

Department of Defense HIV/AIDS Prevention Program [DHAPP]

2014 ANNUAL REPORT

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



Department of Defense
HIV/AIDS
Prevention Program

Annual Report | 2014



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Acronyms and Abbreviations

AFRICOM – US Africa Command
AIDS – acquired immunodeficiency syndrome
ART – antiretroviral therapy
ARV – antiretroviral
ARVs – antiretroviral drugs
BCC – behavior change communication
CDC – US Centers for Disease Control and Prevention
CENTCOM – US Central Command
COE – Center of Excellence in Disaster Management and Humanitarian Assistance
COP – Country Operational Plan
COPRECOS – Committee on the Prevention and Control of HIV/AIDS in the Armed Forces and National Police
DAO – US Defense Attaché Office
DHAPP – US Department of Defense HIV/AIDS Prevention Program
DHP – Defense Health Program
DoD – US Department of Defense
ELISA – enzyme-linked immunosorbent assay
EUCOM – US European Command
FETP – Field Epidemiology Training Program
FHI 360 – Family Health International
FY – fiscal year
FY13 – fiscal year 2013 (covers period of 1 Oct 2012 to 30 Sep 2013)
GDP – gross domestic product
HIV – human immunodeficiency virus
HRH – human resources for health
HTC – HIV testing and counseling
IDI – Infectious Diseases Institute (on the campus of Makerere University, Kampala, Uganda)
IMF – International Monetary Fund
IMiHAC – International Military HIV/AIDS Conference
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
NAMRU – US Naval Medical Research Unit
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
PACOM – US Pacific Command
PASMO – Pan-American Social Marketing Organization (Population Services International affiliate in Central America)
PEPFAR – The US President’s Emergency Plan for AIDS Relief
PHDP – Positive Health, Dignity, and Prevention
PKO – peacekeeping operation
PLHIV – people living with HIV/AIDS
PMTCT – prevention of mother-to-child transmission
PSI – Population Services International
SABERS – HIV Seroprevalence and Behavioral Epidemiology Risk Survey
SMLTA – Strengthening Laboratory Management Towards Accreditation program
SOUTHCOM – US Southern Command
STD – sexually transmitted disease
STI – sexually transmitted infection
TB – tuberculosis
UN – United Nations
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNFPA – United Nations Population Fund
UNGASS – United Nations General Assembly Special Session
US – United States
USAID – US Agency for International Development
USG – US Government
USMHRP – US Military HIV Research Program
VMMC – voluntary medical male circumcision
WRAIR – Walter Reed Army Institute of Research
WHO – World Health Organization



Executive Summary

Colleagues,

This report documents the role of the US Department of Defense in the US President's Emergency Plan for AIDS Relief (PEPFAR), the largest international health initiative dedicated to a single disease in US Government history. Through PEPFAR and DoD resources, the DoD provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm and devastation that HIV inflicts on the health and readiness of the world's military populations.

Each year we continue to make successes in reducing the impact of the HIV/AIDS epidemic on military populations and individuals infected with HIV. Along with our many partners, we continue to prevent new infections, and to find better ways to care for and treat military members and their families with HIV infection. We have also contributed to the ability of our partner militaries to continue to build their operational capability and their defense institutions. Inside this report are the results of the work of thousands of dedicated military and civilian personnel from around the world who are working tirelessly to fight the HIV/AIDS epidemic occurring among military personnel, their families, and civilian communities surrounding military bases.

DHAPP, headquartered at the Naval Health Research Center in San Diego, California, currently supports military HIV prevention, care, and treatment activities in 61 countries where programs impact 4.8 million military members and at least as many dependent family members. We continue to see growing evidence that this support is also reaching many civilian communities that surround military bases and depend on these bases for health care services. The entire health care systems of many militaries around the world have benefited from the health education, health worker training, laboratory capacity building, facilities construction, surveillance tools, clinical treatment, and testing services provided through the collective efforts of everyone involved in reaching military populations with HIV services.

In April 2014, Dr. Deborah Birx was sworn in by the US Senate as the Ambassador-at-Large and Coordinator of US Government Activities to Combat HIV/AIDS and, as such, became the new leader of the PEPFAR initiative. Her vision includes using country-driven analysis to accelerate action to scale up effective interventions, focusing on strengthening country capacities and systems for longer-term accountability and sustained impact, establishing innovative Country Health Partnerships, and ensuring enhanced transparency and accountability of program objectives, impact, investments, and quality.

In keeping with the promise to enhance transparency, the PEPFAR Site Improvement Monitoring System (SIMS) was introduced in June 2014. It will be used to increase the impact of PEPFAR programs by introducing a standardized approach to monitoring for program quality and performance at the site, community, and above-site levels, focusing on key program area elements. SIMS objectives include demonstrating PEPFAR and its implementing agencies' accountability for funded activities and providing guidance to assess the content of services through standards-based monitoring. DHAPP Headquarters staff have been instrumental in helping to finalize and release the SIMS tools, as well as carry out two global SIMS workshops to orient countries to the process of implementing SIMS.

To increase compliance with PEPFAR and meet the requirements of the PEPFAR Stewardship and Oversight Act of 2013, DHAPP began using the Monitoring, Evaluation and Reporting (MER) strategy for indicator data. FY14 was a transitional year during which select MER concepts and indicators were implemented. DHAPP continues to align with PEPFAR reporting, so it adopted the MER reporting requirements and the timeline for PEPFAR-funded programs. Country programs funded by Defense Health Program (DHP) and Foreign Assistance Operational Plans continued to report using the Next Generation Indicators in FY14 and will transition to MER in FY16. DHAPP introduced the MER strategy and indicators to DHP country programs managers in June 2014 and they will begin using the MER strategy in October 2015 for FY16 reporting.

During 2014 the DHAPP HQ team conducted a DHP program assessment and process evaluation in Burkina Faso and Benin. The purpose is to describe evidence and factors contributing to program impact. DHAPP HQ staff conducted the visits in collaboration with the key in-country stakeholders, including the DHAPP Program Manager, US Embassy personnel, representatives of the military, and implementing partners. From these visits, key recommendations were formulated for their respective HIV prevention, care, and treatment, Project C.U.R.E., and monitoring and reporting program areas.

To highlight some of the accomplishments during the period from October 2013 to September 2014, 132,480 HIV-positive adults and children received a minimum of one clinical service. To promote early and more effective treatment of HIV-infected persons, and to encourage individuals to take preventive measures against new infections, 659,070 military and family members were counseled and tested for HIV infection and received their test results, and 520,719 military and family members were reached with comprehensive prevention messages. Encouraging sustainability through the development of local capacity and

expansion of facilities remains an important priority for our program. New services were supported for the prevention of mother-to-child transmission, 63,552 pregnant women knew their HIV status based on testing and counseling services provided to them, and 4,198 HIV-positive pregnant women received antiretroviral drugs to reduce their risk of mother-to-child transmission. This report also documents that 108,219 men were circumcised as part of the minimum package of male circumcision services for HIV prevention, and 3,474 active beneficiaries were served by PEPFAR orphans and vulnerable children programs for children and families affected by HIV/AIDS.

Over the past 5 years, we have collected data on both attitudes and experiences as they relate to sexual and gender-based violence in militaries as part of our SABERS studies. To date, we have data from 9 sub-Saharan African and 1 Central American militaries. We are currently analyzing the data and preparing a report to inform future programming in this area.

Thanks to countless dedicated partners in 61 militaries, DHAPP staff, personnel 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, and 39 nongovernmental organizations and universities, we have made unbelievable progress in this fight. We should be very proud of the work we all have done!!

Very respectfully,



Richard A. Shaffer, Ph.D.
Executive Director

Introduction



The US Government (USG) has a long history and extensive network of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support, starting with the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative in 1999. These collaborations increase the fundamental understanding of HIV transmission and provide an evaluative basis for prevention and intervention success. The current HIV/AIDS epidemic is devastating and has negatively affected many militaries and other uniformed organizations worldwide by reducing military readiness, limiting deployments, causing physical and emotional decline in infected individuals and their families, posing risks to military personnel and their extended communities, and impeding peacekeeping activities. In response to this threat, the White House urged the US Department of Defense (DoD) to participate in the LIFE Initiative and focus on prevention programming in sub-Saharan Africa. Because of expertise gained from the DoD LIFE Initiative, the US Navy was designated in 2001 as the Executive Agent and the Initiative was renamed the DoD HIV/AIDS Prevention Program (DHAPP). Currently, DHAPP is mandated by Directive 6485.02E (revised in December 2013) to support all DoD global HIV prevention programs and is administered through the Naval Health Research Center in San Diego, California.

Over the years, DHAPP has successfully engaged over 80 countries in efforts to combat HIV/AIDS among their respective military services. DHAPP is a USG partner organization collaborating with the US Department of State, the Health Resources and Services Administration, Peace Corps, US Agency for International Development (USAID), and the Centers for Disease Control and Prevention (CDC), in the President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP receives funding for its programs from two sources: a congressional plus-up to the Defense Health Program (DHP) and funding transfers from the Department of State from PEPFAR. Programs that are supported by DHAPP receive only one form of the previously mentioned funding. Foreign Military Financing (FMF) was previously used by the DoD, however, FMF funding ceased in 2011 and is no longer available. Working closely with the DoD, US Unified Combatant Commanders, Joint

United Nations Programme on HIV/AIDS (UNAIDS), university collaborators, and other nongovernmental organizations (NGOs), DHAPP's goal is to maximize program impact by focusing on the drivers of the epidemic specific to the military, and to support the development of interventions and programs that address these issues.

In the Security Cooperation Guidance, the US Secretary of Defense has identified HIV/AIDS in foreign militaries as a national security issue. Pursuing HIV/AIDS activities with foreign militaries is clearly tied to security interests, regional stability, humanitarian concerns, counterterrorism, and peacekeeping efforts due to the impact of HIV/AIDS as a major destabilizing factor in developing societies. DHAPP employs an integrated bilateral and regional strategy for HIV/AIDS cooperation and security assistance. Using country priorities set by the US Under Secretary of Defense for Policy and by the Office of the Global AIDS Coordinator, DHAPP implements bilateral and regional strategies in coordination with respective Combatant Commands and PEPFAR Country Support Teams to offer military-to-military HIV/AIDS program assistance. DHAPP supports defense forces in HIV prevention, care, and treatment for HIV-infected individuals and their families, and strategic information.

In fiscal year (FY) 2014 DHAPP supported 61 active programs, mainly through direct military-to-military cooperation in addition to support from contracting external organizations and academic institutions to assist with specific aspects of proposed programs. Partners in FY14 included 39 NGOs and universities working in 44 countries. This report outlines those accomplishments and significant impacts among the active programs that DHAPP supported in FY14. The program indicators used in this report are referred to as Next Generation Indicators (NGIs) for DHP countries and Monitoring, Evaluation, and Reporting (MER) indicators for PEPFAR-funded country programs. The PEPFAR Stewardship and Oversight Act of 2013 requires a robust annual report, the first of which was scheduled in February 2015 describing PEPFAR implementation during FY14. This new legislation accelerates implementation of PEPFAR's revised approach to monitoring, evaluation, and reporting. Therefore, there will be a shift in program indicators for DHP-funded programs from NGI to the new PEPFAR MER Strategy. DHAPP will align with the MER strategic plan and will phase in adoption of program indicators.



Military International HIV/AIDS Training Program

Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



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) Clinical course in San Diego, California. Trainees experience in-depth lectures, tour US medical facilities, and take part in rounds and counseling sessions with HIV patients. Trainees are exposed to the most up-to-date advances in HIV prevention and care, specifically ART, treatment of OIs, and epidemiology. MIHTP, which is administered twice per year, involves intense study, collaboration, and coordination. During FY14, 13 clinicians from 9 countries participated in the MIHTP Clinical Courses. DHAPP staff examined results from the training sessions that took place in FY14 to assess the program’s effectiveness.

MEASURES OF EFFECTIVENESS

Pre-tests and post-tests have been developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, Naval Medical Center San Diego (NMCS), University of California San Diego (UCSD), and San Diego State University (SDSU). The test consists of 40 multiple-choice questions taken directly from the lectures, covering topics such as ART, military policies, OIs, and statistical analysis. Pre-tests are administered during the trainees’ orientation prior to any lectures; if needed, the test is translated and back translated into the trainees’ native languages. Post-tests 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.

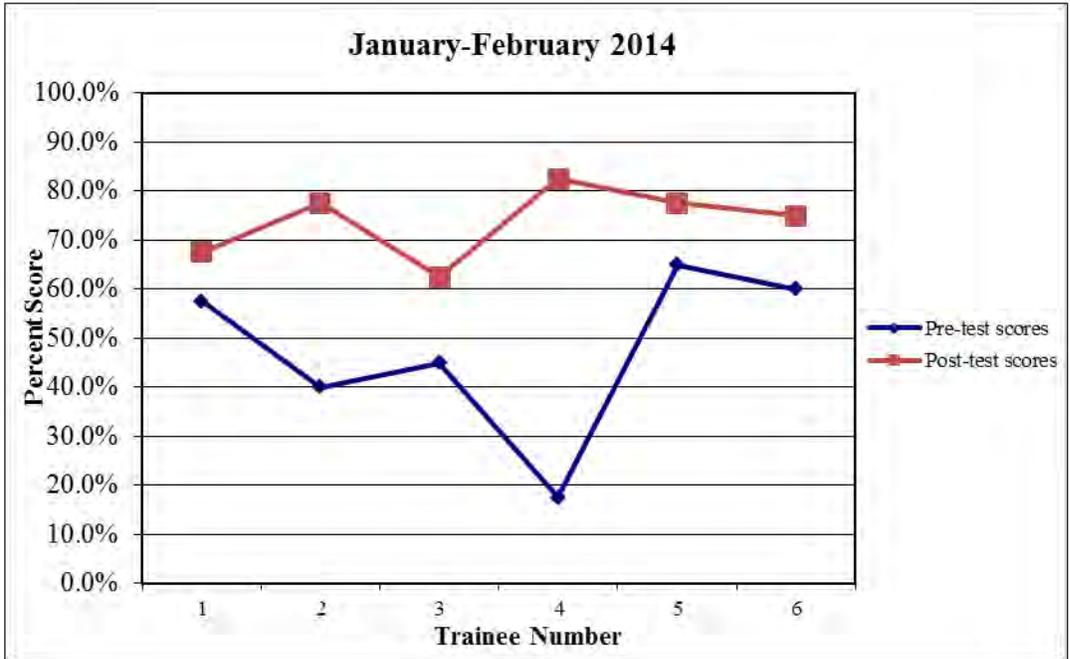
RESULTS

January through February 2014: Chad, Estonia, South Sudan, and Serbia

Six (6) trainees attended this training session, 1 from Chad, 2 from Estonia, 2 from South Sudan, and 1 from Serbia. All trainees took part in the testing. The table below displays the trainees' pre-test and post-test scores, illustrating the trainees' competence level both before and after the MIHTP-Clinical course. Pre-test scores ranged from 17.5% to 65%, while post-test scores ranged from 62.5% to 82.5%. The average pre-test score went from 45.5% to a post-test average of 75%. Below is a table of scores, followed by a graphical representation. From this graph it is clear that all participants scored well on their post-test; with the difference in scores ranging from a 10% increase to as much as a 65% increase before and after the January-February 2014 MIHTP course duration.

A paired-samples t-test was conducted to compare pre-test scores and post-test scores. There was a significant difference in the scores from pre-test (M=47.5%, SD=17.5) to post-test (M=73.8%, SD=7.4); $t(5) = 0.03, p = 0.05$.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6
Pre-test score	57.5%	40.0%	45.0%	17.5%	65.0%	60.0%
Post-test score	67.6%	77.5%	62.5%	82.5%	77.5%	75.0%

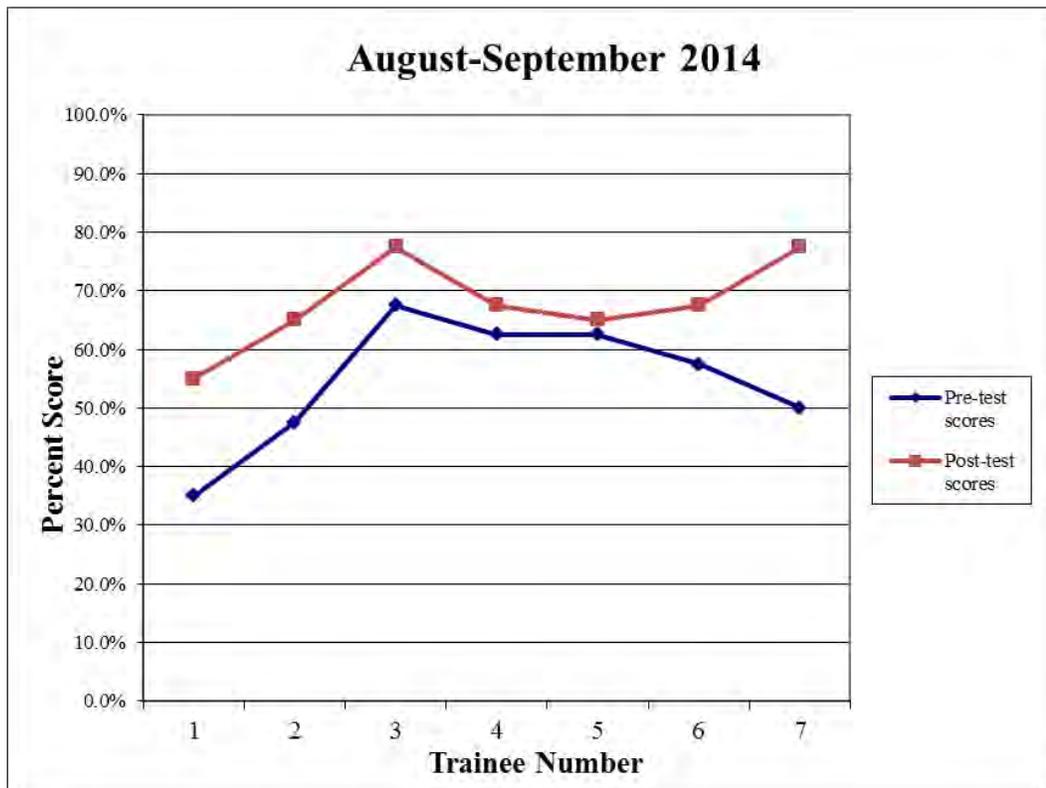


August through September 2014: Djibouti, Ghana, Malawi, Senegal, Serbia, and Uganda

Seven trainees attended this training session, one from Djibouti, one from Ghana, one from Malawi, one from Senegal, one from Serbia, and two from Uganda. All trainees took part in the testing. The table below displays the trainees' pre-test and post-test scores, illustrating the trainees' competence level both before and after the MIHTP-Clinical course. Pre-test scores ranged from 35% to 67.5%, while post-test scores ranged from 55% to 77.5%. The average pre-test score went from 59.5% to a post-test average of 68.5%. Below is a table of scores, followed by a graphical representation. From this graph it is clear that all participants scored well on their post-test; with the difference in scores ranging from a 2.5% increase to as much as a 20% increase before and after the August-September 2014 MIHTP course duration.

A paired-samples t-test was conducted to compare pre-test scores and post-test scores. There was a significant difference in the scores from pre-test (M=59.5%, SD=11.22) to post-test (M=68.5%, SD=7.83); $t(6) = 0.008, p = 0.01$.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7
Pre-test score	35.0%	47.5%	67.5%	62.5%	62.5%	57.5%	50.0%
Post-test score	55.0%	65.0%	77.5%	67.5%	65.0%	67.5%	77.5%



DISCUSSION

Scoring information has been accumulated on the same pre-test and post-test forms over the past thirty-two sessions (May 2004 through September 2014) and a significant increase in scores is apparent. Compiling scores from the most recent training program, the number of participants who have taken the pre-test and post-test is now one-hundred and seventy-four (N=174). Overall pre-test scores average at 49.7%, while post-test scores average at 68.2%, resulting in an overall increase of 18.5% for all MIHTP participants to date. We can see a difference in scores at $p < 0.01$ significance level; indicating that the increase in score is not by chance, but can be attributed to the MIHTP-Clinical training. The MIHTP-Clinical course continues to grow and evolve, and the results above show the efficacy of the course through the increase in the trainees' knowledge.

Country Reports



US AFRICA COMMAND

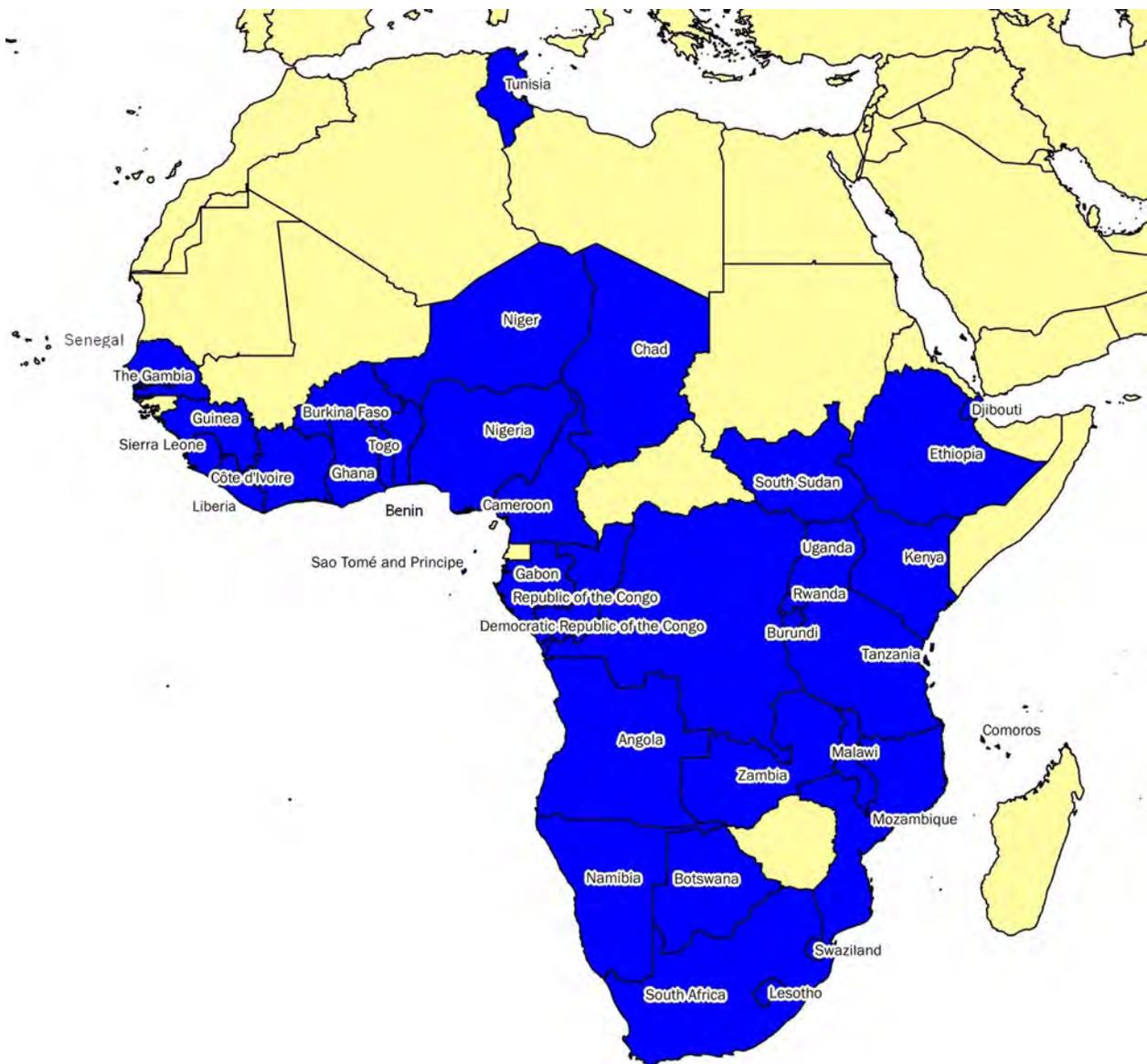
Winning battles in the war against HIV/AIDS



The USAFRICOM mission is to protect and defend the national security interests of the United States by strengthening the defense capabilities of African states and regional organizations. USAFRICOM, when directed, conducts military operations in order to deter and defeat transnational threats and to provide a secure environment conducive to good governance and development. USAFRICOM addresses HIV/AIDS in the military context through technical program assistance and implementation from DHAPP via three funding sources: a congressional plus-up to the Defense Health Program, funding transfers from PEPFAR, and Foreign Military Financing from the US Department of Defense. With the intent of eliminating HIV/AIDS as a threat to theater stability, USAFRICOM focuses on prevention, supporting sustainable care and treatment programs, capacity building, and supporting leadership in their development of HIV policies.



Active Country Programs Within US Africa Command's Area of Responsibility





Central Region

Angola



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



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. Under the leadership of President José dos Santos, a new constitution was established in 2010, and national elections were held in 2012.

The estimated Angolan population is 19 million people, with a life expectancy of 55 years. Portuguese is the official language of Angola, which has an estimated literacy rate of 70%, with a higher rate among men than women. Oil production and its supporting activities account for about 85% of the GDP. Increased oil production supported growth averaging more than 17% per year from 2004 to 2008. During the global recession that started in 2008, the GDP dropped by 2.4%, but steadily rose by 8.4% in 2012. Subsistence agriculture provides the main livelihood for most of the population, but half of the country's food must still be imported. Consumer inflation decreased from 325% in 2000 to approximately 10% in 2012. Angola climbed out of a budget deficit of 8.6% of the GDP in 2009 to an estimated fiscal surplus of 12% of the GDP in 2012 due to increasing oil prices. The GDP per capita is \$6,300.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Angola's general population is 2.4% among adults 15–49 years of age. The estimated number of PLHIV by the end of 2013 was 250,000 (UNAIDS website, January 2015). For southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. Evidence indicates that HIV incidence continues to rise in rural Angola (UNAIDS *AIDS Epidemic Update 2009*).



Military Statistics

The Forças Armadas Angolanas (FAA) comprises an estimated 150,000 personnel in 3 branches: Army, Navy, and National Air Force, according to the DAO. Angola allocates 3.6% of the GDP for military expenditures. In 2003, Charles Drew University of Medicine and Science (CDU) 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%). Another surveillance study is being planned for the near future with assistance from DHAPP.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FAA has continued its efforts in the fight against HIV/AIDS in collaboration with CDU. Currently, a program manager in the OSC in Luanda coordinates the DHAPP program activities with its partner in Angola. The program continues to make exceptional progress with the current prevention programs and to provide services for HIV prevention, care, and treatment. The implementing partner in FY14 was CDU.

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 initiated in 2003 and augmented in 2004, 2008, and 2009. Related authorizations were released for execution in 2005, 2008, and 2011, respectively. The 2003 funding was employed for a cytometer, viral load analyzer, centrifuge, and supporting supplies and reagents. The 2004 funding was employed for cytometers and supporting supplies and reagents. Plans for employment of the 2008–9 funding remain in development. In 2013, most of the 2008–09 funding was obligated for a multiple CD4 flow cytometer and hematology system to support treatment sites across Angola.

OUTCOMES & IMPACT

Prevention

HIV counselors were trained in interpersonal communication to deliver messages about risky sexual behavior, HIV prevention, care, and treatment. During FY14, a total of 4,807 individuals were reached with prevention messages through home and hospital visits, small groups, small lectures, and distribution of information, education, and communication materials. Working closely with the regional commands, the HIV program received broad and effective participation from personnel from military units across the regions.

In FY14, HTC services were offered on a regular basis in major military units in various regions of the country, and testing is being promoted in all HIV-related activities. In total, HTC services were provided to 10,376 individuals across 25 sites. A total of 13,000 military personnel were reached through broad community outreach prevention strategies focusing on HIV prevention and HTC promotion.

Care and Treatment

A psychosocial support program was created for PLHIV. It is based on curriculum for PHDP developed by PEPFAR and is currently being adapted for the Angolan military context. In FY14, training in HIV diagnosis and treatment was conducted, and PHDP trainings reached 139 military medical personnel.

Other

DHAPP program and epidemiological staff traveled to Luanda in early FY14 to develop a SABERS protocol and outline the guidelines for a SABERS study with CDU and the FAA. This study has been approved and will be under way in FY15.

Proposed Future Activities

Proposed activities by CDU include continuing prevention education, HTC capabilities, and training medical staff on treatment services for the FAA. DHAPP will support a serological and behavioral assessment among the FAA. All program activities continue to be developed and implemented with full ownership by the FAA.



Burundi



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Burundi is 10.4 million people, with an average life expectancy of 59 years. Kirundi and French are the official languages of Burundi. There is an estimated literacy rate of 67%, with uneven distribution between men and women. Burundi is a landlocked, resource-poor country with an underdeveloped manufacturing sector. The economy is predominantly agricultural, and it accounts for over 30% of the GDP and employs more than 90% of the population. Burundi's primary exports are coffee and tea, which account for almost all foreign exchange earnings. Burundi's GDP has grown about 4% annually from 2006–2012. Political stability and the end of the civil war have improved aid flows and increased economic activity, and underlying weaknesses risk undermining planned economic reforms. Foreign aid accounts for 42% of Burundi's national income. After joining the East African Community, Burundi received \$700 million in debt relief in 2009. The GDP per capita is \$600.

HIV/AIDS Statistics

The HIV prevalence rate in Burundi's general population is estimated at 1.3%. Burundi has approximately 83,000 PLHIV (UNAIDS website, January 2015). According to the UNAIDS *Update Report* from the 2013 African Union Summit, Burundi almost halved the number of new HIV infections among children between 2009–2011, HIV prevalence declined in urban areas (from 4.0% to 3.8%) and in semi-urban areas (from 6.6% to 4.0%), while HIV prevalence increased in rural areas (from 2.2% to 2.9%). The primary identified risk factor in the population is unprotected heterosexual contact.

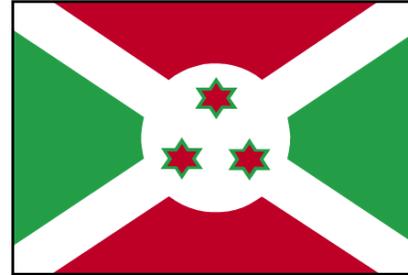
Military Statistics

The Forces de Defense Nationale (FDN) has approximately 25,000 personnel. Burundi allocates 2.4% of the GDP for military expenditures. No current HIV/AIDS prevalence data are available for the FDN.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are working with the FDN and PSI on a prevention program for the troops. Development and implementation of the program began in FY06, and continue with the current goals of providing prevention efforts as well as HTC services. A program manager is working with the FDN HIV/AIDS Prevention Program.



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 initiated in 2006 and augmented in 2008 and 2009. Related authorizations were released for execution in 2008, 2009, and 2010, respectively. Except for the funding of an IDI laboratory training seat and a cytometer, employment of most funds were on hold from 2011-14 pending construction of the Bujumbura Clinic. In 2014, a generator, laboratory equipment, reagents, and supplies were procured.

OUTCOMES & IMPACT

Prevention and Care

In FY14, 9,536 military personnel completed a standardized HIV prevention intervention including the minimum components. PSI has begun establishing offices in all regions where Burundi military camps exist. Troops receive free condoms inside the camps. A total of 12,253 military staff and their families received HTC and received their test results at the Akabanga HTC center and through mobile counseling and testing campaigns. The mobile HTC campaign continues to increase access to services for military members and their families. At the end of FY14 a new health facility building and electrical work are complete and a fencing contract is in place to finalize the building. All furnishings, including all necessary laboratory and clinical equipment, have been procured. This clinic will help re-integrate HTC services in a fixed facility to reach families of military members who are now living outside of military camps. A total of 203 HIV-positive adults and children received a minimum of one clinical service. One (1) laboratory currently has the capacity to perform clinical laboratory tests.



Proposed Future Activities

PSI is working in collaboration with the FDN and will continue to encourage behavior change through prevention efforts and providing HTC services for troops and their families. In FY15, FHI 360 will begin implementing PMTCT work at the main military hospital. The FDN, with DoD support, is planning an upcoming SABERS study in FY15. The new military health facility will also open in FY15.



Cameroon

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BACKGROUND

Country Statistics

Cameroon's estimated population is 23 million people, with an average life expectancy of 57 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 71%, with uneven distribution between men and women. Modest oil resources and favorable agricultural conditions provide Cameroon with 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. Over the past three decades, the government has embarked on various programs designed to spur business investment, increase agricultural efficiency, improve trade, and recapitalize the nation's banks. New mining projects have begun to attract foreign investment, but large ventures will take time to develop. 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 4.3%. Cameroon has approximately 600,000 PLHIV (UNAIDS website, January 2015). The primary identified risk factor in the population is unprotected heterosexual contact. According to the UNAIDS *AIDS Epidemic Update 2009*, in 8 African countries where surveys have been conducted (Burkina Faso, Cameroon, Ghana, Kenya, Lesotho, Malawi, Uganda, and the United Republic of Tanzania), HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile. Cameroon was 1 of 7 African nations that reported more than 30% of all sex workers were living with HIV (UNAIDS, 2009). Cameroon is 1 of 30 countries where 9 in 10

people have an unmet need for HIV treatment (Global AIDS Report, 2013). Cameroon has a generalized epidemic, with overall prevalence among the highest in West and Central Africa. According to the Demographic and Health Survey, 4.3% of the general population is HIV positive. Prevalence is higher among women, affecting them disproportionately (5.6% among women vs. 2.9% among men).

Military Statistics

The Cameroon Armed Forces (CAF) comprises approximately 32,000 members, according to DHAPP. Cameroon allocates 1.4% of the GDP for military expenditures. The CAF consists of 6 military corps: Ground Force, Air Force, Navy, Presidential Guard, National Gendarmerie, and Fire Corps.

Three studies conducted in the Cameroon military in 2002, 2005, and 2011 by DHAPP and Global Viral Forecasting Initiative (GVFI) revealed that military personnel practice risky behaviors, such as excessive alcohol consumption, frequent sexual intercourse with casual partners or sex workers, and infrequent condom use. The studies revealed the HIV seroprevalence among participants to be 9.8% in 2002 and 11.3% in 2005. According to the 2011 SABERS, the HIV prevalence among the armed forces is estimated at 6.8%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In Cameroon, DHAPP and the CAF have been working with Global Viral and PSI to continue efforts to support the CAF HIV/AIDS prevention program. Cameroon was formerly a DHP country and has transitioned to PEPFAR.

Foreign Military Financing Assistance

Cameroon 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 initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005, 2007, and 2010, respectively. The 2003 funding has been employed thus far for a cytometer, immunoassay reader/washer, hematology analyzer, chemistry analyzer, microscope, incubator, and supporting lab equipment, reagents, and supplies. The 2005 funding was fully employed for supporting lab equipment, supplies and reagents. In 2012, most of the 2006 funding was employed for multiple pieces of equipment and supplies, including a water purification system, laboratory hood, incinerator, computer, and freezers.

Prevention

PSI and the CAF continued their prevention campaign in FY14. Their prevention interventions reached 2,414 military troops and family members through small group education sessions. A total of 23 military peer educators were trained. A total of 28,776 male condoms and 9,000 female condoms were also distributed. PSI worked closely with the CAF to also provide HTC services to the military and its surrounding community. Eleven (11) HTC campaigns

were organized to reach military members and their families for HTC services. A total of 4,017 individuals received HTC services, 2,309 of whom were military personnel. Of those tested, 534 were women. Three (3) military doctors received additional training on provision of HIV services during FY14.

Proposed Future Activities

In FY15, PSI will continue its prevention efforts including HTC campaigns. The proposed strategy will use a combined approach. It will include behavioral interventions (peer education, behavior change communication, and support groups for PLHIV), encouraging beneficiaries to reduce risky behaviors and promoting prevention. This strategy will also make use of biomedical interventions, such as the distribution of male and female condoms, HTC, and STI and TB screening, and other services that affect and prevent the biological transmission of HIV. The strategy will involve structural interventions, such as capacity building, and promoting a policy and strategy framework, that create an enabling environment for HIV prevention activities.

In FY15, GVFI will support optimization of PMTCT services and laboratory strengthening to improve timely, accurate diagnoses for quality patient care in the military health facilities in the 4 PEPFAR priority regions of Cameroon. The intention is to start in the center region (Yaoundé) in FY15, then in subsequent years (FY16) to extend these activities to cover the military health facilities in the Littoral, Southwest, and Northwest regions. The proposed activities were presented to the USG PEPFAR team and submitted as part of the Cameroon COP for FY15.



Chad



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

Chad's estimated population is 11.4 million people, with an average life expectancy of 50 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 35.4%, unevenly distributed between men and women. The country's economy has long been handicapped by its landlocked position, high energy costs, and history of instability. Chad's primarily agricultural economy continues to be fostered by major foreign direct investment projects in the oil sector that began in 2000. A consortium led by 2 US companies has invested \$3.7 billion to develop oil reserves in southern Chad. Chinese companies are also expanding exploration efforts and have finished building a 311-km pipeline and Chad's first refinery. Oil exportation began in 2004. The nation's total oil reserves have been estimated at 1.5 billion barrels. The majority of Chad's population relies on subsistence farming and livestock for its livelihood. Cotton, cattle, and gum arabic comprise the bulk of Chad's non-oil export earnings. The GDP per capita is \$2,500.

HIV/AIDS Statistics

The HIV prevalence rate in Chad's general population is estimated at 2.5%, with approximately 210,000 PLHIV (UNAIDS website, January 2015). The primary identified risk factor in the population is unprotected heterosexual contact.



Military Statistics

The Chadian National Army (CNA) is estimated at approximately 25,000 members. Chad allocates 1.6% 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%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff collaborates with the US OSC in N’Djamena. Two implementing partners, Association Tchadienne pour le Bien Etre Familial (ASTBEF) and Metabiota, provided technical assistance to the CNA.

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 initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005 and 2009, respectively. The 2003 funding was employed for HIV rapid test kits. The 2005–06 funding was employed for agitators, biochemistry analyzers, centrifuges, cytometers, distillers, and refrigerators in 2013.



OUTCOMES AND IMPACT

Prevention

Approximately 3,183 troops were sensitized at different military bases across the country. HTC services were offered to military personnel and a total of 4,810 military personnel were tested. A Project C.U.R.E. assessment of 4 military health facilities was completed, and 1 of 2 containers has been delivered. A vehicle has been turned over to the military to conduct activities for the SABERS and other prevention and treatment services. With assistance from Metabiota, the main laboratory in N’Djamena has been renovated. Currently, 5,252 people at the main military hospital are receiving ART.

One (1) testing facility at the military hospital currently has the capacity to perform clinical lab tests, and ASTBEF is supporting the renovation of a second facility in Moundo. One (1) military physician attended MIHTP in San Diego in 2014.

Proposed Future Activities

Planned activities include a focus on targeted testing and a treatment technical assistance visit to support the treatment facilities at military sites, with an implementing partner to be selected. The results of the SABERS survey will be shared with the military leadership.



Democratic Republic of the Congo



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BACKGROUND

Country Statistics

The estimated population of the Democratic Republic of the Congo (DRC) is 77 million people, with an average life expectancy of 56 years. French is the official language of the DRC, which has an estimated literacy rate of 66%, with uneven distribution between men and women. The DRC, a nation endowed with vast potential wealth, is slowly recovering from decades of decline. Since the mid-90s, countrywide instability and conflict have dramatically reduced national output and government revenue, increased external debt, and resulted in the deaths of more than 5 million people from violence, famine, and disease. Conditions began to improve in 2003 as the transitional government reopened relations with international financial institutions and donors, and began implementing reforms. The country's fiscal position and GDP growth has been boosted in recent years as a result of renewed activity in the mining sector, the source of most export income. The global recession cut economic growth to nearly half by 2009, but growth returned to around 7% per year in 2010–12. The DRC signed a Poverty Reduction and Growth Facility agreement with the IMF in 2009 and received \$12 million in debt relief in 2010, but the last three payments under the loan facility were suspended by the IMF at the end of 2012 due to concerns regarding the lack of transparency in mining contracts. The GDP per capita is \$400.

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 1.1%, with approximately 440,000 PLHIV (UNAIDS website, January 2015). The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Forces d'Armees de la Republique Democratique du Congo (FARDC) is

composed of 159,000 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 DRC allocates 1.7% of the GDP for military expenditures. DHAPP supported the first HIV seroprevalence study for the FARDC, which was conducted in the capital city of Kinshasa from July to August 2007. Study results indicated a prevalence rate of 3.8% among the convenience sample taken in Kinshasa. A larger, more representative study was planned in FY14 in collaboration with DHAPP, Metabiota, and FARDC and has been completed.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The network of partners involved in the FARDC program has evolved to include an in-country program manager working closely with Metabiota, PSI, and FHI 360. DHAPP staff provide oversight for the in-country program manager and technical assistance.



Foreign Military Financing Assistance

DRC 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 initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2009 (×3) and 2011, respectively. The 2005 funding has been employed for a cytometer; biochemistry, electrolyte, immunoassay, blood, and electrophoresis analyzers, and supporting reagents. Of the 2006 funding, 30% has been employed for reagents, and plans for employment of the remaining 2006–09 funding remain in development.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

A total of 29,290 military personnel and their dependents were reached with individual and/or small, group-level prevention interventions that are based on evidence and/or meet the PEPFAR minimum standards required. A total of 21,700 military and 7,590 civilians were reached with BCC activities and promotion of correct and consistent use of condoms in 27 health areas within military health zones in all 5 project-targeted provinces. Over 888,000 condoms were distributed to military personnel by peer educators during educational sessions. Mass activities were conducted by military peer educators to increase the demand for condom use. Military peer educators and their supervisors received refresher training, outreach tools, and equipment for condom use demonstrations, and quarterly post-training supervisory visits in collaboration with partners. A total of 270 peer educators facilitated interpersonal communication sessions.

In FY14, HTC services were provided in 5 selected military health facilities in the 5 project-targeted provinces (Orientale, Kinshasa, Katanga, South Kivu, and Kasai-Oriental), and 19,926 individuals were tested and received their results. A total of 229,073 condoms were distributed at HTC centers.

The SABERS study has successfully been completed. A report for the seroprevalence study will be written, following data cleaning and analysis in 2015.

Proposed Future Activities

Proposed future activities include promoting HTC 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. Gender-based programming will be discussed with PSI, and plans to develop a program to support the understanding and reduction of gender-based violence in military settings will be discussed. Care and support activities have also been planned for 2015.



Gabon



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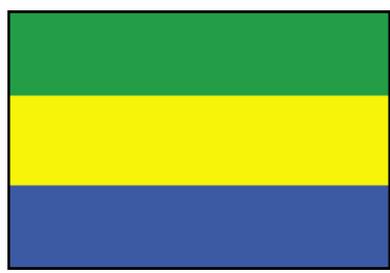
BACKGROUND

Country Statistics

Gabon's estimated population is 1.6 million people, with an average life expectancy of 52 years. French is the official language of Gabon, which has an estimated literacy rate of 89%, slightly unevenly distributed between men and women. Gabon has a per capita income four times that of most sub-Saharan African nations, and the oil sector accounts for 50% of the GDP, although oil production is in decline. The GDP per capita is \$19,200, but due to high income inequality, a large part of the population remains poor. Issues such as price fluctuation and poor fiscal management have hampered economic growth. Gabon's president has made efforts to boost growth by increasing government investment in human resources and infrastructure, and from 2010–13, the GDP grew by more than 6% per year.

HIV/AIDS Statistics

The HIV prevalence rate in Gabon's general population is estimated at 4.0%. Gabon has approximately 41,000 PLHIV (UNAIDS website, January 2015).



Military Statistics

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 5,000 members. Gabon allocates 1.8% 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 majority of program activities are run through the US Embassy with the support of a DHAPP Program Manager. Additionally, Global Viral is providing technical assistance to the GAF through the implementation of HIV prevention 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 initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2009, and 2010, respectively. The 2003 funding was fully employed for lab supplies and reagents. Most of the 2005–07 funding has been executed for a centrifuge, microscopes, a cytometer, a viral load analyzer, an immune analyzer, a hematology analyzer, a blood analyzer, refrigerators, a biosafety cabinet, and supporting test kits and reagents.

OUTCOMES & IMPACT

Prevention, Care and Health System Strengthening

In FY14, 540 individuals were reached with individual and/or small, group-level preventive interventions that are based on evidence and/or meet the minimum standards required. Topics included ways to reduce the HIV/AIDS prevalence rate, modes of HIV transmission, and male and female condom use demonstrations. A total of 99 individuals were counseled and tested.

Twenty-eight (28) PLHIV were reached with a minimum package of PHDP interventions that were delivered by social workers, psychologists, and medical doctors. A total of 250 eligible adults and children were provided with a minimum of 1 care service, and 250 of them received cotrimoxazole prophylaxis. It is mandatory to conduct TB screening for a patient who has HIV in the military hospital. With 100% screening, 70% of HIV-positive patients were started on TB treatment.

In FY14, a total of 8 (4 doctors, 2 nurses, and 2 midwives) health care workers were provided with in-service training. The trainings included HIV lab management.

Proposed Future Activities

Future activities include developing health centers in regions that do not currently have access to HIV testing and basic health care, and further development of the PHDP program.

Republic of the Congo



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BACKGROUND

Country Statistics

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 4.6 million people, with an average life expectancy of 58 years. French is the official language, and the country 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 on oil and support services, and government spending. The government is characterized by budget problems and overstaffing. Oil has replaced forestry as the mainstay of the economy, providing a major share of government revenues and exports. Oil prices dropped during the global crisis in 2009 and reduced oil revenue by 30%, but prices have since recovered and economic outlook has improved. The GDP per capita is \$4,800.

HIV/AIDS Statistics

The HIV prevalence rate in the Republic of the Congo general population is estimated at 2.5%, with approximately 69,000 PLHIV (UNAIDS website, February 2015).



Military Statistics

The Congolese Armed Forces (CAF) comprises approximately 10,000 members. The Republic of the Congo allocates 1.7% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance study 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%. Both of these studies were convenience samples of military members in the capital city.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In the Republic of the Congo, DHAPP and the CAF are working with Global Viral, which began working with the CAF in 2010. This past year, DHAPP funded Metabiota (sister organization of Global Viral) to help support us and the CAF to train the military and conduct a seroprevalence study.

OUTCOMES & IMPACT

In FY14, DHAPP continued working with the CAF on plans for conducting a seroprevalence and behavioral study in the military. DHAPP worked in collaboration with Global Viral and the military on the development of the survey and the protocol. The study was conducted among a representative sample of CAF personnel. Members of the CAF members were trained in data collection for the survey and collection of biological samples.

Proposed Future Activities

In FY15, support for data cleaning and analysis will be provided by DHAPP staff. A final report will be produced with the results of the seroprevalence study and the behavioral questionnaire and made available to key stakeholders. Based on the results, the military program will be supported to ensure an appropriate comprehensive HIV prevention program is in place. Program specifics will be derived from the data collected so that services and education are provided appropriately. Plans to support a new implementing partner will be initiated to provide program support.



Sao Tomé and Príncipe



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BACKGROUND

Country Statistics

The estimated population of Sao Tomé and Príncipe is 190,000 people, with an average life expectancy of 64 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 70%, unevenly distributed between men and women. Since achieving independence in 1975, this small, poor island economy has become increasingly dependent on cocoa. Cocoa production has substantially declined in recent years due to drought and mismanagement. There is potential for the development of petroleum resources in Sao Tomé and Príncipe’s territorial waters in the oil-rich Gulf of Guinea, but any actual production is at least a few years away. The government has also taken steps to expand facilities in recent years, in an effort to increase the country’s potential for development of a tourist industry. Major economic challenges include controlling inflation, maintaining fiscal discipline, and increasing foreign direct investment into the oil sector. In 2011, the country completed a Threshold Country Program with the Millennium Challenge Corporation in an attempt to increase tax revenues, reform customs, and improve the business environment. The GDP per capita is \$2,200.



HIV/AIDS Statistics

The HIV prevalence rate in the Sao Tomé and Príncipe general population is 0.6%, with an estimated 2,300 PLHIV (UNAIDS website, January 2015).

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. Sao Tomé and Príncipe expends approximately 0.5% of GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In FY11, a regional program manager was hired through the US Embassy in Libreville, Gabon, and works for the OSC. The regional program manager oversees program activities in Sao Tomé.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY14, 1,000 individuals were reached with individual and/or small group-level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standard requirements. In addition, 2,004 individuals were counseled and tested for HIV and received their results.

Additional activities conducted by the Sao Tomé military in FY14 included training master trainers and peer educators, condom distribution, STI screening, distribution of information, education, and education materials, World AIDS Day awareness activity, and testing of new recruits. One hundred (100) peer educators in Sao Tomé and Príncipe were trained. Additionally, DHAPP supported the refurbishment and equipping of 1 laboratory that is now functional.

Proposed Future Activities

Continued prevention programming for the AFSTP is planned for FY14. Some of these activities include continued prevention efforts, HTC services, and AFSTP capacity development.





East Region

Djibouti



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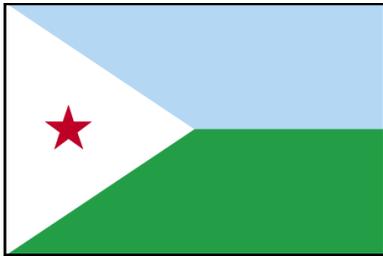
BACKGROUND

Country Statistics

The estimated population of Djibouti is 810,000 people, with an average life expectancy of 62 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 the Horn of Africa. Three fourths 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 majority of the port activity is imports and exports from Ethiopia. In 2012, construction began on a third port in the country to secure its position as a critical transshipment hub in the Horn of Africa. Djibouti also received funding for a desalination plant in late 2012 to begin to address the severe freshwater shortage affecting Djibouti City. The GDP per capita is \$2,700 and the unemployment rate is 60%. 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 1.2%, and there are approximately 7,700 PLHIV (UNAIDS website, February 2015). The primary mode of transmission is heterosexual contact. Between 2001 and 2012, Djibouti's adult incidence of HIV declined more than 50% (UNAIDS Global Report 2013).

Military Statistics

The Djibouti Armed Forces is estimated at 7,000 members, according to DHAPP staff. Djibouti expends 3.6% of the GDP on the military. In 2006, the Djibouti MOD conducted its own seroprevalence study and found a rate of 1.17%. In 2011, the Djibouti MOD conducted another seroprevalence survey using a sample of 1,607 individuals, which showed an HIV prevalence rate of 1.0%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have worked in coordination with the Djibouti MOD and the OSC in Djibouti to provide technical assistance, as needed, as the MOD 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 initiated in 2003 and augmented in 2006 and 2007. Related authorizations were released for execution in 2005 and 2010 (x2), respectively. The 2003 funding has been fully employed for a hematology analyzer, autoclave, centrifuge, rapid test kits, immunoassay/biochemistry/microbiology equipment, refrigerators, and supporting laboratory reagents and supplies. The 2006 funding was fully employed for lab equipment, supplies, and reagents. The 2007 funding has been almost fully employed for lab supplies.

OUTCOMES & IMPACT

Prevention

In FY14, 200 individuals were reached with individual and/or small, group-level preventive interventions that are based on evidence and/or meet the minimum standards required.



Four (4) service outlets provided PMTCT services for the Djibouti MOD. During FY14, a total of 479 pregnant women learned their HIV status. The MOD supports 5 HTC centers for its troops. The HTC centers are located throughout the MOD bases and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. A total of 2,182 personnel were tested for HIV and received their results.

A total of 109 HIV-positive individuals received a minimum of 1 clinical service at the military hospital and 108 were reached with individual PHDP services. One hundred and seven (107) PLHIV were reached with individual PHDP services and 80 individuals were currently receiving ART during this reporting period.

Additionally, 1 health care worker successfully completed an in-service training on blood safety. There is 1 lab with the capacity to perform clinical lab tests.

Proposed Future Activities

Future activities include HTC campaigns, training on PMTCT and blood safety, and planned purchases of laboratory equipment and supplies.



Ethiopia



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BACKGROUND

Country Statistics

The estimated population of Ethiopia is 96 million people, with an average life expectancy of 60 years. Amharic, English, and Arabic are the official languages of Ethiopia, which has an estimated literacy rate of 39%, unevenly distributed between men and women. The GDP per capita is \$1,300. Ethiopia's economy is based on agriculture, accounting for almost half of the GDP and 85% of total employment. Coffee is the major export crop. The agricultural sector suffers from frequent drought and poor cultivation practices, but recent efforts by the Ethiopian government and donors have strengthened the country's agricultural resilience. Ethiopia has begun to attract foreign investment in textiles, leather, commercial agriculture, and manufacturing, although the banking, insurance, and credit industries are restricted to domestic investors. Even though GDP growth is high, Ethiopia has one of the lowest per capita income rates in the world.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Ethiopia's general population is approximately 1.3%, with 760,000 PLHIV (UNAIDS website, February 2015). Ethiopia has a generalized epidemic, with risk groups that include sex workers, truck drivers, and seasonal workers. New HIV infections among children has declined by more than 50% in Ethiopia (UNAIDS Gap Report 2014).



Military Statistics

The Ethiopian National Defense Force (ENDF) has approximately 138,000 active-duty members. Ethiopia expends 0.9% of the GDP on the military. The ENDF conducted a SABERS in 2010.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members participate in the PEPFAR Ethiopia Country Support Team. DHAPP has an in-country program manager who works for the Security Assistance Office at the US Embassy in Addis Ababa. The University of Connecticut Center for Health, Intervention, and Prevention (CHIP), FA IT Services, Glitter Biomedical Technology, FHI 360, and Haemonetics Corporation are implementing partners in Ethiopia for the ENDF and DHAPP. The DoD Armed Services Blood Program provides technical assistance to the ENDF Safe Blood Program.

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 initiated in 2003, and the related authorization was released for execution in 2005 and 2011. It has been almost fully employed for ENDF Bella Blood Center facility equipment and a serology analyzer. Most of the remaining funding has been obligated for a cytometer and a PointCare NOW instrument.

OUTCOMES & IMPACT

Prevention

The ENDF began offering VMMC services in FY11, and in FY14, a total of 1,392 clients were provided with VMMC services through a campaign at 2 new recruit military training centers and routine sites at established health facilities. The majority of clients receiving VMMC were between the ages of 15 and 24 years. The VMMC program is part of the routine physical examination of new military recruits, and the ENDF has started to document VMMC status during recruitment of new military members.

In close collaboration with the Health Main Directorate of the ENDF, local health bureaus, and the regional HIV/AIDS Prevention and Control Office, FHI 360 continued to provide technical assistance to the Combined Joint Task Force-Horn of Africa in organizing outreach HTC/STI care services to target groups and to ensure the quality of services at each project site. A total of 9,054 clients received HTC and received their results through 26 outreach HTC service locations. The outreach activities for HTC are organized by the Civil-Military Task Forces, which are supported by FHI 360 in the intervention sites. The sites supported were 14 selected hot spots where the military and civilians interface. Out of the 14 sites, 7 will be graduating. The graduated sites will continue program implementation by the established Combined Joint Task Force Alliance with minimal technical assistance.

A total of 1,702 individuals completed a standardized HIV prevention intervention in FY14 through peer-to-peer discussions. A total of 1,152 female sex workers (FSWs) were reached with individual and/or small, group-level HIV prevention interventions. To reach FSWs and other vulnerable groups, the peer leadership approach was utilized as a way to engage these groups through interpersonal communication. In support of this approach, a 4-day Training of

Trainers was provided to 30 staff members selected from 10 project sites. A total of 288 peer leaders were trained, including 185 FSWs.

The National Defense Blood Bank Center’s Donor Center and Blood Processing is housed at Bella Military Referral Hospital in Addis Ababa. The US Armed Services Blood Program has been supporting the program since its inception in 2004, with ongoing technical support for management, training, and supply logistics. The blood program has expanded to 2 additional sites: Northern Command - Mek’ele and Central Command - Shire, and planning is under way to expand to 2 additional sites: Eastern Command - Harar and Western Command - Bahir Dar. A memorandum of understanding between the ENDF and DoD has been signed and a transition plan for the blood program is being drafted.



Care

In the ENDF, PHDP and adherence to the ART program began in 2010. CHIP personnel worked collaboratively with ENDF representatives on the design of the program, which focuses on HIV-positive soldiers, peer educators, and health care providers. Two (2) sites are currently involved in the program: Armed Forces Referral Teaching Hospital in Addis Ababa and Air Force Hospital in Debre Zeit. The program provides positive-living classes, health education sessions, and one-on-one counseling sessions. The educators are trained on 18 modules.

Other

Since prevalence and risk-factor data are critical to programming, planning, and tracking HIV rates, the ENDF undertook a linked HIV prevalence and behavioral survey. DHAPP provided technical assistance to the ENDF via trainings in data collection, data entry and cleaning, and data analysis. The data collection, entry, and cleaning were complete in FY11. The ENDF analyzed its own data.

Proposed Future Activities

Some of the proposed activities for the ENDF in FY15 include continuation of a prevention program targeting the most-at-risk soldiers in high-risk settings, an injection-safety program, blood program, safe water program, Combined Joint Task Force Alliance activities, and provision of VMMC services.

Kenya

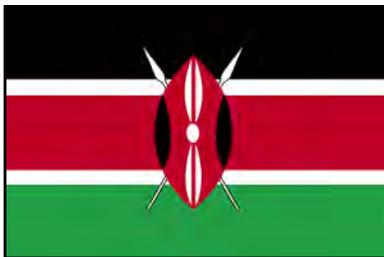


Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

Kenya's estimated population is 45 million people, with an average life expectancy of 63 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 87%, unevenly distributed between men and women. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance on 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. Although progress was made in rooting out corruption and encouraging donor support, the Mwai Kibaki government was rocked by high-level scandals in 2005–06, resulting in delayed loans from the World Bank. Postelection violence in early 2008, together with the effects of the global financial crisis on remittance and exports, reduced estimated GDP growth by 1.7% in 2008, but the economy rebounded in 2009–10, and GDP growth rose by 5.1% in 2013. Despite little effort on the government's part to reduce corruption, international lending has since resumed. Unemployment in Kenya also remains extremely high at 40%. In March 2012, oil was discovered in Kenya, thus providing the opportunity for Kenya to balance its growing trade deficit if the deposits are found to be viable. The GDP per capita is \$1,800. Kenya, in conjunction with neighboring Ethiopia and South Sudan, intends to begin construction on a transport corridor and oil pipeline into the port of Lamu in 2014.



Kenya has over 40 indigenous tribes or ethnic groups with different religious and social customs, including polygamy and wife inheritance. Only 10 cities have over 100,000 people, and the Nairobi metropolitan area accounts for more than one third of the urban population. Only about 32% of the

population lives in urban centers. The majority of Kenyans are small-scale farmers living in smaller towns and villages. This (and the resultant GDP per capita), a dual MOH, and stigma continue to limit access to health care. With a new constitution, peaceful elections, devolution of health care, and the consolidation of the MOH, Kenya has made significant strides toward improving both access to care and quality of care.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Kenya’s general population is 6.1% (UNAIDS website, January 2015), but varies significantly by region. For example, in Nyanza the HIV prevalence rate is 14.9%, while the North Eastern Province is 0.8%. Kenya has approximately 1.6 million PLHIV. The primary identified risk factor in the population is unprotected heterosexual contact, although men who have sex with men have been identified as an important component of the national epidemic (UNAIDS Global Report, 2013). Girls and young women are particularly vulnerable to infection. Women 15–24 years of age are more than 4 times as likely as men of the same age to be infected. Only 16.4% of HIV-positive Kenyans know their HIV status. HIV prevalence among uncircumcised men ages 15–64 was 3 times greater than among circumcised men. Kenya is a UNAIDS priority country for VMMC and has reached 63% of its coverage target (UNAIDS Global Report, 2013).

Military Statistics

The Kenyan Defence Forces (KDF) has 3 elements: Army, Navy, and Air Force. It consists of approximately 135,000 active-duty personnel, their dependents, and civilian personnel. Kenya allocates 2% of the GDP for military expenditures; however, the MOSD designates negligible funding for HIV/AIDS. No formal seroprevalence study has been done for the KDF. However, through careful documentation within the HIV clinics over the past 5 years, the prevalence rate is estimated at <3%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The WRAIR US Army Medical Research Unit–Kenya (USAMRU-K) is a fully staffed OCONUS laboratory under the US Mission/Embassy in Nairobi. The USAMRU-K primary lab and administrative hub are located at the Kenya Medical Research Institute (KEMRI) in Nairobi, but it 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, 1 is active-duty military (program director), and 23 provide in-country technical assistance to the KDF PEPFAR program. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US military liaison 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 assists in coordinating higher level meetings with the KDF, ensuring Combatant Command goals and objectives are met. In addition, formal byplay is achieved with the US Embassy DAO.

USAMRU-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and its USMHRP in both technical and administrative operations. Additional technical support is provided by DHAPP staff members working in collaboration with USAMRU-K and USMHRP. In country, USAMRU-K participates as part of the USG PEPFAR team along with CDC, USAID, Department of State, and the Peace Corps in setting USG strategic objectives and in the development of the annual COP through which PEPFAR funds are solicited. USAMRU-K also participates, and in some instances leads, PEPFAR USG technical working groups, which inform program area-specific planning, activity monitoring, and COP development.

USAMRU-K also works directly with the KDF in the execution and implementation of PEPFAR-supported activities. This close collaboration ensures activities with the KDF under PEPFAR meet overall PEPFAR strategic goals. This is achieved through the joint development by USAMRU-K and the KDF of an annual HIV document referred to as the KDF HIV Work Plan. This work plan is informed through a strategic review of the strengths, weaknesses, challenges, and achievements of the prior year’s work plans in light of all available resources. After these elements are fully considered, solutions are developed to address weaknesses and challenges, while expansion and exploitation of the program’s strengths are strategically planned for the following year’s work plan, leveraging both PEPFAR and KDF resources as part of one effort. In addition, all planning is conducted and harmonized with Kenya’s strategic goals as outlined in the Kenya National AIDS Strategic Plan. This is to ensure that the KDF program is in step with the needs, focus, and priorities of the host country’s HIV health care standards and practices as well as prevention goals.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

The KDF continued to provide significant results across all areas in prevention, care, and treatment of HIV. In FY14, 21,540 targeted individuals completed a standardized HIV prevention intervention. With indicator guidance from PEPFAR, the Government of Kenya and its implementing partners have ramped up evidence-informed behavioral interventions. During the reporting period, 3,239 women were provided with PMTCT services at 16 sites. Of the women tested in the PMTCT setting, 121 were provided with a complete course of ARV prophylaxis.

Nineteen (19) HTC centers provided HIV testing for KDF personnel. By the end of the reporting period, the KDF HIV program had reached 30,482 individuals with HTC services. Additionally, 530 males received VMMC.

Care and Treatment

During FY14, 9 outlets provided ART services to KDF personnel and their families. Four hundred twenty-six (426) individuals were newly started on ART during the reporting period. At the end of the reporting period, 2,593 individuals were considered current clients receiving ART.

Proposed Future Activities

Ongoing successful KDF 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 by the Embassy to the Kenyan Country Support Team and were included in the FY15 COP.



Rwanda



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Rwanda is 12.3 million people, with an average life expectancy of 59 years. English, French, and Kinyarwanda are the official languages of Rwanda, which has an estimated literacy rate of 71%, slightly unevenly distributed between men and women. Rwanda is a poor rural country, with the majority of the population engaged in subsistence agriculture and some mineral- and agro-processing. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners include tourism, minerals, coffee, and tea, although mineral exports decreased by 40% in 2009–10 due to the global economic downturn. The country has made substantial progress in rehabilitating the economy to its pre-1994 levels, rebounding to an average annual growth of 7–8% since 2003. Economic growth is recovering with help from the services sector, and inflation has been curbed. The GDP per capita is \$1,500.

HIV/AIDS Statistics

The HIV prevalence rate in Rwanda’s general population is estimated at 2.9%, with approximately 210,000 PLHIV (UNAIDS website, December 2013). The primary identified risk factor in the population is unprotected heterosexual contact. Several risk groups were identified for new infections, according to the UNAIDS *AIDS Epidemic Update 2009*, including sex workers, their clients, and men who have sex with men. Rwanda is making great strides in the area of treatment; according to the 2013 UNAIDS Global Report, 86% of people starting ART were virally suppressed 18 months later.

Military Statistics

The Rwanda Defense Force (RDF) is estimated at approximately 33,000 members. Rwanda expends 1.3% of the GDP on military expenditures. A

seroprevalence study was conducted in the RDF and analysis was completed in 2010. The final report was sent to the RDF and the data were published, revealing a military prevalence of 2.8%, slightly lower than the national seroprevalence.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The RDF HIV/AIDS program is a collaborative effort between the RDF, OSC, and DHAPP. Current implementing partners are PSI, Drew Cares International (DCI), and Jhpiego (a Johns Hopkins University affiliate).

The DoD program manager and clinical services specialist working with the OSC manage and coordinate all partner activities between the implementing partners and the RDF.



OUTCOMES & IMPACT

Prevention

During FY14, DCI, Jhpiego, and PSI worked with the RDF on HIV prevention activities. In addition to sexual prevention, PSI also addressed gender-based violence, alcohol reduction, stigma, and discrimination, and encouraged the importance of getting tested for HIV. DCI and PSI/Rwanda conducted trainings in BCC for soldiers and surrounding communities in collaboration with the Directorate of Medical Services, reaching military personnel, their families, and the surrounding communities through trained peer educators who are members of the anti-AIDS clubs that consist of military members, civilians, and commercial sex workers. In total, 95,614 individuals were reached with individual and/or small, group-level preventive interventions that are based on evidence and/or meet the PEPFAR standards. To ensure condom availability and accessibility, 100 condom outlets were created within the RDF catchment areas and were distributed. A total of 600,000 military condoms were distributed at RDF health facilities and catchment areas by the Society for Family Health in collaboration with the Medical Regiment. One million condoms with military camouflage packaging are under production for future distribution. A total of 51,489 military personnel and civilians were reached with consistent and correct condom use and VMMC messages through interpersonal communication activities conducted by trained peer educators in anti-AIDS clubs. A total of 30,447 individuals were reached through community-wide events promoting condom use and VMMC messages. During Army Week interventions, a joint action community event was coordinated by DCI, which included VMMC promotion and mobile HTC and VMMC service provision.

A total of 1,131 pregnant women were tested for HIV and received their results. In FY14, 20 HIV-positive pregnant women were provided with ART prophylaxis.

A total of 3,058 PLHIV were reached with PHDP interventions, which were carried out at both fixed health care facilities and through mobile team care units. Also in FY14, 42,635 individuals were tested and received their test results. All military personnel and spouses who tested positive for HIV were referred to military clinics for care and treatment. Implementing partners supported the RDF through technical support for mobile HTC services and quality assurance measures.

To increase RDF's capacity to deliver VMMC services, 141 health providers were trained in VMMC. A total of 53,328 males were circumcised, as part of the HIV prevention services provided in FY14 with support from Jhpiego and DCI. The majority of males were between the ages of 15 and 24 years. The VMMC service delivery strategy focuses on site strengthening, mini campaigns, Army Week, and VMMC weekend and outreach activities for clients in hard-to-reach areas using mobile teams, and implementing the MOVE approach (models for optimizing volume and efficiency). PSI is also involved in demand creation for VMMC, safer sex counseling after VMMC, and follow-up counseling after the healing period to ensure a comprehensive VMMC package.

Care

A total of 3,231 eligible adults and children received at least 1 clinical service at RDF facilities supported by DHAPP through DCI. The clinical care services include, but are not limited to, medical consultation, general evaluation, WHO staging, and provision of OI prophylaxis medication to all HIV/AIDS patients as stipulated by the new national protocol of HIV/AIDS care and treatment. In addition, a full package of care was given to all PLHIV, including PHDP services (disclosure, adherence counseling, family planning, condoms, alcohol screening, STI screening, and appropriate referrals). In this reporting period, 2 persons received cotrimoxazole prophylaxis.

Treatment

During FY14, 179 individuals were newly started on ART, and 3,058 individuals with advanced HIV infection were currently receiving ART. Apart from ART delivery at the facility level, mobile clinic activities continued to ensure that those in hard-to-reach areas receive care and treatment, including ART, psychosocial support, counseling, PHDP services, and lab tests.

Other

DCI continues to support RDF health care providers to receive pre-service training. The sponsored students will graduate in 18 months. DCI is supporting 8 RDF laboratories with the capacity to perform clinical lab tests. Through the support of DHAPP, the US Embassy, and PEPFAR, the Rwanda Military Hospital lab received a 4-star accreditation rating. The lab has become a reference lab serving the entire region, and the RMH has become a reference hospital and is now on par with the top two hospitals in the country.

DHAPP staff visited Rwanda in FY14 to provide technical assistance to the RDF's HIV program. Other trips were made by DHAPP headquarters staff, including provision of technical support for infectious disease (ID) services.

DHAPP continues to build its relationship with the ID department at Naval Medical Center San Diego (NMCSA).

Proposed Future Activities

HIV prevention, care, and treatment continue to be a main focus of the RDF. DHAPP, along with the US Embassy staff and implementing partners, is committed to continued comprehensive HIV prevention, care, and treatment for all military members, their families, and the surrounding communities. DHAPP/PEPFAR's support to the military is critical for funding and technical capacity provided by DHAPP technical staff, NMCSA, and other supportive services. All proposed activities were included in the FY15 COP. The RDF remains the country leader in VMMC, using both PrePex devices and surgical methods, as appropriate. Continuation of funds for VMMC programming is also included in the FY15 COP.



South Sudan



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

Sudan was engaged in two prolonged periods of conflict (1955–1972 and 1983–2005). A separate conflict, which broke out in the western region of Darfur in 2003, displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. Armed conflict, poor transportation infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. A Comprehensive Peace Agreement was signed in January 2005 and a referendum was held in January 2011, which indicated overwhelming support for independence for southern Sudan. Independence was attained 9 July 2011. Since its independence, South Sudan has struggled with good governance and nation building, while attempting to control rebel military groups operating within its borders.

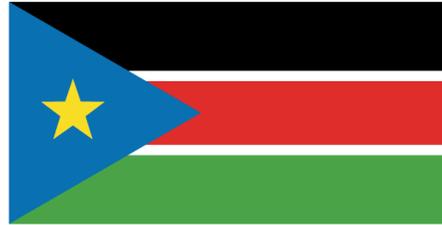
The estimated population of South Sudan is 11.5 million people. Arabic and English are the official languages, and the estimated literacy rate is 27%, unevenly distributed between men and women (40%, and 16%, respectively). Industry and infrastructure remain severely underdeveloped in South Sudan. The vast majority of the population engages in subsistence agriculture for a living, although the country is rich in natural resources. South Sudan produces nearly three quarters of the former Sudan’s total oil output and is the major source of revenue for the country. The Government of South Sudan set a target for economic growth of 6% for 2011, and 7.2% in 2012. However, economic conditions have deteriorated since January 2012, following the government’s decision to shut down oil production as a result of bilateral disagreements with Sudan. This resulted in a 55% decline in the GDP in 2012. The GDP is estimated to have grown by about 25% in 2013. However, the outbreak of conflict on 15 December 2013, combined with a further reduction of oil exports, resulted in revising GDP growth forecasts downward for 2014, and poverty and food insecurity rose. The Central Bank of South Sudan issued a new currency, the South Sudanese Pound, in 2011.

HIV/AIDS Statistics

The estimated HIV prevalence rate in South Sudan’s general population is 2.2%, with approximately 150,000 PLHIV (UNAIDS website, February 2015). According the UNAIDS *AIDS Epidemic Update 2009*, epidemics in the Middle East and North Africa are typically concentrated among injection drug users, men who have sex with men, and sex workers and their clients. Exceptions to this general pattern include South Sudan, where transmission is also occurring in the general population. Very little information is known about risk factors in this population.

Military Statistics

The Sudan People’s Liberation Army (SPLA) plays a central role in the government, with influence extending through all layers of the highly militarized society. The exact SPLA troop and prevalence numbers are unknown at this time. It is estimated that the SPLA may comprise 140,000 troops. Through a biobehavioral surveillance survey conducted between 2010 and 2011, an HIV prevalence of 5.0% was found in the SPLA. 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 South Sudan. SPLA soldiers come from all over South 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

DHAPP staff are active members of the Country Support Team and continue to work with CDC and USAID in engaging the SPLA. In FY12, a DHAPP/PEPFAR program manager was hired to help coordinate the DoD program. RTI International is an implementing partner for DHAPP and the SPLA.

As part of its overall strategy to promote peace-building efforts, the USG supports SPLA initiatives to reduce size as part of post-conflict demobilization, reintegrate former combatants into civilian life, and develop remaining troops into a professional military force. The USG supports the institutional development of the SPLA through IntraHealth International. IntraHealth helps implement prevention activities in support of the SPLA’s response to HIV/AIDS.

OUTCOMES & IMPACT

Prevention and Other

DHAPP staff participate in South Sudan’s Country Support Team activities and work with CDC and USAID as part of the USG PEPFAR team. The International HIV/AIDS Alliance conducted training for new HIV counselors and a monitoring and evaluation training for NGO Secretariat staff. A total of 2,315 individuals were tested and counseled for HIV and received their results

A total of 213 pregnant women were tested for HIV, with 12 positive women identified, all of whom were placed on ART. In FY14, 2 SPLA members attended MIHTP in San Diego. Due to civil unrest throughout FY14, the program results are lower than those reported in the previous year.

Proposed Future Activities

In FY15, DHAPP and implementing partners will continue to work with the SPLA on a comprehensive program in HIV prevention, care, and treatment. Prevention activities will focus on scale up of an alcohol risk-reduction program developed by DHAPP and implementation of PHDP in the Juba Military Hospital. Intensive support will be provided to the AIDS treatment unit at Juba Military Hospital, with a work plan developed out of two assessments of the unit conducted in FY14. Planning for development of 2 additional treatment sites will also be undertaken in FY15.

Tanzania

*Reducing the incidence of HIV/AIDS among
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BACKGROUND

Country Statistics

Tanzania’s estimated population is 47.4 million people, with an average life expectancy of 51 years. Kiswahili and English are the official languages of Tanzania, which has an estimated literacy rate of 71%, unevenly distributed between men and women. The GDP per capita is \$1,700. Tanzania is one of the world’s lower-income countries in terms of per capita income with the economy based heavily on agriculture, which accounts for more than a quarter of the GDP, provides 85% of exports, and employs roughly 80% of the workforce. Despite the low per capita income, Tanzania achieved a high overall growth rate of 6% annually from 2009 to 2012, thanks to high gold production and tourism. Growth in the private sector and in investments has recently been fueled by banking reforms that have improved the efficiency and availability of financial services and led to an increase in government investment in agriculture to 7% of its budget.

HIV/AIDS Statistics

The HIV prevalence rate in Tanzania’s general population is estimated at 5.1%, with approximately 1.4 million PLHIV (UNAIDS website, February 2015). Prevalence rates are higher in urban than in rural areas, and women of all age groups, including adolescent girls, are more heavily impacted than men. Identified significant risk factors include biomedical and behavioral factors, as well as sociocultural norms, including gender-based violence, low rates of knowledge of HIV status, low male circumcision (MC) rates in some regions, high STI prevalence, multiple concurrent partnerships, or high-risk heterosexual contact and contact with sex workers.



Military Statistics

The size of the Tanzania People’s Defense Force (TPDF) is approximately 35,000. Information regarding HIV prevalence in the military is not available. Total catchment area and military–civilian breakout in this population is not known. Military expenditures account for 1.1% of the GDP.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The TPDF HIV/AIDS program works in collaboration with PharmAccess International (PAI) as an implementing partner funded by WRAIR. WRAIR programs in Tanzania are directed by a US Department of Army civilian with attaché status, hired under the MHRP division at WRAIR, reporting directly to the ambassador at the US Embassy in Dar es Salaam. WRAIR’s primary administrative and contracting hubs are located in Silver Spring, Maryland, and Fort Detrick in Fredrick, Maryland, respectively, with the Department of Army civilian providing direct oversight of program progress on the ground as part of the WRAIR-Tanzania team, including ongoing quality assurance and quality improvement (QA/QI) oversight. 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 and ensuring goals and objectives of the Combatant Command are met.

PAI is an NGO based in the Netherlands, with 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 more site-level technical assistance on clinical and behavioral interventions as well as programmatic management for the TPDF.

WRAIR PEPFAR activities in Tanzania are further supported by WRAIR Tanzania staff and US-based staff at WRAIR Headquarters (HQ) and MHRP in both technical and administrative areas. Additional technical support is provided by MHRP staff located in Kenya and DHAPP staff members working in collaboration with MHRP. In-country, WRAIR participates in PEPFAR Technical Working Groups along with 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 that PEPFAR-funded activities within the TPDF meet overall USG PEPFAR strategic goals.

OUTCOMES & IMPACT

Prevention

The TPDF HIV/AIDS program targets 5,000 recruits, 30,000 military personnel, and 90,000 dependents, as well as 80,000 civilians living near the military camps and hospitals. During FY14, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 53,013 individuals were reached with evidence-based, small-group prevention interventions meeting the minimum PEPFAR standards required.

Robust clinical and prevention programs in the military setting are necessary based on the nature of the occupation and range of mobility, which indicates that sexually active military men and women come into contact with high-risk sexual networks with high levels of HIV prevalence.

As part of a comprehensive prevention strategy and in support of the Ministry of Health and Social Welfare’s (MOHSW) goal to scale-up VMMC in Tanzania, PAI supported a total 13,279 circumcisions in FY14 as a continuation of the VMMC program that began in FY10. The expansion was characterized by outreach campaign services in locations with low MC rates (Mwanza, Mbeya, and Shinyanga), capacity building for health care workers; and maximizing efficiency through task-shifting/task-sharing between available staff.

Clients who tested HIV positive were referred to care and treatment centers (CTCs) in military facilities or to other facilities based on their choice. The program continues to deliver VMMC as a package of clinical and prevention services that also includes HTC, age-appropriate risk reduction counseling sessions, physical examination, and treatment/referral for STIs. MC services are offered to consenting clients; those who are eligible undergo surgical MC under local anesthesia. Distribution of condoms to sexually active boys and men and promotion of consistent and correct use are also done. The program is aligned to support the device-based MCs, should they become approved and available in Tanzania.

Sixty six (66) HTC clinics provided testing for TPDF personnel. In FY14, 122,365 persons were tested for HIV and received their results and underwent post-test counseling. Effective BCC interventions are focused on targeted community sensitization and delivery of interventions at the required frequency and intensity, using a multi-dimensional approach to disseminate information that addresses high-risk behavior. Mobile HTC and post-test clubs are used to improve tracking and retention into care. Community interventions provide context-appropriate dialogue to reinforce key messages, with a focus on linking clients to appropriate clinical services and other biomedical interventions such as HTC, VMMC, and reproductive health services.

In FY14, PMTCT services were provided in 44 sites (8 hospitals and 36 health centers). Of the 12,737 women tested in the PMTCT setting, 1,007 were provided with a complete course of ARV prophylaxis. Quality of PMTCT services, including early infant diagnosis, has improved through training of medical officers, midwives, nurse counselors, and laboratory staff using the 2-week national training curriculum. PAI staff and TPDF HQ staff conduct quarterly visits to all PMTCT sites to provide technical assistance for QI, including improving quality of electronic and paper-based data recording and reporting.

Care and Treatment

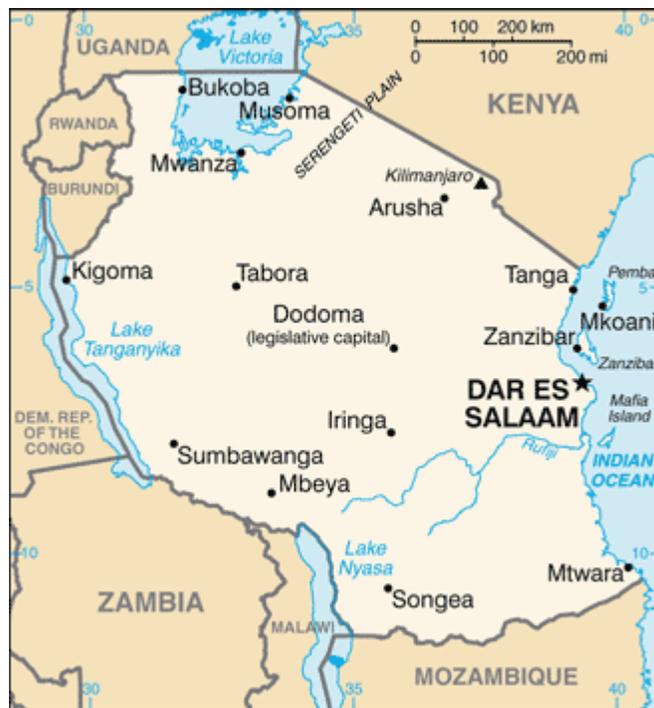
All health facilities in Tanzania, including TPDF health facilities that wish to serve as a CTC, need prior approval from the MOHSW. All sites must be prepared and function in accordance with the minimum standards, curricula, and guidelines of the national HIV/AIDS care and treatment program before receiving approval. By the end of FY14, 44 TPDF clinics are approved to provide standard care and treatment services, including provision of ARVs. During this reporting period, 17,054 HIV-positive adults and children received a minimum of 1 clinical service. Most TB

infected or suspected patients are referred to more specialized facilities for TB treatment. TPDF male personnel with TB are usually treated at TPDF referral clinics. In FY14, 4,126 adults and children with HIV/AIDS were newly enrolled on ART, and, at the end of reporting period, 12,359 patients were on ART.

Toward the goal of health system strengthening, technical teams from TPDF HQ, PAI and the WRAIR-Tanzania office provide scheduled and ad hoc site support, including QA/QI support; on-the-job mentorship; equipment availability, lab, and supply chain management; and monitoring and evaluation.

Proposed Future Activities

Successful programming within the TPDF will continue to focus on evidence-based, high-impact interventions to contribute to Tanzania national epidemic control, including comprehensive care and treatment services as well as targeted biomedical, structural, and behavioral interventions for military staff and their families. The proposed interventions for FY15 were submitted to the PEPFAR Tanzania Country Support Team and were included in the FY15 COP.



Uganda



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population of Uganda is 35.9 million people, with an average life expectancy of 54 years. English is the official language of Uganda, which has an estimated literacy rate of 73%, unevenly distributed between men and women. Uganda has substantial natural resources, including regular rainfall, fertile soils, deposits of copper and gold, and recently discovered oil. Coffee accounts for the majority of export revenues. Uganda's exports were affected by the global economic downturn; however, the country's GDP growth has largely recovered as a result of past reforms and sound economic management. Agriculture is the most important sector of the economy, employing over 80% of the workforce. The GDP per capita is \$1,500.

HIV/AIDS Statistics

The HIV prevalence rate in Uganda's general population is estimated at 7.4%, with approximately 1.6 million PLHIV (UNAIDS website, February 2015). Identified significant risk factors include high-risk heterosexual contact with multiple partners and STIs. In Uganda, the most at risk populations and highest prevalence was recorded among female sex workers, fishing communities, men who have sex with men, bike taxi men, and plantation workers (UNGASS Country Progress Report: Uganda 2014). Also, an estimated 46% of new HIV infections in Uganda occurred among people with multiple sexual partners and the partners of such individuals.



Military Statistics

The Uganda People's Defense Forces (UPDF) consists of approximately 45,000 active-duty members. Uganda expends 1.5% of the GDP on the military. A seroprevalence and behavioral survey was conducted among the UPDF, and

results from the survey including behavioral data are guiding prevention interventions.

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, RTI International, and National Medical Research Unit. An in-country HIV/AIDS program manager and program assistant who work out of the DAO manage the day-to-day operations of the program, including oversight of the implementing partners.

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 initiated in 2003 and augmented in 2004, 2006, and 2007. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for hematology and chemistry analyzers, and supporting supplies, reagents, and accessories. The 2004 funding was fully employed for hematology and chemistry analyzers, minor equipment, and cytometer reagents/supplies. The 2006–07 funding has been almost fully employed for supporting material and equipment maintenance.

OUTCOMES & IMPACT

Prevention

The UPDF HIV/AIDS Control Program has an extensive health education network that extends to lower level army units such as brigades and battalions. Program activities also extend to the community level surrounding the barracks where soldiers commonly interact and enter into sexual relationships that are likely to increase risk of HIV infection. A comprehensive HIV prevention package addresses behavior change, availability of HTC services, and management of STIs. During FY14, 31,140 individuals completed a standardized HIV prevention intervention, including the specified minimum components. The UPDF has ensured that condoms continue to be part of the military kits for soldiers. The injection safety program provides training for health workers and medical waste handlers and ensures consistent supply of injection safety materials. This works to minimize medical transmission of HIV and other blood-borne diseases.

The overall goal of the PHDP program is early identification of HIV-positive individuals, as well as their sexual partners and family members, to reduce sexual and prenatal transmission of HIV, and to provide comprehensive prevention interventions and treatment. The program is implemented in collaboration with University of Connecticut Center for Health, Intervention, and Prevention and the Bombo Military Hospital HIV/AIDS Clinic. Elsewhere, it is implemented by UPDF counselors. The program is health facility-based, but in some cases, community home visits are conducted for ambulatory patients. In all ART sites, HIV prevention messages and services are delivered as part of the routine care of patients seeking HIV care and treatment services. Similarly, the messages are delivered to patients accessing TB care and PMTCT services. The following comprehensive package of

HIV prevention services and/or referral to other facilities is offered: HIV testing of sex partners and family members, support of disclosure of HIV test results to sex partners and family members, alcohol use assessment and counseling, syndromic management of STIs, prevention of unwanted pregnancy in HIV-positive women, condom promotion and distribution, and adherence counseling and support.

Fourteen (14) service outlets provide PMTCT services for the UPDF. In FY14, 7,222 women were provided with these services, including HTC and receipt of their HIV test results. Of those women, 902 received ARVs to reduce the risk of mother-to-child transmission. Also, 1,135 infants were born to HIV-positive women and had a virologic HIV test done within 12 months of birth. PMTCT service outlets are also used to identify discordant couples and emphasize linkage to clinical services for testing and treatment. To ensure PMTCT messages reached the target groups including men, weekly community dialogue meetings within the military bases and an “HIV awareness week” were carried out. Continuous education and mentorship on early infant diagnosis for health care providers were conducted in military units.



Twenty-three (23) HTC centers have been established, covering all of the major military bases, with 75,863 persons tested in FY14. Health care providers were trained and mobile HTC units reached UPDF personnel with prevention messages and HTC services. The HTC program is directly linked to care services, including drugs for OIs, and provides services for HIV-infected military personnel and family members.

This reporting period has been one of scale up of VMMC services in the UPDF. VMMC commodities, such as tents for operations, vehicles, surgical equipment, and surgical kits, were provided, which resulted in expansion of VMMC services to 8 static clinics and 3 mobile units. VMMC services were provided across the country in the underserved and hard-to-reach areas, and 8,037 men received VMMC services from both static and mobile VMMC units.

Postexposure prophylaxis (PEP) service windows are now available at UPDF sites for individuals who come in contact with blood, including combat-related exposure. The service is available for health care workers receiving accidental needle-stick injuries, military occupational hazards, and survivors of gender-based violence (GBV). PEP has been expanded to health facilities in combat operation areas, where military personnel can potentially be exposed to blood, and policy supports PEP as an essential component of combat kits. It is difficult to estimate the proportion of victims who receive post-GBV care. However, we estimate that 341 people received post-GBV care including PEP. There are still challenges across the programs arising from inadequate capacity to identify cases of violence and link them to care services. In addition, other gender and cultural constraints prohibit reporting especially of perpetrators who are spouses or close relatives further keep victims from offering information to effect timely health services.

Care

Seventeen (17) service outlets provide care services for the UPDF, their families, and civilians in the surrounding communities. During FY14, 33,939 eligible adults and children were provided with a minimum of 1 care service. Focus was on improving the

quality of patient care and monitoring of patients in the ART clinics. Health care providers received clinical mentorship on different aspect of patients' care during routine monthly technical support visits to the facilities. Expansion of HTC services for children and strengthening linkage to care have led to increased numbers of children



accessing HIV care. A total of 17,377 HIV-positive patients were screened for TB in HIV care or treatment settings. These achievements resulted from improved linkage and retention of HIV-positive individuals identified from HTC into care. The strategy of using linkage facilitators improved enrollment of individuals identified as HIV positive at HTC. Linkage facilitators track and follow up the referred clients in the barracks and within facilities to ensure that they reach the point of care and are retained in care. Care data are based on national program tools, specifically from pre-ART and ART registries. RTI and NAMERU also supported health facilities in Mubende and

Moroto to run satellite clinics and integrated clinics, respectively, for forces in hard-to-reach field bases; and regularly supplied pediatric formulation Septrin for children and Dapsone for adult patients supplementing facility stocks to reduce periods of stock-out of these commodities. Together with the UPDF HIV directorate, NAMERU introduced a system of electronic medical records for HIV care and management. A major challenge that remains is tracking those lost to follow-up. Under-reporting is still an issue in some military facilities and this affects data quality. Most facilities are still dependent on the paper-based data collection system, which results in errors in data aggregation and reporting. Military facilities supported OVC in Kakiri, Mubende, Ntungamo, and Kyankwanzi barracks. The UPDF enrolled and provided support to 1,570 OVC in at least three core program areas that include health, education, food security and nutrition, socioeconomic security, and psychosocial support.

Treatment

ART is provided through PEPFAR and Global Fund support at 17 UPDF sites, with 22,149 individuals currently receiving ART. During FY14, 2,460 individuals were newly enrolled on ART. Early ARV initiation and monitoring patients was promoted by supporting facilities to conduct CD4 testing as well as collect and transport blood samples to the central l for CD4 testing. Laboratory personnel in Mbarara, Moroto, Acholi-Pii, and Nakasongola military hospitals that had PointCare NOW CD4 machines installed receive monthly technical support from lab specialists.

Together with their implementing partners, the UPDF continued to provide the following services: screening for malaria, HTC, full blood count, chemistry analysis, baseline CD4 testing, and CD4s for patient monitoring. The lab services have benefited all patients, regardless of their HIV status, thus improving the general quality of health care at the supported facilities. As of FY14, 2 labs are recognized by national, regional, or international standards for accreditation or have achieved a minimal acceptable level toward attainment of such accreditation.

Other

DHAPP supported the UPDF in its goal of developing a national military eHealth program. Leveraging the Military eHealth Information Network standards, a technical assessment was completed in 2013. The recommendations of the technical assessment were endorsed by the UPDF and provide the approach for UPDF’s eHealth strategy. The technical assessment revealed the need for solar power in order to provide electrical power. DHAPP assisted with a request for information on solar power solutions and identified several local providers, in addition to power capacity requirements for UPDF HIV clinics. A small reference implementation was installed at a UPDF facility to provide the opportunity to fully explore the baseline suite of software tools, the netbook user device hardware, plus further hone network and power requirements. The reference deployment provided by DHAPP resulted in UPDF resource allocations for full deployment and ongoing operational support duty assignments. Full deployment at Bombo Military Hospital, with a scale-up plan to include all 17 HIV clinics occurred in FY14.

Proposed Future Activities

All proposed activities were submitted by the US Embassy to the Uganda Country Support Team and were included in the FY15 COP.

Union of Comoros



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BACKGROUND

Country Statistics

The Union of Comoros is a group of islands at the northern end of the Mozambique Channel in Southern Africa. The country is composed of three islands: Grande Comore, Moheli, and Anjouan. The estimated population of Comoros is 766,000 people, with an average life expectancy of 63 years. Arabic and French are the official languages of Comoros, which has an estimated literacy rate of 75%, unevenly distributed between men and women. Comoros achieved 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 power-sharing agreement known as the 2000 Fomboni Accords. The GDP per capita is \$1,300. Export income relies heavily on vanilla, cloves, and ylang-ylang, although agriculture, including hunting, fishing, and forestry, contributes 50% to the GDP and employs the majority of the workforce. The GDP grew to 2.5% from 2010–12, up from 1% growth from 2006–09. Challenges continue with upgrading education and technical training, privatizing commercial and industrial enterprises, improving health services, diversifying exports, promoting tourism, and reducing the high population growth rate.

HIV/AIDS Statistics

The current HIV prevalence rate in the Comoran general population is estimated at 2.1%, with fewer than 7,900 PLHIV (UNAIDS website, December 2013).

Military Statistics

The Comoros Army of National Development (CAND) is composed of approximately 1,900 members from security forces and federal police. Comoros maintains a defense treaty with France, which provides training of Comoran military personnel, naval resources for protection of territorial waters, and air surveillance. HIV prevalence in the military is unknown. Comoros allocates 2.8% of the GDP for military purposes.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have been collaborating with the CAND and the OSC at the US Embassy in Antananarivo, Madagascar, on an HIV/AIDS program in the Union of Comoros.

OUTCOMES & IMPACT

In FY14, 2,173 military personnel and civilians received HTC services. A prevention and testing campaign was conducted in Anjouan Island during 2014. A total of 843 pregnant women were tested for HIV and received their results. Eighty-eight (88) males were circumcised as part of an HIV prevention program.

The military health laboratory in Moroni is supported by DHAPP and has the capacity to perform clinical laboratory tests. Training on HTC management was provided in 2014 in the newly opened HTC site on the islands of Anjouan and Mohéli. A total of 30 health care workers (nurses and midwives) from the island of Grande Comore were trained in blood safety and HTC.

Proposed Future Activities

Continuation of prevention services are planned for FY15 including HTC, as well as ongoing support for local training on HTC management, lab equipment, sensitization activities, provision of STI and TB medicines, and malaria prevention and treatment.





North Region

Tunisia

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BACKGROUND

Country Statistics

The estimated population of Tunisia is 10.9 million people, with an average life expectancy of 75 years. Arabic is the official language of Tunisia, which has an estimated literacy rate of 79%, unevenly distributed between men and women. Tunisia’s diverse, market-oriented economy is mainly composed of agricultural, mining, tourism, and manufacturing sectors. Key exports include textiles, food, and petroleum products, chemicals and phosphates, and the majority of these items are exported to the European Union. Historically, the GDP growth rates were steady at about 4%–5% per year, but in January 2011, the president was overthrown. The new government continues to face important challenges related to stabilizing the economy, including reassuring businesses and investors, bringing down high unemployment, and reducing economic disparities. In 2013, the GDP real growth rate was 2.8% and GDP per capita was \$9,900.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Tunisia’s general population is less than 0.1%, with approximately 2,300 PLHIV (UNAIDS website, February 2015). HIV prevalence rates among men who have sex with men, injection drug users, and sex workers are 10.1%, 3%, and 0.6%, respectively, indicating a concentrated epidemic (UNAIDS Global Report 2013).



Military Statistics

The Tunisian Armed Forces, or Forces Armees Tunisiens (FAT), consists of approximately 36,000 active-duty members. Tunisia expends 1.5% of the GDP on its military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FAT HIV/AIDS program began in 2011. It is a collaborative effort between DHAPP, the OSC at the US Embassy through the Office of Humanitarian Assistance, and the FAT.

OUTCOMES & IMPACT

Prevention

Support for HIV prevention education to military women and female dependents included the purchase of laboratory reagents for human papillomavirus (HPV) screenings. After exams, women were provided with HIV prevention and HPV information.

Proposed Future Activities

Future plans include continued collaboration with the Tunisian MOD to reinforce early detection of STI/HIV, continue focused prevention efforts in women with HPV, and to increase availability and distribution of the military's HIV awareness and prevention materials to women.





South Region

Botswana



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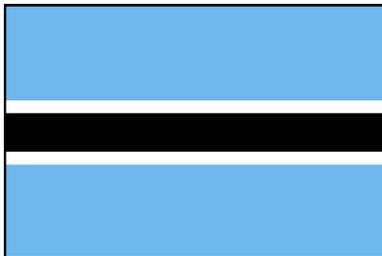


BACKGROUND

Country Statistics

The estimated population of Botswana is 2.1 million people, with an average life expectancy of 54 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 85%, evenly distributed between men and women. The GDP per capita is \$16,400.

Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth turned negative in 2009 when the industry fell almost 30%. Although the economy showed signs of recovery in 2010, growth has again slowed. 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 over one third of the GDP and over 70–80% of export earnings. An expected leveling off in diamond production in the coming decades overshadows long-term prospects, but a major international diamond company signed a 10-year deal with Botswana in 2012 to move its rough stone sorting and trading division to the capital, Gaborone, by the end of 2013. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. According to official government statistics, the unemployment rate was 17.8% in 2009, but unofficial estimates are higher.



HIV/AIDS Statistics

The HIV prevalence rate in Botswana's general population is considered one of the highest in the world, estimated at 23.4%. There are approximately 340,000 PLHIV in Botswana (UNAIDS website, December 2013). Heterosexual contact

is the principal mode of transmission. According to the UNAIDS Global Report 2013, Botswana has already met its goal of providing ART to over 90% of pregnant women living with HIV, and the estimated annual number of AIDS-related deaths has declined significantly in the past decade (from 18,000 in 2002 to 5,700 in 2012), while the estimated number of children newly orphaned by AIDS has fallen by 40%.

Military Statistics

The Botswana Defense Force (BDF) is estimated to have 9,000 active-duty personnel. Botswana expends 2.8% of the GDP on the military. The BDF conducted a SABERS in 2009, and although the results were not made public, the study was completed and the BDF is using the findings to inform its prevention efforts and as a benchmark for measurement of trends.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Through the OSC, 2 DHAPP in-country program staff members work in collaboration with DHAPP Headquarters staff and the BDF. DHAPP staff are active members of the PEPFAR Botswana Country Support Team. They provided technical assistance in developing the BDF COP for FY14. PSI and Project Concern International are PEPFAR-funded implementing partners with the BDF on prevention activities and program monitoring and evaluation. VMMC has been endorsed and highly supported by the BDF. Current efforts emphasize training, commodities, mobile surgical space, and demand creation for VMMC. Vista LifeSciences is providing support in implementation of a health management information system for VMMC and other prevention activities. The system will interface with the outpatient care system and provide reporting to the Government of Botswana.

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 initiated in 2003, and the related authorization was released for execution in 2005. It has been fully employed for a cytometer, a chemistry analyzer, a PCR analyzer, an ELISA machine, an incubator, rapid test kits, reagents, and laboratory supplies.

OUTCOMES & IMPACT

Prevention

The BDF’s prevention program has many different aspects since it strives to provide comprehensive prevention efforts for its troops, family members, and civilians living near its bases. PSI continued to provide support for education, marketing, and distribution of the Sekwata military condom brand. The DoD and BDF launched the integration of VMMC services into recruit training. In FY14, 66 recruits were circumcised as part of the VMMC recruit program. HTC services are critical to the BDF’s program, and in FY14, 656 individuals were counseled and tested and received their results.

Care and Treatment

The BDF supports 8 service outlets that provide HIV care and ART to its troops, family members, and their civilian neighbors. The number of BDF troops receiving palliative care and/or treatment services is classified. There are 4 testing facilities/laboratories with the capacity to perform clinical lab tests.

Other

DHAPP continues to provide technical assistance to the BDF for the Military eHealth Information Network (MeHIN) to enhance program monitoring and reporting capabilities for VMMC. DHAPP and Vista LifeSciences have successfully installed technology infrastructure to support 9 BDF medical clinics, plus mobile VMMC facilities throughout the country. Eighty-five (85) user devices on a ruggedized netbook computer were preloaded with an electronic medical record (EMR) and user communication and productivity tools. In FY14, Vista LifeSciences upgraded the central server, doubling its server capacity. In addition, modules for the PrePex circumcision device were installed onto the BDF MeHIN in preparation for the implementation of PrePex services following the country’s completion of active surveillance.

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 FY15 COP. Some of these activities include continuing prevention efforts, TB treatment training, and building electronic data management infrastructure for ART patients. The EMR is important because it enhances military readiness by increasing medical knowledge regarding individual service members. In FY15, the DoD will continue to support system improvement and pilot the EMR for use in ART patient care at 1 BDF site. The process of lab accreditation is under way for 2 BDF laboratories in the northern part of the country, and 2 in the south.



Lesotho



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BACKGROUND

Country Statistics

The estimated population of Lesotho is 1.9 million people, with an average life expectancy of 52 years. English and Sesotho are the official languages of Lesotho, which has an estimated literacy rate of 90%, unevenly distributed between men and women, with women having higher literacy rates (96%) than men (83%). The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. Lesotho's budget relies heavily on customs receipts from the Southern African Customs Union, however, the government recently strengthened its tax system to reduce dependency on customs duties. Economic growth slowed in 2009 due mainly to the effects of the global economic crisis, but growth exceeded 4% per year from 2010 to 2012. Growth is expected to increase further as a result of major infrastructure projects, although the country's weak manufacturing and agricultural sectors continue to limit growth. The GDP per capita is \$2,200.



HIV/AIDS Statistics

The estimated HIV prevalence rate in the Lesotho general population is 23.1%, one of the highest rates in the world, with approximately 360,000 PLHIV (UNAIDS website, December 2013).

Military Statistics

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. Lesotho expends 1.9% of the GDP on the military. HIV prevalence and behavior data for the LDF were presented during a stakeholder's workshop in August 2011.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are active members of the PEPFAR Lesotho Country Support Team and provided technical assistance in preparing the FY14 COP. In FY14, the in-country program manager oversaw programmatic activities and worked with the implementing partners. PSI began working with the LDF in 2005, with activities focusing on training peer educators among military personnel, prevention programs that emphasized HTC and correct and consistent condom use, and training HTC counselors. Vista LifeSciences was also an implementing partner in FY14.

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 initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2011, respectively. The 2006 funding was fully employed for a cytometer, chemistry analyzer, hematology analyzer, incubator, autoclave, centrifuge, and supporting laboratory supplies and reagents. The 2007–8 funding has been employed for a hematology analyzer, cytometers and a chemistry analyzer. In 2012–13, 70% of the 2009 funding was obligated for GeneXpert IV and PointCare NOW instruments, a central router for the laboratory computer system, and PointCare reagents.

OUTCOMES & IMPACT

Prevention

The LDF has supported 109 condom service outlets over the duration of the program and 1 outlet that provides PMTCT services. In total, 298 pregnant women learned their HIV status, 164 of whom received ARVs to reduce the risk of mother-to-child-transmission.

As part of prevention services, 3 outlets provided HTC services for military personnel. The mobile HTC unit went out several times during the year and was able to provide additional HTC services to sites outside of the 2 fixed outlets. A total of 4,080 individuals received HTC services and received their test results.

The VMMC program was launched in September 2012, and 1 location is currently providing these services. A total of 2,712 men were circumcised in FY14. DHAPP conducted a VMMC study in 2009 among LDF personnel and an article was published in PloS ONE in November 2011. The study provided information regarding the prevalence of various types of VMMC being done in Lesotho, and it was used to inform planning the rollout of VMMC services.

Other

Following WHO eHealth guidelines, the LDF is among the first to adopt the Military eHealth Information Network (MeHIN). Important lessons for a successful transition from a paper-based to electronic medical record system include network reliability and workforce capacity. MeHIN’s technology platform is based on international engineering and information standards and is accessed on a ruggedized mobile netbook computer that serves as the user device for LDF medical personnel, providing a comprehensive set of electronic tools to support HIV/AIDS program activities. Fully deployed modules include an electronic medical record (EMR) from Vista LifeSciences to support ART and VMMC. Data management policies have been developed to address best practices for data quality, privacy, use, and preservation. In FY14, the EMR system received upgrades to generate reports for the MOH and PEPFAR. The construction of the TB facility is ongoing and progress is being assessed.

Proposed Future Activities

Continued HIV programming for LDF members was proposed by the Embassy to the PEPFAR Lesotho Country Support Team. All proposed activities were included in the FY15 COP. Ongoing activities include the VMMC program, training of LDF providers on Provider-Initiated Testing and Counseling (PITC) and other targeted HIV testing platforms, condom promotion and distribution, and completing the construction of the TB facility.



Malawi



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BACKGROUND

Country Statistics

The estimated population of Malawi is 17.3 million people, with an average life expectancy of 60 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 75%, 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 the majority of the population living in rural areas. Agriculture accounts for over one third of the GDP and 90% of export revenues. Since 2009, Malawi has experienced a few setbacks, including a general shortage of foreign exchange, which has damaged its ability to pay for imports, and fuel shortages that have hindered transportation and productivity. Investment fell 23% in 2009 and continued to fall in 2010. Donors suspended general budget support in 2011 due to a negative IMF review and governance issues, including unreliable power, water shortages, poor telecommunications infrastructure, and the high cost of services. The GDP per capita is \$900.

HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Malawi is 10.8%, with approximately 1,100,000 PLHIV (UNAIDS website, January 2015). Most cases of HIV in Malawi are spread through multi-partner heterosexual sex. The 2010 Malawi Demographic and Health Survey found that HIV prevalence varied markedly by sex, age, urban-rural residence, geographical location, and other characteristics. Females had a higher HIV prevalence than males (12.9% vs. 8.1% in 2010), with the largest disparity in the 15-19 years age group. In addition, HIV was more prevalent in urban communities than in rural; the Southern region had a prevalence of 14.5%, which was twice as high as that in the Northern and Central regions (UNGASS Country Progress Report: Malawi 2014). Malawi has been a pioneer in nurses' administration of ART and integration of community health workers in various HIV services, including administration of HIV treatment for specialized community health workers (UNAIDS Global Report 2013).

Military Statistics

The Malawi Defense Forces (MDF) is estimated at approximately 7,000 members, according to DHAPP staff. Malawi expends 0.9% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The MDF has established an HIV/AIDS coordinating team made up of MDF personnel. They work with Project Concern International (PCI), which provides prevention education. The DHAPP Program Manager coordinates with the MDF and the implementing partners, PCI and Jhpiego, on the ground in collaboration with DHAPP headquarters staff. RTI International is the current implementing partner supporting the SABERS.



Foreign Military Financing Assistance

Malawi 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 initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2007, 2009 (x2), and 2010, respectively. The 2005 funding has been employed to date for a cytometer, digital balance/printer, microscope, centrifuge, and tube dry block heater. The 2006 funding has been employed to date for chemistry, hematology, and electrolyte analyzers, incubators, binocular microscopes, incubators, autoclaves, water baths, refrigerators, a cytometer, and supporting supplies and reagents. New procurements of equipment were initiated in 2014.

OUTCOMES & IMPACT

Prevention

In FY14, prevention efforts continued and 19,576 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet PEPFAR standards.

HTC services were scaled up in relation to the VMMC program and the SABERS. Services were provided to 9,519 individuals and they received their test results. In FY13, PCI launched PMTCT activities and provided support for the MDF policy to ensure all women who receive antenatal care also receive an HIV test at the clinics. As part of the BCC strategy, senior officers’ spouses and peer educators also encourage women to receive antenatal care and to be tested for HIV. PCI also trained “mentor mothers,” who provide support to HIV-positive women after their antenatal appointments on proper preparation and care in PMTCT before and after birth. A total of 341 pregnant women know their HIV status and of these, 30 HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission.

The VMMC program was launched in FY12, and in FY14, a total of 2,267 males received VMMC services. Twenty-nine (29) VMMC service providers and 43 HTC counselors were trained. A site assessment was conducted in November 2012, and an orientation of senior officers, at which the Army Commander was guest of honor, was held in FY14. VMMC outreach activities were conducted through 4 static sites and 8 outreach sites in Lilongwe, Kasungu, Zomba, and Karonga.

Care and Treatment

The MDF has a number of activities centered on care of PLHIV. Affected persons were being assisted by support groups that facilitated delivery of services and also provided accurate and updated information. More soldiers and their spouses were publicly declaring their serostatus to identify with PLHIV networks. In total, 5,004 eligible adults and children were provided with a minimum of 1 care service.

In FY14, a total of 3,639 individuals with advanced HIV infection were currently enrolled on ART, and the number of persons who were newly enrolled in ART was 595.

Other

A seroprevalence study in the MDF, in collaboration with RTI and DHAPP, was completed in June 2013. DHAPP staff are analyzing the SABERS data.

Proposed Future Activities

Continued HIV programming for MDF members was proposed by the Embassy to the PEPFAR Malawi Country Support Team. All proposed activities were included in the FY15 COP. Activities include continued prevention and care efforts and increased HTC services. The VMMC program will focus on capacity building, system strengthening, training of providers, provision of VMMC services, and standardized, supportive supervision to ensure the quality of services.



Mozambique



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BACKGROUND

Country Statistics

The estimated population of Mozambique is 24.6 million people, with an average life expectancy of 52 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 56%, unevenly distributed between men and women. Mozambique remains dependent on foreign assistance for over half of its annual budget, and the majority of the population remains below the poverty line. Subsistence agriculture continues to employ most of the country’s workforce. However, heavy reliance on aluminum subjects the economy to unstable international prices. In 2012, The Mozambican government took over Portugal’s last remaining share in the Cahora Bassa Hydroelectric facility, a significant contributor to the Southern African Power Pool. The government has plans to expand the Cahora Bassa dam and build additional dams to increase its electricity exports and fulfill the needs of its burgeoning domestic industries. Mozambique’s once substantial foreign debt has been reduced through forgiveness and rescheduling under the IMF’s Heavily Indebted Poor Countries (HIPC) and Enhanced HIPC initiatives, and is now at a manageable level. Mozambique grew at an average annual rate of 6–8% in the decade up to 2013, one of Africa’s strongest performances. The GDP per capita is \$1,200.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Mozambique’s general population is 11.1%, with approximately 1.6 million PLHIV (UNAIDS website, January 2015).



Military Statistics

The Forças Armadas de Defesa de Moçambique (FADM) is estimated at approximately 11,000 active-duty troops. Mozambique expends 0.6% of the GDP on the military. A SABERS was conducted in 2006, and another in 2009 with a report completed in 2010. The results from these surveys are being used to guide the prevention program.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FADM works in collaboration with PSI and the University of Connecticut, Center for Health, Intervention, and Prevention (CHIP). 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 Technical Working Groups on gender, general and biomedical prevention.

Foreign Military Financing Assistance

Mozambique 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 initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2008, and 2010 (×2), respectively. The 2003 funding was fully employed for an Olympus microscope, minor lab equipment, and supporting supplies. The 2005 and 2006 funding has been employed for a hematology analyzer, centrifuges, agitators, a distiller, an analytical scale, a bio-safety cabinet, minor lab equipment, and supporting reagents and supplies. The 2007 funding has been almost fully obligated for multiple pieces of equipment, including cytometers and a PointCare NOW instrument. Procurement of centrifuges, syringe dryers, and syringes occurred in 2014.

OUTCOMES & IMPACT

Prevention

Through FADM and PSI efforts in FY14, 19,116 individuals were reached with individual and/or small, group-level preventive interventions. Activities conducted by peer educators addressed the risk of concurrent sexual partnerships, importance of consistent condom use, the importance of HTC, and gender-based violence in the military.

“Opções Para a Saúde” is a peer educator-driven, evidence-based PHDP program aimed at reducing risky sexual behavior among HIV-positive soldiers and civilians who receive HIV care at locations in Maputo, Sofala, and Nampula. In FY14, PLHIV were reached with a minimum package of PHDP interventions in military clinics in Maputo, Nampula, and Sofala. The program consists of collaborative, patient-centered discussions between peer educators and patients using motivational interviewing techniques to introduce the topic of safer sex, assess patients’ risk behaviors, identify their specific barriers to the consistent practice of safer behaviors, elicit strategies from the patients for

overcoming these barriers, and negotiate individually tailored risk-reduction goals, or plans of action, that the patients will work on between clinic visits. These discussions of HIV risk reduction are patient specific, based on the patient’s risk assessment, risk-reduction needs, and readiness to change his or her risky behavior.

In FY14, a total of 19,116 men were circumcised as part of VMMC for HIV prevention programs at 3 fixed sites in Beira, Nampula, and Tete, and through mobile campaigns. The DoD is working with PSI and in collaboration with Jhpiego, an implementer for CDC, to assist the FADM with rollout of VMMC services.



During FY14, 31,828 individuals were counseled and tested and received their test results.

PSI procured 1 million military-branded condoms, and it supported the distribution of the condoms to all identified condom outlets.

In order to support the need for trained military health care workers, the DoD is supporting 20 students who are currently receiving preservice training at various health sciences institutes in the country. By specialty, 10 will graduate as general medicine technicians, 5 general nursing technicians, 2 intensive care assistants, 2 health statisticians, and 1 anesthesia technician. More military health students will also receive scholarships to attend classes at the Health Sciences Superior Institute.

Other

DHAPP provided technical assistance to enable the FADM’s eHealth strategy to enhance clinical care and reporting through automation in FY14. The Military eHealth Information Network (MeHIN) provides an Electronic Medical Record from Vista LifeSciences installed on 50 rugged netbook computers. Electronic data tools assist FADM medical personnel in outpatient care, TB care, HIV care, VMMC, and other medical conditions as identified and required. Embracing the Government of Mozambique’s economic investment in the country eGov network, DHAPP has worked with the FADM to enable secure internet access at the Maputo Military Hospital. In FY14, DHAPP and Vista LifeSciences provided extensive support for the adoption of the MeHIN in the Maputo Military Hospital. Plans are under way for adoption at Beira and Nampula military medical facilities.

DHAPP provided technical assistance to FADM medical personnel on the topics of HIV, TB, and cryptococcal meningitis in November 2014 during a DHAPP physician clinical site visit to assess ART capacity and opportunities to improve linkage to care.

Proposed Future Activities

DHAPP will continue the provision of VMMC services at the 3 fixed sites as well as through mobile campaigns through a new partner, Jhpiego. The continuation of these efforts will actively improve the numbers of FADM circumcised, as well as integrate VMMC services into the FADM recruitment process.

DHAPP will begin the procurement and planning for a mobile ART program targeting FADM soldiers at bases across the country. In addition, DHAPP will take on clinical support, previously provided through other agencies, for the 3 military ART fixed sites in Maputo, Beira, and Nampula. DHAPP will focus on improving ART access for the FADM through the combination of mobile ART outreach and linkage to the fixed sites. Existing PHDP services will continue through the CHIP program at the 3 existing sites.

The DoD will rehabilitate and construct new military health facilities; the first new hospital will be built at Boane Military Base in Maputo Province, followed by the rehabilitation of the Maputo Military Hospital.



Namibia



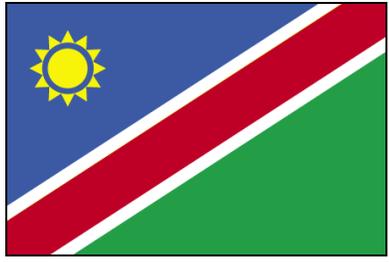
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BACKGROUND

Country Statistics

Namibia’s estimated population is 2.2 million people, with an average life expectancy of 52 years. English is the official language of Namibia, which has an estimated literacy rate of 89%, evenly distributed between men and women. The Namibian economy is closely linked to South Africa, and up until 2010, 40% of Namibia’s budget revenues came from the Southern African Customs Union. The country is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 8% of the GDP and provides over half of foreign exchange earnings, but it only employs 3% of the population. An increase in diamond and uranium prices in 2010, along with the reopening of copper mines in 2011, helped provide a significant boost to the mining sector. Namibia has made large investments in its mining sector, and in expectation of higher uranium prices globally, the country plans to double its uranium exports by 2015, and increase its diamond output as well. The GDP per capita is \$8,200.



HIV/AIDS Statistics

The HIV prevalence rate in Namibia’s general population is estimated at 14.3%. Namibia has approximately 250,000 PLHIV (UNAIDS website, February 2015). The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Namibian Defense Force (NDF) is estimated at approximately 9,000 troops. Namibia expends 3.1% 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 2003 with the support of DHP funding, and PEPFAR support began in 2004. A DHAPP program manager oversees the management of the HIV/AIDS program in Namibia. Implementing partners who work with the NDF include the University of Washington International Training and Education Center for HIV, the Society for Family Health (SFH), and Jhpiego.

OUTCOMES & IMPACT

Prevention

A total of 116 HIV educators were trained at 23 different military sites on HIV/AIDS prevention messages, focusing on the main drivers of epidemic in Namibia and social norms that exacerbate risk behaviors including male norms and alcohol abuse. HIV education activities were conducted with supervision support from SFH regional staff in collaboration with HIV unit coordinators at various bases. In FY14, 5,602 members were reached with HIV prevention messages. Activities carried out during the outreach events included different kinds of conversational techniques and guided group interactions to help individuals recognize and modify their health-risk-taking behaviors. Condoms with military-specific packaging were also distributed to the military bases through the MOD/NDF distribution channel, 25 condom dispensers, and through the SFH regional offices.

A total of 672 members were counseled, tested, and received their results at the 3 HTC sites and through outreach campaigns. During the reporting period, technical assistance included mentoring of 15 counselors and testers on HTC documentation, record keeping, quality control, and safety and infection control in line with the national HTC guidelines at Grootfontein and Rundu military bases and Walvis Bay Naval Base.

In 2014, Jhpiego was brought on as the main implementing partner supporting the provision of VMMC for military personnel. Military members were trained at two field hospitals that will be used as temporary sites to provide VMMC and related services.

Care and Treatment

The goal of the care and treatment program is to assist the NDF in the provision of high-quality services and strengthen the capacity of the military staff as well as civilian employees. The main objectives are to expand and enhance clinic-based HIV care services, and to strengthen and expand coverage of military support groups for persons infected with and affected by HIV.

A total of 337 MOD members were provided with a minimum of 1 HIV care service (STI and TB management, TB and alcohol screening, psychosocial support) at the Grootfontein military base. Nineteen (19) chaplains were trained to provide the minimum package of PHDP interventions.

The Fountain of Hope HIV care and treatment clinic at the Grootfontein military base has been operational since 2009, providing comprehensive HIV and related disease services, including ART, pre-ART care, TB, and other HIV care services. Currently, 320 members are receiving ART at the facility.

Other support included mentoring 7 health care workers from an ART clinic on HIV treatment issues, including eligibility criteria for highly active ART, laboratory monitoring, causes of treatment failure, initiating and stopping cotrimoxazole preventative therapy, and the updated 2014 national ART guidelines. Eight (8) health care workers were trained on initiating isoniazid preventive therapy to prevent active TB. They were also mentored on the importance of encouraging HIV-positive clients to disclose their serostatus to partners and the negative effects of nondisclosure on medicine adherence.

Laboratory

The MOD, with technical and financial support from the DoD, runs a laboratory facility at Grootfontein Military Hospital with the capacity to perform basic hematological tests, full clinical chemistry tests, basic serological tests (syphilis, hepatitis, HIV), CD4 counts, and malaria and TB diagnostics as core functions of the lab.

Proposed Future Activities

Ongoing successful NDF and partner programming will continue to implement a comprehensive prevention, care, and treatment program with a focus on capacity building to ensure transition of these programs to local ownership align with the National Strategic Framework. Activities include HIV prevention and care, including PHDP services; TB and HIV service integration; HTC, including a new effort in provider-initiated testing and counseling and new mobile efforts; VMMC; and treatment for military members and their families.



South Africa



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

South Africa's estimated population is 48 million people, with an average life expectancy of 49 years. Many languages are spoken in South Africa. The 3 most common are isiZulu, isiXhosa, and Afrikaans, and the population has an estimated literacy rate of 93% that is evenly distributed between men and women. South Africa is a middle-income, emerging market, with a rich supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is the 18th largest in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers in the region. Growth was robust from 2004 to 2007 as South Africa reaped the benefits of macroeconomic stability and a global commodities boom, but it began to slow in the second half of 2007 due to an electricity crisis and the impact of the global financial crisis commodity prices and demand. The GDP fell nearly 2% in 2009, but recovered in 2010–12. An outdated infrastructure has constrained growth and unemployment remains high, estimated at nearly one quarter of the workforce. A number of economic problems remain from the era of apartheid, primarily poverty, lack of economic empowerment among disadvantaged groups, and public transportation shortages. The GDP per capita is \$11,500.

HIV/AIDS Statistics

South Africa's prevalence rate of 19% in the general population is one of the highest in the world (UNAIDS website, January 2015). South Africa is home to the world's largest PLHIV population, with approximately 6.3 million people, including 360,000 children thought to be living with the virus. As of 2012, an estimated 13.9% of females and 3.9% of males 15–24 years of age live with the disease (UNAIDS AIDS Global Report 2013). Heterosexual contact is the principal mode of transmission.

Military Statistics

The South African National Defense Force (SANDF) is estimated at approximately 85,000 active-duty members, with approximately 350,000 dependents. In an August 2012 study, the prevalence of HIV in the SANDF was estimated at 8.5%. South Africa allots 1.7% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The SANDF HIV/AIDS program is a collaborative effort between the SANDF, the OSC 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 Henry M. Jackson Foundation and Society for Family Health (SFH) were the implementing partners in FY14.



OUTCOMES & IMPACT

Prevention

The SANDF continued to provide female condoms and distribute military branded (camouflage) male condoms to its members. The condoms were initially provided to soldiers who were about to deploy on PKOs. During FY14, 18,427 people received post-gender-based violence care including postexposure prophylaxis. Additional prevention services provided to the SANDF include VMMC and HTC. In FY14, 33,877 individuals received HTC services and their test results, and 599 men were circumcised through the SFH-supported VMMC program.

Care and Treatment

HIV-positive adults and children are receiving clinical services through the SANDF. A total of 8,148 eligible adults and children were provided with a minimum of 1 care service. The Henry M. Jackson Foundation primarily supported clinical outreach with mobile services. There are currently 3 mobile clinics, a more rugged SUV mobile clinic for the border regions, and 5 additional mobile clinics under construction. In FY14, 802 patients were newly initiated on ART, and at the end of the reporting period, 7,635 patients were currently receiving ART.

In February 2014, a Memorandum of Understanding was signed by the South African Government’s National Department of Public Works and the US Embassy that allows for PEPFAR/DoD support for the renovations of a number of health facilities, including pharmacies and a training center. Three (3) facilities are currently prioritized for FY15.

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. VMMC services will continue to scale up for the SANDF. The DoD will continue to support health system strengthening efforts through procurement of point-of-care equipment such as CD4 instruments, GeneXpert machines, and other equipment to ensure adequate provision of prevention, treatment, and care services.



Swaziland



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

The estimated population of Swaziland is 1.4 million people, with an average life expectancy of 50 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 87%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture employs about 70% of the population. The economy is highly dependent on South Africa, from which it receives more than 90% of its imports and sends 60% of its exports. Sugar and wood pulp used to be the main foreign exchange earners, but sugar is now the top export earner since the wood pulp producer closed in 2010. The country is in a fiscal crisis due to decreases in South African imports and customs revenues. Swaziland's 40% unemployment rate indicates a need to increase smaller enterprises and attract foreign investment. The GDP per capita is \$5,700. Swaziland is faced with a number of issues for the future, including overgrazing, soil depletion, drought, and floods.



HIV/AIDS Statistics

Swaziland has the world's highest known rates of HIV/AIDS infection. The estimated HIV prevalence rate in the Swaziland general population is 27.4%, with approximately 200,000 PLHIV (UNAIDS website, January 2015), and accounts for approximately 37% of annual mortality rate. In Swaziland, transmission during heterosexual contact (including sex within stable couples, casual sex, and sex work) is estimated to account for 94% of incidence infections. In Swaziland, 7%–11% of new infections are thought to be attributable to sex workers, their clients, and clients' regular partners; one survey of 323 female sex workers showed a prevalence rate of 70% (UNGASS Country Progress Report: Swaziland 2014). Swaziland also has the highest estimated incidence of TB, with 1,320 cases per 100,000 population (WHO-

CIDA Initiative: Intensifying TB Case Detection, update 2012), 80% of whom are PLHIV.

Military Statistics

The Umbutfo Swaziland Defense Force (USDF) is estimated at 3,500 members, according to DHAPP staff. Swaziland expends 2.6% of the GDP on military expenditures. DHAPP analyzed HIV prevalence and behavioral data for USDF members in 2010.

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 provided technical assistance in developing the FY14 COP and working collaboratively with USG partners. An in-country program manager oversees all programmatic activities.

Foreign Military Financing Assistance

Swaziland 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 initiated in 2003 and augmented in 2005, 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2007 (×2), 2009 (×2), and 2010, respectively. The 2003–05 funding was fully employed for lab needs assessments, biosafety cabinets, minor equipment, and supporting reagents and supplies. The 2006–07 funding has been fully employed for sample prep equipment, a chemical analyzer, cytometer, freezer, centrifuge, sterilizer, refrigerators, and other minor equipment. The 2008 funding has been fully employed for equipment maintenance and reagents. All 2009 funding has been reprogrammed and transferred to the Navy Education and Training Security Assistance Field Activity to support 4-year (degree) lab technician training at the University of Malawi. In 2013, \$48K in undisbursed obligations was recouped to be employed for PointCare reagents.

OUTCOMES & IMPACT

Prevention

During FY14, 24,775 individuals from the USDF, family members, or civilians near military bases were reached with individual and/or small group-level preventive interventions that met the minimum PEPFAR standards required. As part of comprehensive prevention services, 1,603 individuals were counseled and tested and received their test results. Clinicians provided PHDP interventions to 2,611 individuals. A PMTCT program was initiated at Phocweni Clinic using Option B+ for 10 individuals.

Care and Treatment

Prevention, care, and treatment services are planned for decentralization to 8 new USDF clinics in order to prepare for expanded access for the troops and the

civilian populations in these communities. Phocweni Clinic remains the principal ART site, providing clinical prophylaxis for OIs, TB screening for 100% of PLHIV in care or treatment settings, HTC for 100% of active TB cases, treatment for active TB cases, and ART for 254 PLHIV diagnosed with TB. During the reporting period, 2,737 HIV-positive adults and children were provided a minimum of 1 clinical service, and WHO clinical staging and 484 PLHIV were newly enrolled in HIV care with CD4 count evaluation.

The USDF provides ART to the troops and their families. At the end of the reporting period, 1,540 adults and children with advanced HIV infection were currently receiving ART and 426 PLHIV received therapeutic or supplementary food. In addition, 1,692 HIV-positive persons received cotrimoxazole prophylaxis.

Other

The DHAPP program manager attended MIHTP in San Diego in December 2012, and 1 USDF attended MIHTP January–February 2013.

The USDF endorses the importance of eHealth for military medical programs to enhance clinical care and professional develop of medical personnel. DHAPP provided support for the Military eHealth Information Network (MeHIN) implementation, adoption, and development at the USDF Phocweni Clinic to support HIV care. MeHIN electronic data tools are part of the Government of Swaziland national health information system strategy. MeHIN training, provided by DHAPP and Vista LifeSciences, enhanced the professional development of over 50 USDF medical personnel. A total of 25 ruggedized netbook computers and a computer server housing a central database of patient records doubled the MeHIN capacity of USDF. Current work is under way on wider adoption of the electronic system and building out the electronic medical record database with more patient records. VMMC, and HIV prevention and reporting functions have been installed, and capacity building of USDF personnel continued throughout 2013. Future plans include scale-up to additional medical clinics and additional support for the PrePex research study database.

Interventions related to gender norms, as a component of a comprehensive care package, were delivered to 24,775 individuals at 27 community sites and 3 military care sites.

Proposed Future Activities

Continued comprehensive HIV programming for USDF members and their families was proposed by the Embassy to the PEPFAR Swaziland Country Support Team and were included in the 2015 COP. Activities in support of decentralization of prevention, care, and treatment services will be continued as Phocweni clinic for now remains a robust ART clinical site with excellent TB care. Ongoing discussions with USDF to engender sustainability and country ownership will be pursued. Swaziland has been selected by PEPFAR as 1 of 6 priority countries for the viral load scale-up.

Zambia



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

Zambia's estimated population is 14.6 million people, with an average life expectancy of 51 years. There are many official languages in Zambia, and Bemba and Nyanja are the most widely spoken. The estimated literacy rate is 61.4%, unevenly distributed between men and women. Zambia's economy has experienced strong growth in recent years, with significant GDP growth from 2005–14 at more than 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and foreign investment. The GDP per capita is \$1,800. Although poverty continues to be a significant problem in Zambia, its economy has strengthened. The decline in world commodity prices and demand affected GDP growth in 2008, but a sharp rise in copper prices and a bumper maize crop have helped Zambia recover.

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 12.7%, with 1.1 million PLHIV (UNAIDS website, January 2015). It is estimated that 90% of adult infections are attributable to unprotected heterosexual activity either with a casual partner, a long-standing partner, or concurrent sexual partners (UNGASS Country Progress Report: Zambia 2014).

Military Statistics

The Zambian Defense Force (ZDF) is estimated at approximately 15,000 members. Zambia expends 1.5% of the GDP on the military. Seroprevalence studies were conducted within the ZDF in 2004 and 2012 and demonstrated a substantial decrease from 2004 to 2012.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The HIV/AIDS program in the ZDF is a collaborative effort between the ZDF, the DAO, Project Concern International (PCI), Jhpiego, Society for Family Health (SFH) under PSI, Zambia Defence Forces Prevention, Care and Treatment (ZDFPCT) project under FHI 360, Zambia Defense Force Health System Strengthening Project through John Snow, Inc., and DHAPP. In-country program team members from the DAO coordinate and manage the various program partners and activities. In FY14, DHAPP staff members provided technical assistance and mentoring to the ZDF during in-country support team visits and meetings.

OUTCOMES & IMPACT

Prevention

During FY14, PCI and SFH reached 11,015 military personnel and civilians in and around 52 ZDF units with individual or small, group-level preventive interventions. PCI supported the findings from the 2012 ZDF HIV prevention formative assessment and the ZDF 2011 seroprevalence study to develop a draft ZDF BCC strategy. With support from the Zambia Health Education and Communications Trust PCI developed a training curriculum that was used to train ZDF health care providers as BCC trainers of trainers. Additionally, PCI, in partnership with the World Young Women’s Christian Association, oriented ZDF Women’s Clubs and cervical cancer peer educators on the draft BCC strategy and trained them on integrated HIV and gender-based violence prevention. SFH works with community health promoters who interact with ZDF personnel and surrounding communities to deliver key messages on other preventive measures, as well as benefits of VMMC.

In this reporting period, HTC services were provided to 37,603 military personnel and civilians, in and around 52 ZDF units, and all received their test results. These efforts were supported by SFH, PCI, Jhpiego, and FHI 360. Efforts were focused on supportive supervision, capacity building, improved recording and reporting following the monitoring and evaluation workshop held earlier in the year, HTC training for health care providers and procurement of materials and equipment, and mobile and home-based HTC. This has strengthened couples HTC interventions and allowed for the identification and tracking of discordant couples. PCI procured and distributed condoms to all the clients reached with HTC services through mobile services. Provider-initiated testing and counseling is fully integrated into all service areas.



Fifty-four (54) facilities provided PMTCT services. In FY14, a total of 12,766 pregnant women received HTC and their test results. Of these women, 892 HIV-positive pregnant women received ARVs to reduce risk of mother-to-child-transmission. Saving Mothers, Giving Life (SMGL) is an initiative, formally announced by Secretary of State Hillary Clinton in 2012 that seeks to reduce maternal mortality by 50%, with a focus on the 48 hours around labor and delivery. The ZDF is fully engaged in the SMGL rollout in 3 districts. Additionally, the DoD invested in the construction of a maternity block and improvement of the SMGL health facilities in the 3 sites. These investments resulted in improved infrastructure, additional staff who improved the referral system for obstetric emergencies, and better equipped maternity services. Achievements during Phase 1 of SMGL activities have been positive, particularly the increase in facility-based deliveries. In the first year of the program, all districts saw an increase in the uptake of family planning among postpartum women. Safe Motherhood Action Groups (SMAGs) were formed in all 3 districts. SMAGs worked at the community level to increase demand for antenatal care, facility-based deliveries, PMTCT services, and counseling and provision of family planning.

Partners supporting VMMC services in FY14 included ZDFPCT/FHI 360, Jhpiego, and SFH/PCI. A total of 9,060 ZDF personnel and their male family members received VMMC services in FY14. Activities included strengthened engagement with military commanders and traditional leaders who supported demand creation, improved programming and coordination by partners through regular staff and community meetings, supportive supervision and quality assurance visits, and partner participation in the national VMMC campaigns. Partners also supported training of ZDF staff to use mobile equipment, skills training for ZDF personnel, and procurement and distribution of VMMC consumables and surgical instruments.

Care

Fifty-four (54) service outlets provided HIV-related care services to military members, their families, and civilians living in the surrounding areas. During FY14, 17,998 HIV-positive adults and children were provided with a minimum of 1 clinical service. The ZDF scaled up implementation of services for HIV-infected and affected adults and children, and served 1,637 OVC. Trainings for health care providers and supportive supervision and mentorship were provided, and basic medical equipment and clinical commodities were also procured and distributed to all ZDF sites.



Additionally, 15,078 eligible clients received food and/or other nutrition services. PCI provided the home-based caregivers and PMTCT lay cadres with nutrition and Infant and Young Child Feeding counseling tools as part of the community-based PMTCT program. PCI procured high-energy protein supplements and provided them to the patients based on the nutrition assessment.

Treatment

Zambia has already met the 2015 goal of providing ARV medicines to 90% of pregnant women living with HIV (UNAIDS Global Report, 2013). The ZDF has 40 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. In FY14, 3,418 adults and children with advanced HIV infection were newly enrolled on ART, and at the end of the reporting period, 17,403 adults and children were currently receiving ART. Several factors have contributed to the increased number of clients enrolled at ART sites, including training in adult and adolescent ART/OI management for health workers, ongoing technical support, and onsite mentorship which emphasizes strict follow-up of all HIV-positive clients. Zambia is one of a handful of countries in Africa that recommend ART for all HIV-positive children under 15 years of age, per WHO 2013 guidance.



Systems Strengthening and Other Activities

The DoD has focused on continuous strengthening of PMTCT facilities in the ZDF sites in outlying areas, and monitoring performance of sites already constructed and rehabilitated. During 2014, 5 maternity blocks at 5 different sites were under construction and completed. Two (2) additional sites have been identified for construction and are scheduled to begin in 2015. These initiatives will strengthen the community activities that PCI is undertaking, and facility-based activities Jhpiego and FHI are implementing effective community sensitization, capacity development, and a well-coordinated linkage between the community and health facilities for the HIV-positive women to access ART.

Twenty-three (23) health care professionals working in various ZDF sites were trained in emergency medicine. The training was conducted in 3 phases and participants were awarded certificates for successfully completing the course. The infection prevention and injection safety program was



implemented, and 15 health professionals have since been trained in infection prevention, safety protocols and quality assurance in health care delivery.

Proposed Future Activities

All proposed activities were submitted by the US Embassy to the PEPFAR Zambia Country Support Team and included in the FY15 COP. DAO will continue to strengthen prevention, care, treatment, and boost other system strengthening activities in the ZDF and surrounding communities. Areas of special focus are the scale-up of VMMC through advocacy and demand creation; implementation of Option B+ in all military health facilities; scale-up of Nutrition Assessment, Counseling, and Support services, Pink Ribbon Red Ribbon cancer activities, and the Saving Mothers, Giving Life initiative supported by PCI and Jhpiego. A sexual networking study and an assessment of multidrug-resistant TB are planned for the future.





West Region

Benin



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

Benin is a West African country with an estimated population of 10.1 million people and an average life expectancy of 61 years. French is the official language of Benin, which has an estimated literacy rate of 42%, unevenly distributed between men and women. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. Growth in real output had averaged around 5% before the global recession and has returned to roughly that level in the past 2 years. Inflation has subsided over the past few years. In order to increase growth further, Benin plans to attract more foreign investment, focus on tourism and the development of new food processing systems and agricultural products, and encourage creation of new information and communication technology. Benin's key export, cotton, suffered due to flooding in 2010–11, but high prices supported export earnings. After a series of strikes, the government agreed to a 25% increase in civil servant salaries in 2011. Benin has also appealed for international assistance in mitigating piracy against commercial shipping in the country. The GDP per capita is \$1,600.

HIV/AIDS Statistics

The HIV prevalence rate in the adult population of Benin is estimated at 1.1%, with approximately 72,000 PLHIV (UNAIDS website, January 2015).

Military Statistics

The Benin Armed Forces (BAF) is composed of approximately 5,000 members, with a 2% HIV prevalence rate, according to a prevalence study conducted in 2005. Benin allocates 1% of the GDP for military expenditures. The BAF frequently supports PKOs in Mali, Côte d'Ivoire, and the Democratic Republic of the Congo.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been collaborating with the ODC in Accra, Ghana, and the US Embassy in Cotonou to support the BAF. In FY11, a DHAPP program manager was hired at the US Embassy to support the development of an HIV plan for the BAF.



Foreign Military Financing Assistance

Benin 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 initiated in 2009, and the related authorization was released for execution in 2010. In 2012, a GeneXpert IV instrument was procured, followed by 3 CD4 flow cytometers in 2013.

OUTCOMES & IMPACT

Prevention and Care

In FY14, 1,637 pregnant women received HTC services and 1,791 PLHIV were reached with a minimum package of PHDP interventions. Additional prevention activities included 4,883 people who were reached with evidence-based individual and/or small group-level preventive interventions. In FY14, the number of adults and children with advanced HIV infection who were receiving ART totaled 791. A DHAPP desk officer visited in September 2012 to assist with the initial assessment for an electronic medical record system.

Proposed Future Activities

The BAF is working with DHAPP to continue prevention programming and assist with provision of care and treatment services for PLHIV at the main military hospital. In FY15, DHAPP will continue technical assistance to the BAF for the implementation of an electronic health system. The electronic medical records will improve reporting, data quality, and operational management of programs, including infectious disease management, chronic disease management, inpatient registration and reporting, and outpatient registration and reporting.



Burkina Faso



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Burkina Faso is 18.3 million people, with an average life expectancy of 54 years. French is the official language of Burkina Faso, although native African languages belonging to the Sudanic family are spoken by 90% of the population. The estimated literacy rate is 28.7%, unevenly distributed between men and women. One of the poorest countries in the world, landlocked Burkina Faso has few natural resources and a weak industrial base. About 90% of the population is engaged in subsistence agriculture, which is vulnerable to periodic drought. Cotton is the main cash crop. Gold is the main source of export revenue, and since 2004, Burkina Faso has seen an upswing in gold exploration and production. Local community conflict persists in the mining and cotton sectors, but the Prime Minister has announced income tax reductions, reparations for looting victims, and subsidies for food and fertilizer. The GDP per capita is \$1,500.

HIV/AIDS Statistics

The HIV prevalence rate in Burkina Faso is estimated at 0.9%, with approximately 110,000 PLHIV (UNAIDS website, January 2015). Although Burkina Faso has an overall low rate of infection, prevalence among sex workers is at 16% (UNAIDS Update Report, 2013).



Military Statistics

The Forces des Armees du Burkina Faso (FABF) is estimated to have approximately 11,000 active-duty troops. Burkina Faso expends 1.39% of the GDP on the military. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the OSC at the US Embassy in Ouagadougou are collaborating with the FABF. In FY14, 2 implementing partners were supporting the FABF with its HIV program, PROMACO and Africare.



OUTCOMES & IMPACT

Prevention

In FY14, PROMACO supported prevention programming for the FABF and reached 8,679 individuals through individual or small, group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standard requirements. Africare provided HTC services to 3,189 individuals.

Care and Treatment

Twelve (12) laboratories have the capacity to perform clinical laboratory tests, and 7 of these facilities are accredited according to national or international standards. With support from DHAPP, 2 military labs are well-equipped and capable of performing CD4 tests. The labs are located in the Bobo Dioulasso Garrison in the second military region and in the Lamizana military camp in the third military region. Four hundred (400) HIV-positive individuals were receiving ART in FY14.

Two (2) containers with a variety of medical supplies were received through a partnership with Project C.U.R.E. and donated to the FABF to support its military health units in May 2012. Three (3) DHAPP staff members conducted a program assessment in March 2014, and visited several military sites in Ouagadougou and Bobo Dioulasso.

Proposed Future Activities

Proposed activities for FY15 will include strengthening the monitoring aspects of the HIV program and improving targeted HTC services.



Côte d'Ivoire



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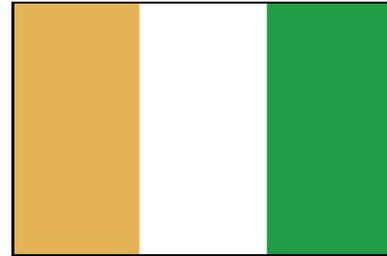
BACKGROUND

Country Statistics

The population of Côte d'Ivoire is estimated at 22.8 million people, with an average life expectancy of 58 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 57%, unevenly distributed between men and women. Roughly 68% of the population is engaged in activities related to agriculture. Côte d'Ivoire is among the world's largest producers and exporters of coffee, cocoa beans, and palm oil, and, to a lesser extent, gold. Consequently, the economy of Côte d'Ivoire is sensitive to fluctuations in international prices for these products, as well as climatic conditions related to production. 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. In late 2011, the economy began to recover from a severe downturn caused by widespread post-election fighting. The IMF and World Bank announced \$4.4 billion in debt relief for Côte d'Ivoire in June 2012. The GDP per capita is \$1,800 and estimated GDP growth is 8%. In March 2007, President Laurent Gbagbo and former New Forces rebel leader Guillaume Soro signed the Ouagadougou Political Agreement. As a result of the agreement, Soro joined Gbagbo's government as Prime Minister and the two agreed to reunite the country by dismantling the zone of confidence separating North from South, integrate rebel forces into the national armed forces, and hold elections. An election was held in 2010 and Alassane Ouattara was declared winner. Several thousand UN troops and several hundred French remain in Côte d'Ivoire to support the transition process. Côte d'Ivoire's long-term challenges include its political instability and degrading infrastructure. President Ouattara is focused on rebuilding the country's infrastructure and military, although ongoing threats from opposition supporters remain an issue.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Côte d’Ivoire’s general population is 2.7%, with approximately 370,000 PLHIV (UNAIDS website, January 2015). Although HIV prevalence in West and Central Africa is much lower than in southern Africa, the subregion is home to several serious national epidemics. While adult HIV prevalence is below 1% in 3 West African countries (Cape Verde, Niger, and Senegal), nearly 1 in 25 adults in Côte d’Ivoire is living with HIV. According to the UNAIDS *AIDS Epidemic Update 2009*, adult HIV prevalence in Côte d’Ivoire is more than twice as high as in Liberia or Guinea, even though these West African countries share national borders. The epidemic is concentrated among men who have sex with men and sex workers, 50% and 28.7% prevalence, respectively (UNAIDS Global Report, 2013).



Military Statistics

The approximate size of the Force Républicaines de Côte d’Ivoire (FRCI) and the gendarmerie is approximately 40,000 members, according to DHAPP. Côte d’Ivoire performs recruitment testing when possible, however, the prevalence rate is unknown. The government expends 1.5% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP engages with the in-country DHAPP program coordinator located within the OSC. The DHAPP program coordinator represents DoD on the interagency PEPFAR team. DHAPP staff have maintained active roles as members of the Côte d’Ivoire Country Support Team for OGAC. In these roles, DHAPP staff members have provided technical assistance to the in-country team for the country operational planning process for funding under PEPFAR in Côte d’Ivoire. In June 2012, FHI 360 was brought on as an implementing partner by DHAPP to assist the MOD with the development of a laboratory facility at the Akouedo military base in Abidjan, as well as the implementation of a SABERS study and the development of a military-specific policy.



OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY14, the SABERS study was conducted across the country in both military and gendarmerie bases. This study provided HTC services and test results to 2,128 military and gendarmerie personnel. This study estimated the prevalence

within the military and indicated areas of high prevalence and the perception and behavior surrounding HIV within the military population.

Proposed Future Activities

In FY15, the Akouedo lab rehabilitation will be completed and turned over. The development of the military HIV policy will also be completed and sent to the MOD. A new program coordinator will be brought on board and integrated into the PEFPAR and OSC team coordinating with the HIV focal point the MOD.

In FY15, the program will disseminate the SABERS data to the military and other stakeholders. A new implementing partner will be competed, which will conduct trainings on PHDP, MIHTP curriculum, and implement a prevention training for the faculty of military training schools.



The Gambia

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BACKGROUND

Country Statistics

The estimated population of The Gambia is 1.9 million people, with an average life expectancy of 64 years. English is the official language of The Gambia, which has an estimated literacy rate of 51%, 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 the agricultural sector for its livelihood, a sector that provides one quarter of the GDP. Due to The Gambia's natural beauty, it is one of the larger markets for tourism in West Africa. Tourism contributes to about one fifth of the GDP; however, sluggish tourism led to a decline in the GDP in 2012. The Gambia's re-export trade accounts for nearly 80% of goods exports. The GDP per capita is \$2,000. Unemployment rates remain high, and economic progress largely depends on foreign aid.

HIV/AIDS Statistics

The HIV prevalence rate in The Gambia's general population is estimated at 1.3%, with approximately 14,000 PLHIV (UNAIDS website, January 2015). The predominant mode of HIV transmission in The Gambia is heterosexual contact.



Military Statistics

The Gambian Armed Forces (GAF) consists of approximately 5,000 active-duty members, according to DHAPP staff. The Gambia expends 0.7% of the GDP on military purposes. A seroprevalence and behavioral survey was conducted in FY12. This study has led to recommendations for program modifications in the areas of increased perception toward condom use, stigma reduction, and support for couples counseling. Most importantly, this study led to the adoption of finger-prick HIV testing for the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP have 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 and Health System Strengthening

In FY14, a total of 1,068 troops and their family members were reached with comprehensive prevention messages. This number is the population covered with the military's HIV/AIDS Prevention Program's sensitizations. The prevention program provides sensitization sessions that are interactive classroom sessions between the resource persons and the participants.

Currently, the GAF has 1 facility, the Yundum Barracks that has the capacity to provide HTC services. This facility provided HTC services and results to 2,796 persons. The military component is composed of all those who were selected for overseas missions, recruits, military present at HIV prevention activities, couples testing, and those who came for routine clinic visits. Following the surveillance study, the GAF is adopting the finger-prick rapid testing algorithm for HIV.

Proposed Future Activities

In FY15, the GAF plans to continue prevention efforts for military personnel and their families, and to increase more targeted HTC activities based on risk data and HIV-positive profiles of existing clients.

The GAF, along with its collaborative relationship with the Senegalese Armed Forces, has been developing its own care and treatment services along with PMTCT. Its sites have the material and the accreditation from the national structure to begin treatment services in FY15.

Ghana

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BACKGROUND

Country Statistics

The estimated population of Ghana is 25.7 million people, with an average life expectancy of 65 years. English is the official language of Ghana, which has an estimated literacy rate of 71.5%, unevenly distributed between men and women. Ghana is well endowed with natural resources, and agriculture, which employs over half of the workforce, accounts for roughly one quarter of the GDP. The services sector accounts for half of the GDP. Oil production began in late 2010 and is expected to foster economic growth. Gold and cocoa productions are major sources of foreign exchange. The GDP per capita is \$3,500. Sound macroeconomic management and high prices for oil, gold, and cocoa helped sustain GDP growth in 2008–13.

HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Ghana is 1.3%, and there are approximately 220,000 PLHIV (UNAIDS website, February 2015). Identified risk factors include heterosexual contact with multiple partners, sexual contact with 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 composed of approximately 16,000 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile and are currently engaged in several PKOs. Ghana expends 0.27% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Ghanaian Armed Forces AIDS Control Programme and the GAF Public Health Division implement the HIV/AIDS program. DHAPP staff provide technical assistance and support to the GAF's program along with the OSC in Accra. Additionally, a program manager was hired and reports to the OSC. In FY14, Jhpiego became an implementing partner for activities with the GAF.

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 initiated in 2003 and augmented in 2005, 2007, and 2008. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, viral load analyzer, hematology analyzer, refrigerator, centrifuge, and supporting diagnostic supplies and reagents. The 2005 funding was fully employed for a biological safety cabinet, chemistry analyzers, centrifuge, hematology analyzer, and supporting equipment, supplies, and reagents. In 2012, some of the 2007–8 funding was employed for a GeneXpert IV instrument, and plans for the balance remain in development.

OUTCOMES & IMPACT

Prevention, Care and Health System Strengthening

The GAF reported continued success in its prevention and care programs during FY14. When troops deploy on PKOs, they are tested for HIV prior to deployment, and peer educators are embedded in the units. In this reporting period, 3,149 military personnel were tested for HIV and received their results.

Twenty-five (25) pregnant HIV-positive women received ARVs to reduce risk of mother-to-child transmission. The 37 Military Hospital provides clinical services to civilian clients, thus increasing the total number of clients anticipated to receive these services. More PMTCT clients were provided with services because of an increase in the number of pregnant women being tested for HIV.



Currently, 37 Military Hospital is the only military facility that has the capacity to carry out comprehensive clinical laboratory tests. Some of the Medical Reception Stations have small labs that provide limited tests.

Proposed Future Activities

In FY15, Jhpiego will collaborate with the GAF and will focus prevention efforts on highest risk members of the military and female sex workers in communities near military bases. In addition, a PHDP program will be implemented at 37 Military Hospital.

Guinea

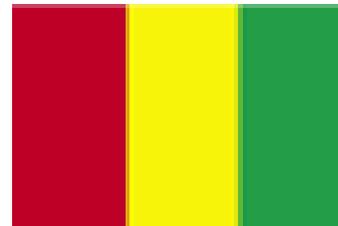
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BACKGROUND

Country Statistics

The estimated population of Guinea is 11.5 million people, with an average life expectancy of 59.6 years. French is the official language of Guinea, which has an estimated literacy rate of 41%, 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, as well as significant reserves of iron ore, gold, and diamonds. However, the country has been unable to profit from these resources. Subsequent to a military coup in 2008, international donors curtailed their development programs. Further, policies of the ruling military junta severely weakened the economy and drove inflation and debt to dangerously high levels. The junta collapsed in 2010, following an assassination attempt on its leader, and a transitional government was established. The country's first free and fair democratic elections were held in 2010, leading to the election of current president Alpha Condé. Condé announced a cabinet restructuring in October 2012 that removed three members of the military from their positions, thereby making the current administration the country's first all-civilian government. Future economic growth is expected to be spurred by new mining codes established in September 2011 and long-range plans to deploy broadband internet throughout the country. The GDP per capita is \$1,100.



HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Guinea is 1.7%, with approximately 130,000 PLHIV (UNAIDS website, February 2015). Most cases of HIV in Guinea are spread through multi-partner heterosexual sex. In sub-Saharan Africa as a whole, women account for approximately 60% of

estimated HIV infections. In Guinea, widowed women are nearly 7 times more likely to be living with HIV than single women, while divorced or separated women are over 3 times as likely to be infected as their single counterparts.

Military Statistics

The Guinean Armed Forces (GAF) is estimated at 12,000 members. Guinea allocates 3.4% of the GDP for military expenditures. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 3.4%. No further studies have been conducted within the GAF.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the US DAO in Conakry re-engaged discussions with the GAF in March 2014.

Foreign Military Financing Assistance

Guinea 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 initiated in 2005 and augmented in 2006 and 2007. Related authorizations were released for execution in 2008 and 2009, respectively.

OUTCOMES & IMPACT

The DHAPP desk officer met with the US DAO and military representatives to identify priorities for 2014 funds. The military requested assistance in procurement of condoms, HIV test kits, buffer, and a wide variety of medications to treat OIs and STIs. An assessment of laboratory needs was conducted in March 2014, but the subsequent outbreak of the Ebola virus has hindered additional work toward procurement of the needed equipment. A shipment of vital medications was turned over to the military in January 2015.

Proposed Future Activities

Future activities may include participation in MIHTP by a GAF member, procurement of equipment through existing FMF funding, and additional HIV prevention, care, and treatment commodities. An additional turnover of male condoms and HIV test kits is expected in 2015.

Liberia



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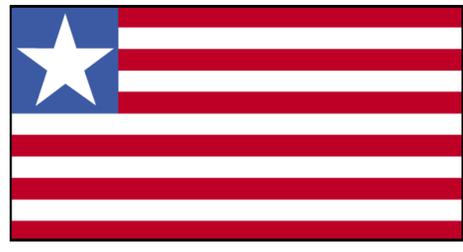
BACKGROUND

Country Statistics

The estimated population of Liberia is 4 million people, with an average life expectancy of 58 years. English is the official language, and the literacy rate is estimated at 63%, unevenly distributed between men and women. Civil war and governmental 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 new administration has taken steps to reduce corruption, increase international donors, and encourage private investment. Embargos on timber and diamond exports have also been lifted. Due to favorable prices for Liberia’s commodities, the country achieved high growth during 2010–13. The GDP per capita is around \$400.

HIV/AIDS Statistics

The current HIV prevalence rate in Liberia’s general population is 1.9% among adults 15–49 years of age and it has 33,000 PLHIV (UNAIDS website, February 2015).



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 DoD, the new troops are well trained and well equipped. Liberia expends 0.82% of the GDP on its military. Approximately 500 new troops will be recruited in FY15.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The AFL and staff from the OSC at the US Embassy collaborate on the HIV prevention program. An in-country program manager oversees the activities. Since 2009, the Community Empowerment Program (CEP) of Liberia has been assisting the AFL in its fight against HIV and continues today.

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 initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2010, respectively. The 2006–07 funding has been employed to date for an incinerator, autoclave and washer/dryer, with procurement of a centrifuge, biochemistry analyzer, microscope, refrigerator, CBC counter, rapid test kits, and supporting supplies/accessories on hold pending a clinic expansion. Employment of the 2008–09 funding is similarly on hold.

OUTCOMES & IMPACT

Prevention

In FY14, prevention efforts continued in the AFL and in nearby communities surrounding the bases, with 4,500 individuals having been provided with individual and/or small, group-level preventive interventions that are based on evidence and/or met PEPFAR standards.

Military personnel were trained in HIV/AIDS prevention, with a focus on behavioral change. They were provided information on basic facts, modes of transmission, distinguishing myths/facts, and common socioeconomic factors associated with the spread of the disease. A total of 65 pregnant women know their HIV status and of these, 9 HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission.

PHDP interventions were provided to 390 PLHIV in the AFL. These individuals were provided with care packages and members were encouraged to participate in support groups with the assistance of nurses and lay counselors.

Six (6) AFL soldiers were trained as HTC master trainers and 19 as HTC counselors who can refer clients to appropriate care facilities. The AFL has 3 HTC centers, and during FY14, 661 troops, family members, and civilians were counseled, tested, and received their results. CEP assisted the AFL with HTC support. However, due to the Ebola outbreak, follow-up of counseling efforts has been difficult and normal testing services have not yet resumed.

DHAPP also supported the AFL's Ebola prevention response by sponsoring Ebola awareness training campaigns that reached approximately 4,000 soldiers and dependents at 4 bases. Procured items were distributed during training sessions and

included prevention posters, hand-washing buckets, bleach, detergent, latex gloves, face masks, and infrared thermometers.

This program also supported 13 AFL soldiers who were trained locally in various preservice health institutions as registered nurses, midwives, physician assistants, and pharmacy technicians. These students received a certification or a bachelor’s level degree. One (1) postgraduate degree in public health was awarded. This DHAPP-funded program for AFL mid-level health workers has greatly strengthened the provision of health services on the various bases and surrounding communities.

Care

There were 27 PLHIV who received a minimum of 1 clinical service. Care kits were provided by the AFL program during home-based care visits for HIV-positive individuals. There were also 180 eligible clients who received food and/or other nutrition services. These donations were greatly appreciated and it allowed recipients to allocate their funds toward other health-related problems. The Ebola situation has made visitations and distribution challenging. Nonetheless, quarantined soldiers and their families continued to receive nutritional supplements and basic medications.

Proposed Future Activities

In FY15, CEP will continue to act as an implementing partner, assisting the AFL’s program through nurse visitations and care for HIV patients. It also will provide the AFL with prevention education, and support for the military’s HTC program. The AFL program plans to include OVCs, and improve its family planning outreach by working with a youth facility. The program will address gender-based violence challenges by conducting raining workshops to increase awareness and prevention skills. In addition, the AFL, OSC, and DHAPP will continue to plan for the collection of SABERS HIV prevalence data in 2015, which has been delayed due to the Ebola virus outbreak. A site visit will be planned soon after US travel restrictions have been removed.



Niger



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BACKGROUND

Country Statistics

The estimated population of Niger is 17.4 million people, with an average life expectancy of 54 years. French is the official language, and the literacy rate is estimated at 29%, unevenly distributed between men and women. Niger is one of the poorest countries in the world, with minimal government services and insufficient funds to develop its resource base. Niger's economy centers on subsistence agriculture, livestock, and some of the world's largest uranium deposits, although nearly half of the country's budget is derived from foreign donors. About 40% of the GDP is dependent on agriculture, which provides livelihood for about 90% of the population. The largely agrarian and subsistence-based economy is frequently disrupted by extended droughts common to the Sahel region of Africa. Economic growth may be maintained through exploitation of the country's mineral resources, including gold, coal, and oil. Niger has sizable oil reserves, and oil production and exports are expected to grow significantly by 2016. In February 2010, a military coup deposed President Mamadou Tandja and held elections. Power was turned over to the current president, Issoufou Mahamadou, in April 2011 in a peaceful transition to democratic power. Debt relief has significantly reduced Niger's annual debt service obligations, freeing funds for expenditures on basic health care, primary education, HIV/AIDS prevention, rural infrastructure, and other programs geared at poverty reduction. Current problems facing the country include food security, which has been exacerbated by refugees from Mali, and the risk of strikes. The GDP per capita is \$800.

HIV/AIDS Statistics

The current HIV prevalence rate in Niger's general population is 0.4%, with approximately 41,000 Nigerien PLHIV (UNAIDS website, February 2015).

Military Statistics

Niger allocates 1.6% of the GDP for military purposes. The Forces Armees Nigeriennes (FAN) is estimated at approximately 5,000 active-duty members. The prevalence of HIV within the FAN is unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been collaborating with the OSC at the US Embassy in Niamey and the FAN on an HIV/AIDS program. The implementing partner in FY14 was Animas-Sutura.

OUTCOMES & IMPACT

In FY14, 4,652 military personnel and recruits were reached with individual and/or small, group-level preventive interventions that are based on evidence and/or meet the minimum standards required. Among those reached included 30 commercial sex workers, and 1,500 other vulnerable populations that are in proximity to military bases and intervention activities. A total of 4,163 individuals received HTC services and received their results. Twenty-six (26) health care workers completed in-service training.

DHAPP staff visited Niger in FY14 and met with Embassy personnel and Nigerienne FAN medical leadership to conduct a Project C.U.R.E. assessment of sites in Niamey, Dirkou, Agadez, and Maradi. Two of the four containers have been delivered to Niamey and the remaining containers of medical equipment will be delivered in 2015.

Proposed Future Activities

US Embassy staff in Niamey, along with a new partner, will continue work with the FAN to provide HIV prevention services with a focus on institutionalization of the recruitment phase training. Activities will include increased prevention efforts and lab support. Three (3) military medical personnel will attend training in Kigali, Rwanda, for PHDP, and 1 military doctor will attend MIHTP in San Diego.

Nigeria



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BACKGROUND

Country Statistics

Nigeria has an estimated population of 177 million people (UN projection, 2012), with an average life expectancy of 52 years. English is the official language of Nigeria, which has an estimated literacy rate of 61%, 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 took place. Following an April 2014 statistical “rebasings” exercise, Nigeria has emerged as Africa’s largest economy, with 2013 GDP estimated at US\$ 502 billion. Although rich in oil, Nigeria has been plagued by political instability, corruption, inadequate infrastructure, and poor macroeconomic management; however, the country began to pursue economic reforms in 2008. President Goodluck Jonathan has pledged to continue the economic reforms of his predecessor. These reforms emphasize infrastructure, since it is considered a main impediment to growth. The oil sector provides 95% of Nigeria’s foreign exchange earnings, and about 80% of its budgetary revenues. The GDP rose sharply in 2007–11 due to growth in non-oil sectors, as well as high global crude oil prices. The GDP per capita is estimated at \$2,800.



HIV/AIDS Statistics

Nigeria has a prevalence rate of 3.2% among adults 15–49 years of age, with an estimated 3.2 million PLHIV (UNAIDS website, February 2015). Identified risk factors include STIs, heterosexual contact with multiple concurrent partners, mother-to-child transmission, and blood transfusions. The group with the most significant estimated HIV prevalence of 27.4% is brothel-based female sex workers (FSWs), followed by non-brothel-based FSWs at 21.7% (UNGASS Country Progress Report: Nigeria 2013). Sociodemographic differences in the

HIV prevalence are also observable, with women, youths, and those with little formal education most affected by the epidemic; gender inequality is also an important driver for the epidemic (UNGASS Country Progress Report: Nigeria 2013).

Military Statistics

The Nigerian Ministry of Defence (NMOD) has 4 components: Army, Navy, Air Force, and civilian NMOD employees. The government allocates approximately 0.89% of the GDP to military expenses. The NMOD medical facilities serve active-duty members, their families, retired members, and civilians in the surrounding communities. Total catchment population is estimated at 4.1 million individuals (NMOD, unpublished data, military and civilian). HIV-1 screening 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 have not been published.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The USMHRP maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the Walter Reed Program–Nigeria (WRP-N) and is staffed by civilian USG employees, locally employed staff, and contract employees. The program and personnel are divided into PEPFAR, PMI, and research sections. The office executes both program implementation and PEPFAR (USG) agency management activities. Agency activities include active participation in USG Technical Working Groups (TWGs), development of the USG strategic vision, and COP planning and development.

In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the NMOD, from whom counterpart funding has been leveraged annually since 2005. This NMOD–WRP-N partnership is dedicated to expanding prevention, care, and treatment services in military and civilian communities. The NMOD–WRP-N PEPFAR program is governed by a steering committee, co-chaired by the Nigerian Minister of State for Defence, and the US Ambassador to Nigeria, and includes representatives from the Nigerian Army Service Chiefs, Nigerian Federal Ministry of Health, and the National Agency for the Control of AIDS.

The program’s full collaboration with NMOD provides a strong foundation for creating and implementing activities that are aimed at improving infrastructure, increasing capacity, and it ensures 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. The fact that the WRP-N both implements and participates at the USG TWG level also helps shape policies, formulations, and decisions on HIV programming in the country is reflective of NMOD and Nigerian national needs. Importantly, the partnership provides a platform to conduct vaccine research, as mandated by WRAIR.

WRP-N is supported by US-based USMHRP staff with technical and administrative support and oversight; DHAPP, through contracting, financial, and technical collaboration from San Diego and Naples; and USMHRP through overseas technical support from Kenya, Uganda, and Thailand.

Prevention

In FY14, the NMOD–WRP-N continued prevention programming at military sites. Through their efforts, 7,270 individuals (including key populations) were targeted with individual and/or small, group-level preventive interventions that are based on evidence and/or meet PEPFAR standards. The program did not meet its targets this reporting period. This was due to the security issue that arose in the last year since most NMOD sites are located in areas with USG travel restrictions.

A total of 90,726 clients received HTC and their results through health facilities, mobile outreaches, enlistment, and Peace Support Operation deployment exercises. The program exceeded its targets for HTC services. This was made possible by the scale-up of quality HTC service integration into military applicant medical screening activities, and increased provider-initiated testing and counseling services to couples, TB clients, pregnant women, and pediatric patients across the military treatment facilities. The increased transition of task shifting of counselor/tester responsibilities to lay persons increased the number of people who could be counseled and tested on the same day. Additionally, there were 1,902 whole blood collections by the National Blood Transfusion Service network.

During FY14, the NMOD–WRP-N continued PMTCT activities at all military facilities supported by the program. A total of 15,199 pregnant women received HTC during this reporting period. In addition, 1,041 HIV-positive pregnant women were identified and 740 received ARVs to reduce risk of mother-to-child-transmission. Also, 1,144 infants were born to HIV-positive women and had a virologic HIV test done within 12 months of birth. The program's achievement were made possible through 46 PMTCT sites located across 22 states of the country. In order to increase access to HTC for all pregnant women and issuance of same-day results, midwives conduct HIV testing, with laboratory staff providing quality assurance.

Care

The NMOD-WRP-N supports 24 military facilities that provide HIV/AIDS services to the NMOD, their dependents, and civilians living near the facilities. During FY14, 33,469 eligible adults and children were provided with a minimum of 1 clinical care service from the NMOD–WRP-N. All PLHIV are provided with malaria prevention messages, water sanitation, and PHDP. The diagnoses of major OIs and STIs have been strengthened at all supported sites to improve the quality of clinical care being provided to PLHIV. Continuous quality improvement activities at the sites as well as telephone tracking of clients missing clinic appointments and text message reminders have helped improve retention in care. On average, over 80% of those who receive care at the military treatment facilities are civilians who live within the environs of the hospital.

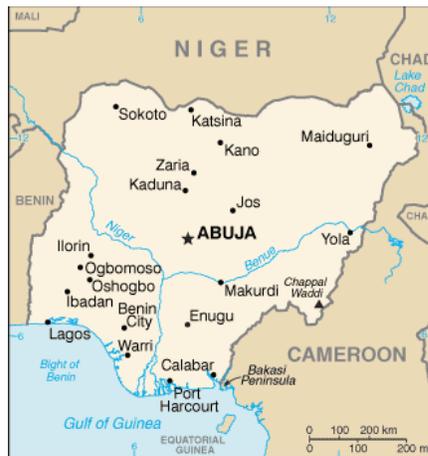
Continuity of care is the goal of the care and support program, and priority areas include PHDP, early diagnosis of HIV infection, nutrition, cotrimoxazole prophylaxis, palliative care, linkage and retention in care, malaria prevention, and safe water and hygiene.

Treatment

Of the 24 military treatment sites that provide ART for the NMOD, 3,759 adults and children with advanced HIV infection were newly enrolled on ART. At the end of the reporting period (September 30, 2014), 20,882 adults and children with advanced HIV infection received ART and were reported as “current” on ART. Training, adherence counseling, use of treatment supporters, and a contact tracking system were used to improve retention of clients on treatment.

Proposed Future Activities

In the next year, the program will continue to build upon activities previously highlighted, focusing intently on continuous quality improvement initiatives and use of the Site Improvement Monitoring System tool for quality improvement and interventions that aim toward sustainability. The program will also continue to leverage counterpart funding from the NMOD. In keeping with USG mandates, WRP-N is committed to aligning its priorities with those of the Nigerian Government to strengthen the organizational and technical capacity of the NMOD. All proposed activities were submitted by the US Embassy to the Nigeria Country Support Team and were included in the FY15 COP.



Senegal



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BACKGROUND

Country Statistics

The estimated population of Senegal is 13.6 million people, with an average life expectancy of 61 years. French is the official language of Senegal, which has an estimated literacy rate of 50%, unevenly distributed between men and women. In 1994, Senegal undertook an ambitious economic reform program with the support of the international donor community. After seeing its economy contract by 2.1% in 1993, Senegal implemented its reform program and saw a real growth in GDP, averaging over 5% annually during 1995–2007. Economic growth was reduced to 2.2% in 2009 due to the global economic downturn, and the economy finally began to rebound in 2012. Phosphate mining, fertilizer production, and commercial fishing comprise the country’s key export industries. The country has also embarked on iron ore and oil exploration projects. Senegal receives disbursements from the \$540 million Millennium Challenge Account, signed in September 2009 to support infrastructure and agriculture development. The country continues to suffer from an unreliable power supply, which has resulted in public protests and high unemployment. The GDP per capita is \$2,100.

HIV/AIDS Statistics

The HIV prevalence rate in Senegal’s general population is estimated at 0.5%, with approximately 43,000 PLHIV (UNAIDS website, February 2015). 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 among sex workers and men who have sex with men. It is estimated that the 2012 HIV infection rate among sex workers was 18.5% (UNAIDS Global Report, 2013).

Military Statistics

The Senegalese Armed Forces (SAF) consists of approximately 16,000 active-duty members. Senegal expends 1.6% 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% in 2002 to 89% in 2006). There is no mandatory testing, but HTC is provided throughout the military at mobile and static centers.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The SAF HIV/AIDS program is a collaborative effort between the AIDS Program Division of the SAF, MOH, National Committee for the Fight Against AIDS (CNLS), and DHAPP in the OSC at the US Embassy. 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 funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2004, 2007, 2009, and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, immunoassay equipment, hematology analyzer, rapid test kits, and other supporting diagnostic supplies and reagents. The 2004 funding was employed for an immunoassay analyzer, hematology analyzer, minor lab equipment, rapid test kits, and other supporting diagnostic supplies and reagents.

Prevention

Since its inception, the SAF HIV/AIDS program has promoted comprehensive prevention. The STI and HIV/AIDS prevention program used information, education, and communication approaches to reach 8,640 troops. The SAF conducts dynamic sensitizations for soldiers and their families. Sensitizations often include both soldiers and their wives. Several times a year, the SAF organizes AIDS days for new recruits to ensure that they understand HIV/AIDS and how to protect themselves. The SAF targets vulnerable groups such as new recruits, peacekeepers, and military officers in post-conflict zones.

During the reporting period, 1,795 women received HTC and PMTCT services at military health facilities. The SAF continues to promote HIV testing of pregnant women at each of its 15 PMTCT sites through provider-initiated testing. The SAF has rapidly expanded the number of PMTCT sites since 2005. Addressing the health of wives as well as soldiers remains a priority. 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.

Sixteen (16) service outlets provide HTC for the SAF. A total of 10,934 people (troops, family, and gendarmeries) were counseled and tested and received their test results. The SAF conducts HTC throughout the country, including Tambacounda, Kolda, and Ziguinchor, where HIV prevalence is highest. Additionally, 1,534 individuals received STI testing services. The STI services encourage both soldiers and their families to get tested. In addition, the SAF works with the spouses of high ranking officers to reach out to wives and ensure that they are included in HIV activities. 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 will deploy on PKOs to Darfur, the Democratic Republic of the Congo, Guinea-Bissau, Mali, and Côte d’Ivoire.

Care

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 Hopital Militaire de Ouakam (HMO). During FY14, 2,009 PLHIV received a minimum of 1 clinical service. The SAF has a strong training program to ensure that health personnel can provide quality HIV/AIDS care.

Treatment

The SAF has 5 service outlets that provide ART: HMO in Dakar, 2 new regional medical clinics in Ziguinchor and Tambacounda, and sites in Kaolack and Kolda. Sixteen (16) labs have the capacity to perform clinical lab tests, CD4 is available at HMO, Kolda, Kaolack, Tamba, Saint-Louis, and Ziguinchor. Currently HMO is the second facility in the country to offer viral load testing.

ART at the regional level is carried out in close collaboration with the Senegalese Regional Coordinating Committees to fight against AIDS and the decentralized CNLS regional programs. In FY14, 69 PLHIV were newly enrolled on ART, and 1,177 clients were currently receiving ART.

Proposed Future Activities

Continued comprehensive HIV programming for the SAF was proposed by the Embassy to the PEPFAR Senegal Country Support Team and DHAPP. Some of these activities include continued prevention efforts, drafting HIV policy, and SAF capacity development.



Sierra Leone

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

The estimated population of Sierra Leone is 5.7 million people, with an average life expectancy of 57 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 43%, unevenly distributed between men and women. The government has established its authority after the 1991–2002 civil war. Sierra Leone is an extremely poor nation with much inequality in income distribution. Although there are substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed. Almost half of the working-age population engages in subsistence agriculture. The GDP per capita is \$1,400. The economy depends on maintaining domestic peace and continuation of foreign aid in order to offset the severe trade imbalance and supplement government revenues. The only major source of hard currency earnings is alluvial diamond mining, which accounts for nearly half of the country's exports. However, political stability has led to a revival of economic activity, including the restoration of both bauxite and rutile mining. Offshore oil reserves were discovered in 2009 and 2010, and while full development of the reserves is years away, growth skyrocketed to 20% in 2012 following the commencement of exploration activities.

HIV/AIDS Statistics

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.6%, with approximately 57,000 PLHIV (UNAIDS website, February 2015). 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 sex workers.

Military Statistics

The Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 11,000 active-duty members. Sierra Leone expends 0.72% 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. Another study conducted through DHAPP in 2013 found virtually identical results (3.3%).

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.



Foreign Military Financing Assistance

Sierra Leone 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 initiated in 2003 and augmented in 2004, 2006, 2007, 2009, and 2010. Related authorizations were released for execution in 2005, 2007, 2008, 2009, and 2010, respectively. The 2003 funding was fully employed for HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. The 2004 funding has been almost fully employed for HIV test kits, a microplate reader and washer, cytometers, generators, and other supporting diagnostic supplies and reagents. The 2006–09 funding has been employed to date for IDI laboratory testing/procedure training, blood bank refrigerators, a hematology analyzer, a biochemistry analyzer, refrigerators, microscopes, colorimeters, an electrophoresis machine, spectrophotometers, hematocrit machines, and multiple types of test kits/strips. Plans for employment of the 2010 funding are in development.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY14, 9,820 troops and family members were reached with comprehensive prevention messages. Training and the provision of motorbikes to HIV education teams in each of the RSLAF's 26 units enabled the teams to reach significantly more people with prevention messages than in previous years. The RSLAF supported 20 condom service outlets. Testing modalities, including mobile and PLHIV advocacy, led to 2,801 troops being provided HIV testing and receiving their results. PMTCT services were provided to 462 pregnant women and 30 of them received ARVS.

The 34 Military Hospital Laboratory in Freetown was renovated, extended, and supplied with modern equipment in FY10. A second lab and health unit was

renovated and supplied in Bo with the capacity to perform all clinical lab testing. This renovation was completed in FY14. These 2 labs meet national and international standards.

DHAPP and the RSLAF collaborated to implement a SABERS study in 2013, with results released in 2014. Two (2) DHAPP program managers attended the program manager training in Atlanta in 2014.

Care and Treatment

One (1) service outlet provides palliative care for the RSLAF. In FY14, 436 PLHIV received a minimum of 1 care service and 80 of them received cotrimoxazole prophylaxis. Additionally, 96 HIV-positive clinically malnourished clients received therapeutic or supplementary food. Of the 100% of HIV-positive patients who were screened for TB, 10% of them began TB treatment. Two (2) service outlets provide ART for RSLAF members, family, and civilians in the area. During the year, 159 individuals were newly enrolled on ART, and at the end of the reporting period, 525 individuals were currently receiving ART.

Proposed Future Activities

Future planned activities include Ebola education, implementing a PHDP program, continuing to expand HTC services, distribution of military-themed camouflage condoms, and rollout of a new prevention education flip chart.

Togo



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Togo is 7.3 million people, with an average life expectancy of 64 years. French is the official language, with other major African languages spoken in the north and south. The literacy rate is estimated at 60% and is 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 much of the labor force. Cocoa, coffee, and cotton generate about 40% of export earnings; cotton is the most important cash crop. Togo is a top producer of phosphate and the country seeks to develop its carbonate phosphate reserves. Foreign direct investment has slowed in recent years, although Togo completed its International Monetary Fund (IMF) Extended Credit Facility in 2011 and reached a debt relief completion point in 2010, at which time 95% of the country's debt was forgiven. The GDP per capita is \$1,100. Togo is currently working with the IMF on structural reforms, and continued progress depends on follow-through with privatization, increased openness regarding government operations, and progress toward legislative elections.



HIV/AIDS Statistics

The current HIV prevalence rate in Togo's general population is 2.3%, with approximately 110,000 Togolese PLHIV (UNAIDS website, February 2015). The primary identified risk factor is heterosexual sex with multiple partners. According to the UNAIDS *Global Report 2013*, HIV incidence in adults decreased by more than 50% between 2001 and 2012 in Togo.

Military Statistics

The Togolese Armed Forces, or Forces Armees Togolaise (FAT), is composed of approximately 9,000 personnel. A recent seroprevalence study in the FAT, supported by DHAPP, indicated a prevalence of 4.8%, which is higher than in the general population.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff collaborated with US Embassy staff from the Political/Economic and Public Affairs Office in Lomé, the OSC in Ghana, and the FAT on its HIV/AIDS program. Additionally, a DHAPP program manager was hired in Lomé to assist with managing program activities since 2011. An implementing partner, Association des Militaires, Anciens Combattants, Amis et Corps Habilles (AMACACH), is assisting the FAT with its programming.

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. This award was initiated in 2003 and augmented in 2004 and 2006. Related authorizations were released for execution in 2004 and 2009 (×2), respectively. The 2003 funding was fully employed for a hematology analyzer, microscope, refrigerator, supplies, and rapid test kits. The 2004–6 funding has been employed to date for chemistry analyzers, Olympus microscopes, generators, autoclaves, distillers, a cytometer, and hematology analyzer. Plans for employment of unobligated balances remain in development.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

Senior leadership of the FAT is encouraging its members and their families to get tested for HIV and to allow AMACACH to assist them with HTC services. In FY14, 14,727 individuals were counseled and tested and received their results. A total of 1,578 pregnant women received HTC services and 88 of them were provided with ARVs to reduce risk of mother-to-child-transmission. An increasing number of pregnant women are going to the hospital for pregnancy consultations. Most are attending the PMTCT sites and prefer to deliver at the hospital. This appears to be a result of the awareness trainings performed at the military bases where PMTCT services are discussed.

DHAPP staff visited Togo in December 2014 to meet with the FAT as well as conduct site visits and provide technical assistance for the HIV prevention programs.

Care and Treatment

Three (3) military clinics at Gendarmerie Nationale Togolaise, Camp General Gnassingbé Eyadéma, and Pediatrie du Camp Gnassingbé Eyadéma offered

care services and provided a minimum of 1 care service to 1,419 individuals. In FY14, 1,338 HIV-positive individuals received cotrimoxazole prophylaxis. There were 887 individuals with advanced HIV infection who were currently receiving ART during the reporting period. A total of 1,757 military and family members living with HIV were reached with a minimum package of PHDP interventions. In FY14, there were 2 testing facilities with the capacity to perform HIV and STI diagnostic tests. These facilities are located at the military bases in Kara and Lomé.

Proposed Future Activities

US Embassy staff in Togo and Ghana, along with AMACACH, will work with the FAT to strengthen its HIV program. Activities will include increased prevention efforts, HTC services, lab support, and stigma reduction efforts.



US EUROPEAN COMMAND

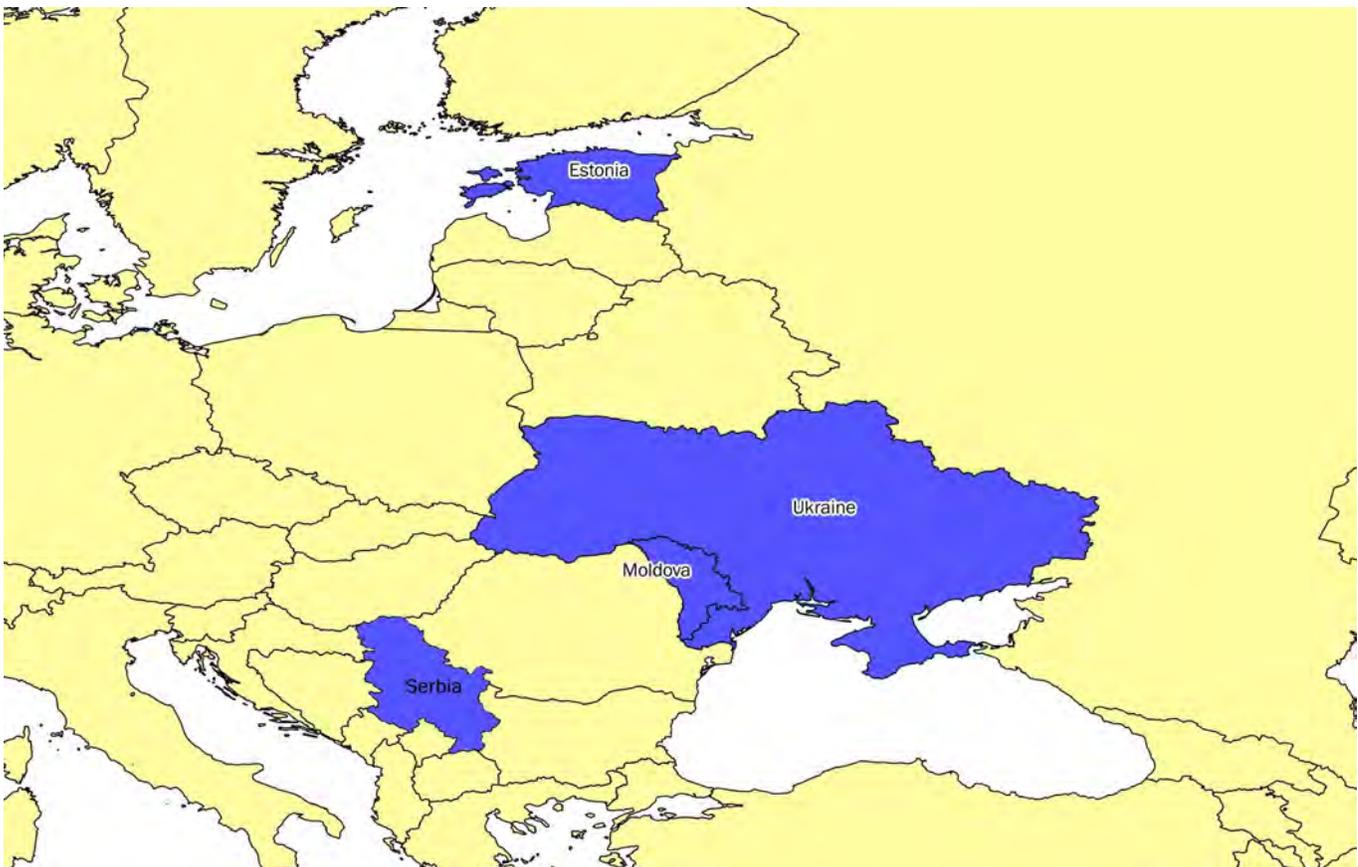
Winning battles in the war against HIV/AIDS



The USEUCOM mission is to conduct military operations, international military partnering, and interagency partnering to enhance transatlantic security and defend the United States forward. USEUCOM does this by establishing an agile security organization able to conduct full-spectrum activities as part of whole-of-government solutions to secure enduring stability in Europe and Eurasia. The USEUCOM 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 tools used in support of the USEUCOM Strategy of Active Security.



Active Country Programs Within US European Command's Area of Responsibility



Estonia



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population in Estonia is 1.2 million people, with an average life expectancy of 74 years. Estonian is the official language, and the literacy rate is estimated at 99.8%, evenly distributed between men and women. In spring 2004, Estonia joined both NATO and the European Union, and later joined the Organisation for Economic Co-operation and Development in 2010. Estonia has a modern, market-based economy and the euro was adopted as the official currency in January 2011. The economy fell into a recession in 2008 and the GDP contracted 14.3% in 2009, but due to increased foreign investment after adoption of the euro, the Estonian economy now has the one of the highest GDP growth rates in Europe. The GDP per capita is \$22,400.

HIV/AIDS Statistics

The HIV prevalence rate in Estonia’s general population is 1.3%, with 7,200 PLHIV (UNAIDS website, February 2015). Estonia has a concentrated epidemic particularly affecting injection drug users; HIV prevalence among this group is estimated at nearly 60% (UNAIDS Gap Report 2014).

Military Statistics

The Estonian Defense Forces (EDF) is estimated to have approximately 6,000 members. Military service in Estonia is compulsory for men beginning at age 18, with a service requirement of 8–11 months. Women began conscripted service in 2012. Estonia allocates 2% of the GDP for military expenditures. The HIV prevalence in the military is unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have continued collaborative efforts with the EDF and MOD officials and the US ODC to establish a comprehensive HIV/AIDS prevention program for military members. The implementing partner for the EDF in FY14 was Julia Vinckler Consulting NGO, a local partner.

OUTCOMES & IMPACT

Prevention and Other

An evidence-based and interactive method of delivery for the HIV/STI prevention trainings was provided to 1,373 military conscripts in FY14. These personnel were reached with small, group-level preventive interventions and focused on HIV/STIs, sexual health, healthy living, and drug use. Through DHAPP's efforts, 4,478 conscripts were trained in 2011–2014. Alcohol abuse as an HIV risk factor was added to the curriculum in FY14. Eight (8) trainings included 105 health care providers from military medical departments. A total of 39 military medical staff were trained as trainers in HIV/STI education. Two (2) EDF medical doctors attended MIHTP in San Diego in January 2014. In September 2014, DHAPP staff provided clinical training on HIV and other deployment readiness medical issues at 2 locations in Estonia: Tallinn and Tartu. Eighty (80) medical personnel attended the training.

Proposed Future Activities

Julia Vinckler Consulting NGO, the designated partner for FY15, will continue to work with the EDF on assessing health care providers for HIV/STI diagnostic capabilities and counseling, and providing prevention education for EDF personnel. Additional analysis and mapping on “Alcohol use and risk taking sexual behavior among conscripts of the Estonian Defense Forces” using qualitative research methodology will be completed in early 2015. The main aim of this in-depth study was to identify the relationship between alcohol use and high-risk sexual behavior among conscripts.

An evidence-based and interactive method of delivery for the HIV/STI prevention trainings will be provided to at least 1,600 military conscripts in FY15. To expand the existing preventive measures of HIV/STIs, the project will also continue with HIV and substance abuse sessions for EDF personnel. Train-the-trainer seminars will continue to prepare military paramedics to provide more peer-based HIV/STI knowledge and information to the conscripted forces. Two (2) military medical personnel will attend the Monitoring and Evaluation course at the WHO Collaborating Centre for Capacity Building in HIV Surveillance, based at the Andrija Štampar School of Public Health in Zagreb, Croatia, which is recognized as a prestigious and unique public health institution in Eastern Europe. The project will also offer trainings for Estonian Defense Forces medical personnel in 2 locations on psychological aspects of HIV/STIs, counseling, motivational interviewing, medical ethics, privacy, and confidentiality.



In the second half of 2015, the project team will begin preparation for the *Regional Military Infectious Diseases Workshop*, which will be held in Tallinn in 2016. This workshop will provide a regional platform for representatives of different countries in Eastern Europe and the Central Asia Region to expand their awareness of infectious diseases in military populations.

Moldova



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The population of Moldova is 3.6 million, with an average life expectancy of 70 years and a literacy rate of 99%. The official language of Moldova is Moldovan, although Russian and Gagauz, a Turkish dialect, are also widely spoken. Despite recent progress, Moldova remains one of the poorest countries in Europe. The country’s economy relies heavily on its agricultural sector, benefiting from Moldova’s moderate climate and good farmland. Major agricultural products include fruits, vegetables, wine, and tobacco. Moldova imports almost all of its energy supplies from Russia and Ukraine. The GDP per capita is \$3,800.

HIV/AIDS Statistics

HIV prevalence in Moldova is low, estimated at 0.7%, with approximately 18,700 PLHIV (CIA World Factbook, 2015).

Military Statistics

Moldova’s uniformed services consist of the National Army, under the Ministry of Defense (7,200 people), the Border Guard Service (5,500 people), and the Carabinier Force, under the Ministry of Internal Affairs (2,000 people).



PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2012, DHAPP staff conducted a site visit and an assessment to determine what types of support could be provided to improve prevention activities for Moldova. Recommendations were made to participate in a clinical exchange of medical staff, assist with laboratory procurements and other medical equipment, and provide technical assistance to restart the Moldovan HIV prevention program.

OUTCOMES & IMPACT

Prevention

During FY14, 2 shipments of medical and laboratory equipment and supplies, in partnership with Project C.U.R.E, were shipped to the Moldovan MOD. These donations have contributed to an enhancement of the quality of medical care throughout the Military Medical Department.

Proposed Future Activities

Plans are currently being developed for an in-country training course for military medical personnel by DHAPP staff on HIV/AIDS and other topics of deployment medicine.



Serbia

Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population of Serbia is 7.2 million people, with an average life expectancy of 75 years. Serbian is the official language of the country, which has an estimated literacy rate of 98%, slightly unevenly distributed between men and women. In June 2006, Serbia declared that it was the successor state to the Union of Serbia and Montenegro. After 2 years of inconclusive negotiations, the UN-administered province of Kosovo declared itself independent of Serbia. Unemployment and stagnant household incomes continue to be political and economic problems, along with high government expenditures and increasing public and private foreign debt. Serbia's economy grew by 2.0% in 2013 after it slipped 1.7% in 2012. Serbia has significantly increased its exports since adopting a long-term economic growth plan in 2010 and plans to invest heavily in basic infrastructure. The GDP per capita is \$11,100. Serbia is also seeking membership in the European Union, having gained candidate status in March 2012, and in the World Trade Organization.



HIV/AIDS Statistics

The estimated HIV prevalence rate in Serbia's general population is 0.1%, with approximately 3,000 PLHIV (UNAIDS website, February 2015). 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 injection drug use.

Military Statistics

The Serbian Armed Forces (SAF) is composed of an estimated 28,000 troops. The prevalence of HIV in the Serbian military is unknown. In the SAF, the age for voluntary military service is 18, with a service obligation of 6 months.

Conscription was abolished in January 2011. Traditionally relying on a large number of conscripts, the SAF has gone through a period of downsizing, restructuring, and professionalization of its military personnel.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff work in conjunction with the Military Medical Academy (MMA) in Belgrade to support the SAF HIV prevention program. In recent years, activities have expanded from laboratory support to prevention and care programs.

OUTCOMES & IMPACT

Prevention

During FY14, the MMA reached 5,000 troops and family members with HIV prevention education information, including all members of PKO teams and all SAF blood donors.

HTC services were offered to all blood donors at the military medical health care centers, members of PKOs, pregnant women (including wives of SAF members), and all SAF members who attended the MMA. MMA HTC mobile teams visited 13 garrisons in the SAF to provide HTC services. At the end of FY14, 5,000 individuals had been counseled, tested, and received their results.

Forty-six (46) pregnant women were counseled and tested during regular examinations in this reporting period. ELISA tests were used in the testing process during the last medical examination before delivery.

A highly rated prevention education video was developed specifically for the prevention program. This video will also be used in senior leadership training.

Other

Eighteen (18) people received a minimum of 1 clinical service during the reporting period, and 13 individuals currently are receiving ART. Eighteen (18) PLHIV were reached with PHDP interventions. Two (2) testing facilities have the capacity to perform clinical lab tests.

During FY14, new policies on testing in the SAF continued to be under development.

Proposed Future Activities

FY15 plans include continuing prevention activities at all levels, developing training materials for senior leadership, and conducting studies in the areas of STIs and immunology.

Ukraine

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

The estimated population of Ukraine is 44.2 million people, with an average life expectancy of 69 years. Ukrainian is the official language, and the country has an estimated literacy rate of 99.7%, evenly distributed between men and women. Ukraine's fertile black soil generates more than one quarter of Soviet agricultural output, and the farms provide substantial quantities of meat, milk, grain, and vegetables to other republics. Ukraine depends on imports to meet 75% of its yearly natural gas and oil requirements and all of its nuclear fuel needs. The GDP per capita is \$7,500.



HIV/AIDS Statistics

The estimated HIV prevalence rate in Ukraine's general population is 0.8%, with a total of 210,000 PLHIV, half of whom are women (UNAIDS website, February 2015). The most common mode of HIV transmission is injection drug use. HIV prevalence among people who inject drugs appears to have fallen by more than half in Ukraine from 2007 to 2012, though this is likely attributable to changes in survey methods. The number of HIV case reports among people who inject drugs in Ukraine remained relatively stable, with 6,500 to 7,000 per year in the same time period (UNAIDS Global Report 2013).

Military Statistics

The Ukrainian Armed Forces (UAF), which consists of ground, naval, and air forces, comprises approximately 140,000 active-duty members. Ukraine expends 2.8% of the GDP on the military. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The UAF HIV/AIDS program is a collaborative effort between the ODC at the US Embassy in Kiev, DHAPP, and the UAF. DHAPP staff provide technical assistance and support to the UAF program. In addition, DHAPP staff members are part of the PEPFAR Ukraine Country Support Team, and participated in the FY14 COP and the development of the PEPFAR Partnership Framework between the USG and the Government of Ukraine. The Ukraine International HIV/AIDS and TB Institute (IHATI) is the designated partner for this collaboration.

OUTCOMES & IMPACT

Prevention

In FY14, 32,259 military personnel were reached with HIV/AIDS prevention interventions. The increased mobilization of reservists contributed to the success of these activities. Military personnel included medical staff and chiefs of different units and sections. The intervention is part of a curriculum and combat training program, and it is conducted by unit medical doctors and military medical leadership with technical guidance on content and delivery provided by the implementing partner, IHATI.

In FY14, 13,733 military personnel were counseled, tested, and received their results. Testing occurred in Ukrainian military community regions, including the remaining 5 DHAPP-sponsored laboratories and testing sites. The Ukrainian government medical facilities in Crimea have been closed. Counseling services were provided in both individual and group settings.

Proposed Future Activities

Continued HIV programming for UAF members will be proposed to the PEPFAR Ukraine Country Support Team during FY15 COP. Future activities include, but are not limited to, enhanced cooperation and improvements in the following areas: HIV/AIDS prevention, HTC, blood safety, MOD lab infrastructure development, MOD database management, strengthening public health for the military, and sustainability of a strong HIV/AIDS prevention program. A mobile HTC lab is planned for better testing access for troops stationed in remote areas of Ukraine. Short-term potential to achieve these goals is significantly impaired by ongoing armed conflict in the eastern region of Ukraine.



US PACIFIC COMMAND

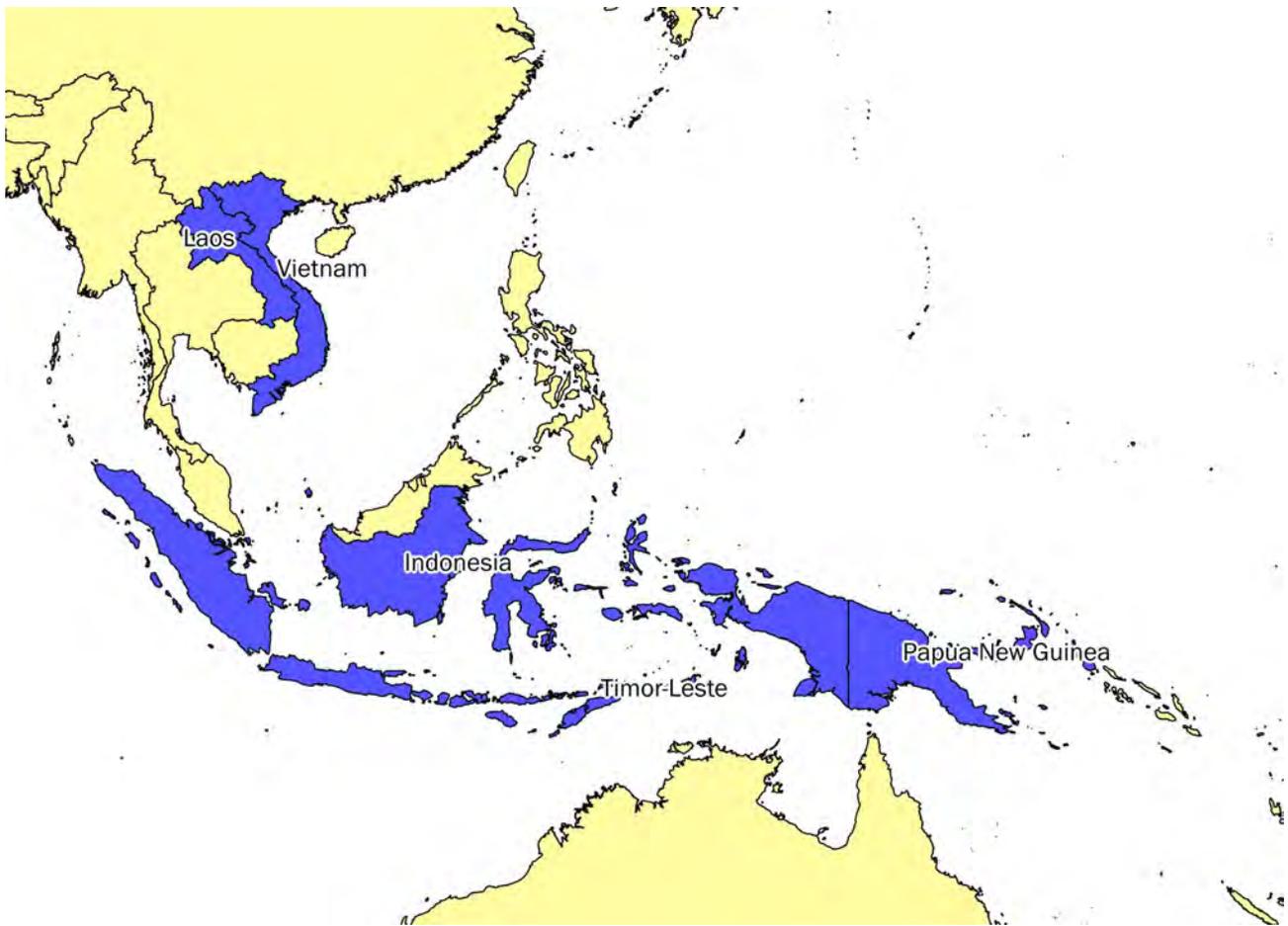
Winning battles in the war against HIV/AIDS



USPACOM protects and defends, in concert with other US Government agencies, the territory of the United States, its people, and its interests. With allies and partners, USPACOM is committed to enhancing stability in the Asia-Pacific region by promoting security cooperation, encouraging peaceful development, responding to contingencies, deterring aggression, and, when necessary, fighting to win. This approach is based on partnership, presence, and military readiness. DHAPP's programs in the region directly support USPACOM's efforts to improve theater health security and capability by collaboratively working with our regional partners in HIV education, prevention, testing, and treatment.



Active Country Programs Within US Pacific Command's Area of Responsibility



Indonesia

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

The estimated population of Indonesia is 253.6 million people, with an average life expectancy of 72 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 93%, slightly unevenly distributed between men and women. Indonesia's debt-to-gross domestic product ratio has been declining steadily due to an increasingly robust GDP growth and sound fiscal stewardship. The GDP per capita is \$5,200. Although the economy slowed significantly from the 6%-plus growth rate recorded in 2007 and 2008, it returned to a 6% rate by 2010 and continued through 2012. Indonesia outperformed its regional neighbors and joined China and India as the only G20 members posting growth during the crisis. The government faces the ongoing challenge of improving Indonesia's insufficient infrastructure to remove impediments to economic growth, labor unrest over wages, and reducing its fuel subsidy program in the face of high oil prices.



HIV/AIDS Statistics

The estimated HIV prevalence rate in Indonesia's general population is 0.4%, with approximately 610,000 PLHIV (UNAIDS website, February 2015). While most provinces face a concentrated epidemic among key affected populations, by 2006 evidence showed that across the two provinces of Papua and West Papua (Tanah Papua) a low-level general population epidemic was under way, with an HIV prevalence rate of 2.4% among the general population. It is fueled almost completely by unsafe sexual intercourse (UNGASS Country Progress Report: Indonesia 2012).

Military Statistics

The Indonesian Armed Forces, Tentara Nasional Indonesia (TNI), is composed of approximately 434,410 active-duty troops, with 400,000 reservists. Indonesia spends an estimated 0.8% of the GDP on military expenses. Military HIV prevalence rates are similar to the general population at 0.4%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the ODC at the US Embassy in Jakarta have been collaborating with the TNI. An in-country program manager works for the ODC in Jakarta and oversees programmatic activities with the TNI. FHI 360 was the implementing partner in FY14.

OUTCOMES & IMPACT

Prevention

In FY14, the ODC, in partnership with the MOD and TNI with technical assistance support from FHI 360, conducted 3 peer-to-peer trainings and 2 provider-initiated testing and counseling (PITC) trainings. Additionally, PITC guidelines for the TNI were developed with technical support from FHI 360. In July 2014, TNI conducted 5 Peer Leadership trainings, and 25 TNI officers attended a Training of Trainers Peer Leadership training. The implementation of this training was a manifestation of a high sense of country ownership of the TNI to the module and peer leader activities that had been undertaken.

A total of 15,211 civilian and military personnel received HTC services and their test results, with technical support for HTC provided by FHI 360. This number was an increase from last year due to the addition of military hospitals appointed by the MOH from 13 to 20. ODC and FHI 360 assisted the military hospitals through training on the importance of reporting and recording and by facilitating workshops and regular coordination with representatives from local health district areas, MOH, National AIDS Commission, TNI, and Civil Society Organizations.

Other

The MOD and TNI completed an Integrated Biological and Behavioral Surveillance Survey (IBBSS) in 6 cities (Jakarta, East Java, West Java, Bali, Riau Islands, and Papua). Technical guidance was provided by DHAPP and FHI 360. The final report was shared at a dissemination meeting with key stakeholders in February 2013. In June 2013, a data use workshop was held to build skills on how to use the IBBSS data for advocacy.

Proposed Future Activities

The goals for TNI in the FY15 COP are to strengthen HIV prevention strategies, HIV care services at district and subdistrict levels, and the strategic information system in the MOD and TNI through recording and reporting. These goals are in line with the objectives of the Indonesia Global Health Initiative strategy, mainly in improving the effectiveness of interventions and sustainability of activities by local government and NGO partners.



Laos



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Laos is 6 million people, with an average life expectancy of 63 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 73%, which is unevenly distributed between men and women. 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, with near steady growth rates from 1988 to 2008, and reaching over 7% growth each year from 2008–2012. Despite this high growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Subsistence agriculture, dominated by



rice cultivation, accounts for about 25% of the GDP and provides 73% of total employment. A value-added tax system was initiated in 2010, the first stock exchange in the country was opened in 2011, and in 2013, Laos was admitted to the World Trade Organization. With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 is achievable. The country is preparing to enter the ASEAN Economic Community in 2015. The GDP per capita is \$3,100.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Laos's general population is 0.3%, and approximately 12,000 people are living with HIV/AIDS in Laos (UNAIDS website, January 2014). The largest proportion of cases reported are within the male migrant worker population, due to the high amount of movement between neighboring countries and infecting their partners upon return. While the

incidence of HIV among sex workers is decreasing, incidence has been increasing among MSM (UNGASS Country Progress Report: Laos 2014).

Military Statistics

The Lao People's Army (LPA) is composed of approximately 29,000 active-duty troops. Rates of HIV are unknown in the LPA, but a SABERS has been completed and the data are being analyzed. Laos expends 0.2% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the US DAO in Vientiane have continued collaboration with the LPA. An in-country program manager was hired in 2011. Laos joined the PEPFAR Asia Regional platform in FY13.

OUTCOMES & IMPACT

In FY14, 3,550 troops were reached with HIV prevention education sessions. They received HIV/AIDS/STI information from MOH/Military Medical Department staff. In addition, 4,082 individuals received HTC throughout the LPA's 18 bases. Funding services included provision of counselors' training, prevention materials, and rapid HIV test kits. Successful provision of HTC services was in part due to self-referral demand of LPA service members.

Proposed Future Activities

In FY15, SABERS data analysis will be completed as the epidemic within the LPA is further characterized; discussion with LPA leadership and technical staff will occur at a workshop in Vientiane. Planned activities also include expansion of prevention efforts, condom procurement and dissemination, increased HTC services, and training for lab technicians. Specifically, these planned activities include support of mobile HTC to soldiers at 85 army bases, on-site support of counselors and PLHIV soldiers, procurement of condoms, distribution of prevention informational materials, and support for technical training on lab testing to LPA counselors in 6 provinces.

Papua New Guinea



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

In 1885, the eastern half of the island of New Guinea was divided between Germany and the United Kingdom. In 1902, the south part of the island was transferred to Australia, which occupied the northern portion of the island during World War I. Independence was gained in 1975. A secessionist revolt on the island of Bougainville ended in 1997, after 9 years and the loss of 20,000 lives. Port Moresby is the capital of Papua New Guinea (PNG). The current official languages of PNG include Tok Pisin, English, and Hiri Motu. About 836 indigenous languages are also spoken. Tok Pisin is a creole language that is most widely used. English is spoken by 1%–2% of the population; and Hiri Motu is spoken by less than 2% of the population. The literacy rate is 62%.

The indigenous PNG population has several thousand separate communities and is one of the most heterogeneous in the world. PNG is endowed with natural resources, but exploitation has been hampered by several factors including land tenure issues, rugged terrain, and the high cost of infrastructure development. The economy is focused mainly on exporting natural resources. Agriculture provides a subsistence livelihood for the majority of the population. Mineral deposits, including copper, gold, and oil, make up almost two thirds of export earnings. The GDP per capita was \$2,900 in 2013.



HIV/AIDS Statistics

The current HIV prevalence rate in the PNG general population is estimated at 0.7%, with fewer than 28,000 PLHIV (UNAIDS GAP Report 2014).

Military Statistics

The Papua New Guinea Defense Force (PNGDF) includes a Maritime Operations Element and an Air Operations Element. PNG allocates 0.54% of the GDP for military purposes.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members collaborated with the PNGND and USPACOM on an HIV/AIDS program in PNG.

OUTCOMES & IMPACT

In FY14, DHAPP provided one container with a variety of medical supplies through a partnership with Project C.U.R.E. and donated to the PNGDF to support its military health units in 2014.



Timor-Leste



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Timor-Leste is 1.2 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 58%. In 1999, about 70% of the economic infrastructure was laid waste by Indonesian troops and anti-independence militias, and 300,000 people fled west. However, over the following 3 years, a large international program, manned by 5,000 peacekeepers (8,000 at peak) and 1,300 police officers, led to substantial reconstruction in the urban and rural areas.

In 2005, the National Parliament unanimously approved the formation of a Petroleum Fund to serve as a repository for all petroleum revenues and to preserve the value of Timor-Leste's petroleum wealth for future generations. As of December 2011, the Fund held assets of \$9.3 billion. The economy is recovering from the mid-2006 outbreak of civil unrest and violence, and in 2008, the government resettled tens of thousands of an estimated 100,000 internally displaced persons, most of whom returned home by early 2009. Government spending increased from 2009 to 2012, primarily on basic infrastructure, including electricity and roads. However, these efforts have been hampered by the government's limited experience in procurement and infrastructure building. Timor-Leste attained a balanced budget in 2012, and on the strength of its oil wealth, the economy achieved growth of 12% in 2011 and now maintains at 8%, which is among the highest sustained growth rates in the world. The GDP per capita is \$21,400.



HIV/AIDS Statistics

Timor-Leste is considered to have a non-generalized, low-level epidemic, with a national HIV prevalence of approximately 0.2% and an estimated 894 PLHIV (UNGASS Country Progress Report: Timor-Leste 2012). Most HIV infections appear to be a result of unprotected heterosexual contact, with other routes of transmission likely to include men who have sex with men (MSM), injection drug users, and perinatal and blood transmission. A biobehavioral surveillance survey of female sex workers, MSM, and uniformed personnel was conducted by the University of New South Wales in 2008. The results indicated low levels of condom use among all 3 groups (UNGASS Country Progress Report: Timor-Leste 2010).

Military Statistics

The Timor-Leste Defense Force (TLDF) is estimated at approximately 1,000 members. The government expends 2.92% of the GDP on the military. Force wide testing is not in place, therefore, HIV prevalence is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

USPACOM and DHAPP have been collaborating with the TLDF, and Church World Service has been assisting the TLDF as the implementing partner since FY10.

OUTCOMES & IMPACT

A KAP survey was completed in FY12. The survey was administered through paper-based interviews to a sample of 300 individuals. The target population was composed of army, navy, and military police personnel, and individuals of all ages and ranks were eligible to participate.

In FY14, the Church World Service delivered HIV prevention education through small group sessions to 1,480 individuals in the Baucau and Dili districts of Timor-Leste. Of these, 521 individuals were TLDF uniformed personnel. Information was provided on HIV prevention measures, including condom use. A total of 530 individuals received HTC services. There is 1 laboratory with the capacity to conduct clinical laboratory tests.

A workshop on developing an HIV workplace policy in the military was conducted in May 2013, facilitated by the NAC, MOH, and MOD. The workshop was attended by 80 participants from the TLDF, PLHIV support groups, MOH, and the NAC. The workshop results and recommendations have been compiled and submitted to TLDF leadership, who will use the results and recommendations to develop an HIV policy for the TLDF.

World AIDS Day commemoration was held in January 2014 in the Baucau TLDF barracks. A refresher Training of Trainers was conducted at the TLDF training center in Metinaro in April 2013. An HTC site in Metinaro was opened in August 2013.

Proposed Future Activities

In FY15, Church World Service will assist the TLDF with continuation of prevention and HTC activities as well as workshops for further development of an HIV workplace policy in the military setting.



Vietnam



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

Vietnam’s estimated population is 93.4 million people, with an average life expectancy of 73 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 93%, slightly unevenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly. The GDP per capita is \$4,000. In 2007, Vietnam joined the World Trade Organization, and became an official negotiating partner of the Trans-Pacific Partnership in 2010. Vietnam is working to promote job creation to keep up with the country’s high population growth rate. The global recession impacted Vietnam’s mainly export economy, with GDP growth decreasing to less than 7% during 2009–12, although exports increased by more than 12% in 2012. Agriculture’s importance in economic output decreased from 25% in 2010 to 22% in 2012, whereas industry’s share increased from 36% to 41% during the same period. State-owned enterprises account for 40% of the GDP. Vietnam’s managed currency, the dong, has been devalued by 20% since 2008, but its value remained stable in 2012. Foreign direct investment fell 4.5% in 2012, although foreign donors pledged \$6.5 billion in new development assistance for 2013. A “three pillar” economic reform program was unveiled in early 2012 aimed at restructuring public investment, state-owned enterprises, and the banking sector.



HIV/AIDS Statistics

The estimated HIV prevalence rate in Vietnam’s general population is 0.4%, with approximately 250,000 PLHIV (UNAIDS website, January 2015). The HIV epidemic in Vietnam is concentrated, with the highest HIV prevalence found in specific populations,

namely injection drugs users, female sex workers, and men who have sex with men (UNGASS Country Progress Report: Vietnam 2014).

Military Statistics

The Vietnam Ministry of Defense (VMOD) is estimated at approximately 482,000 active-duty troops. Vietnam expends 2.4% of the GDP on the military. A sentinel surveillance study conducted by the Vietnam Administration of AIDS Control in 2009 found an estimated HIV prevalence of 0.15% among male military recruits (UNGASS Country Progress Report: Vietnam 2010).

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP, the ODC in Hanoi, and USPACOM have continued to collaborate with the Vietnamese Military Medical Department (VMMD). An in-country program manager oversees activities with the VMMD. In FY14, the implementing partners were the US Armed Forces Research Institute of Medical Sciences (AFRIMS) based in Bangkok, Thailand; the Center for Community Health Promotion, a local NGO based in Hanoi; and the Vietnam Nurses Association (VNA), based in Hanoi.

OUTCOMES & IMPACT

Prevention

In FY14, the VMMD supported 12 HTC centers located at 8 military hospitals and preventive medicine centers across the country. During the year, 25,000 military members were tested for HIV and received their results. In some cases, the HIV counseling sessions were integrated with blood donation campaigns at the military units; therefore, the results were higher than the target set. During the reporting period, 3,793 pregnant women were tested for HIV and received their results. HTC services were provided at 2 project sites for 32,811 people in Hanoi and Ho Chi Minh City.

In FY14, through VNA, DoD PEPFAR supported the development and MOH approval of national policies and a training curriculum of standard precautions and advanced infection control practices for military and nationwide use. Also, with adoption of the national policies and guidelines, VMMD issued a book of practical guidance for military health care facilities.

Five (5) blood safety centers in 5 selected military hospitals in Hanoi, Ho Chi Minh City, Khanh Hoa, Da Nang, and Can Tho continued to receive the technical assistance on quality management and equipment preventive maintenance service through AFRIMS in FY14. Blood safety has been identified by the MOD as among its top priorities to prevent biomedical transmission of HIV and other infectious diseases. A DHAPP-supported blood safety workshop was carried out by VMMD trainers and invited international experts from the US. military for 30 military medical staff who are currently working in blood transfusion centers in 18 key military hospitals nationwide. Also, in March 2014, a workshop on the military blood safety program was

conducted for 80 officers from all military hospitals and VMMD. The workshop provided an update on national policies/regulations for blood safety and transfusion and the development of a multi-year strategy for blood safety improvement.

Care and Treatment

Four (4) VMMD service outlets provide HIV-related palliative care and ART for VMOD members, their families, and civilians. During FY14, 587 HIV-positive adults and children received clinical services. There were 98 patients newly initiated on ART in FY14, and at the end of the reporting period, a total of 484 patients were on ART. Military outpatient clinics strengthened the referral HIV-infected client process from HTC site to treatment. All HIV-positive patients are screened for TB. Collocations of TB/HIV and outpatient clinics are very important for tracking and treating all TB/HIV co-infected patients. For other DHAPP-supported outpatient clinics in Ho Chi Minh City, Can Tho, and Da Nang, all HIV/TB-suspected patients need to be referred to civilian TB clinics, and the linkages with civilian sites need to be strengthened to reduce the number of patients lost to follow-up. Also, through VNA, DHAPP facilitated the development of a national curriculum and teaching materials for Nursing Leadership and Management and ensured MOH approval.

Health System Strengthening

Being one of the first PEPFAR US agencies to work with local NGOs as prime implementing partners has allowed the DoD to contribute to the promotion and acceptance of civil society and to contribute to the capacity building of local NGOs. Working with the MOD and VMMD on their military HIV/AIDS program and strengthening the military medical system, the DoD has contributed to the building of trust and enhanced collaboration between the US and Vietnamese militaries.

Proposed Future Activities

All proposed activities were submitted by the US Embassy to the Vietnam Country Support Team, and were included in the FY15 COP.

US SOUTHERN COMMAND

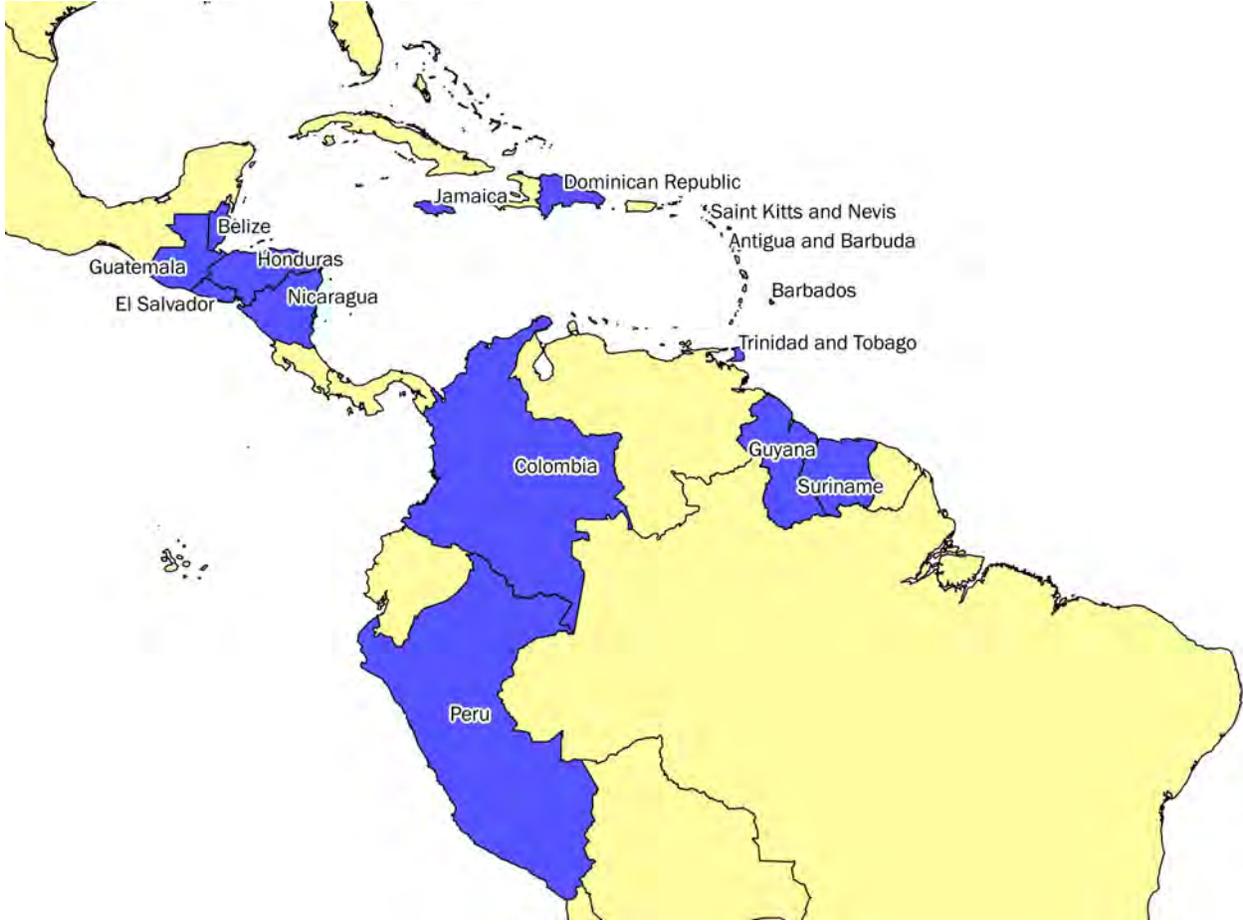
Winning battles in the war against HIV/AIDS



USSOUTHCOM is one of six geographic combatant commands that provides strategic oversight of DoD activities throughout its area of responsibility, which encompasses 31 countries and 15 areas of special sovereignty in the Latin American and Caribbean regions. USSOUTHCOM's mission is to, on order, conduct joint and combined full-spectrum military operations and to support whole-of-government efforts to enhance regional security and cooperation. DHAPP, as part of the PEPFAR initiative, aims to prevent the spread of HIV within partner-nation militaries in the USSOUTHCOM area of responsibility. This program supports USSOUTHCOM's objectives by building partner-nation military medical capability and improving each respective nation's health readiness. These efforts are in direct support of the Global Health Security Agenda and Strategic Objective 5 of the National Health Security Strategy.



Active Country Programs Within US Southern Command's Area of Responsibility



United States Southern Command

Antigua and Barbuda



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

Antigua and Barbuda are islands between the Caribbean Sea and the North Atlantic Ocean. The estimated population is 91,000 people, with an average life expectancy of 76 years. English is the official language, and the literacy rate is nearly 100%. Tourism dominates the economy and accounts for nearly 60% of the GDP and 40% of investment. The economy experienced solid growth from 2003 to 2007, and grew to over 12% in 2006 but dropped off in 2008. In 2009, Antigua's economy was severely hit by the global economic crisis, suffering from the collapse of its largest financial institution and a steep decline in tourism, and has yet to return to its pre-crisis growth levels. The GDP per capita in Antigua and Barbuda is \$18,400.

HIV/AIDS Statistics

A total of 919 HIV/AIDS cases were reported from 1985 through 2011 (UNGASS Country Progress Report: Antigua and Barbuda 2012). The main mode of transmission is heterosexual contact. The most at-risk groups are thought to be youth, men who have sex with men, and female sex workers. A total of 33 persons were diagnosed during the period January 2013 to December 2013 based on data received from the medical laboratory at Mount St. John's Medical Centre. Treatment and care have been changed from a public/private partnership to a singularly public-oriented service (UNGASS Country Progress Report: Antigua and Barbuda 2014).



Military Statistics

The Antigua and Barbuda Defense Force (ABDF), which includes the Coast Guard, consists of approximately 250 personnel across 3 units, according to

DHAPP staff. It allocates 3.3% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Since 2009, Antigua and Barbuda joined the other Caribbean militaries of Barbados, Bahamas, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. PSI was the implementing partner in Antigua and Barbuda from 2010 and 2014.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

PSI began working with the ABDF in 2010 and completed its efforts in 2014. PSI implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support for peer educators, and marketed and promoted condom use and voluntary HTC services. The program focused on the perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. Lastly, the ABDF benefited from HIV policy development assistance in 2013 that resulted in a final policy document submitted to military leadership for approval and adoption in 2014.

Proposed Future Activities

As a result of a strategic shift in the Caribbean region for the PEPFAR team and a focus on high-burden countries, Antigua and Barbuda will not be included in future DHAPP activities. The capacity built in the ABDF through peer education training, BCC outreach activities and mentoring, and HIV policy development were collaborative efforts designed to be transferable and sustainable. DHAPP has enjoyed partnering with the ABDF on strengthening its HIV program.

Barbados



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population of Barbados is 289,000 people, with an average life expectancy of 75 years. English is the official language of Barbados, which has an estimated literacy rate of nearly 100%, evenly distributed between men and women. The GDP per capita is \$25,100. Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities. In recent years, the economy has diversified into light industry and tourism, while offshore finance and information services have become important foreign exchange earners. The country's tourism, financial services, and construction industries have been hit hard following the global economic crisis in 2008, which caused the economy to contract in 2009. Growth has slowed to less than 1% annually since 2010, and the public debt-to-GDP ratio rose from 56% in 2008 to 83% by 2012.

HIV/AIDS Statistics

The HIV prevalence rate in the adult population is estimated at 1.2%, with approximately 1,900 PLHIV. Although the HIV epidemic in Barbados is generalized, implying that HIV prevalence in the general population is relatively high, the prevalence is even higher among the most at-risk populations. Some of the key populations believed to be at higher risk are men in general, men who have sex with men (MSM), sex workers, prisoners, and injection drug users. However, validation of this assumption has yet to occur through the conduct of specific research studies. The Ministry of Health has commenced a behavioral and seroprevalence survey for MSM and a similar study was slated to begin for sex workers by 2013. (UNGASS Country Progress Report: Barbados 2012).



Military Statistics

The Barbados Defense Force (BDF) consists of approximately 1,000 personnel distributed among the Troops Command and the Coast Guard. The BDF is responsible for national security and can be employed to maintain public order in times of crisis, emergency, or other specific need. Barbados expends 0.8% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working in conjunction with the US MLO in Bridgetown and the BDF on a military-specific prevention program. In 2009, Barbados joined the other Caribbean militaries of Antigua and Barbuda, Belize, Bahamas, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region.

OUTCOMES AND IMPACT

Prevention and Health System Strengthening

The BDF's HIV planning committee identified alcohol abuse and dependency as areas to address as part of the BDF's strategic response to HIV prevention. Given that alcohol abuse may serve as a mitigating factor for HIV prevention efforts, it is logical that the BDF's HIV prevention strategy systematically address alcohol abuse. RTI International was tasked with providing training and technical assistance to the BDF to address alcohol abuse in the context of its HIV prevention activities by meeting the following objectives:

- A. Assess the BDF's strategic information data regarding behavioral patterns of risk and conduct a preliminary site assessment.
- B. Provide the BDF with technical assistance in integrating an alcohol harm reduction approach into the BDF HIV program.
- C. Provide trainings with the BDF officers, medical sector, and peers in brief interventions that can be used to address alcohol consumption in the context of HIV risk.

RTI held a kickoff meeting in November 2013 with members of the BDF's leadership at St. Ann's Fort (BDF Headquarters) in Barbados to discuss the project's scope, goals, and objectives. RTI outlined the concepts and activities for the project. Following this overview, specific activities regarding the secondary data analyses, site assessment, and trainings were determined. Due to political constraints, the trainings did not occur.

RTI and the BDF developed two manuscripts using data from their efforts. The secondary data analysis for the first manuscript was completed during the first and second quarters of FY14. The first draft of the manuscript was completed

and titled “Symptoms of Disordered Alcohol Use and HIV Risk Behaviors Among Personnel in the Barbados Defense Force.” The second manuscript focused on core methodological issues in the analysis of disordered alcohol use as it relates to sexual risk taking. More specifically, it focuses on linking disordered alcohol use to the number of sexual partners and it is titled “Symptoms of Disordered Alcohol Use and Sex with Multiple Partners in a Caribbean Military Population.” The manuscripts are pending approval from the BDF leadership and the Naval Health Research Center Public Affairs Office for publication consideration.

Through external policy consultants identified by DHAPP, the BDF benefited from HIV policy assistance in 2014 that resulted in a revised policy submitted to military leadership for approval and adoption. The BDF also received some assistance from PSI with training aids and outreach materials in support of its active prevention program.

Proposed Future Activities

As a result of a strategic shift in the Caribbean region for the PEPFAR team and a focus on high-burden countries, Barbados will not be included in activities for FY15. The activities and policy that were supported were designed to be transferable and sustainable. DHAPP has enjoyed partnering with the BDF on strengthening its HIV program.

Belize

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

The estimated population of Belize is 340,000 people, with an average life expectancy of 68 years. English is the official language of Belize, but nearly half of the population speaks Spanish. The estimated literacy rate is 77% and is evenly distributed between men and women. The GDP per capita is \$8,800, with an unemployment rate of 15%. 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. Growth slipped to 0% in 2009 as a result of the global economic crisis, natural disasters, and a temporary drop in the price of oil, but increased to 5.3% in 2012. Current concerns include the country's sizeable trade deficit and heavy foreign debt burden, especially following the country's default on a \$23 million interest payment on its global bond in September 2012. In January 2013, the government announced that it had reached a deal with creditors to restructure its \$544 million commercial external debt, commonly referred to as the "superbond." The superbond represents one half of the country's public debt.



HIV/AIDS Statistics

The HIV prevalence rate among people 15–49 years of age is estimated at 1.4%. Prevalence rates are higher in key populations, with rates up to 13.5% in men who have sex with men according to a behavioral seroprevalence survey conducted in 2012. Based on UNAIDS estimates for 2015, there were 3,100 PLHIV (UNAIDS website, December 2014). The age groups most affected remain the cohorts 15–55 years who represent the economically viable sectors of the population, with those 45–49 years showing a noticeable increase (UNGASS Country Progress Report: Belize 2014).

Military Statistics

The Belize Defense Force (BDF) is composed of approximately 1,300 personnel, with the primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.2% of the GDP for military expenditures. A serological and behavioral assessment was conducted among BDF personnel in 2010. Results were released in 2011 and showed an HIV prevalence rate of 1.14% among the BDF.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have worked in conjunction with the US MLOs in Belmopan and Bridgetown, Barbados, and the BDF to create a military-specific HIV/AIDS program. In FY13, Belize transitioned from the Caribbean Regional PEPFAR platform to the Central America Regional PEPFAR platform. A DoD regional program manager coordinates activities across the militaries in Belize, Guatemala, and Honduras, and is based in Guatemala City, Guatemala. DHAPP supports activities addressing HIV prevention, health systems strengthening, and strategic information. In January 2010, Charles Drew University of Medicine and Science began assistance to the BDF, continuing collaboration through early FY14, supporting HTC and peer HIV education activities as well as health provider training. In December 2013, RTI International became an implementing partner for the BDF, providing support for PHDP, post-test counseling, and risk-reduction training.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY14, RTI trained 37 BDF personnel as peer risk reduction counselors. Additionally, 25 officers took part in Leadership Sensitivity Training, and 5 BDF staff completed an RTI-led course in Stata data analysis and statistical software.

NAMRU-6 staff supported Belize through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Two (2) BDF members completed the SLMTA training, 1 completed Training of the Trainers for SLMTA, 2 completed training in HIV, STI, and TB diagnosis, and 2 completed coursework in infection control.

One (1) member of the BDF completed a master's degree training program in epidemiological research based at the Cayetano Heredia University in Lima, Peru. Graduation and receipt of diploma are pending.

Proposed Future Activities

In FY15, RTI will continue to provide technical assistance to the BDF for PHDP, post-test counseling, and risk-reduction training.



Colombia



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

Colombia has a population of 46 million, with a life expectancy of 75 years. Spanish is the official language, and the literacy rate is 94%, evenly distributed between men and women. A 40-year-long conflict between government forces and anti-government insurgent groups, mainly the Revolutionary Armed Forces of Colombia (FARC), heavily funded by the drug trade, escalated during the 1990s. Violence has since decreased, but insurgents continue attacks against civilians, and large areas of the countryside remain under guerilla influence. In October 2012, the Government of Colombia began formal peace negotiations with the FARC, aimed at reaching a definitive ceasefire and incorporating demobilized FARC members into mainstream society and the government.

Colombia depends heavily on oil exports and its economy is affected by inadequate infrastructure. The GDP has grown more than 4% per year over the past 3 years, continuing almost a decade of strong economic performance. The unemployment rate of 9.7% is one of the highest in Latin America. The US–Colombia Free Trade Agreement was ratified in October 2011 and implemented in 2012.



Foreign direct investment reached \$10 billion in 2008, and dropped to \$7.2 billion in 2009, before setting a record high of \$16 billion in 2012. The GDP per capita is \$11,000. Gender inequality, underemployment, and drug trafficking remain significant challenges, and improvements to the country’s infrastructure are necessary to sustain economic expansion. It is important to recognize how these factors play an important role in the potential increase and spread of HIV infection.

HIV/AIDS Statistics

HIV is concentrated in certain populations with high vulnerability (sex workers and men who have sex with men, for whom HIV prevalence rates are approximately over 3% and 10%, respectively), while the general population prevalence for adults 15–49 years of age is 0.5%. The estimated number of PLHIV in 2012 was 150,000 (UNAIDS website, February 2015).

Military Statistics

The Colombian Armed Forces (CAF) is made up of the Army, Navy including Coast Guard, Air Force with approximately 283,000 personnel. Approximately 3.8% of the country’s GDP is allocated for military expenditures. The HIV prevalence rate among the military is unknown; however, the CAF reported just over 1,000 patients in treatment as of August 2014.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The proposed activities supported by DHAPP, in collaboration with the support provided by the Colombian Ministry of National Defense and COPRECOS-Colombia, will complement the current work plan. The in-country implementing partner, Liga Colombiana de Lucha Contra el SIDA, supported the CAF with its HIV prevention program in FY14.

OUTCOMES & IMPACT

Prevention

In FY14, 6,317 soldiers were trained in HIV/AIDS prevention. Information in these educational sessions also included sexual and reproductive rights, and reduction of stigma and discrimination.

Other

NAMRU-6 staff are supporting the CAF through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Nine (9) CAF members participated in the second PROMELA didactic and bench training course held in September–October 2013 in Lima, Peru. Both participating labs showed measurable steps toward accreditation, and one will likely be eligible within the next year. Nineteen (19) personnel were trained in the use of dried tube specimen technique.

Proposed Future Activities

In-country partner Liga Colombiana de Lucha Contra el SIDA will continue to evaluate and strengthen the use of the information system, capturing HIV information by the health units to inform public health interventions, and improve monitoring of health care workers as well as train them to help PLHIV manage their cases. Prevention training will be more strategically targeted, including training of health care workers in the reduction of stigma and discrimination.

Technical assistance will be provided in lab diagnostics, training, and surveillance and data analysis. NAMRU-6 staff will continue to support the CAF by providing training and assistance in the development and strengthening of information systems, in addition to supporting a lab assessment and lab strengthening activities.



Dominican Republic



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population of the Dominican Republic is 10.3 million people, with an average life expectancy of 77 years. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 90%, evenly distributed between men and women. The GDP per capita is \$9,700, with an unemployment rate of 15%. The country is known primarily for exporting sugar, coffee, and tobacco. However, recently the service sector has overtaken agriculture as the economy’s largest employer due to growth in telecommunications, tourism, and free trade zones. The United States is the destination for more than half of exports, and remittances from the United States amount to about one tenth of the GDP. The economy is one of the fastest growing in the region, and although growth rebounded in 2010–12, the fiscal deficit climbed from 2.6% in 2011 to 8% in 2012. A tax reform package passed in November 2012, and a reduction in government spending helped to narrow the central government budget deficit from 6.6% of GDP in 2012 to below 3% in 2013. High unemployment and underemployment remain important challenges.



HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of the Dominican Republic is 0.7%, with approximately 45,000 PLHIV (UNAIDS website, January 2015). According to the UNAIDS Global Report 2012, HIV incidence decreased by over 50% in the Dominican Republic between 2001 and 2011. The Dominican Republic was a country previously believed to have an epidemic overwhelmingly characterized by heterosexual transmission, but the continuing high prevalence of men among those living with HIV/AIDS has led

researchers to conclude that sexual transmission between men may account for a much larger share of infections than earlier believed. A recent review of epidemiological and behavioral data in the Dominican Republic also concluded that the notable declines in HIV prevalence reported were likely due to changes in sexual behavior, including increased condom use and partner reduction, although the study also highlighted high levels of HIV infection among men who have sex with men.

Military Statistics

The Dominican Republic military, known as Fuerza Aerea Dominicana (FAD), consists of approximately 49,000 active-duty personnel, about 30% of whom participate in nonmilitary operations, including providing security. The country allocates 0.6% of the GDP for military expenditures. 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 FAD is second in size to Cuba's military in the Caribbean. The estimated HIV prevalence rate in the military is 0.6%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working in collaboration with the US MLO in Santo Domingo and the FAD. In FY14, the implementing partners for the FAD were PSI, RTI International, Fundacion Genesis, and NAMRU-6.

OUTCOMES & IMPACT

Prevention

In FY14, 3,592 individuals were reached with individual and/or small, group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standard requirements. Other prevention activities included providing HTC services to 1,110 individuals in FY14. This included military, civilians, and family members seeking care at military HTC units. Fundacion Genesis supported the FAD by training counselors and facilitating the provision of HTC services at 13 sites, including fixed locations and sentinel sites. RTI was a new partner in FY14 and provided technical assistance in the implementation of PHDP and post-test counseling services through training, follow-up, and the use of a tablet-based post-test counseling tool.

Other

NAMRU-6 staff are supporting the Dominican Republic through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Both hospitals in follow-up have improved their scores significantly and have taken measureable steps toward accreditation.

Johns Hopkins University Applied Physics Lab and NAMRU-6 provided support to the FAD by developing and implementing systems for disease surveillance and program monitoring in collaboration with DHAPP. These systems were deployed and are receiving ongoing support through training and further computer system development.

Proposed Future Activities

Future activities will support HTC services, prevention, and help the FAD improve its HIV program. In FY15, PSI will begin a new grant that encompasses both prevention and HTC activities. All activities will include a geographic focus on border patrol, military members over the age of 30, and reinforcing the counseling logistics involved in testing new recruits. Other activities will include case management to reduce loss to follow-up as uniformed personnel are moved from base to base, as well as stigma and discrimination reduction.



El Salvador



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

El Salvador is the smallest and most densely populated country in Central America. The country has an estimated population of 6 million people, with an average life expectancy of 74 years. Spanish is the official language of El Salvador, with Nahua spoken among some of the country's Amerindian population. The literacy rate in El Salvador is estimated at 84%, evenly distributed between men and women. El Salvador's 12-year civil war ended in 1992, when the government and leftist rebels signed a treaty that provided for military and political reforms. Although the country is the smallest in the region, El Salvador has the region's third largest economy. The economy contracted by 3.1% with the global recession in 2009, and slowed even further from 2010–2012. Remittances accounted for 17% of the GDP in 2011 and were received by about one third of all households in the country. El Salvador was the first country to sign the Dominican Republic–Central American Free Trade Agreement in 2006, bolstering the export of sugar, ethanol, and processed foods. In 2012, El Salvador successfully completed a \$461 million compact with the Millennium Challenge Corporation, a US agency aimed at stimulating economic growth and reducing poverty in the country's northern region through investments in public service, education, enterprise development, and transportation infrastructure. The GDP per capita is \$7,500. El Salvador is 1 of 3 countries (along with Nicaragua and Chile) in the world where abortion is illegal with no exceptions (CIA World Factbook, 2015).

HIV/AIDS Statistics

The HIV prevalence rate in El Salvador's general population is estimated at 0.6%, and there are approximately 25,000 PLHIV (UNAIDS website, January 2015). El Salvador has over 40% ARV coverage and an 85% retention rate for treatment. El Salvador is 1 of 5 Latin American countries to have initiation of

ART in asymptomatic adults with a CD4 count <500 cells/mm³. Because patients begin their regimen with a very low CD4 count, mortality in the 6 months following the initiation of treatment is significant and thus reflected in the figures for retention. The 2014 UNAIDS Gap Report indicated that certain at-risk populations account for a large share of infections in Latin America, such as men who have sex with men, injection drug users, sex workers, and their partners. The document also reported an HIV prevalence among men who have sex with men in El Salvador of 10%, with an increased coverage of testing for this population between 75%–100%.



Military Statistics

The Salvadoran Armed Forces (SAF) consists of approximately 16,000 members, with an Army, Navy, and Air Force. It is estimated that 1% of the country’s GDP is allocated for military expenses. The SAF, primarily made up of young men and women 18–49 years of age, 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 SAF. In 1994, the SAF medical command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS among SAF personnel.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2009, El Salvador joined the other Central American militaries of Belize, Guatemala, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. Also in 2009, they began receiving funding through the Global Fund, known as COPRECOS LAC, as part of a regional strategy (2009–2013). This funding contributed to office space for the military’s HIV program at the main military hospital. In 2013, DHAPP staff and the US MLO in San Salvador resumed collaboration with the SAF to re-energize its program. A new program manager was hired in FY13 to support the DoD programs in Nicaragua and El Salvador.

In FY14, PSI’s affiliate in Central America, PASMO, became a new implementing partner to support the SAF in capacity building of HIV testers and counselors. Regional partner RTI International also became a new implementing partner in FY14 to provide technical assistance and training of health care providers in the implementation of PHDP and post-test counseling.

OUTCOMES & IMPACT

In FY14, PASMO conducted a training of the trainers program with 21 SAF personnel in HIV prevention counseling. Of the 21 personnel trained, 19 completed all requirements to received certification from the Ministry of

Health. These personnel replicated their training with 190 additional SAF members. Additionally, PASMO conducted a series of 3 workshops in which a total of 93 psychologists and social workers were trained as HIV counselors.

RTI trained 3 SAF health care providers to implement the PHDP tool to improve the consistent delivery and reinforcement of critical prevention messages targeted to military PLHIV.

One (1) member of the SAF completed a master’s degree training program in epidemiological research based at the Cayetano Heredia University in Lima, Peru. Graduation and receipt of diploma are pending.

NAMRU-6 staff supported El Salvador through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Fifteen (15) members of the Salvadoran military were trained in *SLMTA*.

Eleven (11) SAF members completed a basic FETP course.

The updated strategy (2014–2018) is helping to guide the HIV program in El Salvador.

Proposed Future Activities

In FY15, PASMO will continue to support the SAF in training health care personnel through the end of their grant. A request for proposals was posted in early FY15 to continue implementing partner support to the SAF in the areas of HIV prevention, testing, and counseling.

In FY15, RTI will continue its technical assistance to the El Salvadoran military to support an interdisciplinary team of SAF health care personnel in implementing PHDP.



Guatemala

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BACKGROUND

Country Statistics

The estimated population of Guatemala is 14 million people, with an average life expectancy of 71 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 76%, unevenly distributed between men and women. The GDP per capita is \$5,300, with an unemployment rate of 4.1%. Guatemala is the most populous of the Central American countries, with a GDP per capita roughly one half that of the average for Latin America and the Caribbean. The agricultural sector accounts for almost 13.5% of GDP, and 30% of the labor force. Coffee, sugar, vegetables, and bananas are the main export products. The distribution of income is highly unequal in Guatemala, and more than half of the population lives below the poverty line. The economy contracted in 2009 as foreign investment slowed amid the global recession and export demand decreased. The economy gradually recovered in 2010–2013.



HIV/AIDS Statistics

The HIV prevalence rate in the general population of Guatemala is estimated at 0.6%, with approximately 53,000 PLHIV (UNAIDS Gap Report 2014). HIV in Guatemala is spread primarily through sexual activity, and it is growing rapidly among men who have sex with men. In female sex workers, HIV prevalence has declined to 1%, while prevalence among male sex workers is estimated at 18%. A study in Guatemala found that a multilevel intervention focused on female sex workers resulted in a more than fourfold decline in HIV incidence in the population, as well as a significant increase in consistent condom use, which is now estimated at 99% among this group (UNAIDS Global Report 2013).

Military Statistics

The Guatemalan Armed Forces (GAF) consists of approximately 15,500 members, stationed at 85 military bases across the country. 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 those members were diagnosed as HIV positive. In 2014, a biobehavioral surveillance survey was conducted in the GAF, however published results are still pending.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2009, Guatemala joined the other Central American militaries of Belize, El Salvador, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR Coordinator and team sit in Guatemala. DHAPP staff are active members of the PEPFAR Regional Support Team for Central America, and a program manager was hired in FY13 to support military programs in Belize, Guatemala, and Honduras. PSI's affiliate in Central America, PASMO, became an implementing partner for the GAF in 2011, and RTI International began assisting in FY14.

OUTCOMES & IMPACT

Prevention

In FY14, PASMO reached a total of 4,065 GAF members with small, group-level HIV prevention education interventions at selected military bases, and 2,379 individuals received HTC services. Forty-three (43) military personnel were trained as military HIV educators to deliver BCC activities, and 54 military nurses were trained in HTC and referral procedures. RTI trained 3 GAF health care providers to implement PHDP to improve the consistent delivery and reinforcement of critical prevention messages targeted to military PLHIV.



NAMRU-6 staff supported Guatemala through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STIs, and TB diagnostics, and overall lab quality improvement efforts. Eleven (11) GAF members successfully completed training in laboratory techniques, including SLMTA, microscopy, HIV and STI lab bench training, dry tube specimen external quality control, and infection control.

One (1) member of the GAF completed a master's degree training in epidemiological research based at the Cayetano Heredia University in Lima, Peru. Graduation and receipt of diploma are pending.

The Johns Hopkins University Applied Physics Laboratory (JHU APL) and NAMRU-6 Bioinformatics Unit, in collaboration with DHAPP, provided support to the GAF to develop and implement an electronic health information system for HIV disease surveillance and program monitoring. Full deployment of the system will occur in FY15.

Proposed Future Activities

In FY15, PASMO will continue to work with the GAF to strengthen its HIV prevention, HTC services, and surveillance activities. PASMO will also assume provision of technical assistance in PHDP implementation from RTI, a strategic decision made among stakeholders to consolidate and increase close coordination of activities between the local partner and the GAF.

In FY15, JHU APL and the NAMRU-6 Bioinformatics Unit will continue to support the GAF through the full deployment of the electronic health information system. NAMRU-6 will continue follow-on support of the system through user training and help desk support.

Guyana



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Guyana is 735,000, with a life expectancy of 67 years. 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 92%, evenly distributed between men and women. The GDP per capita is \$8,500. The Guyanese economy exhibited moderate economic growth in recent years and is mostly based on agriculture and extractive industries. Nearly 60% of the country's GDP is dependent on the export of 6 commodities: sugar, gold, bauxite, shrimp, timber, and rice. Guyana's entrance into the Caribbean Community Single Market and Economy in January 2006 has broadened the country's export market, primarily in the raw materials sector. Much of Guyana's growth in recent years has come from a surge in gold production in response to global prices, although downward trends in gold prices may threaten future growth. In 2013, production of sugar dropped to a 23-year low.

HIV/AIDS Statistics

The HIV prevalence rate in Guyana's general population is estimated at 1.3%, with approximately 7,700 PLHIV (UNAIDS website, January 2015). Among sex workers, the HIV prevalence is 16.6% in Guyana (UNAIDS Global Report, 2013). Additionally, men who have sex with men are still a key population, with a 19.4% infection rate, maintained since 2009.



Military Statistics

The Guyana Defense Force (GDF) is estimated at 2,000 troops. Guyana allocates 1.9% of the GDP for military expenditures. HIV prevalence has been estimated at 0.64% among military recruits in Guyana. A seroprevalence and behavioral survey was conducted for the GDF in late 2011.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members and the US MLO in Georgetown have been working with the GDF. An in-country program manager, who works for the MLO, oversees and coordinates activities with the GDF.

OUTCOMES AND IMPACT

Prevention

A total of 1,111 persons were reached with individual and/or small, group-level preventive interventions that are based on evidence and/or meet minimum PEPFAR standard requirements. Because of unrest in the country at various times during the reporting period, prevention activities were reduced from the previous year. In total, 2,102 individuals received HTC services, including receiving their test results. HTC services were conducted at the stand-alone sites and with the mobile health unit.

Proposed Future Activities

Mobile HTC services will continue to be provided at various bases, but special focus will be placed on testing officers and individuals at higher risk. Educational materials and strategies including training will focus on reducing gender-based violence and stigma and discrimination. A pilot program for case management for uniformed PLHIV is intended to reduce loss to follow-up and improve ART adherence.



Honduras



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population of Honduras is 8.5 million people, with an average life expectancy of 71 years. The official language of Honduras is Spanish, and the literacy rate is 85%, evenly distributed between men and women. The GDP per capita is \$4,800, with an estimated unemployment rate of 4.5%. Honduras is the second poorest country in Central America and has an extraordinarily unequal distribution of income and unemployment. The economy improved marginally in 2010, but the growth was not sufficient to improve living standards for the large proportion of the population living in poverty. Historically, the economy relied heavily on a narrow range of exports, notably bananas and coffee, but it has diversified its export base to include apparel and automobile wire harnessing.

HIV/AIDS Statistics

The HIV prevalence rate in the Honduran general population is estimated at 0.5%, with 24,000 PLHIV. HIV prevalence is concentrated in key populations such as men who have sex with men (15%) and men and women who engage in sex work. Honduras has the highest rate of HIV infection among female sex workers (FSWs) in the region, at 6%, with some areas along the Caribbean coast showing prevalence rates among FSW as high as 15%. Additionally, the prevalence among transgender women who engage in sex work is estimated at 27% (UNAIDS Gap Report, 2014).



Military Statistics

The Honduran Armed Forces (HAF), which includes an army, navy, and air force, comprises approximately 12,000 troops. The Honduran government allocates 1% of the GDP for the military. The HIV prevalence rate in the HAF is estimated at 0.1%, based on the biobehavioral surveillance survey conducted in 2012.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are collaborating with USSOUTHCOM, US Joint Task Force-Bravo, and the HAF to support an HIV/AIDS prevention program in Honduras. In addition, PSI and its affiliate in Central America, PASMO, are supporting the HAF with its prevention program. A program manager was hired in FY13 to support military programs in Belize, Guatemala, and Honduras. In 2014, regional partner RTI International began collaboration with the HAF to provide technical assistance and training of health care providers in the implementation of PHDP.

OUTCOMES & IMPACT

Prevention

In FY14, through the implementing partner PASMO, 1,800 people were reached with individual and/or small, group-level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standard requirements. A total of 1,953 individuals were counseled and tested for HIV and received their results. Thirty-two (32) physicians and nurses were trained in the etiology and managements of STIs. Additionally, 11 military personnel were trained in HTC delivery.

RTI trained 4 HAF health care providers to implement the PHDP tool to improve the consistent delivery and reinforcement of critical prevention messages targeted to military PLHIV.

Other

NAMRU-6 staff are supporting Honduras through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STIs, and TB diagnostics, and overall lab quality improvement efforts. Ten (10) HAF members successfully completed training in lab techniques, including SLMTA, microscopy, HIV, TB, and STI lab bench training, dry tube specimen external quality control testing, and infection control.

The Johns Hopkins University Applied Physics Laboratory (JHU APL) and NAMRU-6 Bioinformatics Unit, in collaboration with DHAPP, provided support to the HAF to develop and implement an electronic health information system for HIV disease surveillance and program monitoring. Full deployment of the system will occur in FY15.

Proposed Future Activities

In FY15, PASMO will continue to work with the HAF to strengthen its HIV prevention, HTC services, and surveillance activities. RTI will also continue its technical assistance to the Honduran military to support an interdisciplinary team of HAF health care personnel in implementing PHDP.

In FY15, JHU APL and the NAMRU-6 Bioinformatics Unit will continue support to the HAF through the full deployment of the electronic health information system. NAMRU-6 will continue follow-on support of the system through user training and help desk support.



Jamaica

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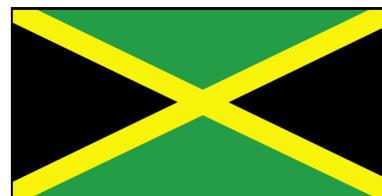
BACKGROUND

Country Statistics

The estimated population of Jamaica is 2.9 million people, with an average life expectancy of 73 years. English is the official language of Jamaica, which has an estimated literacy rate of 87%, unevenly distributed between men and women. The GDP per capita is \$9,300. The Jamaican economy is heavily dependent on services, which now account for more than 60% of the GDP. The country continues to derive most of its foreign exchange from tourism, remittances, and bauxite/alumina. Jamaica's economy faces many challenges to growth, including high crime and corruption, large-scale unemployment (16%) and underemployment, and a high debt-to-GDP ratio. The high unemployment level exacerbates the crime problem, which includes gang violence that is fueled by the drug trade. The IMF approved a 4-year, \$932 million Extended Fund Facility arrangement for Jamaica in May 2013.

HIV/AIDS Statistics

The HIV prevalence rate in the Jamaican general population is estimated at 1.7%, with approximately 28,000 PLHIV (UNAIDS website, January 2015). Jamaica continues to experience features of a generalized and concentrated epidemic and higher HIV prevalence identified among vulnerable populations, such as men who have sex with men (32%), sex workers and informal entertainment workers (2%), inmates (2.5%), and homeless and/or drug users (8.2%). Over 90% of persons reported with AIDS have identified sexual transmission, with heterosexual transmission the most commonly reported. However, a significant gap exists in the reporting of sexual behavior among male cases (UNGASS Country Progress Report: Jamaica 2014).



Military Statistics

The Jamaica Defense Force (JDF) consists of approximately 3,000 personnel distributed among the Ground Forces, Coast Guard, Air Wing, and the National Reserve. The percentage of the Jamaican GDP expended on a military purpose is 0.9%. A behavioral and serological surveillance survey was conducted within the JDF at the end of 2010. Analysis was completed and findings were presented to the JDF in 2011.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working in conjunction with the US MLO in Kingston and the JDF on a military-specific prevention program. In 2009, Jamaica joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Trinidad and Tobago, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A second DoD regional program manager was hired in 2012 to coordinate activities across the militaries in the Caribbean region and is based at the US MLO in Kingston. This DHAPP Program Manager is responsible for coordination in Jamaica and Suriname. PSI-Caribbean assisted the JDF in supporting its HIV program in 2014.

OUTCOMES AND IMPACT

Prevention and Health System Strengthening

In FY14, PSI reached 767 individuals through HIV prevention interventions. Computer-based pre- and post-test counseling and HIV/STI education was delivered to 71 soldiers. HIV testing was also made available to 535 persons. As a part of the implementation of the HIV prevention program, PSI collaborated with the JDF Communications Unit to expand the scope of the “Do the Right Thing” campaign. The collaboration sought to increase communication channels outside of the military’s chain of command and produce messages focusing on safer sex practices, encouraging partner reduction and HIV testing along with providing education on HIV/STI modes of transmission, and other prevention messages. Messages are now delivered at major contact points where soldiers typically congregate and interact around the primary military bases and 1 detachment outside of the capital city.

To expand the scope to civilians, the JDF peer educators participated in a national Safer Sex Week activity in one of Jamaica’s most underserved communities. The educators supported a pop-up clinic held in the community of Majesty Gardens in Kingston. The pop-up clinic was hosted by PSI’s team in Jamaica and the Jamaica Family Planning Association in partnership with the National Housing Trust and the Community Renewal Programme. This project was part of a 100-community effort targeting Jamaica’s most volatile and socioeconomically challenged communities. A total of 115 persons participated in the pop-up clinic. The participation in selected community interventions hones the skills of the educators and it contributes to the community

partnerships that the JDF continues to establish and maintain across Jamaica.

A team of 4 Suriname Defense Organization personnel (2 advanced educators, a team monitor, and an MOD representative) attended and participated in a 4-day exchange trip to the JDF. The delegates participated in a 2 day gender sensitization training, which focused on gender-related issues and dynamics within the military and the strategies to address the rising challenges. The participating educators also had the opportunity to exchange valuable ideas and strategies that have worked for each team in their respective countries. The Suriname team were taken on a tour of the JDF Medical Company and Health Education Center and participated in a discussion on policies and strategic planning. The educators also implemented a small group outreach session over several hours of the last day.

Proposed Future Activities

In FY15, PSI will focus on scaling up HIV testing services to high-risk military members as well as addressing stigma and discrimination and gender norms.



Nicaragua



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Nicaragua is 5.8 million people, with an average life expectancy of 72 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 78%, evenly distributed between men and women. The poorest country in Central America, Nicaragua has widespread underemployment and poverty. The country relies on international economic assistance to meet fiscal and debt financing obligations. Textiles and apparel account for nearly 60% of Nicaragua's exports. The economy in Nicaragua has gradually been recovering since the global economic crisis, growing at a rate of approximately 5.2% in 2012. The country succeeded in reducing its high public debt burden in 2011, although it still remains an issue. The GDP per capita is \$4,500. Nicaragua is 1 of just 3 countries in the world where abortion is illegal with no exceptions, along with El Salvador and Chile (CIA World Factbook, 2015).

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with approximately 7,100 PLHIV (UNAIDS Gap Report 2014). Men who have sex with men (MSM) account for the largest share of infections in Latin America, although there is a notable burden of infection among injection drug users, sex workers, and their clients. There are limited data on modes of transmission in Nicaragua. However, some data exist, such as MSM are 38 times more likely than the general population to be infected. Nicaragua has 70% or greater ART coverage for PMTCT. The region has seen a decrease of 28% in new infections among children and adolescents 0–14 years of age between 2009 and 2013. The Regional Elimination Initiative, endorsed by all countries in Latin America, has had a direct impact on accelerating progress in reducing new infections among children by improving surveillance systems and access to HIV

prevention services among women. Nicaragua is close to achieving the elimination target (UNAIDS: The Gap Report, 2014).

Military Statistics

The National Army of Nicaragua (NAN) is estimated at approximately 12,000 active-duty members. Eighty percent (80%) of the NAN population is 18–35 years of age, 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

The US MLO and DHAPP began collaborating with the NAN on its HIV program in FY09. Also in 2009, Nicaragua joined the other Central American militaries of Belize, El Salvador, Guatemala, and Honduras in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. In January 2010, the NicaSalud Network Federation became an implementing partner for the NAN and continues its work today. In 2014, regional partner RTI International began collaboration with the NAN to provide technical assistance and training of health care providers in the implementation of PHDP.



OUTCOMES & IMPACT

Prevention

In FY14, NicaSalud and the NAN reached 69 military personnel with small, group-level preventive interventions that are based on evidence and/or meet the minimum standards required. In addition, 1,002 individuals were counseled and tested for HIV and received their results in FY14. Twenty-two (22) health sergeants were trained in the provision of a combination prevention package, which included 3 separate 3-day trainings. Fourteen (14) of the 22 sergeants completed all sessions, while 8 were unable to complete the last day of training because they were called to respond to a severe earthquake.

RTI trained 4 NAN health care providers to implement PHDP to improve the consistent delivery and reinforcement of critical prevention messages targeted to military PLHIV.

NAMRU-6 staff supported Nicaragua through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Nine (9) NAN members successfully completed training in lab techniques, including SLMTA, HIV, STI, and TB lab bench training, and infection control.

One (1) NAN member completed a master's degree training program in epidemiological research based at the Cayetano Heredia University in Lima, Peru. Graduation and receipt of diploma are pending.

Proposed Future Activities

In FY15, NicaSalud will continue to work with the NAN to strengthen its prevention, HTC services, and surveillance activities. NicaSalud will also assume provision of technical assistance in PHDP implementation from RTI, a strategic decision made among stakeholders to consolidate and increase close coordination of activities between the local partner and the NAN.



Peru

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BACKGROUND

Country Statistics

The estimated population of Peru is 30 million people, with an average life expectancy of 73 years. Spanish and Quechua are the official languages of Peru, which has an estimated literacy rate of 90%, unevenly distributed between men and women. Since 2002, the Peruvian economy has been growing at an average rate of approximately 6.4% per year, with a stable or slightly appreciating exchange rate and low inflation. Private investment accounts for over 60% of total exports, and growth in the extractive sector has led to economic growth of between 6 and 9% over the last five years. Dependence on minerals and metals exports and imported foodstuffs leaves the economy vulnerable to fluctuations in world prices, and poor infrastructure has hindered the spread of growth to Peru's noncoastal areas. The national poverty rate has been reduced by about 23% since 2002 and the GDP per capita is \$11,100, with an unemployment rate of 3.6%. The US-Peru Trade Promotion Agreement entered into force in February 2009, paving the way to greater trade and investment between the two economies. Peru also signed trade agreements with Canada, Singapore, China, Korea, Mexico, Japan, the European Free Trade Association, Chile, and 4 other countries.

HIV/AIDS Statistics

The HIV prevalence rate in the Peruvian general population is approximately 0.4%, with an estimated 65,000 PLHIV (UNAIDS website, January 2015). New information about epidemiological trends in the region, including the first-ever modes of transmission analysis for Peru and other key populations in Latin America, has been generated over the past 2 years. The modes of transmission analysis was completed in 2009 determined that men who have sex with men (MSM)



account for 55% of HIV incidence in Peru. In Peru, the female sexual partners of MSM account for an estimated 6% of HIV incidence. In Peru, the number of male AIDS cases reported in 2008 was nearly three times higher than the number among female cases, although this 3:1 differential represents a considerable decline from 1990, when the ratio of AIDS cases approached 12:1. Peru has over 85% retention on treatment at 12 months after the initiation of treatment and will follow suit with other countries in the region by initiating ART in asymptomatic adults with a low CD4 count (UNAIDS Gap Report 2014).

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 80,000 personnel in active service. Mandatory conscription ended in 1999, and the current force is composed of volunteers. Approximately 1% of the GDP is spent on military expenditures. Peru participates in several UN-sponsored PKOs.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are collaborating with NAMRU-6 and the PAF. Program activities began in 2009.

OUTCOMES & IMPACT

Prevention and Other

In FY14, 49 health care workers were trained and certified in HTC services by NAMRU-6 staff and they performed 1,648 HIV tests. NAMRU-6 also continued support of an HIV/STI hotline for soldiers.

NAMRU-6 staff are supporting the PAF through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STIs, and TB diagnostics, and overall lab quality improvement efforts. Five (5) labs have participated in the continued follow-up and have shown much improvement.



Proposed Future Activities

In FY15, the Universidad Peruano Cayetano Heredia will become a new partner for the PAF, supporting prevention activities and expanding HTC services. Additionally, NAMRU-6 will investigate a cluster of HIV cases in the Iquitos area, which was identified during routine HIV testing services for the military. NAMRU-6 staff will continue to provide training and assistance in the development and strengthening of information systems, program monitoring, and lab strengthening activities.

Saint Kitts and Nevis



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

Saint Kitts and Nevis are islands in the Caribbean Sea. The estimated population is 51,534 people, with an average life expectancy of 75 years. English is the official language, and the literacy rate is 98%. Revenues from tourism replaced sugar as the mainstay of the economy in the 1970s. Reduced tourism and foreign investment led to an economic contraction in 2009–12, and the economy has yet to return to growth. The current government has one of the world’s highest public debt burdens, equivalent to approximately 140% of the GDP. The GDP per capita in Saint Kitts and Nevis is \$16,300.

HIV/AIDS Statistics

Over the period 1984 to 2013, a cumulative total of 358 HIV cases were reported to the MOH, with a prevalence rate of 0.5%. With the absence of seroprevalence studies, there is no evidence of a generalized or concentrated epidemic. Existing data suggest that the epidemic depicts a generalized pattern, which is consistent with the rest of the Caribbean with an adult HIV prevalence rate of 0.9% to 1.1%. There is also a widespread perception that more serious subepidemics may be affecting vulnerable and most-at-risk populations that are unwilling to be identified and labeled in certain categories due to fear of stigma, discrimination, and breach of confidentiality (UNGASS Country Progress Report: Saint Kitts and Nevis 2014).



Military Statistics

The Saint Kitts and Nevis Defense Force (SKNDF) consists of approximately 300 personnel, according to DHAPP staff.

The SKNDF includes the Coast Guard and is the primary defense institution for the nation. SKNDF personnel are distributed across 2 primary bases on Saint Kitts, which include the force headquarters base in Basseterre and the Coast Guard base located on the harbor.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP has been collaborating with the US MLO in Bridgetown, Barbados, and the SKNDF on building its HIV/AIDS program. In 2009, Saint Kitts and Nevis joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Bahamas, Belize, Jamaica, Suriname, and Trinidad and Tobago in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2010, PSI became an implementing partner in Saint Kitts and Nevis and completed its efforts in 2014.

OUTCOMES & IMPACT

Health System Strengthening

In 2014, PSI began the closeout of activities with the SKNDF by providing technical assistance with the development and production of information, education, and communication materials.

Proposed Future Activities

As a result of a strategic shift in the Caribbean region for the PEPFAR team and a focus on high-burden countries, Saint Kitts and Nevis will no longer be included in DHAPP activities. The capacity built in the SKNDF through peer education training, BCC outreach activities, and mentoring were collaborative efforts designed to be transferable and sustainable. DHAPP has enjoyed partnering with the SKNDF on strengthening its HIV program.



Suriname

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BACKGROUND

Country Statistics

The estimated population of Suriname is 573,000 people, with an average life expectancy of 71 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 95%, evenly distributed between men and women. The GDP per capita is \$12,900, with an unemployment rate of 9%. 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 the volatility of mineral prices. Although economic growth slowed in 2009 due to decreased global commodity prices, trade subsequently picked up, boosting Suriname's economic growth to 4% per year from 2010–13. However, inflation also increased during this time period to a high of 17.7% in 2011, and receding to 6% in 2012. The country's economic prospects depend on maintaining responsible fiscal policies, and introducing structural reforms to liberalize markets and promote competition.



HIV/AIDS Statistics

The HIV prevalence rate in the Suriname general population is estimated at 0.9%, and there are an estimated 3,200 PLHIV (UNAIDS website, January 2015). Suriname has a generalized epidemic, with an estimated current prevalence of 1% of the adult population (ages 15–49), and it is one of the few countries in the Caribbean that has experienced a decrease of more than 25% of the incidence rate of HIV infection (UNAIDS Global Report 2010). This is likely due to the increased access to HIV testing (including the almost tripled screening of pregnant women) and the nationwide treatment with ARVs and increased availability of condoms (UNGASS Country Progress Report: Suriname 2014).

Military Statistics

The Suriname Defense Organization (SDO) consists of approximately 6,000 active-duty members. The SDO has an 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 providing support to civil authorities as directed. Suriname expends 1.2% of the GDP on the military. No estimates of SDO HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP collaborates with the US MLO in Paramaribo and the SDO. In 2009, Suriname joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Jamaica, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A second DHAPP regional program manager was hired in 2012 to coordinate activities across the militaries in the Caribbean region, and is based at the US MLO in Kingston. This DHAPP program manager is responsible for coordination in Jamaica and Suriname. PSI serves as the implementing partner with the SDO.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY14, PSI reached 1,079 military through prevention activities. PSI focused on military detachments outside the city. A team of 4 SDO personnel (2 advanced educators, a team monitor, and an MOD representative) attended and participated in a 4-day exchange trip to the Jamaica Defense Force (JDF). The delegates participated in a 2 day gender sensitization training, which focused on gender-related issues and dynamics within the military and the strategies to address the rising challenges. The participating educators also had the opportunity to exchange valuable ideas and strategies that have worked for each team in their respective countries. The Suriname team were taken on a tour of the JDF Medical Company and Health Education Center and participated in a discussion on policies and strategic planning. The educators also implemented a small group outreach session over several hours of the last day.

Proposed Future Activities

In FY15, PSI will focus on scaling up HIV testing services to high-risk military and key populations as well as addressing stigma and discrimination, linkage to care, and gender norms for the military.

Trinidad and Tobago



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



BACKGROUND

Country Statistics

The estimated population of Trinidad and Tobago is 1.2 million people, with an average life expectancy of 72 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. Trinidad and Tobago has one of the highest growth rates and per capita incomes in Latin America, and has earned a reputation as being an excellent international investment site. Economic growth between 2000 and 2007 averaged slightly over 8%, much higher than the regional average of about 3.7% for that same period; however, GDP has slowed since then, and contracted during 2009–11 due to depressed natural gas prices and changing markets. The GDP per capita is \$20,400. Growth has been fueled by investments in natural gas, petrochemicals, and steel, and the country is the leading producer of oil and gas in the Caribbean. 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 as important as in many other Caribbean islands.



HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 1.7%, with about 14,000 PLHIV (UNAIDS website, January 2015). Currently, the Caribbean region has the second highest prevalence of HIV/AIDS in the world. Cultural beliefs, a diverse and migratory population, sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. A 2006 study in Trinidad and Tobago found that 20.4% of men who have sex with men (MSM) surveyed were HIV infected. As in several

Caribbean countries, the HIV prevalence among prisoners (4.9%) is higher than in the general population (1.7%). The full picture of HIV and AIDS in Trinidad and Tobago remains incomplete with gaps in the epidemiological and behavioral data. Certain segments of the private health sector have remained out of the reporting loop, since the surveillance system mainly depicts coverage in the public sector (UNGASS Country Report: Trinidad and Tobago 2014).

The National HIV and AIDS Strategic Plan identifies the most-at-risk groups as women, youth, children, prisoners, migrants, sex workers, MSM, and low income earners and their dependents. The limited data available indicate that the high HIV prevalence in some of these groups may indicate a generalized and concentrated epidemic pattern (UNGASS Country Report: Trinidad and Tobago 2014).

Military Statistics

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 4,000 personnel. Trinidad and Tobago allocates 0.6% of the GDP for military expenditures. In 2011, the TTDF and USMHRP initiated a biobehavioral surveillance study among the TTDF; the study was not completed because of political issues in country.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP collaborates with the US MLO in Port of Spain and the TTDF on building its HIV/AIDS program. In 2009, Trinidad and Tobago joined the other Caribbean militaries of Barbados, Bahamas, Belize, Jamaica, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2009, PSI became an implementing partner in Trinidad and Tobago and continued its efforts in 2014. The TTDF continued to receive support in outreach coordination, which expanded to national events, information, education, communication materials development, HTC services, and peer education training.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In 2014, PSI and the TTDF worked together and implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of master and peer educators, developed targeted condom outlets, and marketed and promoted condom use and testing services. The program focused on perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. Through the efforts of the peer educators, 988

individuals were reached with individual and/or small group-level interventions that meet PEPFAR standards. The methodologies used to reach individuals were small group sessions, face-to-face interventions, and satellite table sessions. In FY14, the TTDF reported 368 individuals were tested for HIV. The military received support in the provision of commodities, direct support of BCC training and interventions, HTC demand creation, periodic HIV informational sessions, and assistance with necessary referrals to clinical services.

The TTDF also benefited from HIV policy development assistance in 2013 that resulted in a policy document submitted to military leadership for approval and adoption in 2014.

Proposed Future Activities

The TTDF will receive condoms and rapid HIV test kits provisions, targeted HIV testing and outreach, and scaled up stigma and discrimination sensitization and gender equity awareness. In addition, select medical service providers will receive assistance to implement ongoing quality improvement activities related to HIV care through PHDP.



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 FY14 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at DoD, 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 B: References



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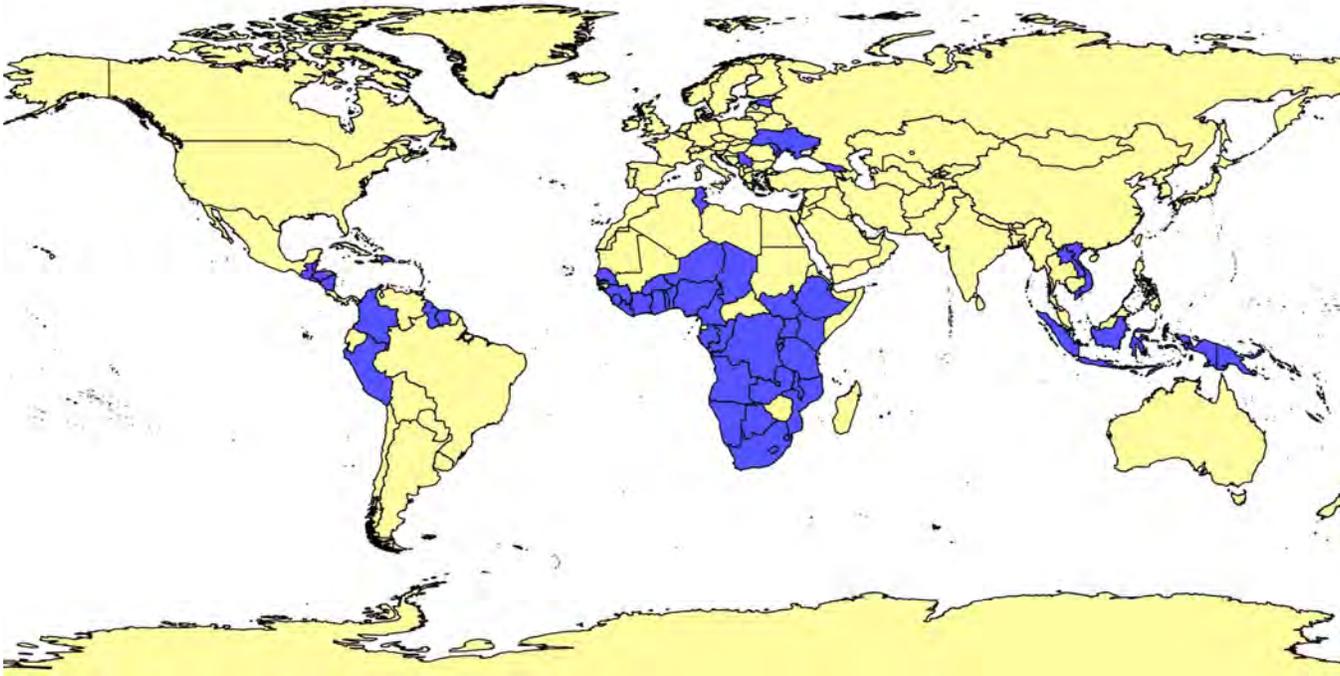
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Appendix C: Global Map of DHAPP Country Programs





Appendix D: DHAPP Country Programs by Funding Source

Funding for DHAPP is provided by a congressional plus-up to the Defense Health Program (DHP), as well as funding transfer from the US Department of State from the President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP country programs can only receive funding from one source.

US Africa Command

Angola	PEPFAR	Malawi	PEPFAR
Benin	DHP	Mozambique	PEPFAR
Botswana	PEPFAR	Namibia	PEPFAR
Burkina Faso	DHP	Niger	DHP
Burundi	PEPFAR	Nigeria	PEPFAR
Cameroon	PEPFAR	Republic of the Congo	DHP
Chad	DHP	Rwanda	PEPFAR
Côte d'Ivoire	PEPFAR	Sao Tomé and Príncipe	DHP
Democratic Republic of the Congo (DRC)	PEPFAR	Senegal	PEPFAR
Djibouti	PEPFAR	Sierra Leone	DHP
Ethiopia	PEPFAR	South Africa	PEPFAR
Gabon	DHP	South Sudan	PEPFAR
Gambia, The	DHP	Swaziland	PEPFAR
Ghana	PEPFAR	Tanzania	PEPFAR
Guinea	DHP	Togo	DHP
Kenya	PEPFAR	Tunisia	DHP
Lesotho	PEPFAR	Uganda	PEPFAR
Liberia	PEPFAR	Union of Comoros	DHP
		Zambia	PEPFAR

US European Command

Estonia	DHP	Serbia	DHP
Moldova	DHP	Ukraine	PEPFAR

US Pacific Command

Indonesia	PEPFAR	Papua New Guinea	DHP
Laos	PEPFAR	Timor-Leste	DHP
		Vietnam	PEPFAR

US Southern Command

Antigua and Barbuda	PEPFAR	Honduras	PEPFAR
Barbados	PEPFAR	Jamaica	PEPFAR
Belize	PEPFAR	Nicaragua	PEPFAR
Colombia	DHP	Peru	DHP
Dominican Republic	PEPFAR	St. Kitts and Nevis	PEPFAR
El Salvador	PEPFAR	Suriname	PEPFAR
Guatemala	PEPFAR	Trinidad and Tobago	PEPFAR
Guyana	PEPFAR		