

SIERRA LEONE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

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

HIV/AIDS Statistics

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.6%, with approximately 48,000 individuals living with HIV/AIDS. Prevalence rates are thought to be higher in urban than in rural areas. Identified significant risk factors include high-risk heterosexual contact and contact with commercial sex workers. Vulnerable populations include commercial sex workers and their clients, military personnel, ex-combatants, and transport workers.

Military Statistics

The Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 10,480 active-duty members. Sierra Leone expends 1.4% of its GDP for military purposes. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

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

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

Foreign Military Financing Assistance

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

Proposed Future Activities

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

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

OUTCOMES & IMPACT

Prevention

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

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

Care

Two (2) service outlets provided HIV-related palliative care for RSLAF members and their

families. During the year, 185 troops and dependents were provided with HIV-related palliative care services (152 men, 33 women). Two (2) outlets provided CT for military members. One thousand seven hundred and fifty (1750) troops were tested for HIV and received their results. Another 36 were trained in the provision of CT.

Treatment

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

Other

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

