



**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**

**2008 ANNUAL REPORT**

**DEPARTMENT OF DEFENSE  
HIV/AIDS PREVENTION  
PROGRAM  
(DHAPP)**

*March 2009*



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## ACRONYMS AND ABBREVIATIONS

AIDS – acquired immunodeficiency syndrome  
ART – antiretroviral therapy  
ARV – antiretroviral  
ARVs – antiretroviral drugs  
CDC – US Centers for Disease Control and Prevention  
COE – Center of Excellence in Disaster Management and Humanitarian Assistance  
COP – Country Operational Plan  
CT – counseling and testing  
DAO – US Defense Attaché Office  
DHAPP – US Department of Defense HIV/AIDS Prevention Program  
DoD – US Department of Defense  
FHI – Family Health International  
FY – fiscal year  
FY08 – fiscal year 2008 (covers period of 1 Oct 2007 to 30 Sep 2008)  
GDP – gross domestic product  
HIV – human immunodeficiency virus  
IDI – Infectious Diseases Institute (on the campus of Makerere University, Kampala, Uganda)  
JHCP – Johns Hopkins Cameroon Program  
KAP – knowledge, attitudes, and practices survey  
MIHTP – *Military International HIV/AIDS Training Program*  
MLO – US Military Liaison Office  
MOD – Ministry of Defense  
MOH – Ministry of Health  
NATO – North Atlantic Treaty Organization  
NGO – nongovernmental organization  
OCONUS – Outside the Continental United States  
ODC – US Office of Defense Cooperation  
OGAC – US Office of the Global AIDS Coordinator  
OI – opportunistic infection  
OSC – US Office of Security Cooperation  
OVC – orphans and vulnerable children  
PASMO – Pan-American Social Marketing Organization (PSI affiliate in Central America)  
PEPFAR – The US President’s Emergency Plan for AIDS Relief  
PKO – peacekeeping operation  
PMTCT – prevention of mother-to-child transmission  
PSI – Population Services International  
STD – sexually transmitted disease  
STI – sexually transmitted infection  
TB – tuberculosis  
TRaC survey – Tracking Results Continuously survey  
UN – United Nations



## ACRONYMS AND ABBREVIATIONS

UNAIDS – Joint United Nations Programme on HIV/AIDS

US – United States

USAFRICOM – US Africa Command

USAID – US Agency for International Development

USCENTCOM – US Central Command

USEUCOM – US European Command

USG – US Government

USMHRP – US Military HIV Research Program

USPACOM – US Pacific Command

USSOUTHCOM - US Southern Command

WHO – World Health Organization



## EXECUTIVE SUMMARY

Colleagues,

As I read through the final draft of the 2008 Annual Report of the Department of Defense HIV/AIDS Prevention Program, I am truly humbled by the outstanding and very important work represented in this document. As recounted in seven previous annual reports, this work represents the efforts of a genuine partnership between US Government agencies, partner militaries, nongovernmental organizations, universities, community-based organizations, faith-based organizations, and civil society. Although there are many partners, one goal still remains: to improve and protect the health and readiness of military members and their families through the prevention, care, and treatment of HIV/AIDS.

Since the establishment of the Department of Defense HIV/AIDS Prevention Program in 2001 and the President's Emergency Plan for AIDS Relief in 2003, the US DoD has been proud to play a critical role in the single largest international health initiative dedicated to a single disease in US Government history. DHAPP, headquartered at the Naval Health Research Center in San Diego, California, now supports military HIV activities in 75 countries where our programs have a great impact on 5 million military members and at least that many dependent family members. Through PEPFAR and DoD resources, the US Department of Defense provides the world's largest single source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm HIV inflicts on the health and readiness of the world's military populations.

When we started DHAPP in 2001, we had three objectives: (1) assist militaries with their own HIV prevention programs, (2) advocate for militaries with national and international HIV programs, and (3) build internal HIV capacity in our partner militaries. While we have successfully been meeting all three objectives for years, I am most proud of our success in fostering the internal capability of partner militaries to address this epidemic. As reflected in this 2008 report, it is noteworthy that we have been able to "transition" our support away from some of our initial country programs and offer assistance to others previously not supported by DHAPP. This has only been possible through the development of prevention, laboratory, counseling, and clinical expertise in uniformed personnel, in conjunction with sustainable policy, infrastructure, and budgetary commitments from partner governments.

As in previous years, the tireless work of the DHAPP staff, members within the offices of the Under Secretary of Defense for Policy and the Assistant Secretary of Defense for Health Affairs, medical personnel from all US Armed Services, personnel from each Unified Combatant Command, the PEPFAR Interagency Team, members of the US Embassy Country Support Teams,





## EXECUTIVE SUMMARY

57 NGOs and universities, and, most importantly, our partner military colleagues, has contributed to many impressive accomplishments. During the period from October 2007 to September 2008, 9,006 new peer educators were trained to deliver comprehensive prevention messages, and 4,725 health care workers were trained to provide HIV clinical services. To promote early and more effective treatment of HIV-infected individuals, and to encourage individual protection against new infection, support was provided to 311 new counseling and testing centers located on military facilities, and 180,000 military members were counseled and tested for HIV infection.

Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for our program. During this period, 84 new laboratories capable of supporting HIV testing and diagnostics were equipped and supported. New service outlets for antiretroviral therapy were established at 97 military sites. In 103 sites, new services were supported for the prevention of mother to child transmission, and 21,517 pregnant women used the new and existing services affiliated with military facilities.

Militaries around the world have many things in common, including the ethos of “leave no one behind.” This culture results in a determination to make sure that we care for all HIV-infected military personnel and family members in need of treatment and palliative care services. This report documents that 8,331 individuals were newly established on ART. DHAPP also supports 55,572 additional troops and family members on palliative care, and 3,665 have received treatment for tuberculosis.

This report also highlights some very successful and promising central training programs and the beginning of our support to HIV/AIDS activities in a regional platform. Certainly the strength of our efforts has been based in the bilateral relationships and efforts that we have established. Now, as our activities evolve to meet our strategic objectives, we can leverage these strong bilateral programs to make a broad impact in the region and encourage “south-to-south” collaboration and assistance.

While DHAPP continues to work with our US Government and international military partners to ensure that military personnel receive access to the full range of HIV services and support that PEPFAR has to offer, our work is far from over. The reauthorization of PEPFAR in 2008 offers us the opportunity to reflect on both our accomplishments and the work that has yet to be done. We are very grateful PEPFAR continues to include military populations as a priority for support, and we know that the majority of the accomplishments within this report can be attributed to the outstanding interagency collaboration that has grown from this innovative program.



## EXECUTIVE SUMMARY

We are proud of the accomplishments reflected in this report, including the large numbers of military members reached and facilities supported. Still, we always remember that our reason for existing is to expand HIV prevention, care, and treatment support for active-duty personnel and family members ONE PERSON AT A TIME.

Very respectfully,



Richard A. Shaffer, Ph.D.  
Executive Director

# Military International HIV/AIDS Training Program

## BACKGROUND

Clinicians from militaries around the world have had the unique opportunity to visit the United States for 30 days to participate in the *Military International HIV Training Program (MIHTP)*. During FY08, 13 clinicians, mostly physicians, from 7 countries participated in *MIHTP*. 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 ART, treatment of OIs, and epidemiology. *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 FY08 to assess the program's effectiveness.

## MEASURES OF EFFECTIVENESS

Pretest and posttests 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 needed, 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

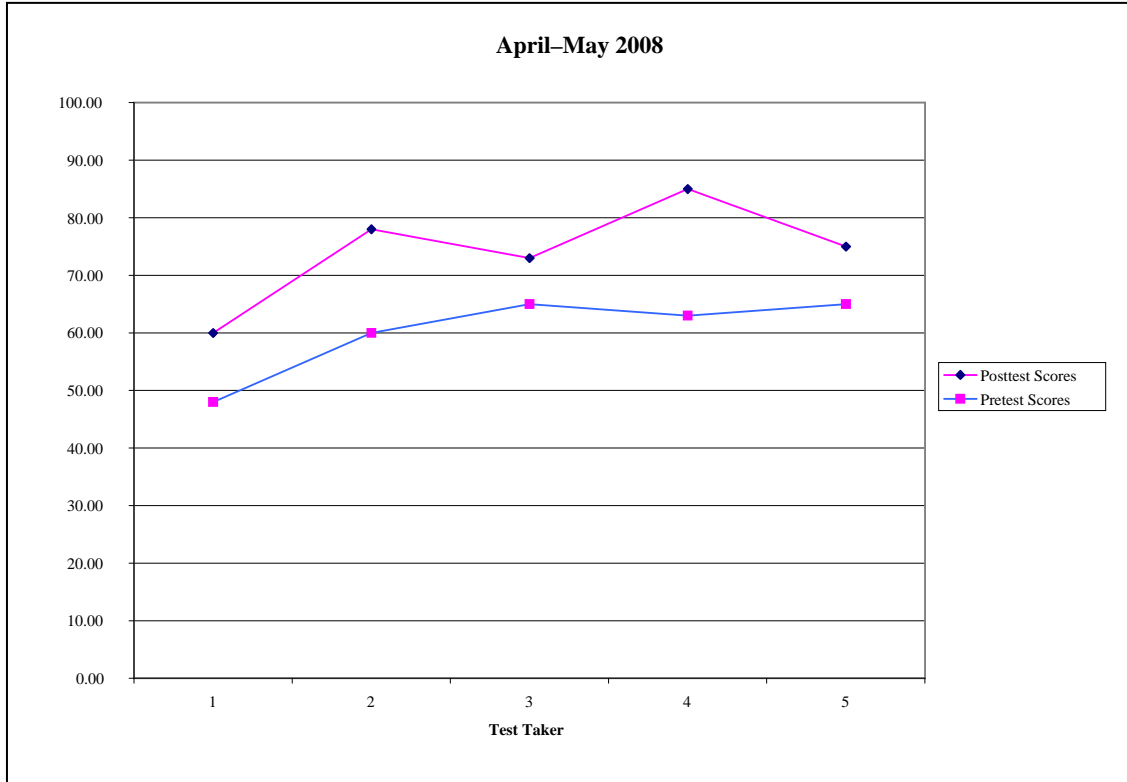
### **April through May 2008: Zambia and Mozambique Results**

Five (5) trainees attended the most recent training program, 4 from Zambia and 1 from Mozambique, and all participated in the testing. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 48.0% to 65.0%, while posttest scores ranged from 60.0% to 85.0%, proving that it was a valuable training for all participants. The average pretest score went from approximately 60.2% to a posttest average of 74.2%. Below is a table of scores, followed by a graphical representation. It is evident that all participants improved their score from pretest to posttest with the difference in scores ranging from an 8.0% increase to a 23.0% increase over the *MIHTP* course duration.

	<b>Trainee 1</b>	<b>Trainee 2</b>	<b>Trainee 3</b>	<b>Trainee 4</b>
<b>Pretest score</b>	57.5%	62.5%	52.5%	50.0%
<b>Posttest score</b>	82.5%	72.5%	47.5%	75.0%

## Military International HIV/AIDS Training Program

Trainees had significantly higher scores at posttest (74.2%) than at pretest (60.2;  $p = .006$ ).



### RESULTS

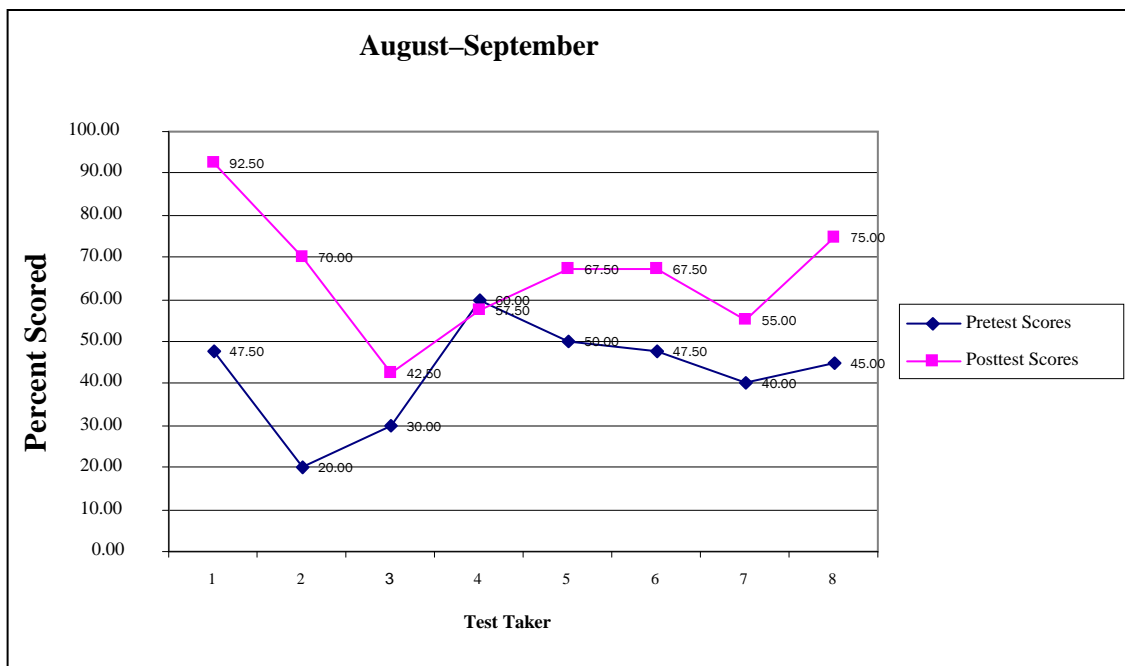
#### **August through September 2008: Nepal, Papua New Guinea, Sierra Leone, The Gambia, and Rwanda Results**

Eight (8) trainees attended the most recent training program, 1 from Nepal, 1 from Papua New Guinea, 2 from Sierra Leone, 1 from The Gambia, and 3 from Rwanda, and all took part in the testing. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 20.0% to 60.0%, while posttest scores ranged from 42.5% to 92.5%, indicating that the training was valuable for most of the students. The average pretest score increased from approximately 42.5% to a posttest average of 65.9%. Below is a table of all 8 trainees' scores, followed by a graphical representation. The majority of participants, with the exception of 1, improved their score from pretest to posttest, with the difference in scores ranging from a -2.5% decrease to a 44.5% increase over the duration of this *MIHTP* course.

## Military International HIV/AIDS Training Program

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7	Trainee 8
<b>Pretest score</b>	47.5%	20%	30%	60%	50%	47.5%	40%	45%
<b>Posttest score</b>	92.5%	70%	42.5%	57.5%	67.5%	67.5%	55%	75%

Trainees had significantly higher scores at posttest (65.9%) than at pretest (42.5%;  $p = .007$ ).



## Military International HIV/AIDS Training Program

### SUMMARY

Since 2002, 130 military clinicians (110 clinicians, 3 nurses, and 17 auxiliary health care professionals) from 33 countries around the world have attended 23 sessions of 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. After compiling data from all 130 past attendees to date, pretest scores average 50%, while posttest scores average 65.7%, resulting in an overall increase of 15.7% for all participants to date. We can see a difference in scores at  $p = .001$  significance level, which indicates that the increase in score is not by chance, but can be attributed to the training. As the program and the number of participants grow, more and more trends begin to arise, allowing for changes and improvements. Additionally, all *MIHTP* students have agreed that the skills they have developed during training will be valuable in their own militaries' fight in the war against HIV and AIDS.





## Infectious Diseases Institute

### BACKGROUND

Through a grant with the Academic Alliance Foundation (which has subsequently become Accordia Global Health Foundation), the Infectious Diseases Institute (IDI) at Makerere University was funded by DHAPP to provide training in HIV treatment and care to military medical professionals in FY08. IDI is Accordia's flagship program, and offers training in HIV/AIDS and malaria to a multitude of medical professionals. The program is well respected and attracts prominent faculty members from around the world to work with students in its programs. In FY08, these faculty members came from University of Manitoba, University of Minnesota, Johns Hopkins University, Dalhousie University, University of Medicine and Dentistry of New Jersey, University of Virginia, Institute of Tropical Medicine in Antwerp, Belgium, and London School of Hygiene & Tropical Medicine.

### SUMMARY OF COURSES

All IDI courses have an emphasis on management and provide tools that participants can share with coworkers and subordinates in the health care setting to improve overall clinical functioning. Physicians, medical officers, nurses, laboratory technicians, and pharmacy technicians are provided specialized training in courses ranging in length from 1 to 3 weeks. Each course is designed to enhance specific abilities required to ensure the optimal care and treatment of HIV-infected patients, both prior to and after ART initiation.

The primary courses DHAPP funded participation in FY08 were the *ART Training for Mid-Level Practitioners*, and the *Core HIV/AIDS Course*. During the week after the *Core HIV/AIDS Course*, optional 1-week sessions (called short courses) are offered in a variety of topics. DHAPP funded participants to attend the *Research in HIV Care* and *Training of Trainers* short courses.

The *ART Training for Mid-Level Practitioners*, which is primarily attended by nurses and clinical officers, is a 2-week multidisciplinary course. It focuses on the management and care of patients on ART, and is for practitioners with a range of previous experiences. The curriculum includes care for OIs, prevention and adherence counseling, and health care team dynamics. The course is designed to provide time for clinical experience, and to enhance the ability of nurses and clinical officers in dealing with care and treatment decisions for HIV-positive patients.



## Infectious Diseases Institute

The *Core HIV/AIDS Course*, which is primarily attended by physicians, is a 3-week course that trains physicians in a variety of areas related to HIV care and treatment. The curriculum includes sections on the epidemiology, biology, and history of HIV; diagnosis and monitoring of HIV and OI; comprehensive ART topics; adherence and prevention counseling; ART program management; and reporting and data management. It provides advanced knowledge of HIV care and treatment that physicians can take back to their clinics.

A common benefit of both of these courses and of all DHAPP-funded training courses at IDI is the fostering of networking among military medical personnel from different countries. The nature of the courses allows participants to learn from each other through dialogues about their experiences in treating and caring for HIV-positive patients in their home countries.

### ATTENDANCE

In FY08, 39 attendees from 6 countries were sponsored by DHAPP to participate in IDI courses. Attendance was lower than in previous years due to changes in courses and a shift from a contract with Accordia to a granting process. Of those participants, 25 participated in the *ART Training for Mid-Level Practitioners Course*, 14 participated in the *Core HIV/AIDS Course*, and 9 stayed for one of the 1-week short courses. Participants came from Benin, the Gambia, Lesotho, Nigeria, Uganda, and Zambia.

### PROPOSED FUTURE ACTIVITIES

Because of the quality of the courses offered at IDI, DHAPP has established a grant for FY09 to continue sending attendees to *ART Training for Mid-Level Practitioners* and the *Core HIV/AIDS Course*, as well as the short courses. Additionally, new courses will be offered to military medical personnel, including a dual-level lab course, *HIV/AIDS and ART Laboratory Management*, which has received great interest; and a course for pharmacy personnel, *HIV/AIDS and Antiretroviral Therapy for Pharmacy Health Workers-Patient Focused Dispensing*. It is anticipated that demand for the previously offered courses will continue to be strong.





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# Country Reports

## US AFRICA COMMAND

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The USAFRICOM, in concert with other USG and international partners, conducts sustained security engagement through military-to-military programs, military-sponsored activities, and other military operations as directed to promote a stable and secure African environment in support of US foreign policy.



# Central Africa Region

## ANGOLA

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Since the end of a 27-year civil war in 2002 and the death of rebel leader Jonas Savimbi, Angola has been making efforts to rebuild the country's infrastructure and move forward as a democratic society. President José Eduardo dos Santos held legislative elections in September 2008, and announced plans to hold presidential elections in 2009.

The estimated Angolan population is 12.5 million people, with a life expectancy of 38 years, one of the lowest in the world. Portuguese is the official language of Angola, which has an estimated literacy rate of 67.4%, with even distribution between men and women. Oil production and its supporting activities account for about 85% of the GDP. Increased oil production supported growth averaging more than 15% per year from 2004 to 2007. Subsistence agriculture provides the main livelihood for most of the population, but half of the country's food must still be imported. The GDP per capita is \$9,100, with extensive unemployment and underemployment affecting more than half the population.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Angola's general population is 2.1% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS by the end of 2007 was 180,000. 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 (AAF) comprises an estimated 110,000 personnel in 3 branches: army, navy, and national air force. Angola allocates 5.7% of the GDP for military expenditures. In 2003, the Charles Drew University of Medicine and Science conducted a military prevalence study and estimated rates of seroprevalence at 3% to 11%, depending on location. HIV prevalence rates are highest near the border of Namibia (11%).



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The AAF has continued its efforts in the fight against HIV/AIDS in collaboration with the Drew Center for AIDS Research, Education and Services (Drew CARES). In 2008, a program manager was hired to coordinate the DHAPP program and its partner in Angola. The program manager works for the DAO in Luanda. The program continues to make exceptional progress with the current prevention programs, while breaking ground with new efforts to reach more of the AAF and beginning to provide services for HIV care and treatment.

### **Foreign Military Financing Assistance**

Angola was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2003, 2004, and 2008. Funding for the 2003 and 2004 appropriation was released for expenditure during FY05 and FY08, respectively. To date, 2003 funding has been used to procure a CD4 counter, and viral load analyzer, in addition to supporting supplies for the main military hospital. The 2004 funding has been used to procure CD4 machines, and supporting supplies and reagents to be used in the army, air force, Cabinda, and Huambo clinics. Planning and negotiation for 2008 funding procurements are currently under way.



## OUTCOMES & IMPACT

### **Prevention**

During the reporting period, 24 AAF members from the divisions of health and patriotic education received training in communication methods for the creation of messages intended to promote behavioral changes that may help reduce the transmission of HIV. Members of the health services and patriotic education divisions of the AAF participated in 2 seminars offered by Drew CARES in the development of radio programs that educate and entertain. Though the focus of the training emphasized HIV prevention and HIV-related messages, the training addressed topics that would be appropriate for a wide set of health-related topics. These trainees have since developed a radio drama that addresses the risks of infidelity, multiple partners, and avoidance of condoms, as well as the PMTCT. In keeping with the AAF's theme for 2008 of "Leadership," these AAF members have also developed 10 additional episodes that focus on leadership, both in its interpersonal or social aspects as well as in its structural form. This radio drama highlights the importance of leadership in the country's efforts to stem the spread of HIV. The AAF also developed a poster campaign promoting fidelity and time-bounded abstinence. These posters were distributed to military units across the country.

The radio drama discussed previously, *O Tropa Lunguka*, has aired on the National Radio Station during the military hour. It is roughly estimated that over a third of active military personnel of the AAF listen to the program, which airs in every military unit on Sundays in the morning and the afternoon. To complement the messages conveyed via the radio drama, posters that promote fidelity and HIV testing have been distributed to military units across the country. In addition, the program has been

highlighted by the highest levels of the military and during HIV campaigns implemented by the AAF. To evaluate these activities, the health services of the AAF have developed, along with Drew CARES, a questionnaire that will be used to assess the effectiveness of the radio program and provide evidence-based information to best guide future efforts.



### Care and Treatment

The 3 CT sites for the AAF are in Luanda and Lubango. Actual figures for the number of personnel who have received CT services were unavailable. The AAF has been testing and is trying to improve testing procedures. During the past year, Drew CARES supported the training of medical doctors and counselors in CT services. Under the direction of the National Institute for the Fight Against AIDS, 3 counseling master trainers, 3 lab technicians, and 6 medical doctors received training on the national protocols in Angola in the delivery of CT services. The 3 counseling master trainers, who are military officers working for the division of health and patriotic education, will be responsible for training additional counselors and medical doctors on CT protocols. Trainings are already scheduled for early FY09 for 12 counselors from various military regions.

Drew CARES supported the training of 9 military officers in lab-related activities, with assistance from the National Institute for the Fight Against AIDS. As part of the training efforts for care and treatment services, 9 AAF health personnel participated in a 2-week training as part of the program aimed at increasing the access points for CT and ART services in the Angolan military.

### Other

Twenty-eight (28) individuals were trained in strategic information. The CDC provided training on Epi Info software. The participants received training in all aspects of data collection, analysis, and evaluation. This training has been used to create databases intended to facilitate access to information for policy decisions.

### Proposed Future Activities

DHAPP received a proposal from Drew CARES for FY09. Proposed activities include continuing prevention education, increasing CT capabilities, and training medical staff on treatment services for the AAF.



# BURUNDI

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### BACKGROUND

#### **Country Statistics**

The estimated population of Burundi is 8.7 million people, with an average life expectancy of 52 years. Kirundi and French are the official languages of Burundi. There is an estimated literacy rate of 59%, with uneven distribution between men and women. Burundi is a landlocked, resource-poor country with an underdeveloped manufacturing sector. The economy is predominantly agricultural, with more than 90% of the population dependent on subsistence agriculture. Economic growth depends on coffee and tea exports, which account for 90% of foreign exchange earnings. The GDP per capita is \$400.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Burundi's general population is estimated at 2.0%. Burundi has approximately 90,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.



#### **Military Statistics**

The Burundi National Defense Force (BNDF) has approximately 30,000 personnel. Burundi allocates 5.9% of the GDP for military expenditures. No current HIV/AIDS prevalence data are available for the BNDF.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

DHAPP is working with the BNDF, US DAO in Bujumbura and PSI on a prevention program for the troops. Development and implementation of the program began in FY06, and continues with the current goals of providing prevention efforts as well as CT services.

#### **Foreign Military Financing Assistance**

Burundi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2006 and 2008, with 2006 funds released for expenditure during FY09. Although still in negotiation, the current proposal for these funds includes procuring HIV diagnostic equipment, and supplies and reagents to be used in the CT center under development in Bujumbura.

## OUTCOMES & IMPACT

### Prevention and Care

The program seeks to reduce HIV sexual transmission among the BNDF through CT, with a focus on behavior change. Using mobile video units, 4,972 troops and their families were reached with comprehensive prevention messages. Behavior change communication materials including leaflets, posters, and T-shirts were distributed during the mobile video events. A short film and radio spot on prevention and CT promotion were targeted at troops and their families. In a national media campaign, one radio spot promoting the Akabanga CT center was broadcasted 342 times on 2 local radio stations. A TRaC survey was conducted to evaluate key indicators of the CT program. It appeared that most troops (95%) are well informed about prevention, but only few of them used condoms during their last sexual intercourse (55%). Therefore, PSI will be focus its activities on condom distribution through awareness campaigns, and accessibility to condoms at military camps.



During the reporting period, 1,500 troops and family members visited the Akabanga CT center and received their results. PSI will be introducing a mobile CT program to reach military troops living away from the Akabanga CT center. PSI provided the Akabanga CT center with laboratory supplies as well as HIV testing services in response to a temporary stock-out in the government supplying system. The CT team at Akabanga CT center, including 7 counselors and 3 laboratory technicians, received refresher training in June 2008.



### Proposed Future Activities

DHAPP received a proposal from PSI on behalf of the BNDF. The primary objectives of the proposal include continuing to encourage behavior change through prevention efforts and providing CT for troops and their families at 2 CT centers as well as CT mobile units.



# CAMEROON

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### BACKGROUND

#### **Country Statistics**

Because of its modest oil resources and favorable agricultural conditions, Cameroon has one of the best-endowed primary commodity economies in sub-Saharan Africa. Still, it faces many of the same serious problems of other underdeveloped countries, such as a top-heavy civil service and a generally unfavorable climate for business enterprise. Cameroon's estimated population is 18.5 million people, with an average life expectancy of 53 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 68%, with uneven distribution between men and women. The GDP per capita is \$2,400, with an unemployment rate of 30%.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Cameroon's general population is estimated at 5.1%. Cameroon has approximately 500,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.



#### **Military Statistics**

The Cameroon Armed Forces (CAF) comprises approximately 26,000 members. Cameroon allocates 1.3% of the GDP for military expenditures. Since 1990, 4 HIV surveillance studies have been conducted in the military; the most recent study, conducted in 2005, revealed a military prevalence of 11.3% - twice the rate in the general population.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The JHCP has continued its efforts to provide technical assistance to the CAF in order to improve its HIV/AIDS prevention programs.

#### **Foreign Military Financing Assistance**

Cameroon was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2003, 2005 and 2006. Funding for 2003 and 2005 was released for expenditure near the end of FY05 and the beginning of FY07,

respectively. To date, funding for the 2003 appropriation has been used to procure a CD4 counter, ELISA reader and washer, hematology analyzer, chemistry analyzer, microscope, incubator, and other supporting lab equipment, reagents and supplies for the main military hospital. Plans for the remaining 2003, 2005, and 2006 funding include outfitting several remote military health clinics throughout the country with basic equipment, supplies, and reagents needed for HIV infection prevention, diagnosis, and treatment.



### Prevention and Care

Throughout FY08, 85 educational sessions took place, and approximately 2,735 troops were reached with comprehensive prevention messages. In addition, the JHCP provided technical assistance to the CAF by conducting a laboratory needs assessment at some of the military hospitals in support of expending FMF funding. Please see paragraph above for equipment purchases.

### Proposed Future Activities

In FY08, DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the CAF for activities. The proposed activities are (1) conduct HIV surveillance along with a knowledge, attitudes, and practices survey in all 10 garrisons in Cameroon, with a total sample size of 2,500 troops; and (2) conduct refresher training for 250 peer educators and 50 counselors in military garrisons.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Central African Republic is 4.4 million people, with an average life expectancy of 44 years. French is the official language of the Central African Republic, which has an estimated literacy rate of 51%, unevenly distributed between men and women. Subsistence agriculture, together with forestry, remain 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 more than half of the GDP. The per capita GDP is \$700. Timber has accounted for about 16% of export earnings, and the diamond industry for 40%. Important constraints on economic development include the Central African Republic's landlocked position, a poor transportation system, a largely unskilled workforce, and a legacy of misdirected macroeconomic policies. Factional fighting between the government and its opponents remains a hindrance to revitalization.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Central African Republic general population is estimated at 6.3%, with approximately 140,000 individuals living with HIV/AIDS. The primary identified risk factor

in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Central African Armed Forces (CAAF) is composed of an estimated 15,000 personnel. The Central African Republic allocates 1.1% of the GDP for military expenditures. No military HIV/AIDS prevalence data were available.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The JHCP has been providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. The JHCP has been continuing to work with the US DAO in N'Djamena, Chad, who covers the Central African Republic. They are continually developing contacts with local partners in the Central African Republic and the military to establish implementation of

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

a prevention project among the militaries in the capital city Bangui. The country is facing political instability, which makes it difficult to establish local contacts necessary for the implementation of prevention activities. The JHCP hopes to start field work in this country during FY09.

### OUTCOMES & IMPACTS

The first site visit by the JHCP occurred in June 2007. However, political instability halted the implementation of prevention activities for the CAAF during the latter part of FY07. No programmatic activities occurred in FY08.

### **Proposed Future Activities**

DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the CAAF. The application, which includes 8 countries in the Central African region and builds on the successful work accomplished by JHCP in the region over the past 5 years, aims to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Chad's estimated population is 10.1 million people, with an average life expectancy of 47 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 48%, unevenly distributed between men and women. Chad's primarily agricultural economy continues to be boosted by major foreign direct investment projects in the oil sector that began in 2000. A consortium led by 2 US companies have invested \$3.7 billion to develop oil reserves - estimated at 1 billion barrels - in southern Chad. Chinese companies are also expanding exploration efforts and plan to build a refinery. The nation's total oil reserves have been estimated at 1.5 billion barrels. Oil production came on stream in late 2003. Over 80% of Chad's population relies on subsistence farming and livestock for its livelihood. The GDP per capita is \$1,600.

**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 (CNA) is estimated at approximately 50,000 members. Chad allocates 4.2% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the CNA in the capital city, N'Djamena, revealing a prevalence of 5.3%. Another HIV surveillance study is planned for 2009.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The JHCP has been providing technical assistance to the CNA in the implementation of HIV prevention and surveillance activities. DHAPP staff also collaborates with the US DAO in N'Djamena.

**Foreign Military Financing Assistance**

Chad was awarded Foreign Military Financing funding for the acquisition of

laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2003, 2005, and 2006. Funding for 2003 was released for expenditure in early FY06. To date, funding for the 2003 appropriation has been used to procure HIV rapid test kits for disbursement to several clinics throughout the country. Planning and negotiation for 2005 and 2006 funding procurements are currently under way.

## OUTCOME AND IMPACT

### Prevention

During FY08, 1,825 troops and family members were reached with comprehensive HIV prevention messages. In total, 113 educational sessions were held to reach the troops and their family members. Peer educators were retrained during FY08.

### Care

The protocol for an HIV seroprevalence survey was approved by local authorities in 2007, and implementation was planned for January 2008. A total of 1,000 troops were to be screened in N'Djamena. During FY08, the survey was not conducted due to continuous high political instability in the country. The new plan is to have this study conducted in 2009 at the Moundou military garrison located approximately 600 km outside of the capital city of N'Djamena.

### Proposed Future Activities

DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the CNA for activities. The proposed activities include continued peer education trainings, production and dissemination of an HIV/AIDS prevention manual for military trainers, and administration of the seroprevalence survey for troops.



## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

The estimated population of the Democratic Republic of the Congo is 66.5 million people, with an average life expectancy of 54 years. French is the official language of the Democratic Republic of the Congo, which has an estimated literacy rate of 66%, with uneven distribution between men and women. The Democratic Republic of the Congo, a nation endowed with vast potential wealth, is slowly recovering from two decades of decline. Since August 1998, internal conflict has dramatically reduced national output and government revenue, increased external debt, and resulted in the deaths of more than 3.5 million people from violence, famine, and disease. The GDP per capita is \$300. Conditions began to improve in late 2002 with the withdrawal of a large portion of invading foreign troops.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population is estimated to be between 1.2% and 1.5%. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Armed Forces of the Democratic Republic of the Congo (AFDRC) include between 300,000 and 475,000 members. This military, still in the process of rebuilding after the end of the war in 2003, is one of the most unstable in the region. The Democratic Republic of the Congo allocates 2.5% of the GDP for military expenditures. DHAPP supported the first HIV seroprevalence study for the AFDRC, which was conducted in the capital city of Kinshasa from July to August 2007. Results from this study revealed an HIV rate of 3.8%.



### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

The network of partners involved in the AFDRC program have evolved to include an in-country program manager who works for the US DAO and is

working closely with JHCP, PSI, and FHI. DHAPP staff provide oversight for the in-country program manager and technical assistance.

### Foreign Military Financing Assistance

The Democratic Republic of the Congo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2005, 2006, 2007, and 2008, but it has not yet been released for expenditure. Planning and negotiation for funding procurements are currently under way.

## OUTCOMES & IMPACTS

### Prevention

PSI reached 12,094 military personnel (377 women, 11,717 men) with interpersonal education sessions conducted by 147 trained peer educators. During these interpersonal education sessions, the adoption and maintenance of less risky sexual behaviors were discussed, such as abstinence and being faithful, condom use, and being tested for HIV. Peer educators were trained and retrained in behavior change communication techniques concerning STI/HIV/AIDS prevention and social marketing. During this fiscal year, 880,200 condoms were distributed to the military by peer educators at the military camps.

Also in FY08, PSI reached 53,152 military personnel, their families and surrounding civilian populations of the military camps in Kinshasa, Lubumbashi, and Mbuji-Mayi. They were reached through mobile video unit education sessions. Films on HIV/AIDS

prevention were projected onto the mobile screens. Themes covered during the educational sessions included modes of transmission, how to prevent HIV, CT promotion, how to effectively adopt and maintain less risky sexual behaviors. The audience participated through an interactive question-and-answer session in which they were asked to give their points of view on what they viewed.



The JHCP trained 120 peer educators in HIV prevention and stigma/discrimination, and 30 military medical personnel were trained in STI/OI management. A total of 27 peer sessions were held, with approximately 2,025 troops reached with comprehensive prevention messages. Thirty (30) troops were trained on blood safety. In addition, the JHCP trained 30 individuals on palliative care.



### Other

The first seroprevalence study for the AFDRC was conducted in the capital city of Kinshasa from July to August 2007. JHCP provided technical assistance and oversight for this study. During FY08, the JHCP completed the HIV surveillance report and officially handed it to the MOD in Kinshasa. Results were released by the MOD and revealed a rate of 3.8%.

In FY08, 2 CT centers were renovated in Mbuji-Mayi and Lubumbashi. The centers will enable the military, family members, and civilians living near the centers to have access to quality CT services. A total of 6,469 individuals (4,048 troops and 2,421 troops' family members and civilians) were tested for HIV and received their results. There was a delay in starting CT activities in Kinshasa; therefore, fewer individuals were tested than targeted for FY08. FHI will be doing outreach for CT services at all sites to increase the uptake of individuals receiving services. Twelve (12) military counselors and laboratory technicians were trained in Kinshasa to provide CT services.

### Proposed Future Activities

DHAPP received proposals from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator), PSI, and FHI on behalf of the AFDRC and in conjunction with the in-country program manager for activities during FY09. Proposed activities include promoting CT and psychological support in military regions by training counselors in the military health centers, continuing prevention education for troops, training peer educators, and developing TV/radio promotional segments for the military.



# EQUATORIAL GUINEA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Equatorial Guinea is 616,000 people, with an average life expectancy of 61 years. Spanish and French are the official languages of Equatorial Guinea, which has an estimated literacy rate of 86%, 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 GDP. The GDP per capita is \$30,200. Undeveloped natural resources include titanium, iron ore, manganese, uranium, and alluvial gold. Growth remained strong in 2008 and was led by oil.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Equatorial Guinea's general population is estimated at 3.4%. Equatorial Guinea has approximately 9,800 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Equatorial Guinea Armed Forces (EGAF) is estimated at approximately 2,000 members. Equatorial Guinea allocates 0.1% of the GDP for military expenditures. A seroprevalence study was conducted within the EGAF during FY08. Results revealed an HIV rate of 10.1%.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

On behalf of DHAPP, the JHCP has been providing technical assistance to the EGAF for its HIV prevention activities.

### OUTCOMES & IMPACTS

#### **Prevention**

During FY08, JHCP provided technical assistance to the EGAF to continue prevention activities started in FY07. A total of 39 peer education sessions reached approximately 741 troops. Prevention materials such as brochures

and posters were created, produced, and distributed to the troops in various camps by peer educators. The peer educator's manual and master trainer's manual were finalized and distributed during FY08.



A seroprevalence study was conducted in March 2008 among the troops in the capital city of Malabo and Bioko Island. A total of 516 troops were counseled and tested for HIV and syphilis during the study. The HIV prevalence rate was 10.1%, and 38.8% for syphilis. Free treatment was also provided for all syphilis-positive cases. The final surveillance report was officially handed to the MOD during a restitution session in Malabo with the EGAF senior staff. A strategic plan is being created as a response to the current prevalence rates.



### Proposed Future Activities

DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the EGAF. The proposal included training peer educators, distributing prevention materials, and conducting a seroprevalence study within the EGAF.



# GABON

# DHAPP

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### BACKGROUND

#### **Country Statistics**

Gabon's estimated population is 1.5 million people, with an average life expectancy of 54 years. French is the official language of Gabon, which has an estimated literacy rate of 63%, unevenly distributed between men and women. Gabon has a per capita income 4 times that of most sub-Saharan African nations. The oil sector now accounts for 50% of the GDP. The GDP per capita is \$14,900. This has offset 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.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Gabon's general population is estimated at 5.9%. Gabon has approximately 46,000 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 5,000 members. Gabon allocates 3.4% of the GDP for military expenditures. In 2007, with funding from DHAPP, the second HIV surveillance study for the GAF was conducted in Libreville, revealing a prevalence of 4.3%. Results of the study have been officially released by the Gabonese MOD.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The JHCP has been providing technical assistance to the GAF through the implementation of HIV prevention and surveillance activities.



#### **Foreign Military Financing Assistance**

Gabon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2003,

2005, 2006, and 2007. Funding for the 2003, 2005, and 2006 appropriation was released for expenditure during FY05, FY07, and FY09, respectively. To date, funding for 2003 has been used to procure laboratory supporting supplies and reagents for the main military hospital. Planning and negotiation for 2005–2007 funding procurements are currently under way.

## OUTCOMES & IMPACTS

### **Prevention and Care**

Peer educators who had been trained last year in Southern Gabon organized prevention education sessions. In total, 42 educational sessions were held in the military camps, and a total of 875 troops were reached with comprehensive prevention messages.

During FY08, JHCP provided technical assistance to the military HIV coordination team in Gabon to finalize the surveillance report that was conducted in Libreville, the capital city, during FY07. The second HIV surveillance study for the GAF was also conducted in Libreville, and revealed a prevalence of 4.3%. The rate of syphilis among those aged 19 - 48 years was 16.8%.

### **Proposed Future Activities**

DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the GAF. The main objectives of the proposal are to conduct refresher training of peer educators and counselors in military garrisons, produce and disseminate behavior change communication materials, and reinforce education on HIV/AIDS and other STDs.



# REPUBLIC OF THE CONGO

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 3.9 million people, with an average life expectancy of 54 years. French is the official language of the Republic of the Congo, which has an estimated literacy rate of 84%, unevenly distributed between men and women. The economy is a mixture of subsistence agriculture, an industrial sector based largely on oil, and support services, and a government characterized by budget problems and overstaffing. The Republic of the 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. Oil has supplanted forestry as the mainstay of the economy, providing a major share of government revenues and exports. The GDP per capita is \$3,800.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Republic of the Congo general population is estimated at 3.5%. The Republic of the Congo has approximately 73,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Congolese Armed Forces (CAF) is comprised of approximately 10,000 members. The Republic of the Congo allocates 3.1% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the CAF in the capital city of Brazzaville, revealing a prevalence rate of 4.3%. In 2007, another HIV surveillance study was conducted for the CAF in Brazzaville and the prevalence rate was 2.6%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The JHCP has been providing technical assistance to the CAF in the implementation of HIV prevention and surveillance activities.



### OUTCOMES & IMPACTS

#### **Prevention**

Comprehensive prevention messages reached 1,768 CAF troops through the

104 educational sessions held throughout the year.

**Other**

In 2007, a second HIV surveillance study was conducted for the CAF in the capital of Brazzaville, revealing a prevalence rate of 2.6%. Over 1,000 troops were counseled and tested during the study. During FY08, JHCP provided technical assistance to the CAF's HIV coordination team to finalize the surveillance report. The MoD has officially released the results.

**Proposed Future Activities**

DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the CAF. Proposed activities include continuing prevention education training for peer educators and troops as well as the production of behavior change communication materials for trainers in military instruction centers.



## SAO TOMÉ AND PRINCIPE

# DHAPP

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### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Sao Tomé and Príncipe is 206,000 people, with an average life expectancy of 68 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 85%, unevenly distributed between men and women. This small, poor island economy has become increasingly dependent on cocoa since achieving 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 GDP per capita is \$1,400.

##### **HIV/AIDS Statistics**

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

##### **Military Statistics**

The Armed Forces of Sao Tomé and Príncipe (AFSTP) are estimated at 600 active-duty troops, with army, coast 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**

JHCP has been providing technical assistance to the militaries of Central Africa, including Sao Tomé, in the implementation of HIV prevention and surveillance activities.

#### OUTCOMES & IMPACTS

##### **Prevention**

During FY08, the JHCP continued to work with the military in Sao Tomé in order to prepare the local team for



implementation of selected activities. This process has been very slow due to lack of human resources dedicated to health in general and specifically to HIV/AIDS in the military. Following discussions with the Ministry of Health, it had been suggested and agreed upon to use the assistance of the National AIDS Control Program in Sao Tomé to implement planned activities in the military during FY08, due to the lack of human resources within the military. It is expected that local military will have learned from this first program how to sustain activities in the various units in the future.

### Proposed Future Activities

DHAPP received a proposal from the Global Viral Forecasting Initiative (Dr. Nathan Wolfe, formerly of JHCP, is the founder and principal investigator) on behalf of the AFSTP. It included the harmonization of key tools used for the intervention and evaluation of HIV/AIDS prevention programs in Central Africa subregion militaries (Cameroon, Gabon, Chad, Republic of the Congo, Democratic, Central African Republic, Sao Tomé and Principe, and Equatorial Guinea). Other plans included having representatives from the AFSTP attend a subregional workshop in Cameroon, with participation of military representatives from each of the aforementioned countries, and drafting subregional strategic guidelines for HIV/AIDS prevention in the military.





**US AFRICA COMMAND**

**DHAPP**

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# East Africa Region

# DJIBOUTI

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Djibouti is 506,000 people, with an average life expectancy of 43 years. French and Arabic are the official languages of Djibouti, which has an estimated literacy rate of 68%, 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 northeast 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 GDP per capita is \$3,800. Djibouti hosts the only US military base in sub-Saharan Africa .

#### **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.

#### **Military Statistics**

The Djibouti National Army (DNA) is estimated at approximately 8,000 members. Djibouti expends 3.8% of the GDP on the military. In 2006, the DNA conducted its own seroprevalence study and found a rate of 1.17%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff members have worked in coordination with the DNA and the US MLO in Djibouti to provide technical assistance, as needed, as the DNA prevention and care program continues to expand.



#### **Foreign Military Financing Assistance**

Djibouti was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the

diagnosis and treatment of HIV/AIDS. This award was appropriated for 2003, 2006, and 2007. Funding for the 2003 and 2006 appropriation was released for expenditure during FY05 and FY09, respectively. To date, funding for 2003 has been used to procure a hematology analyzer, autoclave, centrifuge, rapid HIV, hepatitis B, and hepatitis C test kits, immunoassay, biochemistry and microbiology equipment, refrigerators, and supporting laboratory reagents and supplies for the clinic laboratory. Planning and negotiation for 2006 and 2007 funding procurements are currently under way.

## OUTCOMES & IMPACT

### **Prevention**

The DNA HIV/AIDS prevention programs focus on abstinence, faithfulness, and correct and consistent condom use. The three are not considered separate, even though the use of a condom is advised as a last resort. During, the National Fight Against HIV/AIDS Week, a mass awareness campaign was conducted and nearly 700 troops were sensitized. The locations where the campaign was conducted include Holl-Holl, Ali Sabieh, Galafi, Galileh, Ali Adde, Obock, Khor Angar, and Moulouhle. Another mass awareness campaign was launched in September 2008, and a total of 269 troops were reached with prevention messages. Among these troops were new recruits and women. During FY08, the total number of troops reached with prevention messages was 936. There were 93 peer educators trained including 34 female peer educators in June 2008.

Two (2) service outlets provide PMTCT services. During the first half of FY08, 541 pregnant women received PMTCT services, and 9 of them received a complete course of antiretroviral prophylaxis. Data were not available for the second half of the year.

### **Care**

The DNA supports 9 CT centers for its troops. The CT centers are located throughout the DNA and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. During FY08, 565 DNA personnel were counseled and tested.

### **Proposed Future Activities**

DHAPP received a proposal from the US MLO on behalf of the DNA for activities in FY09. Specific objectives of the proposal included continuing prevention efforts, procuring a mobile CT unit, increasing the number of troops tested, and providing medical personnel with training on blood safety and laboratory services.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Eritrea is 4.9 million people, with an average life expectancy of 60 years. Several languages are spoken in Eritrea, including Afar and Arabic, with an estimated literacy rate of 59%, unevenly distributed between men and women. The GDP per capita is \$700. 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 operations that is monitoring a 25 km-wide Temporary Security Zone (TSZ) on the border with Ethiopia. An international commission, organized to resolve the border dispute, posted its findings in 2002. However, both parties have been unable to reach agreement on implementing the decision. On 30 November 2007, the Eritrea-Ethiopia Boundary Commission (EEBC) remotely demarcated the border by coordinates and dissolved itself, leaving Ethiopia still occupying several tracts of disputed territory, including the town of Badme. Eritrea accepted the EEBC's "virtual demarcation" decision and called on Ethiopia to remove its troops from the TSZ which it states is Eritrean territory. Ethiopia has not accepted the virtual demarcation decision.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Eritrea's general population is estimated at 1.3%. Eritrea has approximately 35,000 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.

#### **Military Statistics**

The Eritrean Armed Forces (EAF) is estimated at approximately 200,000. Eritrea allocates 6.3% of the GDP for military purposes.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

Bilateral military programs for HIV prevention in the EAF were suspended during FY07 and remain suspended.

### OUTCOMES & IMPACT

No activities occurred in FY08 because the bilateral military programs have been suspended indefinitely by the US Embassy in Asmara.

# ETHIOPIA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Ethiopia is 82.5 million people, with an average life expectancy of 55 years. Amharic is the official language of Ethiopia, which has an estimated literacy rate of 43%, unevenly distributed between men and women. The GDP per capita is \$700. Ethiopia's 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 \$350 million in 2006. Normal weather patterns helped agricultural and GDP growth recover in 2003–2008.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Ethiopia's general population is estimated at approximately 2.1%, with 890,000 living with HIV/AIDS. Identified risk factors include unprotected sexual contact, blood transfusions, unsafe injections, and vertical transmission. Rates are higher in urban areas and along transport corridors.

#### **Military Statistics**

The Ethiopian National Defense Forces (ENDF) has approximately 200,000 active-duty members. Ethiopia expends 3% of the GDP on the military. Military HIV prevalence rates are unknown, but a seroprevalence and behavioral risk study of the ENDF is in the planning stages.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff participate in the PEPFAR Ethiopia Country Support Team, and provided technical assistance in preparing the FY09 COP. DHAPP hired an in-country program manager who works for the Security Assistance Office at the US Embassy in Addis Ababa. The University of Connecticut's Center for Health, Intervention, and Prevention is an implementing partner in Ethiopia for the ENDF and DHAPP. US DoD Blood Personnel provide ongoing

support to the ENDF Bella Blood Center facility funded through PEPFAR.

### Foreign Military Financing Assistance

Ethiopia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and released for expenditure in FY05. Funding for the 2003 appropriation has been used to procure ENDF Bella Blood Center facility equipment and a serology analyzer.



## OUTCOMES & IMPACTS

### Prevention

Through the collaborative efforts of DHAPP, US Navy Blood Program personnel, the ENDF, Ethiopian Red Cross, CDC, and WHO, the ENDF Bella Blood Center facility in Addis Ababa began operations in fall 2007. Throughout FY08, blood banking technical assistance was provided by US Navy Blood Program personnel to assist the ENDF as it stood up operations in its new facility. The Blood Program will expand to include mobile collection services and field support for provision of blood to fully implement the ENDF's vision of a clean blood supply for its military, regardless of location of donors or recipients.

### Care

In the ENDF, a *Prevention with Positives* and ART adherence program will be launched in FY09. The methods and evaluation plans were developed, and the rollout of the program will begin in FY09. The University of Connecticut's Center for Health, Intervention, and Prevention worked collaboratively with ENDF representatives to create a program that is acceptable to staff and patients.



### Other

HIV prevalence in the ENDF is unknown. Since prevalence and risk-factor data are critical to programming, planning, and tracking of HIV rates, the ENDF is undertaking an HIV prevalence survey linked with a behavioral survey. DHAPP is providing technical assistance to the ENDF, and the planning for this survey is currently under way.

### Proposed Future Activities

Some of the proposed activities for the ENDF in FY09 include continuing the seroprevalence study among ENDF personnel, the continued development of a *Prevention with Positives* and antiretroviral therapy adherence program for people living with HIV/AIDS, continued capacity development for the Bella Blood Bank Center, and a continued injection-safety program for the ENDF. Data from the behavioral risk survey will be used to inform HIV prevention activities and plan clinical care.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Kenya's estimated population is 38 million people, with an average life expectancy of 57 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85%. 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 GDP growing more than 5% in 2005. The GDP per capita is \$1,800.

There are over 40 indigenous tribes or ethnic groups with different religious and social customs, including polygamy and wife inheritance. There are only 10 cities with over 100,000 people, and the Nairobi metropolitan area accounts for more than one third of the urban population. Only about 18% of the population lives in urban centers. The vast majority of Kenyans are small-scale farmers living in smaller towns and villages. This (and the resultant GDP per capita) limits access to health care.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Kenya's general population is 8.2%. Kenya has approximately 1.6 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 as men in this age range to be infected. HIV rates vary significantly throughout the country.

**Military Statistics**

The Kenyan Ministry of Defense, sometimes called the Kenya Department of Defense (KDOD), is estimated at approximately 35,000 personnel. Kenya allocates 2.8% of the GDP for military expenditures. No seroprevalence study has been done for the KDOD, so its rate of 5.9% is simply an estimate.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The Walter Reed Army Institute of Research (WRAIR) US Army Medical Research Unit-Kenya (USAMRU-K) is a fully staffed OCONUS laboratory and under the US Mission/Embassy in



Nairobi. The USAMRU-K primary lab and administrative hub is located at the Kenya Medical Research Institute (KEMRI) in Nairobi but also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army colonel and staffed by 11 active-duty military personnel, 1 Department of Army civilian, and 305 contract employees. Of this staff, 2 of the active-duty military (1 program manager and 1 lab manager) and 18 contract personnel provide direct oversight and in-country technical assistance to the KDOD PEPFAR program. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US MLO to the government of Kenya and is a USAFRICOM field office that coordinates US security assistance programs and USAFRICOM contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assist in coordinating higher-level meetings with the KDOD, ensuring goals and objectives of the Combatant Command are met.



USAMRU-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (USMHRP) in both technical and administrative areas. Additional technical support is provided by

USMHRP staff located in Thailand and DHAPP staff members working in collaboration with USMHRP. In country, USAMRU-K participates in USG PEPFAR technical working groups along with the CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, USAMRU-K also ensures activities with the KDOD under PEPFAR meet overall PEPFAR strategic goals.

## OUTCOMES & IMPACTS

### **Prevention**

During FY08, KDOD continued to provide significant results across all areas in prevention, care, and treatment of HIV. Through community outreach efforts, a total of 57,920 military personnel and their families were reached with prevention messages that focused primarily on abstinence and being faithful. A total of 20,730 troops and families received abstinence-only messages, mainly through faith-based organizations and seminars aimed at the youth in the military population; 1,411 others were trained in the provision of those messages. In addition, 23,251 military members and their families were reached with comprehensive prevention messages. Condom services were provided through 440 dispensing points (mess toilets, hospitals waiting rooms, clinics, and bars). Eighty-seven (87) individuals were trained in the provision of comprehensive prevention.

During the fiscal year, 2,278 women were provided with PMTCT services at 14 sites. These services included counseling, HIV testing, and results. Of the women tested, 148 were provided with a complete course of ARV prophylaxis. Thirteen (13) HIV-positive pregnant or lactating women received food and nutritional supplementation at the PMTCT sites.

## Care

Nine (9) service outlets provided HIV-related palliative care to military members and their families. During the year, 2,043 individuals were provided with HIV-related palliative care. These numbers included 217 individuals receiving treatment for TB. A total of 67 individuals were trained and certified on HIV-related palliative care including TB/HIV. The trainings were conducted by the National AIDS/STI Control Program in line with the Kenya MOH curriculum.

By the end of the reporting period, the KDOD HIV program had served 31 orphans and vulnerable children (through supplementary direct support by paying their school fees. In FY09, the program will shift its focus from providing services to identifying KDOD OVC and finding other local organizations that offer OVC services close to where these children are located. Such organizations include the Kenyan Government, USG-funded programs, faith-based organizations, and other NGOs.

Twenty (20) CT centers provided HIV testing for KDOD personnel. By the end of the reporting period, the KDOD HIV program had reached 11,333 individuals with CT services. Of these, a total of 584 TB patients were provided with diagnostic CT within the TB clinics.

## Treatment

During FY08, 9 outlets provided ART services to KDOD personnel and their families. Four hundred forty-three (443) individuals were newly started on ART during the reporting period. At the end of the reporting period, 1,299 individuals were considered current clients receiving ART. A total of 351 individuals receiving ART with evidence of severe malnutrition were provided with nutritional supplementation based on WHO guidelines.

During the reporting period, a total of 19,269 tests were performed at the 5 KDOD laboratories. These included 4,527 HIV tests, 657 TB diagnostics, 1,629 syphilis tests, and 12,456 HIV disease monitoring tests. A total of 7 lab personnel were trained on early infant diagnosis based on MOH training curriculum.

## 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 Kenya Country Support Team and were included in the FY09 COP.



# RWANDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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

### BACKGROUND

#### **Country Statistics**

Rwanda is a poor rural country with about 90% of the population engaged in (mainly subsistence) agriculture. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners are coffee and tea. The estimated population of Rwanda is 10 million people, with an average life expectancy of 50 years. Kinyarwanda is the official language of Rwanda, which has an estimated literacy rate of 70%, evenly distributed between men and women. The GDP per capita is \$900.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Rwanda's general population is estimated at 2.8%, a decline from recent years. Rwanda has approximately 130,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Rwandan Defense Forces (RDF) is estimated at approximately 30,000 troops. Rwanda expends 2.9% of the GDP on military expenditures. A seroprevalence and behavioral study was

started in FY08 and data collection is ongoing for the RDF.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The RDF HIV/AIDS program is a collaborative effort between the RDF, the DAO at the US Embassy, PSI, Charles R. Drew University of Medicine and Science Center for AIDS Research, Education and Services (Drew CARES), and DHAPP. Working in the US DAO an in-country program manager coordinates activities between the implementing partners and the RDF. DHAPP staff members provided technical assistance to the RDF during in-country visits throughout FY08. The purpose of the trips included review, assistance, and preparation of the PEPFAR FY09 COP, 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 Country Support Team, and have been involved in every level of country planning, ensuring that RDF programs are adequately addressed.



## OUTCOMES & IMPACTS

### Prevention

During FY08, PSI's military behavior change communication program continued trainings, peer education activities, and supporting the 19 well-functioning anti-AIDS clubs. This year, PSI/Rwanda focused on reaching high-risk populations living in the surroundings of military brigades and battalions. As a result, most military anti-AIDS clubs now also have civilian members (mainly female partners of the soldiers), and organize sensitization events for the population living near the battalions. All of these clubs have trained peer educators. Abstinence and being faithful messages were discussed with soldiers during peer education activities and interpersonal communication activities organized by the trained anti-AIDS clubs. During the third quarter, a message development workshop was conducted to refresh message material and integrate gender and alcohol messages. Infidelity when living apart from a wife or girlfriend was discussed at length during this workshop and seen as a major risk factor contributing to the spread of HIV by the soldiers themselves. The new messages developed in the workshop are now being incorporated and produced into new Information, Education, and Communication materials. In FY08, a total of 1,013 peer educators were trained or retrained and



64,990 individuals were reached with comprehensive prevention messages.

The knowledge of transmission prevention has empowered HIV-positive soldiers in the RDF to spread the word to others. One group of HIV-positive RDF soldiers created their own music group, and they travel throughout their community, openly sharing their HIV status and encouraging others to protect themselves from possible infection.

Two (2) PMTCT outlets provided services to 278 pregnant women, including CT. Thirty-four (34) women received a complete course of ARV prophylaxis, and 42 health workers were newly trained or retrained in the provision of PMTCT services.

### Care

Seven (7) service outlets provided HIV-related palliative care to military members and their families. During the year, 2,652 individuals including RDF members were provided with HIV-related palliative care, and 42 individuals were trained in the provision of care by Drew CARES.

Drew CARES established 5 new CT centers at the brigade level. In FY08, a total of 8 CT centers provided HIV testing for RDF personnel. During FY08, 10,410 individuals were tested for HIV and received their results, including RDF members and their dependents. Since several CT centers were newly established, training for 123 individuals occurred in FY08. All HIV-positive clients were referred to surrounding public clinics or Kanombe Military Hospital in Kigali through the Medical Brigade Doctors for follow-on services.

### Other

A seroprevalence and behavioral study was started in FY08 for the RDF and data collection is ongoing. Data collection should be completed in FY09.



### Treatment

Drew CARES acted on behalf of the RDF as its implementing agent for ART. During FY08, 7 outlets provided ART services to RDF personnel, their families, and civilians in the surrounding area. Four hundred twenty-four (424) individuals were newly started on ART, and 1,582 individuals were receiving ART by the end of the reporting period. Forty-two (42) military health workers were trained in the provision of ART.

### Proposed Future Activities

In addition to the ongoing successful efforts of in-country PEPFAR partner PSI in RDF prevention program implementation, DHAPP collaborated with Drew CARES to expand its work in Rwanda. Drew CARES is working with the RDF in HIV-related palliative care and treatment services, as well as CT services for the RDF. PSI and Drew CARES, on behalf of the RDF, submitted proposals for continuation of their programs to the Rwanda Country Support Team, which were included in the FY09 COP.



## 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, which broke out in the western region of Darfur in 2003, has displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. The UN took command of the Darfur PKO from the African Union on 31 December 2007. As of early 2009, peacekeeping troops were struggling to stabilize the situation, which has become increasingly regional in scope, and has brought instability to eastern Chad, and Sudanese incursions into the Central African Republic. Sudan also has faced large refugee influxes from neighboring countries, primarily Ethiopia and Chad. Armed conflict, poor transport infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. The estimated population of Sudan is 40.2 million people, with an average life expectancy of 50 years. Arabic is the official language of Sudan, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The GDP per capita is \$2,200, with an unemployment rate of 18.7%.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Sudan's general population is estimated at 1.4%, with 290,000 people currently living with HIV/AIDS. 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 plays a significant role in efforts to reduce the impact of HIV in southern 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, as the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits will 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 USG 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 USG supports the institutional development of the SPLA through IntraHealth International, an implementer for the CDC, and PSI, an implementer for the USAID. IntraHealth and PSI help implement prevention, CT, care, and treatment activities aligned with the strategic planning for HIV/AIDS response by the SPLA.

Sudan was named as a participating country in PEPFAR, beginning in FY07. DHAPP staff are active members of the Country Support Team and continue to work with the CDC and USAID in engaging the SPLA. In FY09, the DoD will have a Security Assistance Program Manager located in Juba to assist with DoD activities.

### OUTCOMES & IMPACT

#### **Prevention and Other**

DHAPP staff participates in Sudan's Country Support Team activities and works with the CDC and USAID in engaging the SPLA. There are plans to conduct a behavioral survey within the SPLA and it will be funded by DHAPP.

#### **Proposed Future Activities**

Continued HIV programming for the SPLA was proposed to the PEPFAR Sudan Country Support Team. All proposed activities were included in the FY09 COP. In particular, the SPLA HIV/AIDS Secretariat will direct the evolution of program priorities over time, but direct PEPFAR support will focus heavily on building institutional capacity and prevention campaigns based on partner reduction, CT, and condoms. The CDC and USAID, with PEPFAR funds, propose supporting the SPLA HIV/AIDS Secretariat through partnerships with IntraHealth International and PSI.

Research Triangle Institute (RTI) International submitted a proposal to conduct a seroprevalence and behavioural survey within the SPLA for FY09. DHAPP sponsored 2 SPLA officers, the chief of the medical corps and the HIV program manager to attend the *Defense Institute for Medical Operations 8th Annual HIV/AIDS Planning and Policy Development Course* in San Antonio in December 2008. During FY09, health care providers and laboratory technicians from the SPLA will attend the IDI in Kampala, Uganda, through DHAPP support. In FY09, the CDC and DoD plan to work with the SPLA on an alcohol and HIV initiative among military populations.

# TANZANIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Tanzania's estimated population is 40 million people, with an average life expectancy of 51 years. Kiswahili, Swahili, and English are the official languages of Tanzania, which has an estimated literacy rate of 70%, 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 more than 40% of GDP, provides 85% of exports, and employs 80% of the work force. The GDP per capita is \$1,400.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Tanzania's general population is estimated at 6.2%, with approximately 1.3 million people living with HIV in Tanzania. 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 35,000. As of this annual report, no information regarding HIV prevalence in the military was available. Tanzania expends 0.2% of the GDP on military expenditures.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The TPDF works in collaboration with the Walter Reed Army Institute of Research (WRAIR) and PharmAccess International (PAI) on its HIV/AIDS program. WRAIR programs in Tanzania are directed by a US Department of Army civilian with attaché status hired under the Division of Retrovirology (Div. Retro.) who reports directly to the Ambassador under the US Embassy in Dar es Salaam. WRAIR's primary administrative and contracting hubs are located in Silver Spring, Maryland, and Fort Detrick in Frederick, Maryland, respectively, with the Department of Army civilian providing direct oversight of program progress on the ground. WRAIR works closely with the DAO at the US Embassy. Though not involved in the day-to-day management of the PEPFAR program, DAO staff assist in coordinating higher-level



meetings with the TPDF, ensuring goals and objectives of the Combatant Command are met.

PAI is an NGO based in the Netherlands. PAI has more than 15 years of experience working on comprehensive, workplace HIV programs in Africa, and over 5 years working with the TPDF. Through a grant issued by the US Army Medical Research Acquisition Activity based at Fort Detrick, PAI provides not only managerial and fiscal oversight of the program but also focuses technical assistance on both clinical and behavioral interventions for the TPDF.

PEPFAR activities are further supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (USMHRP) under Div. Retro. in both technical and administrative areas. Additional technical support is provided by USMHRP staff located in Kenya and DHAPP staff members working in collaboration with USMHRP. In country, WRAIR participates in PEPFAR technical working groups along with the CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, WRAIR also ensures activities with the TPDF funded by PEPFAR meet overall USG PEPFAR strategic goals.

## OUTCOMES & IMPACT

### **Prevention**

The TPDF prevention program targets all 5,000 recruits, 30,000 military personnel, 90,000 dependents, and 80,000 civilians living near the military camps and hospitals.

During FY08, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 59,944 troops, their dependents, and civilians living in the communities around the 8 military health centers were reached with comprehensive prevention messages. Eight hundred forty (840) peer educators were trained in the provision of those messages. The peer educators represent 5 army brigades, and the air force, navy, and military intelligence. Condom services were provided through 163 targeted outlets. Gender and gender-based violence have been integrated into some of the prevention messages. The adjustments in the peer educator training programs have been accomplished in collaboration with EngenderHealth and the Champions Project.

During FY08, 7,847 pregnant women were provided with PMTCT services at 9 sites. These services included counseling, testing for HIV, and receiving results. Of the women tested in the PMTCT setting, 495 were provided with a complete course of ARV prophylaxis. Twenty-four (24) military health care workers were trained in the provision of PMTCT services, in accordance with the national PMTCT guidelines.

### **Care**

There are 8 palliative care sites for the TPDF, and 7,877 individuals received services. Four hundred twenty-five (425) palliative care patients received treatment for TB. Fifty-four (54) medical officers and nurse counselors have been trained on palliative care services including TB, according to the guidelines of the National AIDS Control Programme TB Unit and the National Tuberculosis and Leprosy Program.

Eleven (11) CT centers provided HIV testing for TPDF personnel. During FY08, a total of 47,428 troops, family members, and civilians were tested for HIV and received their results (23,765 men, 23,663 women). Seventy-six (76) military members were trained in the provision of CT. In the future, provider-initiated CT will replace voluntary CT, in accordance with the counseling and testing guidelines of the Ministry of Health and Social Welfare.



### Treatment

In FY08, 33 military health workers were trained in the provision of ART. In the past year, the TPDF scaled up the number of sites that can offer treatment services. At the 8 TPDF treatment sites, 1,549 individuals were newly initiated on ART, and by the end of reporting period, 3,243 current patients were on ART. Eleven (11) TPDF laboratories had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 24 laboratory workers were trained in the provision of laboratory services. One of the major accomplishments of this program is that the care and treatment services of the TPDF hospitals are more integrated with the National Care and Treatment Plan are under

the Ministry of Health and Social Welfare. Another accomplishment is that data comes from a central electronic database as opposed to the sites' registrar books which was the normal practice until April 2008. Electronic data-entry started in May 2008 at all sites.

### Other

Training for strategic information was provided to 16 individuals. An HIV/AIDS policy to make HIV testing an integrated part of the yearly medical checkup for all TPDF personnel has been written by a dedicated TPDF task force. Authorization of the policy is expected in the near future. The new policy has two implications. First, a large number of army personnel will be tested and an extensive increase in HIV-positive persons who need care and treatment can be expected. Second, health centers at military camps will need to be scaled up so that yearly medical checkups, including HIV screening, care and treatment services, can be provided there.

### Proposed Future Activities

Ongoing successful TPDF and partner programming will continue 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 Support Team and were included in the FY09 COP.

# UGANDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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### BACKGROUND

#### **Country Statistics**

The estimated population of Uganda is 31.4 million people, with an average life expectancy of 52 years. English is the official language of Uganda, which has an estimated literacy rate of 67%, 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 GDP per capita is \$1,100.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Uganda's general population is estimated at 5.4%, with approximately 810,000 individuals living with HIV/AIDS. Identified significant risk factors include high-risk heterosexual contact with multiple partners and STIs. 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 Peoples Defense Force (UPDF) consists of approximately 50,000 active-duty members, with an estimated 200,000 dependents. Uganda expends 2.2% of the GDP on the military. Military HIV prevalence rates are unknown, but a seroprevalence survey was conducted and analysis is underway.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The UPDF HIV/AIDS Control Program is a collaborative effort between the UPDF, the DAO at the US Embassy in Kampala, DHAPP, the University of Connecticut Center for Health, Intervention, and Prevention (CHIP), and the Uganda-based National Medical Research Unit (NAMERU). An in-country program manager who works out of the DAO oversees the day-to-day operations of the program, including oversight of the implementing partners.

DHAPP staff members provided technical assistance to the UPDF during in-country visits throughout FY08. The purpose of the trips included review, assistance, and preparation of the PEPFAR COP for FY09, as well as

military-specific planning and technical assistance to the UPDF and US Embassy personnel. DHAPP staff members represent the UPDF as members of the PEPFAR Country Support Team, and have been involved in every level of country planning, ensuring that UPDF programs are adequately addressed.

### Foreign Military Financing Assistance

Uganda was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2003, 2004, 2006, and 2007. Funding for the 2003 and 2004 appropriation was released for expenditure during FY05 and FY07, respectively. To date, the 2003-04 funding appropriation has been used to procure hematology and chemistry analyzers, in addition to supporting diagnostic supplies and reagents for 4 of the 8 HIV ARV delivery sites. Procurements using remaining 2004 appropriation funding are currently under way, to include 3 hematology analyzers and supporting reagents.

## OUTCOMES & IMPACTS

### Prevention

There has been increased momentum in HIV/AIDS awareness campaigns, thanks largely to the involvement of the UPDF commanders and female leaders in the military communities in the fight against HIV/AIDS. The provision of a film van for the UPDF health workers by DHAPP has tremendously boosted the accessibility of prevention messages to rural units and

troops. Prevention messages in film are being delivered to rural units that had been impossible to reach. During FY08, 76,778 troops, family members, and civilians in the surrounding military communities were reached with comprehensive prevention messages, and 210 peer educators were trained in the provision of these messages. The mobility of troops provides a challenge to carrying out follow-up prevention activities.



The UPDF has ensured that condoms continue to be part of the military kits for soldiers going into operational zones. The UPDF supports at least 10 condom service outlets at the division-level hospitals. As data reporting improves, more-accurate information will be provided on the exact number of condom service outlets.

There are 8 service outlets carrying out blood safety activities for the UPDF, and 30 individuals were trained in the provision of blood safety prevention. The UPDF has entered into a partnership with NAMERU to strengthen provision of injection safety services in its health facilities. The level of awareness for injection safety among UPDF health care workers is steadily increasing. Activities with NAMERU will include undertaking a situational analysis and needs assessment, training medical workers, and procuring auto-disabling syringes and proper waste disposal containers.

Four (4) service outlets provide PMTCT services for the UPDF. There were 396 women who were provided with these services including counseling and receiving their testing results. Of those women, 54 were given a complete course of ARV prophylaxis.

The UPDF decided to augment PMTCT services at 4 of the military bases with ART clinics. The augmented activities included sensitization and increased awareness for pregnant women to access services. Midwives and nurses have been trained according to the Ugandan Ministry of Health guidelines. PMTCT service outlets are also used to identify discordant couples and emphasize linkage to clinical services for testing and treatment. An assessment is under way to estimate the gaps of human resources within the UPDF's PMTCT sites, including personnel needs, training, and retention; CT for pregnant women; PMTCT services and ART linkages; and follow-up procedures for the mother and infant. One notable observation is the very low level of access to PMTCT services accessed by pregnant women (less than 40%) - and an even lower level for their families. Commodity stock-outs are part of the assessment process.

In the coming year, the PMTCT program will focus on increasing the coverage of women accessing services in UPDF facilities. The goal will be to reach 75% of all pregnant women and 25% of their spouses and partners with PMTCT services.

## Care

Twenty-four (24) service outlets provide palliative care services for the UPDF, their families, and civilians in the surrounding communities. During FY08, 29,948 individuals were provided with palliative care services, and 34 health workers were trained in the provision of these services. In the reporting period, none of the health facilities reported stock out of cotrimoxazole for prophylaxis treatment of common OIs .

The training for palliative care services was provided for physicians, nurses, and clinical officers, through IDI in Kampala. IDI, in collaboration with the UPDF, has developed a course aimed to ramp up skills in ART use, recognition and management of OIs, and PMTCT services.

A pediatric technical consultant provided technical assistance to the UPDF on pediatric care and treatment. A strategic plan in pediatric care and treatment services will be developed and it will include assessment of appropriate ART formulation and training for health care providers. Monitoring clinical services, with electronic medical information systems to optimize clinical management will be initiated. There will be more of an emphasis on the integration of prevention, care, and treatment programs, thereby increasing the availability of materials for client-provider interaction.



The UPDF provided services to 863 orphans and vulnerable children and began a strategy of integrating support activities for the OVC into school-based programs, such as health education about abstinence, increasing counseling and care services coverage in the schools, and fighting stigma against those infected with HIV. In this strategy, the teachers are specifically trained and empowered to incorporate OVC activities into their routine teaching curriculums. In addition, linkages have been made for OVC and services available to them, to include care and treatment. In addition, 22 UPDF health workers were trained in palliative care, adherence counseling, and quality data assessment by a team of CHIP researchers.

Eight (8) CT centers have been established, covering all of the major military bases, with 16,747 persons tested in 2008. Training for CT services was provided to 44 individuals. The CT program is directly linked to palliative care, including drugs for OIs, provided for HIV-infected military personnel and family members. On-the-job training for doctors, nurses, counselors, and clinical officers has been an area of emphasis for the UPDF.

### **Treatment**

ART is now provided through PEPFAR and Global Fund support at 8 UPDF sites, serving 5,029 military personnel, spouses, and children. During FY08, 1,394 individuals were newly initiated on ART.

### **Other**

In FY08, an HIV seroprevalence survey was conducted for the UPDF with the assistance of NAMERU. The survey targeted 3,000 randomly selected troops on 5 military bases across the country. Data analysis is in its final stages.

PEPFAR staff conducted site visits to the UPDF's Bombo General Military Hospital and 2 additional clinics for implementing an electronic Health Management Information System (HMIS). Specific recommendations were made, including training for UPDF data-entry staff. Implementation is under way, with development of a proper electronic HMIS that meets UPDF's monitoring of implementation needs, Ministry of Health and PEPFAR reporting requirements. To improve data-capture reporting in the UPDF, 3 health facilities (Bombo, Nakasongola, and Gulu) were selected to pilot an improved HMIS. From these centers a total of 24 nursing assistants were trained in data collection, analysis, and reporting. An additional 30 health workers from the UPDF attended the MOH modular training in HMIS and integrated disease surveillance. Activities initiated in FY08 will continue in FY09. New activities will include the completion of the electronic HMIS, and expansion of it to the other 8 ART centers, as well as extension of Internet services.

### **Proposed Future Activities**

Ongoing successful UPDF 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 Uganda Country Support Team and were included in the FY09 COP.

## Union of Comoros

# 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 Union of the Comoros lies in the Indian Ocean archipelago and is composed of Grande Comore, Moheli, Mayette, and Anjouan islands. The estimated population of the Comoros is 732,000 people, with an average life expectancy of 63 years. French and Arabic are the official languages of the Comoros, which has an estimated literacy rate of 57%, unevenly distributed between men and women. The Comoros obtained independence from France in 1975. Since then, more than 20 coups and secession attempts have occurred. In 1999, the Comoros Army took control of the government and negotiated a constitution in 2001 known as the Fomboni Accords. An objective of this new government order was to end the political instability and almost constant violence that had earned it the title of “the coup-coup islands.” This constitution provided each island with a semiautonomous government, a president, and its own parliament. The Comoros also has a rotating national presidency for the overarching Union government. In spite of this, military action was needed on March 2008 to regain control of the Anjouan Island. In a military operation, African Union coalition forces from Tanzania, Sudan, and Senegal, with logistical support from Libya, supported the Comoros government’s military in regaining control. The GDP per capita is \$1,100.

##### **HIV/AIDS Statistics**

The current HIV prevalence rate in the Comoros’ general population is <0.1, with fewer than 200 people living with HIV/AIDS.

##### **Military Statistics**

The Comoros National Development Army (CNDA) is composed of approximately 700 members of the Defense Force and 500 Federal Police. The Union of Comoros maintains a defense treaty with France, which provides training of Comorian military personnel, naval resources for protection of territorial waters, and air surveillance. HIV prevalence in the military is unknown. The Comoros allocates 2.8% of the GDP for military purposes.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff has been collaborating with the DAO at the US Embassy in Moroni and the CNDA on an HIV/AIDS program.



### OUTCOMES & IMPACT

DHAPP is standing by to provide assistance to the CNDA. DHAPP approved FY08 funds for providing CT services to include counselor training and procuring test kits. Funds will also be used for producing and distributing HIV prevention materials. Funds were not fully expended in FY08. It is expected that activities will continue in FY09.







**US AFRICA COMMAND**

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# North Africa Region

# MAURITANIA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

Mauritania achieved independence from France in 1960. A bloodless coup in August 2005 deposed President TAYA and ushered in a military council that oversaw a transition to democratic rule. Independent candidate Sidi Ould Cheikh ABDALLAHI was inaugurated in April 2007 as Mauritania's first freely and fairly elected president. His term ended prematurely in August 2008 when a military junta deposed him and ushered in a military council government. Meanwhile, the country continues to experience ethnic tensions among its black population (Afro-Mauritanians) and White and Black Moor (Arab-Berber) communities. The estimated population of Mauritania is 3.4 million people, with an average life expectancy of 54 years. Arabic is the official language of Mauritania, which has an estimated literacy rate of 51%, unevenly distributed between men and women. The GDP per capita is \$1,900.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Mauritania's general population is estimated at less than 0.8%, with approximately 14,000 people living with HIV. Risk factors are largely unknown.

#### **Military Statistics**

The Mauritanian Armed Forces (MAF) is composed of an estimated 16,000 members. Mauritania allocates 5.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

During FY08, no funding was provided for program activities to the MAF because of the current political situation.



# MOROCCO

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Morocco is 34 million people, with an average life expectancy of 72 years. Arabic is the official language of Morocco, which has an estimated literacy rate of 52.3%, 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. The GDP per capita is \$4,000. Morocco's GDP grew to 5.3% in 2008, with the economy recovering from a draught in 2007 that severely reduced agricultural output and necessitated wheat imports at rising world prices.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Morocco's general population is 0.1%, with approximately 21,000 people living with HIV. 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.

#### **Military Statistics**

The Moroccan Royal Armed Forces (MRAF) has an estimated 200,000 troops. The Royal Armed Forces comprises its army (includes air defense), navy (includes marines), and air force. Morocco allocates 5% of the GDP for the military. All new recruits are required to be tested for HIV.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The MRAF implemented a prevention program for its forces beginning in 1996. The MRAF, through its Health Inspection Division, has been able to sustain an HIV/AIDS prevention program with assistance from DHAPP and the OSC in Rabat.



## OUTCOMES & IMPACTS

### **Prevention and Treatment**

During FY08, 10,000 troops were reached with comprehensive prevention messages, and 220 peer educators were trained. The program targets young recruits for several reasons such as international assignments and frequent displacements. In each unit targeted by the program, condoms were given to the troops after the peer education sessions.

### **Proposed Future Activities**

DHAPP received a proposal from the MRAF for activities in FY09. Goals for its prevention efforts include (1) continue prevention education for troops, (2) conduct train-the-trainer and peer education sessions, (3) educate health care professionals on ART services, and (4) procure a mobile CT unit.





# South Africa Region

## BOTSWANA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth slowed to 4.7% annually in 2006–2007. Through fiscal discipline and sound management, Botswana has transformed itself from one of the poorest countries in the world to a middle-income country. Diamond mining has fueled much of the expansion and currently accounts for more than one third of the GDP and for 70% to 80% of export earnings. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. The estimated population of Botswana is 1.8 million people, with an average life expectancy of 50 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 81%, evenly distributed between men and women. The GDP per capita is \$15,800.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Botswana's general population is considered one of the highest in the world, estimated at

23.9%. Botswana has approximately 280,000 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 STIs. Heterosexual contact is the principal mode of transmission.

#### **Military Statistics**

The Botswana Defense Forces (BDF) is estimated at 10,000 active-duty personnel. No prevalence data are available, but the BDF is currently conducting a seroprevalence study. Botswana expends 3.4% of the GDP on the military.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

Through the US OSC, a DHAPP program manager works in collaboration with DHAPP staff, PSI and the BDF. DHAPP staff are an active member of the PEPFAR

Botswana Country Support Team, and provided technical assistance in developing the BDF COP for FY09. PSI also works as an implementing partner with the BDF for prevention activities.



### Foreign Military Financing Assistance

Botswana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and was released in FY05. To date, funding for the 2003 appropriation has been used to procure a CD4 machine, a chemistry analyzer, and a PCR analyzer.

## OUTCOMES & IMPACTS

### Prevention

The OSC, in conjunction with the BDF and PSI, reported reaching 6,324 troops and family members with comprehensive prevention messages, as well as training 721 peer educators. Significant progress was made in this year in training peer educators. The continued goal of the program is to reach more troops and family members with prevention messages.



The BDF has consulted the National Health Laboratory of Botswana and the Botswana-Harvard Partnership for oversight and direction on procuring additional laboratory equipment. The Botswana-Harvard School of Public Health AIDS Initiative for HIV Research and Education is a collaborative research and training initiative between the Government of the Republic of Botswana and the Harvard AIDS Initiative. Currently, 5 service outlets carry out blood-safety activities. Eight (8) individuals were trained in blood safety. In collaboration with John Snow International, 354 BDF members were trained in injection safety.

Six (6) service outlets provide PMTCT services. Twenty-six (26) health care workers were trained in the provision of PMTCT services. Through intensive mobilization campaigns, the military health services have seen an increase in the number of pregnant women using PMTCT services. Much of this accomplishment is due to the collaboration between the BDF and the Botswana MOH.

### Care and Treatment

CT services are critical to the BDF's program, and 8 outlets offer these services. Construction of the new CT center for the BDF is under way and should be completed in FY09. Strategically chosen, 125 HIV counselors were trained so that all BDF installations have coverage. In FY08, 1,580 individuals were counseled and tested.

The BDF supports 8 service outlets that provide palliative care and ART to its troops, family members, and their civilian neighbors. Sixty-two (62) individuals were trained in the provision of these services. Sixty-two (62) health care workers were trained in the delivery of ARV services, and 21 individuals were

trained in laboratory-related activities. The BDF's number of troops receiving palliative care and/or treatment services is classified.

### Other

HIV policy training was provided to 19 individuals, and 335 individuals were trained in HIV-related community mobilization for prevention, care, and/or treatment. Through the collaborative efforts of DHAPP, the National AIDS Coordinating Agency, the Institute of Development Management in Botswana, a monitoring and evaluation training course was held for 27 BDF members. The success of the training will ensure more accurate and timely reports from the BDF as well as assist them in strategic planning for ending the spread of HIV/AIDS in the military. Plans are currently under way for a seroprevalence and behavioral survey within the BDF. In FY09, the survey should be launched.

### Proposed Future Activities

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Support Team. All proposed activities were included in the FY09 COP. Some of these activities include continued prevention efforts, review and possible revision of HIV policy, training of BDF medical personnel on TB treatment, building infrastructure of electronic data management for ART patients, and conducting a seroprevalence and behavioral survey.





# LESOTHO

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Lesotho is 2.1 million people, with an average life expectancy of 40 years. English is the official language of Lesotho, which has an estimated literacy rate of 85%, unevenly distributed between men and women, interestingly with women having higher literacy rates (95%) than men (75%). The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. The GDP per capita is \$1,600.

#### **HIV/AIDS Statistics**

AIDS is the number one killer of the Basotho people, with 23,000 dying each year of the disease. The estimated HIV prevalence rate in the Lesotho general population is 23.2%, resulting in approximately 260,000 individuals living with HIV/AIDS in Lesotho, one of the highest rates in the world. 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 expends 2.6% of the

GDP on the military. No HIV prevalence data are currently available for LDF members, but a seroprevalence study is being planned.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff are active members of the PEPFAR Lesotho Country Support Team and have provided technical assistance in preparing the FY09 COP. In FY08, an in-country program manager was hired to oversee programmatic activities and work with implementing partners. PSI began working with the LDF in 2005, with activities focused on training peer educators among military personnel, prevention programs that emphasized CT and correct and consistent condom use, and training CT counselors. The activities have led to increased demand for CT services among military personnel.

### Foreign Military Financing Assistance

Lesotho was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY06, FY07, and FY08, and FY06 was released for expenditure during FY08. Current proposals for these funds are still in negotiation. The LDF is working with the CDC, a PEPFAR-funded laboratory technical assistance provider, and the Lesotho Ministry of Health to improve, move, and reorganize the current laboratory at the Makoanyane Military Hospital. Once the full laboratory plan has been developed, which ties into the National Laboratory Plan, DHAPP will procure all laboratory equipment and supplies that are identified in this process.

### OUTCOMES & IMPACTS

#### Prevention

The LDF and PSI worked diligently on peer education training during the year, and 54 individuals were trained or retrained. PSI is working toward a train-the-trainer model so that LDF capacity is built and sustainable over time. Since most of the year was spent on training, peer education sessions only reached 224 troops. The LDF supported 16 condom service outlets and it was estimated that 86,000 condoms were distributed.

The LDF supported 2 outlets providing PMTCT services. During the year, 276 pregnant women were provided with PMTCT services, 60 of whom received a complete course of ARV prophylaxis. The follow-up mechanism for infants of mothers who tested HIV positive and received prophylaxis has improved in the last 2 years.

A male circumcision study protocol has been fully developed and is currently being reviewed by several institutional review boards (both in the US and Lesotho). The proposed study will provide information regarding the prevalence of various types of male circumcisions being done in Lesotho, which will assist with service planning.

#### Care

In January 2008, the LDF Wellness Center officially opened, so 2 service outlets provide HIV-related palliative care services to LDF personnel and their families. The LDF Wellness Center not only provides palliative care services but also CT services. The center is located close to a road with public transportation, and there has been an increase in the number of attendees for CT as well as other clinical services. During the fiscal year, 470 individuals were provided with HIV-related palliative care (178 men, 292 women). Of these, 21 received treatment for TB.

Three (3) outlets provided CT services for military personnel. The mobile CT unit went out twice during the year and was able to provide additional CT services to sites outside of the 2 fixed outlets. Four hundred nine (409) troops or family members were tested for HIV and received their results. The mobile unit also assisted in an outbreak of flu at the Oxbow base during the year.



### Treatment

One (1) service outlet provides ART for LDF members and their families. At the end of the year, 359 troops and family members were provided with ART. One hundred six (106) clients were newly initiated on ART during the year. Four (4) individuals, including 1 physician, 1 nurse clinician, and 2 ART nurses, were trained in the delivery of ART services.

Currently, 1 laboratory has the capability to perform HIV testing and CD4 counts. The laboratory will move from its current location to the old site of the ART clinic. FMF funds will be used to procure the new equipment necessary for the lab.

### Other

There are two major areas of strategic information being addressed within the LDF and they are to support the LDF's medical Services and a mobile clinic. In particular, an effort is under way to implement an electronic health record system for the LDF. A pilot program will begin shortly, and results from the pilot will be used to determine rollout plans. Planning has started for an HIV prevalence and behavioral risk survey. The results of which will be used to tailor prevention programs and to plan clinical services.

Three (3) individuals attended strategic information training offered through PEPFAR. Several workshops were held on the LDF HIV/AIDS policy for 224 LDF officers.

### Proposed Future Activities

Continued HIV programming for LDF members was proposed to the PEPFAR Lesotho Country Support Team. All proposed activities were included in the FY09 COP. Some of these activities include continued prevention efforts, increased CT services, a seroprevalence study for the LDF, and a male circumcision study.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Madagascar is 20 million people, with an average life expectancy of 63 years. French and Malagasy are the official languages of Madagascar, which has an estimated literacy rate of 69%, unevenly distributed between men and women. Agriculture, which includes fishing and forestry, is a mainstay of the economy and accounts for more than one fourth of Madagascar's GDP, and employs 80% of the population. The GDP per capita is \$1,100. Exports of apparel have boomed in recent years primarily due to duty-free access to the United States. Deforestation and erosion, aggravated by the use of firewood as the primary source of fuel, are serious concerns. Poverty reduction and combating corruption will be the centerpieces of economic policy for the next few years.

**HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Madagascar is estimated at 0.1%, with approximately 13,000 individuals living with HIV/AIDS. Most cases of HIV in Madagascar are spread through multi-partner heterosexual sex.

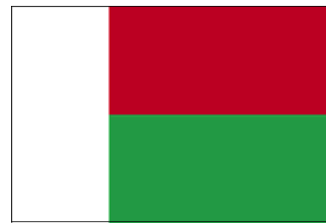
**Military Statistics**

The People's Armed Forces of Madagascar (PAFM) has an estimated 21,000 members. Madagascar allocates 1% of the GDP for military expenditures. No HIV/AIDS prevalence data were available for the armed forces.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The PAFM has continued to build a comprehensive HIV program. The PAFM works closely with the US Embassy Security Assistance Office on program coordination.



**Foreign Military Financing Assistance**

Madagascar was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for

OUTCOMES & IMPACTS

fiscal years 2005, 2006, 2007, and 2008, with funding for 2005 and 2006 released for expenditure during FY07 and FY09, respectively. To date, funding for 2005 has been used to procure rapid test kits and other basic equipment, and supplies and reagents needed for HIV infection prevention, diagnosis, and treatment. As of April 2009, assistance to Madagascar has been suspended due to the current political/military situation.

The PAFM submitted a proposal for FY08 and received funding. Not all funds were expended during FY08. All activities with Madagascar have been suspended due to the current political/military situation.



# MALAWI

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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### BACKGROUND

#### **Country Statistics**

The estimated population of Malawi is 13.9 million people, with an average life expectancy of 43 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 63%, unevenly distributed between men and women. Landlocked Malawi ranks among the world's most densely populated and least developed countries. The economy is predominately agricultural, with about 85% of the population living in rural areas. Agriculture accounts for more than one third of the GDP and 90% of export revenues. The GDP per capita is \$800.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in general population of Malawi is 11.9%, with approximately 840,000 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 new HIV infections occur in young people aged 15–24 years.

#### **Military Statistics**

The Malawi Armed Forces (MAF) is estimated at approximately 7,000 members. Malawi expends 1.3% of the GDP on the military. A seroprevalence study in the MAF was conducted, but results have not yet been released.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The MAF established an HIV/AIDS coordinating team made up of MAF personnel. They work directly with PSI, which provides prevention education and CT services, as well as technical assistance to the MAF. Personnel from the US Embassy, particularly the Political Officer and the Military Program Assistant, along with DHAPP staff, coordinate with the MAF and PSI on the program. The Malawi College of Health Sciences, an MAF partner, provides training for health professionals such as nurses and clinicians.

#### **Foreign Military Financing Assistance**

Malawi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supplies related to the diagnosis and treatment of

HIV/AIDS. This award was appropriated for fiscal years 2005, 2006, 2007, and 2008. The 2005 funding was released for expenditure during FY07, and the 2006 funding was released in FY09. Funding for the FY05 appropriation has been used to procure a CD4 machine, a microscope, and other supporting diagnostic supplies and reagents. Although still in negotiation, the current proposal for 2006 funds includes procuring chemistry and hematology analyzing machines, in addition to other supporting diagnostic supplies.

## **OUTCOMES & IMPACTS**

### **Prevention**

The MAF reported continued success in its prevention, care, and treatment programs during FY08. During the year, 7,132 military personnel and civilians from the surrounding area were reached with comprehensive prevention messages, and 65 peer educators were trained. The MAF supported 35 condom service outlets. Seven (7) service outlets carried out blood-safety activities for the MAF. There were 42 military medical personnel trained in medical transmission/blood safety and 88 trained in injection safety. There is a need to improve the infrastructure and equipment at the service outlets that support blood safety.

PMTCT is a priority for the MAF, so it has continued to strengthen these services. Increasing its service outlets from 2 to 4 this year, the MAF provided 619 pregnant women with PMTCT services at the outlets, and 11 women received a complete course of ARV prophylaxis. Three (3) health care workers were provided training in the provision of these services.

### **Care**

Eleven (11) MAF outlets provided HIV-related palliative care. During the year, 97 military members or spouses were provided with HIV-related palliative care, with 77 of those treated for TB. Since nonmilitary individuals can receive care from MAF outlets, 700 individuals were provided with palliative care. Sixty-five (65) individuals were provided with palliative care training over several weeks that covered topics such as preventive care and management, as well as OI reduction. The MAF outlets provided services to orphans and vulnerable children, and 39 caregivers were trained in caring for them.

At the end of FY08, 8 CT centers were operational for MAF personnel and families. During the year, 1,075 troops were tested for HIV and received their results. Forty-two (42) individuals were trained in the provision of CT services.



### **Treatment**

During the fiscal year, 6 outlets provided ART for MAF members, families, and civilians. By the end of FY08, 2,236 MAF personnel and family members were currently on ART. Forty (40) MAF medical personnel were trained in the provision of ART services.

### **Proposed Future Activities**

Continued HIV programming for MAF members was proposed to the PEPFAR Malawi Country Support Team. All proposed activities were included in the FY09 COP. Some of these activities include continued prevention efforts and increased palliative care and CT services.

# MOZAMBIQUE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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### BACKGROUND

#### **Country Statistics**

The estimated population of Mozambique is 21.3 million people, with an average life expectancy of 41 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 48%, unevenly distributed between men and women. Mozambique remains dependent on 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 GDP per capita is \$900.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Mozambique's general population is 12.5%. Mozambique has approximately 1.4 million individuals living with HIV/AIDS. The primary identified risk factor in this population is unprotected heterosexual contact.

#### **Military Statistics**

The Mozambique Armed Defense Forces

(MADF) is estimated at approximately 11,000 active-duty troops. Mozambique expends 0.8% of the GDP on military expenditures. The first round of the military seroprevalence and behavioral risk factor study was completed and the next phase is planned for 2009.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The MADF works in collaboration with PSI, the University of Connecticut, and Research Triangle Institute International (RTI). An in-country program manager from the DAO at the US Embassy oversees the activities of the various partners as well as participates in the PEPFAR Mozambique Country Support Team and various technical working groups on Gender and General Prevention. DHAPP staff provided technical assistance to the MADF on the development of an HIV/AIDS policy and the continued seroprevalence and behavioral risk factor study.





### Foreign Military Financing Assistance

Mozambique was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, 2006, and 2007. Funding for FY03 was released for expenditure during FY05. DoD worked with the CDC/PEPFAR and implementing partners to have the laboratories renovated prior to DoD using FMF funds to procure new equipment, including small items such as microscopes and centrifuges, and larger pieces of equipment such as hematology and biochemistry machines. The equipment chosen is in line with the National Laboratory Strategic Plans, and as such, should receive support through the Mozambique MOH for service and resupply of reagents. Further use of FMF funds awaits the renovation of other laboratories, which is already in process.



### OUTCOMES & IMPACTS

#### Prevention

During FY08, through MADF and PSI efforts, 47,662 individuals were reached with prevention messages. The MADF also provided training for 44 individuals on peer education. Supervisors were trained to ensure quality interpersonal communication and ongoing support and training.

Abstinence was a focus for younger troops (aged 18 - 24 years) especially during recruit education though messages always included information about the importance of fidelity. Peer educators help ensure access to condoms outside of health facilities as well as information about correct and consistent condom use. PSI plans to launch a camouflage condom in FY09, and will open service outlets close to military camps and brigades to ensure access to free and subsidized condoms.

Early in FY07, the University of Connecticut conducted 7 focus groups with HIV-positive patients who attend the Maputo Military Day Hospital for care. The focus groups assisted in the development of a *Prevention with Positives* (PwP) program. The program will allow HIV-positive people to both maintain their health and prevent the spread of HIV to others. The University of Connecticut developed the curriculum for the PwP program, planned trainings, and created a monitoring and evaluation component for the program. Based on feedback from key stakeholders, modifications were made to the PwP training materials in preparation for the upcoming trainings. In FY08, 1 psychologist and 2 nurses from the Maputo Military Day Hospital attended the pilot training on the use of the PwP program manual.

#### Care

In the 8 CT sites, services are offered not only to the military and their families but also to civilians. During FY08, 1,277 troops received CT services as well as 9,417 civilians from the surrounding areas. Forty-four (44) individuals received training in the provision of CT services, including MADF personnel. One of the challenges of CT is reaching the partners of troops as well as increasing the demand for

testing among the troops. Brigade-based testing or promotions may be more effective in promoting CT among the military, so this concept is being explored. MADF members and their dependents can receive care and treatment for HIV/AIDS at military facilities, which are funded through PEPFAR.

### Other

RTI trained 2 MADF personnel on basic data entry and cleaning that will be needed for the first round of the prevalence study. In total, 17 MADF personnel were trained in strategic information. Two (2) laptop computers, a printer, and other Internet wireless connection materials were also procured in support of the MADF epidemiology department.

Two hundred seventy (270) individuals were trained in HIV-related community mobilization for prevention, care, and/or treatment.

### Proposed Future Activities

The proposed activities were submitted to the PEPFAR Mozambique Country Support Team, and were included in the FY09 PEPFAR COP. PwP programs, and follow-on activities to the seroprevalence study, are highlighted proposed targets.



# 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 estimated population is 2 million people, with an average life expectancy of 50 years. English is the official language of Namibia, which has an estimated literacy rate of 85%, 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 GDP. Rich alluvial diamond deposits make Namibia a primary source for gem-quality diamonds. Increased payments from the Southern African Customs Union (SACU) put Namibia's budget into surplus in 2007 for the first time since independence, but SACU payments will decline after 2008. Currently, the GDP per capita is \$5,500.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Namibia's general population is estimated at 15.3%. Namibia has approximately 180,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.



#### **Military Statistics**

The Namibian Defense Force (NDF) is estimated at approximately 15,000 troops. Namibia expends 3.7% of the GDP on military expenditures. There are no official figures for HIV prevalence in the NDF.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The DoD HIV/AIDS Program Office was established in mid-October 2006, and is staffed by a project manager and a project coordinator who are both Namibian nationals. Their main task is to oversee the management of the DoD HIV/AIDS Program in Namibia. The 2 staff members visited 12 military bases in 8 regions of the country to familiarize themselves with the implementation of the Military Action and Prevention Programme (MAPP) at base level. In addition, the program manager oversees the various partners that work with the NDF. PSI and the University of Washington, International Training and Education Center for HIV (I-TECH) are implementing partners with the NDF.

DHAPP staff members provided technical assistance to the NDF during in-country Country Support Team

visits. The purpose of each trip included review, assistance, and preparation of the PEPFAR COP for FY09, 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 Country Support Team, and have been involved in every level of country planning, ensuring that NDF programs are adequately addressed.

## OUTCOMES & IMPACTS

### **Prevention**

MAPP reached 12,740 soldiers and family members with prevention messages throughout the year, and 8,022 soldiers with abstinence and being faithful messages at military bases across the country. The soldiers were reached during edutainment sessions and evening gatherings organized at different bases countrywide by the Social Marketing Association (SMA) workplace officers in collaboration with the HIV/AIDS coordinators at the bases/camps. Interactive discussions, dramas, role plays, and video shows were used during these sessions.

Included in these figures are the participants from the SMA-led “officer only” prevention sessions during the year: 2 sessions at 261 Battalion in Rundu, 1 at Mpacha, and 1 at Arty. The sessions were conducted in order to increase levels of participation in HIV/AIDS programs among high-ranking military officials. Typically, topics discussed included HIV/AIDS basic facts, abstinence, and being faithful messages, consistent and proper condom use, CT, and STIs. Two (2) female soldiers disclosed their HIV status at the World AIDS Day 2007 event. As a result, the Army Commander encouraged

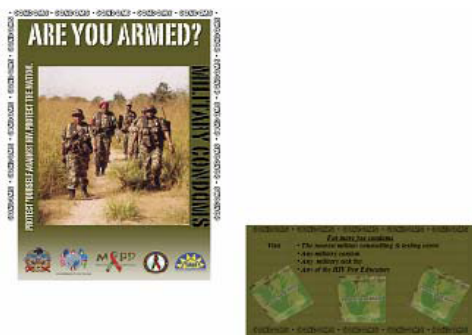
more soldiers who are living with HIV to disclose their status so that they can receive better health care services.

Peer educators are the backbone of the Peer Education Plus Program (PEPP) intervention and critical to the success of the NDF program. A total number of 163 peer educators were trained. The training started in the last week of July 2008 and all peer educators from 20 bases/camps were trained. Prior to that, a 5-day training workshop was conducted in October 2007 by officials from PSI.

HIV Steering Committees were established at all 23 bases/camps. The HIV Steering Committees generally consist of the following members: chairperson (unit commander), deputy chairperson (second-in-command), unit HIV coordinator, chaplain representative, gender representative, regimental medical officer, company commanders (also know as battery commanders), 1 peer educator, and any other member, depending on the committee.

To effectively fight the challenge of HIV in the NDF, the MOD realized that the inequality between men and women and gender-related issues in the NDF should be addressed. Six (6) sets of trainings on male norms and gender equity were organized by the SMA with the assistance of international facilitators from Promundo (Brazil), EngenderHealth (South Africa), and local experts from Polytechnic of Namibia, Ministry of Gender Equality and Child Welfare and the Ministry of Defense Gender Desk. A total of 135 soldiers benefited from the trainings. Each group of participants developed a gender work plan to help them implement the strategies and objectives addressed during the training.

By April 2008, SMA/PSI had distributed over 340,000 Maximum Gold condoms directly to NDF personnel at military bases/camps. This was followed by the launch of a military packaged condom, “the Protector,” by the US Ambassador to Namibia and the Minister of Defense, which took place on 10 June 2008. A total of 864,000 military condoms were procured. Leaflet inserts with relevant messages and reasons for using condoms were developed to promote correct and consistent condom use. Military condoms have been distributed free of charge through the MOD headquarters and peer educators to military personnel, and are available through the NDF distribution channels (i.e. sick bay, and CT centers). MAPP will continue to integrate into program activities and print materials discussion on the use of female condoms and women’s right to negotiate condom use. Due to the popularity of military condoms among NDF personnel, the SMA will no longer brand or sell condoms; camouflage military condoms will be available and distributed freely to the soldiers.



The popular militarily-focused prevention film *Remember Eliphaz 1 and 2*, which focus on addressing CT and stigma and discrimination, continue to be used as prevention tools.

The following Information, Education, and Communication materials relating to prevention focusing on abstinence and

faithfulness have been developed, printed, and/or distributed: 3,500 MAPP 2008 calendars; 2,500 copies of posters and billboards; 250 copies of PEPP manual; 3,000 copies of alcohol booklets in 3 languages; and 25,000 condoms pouches and leaflets with messages outlining 7 reasons to use condoms.

### Care

The NDF has 2 palliative care service outlets. A total of 85 NDF health workers were trained in palliative care-related subjects: 42 nurses and medics were trained in the management of TB; 24 nurses, counselors, and medics were trained in nutrition management for people living with HIV/AIDS; 18 nurses, counselors, peer educators, and medics were trained in counseling support, and 1 physician was trained in clinical care of OIs. A team from the MOD, US DoD, and I-TECH conducted a situational analysis of the home-based care (HBC) program in Oshakati in February 2008. The team found that while most nurses are trained in first aid and some in nutrition, nurses have no training in HBC. The Oshakati HBC team covers long distances, as far as 500 kilometers to visit their patients, and lack most resources needed, especially HBC kits. HBC consists of medicine adherence counseling, nutritional counseling, wound care, medical care, counseling for family members, and transportation of patients to the hospital, if needed. The MOD/NDF and I-TECH will use this information to upgrade the HBC program for military staff.

The MOD requested SMA establish post-test clubs or support services in the military or the existing CT services, after realizing a great need to provide continuous psychosocial counseling to people infected or affected by HIV/AIDS. SMA conducted a joint visit with MAPP staff in May 2008 to the CT Centre at the Army base in Grootfontein to meet with the group of people

infected or affected by HIV/AIDS and assess the necessity of establishing post-test clubs. A training needs assessment was also conducted. A post-test club consisting of 13 pioneering support group members, including people infected and affected by HIV/AIDS, was established. A support services coordinator was also identified at the CT site as per advice of the CT manager at Grootfontein.

The third CT center for the military was opened at Walvis Bay Naval Base in October 2007. During the first quarter, all 3 military CT centers were visited to assess the quality of CT services. A total number of 824 clients were counseled, tested, and received their results (74% male, 26% female). During the reporting period, a total of 11 military personnel participated in a 3-week foundation counseling training course covering topics such as self-awareness, sex and sexuality, generic counseling skills, and 13 principal components of CT protocols. Another group of 19 military personnel participated in a 1-week training focusing on general CT, which resulted in 30 individuals trained to provide CT. The Remember Eliphaz Counseling and Testing Center, which was situated in the community in Rundu and managed by SMA staff, was closed in May 2008 in order to move to the military base at Battalion 261 in Rundu so that it can be managed by military personnel. Renovations of the site at Battalion 261 have been completed and the site will officially open in early 2009.

A comprehensive laboratory assessment was conducted to determine immediate needs not only for the reintroduction of services, but to specifically support the HIV care and treatment program being introduced in the military. As a result, the laboratory at the

army headquarters hospital in Grootfontein has been renovated. Specifications for the laboratory equipment, consumables, and reagents and supplies were made while required laboratory furniture and equipment were ordered in collaboration with the MOD/NDF and Supply Chain Management System. An internal quality assurance system has been designed and arrangements made with the Namibia Institute of Pathology and another external agency for the provision of external quality assurance services. In addition, a paper-based laboratory information system has been developed that includes all necessary documents (request forms, registers, and report templates). This will allow for reporting approximately 11 tests. Five (5) military laboratory personnel were trained in basic laboratory procedures.

### Other

The MOD Data Capturing System technical working group consisting of all relevant stakeholders and was established in February 2008 to spearhead the establishment of a HIV-Health Management Information System (HMIS) for the military. The Office of the Prime Minister shared its expertise with the working group and assisted to ensure the MOD/NDF HIV-HMIS process is consistent with government guidelines. The group will pilot and optimize a paper-based HIV medical record system before introducing an electronic system. I-TECH assessed the flow of patient information at the Military Hospital at Grootfontein army headquarters, and flow charts were developed. This work has been shared with the MOD/NDF and will help to define requirements for the electronic information system.

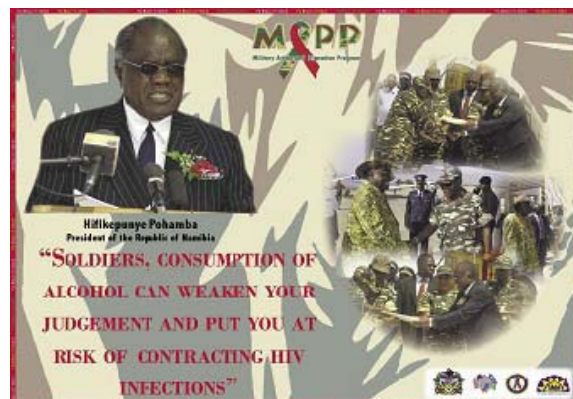
To improve communication between the MOD/NDF HIV/AIDS coordinating unit, I-TECH and the DoD, an assessment was carried out to establish the information and technology gaps

within the MOD/NDF health services. As a result, a basic communication system including a computer and Internet connection was procured and installed. The equipment was handed over to the MOD/NDF by the US Ambassador in June 2008. I-TECH developed extensive information technology training materials for MOD/NDF trainees from the pharmacy and laboratory units. I-TECH further conducted a 5-day course in information technology for 18 military staff members (8 pharmacy and 10 laboratory) to improve their computer literacy and provide training in the use of pharmacy and laboratory HIV-HMIS modules.

I-TECH developed detailed diagrams that show patient flow in the HIV care and treatment facility and depict the supply chain for laboratory reagents. These will be further refined to identify detailed information requirements for the HIV care and treatment facility. These data will be presented to the MOD/NDF Data Capturing System technical working group. Three (3) military staff members were trained in a 2-week PEPFAR-sponsored program monitoring and evaluation course for HIV/AIDS in Pretoria, South Africa.

### 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 Support Team, and were included in the FY09 COP.



## SOUTH AFRICA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

South Africa's estimated population is 48.7 million people, with an average life expectancy of 49 years. Many languages are spoken in South Africa; the three most common are isiZulu, isiXhosa, and Afrikaans, with an estimated literacy rate of 86%, evenly distributed between men and women. South Africa is a middle-income, emerging market with an abundant supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is 17th largest in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers throughout the region. Growth has been robust since 2004, as South Africa has reaped the benefits of macroeconomic stability and a global commodities boom. However, unemployment remains high, and an outdated infrastructure has constrained growth. The GDP per capita is \$10,600.

#### **HIV/AIDS Statistics**

The HIV/AIDS prevalence rate in South Africa is one of the highest in the world. The estimated prevalence rate in the general population is 18.1%, with approximately 5.4 million people living

with HIV/AIDS, including 280,000 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 unknown. South Africa expends 1.7% of the GDP on military expenditures.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The SANDF HIV/AIDS program is a collaborative effort between the SANDF, the DAO at the US Embassy, and DHAPP. An in-country program team that works under the OSC manages the day-to-day program operations. DHAPP staff members provided technical assistance to the SANDF during in-country visits. The purpose of each trip included review, assistance, and preparation of the PEPFAR COP for FY09, 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 Country Support Team, and have been involved in every level of country planning, ensuring that SANDF programs are adequately addressed.

## OUTCOMES & IMPACTS

### **Prevention**

During FY08, 1,336 military members and their families were reached with prevention messages that focused on abstinence and/or being faithful. The majority of military members reached each year are new recruits who are HIV negative upon entry into the military. Therefore, the prevention program focuses on values, ethics, and spirituality. Sixty (60) chaplains were trained in the provision of these messages, and they are primarily responsible for the abstinence and/or being faithful program. The program is known as Combating HIV and AIDS Through Spiritual and Ethical Conduct or CHATSEC. The chaplains reach groups of 20–25 military members over a 3-day program. In addition, 1,005 military personnel were reached with comprehensive prevention messages that go beyond abstinence and/or being faithful, and 314 individuals were trained to provide those messages. The SANDF supported 115 targeted condom service outlets.

No reporting data were available for PMTCT services. There are 3 service outlets for the SANDF.

### **Care**

One hundred fifteen (115) service outlets provided HIV-related palliative care to military members and their families. During the year, 917 SANDF members and family members were provided with HIV-related palliative care. Of these, 247 were provided with preventive therapy for TB.

During FY08, data on the number of people counseled and tested were unavailable. However, 190 military members were trained in the provision of CT services.

### **Treatment**

Eight (8) service outlets provide ART for the SANDF. In FY08, 942 patients were newly initiated on ART, and at the end of the reporting period, there were 767 current patients on ART. Fifty-three (53) health workers trained in the delivery of ART services, in accordance with national standards.

### **Other**

Twenty-six (26) SANDF members were trained in strategic information during the reporting period. Two 5-day strategic information work sessions were conducted. Members of the HIV/AIDS management team from all 9 provinces attended these work sessions.

### **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 Support Team, and were included in the FY09 COP.

# 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 estimated population of Swaziland is 1.1 million people, with an average life expectancy of 32 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 82%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture occupies more than 80% of the population. Sugar and wood pulp remain important foreign exchange earners. In 2007, the sugar industry increased efficiency and diversification efforts. The GDP per capita is \$5,100.

#### **HIV/AIDS Statistics**

Swaziland has the world's highest known rates of HIV/AIDS. The estimated HIV prevalence rate in the Swaziland general population is 26.1%, resulting in approximately 170,000 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 STIs.

#### **Military Statistics**

The Umbutfo Swaziland Defense Force (USDF) is estimated at 3,500 members. Swaziland expends 4.7% of the GDP on military expenditures. No HIV prevalence data are currently available for USDF members, but a seroprevalence study will be conducted in FY09.

### 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. DHAPP staff are active members of the PEPFAR Swaziland Country Support Team and have provided technical assistance in creating the FY09 COP. In early FY09, an in-country program manager was hired to manage all programmatic activities.



### Foreign Military Financing Assistance

Swaziland was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, 2006, 2007, and 2008. Funding for 2003 and 2005 was released for expenditure in FY07. To date, the funds have been used to train laboratory technicians and assess the laboratory capabilities to assist in appropriate procurement, in addition to purchasing biosafety cabinets and laboratory consumables in support of the diagnosis and treatment of HIV/AIDS.

### OUTCOMES & IMPACTS

#### Prevention

During FY08, 3,570 soldiers and their families were reached with comprehensive prevention messages. One method of delivering these messages was through Information, Education, and Communication materials adapted to the military. Forty-three (43) peer educators were trained in the provision of these messages. The USDF supported 96 condom service outlets and distributed 127,962 condoms.



An increasing number of USDF people living with HIV/AIDS have been reaching out to the USDF active-duty personnel and their families to support disclosure of HIV status and provide home-based care for them.

#### Care and Treatment

One (1) service outlet provided HIV-related palliative care services to USDF personnel and their families. Phocweni Clinic provides clinical prophylaxis for OIs and provides treatment for TB once the client has been diagnosed at the government hospital. With the upgrading of the Phocweni laboratory and x-ray departments, clients are diagnosed by USDF medical personnel, which reduce delays in treatment. During FY08, 116 military personnel were provided with HIV-related palliative care (105 men, 11 women). Forty-nine (49) nurses were trained to provide HIV-related palliative care by the National Tuberculosis Control Program in Swaziland. DHAPP staff continued to provide technical assistance to the USDF for the establishment of palliative care at St. George's Barracks. This will increase palliative care services to the USDF and their families. In addition, USDF chaplains were trained on palliative care services, specifically emotional and spiritual support, by the South African National Defense Force Chaplains.

Two (2) outlets provided CT services for military personnel. During the year, 748 military members and their families were tested for HIV and received their results. The USDF has 1 service outlet that provides ART to the troops and their families. At the end the reporting period, 65 individuals were on ART. Four (4) USDF clinicians were trained in provision of ART services. Five (5) lab technicians were trained in the provision of lab-related activities for the USDF. Additional lab equipment was

procured for the Phocweni Clinic with FMF funding.

### Other

During FY08, 17 individuals were trained in strategic information. Ten (10) individuals from 2 different local organizations (including the USDF) were provided with technical assistance in HIV-related institutional capacity building and were trained in HIV-related policy. The upcoming prevalence and behavioral survey for the USDF will have an imminent roll-out in 2009. The USDF and DHAPP have been working on the HIV/AIDS policy and will continue to do so in FY09.



### Proposed Future Activities

Continued comprehensive HIV programming for USDF members and their families was proposed to the PEPFAR Swaziland Country Support Team. All proposed activities were included in the FY09 COP. Some of these activities include continued prevention efforts, increased CT services, rollout of a prevalence study among USDF, and completion of an HIV/AIDS policy.



# 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 estimated population is 11.7 million people, with an average life expectancy of 39 years. English is the official language of Zambia, which has an estimated literacy rate of 81%, somewhat unevenly distributed between men and women. Zambia's economy has experienced modest growth in recent years, with significant GDP growth in 2005–07 between 5% and 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and the opening of new mines. The GDP per capita is \$1,500. Although poverty continues to be a significant problem in Zambia, its economy has strengthened, featuring single-digit inflation, a relatively stable currency, decreasing interest rates, and increasing levels of trade. Unfortunately, in looking forward, the decline in world commodity prices and demand will likely hurt GDP growth in 2009, and elections and campaign promises are likely to weaken Zambia's improved fiscal stance.

#### **HIV/AIDS Statistics**

The HIV/AIDS prevalence rate in Zambia is one of the highest in the world. The estimated prevalence rate in the general population is 15%, with

approximately 980,000 people living with HIV/AIDS. Heterosexual contact is the principal mode of transmission.

#### **Military Statistics**

The Zambian National Defense Force (ZDF) is estimated at approximately 22,000 members. Zambia expends 1.8% of the GDP on the military. In 2004, a seroprevalence study was done within the ZDF and the rate found was 28.9%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The HIV/AIDS program in the ZDF is a collaborative effort between the ZDF, the DAO at the US Embassy, Project Concern International (PCI), Jhpiego (a Johns Hopkins University affiliate), and DHAPP. In-country program team members who work out of the DAO coordinate and manage the various program partners and activities.

Throughout FY08, 4 bilateral exchange visits to Zambia by US military clinicians occurred, with technical assistance provided to the ZDF. In addition, DHAPP staff members provided technical assistance to the ZDF during in-country Country Support Team visits. The purpose of each visit included review and preparation of the PEPFAR COP for FY09, monitoring and

evaluation of existing programs and implementation. Visits also addressed military-specific planning and technical assistance to the ZDF in the areas of palliative care, care and treatment of HIV-infected patients, pediatrics, and *Prevention with Positives*. A DHAPP staff member represents the ZDF as a member of the PEPFAR Country Support Team, and has been involved in every level of country planning, ensuring the success of the ZDF HIV program.



### Foreign Military Financing Assistance

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and FY05. Funding for 2003 was released for expenditure during FY05. FY03 funds were used to procure an incubator, refrigerator, and HIV test kits, in addition to other supporting diagnostic supplies and reagents. FY05 funds were released in FY08 and plans are under way to provide laboratory training at IDI in addition to equipping several regional laboratories.

## OUTCOMES & IMPACTS

### Prevention

During FY08, the ZDF, in coordination with PCI and Jhpiego, continued to report successful results across all areas in HIV prevention, care, and treatment. The total number of individuals reached with

community HIV/AIDS outreach programs was 51,519; of this total, 26,401 were abstinence and/or being faithful messages. Nearly one third of the individuals reached were children from the ZDF schools where PCI is supporting HIV prevention activities through the anti-AIDS youth clubs. Two hundred (200) individuals were trained to communicate Abstinence and Be Faithful messages; these include 50 anti-AIDS youth clubs drawn from 16 ZDF schools and military chaplains and their spouses. The anti-AIDS youth clubs were equipped with skills to communicate age-specific messages that encourage young people to avoid contracting HIV by abstaining from sex until marriage. Stationery and HIV/AIDS education materials which promote abstinence until marriage for youths were distributed in 32 ZDF schools. Military chaplains and their spouses were also trained to communicate AB messages through a subgrant to the Baptist Fellowship of Zambia (BFZ). A resource center for military chaplains has been established by BFZ in Lusaka, with education materials including books, videos, and DVDs focusing on HIV/AIDS, spiritual counseling, marriage guidance, and sexuality.

A total of 25,118 individuals were reached with comprehensive prevention messages that go beyond AB messages. Out of the total number reached, 13,276 were reached through drama performances while 11,842 were reached through peer education activities. The 25-member ZDF drama group performed in 52 military camps in 8 of the 9 Zambian provinces. The theme of the play was promoting CT for couples, and ART. A video titled *Never Say Die* was produced by the drama group in collaboration with Loyola Studios. The video will be used by peer educators to sensitize their colleagues on the benefits of knowing one's HIV status. PCI supported an HIV sensitization tour of ZDF camps by a team of HIV-positive ZDF personnel. The team was also involved in an HIV-related stigma reduction campaign and

formation of support groups for people living with HIV and AIDS in the military camps. This was undertaken as a follow-up activity to the mobile CT tour of the camps. Defense Force Medical Services (DFMS) were supported to conduct pre-deployment HIV/AIDS sensitization sessions at a military camp. A 14-day development workshop for 25 drama group members was held, during which time new plays were developed to be performed in FY09. Information, Education, and Communication materials, which include posters and pamphlets, were reprinted and distributed during the tour of ZDF camps by the drama group and the mobile CT team. Fifty-five (55) targeted condom service outlets were supported for the ZDF.

Working with DFMS, Jhpiego continued to expand its support for infection prevention and injection safety (IP/IS) programs to more DFMS sites.

Follow-up visits to 14 sites showed improvements in IP practices, with all sites achieving a greater number of standards. Assessments of IP practices were undertaken in 10 new sites, and 97 managers and supervisors were oriented. IP/IS commodities (waste receptacles, personal protective equipment, disinfectants, and antiseptics) were provided to 6 sites to couple the commodities needed with training received by service providers. A total of 172 service providers received training in cross-cutting IP/IS practices.

During FY08, 1,026 women were provided with PMTCT services at 22 PMTCT sites. These services included CT, and linkages to care and treatment. Of the women tested at the PMTCT sites, 93 were provided with a

complete course of ARV prophylaxis. Forty-four (44) military health care workers were trained in the provision of PMTCT services.

### Care

Sixty-three (63) service outlets provided HIV-related palliative care to military members, their families, and civilians living in the surrounding areas. During FY08, 3,349 clients were provided with HIV-related palliative care, and another 186 individuals were trained in the provision of that care. Support was provided to a 3-member team of ZDF personnel living with HIV/AIDS to tour 19 ZDF units throughout the country and assist with the formation of support groups for people living with HIV/AIDS. Jhpiego trained 67 service providers in diagnostic CT focused on TB/HIV and other OIs.

Home-based care (HBC) was provided to 3,106 clients in palliative care services during the reporting period. The number of HBC clients has been steadily declining largely because of the increase in the number of people accessing ART. Many HBC clients have dropped from the program because their health has improved. Equally, there are few new clients being enrolled in HBC. One hundred two (102) individuals were trained in palliative care for HBC. The figure includes 60 HBC volunteers and 42 military chaplains and their spouses. The training was conducted by ZDF master trainers who attended a palliative train-the-trainer course facilitated by the Palliative Care Association of Zambia. Caregivers were provided with equipment and other logistical supplies, such as bicycles, shoes, umbrellas, aprons, bags, and palliative care kits. Food supplements (high energy protein supplements and enriched nutritious sandwich biscuits) were procured and supplied to clinically malnourished clients with a body mass index of less than 18.5. Palliative care kits were also procured for HBC clients.

PCI has continued to participate in the palliative care forum for USG partners. At one of the forums, ZDF personnel gave a presentation on palliative care initiatives being undertaken at Maina Soko Military Hospital in collaboration with the Naval Medical Center in San Diego under a twinning program. A 5-day “Stay Healthy” train-the-trainer workshop was conducted for 19 HIV-positive individuals drawn from 10 ZDF support groups. The trainees were provided with logistics to train a minimum of 200 support group members. Six (6) support groups were provided with grants to start income-generating activities. Income raised from these ventures will be used to support group members and other activities of the support groups.

The ZDF supports services for orphans and vulnerable children in 10 surrounding communities throughout Zambia. In FY08, 22,391 OVC benefited from the program. The services provided include commodity grants to schools, procurement of learning and recreational materials for schools, support of play and recreational kids’ clubs, children’s exercise books, and school bursaries. OVC guardians were sensitized by trained caregivers about the importance of psychosocial support. Trained caregivers reached out to 1,097 children with psychosocial support. The caregivers visited children in their households and offered emotional support through one-on-one communication and group counseling for the entire household. Four (4) caregiver support groups were formed. This has resulted in improved quality of education for 3,726 children. Caregivers visited 120 households, and as result of these visits, 123 children who had dropped out of school for various reasons were re-enrolled. In one community, caregivers organized CT activities, in conjunction with the District Health

Management Team. Over 600 people were tested and 3,525 children were sensitized on HIV/AIDS, child rights, child abuse, and early marriages. Trained caregivers continued to work with OVC in the kids’ clubs.

Play equipment was installed at 4 basic schools, which benefits over 4,000 children. Twenty (20) schools received grants for recreation materials. The project continued to collaborate with nearby health centers to provide CT services as well as ART for HIV-affected households. Also, 492 children (224 girls and 268 boys) were offered school bursaries for school fees and other expenses for exams, uniforms, and shoes. Eight (8) schools that had received building materials have since completed renovations of classrooms.

Fifty-five (55) CT centers provided services for the ZDF. During FY08, a total of 10,728 troops and family members were tested for HIV and received their results. Forty-five (45) military members were trained in the provision of CT services. The mobile CT team provided services to 7,221 clients at 35 ZDF units throughout the country. The remaining clients were counseled and tested at the 55 permanent CT centers.

### **Treatment**

The ZDF has 8 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. In FY08, 335 patients were newly initiated on ART, and at the end of the reporting period, there were 2,379 patients currently receiving ART. Fifty-four (54) health workers were trained in the delivery of ART services, in accordance with national standards. In addition, PCI procured 3 CD4 FACSCount machines, 3 chemistry analyzers, 3 hematology analyzers, and related laboratory supplies. The DAO at the US Embassy in



Lusaka officially handed over the equipment to DFMS at a ceremony held at Maina Soko Military Hospital. The equipment will help to improve access to ART services by individuals who test HIV positive. This equipment will be placed at 3 strategic ZDF health facilities. Currently only Maina Soko Military Hospital in Lusaka has this kind of equipment. Five (5) laboratory personnel were trained in the use of the equipment at Maina Soko Military Hospital Virology Laboratory. Arrangements have been made to procure all reagents from Zambian Government Medical Stores.



Few children have had access to ART since few providers are confident in dealing with children and pediatric formulations. Forty-two (42) providers received training in pediatric ART during the period under review. Jhpiego also conducted a *Clinical Training Skills Course* for 11 ZDF trainers. Clinical equipment and medical furniture were procured and distributed to 8 sites. These included examination couches, diagnostic instruments, and personal protective equipment and clothing.

### Other

Eighty (80) individuals attended the annual monitoring and evaluation workshop, which reviewed data collection tools, collecting data, and reporting. During FY08, HIV

activity reports were received from 54 out of the 55 service delivery sites. This was a major improvement from the previous reporting period. The involvement of ward masters in data collection and reporting has greatly contributed to this success.

PCI participated in the formulation of the Zambian Defense Force HIV/AIDS Policy, which has since been officially launched. Following the official launch of the policy, PCI in collaboration with the DoD office at the US Embassy and Jhpiego is supporting the development of the ZDF's HIV/AIDS strategic plan. PCI has hired a consultant from the University of Zambia to work with the ZDF in developing the strategic plan. Sixty (60) ZDF senior officers were trained as peer educators. This will help reduce the shortage of peer educators within the senior ZDF ranks. A uniformed services program officer was hired to spearhead HIV/AIDS activities for peacekeeping personnel. The officer sits at UNAIDS, which is the implementer of this activity. A detailed work plan has been developed by PCI, UNAIDS, and DFMS.

With assistance from Jhpiego, the Defense School of Health Studies, which has been in development for quite some time, started training medical assistants. This is the only course offered by the institution at the moment. During FY08, 114 medical assistants were trained in IP/IS, HIV/AIDS prevention, care and treatment, and other related topics, for a total number of 138 trained personnel.

### Proposed Future Activities

All proposed activities from PCI and Jhpiego on behalf of the ZDF were submitted to the Zambia Country Support Team and included in the FY09 COP.

# ZIMBABWE

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Zimbabwe is 11.3 million people, with an average life expectancy of 44 years. English is the official language of Zimbabwe, which has an estimated literacy rate of 91%, with even distribution between men and women. The GDP per capita has dropped to an estimated \$200, but with hyperinflation of historic proportions and an unemployment rate of 80%, this estimate is likely elevated.

Of late, Zimbabwe has experienced widespread political turmoil, which has adversely affected the population. General elections held in March 2008 contained irregularities, but still amounted to a censure of the ZANU-PF-led government, with significant gains in opposition seats in parliament. Opposition leader Morgan TSVANGIRAI won the presidential polls, and may have won an outright majority, but official results posted by the Zimbabwe Electoral Commission did not reflect this. In the lead-up to a runoff election in late June 2008, considerable violence enacted against opposition party members led to the withdrawal of TSVANGIRAI from the ballot. Extensive evidence of vote tampering and ballot-box stuffing resulted in

international condemnation of the process. Difficult negotiations over a power-sharing agreement, which allowed President Robert MUGABE (in office since 1987) to remain as president and created the new position of prime minister for TSVANGIRAI, were finally settled in February 2009.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Zimbabwe is estimated at 15.3%, with approximately 1.2 million individuals living with HIV/AIDS. Most HIV cases 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 3.8% of the GDP for military expenditures. No HIV prevalence data are available for the ZDF.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP did not provide funding in FY08 to the ZDF because of the current political situation in Zimbabwe.

#### **Proposed Future Activities**

There are no proposed future activities.



**US AFRICA COMMAND**

**DHAPP**

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# West Africa Region

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

Benin is a West African country with an estimated population of 8.5 million people and an average life expectancy of 59 years. French is the official language of Benin, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The GDP per capita is \$1,500. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. Growth in real output has averaged around 5% in the past 7 years, but rapid population growth has offset much of this increase. Inflation has subsided over the past several years. In order to raise growth still further, Benin plans to attract more foreign investment, place more emphasis on tourism, facilitate the development of new food processing systems and agricultural products, and encourage new information and communication technology. An insufficient electrical supply continues to adversely affect Benin’s economic growth, although the government recently has taken steps to increase domestic power production.

**HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Benin is estimated at 1.2%,

with approximately 59,000 individuals living with HIV/AIDS. Most cases of HIV in Benin are spread through multi-partner heterosexual sex.

**Military Statistics**

The Benin Armed Forces (BAF) is composed of approximately 10,000 members, with a prevalence of 2.2%, according to a prevalence study conducted in 2005. Benin allocates 1.7% of the GDP for military expenditures. The BAF frequently supports PKOs in Côte d’Ivoire, Liberia, Darfur, Haiti, and the Democratic Republic of the Congo.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The BAF collaborated with PSI to continue the HIV/AIDS program in Benin. The BAF Anti-HIV/AIDS Team oversees these activities, and plans and provides training as well as care and treatment for HIV-infected BAF members, their families, and civilians living near the military bases and hospitals. They have a credo: “Anyone who doesn’t have it, will never get it; Anyone who doesn’t know he has it, will know; Anyone

who has it, must be treated.” BAF’s commitment to HIV/AIDS prevention is forthcoming in their efforts for their troops. They provide pre- and post-deployment HIV testing and offer a behavior incentive program for troops to remain negative during PKOs. Currently, the military hospital in Cotonou is a national teaching hospital for ART training in Benin. In addition, they provide technical assistance to the Benin National AIDS Control Program, Benin National Council for AIDS Control, Algerian police force, and WHO. The grant with PSI expired in July 2008, so the data reported are for most of the fiscal year but not all.

## OUTCOMES & IMPACTS

### **Prevention**

BAF programs reached 4,259 troops through comprehensive prevention messages. The troops are reached through the Anti-HIV/AIDS Team and almost half of them were deploying on PKOs. Peer educators were retrained on HIV/AIDS-related community mobilization for prevention in the BAF. Each military unit has at least 1 peer educator assigned to it.

Two (2) service outlets provide PMTCT services. They provided services to 522 pregnant women, and 6 of these women were provided with a complete course of ARV prophylaxis.

### **Care**

One (1) permanent service outlet provides CT services for the BAF, and during this reporting period,



4,119 troops received CT services including their results. The troops who received CT for HIV were those who deployed on PKOs during FY08 and those who chose to be tested at the CT center.

### **Treatment**

Two (2) service outlets provide ART services. By the end of July 2008, 659 individuals were receiving ART (305 men and 354 women). DHAPP provided training for many of the health care workers who treat these patients, and a CyFlow Counter for CD4 counts was purchased in 2007. It will be used for testing those diagnosed as HIV-positive during preparation for PKOs.

### **Other**

Seventy-two (72) members of the BAF were trained in strategic information. In addition, a leadership workshop was organized for the peer educators and the Anti-HIV/AIDS team. The workshop was related to the team’s annual meeting and is considered part of their institutional capacity building. In July 2008, the *2nd Annual HIV/AIDS Prevention Conference for the Benin Armed Forces* was held and attended by 78 military officers including representatives of the Anti- HIV/AIDS team, military authorities, and UNAIDS representatives.

### **Proposed Future Activities**

The BAF has submitted a proposal to DHAPP to continue its HIV/AIDS program. Some proposed activities include a behavioral and seroprevalence study, renovation of a second CT center in Parakou, an increase in PMTCT services, and additional laboratory training for medical personnel.

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The Côte d'Ivoire population is estimated at 20 million people, with an average life expectancy of 55 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 49%, 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. Since the end of the civil war in 2003, political turmoil has continued to damage the economy, resulting in the loss of foreign investment and slow economic growth. The GDP grew by 1.8% in 2006, 1.7% in 2007, and 2.5% in 2008. Per capita income has declined by 15% since 1999. The GDP per capita is \$1,700.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Côte d'Ivoire's general population is 3.9%. Côte d'Ivoire has approximately 420,000 individuals living with HIV/AIDS.

#### **Military Statistics**

The size of the Côte d'Ivoire Defense and Security Forces (CIDSF) is approximately 50,000 members. Côte d'Ivoire does not perform forcewide HIV testing, so the prevalence rate is unknown. The Côte d'Ivoire government expends 1.6% of the GDP on military expenditures.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff have maintained active roles as members of the PEPFAR Côte d'Ivoire Country Support Team. In these roles, DHAPP staff members have provided technical assistance to the in-country team in their COP process for funding under PEPFAR. The US DAO has also been working with DHAPP and the CIDSF on proposed activities.



## OUTCOMES & IMPACTS

During FY08, bilateral military programs for HIV prevention in the CIDSF continued to be supported by CDC funding through PEPFAR and using an implementing partner, PSI. For FY09, funding has been allocated for DoD to support the CIDSF directly. DHAPP staff members continue to work with the CIDSF and provide technical assistance visits to discuss future activities in FY09. In FY08, DHAPP staff conducted an assessment of the current CT program that PSI is supporting for the CIDSF.

## Proposed Future Activities

DHAPP staff have been active members of the PEPFAR Côte d'Ivoire Country Support Team and were successful in securing funding for several activities with the CIDSF. Some of the planned activities include CIDSF physician participation in *MIHTP* in San Diego, development of military HIV policy, stigma reduction, introduction of the *Prevention with Positives* program, and continued technical assistance visits from DHAPP staff. In addition, DHAPP will be hiring a program manager through the US DAO in Abidjan in FY09.



# THE GAMBIA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of the Gambia is 1.7 million people, with an average life expectancy of 55 years. English is the official language of The Gambia, which has an estimated literacy rate of 40.1%, with uneven distribution 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 centers on the processing of peanuts, fish, and hides. The Gambia's natural beauty and proximity to Europe has made it one of the larger markets for tourism in West Africa. The GDP per capita is \$1,200.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in The Gambia's general population is estimated at 0.9%, with approximately 7,500 individuals living with HIV/AIDS. The predominant mode of HIV transmission in The Gambia is heterosexual contact.

#### **Military Statistics**

The Gambian Armed Forces (GAF) consists of approximately 2,500 active-duty members. The Gambia expends 0.5% of GDP for military purposes. Because The Gambia's military does not conduct force wide testing, the overall prevalence rate for the military is unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP has been working with the GAF to continue expanding its prevention and testing program. Oversight from the DHAPP program manager in Senegal, located in the OSC in Dakar, and a close working relationship with the US Embassy in Banjul, allow for the continued efforts of this program.





## OUTCOMES & IMPACT

### Prevention

Expansion of this program has included the incorporation of female peer educators who aim to reach military wives. Throughout the year, a total of 800 troops and their family members were reached with comprehensive prevention messages. Especially targeted were recruits. The GAF has continued its public billboard campaign throughout the country. Currently there are 9 strategic condom distribution outlets. However, more outlets will be expanded to make this service more accessible to soldiers and their families.



### Care

In March 2007, the newly renovated Yundum Barracks opened as the only permanent CT center for troops and their family members. Laboratory technicians have recently been deployed to the Fajara and Farafenni barracks to begin basic laboratory services. This has increased the GAF's CT centers from 1 to 2. In FY08, 916 troops were counseled and tested.

One nurse from the GAF attended palliative care training at IDI in Kampala, Uganda. A physician from the GAF attended *MIHTP* training in San Diego in August 2008.



### Proposed Future Activities

DHAPP received a proposal for FY09 activities from the OSC in Dakar on behalf of the GAF. The objectives of the proposal include continued prevention efforts for military personnel and their families, palliative care training for 2 nurses at IDI, and increased counseling and testing at the various CT centers. Research Triangle Institute International submitted a proposal on behalf of the GAF to conduct a seroprevalence and behavioral survey.

# GHANA

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### BACKGROUND

#### **Country Statistics**

The estimated population of Ghana is 23.4 million people, with an average life expectancy of 60 years. English is the official language of Ghana, which has an estimated literacy rate of 58%, 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 GDP. The GDP per capita is \$1,500. Sound macroeconomic management along with high prices for gold and cocoa helped sustain GDP growth in 2008.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Ghana is 1.9%, with approximately 250,000 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 higher in bordering countries, such as Côte d'Ivoire and Togo).

#### **Military Statistics**

The Ghanaian Armed Forces (GAF) is estimated at approximately 12,000 members. The troops are highly mobile, currently engaged in several PKOs in Côte d'Ivoire, the Democratic Republic of the Congo, and Liberia. No recent seroprevalence studies have been conducted in the GAF, so the current prevalence rate is unknown. Ghana expends 0.8% of the GDP on the military.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The Ghanaian Armed Forces AIDS Control Programme and the Public Health Division of the GAF implement the HIV/AIDS program. DHAPP staff provide technical assistance and support to the GAF's program as does the OSC in Accra. DHAPP staff are members of the PEPFAR Ghana Country Support Team and participated in developing the COP for FY09. During FY08, the US Naval Medical Research Unit #3 in Accra began participating in some activities that support the GAF's program.

### Foreign Military Financing Assistance

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, 2007, and 2008. Funding for 2003 was released for expenditure during FY05, and funding for 2005 was released during FY07. These funds have been used to procure CD4 count and viral load testing equipment, a hematology analyzer along with the supporting diagnostic supplies and reagents, a refrigerator and centrifuge, a much needed laboratory computer, and a biological safety cabinet.

### OUTCOMES & IMPACT

#### Prevention

The GAF reported continued success in its prevention and care programs during FY08. Through prevention activities, 2,500 troops were reached with comprehensive prevention messages. When troops deploy on PKOs, they are tested for HIV prior to deployment, and peer educators are embedded in the units. Peer educators were trained, but the number was unavailable for reporting purposes.

The GAF has 7 service outlets that provide PMTCT services. Throughout the year, 495 pregnant women used PMTCT services, and 5 women were provided with a complete course of ARV prophylaxis.

#### Care

The GAF has 1 service outlet that provided palliative care for troops and family members. At the palliative care outlet, 24 HIV-infected individuals received clinical prophylaxis and/or treatment for TB. Four (4) CT centers were operational for GAF personnel and families. During the year, 2,742 troops and family members were tested for HIV and received their results.

#### Treatment

One (1) service outlet provides treatment services to the GAF and family members. During FY08, 112 individuals were newly initiated on ART, and at the end of the reporting period, a total of 404 clients were on ART.

#### Proposed Future Activities

Continued comprehensive HIV programming for GAF members and their families was proposed to the PEPFAR Ghana Country Support Team. All proposed activities were included in the FY09 COP. Some of these activities include continued prevention efforts, increased CT services, and the expansion of staff to better assist with the GAF's program.



# GUINEA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Guinea is 9.8 million people, with an average life expectancy of 57 years. French is the official language of Guinea, which has an estimated literacy rate of 29.5%, unevenly distributed between men and women. Guinea possesses major mineral, hydropower, and agricultural resources, yet remains an underdeveloped nation. The country has almost half of the world's bauxite reserves and is the second-largest bauxite producer. The mining sector accounts for over 70% of exports. Long-running improvements in government fiscal arrangements, literacy, and the legal framework are needed if the country is to move out of poverty. The GDP per capita is \$1,100.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Guinea is 1.6%, with approximately 81,000 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 23,000 members. Guinea allocates 1.7% 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**

DHAPP collaborated with the GAF, US DAO in Conarky and PSI. In collaboration with PSI, the GAF focuses on an all-inclusive intervention; that is, it includes abstinence, fidelity, and correct and consistent condom use. Other messages are partner reduction, STI treatment, and using CT centers.



### Foreign Military Financing Assistance

Guinea was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY05, FY06, and FY07. FY06 funds were released in early FY09. Although still in negotiation, the current proposal for these funds includes procuring an incubator and fluorescent microscope, in addition to other supporting diagnostic supplies and reagents.

### OUTCOMES & IMPACTS

In FY08, no programmatic activities occurred for the GAF. In early 2009, a new grant was signed between DHAPP and PSI to provide support to the GAF's program. Activities will begin in March 2009. In January 2009, DHAPP hired an in-country program manager to support the program in Guinea. The program manager reports to the US DAO and coordinates PSI's activities with the GAF.

### Proposed Future Activities

DHAPP looks forward to continued collaboration with the GAF and PSI.



# LIBERIA

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### BACKGROUND

#### **Country Statistics**

The estimated population of Liberia is 3.3 million people, with an average life expectancy of 41 years. Liberian is the official language, and the literacy rate is estimated at 58%, 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. Many businesses fled the country, taking capital and expertise with them, but with the end of fighting and the installation of a democratically elected government in 2006, some have returned. The GDP per capita is \$500.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Liberia's general population is 1.7% among adults, resulting in an overall prevalence rate of 32,000 individuals living with HIV in Liberia.

#### **Military Statistics**

The size of the Armed Forces of Liberia (AFL) has drastically decreased from 14,000 to 2,000 troops in recent years. With assistance from the US DoD, the new troops are well trained and well equipped, and most importantly, will

protect Liberia's people and respect their human rights. Liberia expends 1.3% of the GDP on its military.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The AFL and staff from OSC at the US Embassy have begun an HIV prevention program. In FY08, an in-country program manager was hired to oversee the activities. DHAPP staff have provided technical assistance, and the program continues to prosper.

#### **Foreign Military Financing Assistance**

Liberia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for 2006, 2007, and 2008, with 2006 and 2007 funds released for expenditure during

early FY09. Although still in negotiation, the current proposal for these funds includes procuring microscopes, a biochemistry machine, rapid test kits and other basic equipment, and supplies and reagents needed for HIV infection prevention, diagnosis, and treatment.

## OUTCOMES & IMPACTS

### **Prevention**

In FY08, 39 military personnel were trained in HIV/AIDS prevention, with a focus on basic facts, modes of transmission, distinguishing myths/facts, and common socioeconomic factors associated with the spread of the disease. Participants were trained in proper condom use, importance and identification of accessibility of condoms. The Barrack Clinic was selected as the first site for condom distribution and a total of 6,000 condoms were distributed. Twenty-two (22) combat medics were trained in STI prevention and treatment using the national guidelines for the management of STI. They were also provided with the skills to serve as peer educators for the promotion of faithfulness, with an emphasis on the reduction of sexual partners.



Twenty (20) combat medics were trained in the proper handling and disposal of used needles and syringes. Sharps containers placed at service sites are being used by AFL service providers. Health care providers have been taught not to recap used needles and to exercise universal precautionary measures, such as hand washing, gowning, masking, and proper sterilization.



### **Care**

The AFL has 2 CT centers, and during FY08, 3,660 troops, family members and civilians were counseled and tested and received their results.

### **Proposed Future Activities**

In FY09, the Community Empowerment Program, a Liberian NGO, will be brought on board as an implementing partner to support the AFL's program. They will provide prevention support to the AFL. In addition, OSC and DHAPP will coordinate the construction of a medical clinic, which will include a laboratory for the AFL.

# MALI

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Mali is 12.3 million people, with an average life expectancy of 50 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. Industrial activity is concentrated on processing farm commodities. Mali is heavily dependent on foreign aid and vulnerable to fluctuations in world prices for cotton, its main export, along with gold. The GDP per capita is \$1,200.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Mali's general population is 1.5%, with approximately 93,000 people living with HIV. The primary modes of HIV transmission are heterosexual contact, sexual contact with commercial sex workers, and STIs. Migration is considered a significant factor in Mali's HIV epidemic.

#### **Military Statistics**

The Malian Armed Forces (MAF) is estimated at approximately 37,500 members. Mali allocates 1.9% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

In-country partner FHI has established a collaborative relationship with the MAF and US Embassy officials in country. In Mali, as in many African countries, 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. The health care system in the military is severely limited in its capacity to care for people living with HIV/AIDS due to inadequate staff skills, supplies, and infrastructure, including





erratic availability of reagents in CT centers, drugs for STI treatment, and intermittent supplies of ARVs in clinics.

## OUTCOMES & IMPACTS

### **Prevention**

During FY08, 38,778 troops and their family members were reached with comprehensive prevention messages. These activities involved all aspects of prevention, including abstinence, being faithful, and correct and consistent condom use. Thirty-seven (37) medical health care providers were trained in blood safety.



### **Care**

Six (6) service outlets provide palliative care and CT services for the MAF and the surrounding civilian population. Two hundred eight (208) individuals received palliative care services. CT services were provided to 5,326 individuals (3,618 were troops and family members, the remaining were civilians). Twenty-five (25) individuals were trained in CT services.

### **Proposed Future Activities**

DHAPP received two proposals for FY09 activities on behalf of the MAF. The first one is from the US Embassy in Mali. Objectives include providing training for 2 physicians through *MIHTP* in San Diego, and 2 health care workers through IDI in Uganda. The second proposal is from FHI, and objectives include continuing prevention education, training for peer educators, and providing training for health care workers.

# NIGER

# 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**

Niger is one of the poorest countries in the world, with minimal government services and insufficient funds to develop its resource base. The largely agrarian and subsistence-based economy is frequently disrupted by extended droughts common to the Sahel region of Africa. A predominately Tuareg ethnic group emerged in February 2007 as the Nigerien Movement for Justice and attacked several military targets in Niger's northern region throughout 2007 and 2008. Events have since evolved into a fledging insurgency. The estimated population of Niger is 13.3 million people, with an average life expectancy of 44 years. French is the official language, and the literacy rate is estimated at 29%, unevenly distributed between men and women. Nearly half of the government's budget is derived from foreign donor resources. Future growth may be sustained by exploitation of oil, gold, coal, and other mineral resources. Uranium prices have increased sharply in the last few years. A drought and locust infestation in 2005 led to food shortages for as many as 2.5 million Nigeriens. The GDP per capita is \$700.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Niger's general population is 0.8%, with 56,000 Nigerien people living with HIV/AIDS.

#### **Military Statistics**

Niger allocates 1.3% of the GDP for military purposes. The Nigerien Armed Forces' (NAF) rate of HIV is unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff has been collaborating with the DAO at the US Embassy in Niamey, and the NAF on an HIV/AIDS program.

### OUTCOMES & IMPACT

DHAPP staff traveled to Niamey in July 2008 to meet with US Embassy staff and NAF representatives. They discussed how DHAPP could best support the NAF's current HIV program.

#### **Proposed Future Activities**

DHAPP received a proposal for FY09 activities in Niger from the US Embassy.

# NIGERIA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

Nigeria's estimated population is 146 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 undertaking some reforms under the new administration. The Nigerian president's 7-point agenda represents a targeted approach to social variables that will improve quality of life: power and energy, food security and agriculture, wealth creation and employment, mass transportation, land reform, security, and qualitative and functional education, as well as 2 special interest issues: Niger Delta and disadvantaged groups. The GDP per capita is estimated at \$2,200.

#### **HIV/AIDS Statistics**

Recent prevalence studies have suggested the HIV-1 prevalence rate within Nigeria's general population is estimated at 3.6% (2007 *Central Dissemination Workshop* on findings of the 2007 National HIV/AIDS and

Reproductive Health Survey; 4.6% ANC Sentinel Survey). The estimated 2.4 million individuals living with HIV/AIDS comes from the current prevalence rate. Identified risk factors include STIs, heterosexual contact with multiple partners and with commercial sex workers, mother-to-child transmission, and blood transfusions.

#### **Military Statistics**

The Nigerian Ministry of Defence (NMOD) has 4 components: army, navy, air force, and civilian NMOD employees. The NMOD medical facilities serve the active duty, retired, and civilian NMOD, beneficiary dependent and non beneficiary civilians in the surrounding communities. The uniformed strength is approximately 80,000 to 90,000 active-duty members. Total catchments of patients are estimated at 1.2 million individuals (NMOD, unpublished data). HIV-1 testing is only mandatory upon application to the uniformed services, peacekeeping deployment/



redeployment, and for those individuals on flight status. HIV prevalence figures or estimates for the military are not published. Nigeria allocates 1.5% of the GDP for military expenditures.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The Walter Reed Army Institute of Research US Military HIV Research Program (USMHRP) maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the US Department of Defense HIV Program in Nigeria (DODHPN). The office is staffed by a uniformed physician and 2 civilian USG employees, 8 locally employed staff, and 16 contract employees. The office is divided into PEPFAR, and research sections. The office is dedicated to PEPFAR country-level management activities (partners with the CDC and the USAID). These include participation in USG technical working group activities, strategic vision development, and COP development. In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the NMOD.

In addition to implementing PEPFAR, the DODHPN also supports P6 and P8 funds research and surveillance activities. Included in these areas are HIV vaccine development; prevention, disease surveillance, and care and treatment for HIV; HIV testing quality improvement; prevalence studies; and surveillance for avian/pandemic influenza. Leveraging P6 and P8 funds with PEPFAR funds further enhances the advancements made under the Emergency Plan (EP), and will be a critical complement to future

vaccine research activities. In order to execute an ethical, sustainable, and noncoercive research program in resource-limited environments, there must be a link between care and treatment and HIV vaccine research, providing powerful synergy between research and clinical programs. DODHPN is supported by US-based USMHRP staff for technical and administrative support and oversight; DHAPP through contracting, financial, and technical collaboration from San Diego and Naples; and USMHRP overseas technical support from Kenya, Uganda, and Thailand.

The NMOD–DoD (US Department of Defense) HIV Program continued to expand prevention, care, and treatment services in military and civilian communities during its fourth year of PEPFAR implementation (2005–2008). The program’s full coordination with the NMOD has proved a strong foundation for creating and implementing activities that are improving infrastructure, increasing capacity, and ensuring the absorption of the program into the normal health care delivery system. These objectives are critical for sustainability, and a model for host-nation ownership of the program.

### **Prevention**

During FY08, the NMOD–DoD HIV Program continued abstinence and being faithful prevention programming at 14 military sites. A highlighted achievement during the reporting period is training 600 peer educators in abstinence and “be faithful” skills and HIV/AIDS prevention. The majority of those trained include in- and out-of-school youth. Therefore, 21,150 troops, including dependents and civilian communities around the barracks were reached with abstinence and be faithful prevention messages. In a new, focused effort, training and programming promoting abstinence-only

messaging and skills fostering youth empowerment and knowledge was conducted with in-school youth. Additional prevention activities that focused beyond abstinence and being faithful were held, training 265 peer educators who then reached 32,800 troops, including dependents and civilian communities around the barracks with comprehensive prevention messages. The NMOD–DoD HIV Program supports 70 targeted service condom outlets.

Several strategies were employed to reach troops with community outreach HIV/AIDS prevention programs. For example, health bazaars were held at many sites and they focused on HIV/AIDS education and awareness activities to include prevention information and messaging on correct and consistent condom use. In collaboration with the Armed Forces Programme on AIDS Control, the DoD trained military and civilian peer educators and master trainers on HIV/AIDS prevention while ensuring that sites had no fewer than 3 different service outlets for condom distribution.



Trainings were held at military sites on both male and female condom use. Troops were trained on the correct usage of male and

female condoms, and stepped down training to other military personnel. Female and male condoms were distributed at all sites. This activity was focused on reaching female troops since they are a traditionally underserved population. Female condoms were not present at sites prior to this programming.

During FY08, the NMOD–DoD HIV Program conducted injection safety and related prevention strategies at 14 military sites. This was achieved through participation and collaboration in the PEPFAR-wide project “Making Medical Injections Safer.” Collaboration with the NMOD and the National Blood Transfusion Service led to training of 50 troops from all 14 sites on blood safety, blood screening for transfusion-transmitted infections, and other related issues.

During FY08, the NMOD–DoD HIV Program expanded PMTCT activities at 14 military facilities. To strengthen the capacity of NMOD personnel to conduct PMTCT activities, 185 health care workers were trained during the reporting period. This included training and clinical mentorship from the newly hired DoD PMTCT Officer and an on-site training specialist from USMHRP, and external training at IDI at Makerere University in Uganda. The NMOD–DoD HIV Program staff counseled and tested a total of 5,890 pregnant women. In addition, 350 of the pregnant women received a complete course of ARV prophylaxis. During the reporting period, diagnostic capacity for early infant diagnosis (EID) was strengthened. In collaboration with the Clinton Foundation, NMOD-DoD sites received EID commodities (e.g., dried blood spot kits) and training. Routine opt-out CT with same-day result was strengthened.

## Care

The NMOD–DoD HIV Program increased palliative care services at 4 additional military sites during FY08. The program now supports a total of 14 military facilities that service the NMOD, their dependents, and civilians living near their facilities. During FY08, 13,649 clients were receiving care and support from the NMOD–DoD HIV Program, and 1,759 of them received treatment for TB. One hundred forty-eight (148) individuals were trained in the provision of palliative care services in FY08. There were 27,653 troops, family members, and civilians who were counseled and tested during the year. During the reporting period, 4 new sites were added, for a total of 14 sites. Forty (40) Nigerian military personnel were trained in CT, using the newly approved national testing algorithm. Training will be expanded in the future on the new testing guidelines. Outreach for CT was conducted at a series of health bazaars to increase CT uptake by individuals who may fear being tested at a military hospital.



The NMOD–DoD HIV Program supports services for orphans and vulnerable children. In FY08, the Program provided support to 528 OVC, and trained 28 OVC caretakers.

## Treatment

In the 14 existing and 6 newly initiated service sites that provide ART for the NMOD, 2,507 patients were newly initiated on ART. At the end of the reporting period, 5,754 current patients were on ART. In FY08, 145 health workers were trained in the provision of ART services, in accordance with national standards. All 20 laboratories have the capacity to perform HIV tests and CD4 tests. During the reporting period, 79 military personnel were trained in the provision of lab-related activities, including good laboratory practices and quality control/quality assurance procedures. A total of 78,728 laboratory tests were performed, including HIV tests, TB diagnostics, syphilis, and disease monitoring. There were 69,133 HIV screening tests conducted.

## Other

One of the most important aspects of the DoD's strategic information activities was the development of a patient registry. During the reporting period, the DoD deployed the electronic patient registry to 10 sites. The registry is a database that will track patient attendance at each military clinic. Feedback on the electronic registry system was obtained during the reporting period.

During the reporting period, 72 individuals were trained in data collection and monitoring. Fifteen (15) organizations were provided technical assistance in the areas of strategic information, including 14 sites and the Emergency Plan Implementation Committee (EPIC).

In FY08, activities focused on capacity building in the areas of policy formulation with each of the implementation and decision-making arms

of the NMOD–DoD collaboration. By building capacity within the NMOD, EPIC and the DoD developed a budget that synergized DoD PEPFAR funding. This budget was submitted through normal annual budget requests and considered closely by the Ministry of Finance. It was easily approved and funding was received due to the detail of the request and close coordination of external funding (PEPFAR). The successes of this outcome include the full Nigerian military funding of a 2007–2009 HIV strategy conference, where defined goals for the next 3 years were set for the program. The sense of Nigerian military ownership of this program must be considered a key success in the PEPFAR implementation in Nigeria.

Another accomplishment during the reporting period was hiring 14 site administrators and data entry clerks for the 14 older sites. This staff will facilitate data collection and transmission of policy and administrative information.

Logistics is another highlight of the NMOD–DoD HIV Program. At the USG team level, the DoD program supports the USG team management of pooled drug and rapid test kit procurement, national-level inventory control planning, and reporting, including national quantification of ARV requirements. The Supply Chain Management System is exclusively used for the acquisition of ARV and OI drugs, equipment, reagents, and other consumables. Acceptance of a USG-funded “Warehouse in a Box” has been achieved, and plans for implementation are being formulated at the time of this report. Forty-one (41) site personnel were trained in logistics

management, inventory control, and information systems.

Pharmacy activities are integrated in logistics, care and treatment, and prevention activities. Thirty-one (31) pharmacy specialists were trained in ARV and OI dispensing, CT *Prevention with Positives*, and logistics management.



### Proposed Future Activities

Two (2) surveillance studies approved for COP08 will move to 2009, pending approval. All other proposed activities were submitted to the Nigeria Country Support Team and were included in the FY09 COP.

## SENEGAL

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#### BACKGROUND

##### **Country Statistics**

The estimated population of Senegal is 13 million people, with an average life expectancy of 57 years. French is the official language of Senegal, which has an estimated literacy rate of 39%, 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. After seeing its economy contract by 2.1% in 1993, Senegal made an important turnaround, thanks to the reform program, with real growth in GDP, averaging over 5% annually during 1995-2008. The GDP per capita is \$1,800. 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 1.0%, with approximately 64,000 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 rates, such as 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 16,000 active-duty members. Senegal expends 1.4% of the GDP on its military. In 2006, the SAF conducted a behavioral and biological surveillance survey. The study found that from a sample of 745 SAF personnel, the HIV infection rate was 0.7% and that their knowledge of HIV had improved from 2002 (61.7% in 2002 to 89.8% in 2006) according to the behavioral survey. The military does not perform forcewide testing but it does test troops prior to deployment on PKOs.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The HIV/AIDS program for the SAF is a collaborative effort between the AIDS Program Division of the SAF, the OSC at the US Embassy, and DHAPP. An in-country program manager at the OSC works with SAF personnel and DHAPP staff to manage the program. The program manager also works with other USG agencies that are PEPFAR



members in Senegal. Senegal is a bilateral PEPFAR program and has a Country Support Team.



### Foreign Military Financing Assistance

Senegal was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2004, 2006, 2007, and 2008. Funding for 2003 and 2004 was released for expenditure during FY05 and FY07, respectively. To date, 2003 funding has been used to procure a CD4 machine, an ELISA machine, hematology analyzer, and HIV rapid test kits, in addition to other supporting diagnostic supplies and reagents. Procurement has begun using 2004 funding and includes an immunoassay analyzer, and reactivities for the ELISA machine, in addition to other supporting diagnostic supplies and reagents.

### Prevention

Since its inception, the SAF HIV/AIDS program has promoted not only abstinence and fidelity but also the use of condoms. The STI and HIV/AIDS prevention program used Information, Education, and Communication approaches to reach 10,297 troops. Small discussion groups are done with recruits and are considered very

important for information transmission. These discussion groups, integrated into recruit training, are part of different units' work plans. With the help of SAF leadership there has been an increased emphasis for units to complete their HIV/AIDS work that include proximity sensitization and discussion groups. The SAF strategically targeted vulnerable groups: new recruits, peacekeepers, and military officers in postconflict zones.

Three (3) SAF facilities carried out blood-safety activities: the Hospital Militaire de Oukam (HMO; principal military hospital in Dakar) and 2 medical service outlets in Ziguinchor and Tambacounda (both are in the southern region where most Senegalese troops are stationed). Blood-safety trainings were held for highly vulnerable, postconflict regions, such as Tambacounda and Ziguinchor, as well as for major service providers in Dakar. The 2-day trainings focused on accidental exposure to blood, and they benefited 50 clinicians. In addition, 12 military medical personnel were trained on injection safety.

During the reporting period, 10 PMTCT sites functioned. The SAF continues to promote HIV testing of pregnant women at each of its 10 PMTCT sites through provider-initiated testing. A total of 1,585 women were counseled and tested, and 8 women received a complete course of ARV prophylaxis. The 2006 SAF behavioral study highlighted that the prevalence is higher in married couples than among singles. The PMTCT program offers sensitization for pregnant women and wives to better inform them of their choices and their role in the epidemic, as well as the options available to them. There is now a focus on engaging husbands and encouraging their wives to get tested when pregnant. Workshops on PMTCT have also increased in different barracks across the country.

## Care

One of the most exciting achievements in FY08 was the development of a program for military personnel living with HIV/AIDS. The SAF, with the assistance of highly committed volunteers, have developed an inexpensive project that provides military personnel living with HIV/AIDS and their families with nutritious food and steady income. With help from volunteers, 10 people were trained in urban micro-gardening. Some of the techniques that were covered in the training included table construction, transplanting, recycling containers, fertilizer, market value, and nutrition. The success of these families has opened the door for the SAF to expand this program to other urban centers. The low start-up costs and rapid results make this program fairly easy to implement and attractive to military families. The labor output for the garden is low and can be done by any family member. More importantly, the families are able to taste and sell their vegetables after only a few short weeks, thus creating nutritious meals and additional income.



Palliative care services are provided by the regional chief medical officers in the different military zones serving both troops and family members. There are 18 service

outlets for the SAF throughout Senegal. The majority of the patients were monitored at the Hospital Militaire de Oukam in Dakar. Accuracy of reporting palliative care patients at the service outlets outside of Dakar is expected to improve with a new reporting system. This system is currently being developed and will harmonize indicators for PEPFAR/DHAPP as well as feed into the national database managed by the National Council for the Fight Against AIDS in Senegal. The number of palliative care patients at HMO was 93 during FY08.

Nine (9) service outlets provide CT for the SAF. A total of 8,547 troops were counseled and received their test results. The high testing rate is partially due to the prevention strategy the SAF has adopted. First of all, testing services always precede the mass sensitization events. Secondly, the protocol for testing soldiers at the military camps requires individual counseling followed by testing and receipt of their results. Counseling is conducted by either medical physicians or social assistants. Chiefs of the troops in the regions are always the first to be tested, followed by their troops. Many of the troops that were tested were those who will deploy on PKOs to Darfur, Democratic Republic of the Congo, Haiti, and Côte d'Ivoire. In addition, there is CT training for the new medical officers who have recently graduated from Senegal's military medical school, Ecole Militaire de Sante, located in Camp Dial Diop. Throughout FY08, 25 individuals were trained in the provision of CT services.

DHAPP continues to support building laboratory infrastructure across the country for such sites as HMO and the lab facilities of the Senegalese Gendarmerie located in St. Louis, Kolda, Tambacounda, Ziguinchor, Thies, and Kaolak. Laboratory infrastructure is supported with FMF funding.

### Treatment

The SAF has 3 service outlets that provide ART: HMO in Dakar and 2 new regional medical clinics in Ziguinchor and Tambacounda. Only the laboratory in Dakar has the capacity for CD4 testing. Military personnel who cannot come to HMO are referred to regional civilian hospitals for CD4 testing. ART at the regional level is carried out in close collaboration with the Senegalese regional coordination committees to fight against AIDS. In FY08, 24 clients were newly initiated on ART.



### Other

The SAF AIDS Program Division is aligning itself with the national reporting system. Senegal has implemented WHO's HealthMapper as its national reporting tool for all health agencies. In FY08, 29 chief medical officers participated in HealthMapper training.

In Mbour, 25 health workers who represented each military zone participated in a workshop on planning and managing the program activities in their zone for the upcoming year.

The director for the SAF AIDS Program Division attended the *7th Annual Defense Institute for Medical Operations HIV/AIDS Planning and Policy Development Course* in San Antonio, Texas, in December 2007. The director of the SAF AIDS Program Division presented findings on the impacts of the SAF–DHAPP HIV/AIDS prevention program since 2003, with reference to the military's behavioral and biological surveillance surveys in 2002 and 2006.

### Proposed Future Activities

Continued comprehensive HIV programming for the SAF was proposed to the PEPFAR Senegal Country Team and DHAPP. Some of these activities include continued prevention efforts, drafting HIV policy, continued development of the micro-garden project, and capacity development of SAF members.



## SIERRA LEONE

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#### BACKGROUND

##### **Country Statistics**

The estimated population of Sierra Leone is 6.3 million people, with an average life expectancy of 41 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The government is slowly reestablishing its authority after the 1991 to 2002 civil war. Sierra Leone is an extremely poor nation with tremendous inequality in income distribution. While it possesses substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed, and serious social disorders continue to hamper economic development. Nearly half of the working-age population engages in subsistence agriculture. The GDP per capita is \$700. About two thirds of the working-age population engages in subsistence agriculture. The fate of the economy depends on the maintenance of domestic peace and the continued receipt of substantial aid from abroad, which is essential to offset the severe trade imbalance and supplement government revenues. Alluvial diamond mining remains the major source of hard currency earnings, accounting for nearly half of Sierra Leone's exports.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.7%, with approximately 51,000 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.

##### **Military Statistics**

The Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 10,500 active-duty members. Sierra Leone expends 2.3% of the GDP on military purposes. The RSLAF undertook a seroprevalence and behavioral study of its troops in 2007. The findings from the study revealed a prevalence rate of 3.29%, twice that of the general population.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The RSLAF HIV/AIDS program began in spring 2002. It is a collaborative effort between DHAPP, the DAO at the US Embassy, and the RSLAF. The relationship has fostered many advances

in this program. 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. In 2008, the RSLAF continued reviewing its current HIV policy with the intention of revising it.



### Foreign Military Financing Assistance

Sierra Leone was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2004, 2006, and 2007. Funding for 2003, 2005, 2006, and 2007 was released for expenditure during FY05, FY07, FY08, and FY09, respectively. To date, 2003 funding has been used to procure HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. FY04 funds have been used to procure HIV test kits, a microplate reader and washer, 2 CD4 counters, and rapid test kits, in addition to other supporting diagnostic supplies and reagents. Procurement using FY06 and FY07 funds is still in negotiation.

## OUTCOMES & IMPACTS

### Prevention

In FY08, 15,415 troops and family members were reached with comprehensive prevention messages, and 278 were trained in the provision of those messages. Another prevention achievement has been having peer educators bring their spouses to their trainings, which emphasizes the importance of partner HIV knowledge. The RSLAF supported 28 condom service outlets. In FY08, DHAPP procured a program vehicle to attend prevention trainings as well as monitor and evaluate the current program activities that are occurring outside of Freetown.

Ten (10) RSLAF laboratory technicians were retrained in blood safety during July 2008. Also in FY08, 260 military medical personnel were trained in injection safety. There was a decrease in the number of service outlets that provide PMTCT services for pregnant women. During the year, only 1 service outlet supported PMTCT services, and 41 pregnant women were provided services at this outlet, 12 of whom were provided with a complete course of ART prophylaxis. Sixteen (16) medical providers were trained in the provision of PMTCT services.

### Care

One (1) service outlet provides HIV-related palliative care for RSLAF members and their families. During the year, 271 troops and dependents were provided with HIV-related palliative care services. Two (2) outlets provided CT services for military members, and 1,774 troops were tested for HIV and received their results. Another 60 were trained in October 2008 in the provision of CT. In FY08, DHAPP collaborated with the RSLAF and the Zambian

Police Superintendent on a 1-month sensitization tour on fighting stigma and discrimination and promoting HIV testing in all RSLAF brigades and battalions in Freetown. The result was encouraging: a total of 756 military personnel, including officers, other ranks, and dependents, were tested during the tour.



### Treatment

One (1) service outlet provides ART for RSLAF members, family, and civilians in the area. During the year, 42 RSLAF troops or family members were established on ART. Four (4) providers were trained in the provision of ART and 2 of them attended *MIHTP* in San Diego. Ten (10) laboratory technicians were trained in ART services. An HIV/AIDS laboratory was constructed and opened at 5th Brigade Headquarters at Gondama, Bo, in August 2007, so DHAPP worked during FY08 on procuring lab equipment for the new lab using FMF funding.

### Other

In June 2008, the RSLAF held a 3-day policy review workshop that included reviewing the National HIV/AIDS Policy of Sierra Leone. Revisions of the policy are under way. Thirty (30) senior-level officers

were trained in reducing stigma and discrimination.

### Proposed Future Activities

DHAPP received a proposal for FY09 activities from the DAO at the US Embassy on behalf of the RSLAF. Specific objectives of the proposal included (1) increasing prevention efforts for troops, family members, and civilians in the surrounding areas; (2) introducing a *Prevention with Positives* program; (3) increasing CT testing abilities for the RSLAF; and (4) training additional health care providers in PMTCT services, laboratory diagnostics, and ART services. DHAPP received from POSHE, a local NGO, a proposal with the objective of providing training for the chaplains and other religious leaders in the RSLAF on stigma and discrimination.



# TOGO

# DHAPP

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### BACKGROUND

#### **Country Statistics**

After years of political unrest from international organizations for human rights abuses, Togo is finally being welcomed into the international community again. The estimated population of Togo is 5.9 million people, with an average life expectancy of 58 years. French is the official language, and the literacy rate is estimated at 61%, unevenly distributed between men and women. This small, sub-Saharan country's economy is heavily dependent on both commercial and subsistence agriculture, which provide employment for 65% of the labor force. Some basic foodstuffs must still be imported. Cocoa, coffee, and cotton generate about 40% of export earnings, with cotton being the most important cash crop. The GDP per capita is \$900.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Togo's general population is 3.3%, with 120,000 Togolese people living with HIV/AIDS. The primary identified risk factor is heterosexual sex with multiple partners.

#### **Military Statistics**

The Togolese Armed Forces (TAF) is composed of approximately 12,000 personnel. HIV prevalence in the military is unknown. Togo allocates 1.6% of the GDP for military purposes.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff has been collaborating with US Embassy staff from the Development Office in Lomé, the OSC in Ghana, and the TAF on an HIV/AIDS program for the TAF.



### Foreign Military Financing Assistance

Togo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. The award was appropriated for 2003, 2004, and 2006. Funding for the 2003 appropriation was released for expenditure during FY05. Procurements using 2003 appropriation funding are currently under way, to include a hematology analyzer, microscope, and rapid test kits. Planning and negotiation for 2004 and 2006 funding procurements are currently under way.

### OUTCOMES & IMPACT

DHAPP staff members and the OSC in Accra traveled to Lomé in August 2008. They met with US Embassy staff and representatives of the TAF's Medical Division as well as several local NGOs. Discussions on how DHAPP could best support the TAF's HIV program occurred.

### Proposed Future Activities

DHAPP received a proposal for FY09 activities in Togo from the US Embassy and a local NGO. DHAPP with support sending a representative from the US Embassy staff to the *Defense Institute for Medical Operations 8th Annual HIV/AIDS Planning and Policy Development Course* in San Antonio in December 2008.





**US CENTRAL  
COMMAND**

**DHAPP**

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The US Central Command, which works with national and international partners, promotes development and cooperation among nations, responds to crises, and deters or defeats state and transnational aggression in order to establish regional security and stability.

## AFGHANISTAN

# DHAPP

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##### **Country Statistics**

On 7 December 2004, Hamid Karzai became the first democratically elected president of Afghanistan. The National Assembly was inaugurated on 19 December 2005. Despite gains toward building a stable central government, a resurgent Taliban and continuing provincial instability - particularly in the south and the east - remain serious challenges for the Afghan government. The estimated Afghan population is 32 million people, with an average life expectancy of 44 years. Pashto and Persian (Dari) are the official languages of Afghanistan, which has an estimated literacy rate of 28%, with uneven distribution between men and women. While the international community remains committed to Afghanistan's development, pledging over \$57 billion at three donors' conferences since 2002, Kabul will need to overcome a number of challenges.

Expanding poppy cultivation and a growing opium trade generate roughly \$3 billion in illicit economic activity and loom as one of Kabul's most serious policy concerns. Other long-term challenges include budget sustainability, job creation, corruption, government capacity, and rebuilding war-torn infrastructure. The GDP per capita is \$800, with an unemployment rate of 40%.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Afghanistan's general population is estimated to be less than 0.1%. Sexual transmission, blood transfusions, and intravenous drug use have been identified as possible risk factors for HIV transmission, but none are well-documented.

##### **Military Statistics**

The Afghan National Army (ANA) has an estimated 70,000 members, with an air force of 8,000 members. Military HIV prevalence rates are unknown.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff collaborated with military officials and US Embassy staff in Afghanistan to provide technical assistance in the establishment of a comprehensive HIV/AIDS policy for the ANA. In 2008, the ANA successfully completed the *Policy for the Prevention of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome in the Afghan National Army*.

## KAZAKHSTAN

# 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 estimated population of Kazakhstan is 15.3 million people, with an average life expectancy of 68 years. Russian is the official language of Kazakhstan, which has an estimated literacy rate of 99%, 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. Kazakhstan's industrial sector rests on the extraction and processing of these natural resources. The GDP per capita is \$12,000.

#### **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 (KAF) is composed of an estimated 64,000 members. Kazakhstan expends 0.9% of the GDP on 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 Astana for continued development of a plan for future prevention activities for military members.

### OUTCOMES & IMPACTS

#### **Prevention**

DHAPP approved FY08 funds for Kazakhstan's HIV prevention program. Originally, an HIV prevalence and risk survey was proposed among the border security forces. However, the US Embassy and DHAPP have determined that this study may be premature and these funds would be better used toward establishing an HIV prevention strategic plan for Kazakhstan.

#### **Proposed Future Activities**

DHAPP staff will work with the US Embassy staff in Astana and the KAF to develop a strategic plan for its HIV program in FY09.

## KYRGYZSTAN

# 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 1991, Kyrgyzstan achieved independence from the Soviet Union. Kyrgyzstan is a poor, mountainous country with a predominantly agricultural economy. The estimated population of Kyrgyzstan is 5.3 million people, with an average life expectancy of 69 years. Kyrgyz and Russian are the official languages of Kyrgyzstan, which has an estimated literacy rate of 99%, 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 significant quantity. Industrial exports include gold, mercury, uranium, natural gas, and electricity. The GDP per capita is \$2,200.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Kyrgyzstan's general population is estimated at 0.1%, with approximately 4,200 people living with HIV. Risk factors in this concentrated epidemic include primarily intravenous drug use but sexual transmission accounts for most other cases.

##### **Military Statistics**

The Kyrgyzstan military comprises an estimated 10,000 personnel. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

With financial support from DHAPP and administrative support from the Security Assistance Office at the US Embassy, the Kyrgyzstan military has made continued progress with its HIV prevention program. The Kyrgyzstan military regularly conducts specified activities in HIV prevention among soldiers based on partnership and a unified methodological approach,



which are a part of the national response to the HIV epidemic.

## OUTCOMES & IMPACT

### **Prevention and Care**

A master trainer seminar for officers occurred in FY08. The seminar was conducted in conjunction with the United Nations Development Programme. DHAPP supported the training by providing all equipment for multi-media presentations and all prevention education materials. The materials were shared during troop-level trainings, which reached 5,280 soldiers. When the Kyrgyzstan military is not using its presentation equipment such as laptops and multi-media projectors provided by DHAPP, they are shared with civilians such as teachers, youth, and local religious leaders for HIV/AIDS prevention seminars.

### **Proposed Future Activities**

The Kyrgyzstan military submitted a proposal for FY08 and received funding. Not all funds were expended during FY08, so the Kyrgyzstan military will continue its programmatic activities in FY09. The specific objectives of the proposed project include (1) procure HIV rapid test kits, (2) train clinicians at *MIHTP*, and (3) procure sterilization equipment to prevent the transmission of HIV infection.



# TAJIKISTAN

# DHAPP

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BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Tajikistan gained 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 estimated population of Tajikistan is 7.2 million people, with an average life expectancy of 65 years. Tajik is the official language of Tajikistan, which has an estimated literacy rate of 99%, evenly distributed between men and women. The GDP per capita is \$1,800. There have been no major security incidents in recent years, although the country remains the poorest in the former Soviet sphere. Attention from the international community in the wake of the war in Afghanistan has brought increased economic development and security assistance, which could create jobs and increase stability in the long term. Tajikistan is in the early stages of seeking World Trade Organization membership and has joined NATO's Partnership for Peace.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Tajikistan's general population is estimated at 0.3%, and there are approximately 10,000 people with HIV.

#### **Military Statistics**

The size of the 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, MOD has about 10,500 personnel, the National Guard has 2,500, and the Ministry of Emergency Situations and Civil Defense has about 1,500 members. No information regarding HIV prevalence in the military is available, but the military is generally considered a high-risk group.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff members have maintained close collaborative efforts with US ODC personnel in Dushanbe and the TAF. Constant communication between the US offices and the TAF has resulted in an ongoing successful program.



The current and future goals of the program are continually being evaluated for effectiveness and adjusted as appropriate.

### OUTCOMES & IMPACTS

In June 2008, DHAPP staff traveled to Dushanbe with the CENTCOM Surgeon and his representatives to conduct a program assessment. During the assessment, and in consultation with the TAF, it was noted that adding collaborators such as NGOs would enhance the current program and would help in the expansion of the program. The Broad Agency Announcement process was used to identify partners, and a local NGO has been approved to provide services to assist the TAF in HIV/AIDS prevention activities.

### **Proposed Future Activities**

DHAPP received a proposal from the International Organization of Open Society Institute Assistance on behalf of the TAF in FY08. The proposal included prevention activities, such as advocate sessions for mid- to senior-level military officials, prevention training for recruits, purchase of OI drugs, lab renovation and lab equipment, and STI management training for clinicians. This would be in addition to the funding of activities that is currently going on and will continue through the US Embassy in Dushanbe to support the TAF with materials and training of soldiers.



**US EUROPEAN  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
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**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



The US European Command vision is to eliminate HIV/AIDS as a threat to regional stability through partnerships and interagency collaboration. HIV/AIDS prevention is one of USEUCOM's health security cooperation desired end goals in support of the USEUCOM Strategy of Active Security.

USEUCOM supports PEPFAR's prevention, care, and treatment goals, and the interagency and "whole of government" approach to implementing the HIV/AIDS prevention program. DHAPP collaborates with USEUCOM to champion partner-nation militaries' efforts to develop sustainable programs, provide in-country program management support, and develop program effectiveness measures. USEUCOM focuses on senior leadership advocacy to support partner-nation HIV/AIDS policy development. Countries in the USEUCOM area of responsibility will maintain current low HIV/AIDS prevalence rates through effective awareness and prevention programs.



# ALBANIA

# DHAPP

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BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Albania has made progress in its democratic development since first holding multiparty elections in 1991, but deficiencies remain. Albania was invited to join NATO in April 2008 and is a potential candidate for European Union accession. Although Albania's economy continues to grow, the country is still one of the poorest in Europe, hampered by a large informal economy and an inadequate energy and transportation infrastructure. The estimated Albanian population is 3.6 million people, with an average life expectancy of 78 years. Albanian is the official language. The literacy rate is estimated at 99%, with even distribution between men and women. The GDP per capita in Albania is \$6,400.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Albania's general population is estimated at less than 0.2%. Some high-risk populations for HIV transmission include intravenous drug users, sex workers and their clients, and migrant communities.

#### **Military Statistics**

The Albanian military is composed of an estimated 16,000 members. Albania allocates 1.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

During FY08, most efforts focused on procuring lab equipment used for blood testing and the detection of HIV at the military hospital in Tirana and the Albanian National Blood Bank. In addition, 20 military members were trained on blood and injection safety. The lab equipment that was procured included 2 ELISA auto analyzers, HIV and hepatitis A and B test kits, and uninterruptible power sources.

#### **Proposed Future Activities**

For FY09, Albania submitted a proposal to DHAPP and the proposal is under review.



# ESTONIA

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated Estonian population is 1.3 million people, with an average life expectancy of 73 years. Estonian is the official language, and the literacy rate is estimated at 99%, 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 spring 2004. Estonia, a 2004 European Union entrant, has a modern, market-based economy and one of the highest per capita income levels in Central Europe. The economy benefits from strong electronics and telecommunications sectors and strong trade ties with Finland, Sweden, and Germany. The GDP per capita is \$21,900.

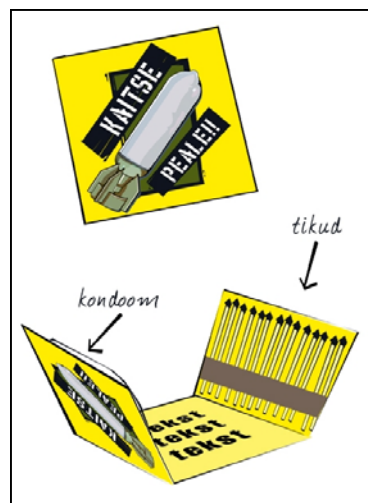
#### **HIV/AIDS Statistics**

The HIV prevalence rate in Estonia's general population is 1.3%, with 9,900 people currently living with HIV/AIDS. The main driving force behind the epidemic in Estonia is intravenous drug use. Youths 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 4,000 members. There is compulsory military service in Estonia, and about 1,500 conscripts are active for training during any 8- to 11-month cycle. Estonia allocates 2.0% of the GDP for military expenditures. Military HIV prevalence rates are unknown.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff members have continued collaborative efforts with Estonian military officials and the US ODC to establish a comprehensive HIV/AIDS prevention program for military members. In FY08, the Estonian Anti-AIDS Association (local NGO) was awarded a grant through DHAPP to work with the EDF.

## OUTCOME & IMPACTS

### **Prevention and Care**

Since the grant was awarded in late FY08, no activities had occurred. The activities are planned for FY09 and will include providing infrastructure and equipment for HIV counseling and testing services and care centers, developing HIV laboratory diagnostic and monitoring capabilities, and increasing testing of all EDF personnel.



# GEORGIA

# DHAPP

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### BACKGROUND

#### **Country Statistics**

The estimated population of Georgia is 4.6 million people, with an average life expectancy of 77 years. Georgian is the official language of Georgia, which has an estimated literacy rate of 100%. 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 GDP growth and curtailment of inflation. The GDP per capita is \$5,000. Georgia's economy has sustained GDP growth of close to 10% in 2006 and 12% in 2007, based on strong inflows of foreign investment and robust government spending. However, growth slowed to less than 7% in 2008, and a widening trade deficit and higher inflation are emerging risks to the economy.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Georgia's general population is estimated at 0.1%, with approximately 2,700 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 allocates 0.6% of the GDP for military purposes. Military HIV prevalence rates are unknown. The GAF have been participating in peacekeeping missions since 1999.



**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The GAF HIV prevention program works in conjunction with the Georgian Medical Group (GMG). The GMG is a local NGO established in 2006 by the physicians. The overall goal of the program is to enhance knowledge of HIV/AIDS and STIs among Georgian troops.

DHAPP received a proposal from the GMG on behalf of the GAF for FY09. The main objectives of the proposal are to continue training military staff on HIV/AIDS/STIs prevention so that a larger number of troops could be reached with prevention messages by peer educators, procure HIV laboratory equipment and rapid test kits for CT services, and to assist in the development of an HIV policy.

**OUTCOMES & IMPACTS**

During FY08, no programmatic activities occurred, but a new grant was signed between DHAPP and the GMG to provide HIV/STI training to the GAF. Activities will begin in February 2009.



**Proposed Future Activities**

## RUSSIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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#### BACKGROUND

##### **Country Statistics**

The estimated population of Russia is 141 million people, with an average life expectancy of 66 years. Russian is the official language of Russia, which has an estimated literacy rate of 99%, evenly distributed between men and women. Russia ended 2008 with its tenth straight year of growth, averaging 7% annually since the financial crisis of 1998.

Although the Russian Government has laid out plans to diversify the economy, energy and other raw materials still dominate Russian exports. Over the last 6 years, fixed capital investment growth and personal income growth have averaged above 10%, but both grew at slower rates in 2008. During the past decade, poverty has declined steadily and the middle class has continued to expand. Russia has also improved its international financial position, running surpluses since 2000. The GDP per capita is \$15,800.

##### **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.

##### **Military Statistics**

The Russian military consists of approximately 1.1 million active-duty members. Russia expends 3.9% of the GDP on the military. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

Bilateral military programs for HIV prevention in the Russian military were suspended during FY08.

#### OUTCOMES & IMPACT

No activities occurred during this fiscal year because the bilateral military HIV programs have been suspended indefinitely by the US Embassy in Moscow. Programs supported by other PEPFAR agencies (USAID and CDC) are in the process of being mainstreamed into Russian governmental agencies as the Russian economy and infrastructure continue to improve.

## SERBIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

In May 2006, Serbia declared that it was the successor state to the Union of Serbia and Montenegro. Following 15 months of inconclusive negotiations mediated by the United Nations and 4 months of further inconclusive negotiations mediated by the United States, European Union, and Russia on 17 February 2008, the United Nations Interim Administration Mission in the Kosovo-administered province of Kosovo declared itself independent of Serbia.

The population of Serbia is estimated to be 10 million people (including Kosovo), with an average life expectancy of 73 years. Serbian is the official language of Serbia, which has an estimated literacy rate of 96%, evenly distributed between men and women. The GDP per capita is \$7,700.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Serbia's general population is less than 0.2%. 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 Serbian Armed Forces (SAF) is composed of an estimated 27,000 troops. The prevalence of HIV in the Serbian military is unknown. In the SAF, military service age and obligation are 19–35 years of age for compulsory military service; under state of war or impending war conscription can begin at age 16. Conscription is to be abolished in 2010.



### PROGRAM RESPONSE

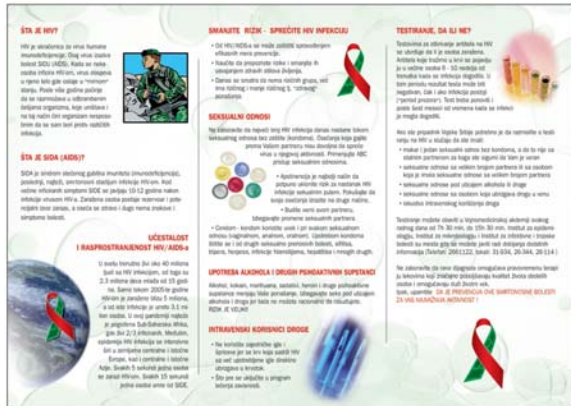
#### **In-Country Ongoing Assistance**

DHAPP staff work in conjunction with the Military Medical Academy in Belgrade to support the SAF in its HIV prevention program. Activities have expanded from laboratory support to prevention and care programs in FY07.

## OUTCOMES & IMPACTS

### Prevention

Training in blood safety was carried out for 500 health care workers from the Military Medical Academy, Belgrade, and the Military Medical Center, Novi Sad, which serves the SAF. Physicians who specialize in epidemiology, infectious diseases, microbiology, and psychiatry from the Military Medical Academy organized 1 workshop on prevention, laboratory diagnostic, palliative care, ART, and psychosocial aspects of HIV/AIDS for SAF psychologists and physicians.



### Care

Twenty (20) lab technicians were trained in the provision of HIV/AIDS lab-related activities.

## Proposed Future Activities

DHAPP received a proposal from the Military Medical Academy in Belgrade on behalf of the SAF for FY09. The main objectives of the proposal are to increase the quality and access to HIV/AIDS prevention material, and to provide mass awareness campaigns, CT services, and HIV diagnostic capabilities to the SAF.





# UKRAINE

# DHAPP

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

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Ukraine is 46 million people, with an average life expectancy of 68 years. Ukrainian is the official language of the Ukraine, which has an estimated literacy rate of 99%, evenly distributed between men and women. Ukraine's fertile black soil generates 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 GDP per capita is \$6,900. The drop in steel prices and Ukraine's exposure to the global financial crisis due to aggressive foreign borrowing has lowered growth in 2008 and the economy probably will contract in 2009. Ukraine reached an agreement with the International Monetary Fund for a \$16.5 billion standby arrangement in November 2008 to deal with the economic crisis.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Ukraine's general population is estimated at 1.6%, with 430,000 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. 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 (UAF), which consists of ground, naval, and air forces, comprises approximately 200,000 active-duty members. The Ukraine expends 1.4% of the GDP on the military. 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**

The UAF HIV/AIDS program is a collaborative effort between ODC at the US Embassy in Kiev, DHAPP, and the UAF. DHAPP staff provide technical assistance and support to the UAF program. In addition, the DHAPP staff members are part of the PEPFAR Ukraine Country Support Team, and participated in the FY09 COP.

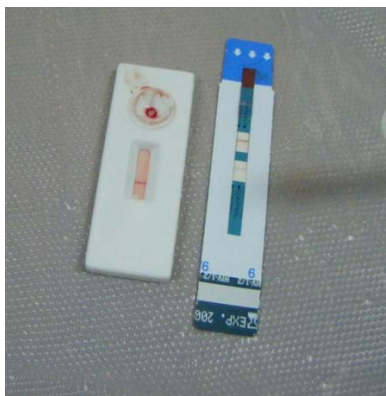
## OUTCOMES & IMPACTS

### Prevention

In FY08, the HIV/AIDS prevention workshops for senior-level medical personnel kicked off the year with training 210 staff as master trainers. They trained 1,190 additional peer educators. In total, 1,400 peer educators reached approximately 150,000 troops with comprehensive prevention messages. The peer educators conducted annual 2-hour HIV/AIDS training with their units, which typically have 120 soldiers in a unit. During the prevention trainings, troops are taught about healthy lifestyles, correct and consistent condom use, and correct usage of tattoo needles and shaving razors.

### Care

In FY08, there were 6 CT centers for the UAF, which is an increase from last year's 4 CT centers. Two (2) were renovated in FY07 with DHAPP funding and are now functioning CT centers. The CT centers are staffed by psychologists for counseling services, and lab technicians and nurses provide testing services. The psychologists at the CT centers are trained by the MOD's Health Department.



Twenty-one (21) military clinicians who work in pulmonary services throughout various MOD hospitals in Ukraine were trained on clinical prophylaxis and treatment for TB of HIV-infected individuals (diagnosed or presumed).



### Treatment

Only 1 military laboratory in Kiev has the equipment needed for CD4 testing. Twenty-five (25) lab technicians were trained on using recently procured lab equipment.

### Proposed Future Activities

Continued HIV programming for UAF members was proposed to the PEPFAR Ukraine Country Support Team. All proposed activities were included in the FY09 COP. Some of these activities include continued prevention efforts and increased CT services.

**US PACIFIC  
COMMAND**

**DHAPP**

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



The US Pacific Command has been working to prevent the spread of HIV among military personnel and their beneficiaries in countries throughout their area of responsibility. The program has seen significant changes and developed into a collaborative effort between the host countries, US Embassies, US Naval Health Research Center, and USPACOM. The program has focused on HIV education, HIV medicine, HIV prevention (counseling and testing), and laboratory capacity building. There will be a growing reliance upon NGOs and host-nation capabilities in the future.

# CAMBODIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Cambodia is 14.2 million people, with an average life expectancy of 62 years. Khmer is the official language of Cambodia, which has an estimated literacy rate of 74%, 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. From 2001 to 2004, the economy grew at an average rate of 6.4%, driven largely by an expansion in the garment sector and tourism. The US and Cambodia signed a Bilateral Textile Agreement, which gave Cambodia a guaranteed quota of US textile imports and established a bonus for improving working conditions and enforcing Cambodian labor laws and international labor standards in the industry. The GDP per capita is \$2,100.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Cambodia is 0.8%, with approximately 70,000 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 in all provinces, requiring brothel-based sex workers to attend monthly STI screenings and involving establishment owners in condom negotiation initiatives.

#### **Military Statistics**

The Royal Cambodian Armed Forces (RCAF) is estimated at 110,000 members. The RCAF has been organized into 5 military regions and 4 forces (navy, army, air force, and military police). Each force has its own independent health structure that provides medical services to military personnel and their family members. The Ministry of National Defense Health Department is responsible for medical supplies and equipment and for management of medical personnel. Cambodia expends 3.0% of the GDP on military purposes.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

In collaboration with USPACOM and its implementing partner, COE, DHAPP conducted a program assessment of the RCAF's HIV/AIDS program.

## OUTCOMES & IMPACTS

In June 2008, DHAPP and COE staff traveled to Phnom Penh, Cambodia, to conduct a program assessment of the HIV/AIDS program in the RCAF. They met with various members of the RCAF, US Embassy staff, and USG (CDC and USAID in-country staff). Their recommendations were submitted to the PEPFAR Cambodia Country Support Team for consideration in the FY09 COP.

USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, and with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 2 members of the RCAF attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008. Also in FY08, 2 RCAF members attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of India is 1.1 billion people, with an average life expectancy of 69 years. Hindi is the official language of India, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The economy has posted a growth in the past decade, much of this due to significantly expanding manufacturers through late 2008. 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 GDP per capita is \$2,900.

**HIV/AIDS Statistics**

According to the UNAIDS *2007 AIDS Epidemic Update*, the estimated HIV prevalence rate in India's adult population is 0.3%, with 2.3 million people living with HIV. The newly revised estimates may be lower than previous estimates, but HIV still greatly affects large numbers of people. 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 reservists. Although military HIV prevalence rates are unknown, AIDS is documented as the fifth most common cause of death in the IAF.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

USPACOM and its implementing agent, COE, have continued to collaborate with the Indian Armed Forces Medical Services.

**OUTCOMES & IMPACT****Prevention**

Prevention messages reached many IAF troops and their family members, but no validated number was reported.

### Care and Treatment

CT services were provided to the IAF, but no official number of troops or family members tested was provided. Ninety (90) individuals were trained in the provision of CT services.

Ten (10) service outlets provided ART for the IAF, and 100 individuals newly initiated on ART during the reporting period. In addition, 10 laboratories have the capacity to perform HIV tests and CD4 tests.

USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 2 IAF members attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008. Also in FY08, 2 members of the IAF attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008.

### Other

There were 350 individuals trained on HIV-related stigma and discrimination reduction, community mobilization for prevention, care, and/or treatment, and HIV-related institutional capacity building.

In August 2008, DHAPP, COE, and OGAC staff traveled to New Delhi, India, to conduct a program assessment of the HIV/AIDS program in the IAF. They met with various IAF members, US Embassy staff, and USG in-country staff.



# INDONESIA

# 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**

Indonesia's debt-to-gross domestic product ratio has been declining steadily, its foreign exchange reserves are at an all-time high of over \$50 billion, and its stock market was 1 of the 3 best performers in the world in 2006 and 2007, as global investors sought out higher returns in emerging markets. The estimated population of Indonesia is 238 million people, with an average life expectancy of 70 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 90%, unevenly distributed between men and women. Economic difficulties in early 2008 centered on high global food and oil prices and their impact on Indonesia's poor and on the budget. The GDP per capita is \$3,900. Indonesia suffered disasters in 2006 and early 2007, including a major earthquake near Yogyakarta, an industrial accident in Sidoarjo, East Java, that created a "mud volcano," a tsunami in South Java, and major flooding in Jakarta, all of which caused additional damages in the billions of dollars. Donors are assisting Indonesia with its disaster mitigation and early-warning efforts.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Indonesia's general population is less than 0.2%. Roughly 270,000 people were living with HIV in 2008. Currently, the epidemic is concentrated primarily amongst intravenous drug users.

#### **Military Statistics**

The Indonesian Armed Forces (IAF) is estimated at approximately 297,000 active-duty troops, with 400,000 reservists. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

USPACOM and its implementing agent, COE, have continued to collaborate with the IAF.

### OUTCOMES & IMPACT

#### **Prevention**

Prevention messages reached 10,892 IAF troops and family members, and 217 peer educators were trained. Condoms and prevention education materials were distributed throughout the year to the IAF.



### Care and Treatment

During FY08, there were 6 service outlets for the IAF, and 1,765 troops and family members were counseled and tested. Fifty-six (56) individuals were trained in the provision of CT services.

Four (4) laboratories with the capacity to perform HIV tests and CD4 tests were supported for the IAF. Training was provided to 5 lab technicians on the services related to the laboratories.

USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 2 IAF members attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008. Also in FY08, 2 members of the IAF attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Laos is one of the few remaining one-party Communist states. Laos began decentralizing control and encouraging private enterprise in 1986. The results have been astounding, boasting growth of approximately 6% per year from 1988–2008. Despite this high growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Electricity is available in urban areas and in many rural districts. Subsistence agriculture, dominated by rice, accounts for about 40% of the GDP and provides 80% of total employment. A value-added tax regime, which began in early 2009, should help streamline the government's inefficient tax system. With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 could be achievable. The estimated population of Laos is 6.8 million people, with an average life expectancy of 57 years. Lao is the official language of Laos, but French, English, and various ethnic languages are also widely spoken. The country has an estimated literacy rate of 69%, which is unevenly distributed between men and women. The GDP per capita is \$2,100.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Laos's general population is 0.2%. Laos has approximately 5,400 individuals living with HIV/AIDS. Identified risk factors include in-country migration, and high-risk sexual practices including sex trafficking and prostitution. Heterosexual contact is the principal mode of transmission.

**Military Statistics**

The Lao People's Armed Forces (LPAF) is estimated at approximately 30,000 active-duty troops. Rates of HIV are unknown in the LPAF. Laos expends 0.5% of the GDP on the military.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

USPACOM and its implementing agent, COE, have initiated collaboration with the LPAF.

**OUTCOMES & IMPACT**

In July 2008, DHAPP, USPACOM and COE staff traveled to Vientiane, Laos, to conduct a needs assessment of the LPAF for future programming. The team met with US Embassy staff, the CDC, various NGOs, and several Laos's governmental agencies such as the MOH.

## NEPAL

# DHAPP

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SELECTED AFRICAN NATIONS AND  
BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Nepal is 29.5 million people, with an average life expectancy of 61 years. Nepali is the official language of Nepal, which has an estimated literacy rate of 49%, 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 GDP. Bumper crops, better security, improved transportation, and increased tourism pushed growth past 4% in 2008, after growth had hovered around 2.3% for the previous three years. The GDP per capita is \$1,000.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Nepal is 0.5%, with approximately 68,000 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 Nepalese Army (NA) is estimated at 100,000 members. Nepal expends 1.6% of the GDP on military expenditures. While no seroprevalence data are available for the NA and force wide testing has not been implemented, pre- and post-tests among NA personnel on UN peacekeeping missions indicate a rate of 0.11%.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

USPACOM and its implementing agent, COE, have continued to collaborate with the NA.

### OUTCOMES & IMPACTS

#### **Care and Treatment**

One (1) clinician from the NA attended the *MIHTP* course in San Diego during August and September 2008. The clinician experienced in-depth lectures, toured US medical facilities, and took

part in rounds and counseling sessions with HIV/AIDS patients. The clinician was exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically ART, treatment of OIs, and epidemiology.

USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, and with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 2 members of the NA attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008. Also in FY08, 2 NA members attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008.



# PAPUA NEW GUINEA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

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

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Papua New Guinea is 5.9 million people, with an average life expectancy of 66 years. Melanesian Pidgin, English, and Motu are spoken in Papua New Guinea, which has an estimated literacy rate of 57%, 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. The GDP per capita is \$2,300. Of note, Australia supplied more than \$300 million in aid in FY07/08, which accounts for nearly 20% of the national budget.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Papua New Guinea's general population is less than 1.5%. Roughly 53,000 people were living with HIV in FY08. The main mode of transmission is heterosexual contact.

#### **Military Statistics**

The Papua New Guinea Defense Force (PNGDF) is estimated at approximately

2,000 members. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The USPACOM and its implementing agent, COE, have continued to collaborate with the PNGDF.

### OUTCOMES & IMPACTS

#### **Care and Treatment**

One (1) clinician from the PNGDF attended the *MIHTP* course in San Diego in FY08. The clinician experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The clinician was exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically ART, OI treatment, and epidemiology.



USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, and with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 1 member of the PNGDF attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008. Also in FY08, 2 PNGDF members attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008.

In July 2008, DHAPP, COE, and AFRIMS staff traveled to Port Moresby, Papua New Guinea, to conduct a needs assessment of the HIV/AIDS program in the PNGDF. They met with various members of the PNGDF, US Embassy and Papua New Guinea Department of Health staff, and several NGOs in the country.



**Other**

# THAILAND

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Thailand is the only Southeast Asian country never to have been taken over by a European power. A bloodless revolution in 1932 led to a constitutional monarchy. In alliance with Japan during World War II, Thailand became a US ally following the conflict. Thailand is currently facing separatist violence in its southern ethnic Malay-Muslim provinces. The estimated population of Thailand is 65 million people, with an average life expectancy of 73 years. Thai is the official language of Thailand, which has an estimated literacy rate of 93%, evenly distributed between men and women. Exports were the key economic driving force in 2007 and 2008 as foreign investment and consumer demand stalled. Export growth from January 2005 to November 2008 averaged 17.5% annually. The GDP per capita is \$8,700.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Thailand's general population is 1.4%, with approximately 600,000 individuals living with HIV/AIDS. It is believed that heterosexual intercourse still accounts for the majority of new infections.

#### **Military Statistics**

The Royal Thai Armed Forces (RTAF) is composed of approximately 300,000 active-duty members. Thailand expends 1.8% of the GDP on military purposes. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

Since 2003, USPACOM and its implementing agent, COE, have used 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 RTAF continues to be essential to enabling a "neighbors teaching neighbors" approach.



USPACOM/COE, together with US Armed Forces Research Institute of Medical Sciences and the RTAF, and with funding from DHAPP, stood up a military Regional Training Center responsible for the 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.

## OUTCOMES & IMPACTS

### **Care and Treatment**

In FY08, 18 members from 9 regional militaries attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008. The countries that sent representatives to this course included Vietnam, India, Malaysia, Nepal, Philippines, Indonesia, Papua New Guinea, Cambodia, and Thailand. Also in FY08, 29 members from 13 regional militaries attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008. The countries that sent representatives to this course included Bangladesh, Cambodia, India, Laos, Malaysia, Mauritius, Nepal, Philippines, Indonesia, Timor-Leste, Sri Lanka, Papua New Guinea, and Thailand.





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## TIMOR-LESTE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Timor-Leste is 1.1 million people, with an average life expectancy of 67 years. Tetum and Portuguese are the official languages of Timor-Leste, which has an estimated literacy rate of 59%. In late 1999, about 70% of the economic infrastructure of Timor-Leste 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 5,000 peacekeepers (8,000 at peak) and 1,300 police officers, led to substantial reconstruction in both urban and rural areas. The GDP per capita is \$2,500. In June 2005, the National Parliament unanimously approved the creation of a Petroleum Fund to serve as a repository for all petroleum revenues and preserve the value of Timor-Leste's petroleum wealth for future generations. The Fund held assets of US\$3.9 billion as of October 2008. The economy is recovering from the mid-2006 outbreak of violence and civil unrest, which disrupted both private and public sector economic activity. The government in 2008 resettled tens of thousands of an estimated 100,000 internally displaced persons.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Timor-Leste'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 Timor-Leste Defense Force (TLDF) is estimated at approximately 700 members. Force wide testing is not in place; therefore, HIV prevalence is unknown.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

USPACOM and its implementing agent, COE, engaged the TLDF in 2008.

## OUTCOMES & IMPACTS

### **Care and Treatment**

Activities for FY08 included shipping some laboratory supplies such as lancets and examination gloves to the TLDF.

USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, and with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 2 TLDF members attended the *Asia-Pacific Regional Support and Training Capacity for Treatment and Care Initiatives (Train the Trainer in HIV/AIDS Care and Treatment) Course* in July 2008.

### **Other**

In July 2008, DoD and COE staff traveled to Dili, Timor-Leste, to conduct a needs assessment of the HIV/AIDS program in the TLDF. They met with various members of the TLDF, US Embassy staff, the Timor-Leste MOH, and several NGOs in the country.



# VIETNAM

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Vietnam's estimated population is 86 million people, with an average life expectancy of 71 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 90%, 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. In an effort to stem high inflation, which took off in 2007, Vietnamese authorities began to raise benchmark interest rates and reserve requirements in early 2008. The GDP per capita is \$2,900.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Vietnam's general population is 0.5%, with approximately 280,000 individuals living with HIV/AIDS. The primary identified high-risk groups in the population have been intravenous drug users and commercial sex workers.

#### **Military Statistics**

The Vietnam Ministry of Defense (VMOD) is estimated at approximately 480,000 active-duty troops. Vietnam expends 2.5% of the GDP on military expenditures. No prevalence data are available on the VMOD.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

USPACOM and its implementing agent, COE, have continued to collaborate with the VMOD.

### OUTCOMES & IMPACTS

#### **Prevention**

During FY08, the VMOD reached 15,252 troops with comprehensive prevention messages and trained 659 peer educators. There were 74 VMOD service members trained in blood safety. Thirty (30) health workers were trained in the provision of PMTCT services. There were 5 targeted condom service outlets.



## Care

Two (2) VMOD service outlets provide HIV-related palliative care for VMOD members and their families. During FY08, 380 individuals were provided with HIV-related palliative care. Fifty-eight (58) military medical personnel were trained in the provision of HIV-related care, including TB care.

IN FY08, the VMOD supported 1 CT center for military members. During the year, 1,019 military members were tested for HIV and received their results. Sixteen (16) individuals were trained in the provision of CT services.

## Treatment

Two (2) service outlets provide ART for VMOD troops and family members. There were 62 patients newly initiated on ART in FY08. Thirty-five (35) individuals were trained in the provision of ART. Two (2) laboratories had the capability to perform HIV testing and CD4 tests, and 26 laboratory personnel were trained in the provision of these tests.

USPACOM/COE, together with the US Armed Forces Research Institute of Medical Sciences and the Royal Thai Armed Forces, with funding from DHAPP, stood up a military Regional Training Center (RTC) in Bangkok, Thailand. The RTC is responsible for the education of a core group of military medical officers. In FY08, 2 VMOD members attended the *Asia-Pacific Regional HIV/AIDS Lab Infrastructure and Capacity Building (Train the Trainer in Lab and Diagnostics) Course* in August 2008.

## Other

In July 2008, DHAPP, USPACOM, and COE staff traveled to Hanoi, Vietnam, to conduct a program assessment of the DoD HIV/AIDS program with the VMOD. The objectives of the assessment included addressing strategic, programmatic, and interagency coordination issues and challenges, and making recommendations for future actions. The team met with various members of the VMOD, US Embassy staff, USG (CDC and USAID in-country staff), and local NGOs.

In FY08, 12 individuals were trained in strategic information, and 850 individuals were trained in HIV-related policy development, institutional capacity building, stigma and discrimination reduction, and community mobilization for prevention, care, and/or treatment.



**US SOUTHERN  
COMMAND**

**DHAPP**

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The US Southern Command primary mission objectives include ensuring security of the US from any threats, enhancing hemispheric security, enhancing stability through US partner nation relationships, and enhancing consequence management and disaster response capabilities of our partner nations. Furthermore, USSOUTHCOM objectives also include ensuring favorable security conditions by enabling effective sovereignty in addition to ensuring human rights, and political and economic freedom for the regions citizens.

USSOUTHCOM has exercised these mission points in the field of HIV/AIDS prevention and treatment with expanded research efforts in both Peru and Panama working with the national medical research communities, working with more of the region's militaries with more DoD support to national HIV prevention efforts, hosting the annual meeting of the Spanish-speaking militaries' HIV/AIDS association (COPRECOS), and supporting local health ministry efforts in HIV awareness and testing for the communities that USS *Kearsarge* and *Boxer* visited in 2008.

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## THE BAHAMAS

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Since attaining independence from the United Kingdom in 1973, the Bahamas have prospered through tourism and international banking and investment management. Because of its geography, the country is a major transshipment point for illegal drugs, particularly shipments to the US and Europe, and its territory is used for smuggling illegal migrants into the US. The estimated population in the Bahamas is 307,000.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Bahamian general population is estimated at 3%, with 6,100 people living with HIV. AIDS has been the leading cause of death in the 15 - 49 years age group in the Bahamas since 1994. The majority of persons reported are in the productive years of early adulthood between the ages of 20 - 39 years. The disease occurs primarily among heterosexuals (approximately 87%), although underreporting by men who have sex with men remains a challenge. Intravenous drug use is not a common practice in the Bahamas and therefore not considered a mode of transmission.

##### **Military Statistics**

The Royal Bahamian Defense Force (RBDF) is composed of an estimated 1,000 members. The Bahamas allocates 0.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff are collaborating with the USSOUTHCOM and the RBDF in support of an HIV/AIDS program in the Bahamas.

##### **Proposed Future Activities**

In FY08, DHAPP received a proposal from the AIDS Foundation to support the RBDF. The proposed activities included prevention activities and a knowledge, attitudes, practices, and behavior assessment for the RBDF.



# BARBADOS

# DHAPP

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Barbados is 282,000 people, with an average life expectancy of 73 years. English is the official language of Barbados, which has an estimated literacy rate of 99%, evenly distributed between men and women. The GDP per capita is \$20,200. 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. The country enjoys one of the highest per capita incomes in the region and an investment grade rating that benefits from its political stability and stable institutions.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Barbadian general population is estimated at 1.2%, with approximately 2,200 individuals living with HIV/AIDS. Most HIV cases in Barbados are attributed to unprotected heterosexual contact.

#### **Military Statistics**

The Royal Barbados Defense Force (RBDF) consists of approximately 1,000 personnel distributed among the troops

command and the coast guard. The RBDF 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 on a military purpose is 0.5%. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff have been working in conjunction with the US MLO in Bridgetown and the RBDF on planning a comprehensive prevention program. During FY08, the RBDF submitted a proposal to DHAPP for funding that would cover activities in prevention and CT as well as a KAP survey among the RBDF. Activities are expected to begin in FY09.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Belize is 300,000 people, with an average life expectancy of 68 years. English is the official language of Belize, which has an estimated literacy rate of 77%, evenly distributed between men and women. The GDP per capita is \$8,500, with an unemployment rate of 8.5%. In this small, essentially private-enterprise economy, tourism is the number one foreign exchange earner, followed by exports of marine products, citrus, cane sugar, bananas, and garments. Current concerns include an unsustainable foreign debt, high unemployment, growing involvement in the South American drug trade, growing urban crime, and increasing incidence of HIV/AIDS.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Belize general population is estimated at 2.1%, the highest per capita HIV prevalence rate in Central America.

**Military Statistics**

The Belize Defense Force (BDF) is composed of approximately 800 personnel, with a primary task of

defending the nation’s borders and providing support to civil authorities. Belize allocates 1.4% of the GDP for military expenditures. The BDF estimates military HIV prevalence rates at 0.07%.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

DHAPP staff have been working in conjunction with the US MLO in Belmopan and the BDF to create a comprehensive HIV/AIDS program.

**Proposed Future Activities**

In FY08, the BDF submitted a proposal to DHAPP for prevention, stigma and discrimination reduction, and CT services. Activities are expected to begin in FY09.





## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

The estimated population of the Dominican Republic is 9.5 million people, with an average life expectancy of 73 years, evenly distributed between men and women. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 87%, evenly distributed between men and women. The GDP per capita is \$8,800, with an unemployment rate of 15%. The effects of the global financial crisis and the US recession are projected to negatively affect GDP growth in 2009, with a rebound expected in 2010. Although the economy is growing at a respectable rate, high unemployment and underemployment remain important challenges. The country has long been known primarily for exporting sugar, coffee, and tobacco. However, in recent years the service sector has overtaken agriculture as the economy's largest employer due to growth in tourism and free trade zones.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Dominican Republic general population is estimated at 1.1%. It is estimated that 59,000 Dominicans are living with HIV/AIDS. High-risk populations include commercial sex workers and their

clients, and those with STIs. Among female sex workers, HIV prevalence is 3.5% in the Dominican Republic.

#### **Military Statistics**

The Dominican Republic military, known as Fuerza Aerea Dominicana (FAD), consists of approximately 53,000 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, comprises approximately 24,000 active-duty personnel. The air force operates 2 main bases, 1 in the southern region near Santo Domingo and 1 in the northern region of the country. The navy maintains 7 aging vessels and 4 new vessels. The FAD is second in size to Cuba's military in the Caribbean. The armed forces participate fully in counternarcotics 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 FAD 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**

DHAPP staff have been working in collaboration with the US MLO in Santo Domingo and the FAD. In FY08, a DHAPP program manager was hired to work in the office of the MLO and to manage the NGOs that will be funded in FY09 to work with the FAD.

**OUTCOMES & IMPACTS**

In FY08, DHAPP supported a behavioral survey for troops stationed along the Haitian border as well as for commercial sex workers in the same area. The survey, conducted by Dr. Michael Anastario of Cicatelli Associates, Inc. identified risky behaviors and STI rates. The study has not been formally released.

**Proposed Future Activities**

In FY09, the new program manager and 3 NGOs will support the FAD and build a comprehensive HIV/AIDS program. DHAPP received proposals from Cicatelli Associates Inc. (CAI), Fundacion Genesis, and INSALUD (Instituto Nacional de Salud). CAI will conduct a serological and behavioral assessment of HIV infection in the FAD. This project will assess specific drivers of the HIV/AIDS epidemic in the FAD by providing baseline national estimates of the prevalence of HIV infection and HIV risk behaviors among FAD personnel. Fundacion Genesis will support the FAD by providing a mass media campaign for prevention education, CT services at 8 sites, and aiding in the development of an HIV/AIDS policy for the military. INSALUD will revise the health education curriculum for the FAD as well as design and implement a continuing education program in STI/HIV/AIDS for master trainers and peer educators, adapted to specific FAD needs and characteristics.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of El Salvador is 7 million people, with an average life expectancy of 72 years. Spanish is the official language of El Salvador, which has an estimated literacy rate of 80%, evenly distributed between men and women. The GDP per capita is \$6,400, with an unemployment rate of 6.3%. The smallest country in Central America, El Salvador has the third largest economy, but growth has been modest in recent years. Economic growth will decelerate in 2009 due to the global slowdown and to El Salvador's dependence on exports to the US and remittances from the US.

in the country. Of the 18,018 cases recorded, the age group most affected is those aged 20–34 years, accounting for 51% of all cases. In 2006, HIV/AIDS was the second highest cause of hospital deaths in men and women aged 25–59 years, and was the third highest cause of hospital deaths in men and women aged 20–24 years (May 2007, Ministry of Health, *The Fight Against AIDS in El Salvador, a National Commitment*).



**HIV/AIDS Statistics**

The HIV prevalence rate in the general population of El Salvador is estimated at 0.8%, with approximately 35,000 individuals living with HIV/AIDS. The most frequent mode of transmission is through heterosexual intercourse (77%). According to an epidemiological report from the Ministry of Public Health and Social Assistance (MSPAS), through the National STI/HIV/AIDS Program from 1984 to December 2006, 7,746 AIDS cases and 10,272 HIV cases have been reported, totaling 18,018 cases. UNAIDS estimates a 40% to 50% under recording

**Military Statistics**

The El Salvadoran Armed Forces (ESAF) consists of approximately 10,000 members. The ESAF, primarily made up of young men and women aged 18 - 49 years, has a 12-month service obligation. In 1987, the first HIV case in the armed forces was detected. From that first case until 2005, 383 cases of HIV/AIDS were reported in the ESAF. In 1994, the ESAF medical command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS among ESAF personnel. El Salvador expends

5% of the GDP on military purposes.  
 Military HIV prevalence rates are unknown.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

DHAPP staff have been collaborating with the US MLO in San Salvador and the ESAF to re-energize its program. In addition, a new partner was identified to support the ESAF program. PSI and its affiliate in Central America, PASMO, will be supporting the ESAF HIV/AIDS program in FY09.

**Proposed Future Activities**

In FY08, DHAPP received a proposal from PSI and PASMO to work with the ESAF on prevention programming and conduct a TRaC survey among the ESAF. Program activities will begin in FY09. The US MLO will support the DHAPP program in El Salvador by procuring HIV rapid test kits, prevention materials such as banners and posters, and necessary office equipment. In FY09, 1 ESAF clinician will attend DHAPP’s *MIHTP* in San Diego to receive training on ARV services.

**OUTCOMES & IMPACTS**

No programmatic activities took place in the ESAF during FY08.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Guatemala is 13 million people, with an average life expectancy of 70 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 69%, unevenly distributed between men and women. The GDP per capita is \$5,400, with an unemployment rate of 3.2%. Guatemala is the most populous of the Central American countries with a GDP per capita roughly one half that of Argentina, Brazil, and Chile. The agricultural sector accounts for about one tenth of GDP, two fifths of exports, and half of the labor force. Coffee, sugar, and bananas are the main products, with sugar exports benefiting from increased global demand for ethanol.

**HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Guatemala is estimated at 0.8%, with approximately 53,000 individuals living with HIV/AIDS. 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 0.4% of the GDP on the military. In a 2003 study, 3,000 military personnel were tested for HIV, and 0.7% of these members were diagnosed as HIV positive.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The GAF, in collaboration with UNAIDS and the MOH in Guatemala, began HIV prevention and HIV counseling for military personnel in 2003. In the past, DHAPP and USSOUTHCOM had engaged the GAF. No subsequent engagement occurred in FY08 for HIV/AIDS prevention programming.

**OUTCOMES & IMPACTS**

No programmatic activities took place with GAF personnel during the current reporting period.

# GUYANA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Guyana is 771,000, with a life expectancy of 66 years, evenly distributed between men and women. English is the official language of Guyana, but other languages are spoken, such as Amerindian dialects, Creole, Caribbean Hindustani, and Urdu. The literacy rate in Guyana is 99%, and the GDP per capita is \$4,000. The Guyanese economy exhibited moderate economic growth in 2001–2007, 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. Economic recovery since the 2005 flood-related contraction has been buoyed by increases in remittances and foreign direct investment. Guyana's entrance into the CARICOM Single Market and Economy in January 2006 will continue to broaden the country's export market, primarily in the raw materials sector.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Guyana's general population is estimated at 2.5%, with approximately 12,000 individuals living with HIV/AIDS. A more accurate

picture is emerging of the epidemic in Guyana, where HIV transmission is occurring primarily through unprotected sexual intercourse. In a 2005 population-based survey, about 40% of young (aged 15–24 years) women and 80% of young men said they had had sex with a non-regular partner in the previous year, and about two thirds (68% and 62%, respectively) of those men and women said they had used a condom when doing so. Among female sex workers, the HIV prevalence is 31% in Guyana.



#### **Military Statistics**

The Guyana Defense Force (GDF) is estimated at 2,000 troops. Guyana allocates 1.8% of the GDP for military expenditures. HIV prevalence has been estimated at 0.64% among military recruits in Guyana.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff members and a USSOUTHCOM have been working with the US MLO in Georgetown and the GDF. The GDF's HIV/AIDS program continues to grow each year.

## Outcomes and Impact

### Prevention

Many prevention activities occurred in the GDF, such as training 121 peer educators who reached 586 members, including active duty and reserve personnel. In an effort to scale up prevention awareness, 3 additional billboards were displayed in several regions of the country. Twelve (12) condom service outlets were supported throughout the GDF. Condom dispensaries were mounted on the walls of the clubs, medical centers, and central locations of the various bases. Condom pouches have been designed to be worn on the military uniforms and is pending approval by the GDF Project Implementer. Special camouflaged packaging to heighten condom distribution was procured and female condoms are available to the GDF.

Three (3) outlets participated in blood-safety activities, and 21 military members were trained in blood safety. In September 2008, 37 medics were trained in injection safety, done in conjunction with the Guyana Safer Injection Project. Many of the personnel trained were master trainers and will train other medics from the various GDF medical centers.



### Care

One of the biggest accomplishments for the GDF in FY07 was the establishment of 2 CT centers which brings the total number of CT centers to 10. Included in the total number of CT centers is a recently purchased mobile CT center. It will also be used for transporting peer educators and for other related project activities. Refurbishment of the CT center at Base Camp Ayanganna was completed on June 20, 2008, and it included laboratory equipment procured by DHAPP. Thirty-two (32) military members were trained in CT services. In FY08, the GDF was able to provide CT services to 1,056 troops and family members.



The National AIDS Programme Secretariat provided training for 31 doctors and medics in the GDF Medical Corps on postexposure prophylaxis care and treatment. In addition, 14 medical personnel received training in TB, STIs, and OIs. DHAPP supported the operations of 1 laboratory with the capacity to perform HIV tests and CD4 tests, and 2 laboratory technicians were trained in lab ART services.

### Proposed Future Activities

Sporting and cultural events featuring prevention messages through edutainment are planned for FY09, including song, dance, and drama performances by local artists infected or affected by HIV/AIDS. The GDF will continue to collaborate with the National AIDS Programme Secretariat to participate in activities such as the National Week of Counseling and Testing, and a health fair for World AIDS Day. The MOH designated the week of November 21–27 as the National Week of Testing for HIV in Guyana and has targeted 10,000 persons to be tested during that week in all regions of the country. All of the trained and certified counselors and testers from the GDF will be used during the National Week of Testing.

Trainings are planned for the GDF in laboratory services, TB services, and injection and blood safety. Mobile CT services will continue to be provided at various bases throughout the GDF. Educational materials will be distributed to military personnel with information on HIV prevention, CT, STIs, and stigma and discrimination.





# HONDURAS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Honduras is 7.6 million people, with an average life expectancy of 69 years. The official language of Honduras is Spanish, and the literacy rate is 80%, evenly distributed between men and women. The GDP per capita is \$3,700, with an estimated unemployment rate of 27.8%. Honduras, the second poorest country in Central America and one of the poorest countries in the Western Hemisphere, with an extraordinarily unequal distribution of income and massive unemployment, is banking on expanded trade under the US-Central America Free Trade Agreement and on debt relief under the Heavily Indebted Poor Countries Initiative. The economy relies heavily on a narrow range of exports, notably bananas and coffee, making it vulnerable to natural disasters and shifts in commodity prices. However, investments in the maquila and nontraditional export sectors are slowly diversifying the economy.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Honduran general population is estimated at 0.7%, with 26,000 individuals living with HIV/AIDS.

HIV prevalence among female sex workers is 10% in Honduras. However, there is recent evidence of a steep decline in HIV prevalence among female sex workers in Honduras, where condom promotion efforts were stepped up in recent years.

#### **Military Statistics**

The Honduran Armed Forces (HAF) consists of approximately 8,000 troops. The various branches of the military in Honduras include an army, navy, and air force. The Honduran government allocates 0.6% of the GDP for the military. The HIV prevalence rate in the HAF is unknown, but a 1997 study found that 6.8% of military recruits were HIV positive.



**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

DHAPP staff have been collaborating with USSOUTHCOM, US Joint Task Force-Bravo (JTF-Bravo), and the HAF to support an HIV/AIDS program in Honduras. In addition, a new partner was identified to support the HAF program. PSI and its affiliate in Central America, PASMO, will be supporting the program in FY09.

**OUTCOMES & IMPACT**

In FY08, no programmatic activities occurred.

**Proposed Future Activities**

PASMO will create comprehensive prevention programming, support CT activities, and conduct a TRaC survey among the HAF. Program activities will begin in FY09. PASMO will also work with the HAF to produce radio and television spots for the military that will contain prevention messages. JTF-Bravo will support the DHAPP program in Honduras by collaborating with the HAF and conducting the same prevention and CT activities that PASMO will be supporting. Both PASMO and JTF-Bravo will cover different regions of the country but the activities will be uniform in design. In addition, DHAPP will support a study that will assess the perception of female family members regarding decision making for HIV testing.



# NICARAGUA

# DHAPP

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

### BACKGROUND

#### **Country Statistics**

The estimated population of Nicaragua is 5.8 million people, with an average life expectancy of 71 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 68%, evenly distributed between men and women. Nicaragua has widespread underemployment, one of the highest degrees of income inequality in the world, and the third lowest per capita income in the Western Hemisphere. While the country has progressed toward macroeconomic stability in the past few years, annual GDP growth has been far too low to meet the country's needs, forcing the country to rely on international economic assistance to meet fiscal and debt financing obligations. The GDP per capita is \$3,000.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with approximately 7,500 individuals living with HIV/AIDS. Even though Nicaragua has a relatively low incidence of HIV, infection rates among women are growing. Nicaragua's epidemic is spread primarily through heterosexual activity.

#### **Military Statistics**

The National Army of Nicaragua (NAN) is estimated at approximately 14,500 active-duty members. Eighty percent (80%) of the NAN population is 18–35 years old, approximately 99% of whom are male. Nicaragua expends 0.6% of the GDP on the military. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

In FY08, no subsequent engagement had occurred, and planning HIV/AIDS prevention program activities did not occur.

### OUTCOMES & IMPACTS

No programmatic activities took place in the NAN during the current reporting period.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Peru is 29 million people, with an average life expectancy of 70 years. Spanish is the official language of Peru, which has an estimated literacy rate of 88%, unevenly distributed between men and women. Peru's economy reflects its varied geography - an arid coastal region, the Andes further inland, and tropical lands bordering Colombia and Brazil. After several years of inconsistent economic performance, the Peruvian economy grew by more than 4% per year during the period 2002–2006, with a stable exchange rate and low inflation. Despite the strong macroeconomic performance, underemployment and poverty have remained persistently high. The GDP per capita is \$8,500, with an unemployment rate of 8.4%. The US and Peru completed negotiations on the implementation of the US-Peru Trade Promotion Agreement (PTPA), and the agreement entered into force February 1, 2009, opening the way to greater trade and investment between the two economies.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Peruvian general population is estimated at 0.5%. It is estimated that 74,000 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 (PAF) consists of an army, air force, and navy (including naval air, naval infantry, and coast guard). There are approximately 120,000 personnel (including 25,000 civilians) in active service. Mandatory conscription ended in 1999, and the current force is composed of volunteers. Peru participates in several UN-sponsored PKOs.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff is collaborating with the US Naval Medical Research Center Detachment (NMRCDC) in Lima and the PAF. Funding was officially sent at the latter part of FY08, and no official program activities occurred.

### **Proposed Future Activities**

In FY09, NMRCDC-Lima, in conjunction with the PAF, will provide HIV/STI prevention training for PAF units, particularly those located remotely from Lima, perform HIV testing and counseling, purchase laboratory reagents and supplies for HIV screening and testing, optimize the provision of ARVs in the PAF by performing HIV-resistance genotype testing on new HIV isolates, offer local lecture series for Peruvian physicians on HIV infection and antiretroviral management, develop and implement seroprevalence survey for HIV and other STIs, and provide training in Lima and on-site for Peruvian laboratory workers in HIV and syphilis testing.



# SURINAME

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Suriname is 476,000 million people, with an average life expectancy of 73 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 90%. The GDP per capita is \$8,900, with an unemployment rate of 9.5%. The economy is dominated by the mining industry, with exports of alumina, gold, and oil accounting for about 85% of exports and 25% of government revenues, making the economy highly vulnerable to mineral price volatility. Prospects for local onshore oil production are good, and a drilling program is under way. The short-term economic outlook depends on the government's ability to control inflation and on the development of projects in the bauxite and gold mining sectors, though investment in these projects may slow with the tightening of global credit markets.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Suriname general population is estimated at 2.4%. There are an estimated 6,700 people living with HIV. 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.

#### **Military Statistics**

The Suriname National Army (SNA) consists of approximately 2,500 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 SNA is predominately male, with an average age of 25 years. Suriname expends 0.6% of the GDP on military expenditures. No estimates of military HIV prevalence rates are available.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Paramaribo, the US Naval Medical Research Center Detachment in Lima, Peru, (NMRC-D-Lima) and the SNA.



### OUTCOMES & IMPACT

Two (2) representatives from NMRCD-Lima traveled to Suriname on behalf of DHAPP in April 2008. The purpose of trip was to conduct an assessment of the current HIV/AIDS programming that included prevention and CT capabilities within the SNA.

### **Proposed Future Activities**

PSI submitted a proposal to work with the SNA in FY09. The proposal included creating a comprehensive prevention program and expanding CT activities.



# TRINIDAD AND TOBAGO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Trinidad and Tobago is 1.2 million people, with an average life expectancy of 71 years. English is the official language of Trinidad and Tobago, which has an estimated literacy rate of 99%, with even distribution between men and women. The GDP per capita is \$18,600. The country is one of the most prosperous in the Caribbean, thanks largely to petroleum and natural gas production and processing. Oil and gas account for about 40% of the GDP and 80% of exports, but only 5% of employment. The country is also a regional financial center, and tourism is a growing sector, although it is not proportionately as important as in many other Caribbean islands.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population is estimated at 1.5%, with 13,000 people living with HIV/AIDS. Currently, the Caribbean region has the second highest prevalence of HIV/AIDS in the world. 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 problems in the country.

#### **Military Statistics**

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 3,000 personnel. Trinidad and Tobago allocates 0.3% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO, USMHRP, and the TTDF on building its HIV/AIDS program.





**OUTCOMES & IMPACT**

Funds were sent to the US MLO during FY08 to support activities in CT and strategic information. USMHRP continued efforts to conduct a KAP survey among the TTDF. The study is likely to occur in FY09. No CT activities occurred in FY08 but some will begin in FY09. In addition, USMHRP assisted the TTDF with a draft version of its HIV policy. The finalized version is expected to be signed in FY09.

**Proposed Future Activities**

The US MLO and USMHRP will continue to support the program for the TTDF in FY09. Representatives from the TTDF will attend the *Defense Institute for Medical Operations 8th Annual HIV/AIDS Strategic Planning and Policy Development Course* in San Antonio, Texas, in December 2008. USMHRP will launch a seroprevalence study among the TTDF and expand CT services. DHAPP looks forward to continued progress in the fight against AIDS with the TTDF.



## APPENDIX A: ACKNOWLEDGMENTS

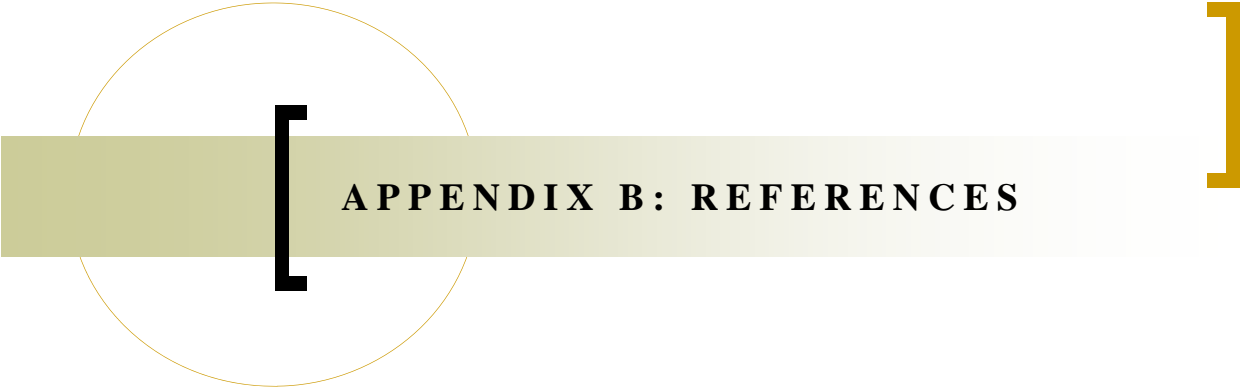


The Department of Defense HIV/AIDS Prevention Program would like to express thanks to all of our partners worldwide, who worked as a team to make FY08 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at the DoD, OGAC, CDC, USAID, Peace Corps, Department of Labor, Department of Health and Human Services, universities, and NGOs. 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.

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# APPENDIX C: GLOBAL MAP OF DHAPP COUNTRY PROGRAMS

## 75 Countries Benefited by DoD Activities

(As of FY08)

