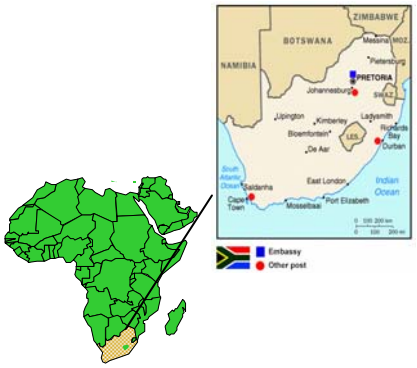
DoD HIV/AIDS Prevention Program
Status Report
May 2003 to September 2004

South Africa



BACKGROUND

Introduction/General Information

Th population of South Africa is estimated to be 42.72 million. Life expectancy currently stands at 44.19 years, and is declining annually due to mortality associated with HIV/AIDS. Although English predominates, South Africa also has 11 other official languages and a literacy rate of approximately 86.4%, distributed equally between males and females. South Africa is described as a middle-income, developing country with significant resources, a well-developed infrastructure, and a substantial stock exchange. However, the South African economy is highly stratified, with 13% of the population living in first-world conditions and 53% in third-world conditions. The annual per capita income is $10,700.

Country HIV/AIDS Statistics and Risk Factors

HIV/AIDS prevalence estimates for South Africa are 20% of the adult population, with 5.3 million persons living with AIDS. An estimated 1700 new infections occur daily. Identified significant risk factors in South Africa include perinatal transmission, a high prevalence of sexually transmitted infections (STIs), multiple partners, and unprotected sexual contact. Seventy-nine percent of all transmissions in South Africa are acquired through heterosexual contact.

Military HIV/AIDS Information

The size of the South African National Defence Force (SANDF) is approximately 88,000. The SANDF has not conducted forcewide testing; however, HIV prevalence is believed to be 21%, which is slightly greater than in the general population.

PROPOSED PROGRAM

The SANDF developed an extensive plan, called *Masibambisane*, designed to address HIV/AIDS in its armed forces. This program includes:

- Ensuring adequate condom distribution to all military personnel,
- Providing a comprehensive program of peer education,
- Implementing an educational program emphasizing HIV and STI prevention, as well as occupational HIV prevention,
- Instituting monitoring and evaluation to assess program effectiveness,
- Performing a baseline knowledge, attitudes, and practices survey, and
- Establishing baseline epidemiological parameters.

PROGRAM RESPONSE

Military to Military

DHAPP funded the attendance of 6 SANDF representatives at the *All-Africa Military HIV/AIDS Prevention Workshop* in

Gaborone, Botswana. Additionally, DHAPP helped establish a clinical research initiative, *Phidisa* ("make better, save lives"), under joint sponsorship with the SANDF, the Medical University of South Africa, DHAPP, and the National Institutes of Health (NIH). *Phidisa* is designed to evaluate treatment and care strategies for HIV-infected members of SANDF and their families. The *Phidisa* trial is underway and will include 6 sites in South Africa -- 3 at main military hospitals; the others at rural military clinics. In addition, DHAPP will send active-duty infectious disease physicians to support the trial.

The first annual meeting of the South African Military Health Service (SAMHS)/NIH/DHAPP sponsored *Phidisa* Program in the SANDF was held 26-30 July 2004. Almost 1000 subjects have been enrolled in the study in the first year. In addition, to the SANDF attendees, militaries from 18 other African countries also sent attendees to so see the results of the first year of the trial.

Phidisa is expected to provide a number of benefits for the South African military, such as significantly improved medical capability, greater screening for HIV, and increased use of counseling and testing (CT) centers. The SANDF has been selected to receive Foreign Military Financing funds for HIV test kits and diagnostic equipment. Associate DHAPP staff members helped develop a curriculum addressing antiretroviral therapy and palliative care that was presented in a 2-week course conducted by the *Phidisa* Training Group.

Training is also ongoing for the SANDF Chaplains. The chaplains are combating HIV/AIDS through a faith-based prevention program. The soldiers received training manuals and pledging certificates. A plan to strengthen management of the *Masibambisane* program was recently submitted to the Deputy Minister of Defense recommending a multi-sector approach to HIV/AIDS prevention and treatment involving all military stakeholders. Recent training for the *Phidisa* trial focused on developing peer educators, conducting peer group sessions, providing skills training for healthcare workers, and standardizing HIV care.

The DHAPP Program Manager participated in the Health Working Group of the annual meeting of the US-SA Defence Committee in Cape Town, South Africa, at which next steps in the *Masibambisane* campaign were also discussed.

Contractor-Based Assistance

DHAPP funded EngenderHealth, a non-profit agency, to develop and implement a behavior change communication (BCC) education program that focused specifically on gender role-based behaviors that contribute to infection risk. To reduce HIV transmission in the SANDF, EngenderHealth developed a comprehensive training program to identify and modify gender role-based behaviors implicated in HIV transmission.

DHAPP awarded a second contract to MarkData (a strategic research firm) to investigate HIV/AIDS among 16- to 25-year-olds in South Africa. Knowing that many of the new SANDF recruits are in this age range, the investigators studied factors that may undermine the perception of risk associated with contracting HIV/AIDS. In addition, MarkData evaluated the effectiveness of SANDF HIV/AIDS prevention efforts by collecting survey data from former participants who were health care workers in DHAPP-sponsored training and events.

Clinical Provider Training

None during this reporting period.

Interoperability

In January 2004, SAMHS in partnership with the US Department of Defense and NIH, opened the first public sector HIV/AIDS clinic that included AIDS treatment using ARV drugs.

PEPFAR

South Africa has been identified as a focus country in the *President's Emergency Plan for AIDS Relief* (PEPFAR), which was announced during the 2003 State of the Union Address to Congress. PEPFAR Track 2.0 funds for South Africa were received and are being programmed to support HIV/AIDS prevention efforts in accordance with the Track 2.0 country operating plan (COP). In addition, a DHAPP staff member traveled to Pretoria the week of 20 September to discuss allocation of PEPFAR Track 2.0 funds for the SANDF. Elements proposed in the COP include:

- Promoting abstinence and faithfulness as HIV prevention,
- Training health workers in CT services, safe infant feeding, ARV prophylaxis, family planning, and syndromic management of STIs,
- Training to sustain mass awareness efforts,
- Producing and distributing BCC materials, and
- Expanding workplace programs and peer education efforts.

PROGRAM IMPACT

Master Trainers and Peer Educators

To date, 513 master trainers and 1032 peer educators have been trained through funding provided by DHAPP through military to military projects and contractor assisted efforts.

Number of Troops Trained

Peer education training is the most recent initiative in the SANDF, with more than 2500 troops trained to date.

Potential Number of Troops Affected

It is anticipated that 88,000 South African troops will be reached through a combination of educational programs, industrial theater, HIV screening, and mass awareness.

Counseling and Testing (CT)

CT has been integrated into military hospitals and referral-sick bay services throughout South Africa.

Laboratory Capability/Infrastructure

None during this reporting period.

Mass Awareness

None during this reporting period.