

SOUTH AFRICA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

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

HIV/AIDS Statistics

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



Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

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

In addition, specific technical assistance was provided in military-to-military site visits. In April 2006, DHAPP staff provided technical assistance to SANDF to meet 2006 COP objective for orphans and vulnerable children (OVC). Activities in this site visit included (1) selection of project development and health priorities, (2) evaluation of ongoing OVC projects,

and (3) discussion of future directions for countrywide military OVC projects.

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

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

Proposed Future Activities

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



OUTCOMES & IMPACT

Prevention

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

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

Care

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

One hundred and five (105) counseling and testing (CT) centers provided HIV testing for SANDF personnel. During FY06, a total of 90 troops and family members were tested for HIV

and received their results (63 men, 27 women). Seventy (70) military members were trained in the provision of CT.

Treatment

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

Other

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

