACT

Prevention, Care and Treatment.

During fiscal year 2006, 119 military and civilian health care providers who support the Mauritanian military received the DIMO HIV training. Training was provided for basic prevention methods, prevention of mother-to-child transmission, injection and blood safety, HIV-related palliative care, counseling and testing methods, and treatment.

MOROCCO

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 Morocco is estimated to be 33.2 million people, with an average life expectancy of 70.9 years. Arabic is the official language of Morocco, which has an estimated literacy rate of 51.7%, unevenly distributed between men and women. Moroccan economic policies brought economic stability to the country in the early 1990s but have not spurred growth sufficient to reduce unemployment that nears 20% in urban areas. Poverty has actually increased. The gross domestic product (GDP) per capita is \$4,100, with 19% of Moroccan people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Morocco's general population is estimated at less than 1.0%, with approximately 1500 people living with HIV in 2004. 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 Moroccan Royal Armed Forces (MRAF) has recently been involved in six peace-keeping operations (Haiti, Ethiopia, Western Sahara, Rwanda, and Sierra Leone). The size of the military is not documented. As of this annual report, no information regarding HIV prevalence in the military was available, although the MRAF reports 102 documented cases of HIV in its personnel.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The MRAF implemented a prevention program for its forces beginning in 1996. By 2001, peer advocacy programs reached more than 60,000 military personnel through prevention efforts and focus groups. Prevalence data and risk behavior information were collected, allowing for improved prevention efforts; however, due to lack of funding, the programming efforts were halted in 2001. DHAPP staff members have conducted bilateral planning meetings with MRAF officials and have agreed to proceed as partners in HIV prevention efforts in the future.

Proposed Future Activities

DHAPP received a proposal from the MRAF for activities in fiscal year 2007. Goals for re-starting their prevention efforts include conduct train-the-trainer and peer education sessions and implement a peer education program for troops, improve HIV epidemiology skills of military health personnel through training in the United States, increase statistical skills through US-based training so MRAF personnel can analyze data from the program, provide necessary materials so existing efforts may be expanded, provide postexposure prophylaxis kits, and purchase and distribute condoms.

The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention, Care and Treatment

During FY06, no reporting data were received from the MRAF or its partners, as the program remains in the planning stages at the moment. DHAPP looks forward to future collaborative efforts with the MRAF.



MOZAMBIQUE

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 Mozambique is estimated to be 19.7 million people, with an average life expectancy of 39.8 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 47.8%, unevenly distributed between men and women. Mozambique remains dependent upon foreign assistance for much of its annual budget, and the majority of the population remains below the poverty line. Subsistence agriculture continues to employ the vast majority of the country's work force. A substantial trade imbalance persists, although the opening of an aluminum smelter, the country's largest foreign investment project to date, has increased export earnings. The gross domestic product (GDP) per capita is \$1,300, with 70% of Mozambicans living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Mozambique's general population is estimated at 16.1%, a slight increase from 2 years ago. Mozambique has approximately 1.8 million individuals living with HIV/AIDS. The estimated death toll from the start of the epidemic is at least 110,000. The primary identified risk factor in this population is unprotected heterosexual contact.

Military Statistics

The Mozambique Armed Defense Forces (FADM) is estimated at approximately 11,000 active-duty troops. Mozambique allocates 1.6% of the GDP for military expenditures. As of this annual report, HIV prevalence in the military was unavailable, but the first military seroprevalence study has been completed and should be released soon.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FADM sought the assistance of the US Department of Defense (DoD) to conduct a prevalence and behavioral risk survey. The collaborative partners working on this project included the FADM, DoD, Research Triangle Institute International (funded by DoD), Population Services International (funded through USAID), and the US Embassy in Maputo. The survey was developed to include both military demographics and risk factors and international risk factors with emphasis on deployment, condom use, partner patterns and alcohol use. There were three goals in the conduct of the survey and HIV testing procedures: (1) assess HIV prevalence in the FADM, (2) assess behavioral risk, and (3) assess referrals to care and treatment for those testing positive for HIV.

The DoD is extremely proud of the efforts of the FADM and its in-country partners in Mozambique for embarking on this groundbreaking study on seroprevalence and behavioral risk factors in military personnel. The results will provide invaluable information for the development of future implementation and measurement for the military context of a generalized epidemic.

In addition, in August 2006, DHAPP staff provided technical assistance to the FADM during a site visit to Mozambique. During this trip, they discussed implementation of 2006 activities, 2007 planned activities, program and policy development and progress of a recent prevalence report, and also visited the site for upcoming hospital renovations.

Foreign Military Financing Assistance

Mozambique was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2005, and FY03 funding was released for expenditure during FY05. Although still in negotiation, the plan is to use FY03 funding to procure sharps containers and microscope in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

Ongoing successful FADM and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. Specifically, the Prevention for Positives programs and follow-on activities to the seroprevalence study are highlights of next year’s proposed targets. All proposed activities were submitted to the Mozambique country team, and were included in the FY07 the President’s Emergency Plan for AIDS Relief Country Operational Plan.



OUTCOMES & IMPACT

Prevention

During FY06, Population Services International (PSI) continued its ongoing strong collaboration with the FADM and reported early successful programs, specifically in prevention and care. During the year, 30,000 FADM troops and family members were reached with comprehensive prevention messages by PSI-trained military peer educators. Messages are delivered in a participative style in which audience members themselves are expected to contribute substantially. Behaviors emphasized include strengthening personal risk perception to motivate a reduction in the number of sexual partners, consistent condom use, and prompt treatment of sexually transmitted infection.

The FADM and PSI supported 12 outlets providing prevention of mother-to-child transmission (PMTCT) services. During the year, 9572 pregnant women were pro-

vided with PMTCT services, and 573 were provided with a complete course of antiretroviral prophylaxis.

Care

The FADM supported 27 counseling and testing (CT) centers during the year. Two hundred and ninety-five (295) service members and families were tested for HIV and received their results. Twenty-eight (28) individuals received training in the provision of CT, including FADM personnel.

Treatment

During FY06, 12 outlets (all PMTCT) provided antiretroviral therapy (ART) services to FADM personnel and their families. One thousand two hundred and forty (1240) service members or dependents were newly started on ART during the reporting period (573 pregnant women, 667 infants). Four (4) military health workers were trained in the provision of ART.

NAMIBIA

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

Namibia's population is estimated to be 2 million people, with an average life expectancy of 43.3 years. English is the official language of Namibia, which has an estimated literacy rate of 84%, evenly distributed between men and women. The economy is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 20% of the gross domestic product (GDP). Rich alluvial diamond deposits make Namibia a primary source for gem-quality diamonds. Namibia is the fourth-largest exporter of nonfuel minerals in Africa, the world's fifth-largest producer of uranium, and a producer of large quantities of lead, zinc, tin, silver, and tungsten. The GDP per capita is \$7,000, with 56% of Namibians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Namibia's general population is estimated at 19.6%. Namibia has approximately 230,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. By the end of 2003, approximately 57,000 children in Namibia had lost one or both parents to AIDS.

Military Statistics

The Namibian Defense Force (NDF) is estimated at approximately 15,000. Namibia allocates 2.3% of the GDP for military expenditures. There are no official figures for HIV prevalence in the NDF, but it is estimated to be similar to the general population.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the NDF during in-country Core Team visits. The purpose of each trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the NDF and US Embassy personnel. DHAPP staff members represent the NDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that NDF programs are adequately addressed.

Proposed Future Activities

Ongoing successful NDF and partner programming was expanded to include additional aspects of comprehensive prevention, care,

and treatment for military members and their families. All proposed activities were submitted to the Namibia country team, and were included in the FY07 COP.



OUTCOMES & IMPACT

Prevention

During FY06, NDF continued to provide exceptional results, specifically in HIV prevention. The Namibian Ministry of Defense (MoD) Military Action and Prevention Programme (MAPP) continued to focus on three main methods: education sessions on bases, education sessions at the Remember Eliphaz Education Centre (REEC) in Rundu, and other workshops and training events. The Namibian military leadership advocates abstinence and/or being faithful and strongly encourages these prevention methods for troops on deployments. The Social Marketing Association (SMA) MAPP teams reached a total number of 9,507 soldiers with comprehensive prevention messages through edutainment events during the year (7594 men, 1913 women). An additional 411 were trained in the provision of these messages.

Typical education events with NDF military members include a motivational song and participatory dance, a film, lectures on abstinence and being faithful, condom use and demonstration, a drama and facilitated discussion on the messages, HIV testing, antiretroviral therapy (ART), and prevention of mother-to-child transmission.

One of the current dramas used at the seminars is called *Cover Up*, which is about a soldier who dies of AIDS and his wife becomes the responsibility of another soldier. Even though the cause of death of the soldier is widely known to be AIDS, a “cover-up” occurs. Unit commanders and senior officers are involved in these seminars. There are always a number of high-ranking officers present at the edutainment events. In addition, the NDF sponsored 68 targeted condom service outlets.

The SMA MAPP team met with the NDF Fourth Battalion before deploying to Liberia for United Nations peacekeeping in March 2006. This is the first contingent composed of 100% of soldiers who produced an HIV-negative test before being eligible for deployment. DoD-funded MAPP efforts in Namibia can be credited with raising the consciousness of the relevant decision makers within the MoD/NDF in this regard since messages about HIV testing and its importance have been repeatedly reinforced over the past 5 years.

A study tour to Mozambique took place during the last quarter of the year. Participants were the Chief of NDF Medical Services, the only Namibian NDF doctor, the acting HIV coordinator, the senior counselor at the counseling and testing (CT) center, and 3 MAPP staff. One of the key areas of interest was a prevalence study conducted by the Mozambique military.

Care

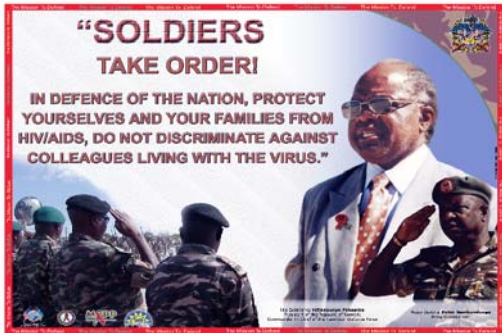
One (1) service outlet provided HIV-related palliative care to military members and their families. During the year, 23 male military patients under various stages of home-based care were visited by a combined MAPP team of both SMA members from REEC and NDF members from the collocated military base in Rundu. These patients were given salt, sugar, e’pap, cooking oil, maize meal, and vegetables. The vegetables were grown in the REEC

garden. Each patient's family members were counseled on general home-based care practices and referred to community-based services.

Since April 2006, 2 military CTs are fully operational, one at REEC in Rundu and the other at Grootfontein Army Headquarters in Grootfontein. Five hundred and one (501) soldiers have been tested for HIV and received their results (367 men, 134 women). Another 16 NDF members were trained in the provision of CT services.

these training events were sessions on community mobilization, and stigma and discrimination. The ultimate goal of this intervention is to build capacity throughout higher echelons of the MoD/NDF.

Finally, on World AIDS Day, the US Embassy used the film *Remember Eliphaz* to educate staff members.



Other

The SMA MAPP accomplished numerous capacity building and training activities in the last quarter. Training included (1) CT foundation training, (2) computer training at REEC, (3) a second ART course, (4) a crisis management workshop, and (5) an emotional support and counseling workshop. The NDF HIV coordinator was sent on a year-long peacekeeping mission in September highlighting the risk of focusing all educational opportunities on one member of the force. She was replaced in an acting capacity by a captain with a long association with MAPP. He was originally the SMA NDF liaison and worked in this position for a year.

In FY 2005–2006, a total of 96 base commanders were trained at an expert speakers' seminar forum in order to equip them to manage HIV on their bases. Included in

NEPAL

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The population of Nepal is estimated to be 28.3 million people, with an average life expectancy of 60.2 years. Nepali is the official language of Nepal, which has an estimated literacy rate of 48.6%, unevenly distributed between men and women. Agriculture is the mainstay of the economy, providing a livelihood for three fourths of the population and accounting for 38% of the gross domestic product (GDP). Industrial activity mainly involves the processing of agricultural produce including jute, sugarcane, tobacco, and grain. Security concerns relating to the Maoist conflict have led to a decrease in tourism, a key source of foreign exchange. The GDP per capita is \$1,400, with 31% of the population living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nepal is estimated at 0.5%, with approximately 75,000 individuals living with HIV/AIDS. Estimates in most at-risk populations consistently exceed 5 % in one or more high-risk groups, which include female sex workers, intravenous drug users, men who have sex with men, mobile populations, and young people.

Military Statistics

The Royal Nepalese Army (RNA) is estimated at approximately 100,000 members. In the past two decades, the RNA has contributed more than 45,000 peacekeepers to 28 United Nations-sponsored peacekeeping operations. Nepali expends 1.5% of its GDP for military purposes. While no seroprevalence data are available for the RNA as a whole (forcewide testing has not been implemented), pre- and post-tests among RNA personnel on UN peacekeeping missions indicate a rate of 0.11%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

International efforts in Nepal to address the issues of HIV/AIDS in the RNA have been implemented by Family Health International (FHI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) since 2002. To date, FHI has provided technical assistance (but no financial assistance) to the RNA, and GFATM funds have been sporadic and short term. As a result of the limited resources, progress in the RNA to establish a robust HIV/AIDS program has been slow. As of September 2006, through GFATM funds, an RNA task force and an office for the task force had been established at Birendra Military Hospital. At this

site GFATM funds have also been used to renovate the structure of a counseling and testing (CT) center, which the US Pacific Command (USPACOM) and implementing agent the Center of Excellence (COE) will outfit and refurbish in 2007, providing such items as rapid test kits, furniture, and consumables. Other funds from GFATM have been used toward mass peer education workshops, which aside from the standing CT center; have been the extent of program results in Nepal.

Proposed Future Activities

DHAPP received two proposals of behalf of the RNA for fiscal year 2007 activities. The first, from USPACOM/COE, emphasized the following objectives: to prevent the transmission of HIV within the Nepalese military sector; to prevent the RNA from being a vector that spreads HIV to the Nepali civilian population; to enhance the skills and capacity of the RNA in advocacy, prevention, treatment, care, and research for sustained HIV/AIDS prevention activities; and to promote and enhance working RNA partnerships with civilian agencies, donors, and community groups in HIV/AIDS prevention.

The second proposal, from FHI, stressed the following objectives, with a targeted audience of active-duty military personnel and their spouses: reduce risk behaviors of military personnel and their spouses through strategies; establish comprehensive prevention-to-care services in 5 divisional army hospitals and develop referral linkages to other quality services; strengthen capacity for sexually transmitted infection, CT, care, and laboratory service delivery; and strengthen systems and build capacity of the RNA to design, implement, and manage strategic information and quality assurance of the HIV/AIDS program.

Both proposals were reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.



OUTCOMES & IMPACT

DHAPP has continued its collaborative interaction with USPACOM and COE, as well as FHI, as implementing partners for future activities in the RNA. Due to instability in the area, no programmatic activities have taken place in the RNA during the current fiscal year. DHAPP looks forward to future collaboration with Nepal.

NICARAGUA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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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 70.6 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 67.5%, evenly distributed between men and women. One of the Western Hemisphere's poorest countries, Nicaragua has a low per capita income, widespread underemployment, and a heavy external debt burden. Distribution of income is one of the most unequal on the globe. The gross domestic product (GDP) per capita is \$2,900, with 50% of the population living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with approximately 7300 individuals living with HIV/AIDS. Even though Nicaragua has a relatively low incidence of HIV, infection rates among women are growing. Housewives are increasingly affected, rating higher than female sex workers. Over 60% of people living with HIV/AIDS are between the ages of 15 and 34 years. Nicaragua's epidemic is spread primarily through heterosexual activity.

Military Statistics

The Nicaraguan Army (NA) is estimated at approximately 14,500 active-duty members. Eighty percent of the NA population is 18–35 years old, approximately 99% of whom are male. Nicaragua expends 0.7% of its GDP for military purposes. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In August 2004, the Center for Disaster and Humanitarian Assistance/Uniformed Services University of the Health Sciences (CDHAM/USUHS) collaborated with DHAPP to conduct an assessment visit to identify NA needs. Subsequent engagement has taken place to move forward in planning and executing the approved projects to enhance HIV/AIDS prevention program activities. Multiple contacts were established and coordinated in order to develop the program within the NA.

Proposed Future Activities

DHAPP received a proposal from CDHAM/USUHS, on behalf of the NA, for activities in fiscal year 2007. The primary objectives of the proposal included establish a net of military health promoters to systematically

NICARAGUA

support the national program guidelines for the prevention of AIDS; implement a permanent Information, Education, and Communication campaign for units dislocated along the entire route of the Pan-American Road, as well as land and sea (Army and Navy) border posts distributed throughout the country; implement a permanent campaign for counseling and testing (CT); and offer CT services sexual and reproductive health services for military members and families.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.



OUTCOMES & IMPACT

DHAPP has continued its collaborative interaction with the US Southern Command and CDHAM/USUHS as implementing partners for future activities in the Nicaraguan Army. No programmatic activities took place in the NA during the current reporting period. DHAPP looks forward to future collaboration with Nicaragua.

NIGERIA

DHAPP

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BACKGROUND

Country Statistics

Nigeria's population is estimated to be 131.8 million people, with an average life expectancy of 47 years. English is the official language of Nigeria, which has an estimated literacy rate of 68%, unevenly distributed 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. The country is rich in oil, and after a long period of political instability and corruption, is undertaking some reforms under the new administration. The gross domestic product (GDP) per capita is \$1,400, with 60% of Nigerians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Nigeria's general population is estimated at 3.9%, a decrease from last year. Nigeria has approximately 2.9 million individuals living with HIV/AIDS. Identified risk factors include sexually transmitted infections, heterosexual contact with multiple partners and with commercial sex workers, mother-to-child transmission, and blood transfusions.

Military Statistics

The Nigerian Armed Forces (NAF) has approximately 92,000 active-duty members. Force-wide testing has not been conducted, but HIV prevalence in the military is estimated at 8%. Nigeria allocates 0.8% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the NAF during in-country Core Team visits. The purpose of each trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the NAF and US Embassy personnel. DHAPP staff members represent the NAF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that NAF programs are adequately addressed.



Proposed Future Activities

Ongoing successful NAF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Nigeria country team, and were included in the FY07 COP.



Five (5) counseling and testing centers provided HIV testing for NAF personnel. During FY06, a total of 8891 troops and family members were tested for HIV and received their results (3778 men, 5113 women).

Treatment

During FY06, one (1) outlet provided antiretroviral therapy (ART) services to NAF personnel and their families. A total of 1557 service members or dependents were newly started on ART during the reporting period and were also established on treatment at the end of the year (562 men, 930 women, 32 boys, 33 girls). Forty-seven (47) military health workers were trained in the provision of ART. Five (5) NAF laboratories had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 16 laboratory workers were trained in the provision of laboratory services.

OUTCOMES & IMPACT

Prevention

During FY06, NAF continued to provide exceptional results, specifically in HIV care and treatment. Prevention efforts involving the NAF are primarily implemented through other agencies. Five (5) military health personnel were trained in the provision of prevention of mother-to-child transmission services.

Care

Five service outlets provided HIV-related palliative care to military members and their families. During the year, 1990 NAF members were provided with HIV-related palliative care (1103 men, 887 women), and one individual was trained in the provision of that care. These numbers included 1557 troops and family members receiving treatment for tuberculosis (565 men, 962 women).

PAPUA NEW GUINEA

DHAPP

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BACKGROUND

Country Statistics

The population of Papua New Guinea (PNG) is estimated to be 57.6 million people, with an average life expectancy of 65.2 years. Melanesian Pidgin, English, and Motu are spoken in Papua New Guinea, which has an estimated literacy rate of 64.6%, unevenly distributed 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. Gross domestic product (GDP) per capita is \$2,600, with 36% of Papua New Guinean people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Papua New Guinea's general population is estimated at less than 1.8%. There were roughly 60,000 people living with HIV in 2005, and the main mode of transmission is heterosexual contact. Sexually transmitted infections (STIs) are rising; sexual assault of women in PNG is one of the highest in the world, increasing the risk of HIV infections and transmission of STIs.

Military Statistics

The Papua New Guinea Defense Force (PNGDF) is estimated at approximately 3100 members. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE), have continued to collaborate with the PNG DF for in-country activities. Activities for fiscal year 2006 have included: a needs-based training to include a medical, nursing and laboratory component; a monitoring and evaluation training and on-site visit; laboratory capacity building to include equipment and training; communication capacity building and out-of-country training experiences for PNGDF HIV/AIDS nurses through the DHAPP HIV/AIDS Training Program for Nurses and Clinical Officers in Uganda.

In February 2006, DHAPP staff provided technical assistance to the PNGDF through a site visit to Port Moresby, Papua New Guinea. The objectives of the visit included (1) policy guidance on HIV/AIDS research,

(2) training on voluntary counseling and testing, and rapid testing techniques, (3) continued execution of the 2-year strategic plan, (4) working group meetings with collaborating partners, and (5) evaluation of future program needs.

Proposed Future Activities

DHAPP received a proposal for FY07 activities on behalf of PNGDF. Proposed activities for FY 2007-2008 will continue with and build upon previous year's activities to include the following: HIV/AIDS nursing course curriculum development and introduction training, monitoring and evaluation of program activities and an on-site visit, laboratory capacity building through procurement of test kits for sexually transmitted infections/opportunistic infections and HIV, and communication capacity building and out-of-country training experiences for PNGDF HIV/AIDS doctors and/or nurses through the HIV/AIDS Training Program for Nurses and Clinical Officers and the HIV/AIDS Training Program for Physicians in Uganda. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.



OUTCOMES & IMPACT

Prevention

During the fiscal year, the PNGDF reported early successes in their HIV prevention programs. Thirty-six (36) military members were trained in the provision of comprehensive HIV prevention messages. Another 23 were trained in injection safety.

Care and Treatment

During FY06, 23 military health care providers were trained in the provision of HIV-related palliative care, as well as of antiretroviral therapy. PNGDF supported 2 counseling and testing centers, and during the year 235 military members were tested for HIV and received their results (228 men, 7 women). Two (2) PNGDF laboratories functioned with the capability to perform HIV testing and CD4 or lymphocyte testing.

Other

Four indigenous organizations were provided with technical assistance for strategic information. Another two organizations were provided with technical assistance in policy development, and ten other organizations in capacity building. Six individuals were trained in policy development, capacity building, and community mobilization for HIV prevention, care, and treatment.

PERU

DHAPP

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BACKGROUND

Country Statistics

The population of Peru is estimated to be 28.3 million people, with an average life expectancy of 69.8 years. Spanish is the official language of the Peru, which has an estimated literacy rate of 87.7%, unevenly distributed between men and women. Abundant mineral resources are found in the mountainous areas, and Peru's coastal waters provide excellent fishing grounds. However, overdependence on minerals and metals subjects the economy to fluctuations in world prices, and a lack of infrastructure deters trade and investment. After several years of inconsistent economic performance, the Peruvian economy grew by more than 4% per year during the period 2002-05. The gross domestic product per capita is \$6,000, with 54% of Peruvians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the Peru general population is estimated at 0.6%. It is estimated that 93,000 Peruvians are living with HIV/AIDS. Most HIV transmission occurs through sexual contact, and most cases occur among individuals aged 20–39 years. 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 Peruvian Armed Forces (Army, Navy, and Air Force) consists of approximately 115,000 active-duty personnel. The first case of AIDS in the Peruvian Armed Forces was reported in 1986; since then, 844 cases of asymptomatic infections and AIDS have occurred, among them 449 active-duty military members. A majority (73%) of them are from Lima. However, the rate of infection among military personnel in Peru is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Naval Medical Research Center Detachment-Lima (NMRCD-Lima) has been an ongoing partner with the Peruvian Armed Forces in the early development and implementation of HIV prevention, care, and treatment activities in their active-duty personnel.

The Comité Central de Prevención y Control del VIH/SIDA de las Fuerzas Armadas y Policía Nacional del Perú (COPRECOS) is a gov-

ernmental institution founded in 1990 for the control and prevention of HIV within the Peruvian military. It has purview over the Peruvian Navy, Army, Air Force, and National Police. COPRECOS is currently involved in training activities for the preparation of HIV and sexually transmitted infection (STI) counselors, although some of these programs have not accomplished their mission due to lack of funding. Knowledge of the prevalence, incidence, and risk factors for HIV and STIs has been the goal of NMCRD-Lima, in order to assist COPRECOS in focusing their prevention efforts.

The goal of the fiscal year 2005 program was to determine the prevalence of HIV infection and other STIs (hepatitis B virus [HBV], hepatitis C virus [HCV], syphilis, and human T-cell lymphotropic virus type 1 [HTLV-1]) in Peruvian military personnel. A program similar to that in the US military was implemented, and HIV prevalence was determined by a mandatory screening of the units selected. This testing was completed by the NMCRD HIV virology lab, accredited by the HIV Vaccine Trials Network to have met all requirements for Clinical Laboratory Improvement Amendment (CLIA) certification. These results were reported to the Peruvian military through COPRECOS, as is the law in Peru.



OUTCOMES & IMPACT

Prevention

In collaboration with the COPRECOS, NMCRD-Lima planned and executed a 5-day workshop on HIV prevention, pre- and post-test counseling and antiretroviral therapy (ART). This was held during May 2006, and was attended by Peruvian health care leaders from all of the provinces of Peru. A total of 26 persons were trained, 81% of whom were from underserved provinces outside of Lima. In partnership with Pathfinder International, a well-known nongovernmental organization (NGO) in Peru, a curriculum was developed and implemented. All training materials were provided in electronic format so that each leader may train others in their area. In addition, state-of-the-art training materials were provided in non-electronic formats so that training can be accomplished in remote settings where there is limited electricity or access to computers. This course was well received by the Peruvian Armed Forces attendees, and was effective in providing updates on HIV prevention, pre- and post-test counseling, and ART. This was demonstrated by a significant increase in knowledge from the pre- to the post-test. Course topics included HIV/AIDS and its impact on the Peruvian public health system, concepts and progress in research, knowledge of rights and responsibilities regarding sexuality and reproduction, basic concepts regarding gender and violence, skills to provide HIV/AIDS counseling, and skills to conduct training sessions for adults in HIV/AIDS using innovative and participative methods.

Care and Treatment

With COPRECOS, a course titled *Update Course on Medical Care of HIV Patients* was implemented during the fiscal year. This 2-day course was attended by 35 Peruvian military physicians, 69% from provinces outside of Lima. The faculty was drawn from experts within Peruvian academia, the Ministry of Health, and NGOs working in HIV/AIDS prevention, as well as internationally recognized experts from the US Navy, US National Institutes of

Health, and academia (University of California San Francisco). The course covered a broad array of topics: global epidemiology of HIV infection; natural history of HIV infection; HIV infection in military populations; STIs; opportunistic infections; combined therapy for HIV and tuberculosis co-infections; VIH, HTLV-1, HCV, HBV co-infections; and HIV immunology and reconstitution syndromes. Integral to the course was a scheduled round-table discussion between members of COPRECOS from different regions and services, during which experiences and challenges were addressed. This proved invaluable to the Peruvian military members and resulted in a clearer vision of how to proceed in the future. This course was well received by the COPRECOS members and will likely be reconstituted yearly.

In addition, 3 members of the Central COPRECOS laboratory facilities attended 2 training courses for national and international shipping (February 2006) and CLIA certification (January 2006). These courses were sponsored by and were the first regulatory courses offered to the Peruvian military.

REPUBLIC OF CONGO

DHAPP

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BACKGROUND

Country Statistics

The population of the Republic of Congo (formerly Congo-Brazzaville) is estimated to be 3.7 million people, with an average life expectancy of 52.8 years. French is the official language of the Republic of the Congo, which has an estimated literacy rate of 83.8%, unevenly distributed between men and women. The Republic of Congo was once one of Africa's largest petroleum producers, but with declining production new offshore oil discoveries will be necessary to sustain its oil earnings over the long term. The gross domestic product (GDP) per capita is \$1,300.

HIV/AIDS Statistics

The HIV prevalence rate in the Republic of Congo general population is estimated at 5.3%. The Republic of Congo has approximately 120,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Congolese Armed Forces (FAC) is estimated at approximately 10,000 members. The Republic of Congo allocates 1.0% of the

GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the FAC in the capital city of Brazzaville, revealing a prevalence rate of 4.3%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa (including Republic of Congo) in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more sustainable approach to preventing infectious diseases among troops and their families.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the FAC for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past four years, aiming to develop a more comprehensive strategy

for fighting HIV/AIDS in the region’s militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Príncipe.) Continuous efforts were proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training of trained peer educators in these four countries. Using the same survey methodology already established in these four countries, will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

Prevention

The FAC reported impressive early results of their prevention programming, in collaboration with JHCP. During the fiscal year, 307 troops were reached with comprehensive prevention messages (299 men, 8 women), and another 50 were trained in the provision of these messages. One medical provider was trained in blood and injection safety, and another 3 received training in prevention of mother-to-child transmission.

DHAPP looks forward to expanded programmatic efforts in the Republic of Congo.



RUSSIA

DHAPP

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BACKGROUND

Country Statistics

The population of Russia is estimated to be 142.9 million people, with an average life expectancy of 67 years. Russian is the official language of Russia, which has an estimated literacy rate of 99.6%, evenly distributed between men and women. Russia ended 2005 with its seventh straight year of growth, averaging 6.4% annually since the financial crisis of 1998. Although high oil prices and a relatively cheap ruble are important drivers of this economic rebound, since 2000 investment and consumer-driven demand have played a noticeably increasing role. Real fixed capital investments have averaged gains greater than 10% over the last 5 years, and real personal incomes have realized average increases over 12%. The gross domestic product (GDP) per capita is \$11,000, with 17.8% of Russian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Russia's general population is estimated at 1.1%, with approximately 940,000 individuals living with HIV/AIDS. The most vulnerable populations in Russia include intravenous drug users, commercial sex workers, and men who have sex with men. Intravenous drug use is

thought to be the major factor fueling the epidemic. In some areas, HIV prevalence among intravenous drug users may be as high as 65%.

Military Statistics

The Russian military consists of approximately 1.5 million active-duty members. Russia expends 1.4% of its GDP for military purposes. Military HIV prevalence rates are unknown; however, according to data from the Ministry of Defense of the Russian Federation, there were 2265 registered cases of HIV infection among military personnel, which accounts for 0.7% of the total population in Russia.



PROGRAM RESPONSE

In-Country Ongoing Assistance

In September 2006, a 10-person inter-agency team that included DHAPP staff members conducted a site visit to Russia to

assess their HIV/AIDS programs. During this trip, the team met with government, medical, and military representatives, visited key HIV/AIDS program sites, and identified 2007 funding priorities.



Proposed Future Activities

DHAPP received two proposals for FY07 activities on behalf of the Russian military. The first, from Population Services International, included the following objectives: increase the capacity of military services to implement and maintain HIV prevention programs for members of the military, introduce a targeted behavior change communication (BCC) campaign for safer sex, introduce a targeted BCC campaign for substance abuse prevention, strengthen links between the military and civilian programs to increase access to counseling and testing services, and evaluate the need to increase the number of condoms accessible to military personnel.

The second proposal, from the Russian Red Cross, included the following objectives: implement prevention programs to combat the spread of HIV infection in military groups located in the territory of Samara Region and St. Petersburg, and reduce target group vulnerability to HIV infection by raising their awareness and knowledge regarding transmission and by promoting behavior change.

OUTCOMES & IMPACT

Because the program for HIV prevention in Russian military members is relatively new, no official indicators were collected this year. Russian military members participated in a study tour of US DoD sites, including HIV policy and treatment training with US military officials. DHAPP looks forward to the implementation of HIV prevention programs with Russian military members.



RWANDA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

Despite international assistance and political reforms, including its first local elections in March 1999 and first post-genocide presidential and legislative elections in September 2003, Rwanda continues to struggle with investment and agricultural output, and complicated ethnic reconciliation. The most densely populated country in Africa, Rwanda's population is estimated to be 8.6 million people, with an average life expectancy of 47.3 years. Kinyarwanda is the official language of Rwanda, which has an estimated literacy rate of 70.4%, evenly distributed between men and women. Rwanda is a poor rural country with about 90% of the population engaged in agriculture. The gross domestic product (GDP) per capita is \$1,500, with 60% of Rwandans living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Rwanda's general population is estimated at 3.1%, a decline from 2 years ago. Rwanda has approximately 190,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Rwandan Defense Force (RDF) is estimated at approximately 70,000. 2.9% of Rwanda allocates 2.9% of the GDP for military expenditures. No current prevalence data are available for the RDF.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the RDF during an in-country visit in the summer of 2006. The purpose of the trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the RDF and US Embassy personnel. DHAPP staff members represent the RDF as members of the PEPFAR Core Team, and have been involved in every level

of country planning, ensuring that RDF programs are adequately addressed.

Proposed Future Activities

In addition to the ongoing successful efforts of in-country PEPFAR partner Population Services International (PSI) in RDF prevention program implementation, DHAPP collaborated with Charles R. Drew University of Medicine and Science Center for AIDS Research, Education and Services (Drew CARES) to expand their work into Rwanda. Drew CARES began initial work with the RDF in HIV-related palliative care and treatment services, and will be expanding to provide counseling and testing (CT) implementation for the RDF. PSI and Drew CARES, on behalf of the RDF, submitted proposals for expansions of their programs to the Rwanda country team, which were included in the FY07 COP.



OUTCOMES & IMPACT

Prevention

During FY06, PSI continued to provide exceptional results in its work with the RDF, specifically in prevention. During the year, RDF troops were reached with comprehensive prevention messages as part of a large in-country PSI prevention effort, and their numbers were reported as part of the larger program (100,946 individuals trained). Nine hundred and two others were

trained in the provision of those messages, including RDF personnel, and 250 condom service outlets were maintained, including those that serve the RDF.

Care

Three service outlets provided HIV-related palliative care to military members and their families. During the year, 1202 RDF members were provided with HIV-related palliative care (811 men, 391 women), and another 126 individuals were trained in the provision of that care. Six CT centers provided HIV testing for RDF personnel, again monitored as part of the larger PSI program. During FY06, 20,147 individuals were tested for HIV and received their results, including RDF members and their dependents. Nineteen individuals received CT training, including RDF personnel.

Treatment

Drew CARES acted as the implementing agent on behalf of antiretroviral therapy (ART) for the RDF. During FY06, one (1) outlet provided ART services to RDF personnel and their families. Twenty-five service members or dependents were newly started on ART during the reporting period. 1078 military members or families were established on ART by the end of the fiscal year (737 men, 304 women, 20 boys, 17 girls). Forty-two military health workers were trained in the provision of ART.

SAO TOMÉ & PRINCIPE

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 Sao Tomé and Príncipe (formerly Congo-Brazzaville) is estimated to be 193,413 million people, with an average life expectancy of 67.3 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 79.3%, unevenly distributed between men and women. This small, poor island economy has become increasingly dependent on cocoa since independence in 1975. Cocoa production has substantially declined in recent years because of drought and mismanagement, but strengthening prices helped boost export earnings in 2003. The recent discovery of oil in the Gulf of Guinea is likely to have an impact on the country's economy. The gross domestic product (GDP) per capita is \$1,200, with 54% of the population living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the Sao Tomé and Príncipe general population is estimated at 2.4%. Little is known about numbers living with HIV/AIDS and risk factors in this small population.

Military Statistics

The Armed Forces of Sao Tomé and Príncipe (FASTP) are estimated at approximately 600 active-duty troops, with Army, Coast Guard, National Guard, and Presidential Guard branches. Recently, the first strategic plan for HIV/AIDS prevention in the military was approved for 2006–2010.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. Evaluation from the first four countries in the region to work with JHCP (Cameroon, Gabon, Chad, and Republic of Congo) shows considerable progress in education, training, and surveillance, as well as development of a more-sustainable approach to preventing infectious diseases among troops and their families.

In January 2006, a team from JHCP traveled to Sao Tomé and Príncipe to meet with local military health authorities and the military HIV/AIDS program team. Early discussions took place regarding proposed project

activities and the implementation plan. Other local partners involved in HIV/AIDS prevention activities in Sao Tomé were included in the meetings to discuss possible collaboration, in order to strengthen the project, avoid duplication, and ensure its sustainability.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the FASTP for activities during FY07. The application included eight countries in the Central African region, and built on the successful work accomplished by JHCP in the region over the past 4 years, aiming to develop a more-comprehensive strategy for fighting HIV/AIDS in the region’s militaries. Specifically, funding was requested to extend the ongoing program into four additional central African countries (Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, and Sao Tomé and Principe.) Continuous efforts were

proposed to monitor the rate of HIV in the already established countries (Cameroon, Gabon, Chad, and Republic of Congo), as well as to conduct refresher training of trained peer educators in these four countries. Using the same survey methodology already established in these four countries, will provide, for the first time, the ability to reliably compare military HIV rates across all eight countries in the region.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.

OUTCOMES & IMPACT

The program in Sao Tomé and Principe is newly proposed; no reporting data were collected during the current fiscal year.



SENEGAL

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 Senegal is estimated to be 11.9 million people, with an average life expectancy of 59.2 years. French is the official language of Senegal, which has an estimated literacy rate of 40.2%, unevenly distributed between men and women. In January 1994, Senegal undertook a bold and ambitious economic reform program with the support of the international donor community. As a member of the West African Economic and Monetary Union (WAEMU), Senegal is working toward greater regional integration with a unified external tariff and a more stable monetary policy. The gross domestic product per capita is \$1,800, with 54% of Senegalese people living below the poverty level. Senegal remains one of the most stable democracies in Africa, and has a long history of participating in international peacekeeping.

HIV/AIDS Statistics

The HIV prevalence rate in Senegal's general population is estimated at 0.9%, with approximately 61,000 individuals living with HIV/AIDS. 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 Senegalese Armed Forces (SAF) consists of approximately 9,000 active-duty members. Senegal expends 1.4% of its GDP for military purposes. Although the military has not performed force-wide testing, screening of a sample of 4105 SAF personnel revealed an HIV infection rate of 1.24%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the SAF in the form of review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Mini-Country Operational Plan

(Mini-COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the SAF and US Embassy personnel. DHAPP staff members represent the SAF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that SAF programs are adequately addressed.

Foreign Military Financing Assistance

Senegal was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2004, and 2003 funding was released for expenditure during FY05. Fiscal year 2003 funding has been used to procure CD4 count equipment, an ELISA machine, hematology analyzer, and HIV rapid test kits, in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

Ongoing successful SAF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Senegal country team, and were included in the FY07 Mini-COP.

OUTCOMES & IMPACT

Prevention

The SAF reported continued successes during FY06 in meeting their targets in prevention, care, and treatment activities. During the year, 1849 SAF personnel were reached with comprehensive prevention messages (all men) and 60 others were trained in the provision of these messages. The SAF supported 75 targeted condom service outlets. Eighteen (18) outlets carried out blood-safety activities. Thirty (30) outlets provided basic services for prevention of mother-to-child transmission (PMTCT). During the year, 532 pregnant military women

were provided with PMTCT services at these outlets, 4 of whom were provided a complete course of antiretroviral therapy (ART) prophylaxis.



Care

Fifty-four outlets (54) provided military members with HIV-related palliative care services. During the year, 217 military members and family members were provided with HIV-related palliative care (200 men, 17 women). Two (2) of these were provided with treatment for tuberculosis. Thirteen (13) military health workers were trained in the provision of HIV-related care.

The SAF supported 27 counseling and testing centers. During the year, 5934 SAF members and families were tested for HIV and received their results (5769 men, 165 women).

Treatment

Six (6) SAF outlets provided ART for service members and families. At the end of the year, 30 SAF members had been established on ART (20 men, 10 women). Thirteen (13) military medical personnel had been trained in the provision of ART. Three (3) SAF laboratories had the capability to perform HIV testing and CD4 and/or lymphocyte testing.

Other

Two indigenous organizations were provided with technical assistance on strategic information and institutional capacity building. Thirty-eight (38) individuals were trained in capacity building.



SERBIA

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

In the spring of 2006, Montenegro took advantage of the provision to undertake a successful independence vote, enabling it to secede from Serbia on 3 June. Two days later, Serbia declared that it was the successor state to the union of Serbia and Montenegro. The population of Serbia is estimated to be 9.4 million people, with an average life expectancy of 74 years. Serbian is the official language of Serbia, which has an estimated literacy rate of 96.4%, evenly distributed between men and women. The gross domestic product per capita is \$4,400, with 30% of Serbian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Serbia's general population is estimated at less than 0.20%. Relatively little is known about the factors that influence the spread of HIV in Serbia, although the early phases of the epidemic were primarily driven by intravenous drug use.

Military Statistics

The size of the Serbian Armed Forces is unknown. The prevalence of HIV in the Serbian military is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The initial phase of the DHAPP initiatives to support HIV prevention in the Serbian Armed Forces has focused on the development of laboratory infrastructure for HIV testing and diagnosis, as well as equipment and supplies for primary prevention activities. With the assistance of the Naval Regional Contracting Center, Naples, Italy, in-country partners at the Military Medical Academy in Belgrade have purchased the following supplies for HIV-related activities: computer equipment for HIV prevention and surveillance, Amplicor rapid HIV tests, freezer, lab equipment, printed prevention supplies, a video camera to be used to tape prevention messages, and condoms.



Proposed Future Activities

Efforts next year will expand current activities, with a focus on providing military personnel the knowledge and skills to adopt healthy behaviors that will keep them free of HIV infection.

OUTCOMES & IMPACT

The program in Serbia has only commenced purchasing prevention, laboratory, and surveillance materials; no outcome-level indicators have been collected as of the end of fiscal year 2006.



SIERRA LEONE

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 Sierra Leone is estimated to be 6 million people, with an average life expectancy of 40.2 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 29.6%, unevenly distributed between men and women. The government is slowly reestablishing its authority after the 1991 to 2002 civil war. Mounting tensions related to planned 2007 elections, deteriorating political and economic conditions in Guinea, and the tenuous security situation in neighboring Liberia may present challenges to continuing progress in Sierra Leone's stability. The gross domestic product (GDP) per capita is \$800, with 68% of Sierra Leonean people living below the poverty level. About two thirds of the working-age population engages in subsistence agriculture.

HIV/AIDS Statistics

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.6%, with approximately 48,000 individuals living with HIV/AIDS. 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 Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 10,480 active-duty members. Sierra Leone expends 1.4% of its GDP for military purposes. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The DHAPP HIV/AIDS program began in spring 2002. During the civil conflict, some combatants admitted at the military hospital did not respond to medical treatment. Some presented with symptoms like profuse diarrhoea, chest infections, persistent fever, and weight loss. Doctors became concerned and suspected HIV. Since then, a confidential counseling and testing site (CT) was identified, equipped, and staffed at the military hospital at Wilberforce. In addition, 1.7 million condoms were distributed to RSLAF soldiers (100 per soldier). Thirty (30) HIV/AIDS counselors were trained and a mass sensitization campaign including road shows began its tour of all Brigade Headquarters and corresponding battalions.

In addition, with support from DHAPP, the RSLAF has developed a workplace policy on HIV/AIDS for its personnel. This policy is geared toward creating a working environment free of discrimination and ensuring that all service personnel are aware of the policy. The policy defines the organization's position and practices in preventing the transmission of HIV/AIDS and sexually transmitted infection, and for handling cases of HIV infection among service personnel. It also provides guidance for supervisors who deal with the day-to-day HIV/AIDS issues and problems that arise within the workplace, and help to inform the service personnel about their responsibilities, rights, and expected behavior on the job.

Foreign Military Financing Assistance

Sierra Leone was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2004, and 2003 funding was released for expenditure during FY05. Fiscal year 2003 funding has been used to purchase HIV test kits.

Proposed Future Activities

DHAPP received a proposal for FY07 activities from the RSLAF. Specific objectives of the proposal included provide HIV/AIDS awareness and prevention education program/events for transmitting HIV and to reduce stigma surrounding HIV/AIDS and people living with HIV/AIDS; provide free CT services to the RSLAF and dependents; encourage the RSLAF and dependents to go for CT; encourage partner notification during CT; provide prevention of mother-to-child transmission (PMTCT) services free of charge to RSLAF women and dependents; improve military-civilian relations through HIV/AIDS awareness and prevention education; refer clients to various international and national organizations for further support when necessary; work in collaboration with National AIDS Secretariat, government ministries, international and national organizations, and nongovernmental organizations.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.



OUTCOMES & IMPACT

Prevention

During the fiscal year, 16,250 troops and family members were reached with comprehensive prevention messages, and another 335 were trained in the provision of those messages. The RSLAF supported 60 condom service outlets. Eleven (11) outlets carried out blood safety activities, and sixty medical personnel were trained in blood-safety. Two hundred (200) members were trained in injection safety.

Two service outlets provided PMTCT services for military pregnant women. During the year, 1500 pregnant women were provided services at these outlets, 15 of whom were provided with a complete course of antiretroviral therapy (ART) prophylaxis. Ten (10) medical providers were trained in the provision of PMTCT.

Care

Two (2) service outlets provided HIV-related palliative care for RSLAF members and their families. During the year, 185 troops and dependents were provided with

HIV-related palliative care services (152 men, 33 women). Two (2) outlets provided CT for military members. One thousand seven hundred and fifty (1750) troops were tested for HIV and received their results. Another 36 were trained in the provision of CT.

Treatment

Two outlets (2) provided ART for RSLAF members. During the year, 55 RSLAF troops or family members were established on ART (35 men, 20 women). Six (6) providers were trained in the provision of ART. Two (2) RSLAF laboratories had the capability of HIV testing and CD4 or lymphocyte screening, and 6 laboratory technicians were trained in these tests.

Other

Five (5) indigenous organizations were provided with technical assistance for strategic information. Two (2) organizations were provided with technical assistance for policy development and capacity building. Four (4) individuals from the RSLAF were trained in policy development, and 16 were trained in capacity building, stigma and discrimination reduction, and mobilization of resources.

SOUTH AFRICA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

South Africa's population is estimated to be 44.2 million people, with an average life expectancy of 42.7 years. Many languages are spoken in South Africa; the three most common are IsiZulu, IsiXhosa, and Afrikaans, with an estimated literacy rate of 86.4%, evenly distributed between men and women. South Africa is a middle-income, emerging market with many natural resources; well-developed financial, legal, communications, energy, and transport sectors; a large stock exchange; and a modern infrastructure supporting a distribution of goods to urban centers throughout the region. The gross domestic product (GDP) per capita is \$12,200, with 50% of South Africans living below the poverty line.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in South Africa is one of the highest in the world. The prevalence rate in the general population is estimated to be 18.8%, with approximately 5.5 million people living with HIV/AIDS, including more than 250,000 children. Heterosexual contact is the principal mode of transmission.



Military Statistics

The South African National Defense Force (SANDF) is estimated at approximately 73,000 active-duty members. The prevalence of HIV in the SANDF is currently estimated at 21-25%. South Africa allocates 1.5% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have provided technical assistance to the SANDF during in-country Core Team visits. The purpose of each trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the SANDF and US Embassy personnel. DHAPP staff members represent the SANDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that SANDF programs are adequately addressed.

In addition, specific technical assistance was provided in military-to-military site visits. In April 2006, DHAPP staff provided technical assistance to SANDF to meet 2006 COP objective for orphans and vulnerable children (OVC). Activities in this site visit included



(1) selection of project development and health priorities, (2) evaluation of ongoing OVC projects, and (3) discussion of future directions for countrywide military OVC projects.

In June 2006, DHAPP staff traveled to New York to provide DHAPP representation to the Defense Committee Military Healthcare working group where the *Masibambisane* and Project *Phidisa* programs were discussed.

Shortly thereafter, in July 2006, DHAPP staff traveled to Port Elizabeth, South Africa, for the 4th Annual *Phidisa* conference, where military representatives from over 15 countries could interact with *Phidisa* investigators and discuss future strategies for reducing the burden of HIV/AIDS in their military. During this conference, DHAPP staff provided technical assistance to military representatives by discussing the progress and future plans for Foreign Military Financing procurements, and individual country plans.

Proposed Future Activities

Ongoing successful SANDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military

members and their families. All proposed activities were submitted to the South Africa country team, and were included in the FY07 COP.

OUTCOMES & IMPACT

Prevention

During FY06, the SANDF reported continued outstanding results across prevention, care, and treatment targets. During the year, as part of the very successful *Masibambisane* prevention program, 2121 military members and their families were reached with prevention messages that focused on abstinence and/or being faithful (1494 men, 627 women). Twenty (20) individuals were trained in the provision of these messages. In addition, 1629 military personnel were reached with comprehensive prevention messages (1205 men, 424 women), and another 424 people were trained to provide those messages. The SANDF supported 115 targeted condom service outlets.

Thirty-six (36) military personnel were trained in medical or blood safety. Another 20 were trained in injection safety. One hundred and four (104) service outlets provided prevention of mother-to-child transmission (PMTCT) services for military personnel. Seventy-three (73) military health care workers were trained in the provision of PMTCT.

Care

One hundred thirty-six (136) service outlets provided HIV-related palliative care to military members and their families. During the year, 100 SANDF members were provided with HIV-related palliative care (71 men, 29 women). Of these, 64 were provided with preventive therapy for tuberculosis.

One hundred and five (105) counseling and testing (CT) centers provided HIV testing for SANDF personnel. During FY06, a total of 90 troops and family members were tested for HIV and received their results (63 men, 27 women). Seventy (70) military members were trained in the provision of CT.

Treatment

SANDF treatment numbers from *Phidisa* are not included in this report. Through three additional newly created service outlets for antiretroviral therapy (ART) for military members, 71 SANDF personnel and their families had ever been provided with ART during the year (45 men, 23 women, 11 boys, 2 girls). Two SANDF laboratories have the capacity to perform HIV tests and CD4 and/or lymphocyte testing.

Other

Twenty-nine (29) SANDF members were trained in strategic information during the reporting period.



SUDAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Sudan has been engaged in two prolonged civil wars during most of the second half of the 20th century. A separate conflict that broke out in the western region of Darfur in 2003 has resulted in at least 200,000 deaths and nearly 2 million displaced. Peacekeeping troops continue to attempt to stabilize the situation. Sudan also has faced large refugee influxes from neighboring countries, primarily Ethiopia and Chad, and armed conflict, poor transport infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance. The population of Sudan is estimated to be 41.2 million people, with an average life expectancy of 58.9 years. Arabic is the official language of Sudan, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$2,100, with 40% of the population of Sudan living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in the Sudan general population is estimated at 1.6%. Very little information is known about risk factors in this population.

Military Statistics

The Sudan People's Liberation Army (SPLA) began as a rebel force but is now the recognized military of the autonomous region. The SPLA plays a central role in the government, with influence extending through all layers of a highly militarized society. Sudan expends 3% of the GDP on military purposes. The exact numbers of troops in the SPLA and prevalence numbers are both unknown at this time, but SPLA personnel may be at higher risk for infection because of their history as an irregular or rebel force, with limited access to medical or HIV preventive services and low education and literacy levels.

The SPLA has a significant role to play in efforts to reduce the impact of HIV in South-



ern Sudan. SPLA soldiers come from all over southern Sudan, as well as some transitional areas in the north. Many of these soldiers will return to their home areas after demobilization. Therefore, if the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits could extend well beyond the ranks of military personnel and their families.

PROGRAM RESPONSE

In-Country Ongoing Assistance

As part of its overall strategy to promote peace-building efforts, the US Government is supporting SPLA initiatives to reduce size as part of post-conflict demobilization, reintegrating former combatants into civilian life and developing remaining troops into a professional military force. The US Government supports the institutional development of the SPLA through DynCorp, a State Department contractor implementing an infrastructure program with some training components. In addition, the United States is providing funding to the Kenyan Department of Defense to provide bilateral military-to-military assistance to the SPLA.

In addition, Sudan has been named as a participating country in the President's Emergency Plan for AIDS Relief (PEPFAR), beginning in fiscal year 2007. DHAPP staff members are working closely in Sudan with the Centers for Disease Control and Prevention to ensure that the SPLA is represented in country team plans for next year. As part of this effort, in January 2006, DHAPP staff members were invited to participate in the comprehensive HIV/AIDS program planning workshop in Rumbeck, southern Sudan. During the workshop, technical assistance was provided to (1) establish a policy-making framework for HIV/AIDS issues within the SPLA, and (2) facilitate exchanges between the SPLA and international agencies working in the field of HIV/AIDS.

Proposed Future Activities

With its new status under PEPFAR, the country team in Sudan is working with DHAPP staff members to create a proposed path for prevention efforts in the SPLA. In particular, the SPLA HIV/AIDS Secretariat will direct the evolution of program priorities over time, but the direct program support of the Emergency Plan will focus heavily on prevention campaigns based on partner reduction, counseling and testing, and condoms. With increasing recognition of the statistical significance of HIV transmission within stable discordant couples in the region, promoting knowledge of HIV status is a core prevention strategy, linked closely to faithfulness and partner reduction behavioral change messages. The PEPFAR country strategy includes support for basic palliative or preventive care for affected people and their families. The SPLA has also identified alcohol abuse as an important co-factor in risky behavior related to HIV and other sexually transmitted infections, so SPLA programs will seek to address institutional norms that promote irresponsible alcohol consumption.



OUTCOMES & IMPACT

Prevention

Military-to-military cooperation with Sudan has only recently commenced. DHAPP looks forward to a successful program with the SPLA.

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 to be 439,117 million people, with an average life expectancy of 69.0 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 88%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$6,600, with 70% of the population of Suriname living below the poverty line. The economy is dominated by the mining industry, which accounts for more than a third of the GDP and subjects government revenues to mineral price volatility.

HIV/AIDS Statistics

The HIV prevalence rate in the Suriname general population is estimated at 1.9%. 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 Suriname Armed Forces (SAF) consists of approximately 2500 volunteer active duty members with a small Air Force, Navy, and

military police; the majority of whom are deployed as light infantry (Army) security forces. Primarily tasked with the defense of the nation's borders and to provide support to civil authorities as directed, the SAF is predominately male, with an average age of 25 years. Suriname allocates 0.7% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences (USUHS), conducted an initial needs assessment in Suriname in 2004, with recent follow-on visits to discuss logistics of their proposal to DHAPP. CDHAM was successful in gaining the support of the leadership, evidenced by the development of a three-member coordination committee, which 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. Collaboration efforts with and between the U.S. Security Assistance Office,

US Political/Economics Officer, and national and international agencies have continued to develop.

In January 2006, the CDHAM HIV/AIDS program manager met with the SAF HIV/AIDS program manager and coordination committee, the National AIDS Program (NAP) Prevention Coordinator, and US Embassy personnel to discuss the next steps to implement the program. The SAF has developed a more detailed implementation plan, including more information about cost estimates, which the HIV/AIDS committee is researching. NAP and the Caribbean Epidemiology Center in Suriname are very involved in supporting the SAF and assisting efforts to support that program. In March, a US Southern Command-sponsored Traditional Commander Activity workshop on HIV/AIDS awareness was provided at the leadership level. CDHAM and the USUHS were very much involved in this event from inception to execution. Lastly, the administrative process to hire a local national to assist in the administration of the program in Suriname is under way. A candidate has been selected and will begin work upon receipt and signature of the personnel services contract.

Proposed Future Activities

DHAPP received a proposal from CDHAM, on behalf of the SAF, for fiscal year 2007 activities. The objectives of

the current proposal include provide draft materials to assist the SAF in developing, writing, and implementing a comprehensive HIV/AIDS prevention program, along with policies that support the program; provide technical assistance for the development and implementation of a behavioral survey of military members; provide assistance in the development of an education and training package for SAF leadership personnel; and provide and support a needs assessment package focusing on the qualification of trainers, educational material and equipment, and space requirements for the program.

OUTCOMES & IMPACT

Prevention

CDHAM has worked to gain the support of the leadership, including providing technical assistance to one indigenous organization (the SAF) in the areas of capacity building and policy development. However, toward the end of the current reporting period, momentum in these efforts was slowed, due to a variety of significant personnel issues and competing activities for collaborators. CDHAM continues its diligent work to reestablish momentum with increased trust and growing support for the program at the highest levels in the SAF.



SWAZILAND

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 Swaziland is estimated to be 1.13 million people, with an average life expectancy of 32.6 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 81.6%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture occupies more than 80% of the population. The gross domestic product (GDP) per capita is \$5,000, with 69% of people in Swaziland living below the poverty line.

HIV/AIDS Statistics

Swaziland recently surpassed Botswana as the country with the world's highest known rates of HIV/AIDS infection. The HIV prevalence rate in the Swaziland general population is estimated at 33.4%, resulting in approximately 220,000 individuals living with HIV/AIDS. The primary identified risk factors in the population are high mobility, high-risk heterosexual contact with multiple partners and commercial sex workers, gender inequity, and high incidence of sexually transmitted infections (STIs).

Military Statistics

The Umbutfo Swaziland Defense Force (USDF) is estimated at approximately 3500 members. Swaziland allocates 1.4% of the GDP for military expenditures. No HIV prevalence data are currently available for USDF members.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The USDF has developed an ongoing prevention and care program for its military members and their families in collaboration with DHAPP and other partners. Through early efforts, troop-level education and increased access to counseling and testing (CT) services have been focused activities.

In addition, DHAPP staff traveled to Swaziland during the fiscal year to provide technical assistance regarding their military prevention, care, and treatment targets in the context of the larger country operational plan.

Foreign Military Financing Assistance

Swaziland was awarded Foreign Military Financing funding for the acquisition of

laboratory and medical equipment. This award was allocated for fiscal years 2003 and 2005, and has not yet been released for expenditure. Although still in negotiation, the plan is to use these funds to procure HIV diagnostic equipment and supplies.

Proposed Future Activities

DHAPP received a proposal from Population Services International on behalf of the USDF for activities in FY07. The primary objectives were: increase the number of master trainers and peer educators trained among military personnel; adapt and implement new behavior change communication materials from the established *Bridges of Hope* curriculum; reduce stigma of HIV prevention topics by adapting and implementing two programs already proven in Southern Africa, including the *Trusted Partner* campaign and *Remember Eliphaz* from the Namibian military; provide rapid HIV and STI testing kits to military CT centers; establish a mobile CT program; and develop monitoring and evaluation procedures for the entire program.

The proposal was reviewed by a scientific review board and will be submitted to the DHAPP Board of Directors for funding decisions.



OUTCOMES & IMPACT

Prevention

The USDF reported impressive ongoing results in their comprehensive program. During the fiscal year, 322 soldiers and their families were reached with prevention messages focused on abstinence and/or being faithful (291 men, 31 women). Nine (9) military members were trained in the provision of these messages. Sixty-six (66) USDF personnel were reached with comprehensive prevention messages, and another 240 were trained in the provision of these messages. The USDF supported 38 condom service outlets. Sixty-four (64) military medical personnel were trained in both blood and injection safety.

Care and Treatment

One (1) service outlet provided HIV-related palliative care services to USDF personnel and their families. Called Phocweni Clinic, it provides clinical prophylaxis for opportunistic infections and provides treatment for tuberculosis once the client has been diagnosed at the government hospital. With the upgrading of the Phocweni laboratory and x-ray departments, clients will be diagnosed by USDF medical personnel, which will reduce delays in treatment. During the fiscal year, 34 military personnel were provided with HIV-related palliative care (31 men, 3 women), and another 18 were trained to provide HIV-related palliative care.

Three (3) outlets provided CT services for military personnel. During the year, 284 military members were tested for HIV and received their results (242 men, 42 women). During the year, one (1) USDF medical provider was trained in provision of antiretroviral therapy.

TAJIKISTAN

DHAPP

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BACKGROUND

Country Statistics

Tajikistan became independent in 1991 following the breakup of the Soviet Union, and it is now in the process of strengthening its democracy and transitioning to a free market economy after a civil war that lasted from 1992 to 1997. The population of Tajikistan is estimated to be 7.3 million people, with an average life expectancy of 64.9 years. Tajik is the official language of Tajikistan, which has an estimated literacy rate of 99.4%, evenly distributed between men and women. The gross domestic product per capita is \$1,200, with 64% of Tajikistan's people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Tajikistan's general population is estimated at 0.10%. There are 454 registered cases of HIV, although the number is thought to be higher. Of these, more than 60% are men, over 70% are intravenous drug users, and more than 70% are younger than 30 years old.

Of note, antiretroviral therapy (ART) has recently begun in Tajikistan. Twenty HIV-infected persons were selected nearly a year ago to undergo ART. Due to a variety of attrition factors, 15 are currently undergoing ART

in northern Tajikistan. According to the Sughd AIDS-Prevention Center, 211 HIV sufferers, including 49 women, have to date been officially reported in northern Tajikistan.

Military Statistics

The size of Tajikistan Armed Forces (TAF) is approximately 27,000, including the Border Guards, the largest branch of the TAF, comprising about 12,500 officers and enlisted members. In addition, the Ministry of Defense has about 10,500 personnel, the National Guard has 2,500, the Ministry of Emergency Situations and Civil Defense has about 1500 members. No information regarding HIV prevalence in the military is available, but the military is generally considered a high-risk group. Informal reports indicate that military personnel while on leave or vacation regularly have sexual contact with commercial sex workers and the local population.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have maintained close collaborative contact with US Office of Defense Cooperation personnel in Tajikistan. Together, funding allocated for fiscal year 2006 was used to ensure the com-

mencement of a successful program for the TAF particularly for National Guard personnel.

During FY06, 10 members of National Guard medical staff were trained to provide HIV prevention messages. They, in turn, trained 10 officer and enlisted personnel peer educators, who will provide information to military personnel in all National Guard detachments, ensuring reach to 1000 people. During program implementation, educational materials were collected, booklets in Russian and Tajik languages were designed and published, and collaboration was established with other organizations involved with HIV/AIDS issues in the Republic. For instance, personnel from the Central Military Hospital were actively engaged in training master trainers in the National Guard. Specialists from the Ministry of Health and AIDS Prevention Center were invited for design of educational and training materials. Eighteen thousand (18,000) condoms were provided and will be distributed.

Proposed Future Activities

DHAPP received a proposal from the TAF for FY07 funding. The stated goal of the proposed HIV/AIDS program in Tajikistan is to build on the established programs in the Ministry of Defense, Border Guards, and National Guard, and extend participation to the Ministry of Emergency Situations, the final branch of Tajikistan’s armed

forces. The program plans to continue to train medical staff, enhance peer education programs, broaden the voluntary testing program, and implement the TAF policy on HIV/AIDS, which was developed and approved in 2005. Treatment of sexually transmitted infections (STIs), as well as improvement of laboratory supplies, equipment, and infrastructure for medical testing and treatment will also be undertaken.

OUTCOMES & IMPACT

Prevention, Care and Treatment

The HIV prevention program in the Armed Forces of the Republic of Tajikistan is relatively new, with official indicators only recently collected. During the final quarter of FY06, 746 troops were reached with comprehensive prevention messages, and another 100 personnel trained in the provision of these messages.

The Office of Defense Cooperation at the US Embassy and colleagues in the military believe that FY06 efforts at prevention through educational activities have positively influenced the level of education of military personnel that participated. DHAPP staff members look forward to continued success in these programs, which have already created new levels of awareness of HIV/AIDS, as well as STIs and drug addiction, in Tajikistan.



TANZANIA

DHAPP

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BACKGROUND

Country Statistics

Tanzania's population is estimated to be 37.4 million people, with an average life expectancy of 45.6 years. Kiswahili, Swahili, and English are the official languages of Tanzania, which has an estimated literacy rate of 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 the gross domestic product (GDP) provides 85% of exports, and employs 80% of the work force. Continued donor assistance and solid macroeconomic policies supported real GDP growth of more than 6% in 2005. The GDP per capita is \$700, with 36% of Tanzanians living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Tanzania's general population is estimated at 6.5%. 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.

Military Statistics

The size of the Tanzanian People's Defense Force (TPDF) 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. Tanzania allocates 0.2% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the TPDF during in-country Core Team visits. The purpose of each trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the TPDF and US Embassy personnel. DHAPP staff members represent the TPDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that TPDF programs are adequately addressed.

Proposed Future Activities

Ongoing successful TPDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Tanzania country team, and were included in the FY07 COP.

OUTCOMES & IMPACT

Prevention

During FY06, the relatively new TPDF program reported encouraging results across all areas in prevention, care, and treatment of HIV. During the year, 4779 military personnel and their families were reached with comprehensive prevention messages. Ninety others were trained in the provision of those messages. Condom services were provided through 42 targeted outlets.

During the fiscal year, 341 military women were provided with prevention of mother-to-child transmission

(PMTCT) services at 5 PMTCT sites. These services included counseling, testing for HIV, and receiving results. Of the women tested in the PMTCT setting, 33 were provided with a complete course of antiretroviral prophylaxis. Seventy-four (74) military health care workers were trained in the provision of PMTCT.

Care

Seven (7) counseling and testing (CT) centers provided HIV testing for TPDF personnel. During FY06, a total of 2121 troops and family members were tested for HIV and received their results (1298 men, 823 women). Eighty-one (81) military members were trained in the provision of CT.

Treatment

During FY06, 73 military health workers were trained in the provision of antiretroviral therapy. Six (6) TPDF laboratories had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 84 laboratory workers were trained in the provision of laboratory services.



THAILAND

DHAPP

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BACKGROUND

Country Statistics

The population of Thailand is estimated to be 64.6 million people, with an average life expectancy of 72.2 years. Thai is the official language of Thailand, which has an estimated literacy rate of 92.6%, evenly distributed between men and women. Boosted by increased consumption and strong export growth, the Thai economy grew 6.9% in 2003 and 6.1% in 2004 despite a sluggish global economy. Bangkok has pursued preferential trade agreements with a variety of partners in an effort to boost exports and to maintain high growth. In late December 2004, a major tsunami took 8500 lives in Thailand and caused massive destruction of property. Growth slowed to 4.4% in 2005. In 2006, the economy benefited from an influx of investment and a revived tourism sector. The gross domestic product (GDP) per capita is \$8,600, with 10% of Thai people living below the poverty level. Thailand is currently facing armed violence in its three Muslim-majority southernmost provinces.

HIV/AIDS Statistics

The HIV prevalence rate in Thailand's general population is estimated at 1.4%, with approximately 580,000 individuals living with HIV/AIDS. It is believed that hetero-

sexual intercourse still accounts for the majority of new infections.

Military Statistics

The Royal Thai Army (RTA) consists of approximately 300,000 active-duty members. Thailand expends 1.8% of its GDP for military purposes. Military HIV prevalence rates are unknown. A rapid assessment conducted by the Armed Forces Research Institute of Medical Sciences (AFRIMS) and Family Health International (FHI) in 2003 concluded that there are significant risk factors among military personnel in Kanchanaburi Province, including: inappropriate self-treatment for sexual health concerns; sexual networks of military men shifting from direct sex workers to indirect sex workers, low condom use, barriers to condom use, and concerns about privacy and confidentiality related to health care services in the army hospital. These factors put military personnel at a higher risk of becoming infected with HIV/AIDS and other sexually transmitted infections (STIs).

PROGRAM RESPONSE

In-Country Ongoing Assistance

Since 2003, the US Pacific Command (USPACOM) and its implementing agent, the

Center of Excellence (COE), have utilized a strategy of leveraging its established working relations with military partners and civilian experts to catalyze regional cooperation on HIV/AIDS issues. To accomplish this, a partnership with the RTA continues to be essential to enabling a “neighbors teaching neighbors” approach. US-PACOM/COE together with AFRIMS, stood up a military Regional Training Center responsible for education of a core group of military medical officers. These officers form a nidus of their respective country’s military HIV/AIDS prevention efforts and serve as liaisons and advocates for future work.

Proposed Future Activities

DHAPP received a proposal for FY07 activities from FHI in collaboration with AFRIMS on behalf of the RTA. The objectives of the proposal included increase awareness of HIV and STI transmission and prevention interventions by military personnel and allied communities of Kanchanaburi Province, strengthen capacity of counseling and testing (CT) service providers and increase demand for CT services, strengthen referral linkages and systems between the military hospital and other health care centers, and ensure sustainable activities and systems by working with local counterparts. Specific goals included reaching 1000 commissioned officers, non-commissioned officers, and conscripts reached by peer leaders through workshops and HIV/AIDS and STI information, and CT services provided to 15,000 new military recruits from RTA hospitals throughout Thailand.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention and Care

Twenty (20) medical military personnel from 10 countries attended the *RTC HIV/AIDS Laboratory and Diagnostics Workshop* in Bangkok. Twenty-seven (27) medical military personnel from 17 countries attended the *RTC HIV/AIDS Care & Treatment Workshop*, including site visits to local HIV treatment facilities in Bangkok.





TOGO

DHAPP

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BACKGROUND

Country Statistics

Togo has come under fire from international organizations for human rights abuses and is plagued by political unrest. Most bilateral and multilateral aid to Togo remains frozen. The population of Togo is estimated to be 5.54 million people, with an average life expectancy of 57.4 years. French is the official language, and the literacy rate is estimated at 60.9%, unevenly distributed between men and women. This small, Sub-Saharan economy is heavily dependent on both commercial and subsistence agriculture, which provides employment for 65% of the labor force. Some basic food must still be imported. The gross domestic product (GDP) per capita is \$1,600, with 32% of Togolese people living below the poverty line.

HIV/AIDS Statistics

The current HIV prevalence rate in Togo's general population is 3.2%, with 110,000 Togolese people living with HIV/AIDS. The primary identified risk factor is heterosexual sex with multiple partners.

Military Statistics

The size of the Togolese Armed Forces (FAT) 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. Togo allocates 1.6% of the GDP for military purposes.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Togo continues to experience civil unrest, and travel to that country is considered inappropriate. DHAPP staff members look forward to future interactions and collaboration with the FAT 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. This award was allocated for fiscal years 2003 and 2004, and 2003 funding was released for expenditure during FY05. Although still in negotiation, the plan is to use 2003 funding to procure a microscope and CD4 count reagents, in addition to other supporting diagnostic supplies and reagents. DHAPP is awaiting stability in the country to be able to move forward with this award.

Proposed Future Activities

DHAPP did not receive a proposal for FY07 activities in Togo this year.

OUTCOMES & IMPACT

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 FAT members in their country. As of this reporting date, no new funding has been sent to Togo.



TRINIDAD & TOBAGO

DHAPP

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BACKGROUND

Country Statistics

The population of Trinidad and Tobago is estimated to be 1.06 million people, with an average life expectancy of 66.7 years. English is the official language of Trinidad and Tobago, which has an estimated literacy rate of 98.6%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$16,800, with 21% of the population of Trinidad and Tobago living below the poverty line. The country is one of the most prosperous in the Caribbean thanks largely to petroleum and natural gas production and processing. Tourism, mostly in Tobago, is growing.

HIV/AIDS Statistics

The HIV prevalence rate in the Trinidad and Tobago general population is estimated at 2.6%. Women ages 15-25 years are considered a high-risk group for HIV. Uniformed service personnel are believed to be a primary vector for HIV transmission. Cultural beliefs, a diverse and migratory population, commercial sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. The stigma and discrimination associated with HIV/AIDS are also significant hurdles in the country.

Military Statistics

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 3000 personnel, with a primary task of defending the nation's borders and providing support to civilian authorities. Trinidad and Tobago allocates 0.6% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, conducted an initial needs assessment in Trinidad and Tobago in 2004, with a recent follow-on visit to discuss logistics of their proposal to DHAPP.

CDHAM staff traveled to Trinidad in January 2006, and met with representatives from the US Embassy, Global AIDS Program—Centers for Disease Control and Prevention (CDC), United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS), Society for Family Health, and the TTDF to discuss the

development of a program that would complement existing activities within the TTDF. The level of interest continues to grow, and new partnerships have developed with the UNDP and the Caribbean regional office of UNAIDS. All members were very interested in this collaborative effort to assist the TTDF.

Proposed Future Activities

DHAPP received a proposal from CDHAM, on behalf of the TTDF, for fiscal year 2007 activities. The objectives of the current proposal include expertise to enhance the existing TTDF HIV/AIDS Prevention Program to include supporting policy documents; develop and implement a comprehensive needs assessment of the TTDF; provide and support a needs assessment package focusing on the qualification of trainers, educational material and equipment, and space requirements; technical assistance to develop an education and training package that would include diet, use of condoms, family life, military culture, and sexuality issues; develop training for counselors and others (Train-the-Trainer) using a 3- to 5-day in-country peer training approach; identify resources for

rapid testing; and identify local and regional partners to develop of a comprehensive program (e.g., Red Cross).

OUTCOMES & IMPACT

Prevention

CDHAM has worked to gain the support of the leadership; however, it has not developed as well as anticipated. The program is not well established, but some external efforts have begun in collaboration with the program coordinator to support his efforts. Coordination/ collaboration efforts with and between the US Military Liaison Office, US Agency for International Development, CDC, and national and international agencies have continued to develop.

Toward the end of the current reporting period, momentum in these efforts was slowed, due to a variety of significant personnel issues. CDHAM continues its diligent work to reestablish momentum with increased trust and growing support for the program at the highest levels in the TTDF.



UGANDA

DHAPP

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BACKGROUND

Country Statistics

The population of Uganda is estimated to be 28.2 million people, with an average life expectancy of 52.6 years. English is the official language of Uganda, which has an estimated literacy rate of 69.9%, unevenly distributed between men and women. Uganda has substantial natural resources, including fertile soils, regular rainfall, and sizable mineral deposits of copper and cobalt. Agriculture is the most important sector of the economy, employing over 80% of the work force. The gross domestic product (GDP) per capita is \$1,800, with 35% of Ugandan people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Uganda's general population is estimated at 6.7%, with approximately 1 million individuals living with HIV/AIDS. 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 women than men.

Military Statistics

The Ugandan People's Defense Force (UPDF) consists of approximately 50,000 active-duty members with an estimated 200,000 dependents. Uganda expends 2.2% of its GDP for military purposes. Military HIV prevalence rates are unknown, however it is estimated that 10,000 active duty military are living with HIV with an additional 5,000 to 10,000 HIV infected family members. A sero-prevalence survey is underway to provide more accurate HIV rates and program requirements.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling

and testing, peer education, condom distribution, and PMTCT. UPDF medical leadership assisted in the military adaptation of the 4-week clinician training and the 2-week nurse and clinical officer training at the *Infectious Diseases Institute* (IDI) in Kampala, benefiting multiple African militaries.

A cornerstone for the UPDF prevention programs is the Post-test clubs (PTCs), which are open to all military personnel, their families, and persons from the local communities who have tested for HIV. The PTCs contribute to the counseling and testing (CT) program, encouraging members to test, provide a link for care and treatment services and psychosocial support, and through facilitation and disclosure, support military commanders in HIV prevention discussion venues for the troops.

A new program has addressed the obstacles and strategies for antiretroviral therapy (ART) adherence in UPDF personnel, through the assistance of the University of Connecticut Center for Health, Intervention, and Prevention (CHIP). Meetings with the leadership of the UPDF AIDS Control Program and focus groups with UPDF health care providers, counselors, and HIV-infected personnel and family members were conducted, to initiate the development of a pilot adherence protocol for the Kampala-based ART sites.

Throughout the year, the President's Emergency Plan for AIDS Relief (PEPFAR) Core Team provided technical assistance to the UPDF. This included discussions on current UPDF needs and procedures, as well as site visits to collaborating organizations that support the UPDF. Follow-up assistance was organized by the PEPFAR the Core Team to assist the UPDF with their Country Operational Plan (COP) for fiscal year 2007.

Foreign Military Financing Assistance

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



This award was allocated for fiscal years 2003 and 2004, and 2003 funding was released for expenditure during FY05. Fiscal year 2003 funding was used to purchase a hematology and chemistry analyzer, in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

Ongoing successful UPDF and partner programming will be expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. Specifically, the 2007 program will add three new program elements, including tuberculosis (TB) control, injection safety, and addressing orphans and vulnerable children of the UPDF. Mobile services will be added as a core component of CT and behavior change communication (BCC) to reach the rural, more isolated locations. The role and access of the PTCs will be strengthened by providing focal points of peer educators within the PTCs.

The pilot ART adherence protocol being developed in 2006 for the two Kampala based sites, will also be modified and extended to the other six ART sites. The results of the 2006 sero-prevalence survey will also provide policies and protocols for an ongoing HIV surveillance program and contribute to an overall effort to better address the medical information systems.

OUTCOMES & IMPACT

Prevention

It is estimated that the BCC has reached more than 10,000 troops through the PTCs, military parades, and information education communication (IEC) materials. Condom distribution occurs across the UPDF through twelve (12) condom distribution centers.

Care

Thirteen (13) CT centers have been established, covering all of the major military bases, with more than 8,000 persons tested in 2006. CT has been successfully expanded to routine counseling and testing (RTC). Prevention of mother-to-child transmission (PMTCT) is being offered at five UPDF sites, with training of midwives and nurses in three of the sites. The CT program is directly linked to care, with palliative care, including drugs for

opportunistic infections (OIs), provided for the estimated 15,000 to 20,000 HIV infected military personnel and family members.

Treatment

ART is now provided through PEPFAR and Global Fund support at eight UPDF sites, serving 1,800 military personnel, spouses, and children. Two laboratory technicians were trained in the measurement of CD4s. In late 2006, the UPDF AIDS Control Program developed a manual for UPDF commanders, entitled '*Basic Facts on Anti-retroviral Drugs*', as a literacy tool for line commanders. This not only addresses critical facts about HIV prevention and care, but also specifically describes the central role of the military leadership in an effective AIDS control program. It is expected that this manual can be translated for use to other African militaries.



UKRAINE

DHAPP

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BACKGROUND

Country Statistics

The population of Ukraine is estimated to be 46.7 million people, with an average life expectancy of 70 years. Ukrainian is the official language of the Ukraine, which has an estimated literacy rate of 99.7%, evenly distributed between men and women. Ukraine's fertile black soil generated more than one fourth of Soviet agricultural output, and its farms provided substantial quantities of meat, milk, grain, and vegetables to other republics. Ukraine depends on imports of energy, especially natural gas, to meet some 85% of its annual energy requirements. The gross domestic product (GDP) per capita is \$7,000, with 29% of Ukrainian people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Ukraine's general population is estimated at 1.4%, with 410,000 individuals living with HIV/AIDS, half of whom are women. The most common mode of HIV transmission is intravenous drug use, which is responsible for 57% of 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 Ukrainian Armed Forces consist of Ground Forces, Naval Forces, and Air Forces, estimated at approximately 240,000 active-duty members. The Ukraine expends 1.4% of its GDP for military purposes. Military HIV prevalence rates are unknown; however, as of 2005, there were 444 documented cases of HIV in the military, with 25 to 30 new cases detected annually.



PROGRAM RESPONSE

In-Country Ongoing Assistance

In June 2006, DHAPP staff traveled to Ukraine to conduct an initial needs assessment and evaluated status of the HIV/AIDS prevention program. During this site visit, activities included (1) meeting with the Ukrainian program manager, (2) visiting 3 DHAPP-funding voluntary counseling and

testing (CT) sites and regional laboratories, (3) conducting the site assessment, (4) evaluating the status of the Ukrainian HIV testing program, and (5) developing concepts for the upcoming proposal request.

Proposed Future Activities

DHAPP received a proposal for fiscal year 2007 activities from Project Hope on behalf of the Ukrainian Armed Forces. The proposed objectives include provide high-quality HIV prevention education and information at the troop level by increasing the number of health care educators trained to promote HIV/AIDS prevention through behavior change, provide basic-level HIV CT services by increasing the number of military health workers trained in CT, and provide high-quality care and treatment to people living with HIV/AIDS by increasing the number of military health workers trained to deliver antiretroviral therapy and to provide HIV/AIDS care.

The proposal was reviewed by a scientific panel and will be submitted to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention and Care

In FY06 the Ukrainian military reported significant accomplishments in CT service. During the year, one primary CT center was opened in Kiev, with a ceremony during which the US Ambassador to Ukraine and the Minister of Defense were present. In addition, renovations have taken place for 3 more military CT centers, which should be ready to open at different times during the upcoming year. Automated microplate readers, plate washers, and shaker incubators for microplates have been provided for all 4 centers. In addition, the following supplies have been purchased to equip each of the 4 CT centers: furniture; refrigerators; expendable supplies, such as caps, masks, medical coats, and gloves; computers and printers; laptop computers; and overhead projectors and screens for training presentations.



VIETNAM

DHAPP

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BACKGROUND

Country Statistics

Vietnam's population is estimated to be 84.4 million people, with an average life expectancy of 70.8 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 90.3%, evenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly and is now smaller than that of China, India, and the Philippines. Vietnam is working to promote job creation to keep up with the country's high population growth rate. The gross domestic product (GDP) per capita is \$2,800, with 19.5% of Vietnamese living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Vietnam's general population is estimated at 0.5%, with approximately 260,000 individuals living with HIV/AIDS. The primary identified high-risk groups in the population have been injection drug users and sex workers. People under age 30 are most severely affected, and men are much more severely affected than women. Injection drug use has been identified as the most common mode of HIV transmission, followed by heterosexual intercourse.

Military Statistics

The Vietnam Ministry of Defense (VMD) is estimated at approximately 480,000 active-duty troops. Vietnam allocates 2.5% of the GDP for military expenditures. HIV prevalence in the military has been estimated at about 0.64% among military recruits.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the VMD in the form of review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the VMD and US Embassy personnel. DHAPP staff members represent the VMD as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that VMD programs are adequately addressed.

Proposed Future Activities

Ongoing successful VMD and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military

members and their families. All proposed activities were submitted to the Vietnam country team, and were included in the FY07 COP.

OUTCOMES & IMPACT

Prevention

During FY06, 150 military medics attached to individual units were trained as peer educators. These trainers were considered individual “condom service outlets”. One of the functions of these medics was to distribute condoms to the military recruits of their units. During FY06, 44,564 troops were reached with comprehensive prevention messages (all male). Two hundred and seventy (270) additional military personnel were trained in the provision of comprehensive prevention messages. Two (2) outlets participated in blood-safety activities, and 19 military members were trained in blood safety.

Care

Two (2) VMOD outlets provided HIV-related palliative care for VMOD members and their families. During FY06, 250 troops were provided with HIV-related palliative care (all male). One hundred and fifty-eight (158) military medical personnel were trained in the provision of HIV-related care, including care for tuberculosis.

The VMOD supported 2 counseling and testing (CT) centers for military members. During the year, 376 military members were tested for HIV and received their results. Three (3) individuals were trained in the provision of CT services.

Treatment

Four (4) VMOD medical personnel were trained in the provision of antiretroviral therapy. Two (3) laboratories had the capability to perform HIV testing, and 9 laboratory personnel were trained in the provision of these tests.

Other

Five (5) indigenous organizations were provided with technical assistance in both policy development and institutional capacity building. Eight hundred and twenty-three (823) VMOD personnel were trained in capacity building, policy development, reduction of stigma and discrimination, and community mobilization for HIV prevention, care, and treatment.



ZAMBIA

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

Zambia's population is estimated to be 11.5 million people, with an average life expectancy of 40 years. English is the official language of Zambia, which has an estimated literacy rate of 80.6%, somewhat unevenly distributed between men and women. Copper output has increased steadily since 2004, due to higher copper prices and the opening of new mines. The maize harvest was again good in 2005, helping boost the gross domestic product (GDP) and agricultural exports. The GDP per capita is \$800, with 86% of Zambians living below the poverty line.

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 17%, with approximately 1.1 million people living with HIV/AIDS. Heterosexual contact is the principal mode of transmission.

Military Statistics

The Zambian National Defense Force (ZNDF) is estimated at approximately 22,000 members, and there are currently no estimates of

HIV prevalence in the ZNDF. Zambia allocates 1.8% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members provided technical assistance to the ZNDF during in-country Core Team visits. The purpose of each trip included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2007, as well as military-specific planning and technical assistance to the ZNDF and US Embassy personnel. DHAPP staff members represent the ZNDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that ZNDF programs are adequately addressed.

In addition, specific technical assistance was provided in December 2005, when DHAPP staff traveled to Maina Soko Military Hospital to review and discuss the ZDF tuberculosis, pharmacy, and laboratory and prophylaxis protocol, as well as to participate in palliative care lectures. Training in infection control and injection safety was conducted at that time. After the orientation

of the senior leadership, Maina Soko took the initiative to organize follow-on orientation workshops for 41 members of its support staff, including maids, laundry, mortuary, kitchen, and laboratory staff. In April 2006, a follow-up visit took place where, in collaboration with other agencies, a comprehensive evaluation tool for infection control and injection safety was developed for the ZNDF military medical system.

Finally, in June 2006, DHAPP staff traveled to Zambia to discuss plans for the ZNDF family support unit (FSU) and facilitate a workshop on palliative care guidelines for the Defense Force Medical Services (DFMS). Activities accomplished during this visit included (1) identification of a project leader and advisory committee for the FSU; (2) establishment of FSU objectives, staffing requirements, and recruitment methods; (3) selection of the future FSU site, building details, and services to be offered; and (4) facilitation of the 3-day workshop that resulted in formulated guidelines covering three areas of palliative care: clinical, hospice, and home-based care (HBC).

Foreign Military Financing Assistance

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2003 and 2005, and 2003 funding was released for expenditure during fiscal year 2005. Fiscal year 2003 funds were used to procure an incubator, refrigerator, and HIV test kits, in addition to other supporting diagnostic supplies and reagents.

Proposed Future Activities

Ongoing successful ZNDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Zambia country team, and were included in the FY07 COP.



OUTCOMES & IMPACT

Prevention

During FY06, the ZNDF, in coordination with in-country partner Project Concern International, continued to report successful results across all areas in prevention, care, and treatment of HIV. During the fiscal year, 11,456 troops and family members were reached with comprehensive prevention messages (2240 men, 9216 women). Fifty-five (55) targeted condom service outlets were supported. The program included the participation of the first openly HIV-positive ZNDF personnel in a sensitization tour of 4 ZNDF units in the Western Province, where 2351 uniformed personnel and family members were reached. Thirty-nine (39) individuals from the 2 existing ZNDF drama groups were provided with refresher training in HIV/AIDS messages through drama and song. Sixty thousand (60,000) copies of previously developed prevention-focused educational materials were re-printed, and distribution is ongoing.

The introduction of infection prevention and injection safety training in the DFMS has included the training of 150 supervisors and managers from 16 institutions, including leadership from DFMS and each of the 3 branches (Army, Air

Force, and National Service). In addition, fifty-eight (58) service providers from 13 facilities completed in-depth competency-based training in infection prevention and injection safety.

During the fiscal year, 168 women were provided with prevention of mother-to-child transmission (PMTCT) services at 4 PMTCT sites. These services included counseling, HIV testing, and results. Of the women tested in the PMTCT setting, 6 were provided with a complete course of antiretroviral prophylaxis. Twenty-seven (27) military health care workers were trained in the provision of PMTCT.

Care

Fifty-five (55) service outlets provided HIV-related palliative care to military members and their families. During the year, 1747 ZNDF members were provided with HIV-related palliative care (893 men, 854 women), and another 127 individuals were trained in the provision of that care. Ten (10) ZDF HBC master trainers were educated by the Palliative Care Association of Zambia. These trainers have in turn conducted training for 109 of the 215 caregivers trained in HBC in FY04. 3000 client HBC kits for were procured and distributed. Equipment and supplies for caregivers were procured, including bicycles, footwear, caregivers kits, umbrellas, and hospital aprons.

Fifty-five (55) counseling and testing (CT) centers provided HIV testing for ZNDF personnel. During FY06, a total of 2302 troops and family members were tested for HIV and received their results (1202 men, 1100 women). Thirty-six (36) military members were trained in the provision of CT. Existing mobile services in Zambia were assessed, and a plan of action for implementing mobile services targeting ZNDF personnel was developed. One mobile CT vehicle was procured and equipped and 14 ZNDF personnel were trained to provide mobile CT services.

Treatment

ZNDF in-country partner JHPIEGO conducted an initial basic training workshop in HIV/AIDS care and treatment, using the National ART and Opportunistic Infection Management training packages and approach for 22 DFMS service providers.

Other

A follow-up study to the HIV/AIDS and sexually transmitted infection prevalence study carried out in FY05 by the ZNDF was conducted, from October 2005 to February 2006. All personnel tested who wanted to know their status were able to receive their results and counseling or referrals, as appropriate. Funding was also used to print and distribute the final prevalence and knowledge, attitudes, and practices study report. Forty-eight (48) HIV/AIDS unit coordinators attended a monitoring and evaluation workshop.

Fifty-two (52) ZNDF Commanding Officers and 6 medical staff attended a 3-day leadership workshop, which, among other things, looked at HIV/AIDS policy, stigma and discrimination, and HIV/AIDS prevention, care, and support in the ZNDF.

ZIMBABWE

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DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Zimbabwe is estimated to be 12.23 million people, with an average life expectancy of 39.3 years. English is the official language of Zimbabwe, which has an estimated literacy rate of 90.9%, evenly distributed between men and women. The government's land reform program, characterized by chaos and violence, has badly damaged the commercial farming sector, the traditional source of exports and foreign exchange and the provider of 400,000 jobs, turning Zimbabwe into a net importer of food products. The gross domestic product (GDP) per capita is \$2,100, with 80% of Zimbabwean people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Zimbabwe is estimated at 20.1%, with approximately 1.7 million individuals living with HIV/AIDS. Most cases of HIV in Zimbabwe are spread through multi-partner heterosexual sex.

Military Statistics

The Zimbabwe Defense Forces (ZDF) is estimated at approximately 40,000 members. Zimbabwe allocates 4% of the GDP for

military expenditures. No HIV prevalence data were available for the armed forces.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In November 2005, DHAPP staff traveled to Zimbabwe to provide technical assistance through evaluation and strategic development. During the visit, areas for expansion and improvement within the military HIV/AIDS prevention program were identified. DHAPP staff worked with the ZDF to develop a strategy for future HIV/AIDS programs.



OUTCOMES & IMPACT

Prevention

The ZDF, in coordination with DHAPP, proposed the use of a prefab structure as a counseling and testing center in Harare for military personnel and their families. The beginning of the project faced some delays due to funding issues; however, the structure and equipping of the CT center appear on track as of the end of the fiscal year. DHAPP looks forward to future collaboration as the ZDF scales up CT efforts among their military personnel.

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 (ART), opportunistic infections (OIs), and epidemiology. The *Military International HIV Training Program* (MIHTP), which is administered several times per year, involves intense study, collaboration, and coordination. DHAPP staff examined results from the training sessions that took place during fiscal year 2006 to determine the program's effectiveness.

MEASURES OF EFFECTIVENESS

Pre- and post-tests have been developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, Naval Medical Center San Diego, University of California San Diego, and San Diego State University. The test consists of 40 multiple-choice questions taken directly from the lectures, covering topics such as ART, military policies, OI, and statistical analysis. Pretests are 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 for evaluation of the trainees' competence in the subject matter, and identification of areas for improvement, emphasis, or deletion.

RESULTS

March-April 2006: Mali, Benin, and Ghana Djibouti Results

Seven (7) trainees attended the program during March and April (2 from Mali, 1 from Ghana, 2 from Benin, and 1 from Djibouti). The table below shows the pretest scores, illustrating a varied competence level among the trainees. Pretest scores ranged from 32.5% to 75.0%, while posttest scores ranged from 47.5% to 85.0%, making the learning experience valuable for everyone. The result of a *t* test from pretest to posttest was significant, with an alpha .023, indicating a significant difference in test scores.

| | Trainee 1 | Trainee 2 | Trainee 3 | Trainee 4 | Trainee 5 | Trainee 6 | Trainee 7 |
|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Pretest score | 62.5% | 40.0% | 32.5% | 70.0% | 37.5% | 50.0% | 75.0% |
| Posttest score | 85.0% | 55.0% | 52.5% | 65.0% | 47.5% | 62.5% | 77.5% |

APPENDIX A: MIHTP

September–October 2006: Ghana and Mozambique Results

Four (4) trainees attended the training program in September and October (2 from Mozambique and 2 from Ghana). The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 50.0% to 62.5%, while posttest scores ranged from 47.5% to 82.5%, making it clear that it was a valuable training for some, but not for others. Unfortunately there was not always an increase from pre- to posttest. The result of a *t* test from pretest to posttest was not significant, with an alpha of .15. In an attempt to find significance, Trainee 3 was removed and another *t* test resulted in an alpha of .057.

| | Trainee 1 | Trainee 2 | Trainee 3 | Trainee 4 |
|----------------|-----------|-----------|-----------|-----------|
| Pretest score | 57.5% | 62.5% | 52.5% | 50.0% |
| Posttest score | 82.5% | 72.5% | 47.5% | 75.0% |

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 MIHTP students 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 FY06 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.