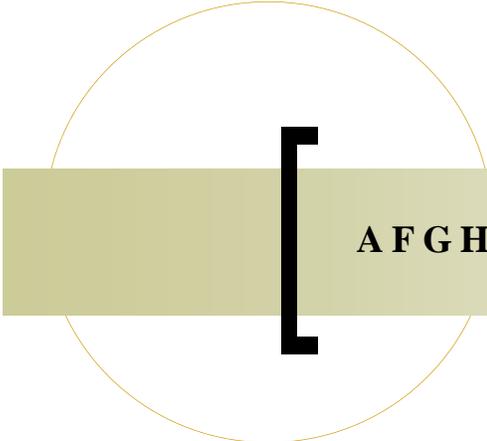


Collection of 07

Individual Country Reports



AFGHANISTAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

In December 2004, the first democratically elected president of Afghanistan took office. The National Assembly was inaugurated on 19 December 2005. The estimated Afghan population is 32 million people, with an average life expectancy of 44 years. Pashto and Persian (Dari) are the official languages of Afghanistan, which has an estimated literacy rate of 28%, with uneven distribution between men and women. While the international community remains committed to Afghanistan's development, pledging over \$24 billion at three funding conferences since 2002, Kabul will need to overcome a number of challenges. Long-term challenges include budget sustainability, job creation, corruption, government capacity, and rebuilding war-torn infrastructure. Gross domestic product per capita is \$1,000, with 53% of people living below the poverty level.

HIV/AIDS Statistics

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

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP has continued its collaboration with military officials and US Embassy staff in Afghanistan to provide technical assistance in the establishment of a HIV/AIDS prevention program for their country. This collaboration is currently assisting the DHAPP program working with the ANA to develop an HIV/AIDS policy in addition to providing prevention and awareness information. The ANA has been very open to US military assistance. Officials from DHAPP, the US military, and the US Embassy are working closely with the ANA to develop further plans for HIV/AIDS education and training.



ALBANIA

DHAPP

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BACKGROUND

Country Statistics

Albania has played a significant role in managing inter-ethnic tensions in southeastern Europe, and is continuing to work toward joining NATO and the European Union. Albania, with troops in Iraq and Afghanistan, has been a strong supporter of the global war on terrorism. The estimated Albanian population is 3.6 million people, with an average life expectancy of 78 years. Albanian is the official language. The literacy rate is estimated at 99%, with even distribution between men and women. The gross domestic product (GDP) per capita in Albania is \$6,300, with 25% of people living below the poverty level.

HIV/AIDS Statistics

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

Military Statistics

The Albanian military is composed of an estimated 14,500 members. Albania allocates 1.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

During FY07, most efforts focused on lab renovation for Albania. Lab equipment

used for blood testing was procured for the military hospital in Tirana and the Albanian National Blood Bank. In addition, HIV prevention material was translated and produced for the Albanian military. It is scheduled for distribution in early 2008.

Proposed Future Activities

Albania has submitted a proposal to DHAPP to fund additional procurement of laboratory equipment for safe-blood activities.





ANGOLA

DHAPP

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BACKGROUND

Country Statistics

Since the end of a 27-year civil war in 2002, Angola has been making efforts to rebuild the country's infrastructure and move forward as a democratic society. The estimated Angolan population is 12.5 million people, with a life expectancy of 38 years, one of the lowest in the world. Portuguese is the official language of Angola, which has an estimated literacy rate of 67%, with even distribution between men and women. Oil production and its supporting activities account for about 85% of the gross domestic product (GDP). Increased oil production supported growth averaging more than 15% per year from 2004 to 2007. Subsistence agriculture provides the main livelihood for most of the population, but half of the country's food must still be imported. The GDP per capita is \$5,600, with 70% of Angolans living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Angola's general population is estimated at 3.7% among adults 15–49 years of age. Angola has approximately 320,000 individuals living with HIV/AIDS. Most recent HIV data collected from antenatal clinics show that HIV prevalence among pregnant women did not significantly change between 2004 and 2005. It is estimated that the median national HIV prevalence was 2.4% and 2.5% in 2004 and 2005, respectively. Identified significant risk factors include blood transfusions and unprotected sexual contact. Most cases of HIV in Angola are spread through multi-partner heterosexual sex.

Military Statistics

The Angolan Armed Forces (AAF) comprises an estimated 110,000 personnel. Three branches make up the AAF: Army, Navy, and the National Air Force. Angola allocates 5.7% of the GDP on military expenditures. In 2003, the Charles Drew University of Medicine and Science conducted a military prevalence study and estimated rates of seroprevalence at 3% to 11%, depending on location. HIV prevalence rates are highest near the border of Namibia (11%).



PROGRAM RESPONSE

In-Country Ongoing Assistance

The AAF has continued its efforts in the fight against HIV/AIDS in collaboration with the Drew Center for AIDS Research, Education and Services (Drew CARES). They continue to make exceptional progress with their current prevention program, while breaking ground with new efforts to reach more of the AAF and beginning to provide services for HIV care and treatment.

Foreign Military Financing Assistance

Angola was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, supporting reagents, and other supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and FY04, and FY03 funding was released for expenditure during FY05. To date, FY03 funding has been used to procure a CD4 counter, viral load analyzer, and supporting supplies and reagents. FY04 funding should be released for expenditure shortly, and the current proposal for these funds includes procuring CD4 counters for additional facilities.

OUTCOMES & IMPACT

Prevention

This year, Charles Drew University focused its efforts on the development of teams of properly trained educators who could rapidly increase the number of activists. AAF peacekeepers who have been mobilized abroad have benefitted from comprehensive prevention messages. These are particularly important activities since Angola's role in maintaining regional stability is growing in importance, and AAF members are exposed to the social environment of neighboring countries where HIV rates range from 22% to 38%. A total of 465 peer educators have continued to train their fellow troops. They have reached approximately 10,000 troops with their comprehensive prevention messages. In addition to standard training, a subset of peer educators received training on how to play an HIV prevention card game. This interactive game is called *Lunguka!* and was developed by researchers at Charles Drew University. The game incorporates the characters and HIV prevention messages from a popular HIV prevention comic book (already in print). This game can be used as a tool to motivate troops to learn more about HIV. Currently, Charles Drew University is evaluating the game's efficacy as a teaching tool and its popularity among the AAF. To further their work, Charles Drew University created an HIV Prevention Radio Program aimed at the AAF. It will be nationally aired twice a week during the "military hour" from December 2007 to February 2008. This program will not only have an impact on the AAF, but the general civilian population as well.



Other

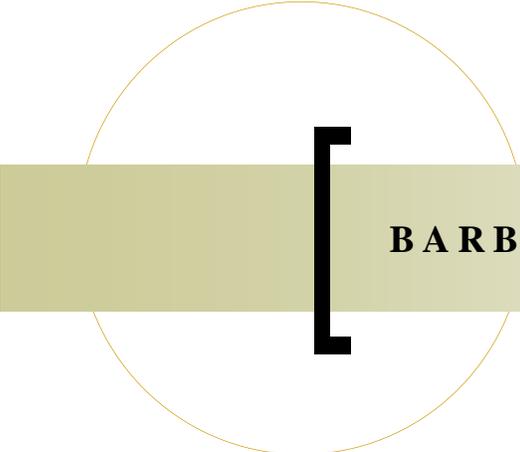
With technical assistance from Charles Drew University, the Health Branch of the AAF is developing a program to implement program monitoring and evaluation across the country. It has already centralized its database in order to make the information available to more personnel at a much quicker pace. Discussions are underway to develop a data collection and analysis program for the AAF's Department of Preventive Medicine. This would include training

personnel and resource acquisition. Trained personnel would be skilled in questionnaire development, implementation, and basic data analyses. This training would allow the AAF to collect regular HIV behavioral and serosurveillance data among its personnel throughout the country, and to improve its capacity to treat and prevent infections.

Proposed Future Activities

DHAPP received a proposal from Charles Drew University for FY08. Proposed activities include continuing prevention education, increasing counseling and testing capabilities, and training medical staff on antiretroviral therapy services for the AAF.





BARBADOS

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of Barbados is 280,000 people with an average life expectancy of 73 years. English is the official language of Barbados, which has an estimated literacy rate of 99%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$19,300. Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities, but production in recent years has diversified into light industry and tourism. The country enjoys one of the highest per capita incomes in the region and an investment grade rating that benefits from its political stability and stable institutions.

HIV/AIDS Statistics

The HIV prevalence rate in the Barbadian general population is estimated at 1.5%, with approximately 2,700 individuals living with HIV/AIDS. Unprotected heterosexual contact is attributed to most HIV cases in Barbados.

Military Statistics

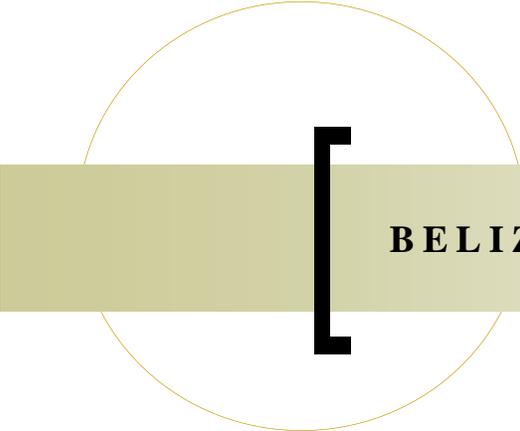
The Royal Barbados Defense Force (RBDF) consists of approximately 1,000 personnel distributed among the Troops Command and the Coast Guard. The RBDF is responsible for national security and can be employed to maintain public order in times of crisis, emergency, or other specific need. The percentage of the Barbados GDP expended on a military purpose is 0.5%. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2006, staff members of the Center for Disaster and Humanitarian Assistance Medicine, implementing agency for the United States Uniformed Services University of Health Sciences, traveled to Barbados to meet with members of the RBDF and the National AIDS Council to discuss program development. However, no DHAPP funding was sent to the RBDF in FY07.





BELIZE

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Belize is 300,000 people, with an average life expectancy of 68 years. English is the official language of Belize, which has an estimated literacy rate of 77%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$7,900, with 33.5% of the population of Belize living below the poverty level. 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.

HIV/AIDS Statistics

The HIV prevalence rate in the Belize general population is estimated at 2.5%, which marks Belize with the highest per capita HIV prevalence rate in Central America. Seventy percent (70%) of HIV cases in Belize are attributed to heterosexual sex, with another 7% attributed to men who have sex with men.

Military Statistics

The Belize Defense Force (BDF) is composed of approximately 800 personnel, with a primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.4% of the GDP for military expenditures. The BDF estimates military HIV prevalence rates at 0.07%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine implementing agency for the United States Uniformed Services University of Health Sciences, conducted an initial needs assessment in Belize in 2004, with a 2006 follow-on visit to discuss logistics of their proposal to DHAPP. No activity occurred in 2007.

Proposed Future Activities

DHAPP did not receive a proposal from the BDF for activities in FY08.





BENIN

DHAPP

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BACKGROUND

Country Statistics

Benin is a West African country with an estimated population of 8 million people and an average life expectancy of 54 years. French is the official language of Benin, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$1,500, with 37% of people in Benin living below the poverty level. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. An insufficient electrical supply continues to adversely affect Benin's economic growth, although the government recently has taken steps to increase domestic power production. The recently elected president of Benin has begun a high profile fight against corruption and has strongly promoted accelerating Benin's economic growth.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Benin is estimated at 1.8%, with approximately 87,000 individuals living with HIV/AIDS. Most cases of HIV in Benin are spread through multi-partner heterosexual sex and mother-to-child transmission.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The BAF collaborated with Population Services International and DHAPP to continue the HIV/AIDS Program in Benin. The BAF Anti HIV/AIDS Team oversees these activities, and plans and provides training as well as care and treatment for HIV-infected BAF members, their families, and civilians living near the military bases and hospitals. They have a credo: “Anyone who doesn’t have it, will never get it; Anyone who doesn’t know he has it, will know; Anyone who has it, must be treated.” BAF’s commitment to HIV/AIDS prevention is forthcoming in their prevention efforts for their troops. They provide pre- and post-deployment HIV testing and offer a behavior incentive program for troops to remain negative during PKOs. Currently, the military hospital in Cotonou is a national teaching hospital for antiretroviral therapy (ART) training in Benin. In addition, they provide technical assistance to the Benin National AIDS Control Program, Benin National Council for AIDS Control, and the World Health Organization.



OUTCOMES & IMPACTS

Prevention

The BAF program reached 5,790 troops through comprehensive prevention messages. The troops reached are those involved in PKOs during the period: 1,345 troops in Cote d’Ivoire, and 2,923 troops in the Democratic Republic of the Congo. The remaining (1,522) were reached through the Anti-HIV/AIDS Team. Ninety-four (94) peer educators were trained on HIV/AIDS related

community mobilization for prevention in the BAF. Each military unit has at least one peer educator assigned to it. They were also given skills to use the HIV/AIDS integrated communication plan designed by Ministry of Defense's HIV/AIDS Team. Two (2) service outlets provide prevention of mother-to-child transmission (PMTCT) services. They provided services to 1,259 pregnant women, and 48 of these women were provided with a complete course of antiretroviral prophylaxis.



Care

One permanent service outlet provides counseling and testing (CT) services for the BAF, and during this reporting period, 5,135 troops received CT services including their results. The troops who received CT for HIV were those who deployed on PKOs during FY07 (4,268 troops) and those who were tested at the Voluntary Counseling and Testing Center.



Treatment

Two (2) service outlets provide ART services. By the end of March 2007, 417 individuals were receiving ART, 163 men and 254 women. DHAPP provided training for many of the health care workers who treat these patients, and a CyFlow Counter for CD4 counts was purchased in January 2007. Its intended use was for testing those diagnosed as HIV-positive during preparation for PKOs. Data for the second half of FY07 was unavailable.

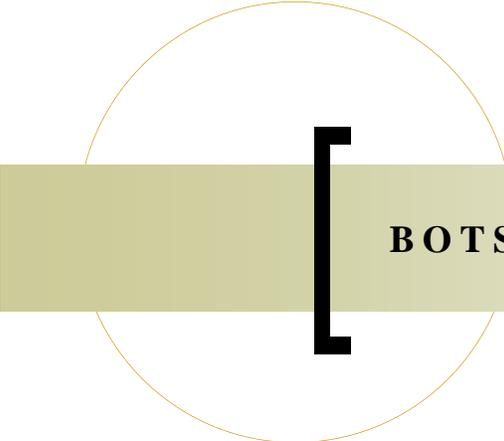
Other

Forty-two (42) members of the BAF were trained in strategic information. In addition, a leadership workshop was organized for the peer educators and the Anti HIV/AIDS team. The workshop was related to the team's annual meeting and is considered part of their institutional capacity building. Forty-eight (48) peer educators were reached through this activity. It was an opportunity to train the participants on HIV-related community mobilization for prevention. The capability acquired during the workshop will be strengthened through training on the anti HIV/AIDS integrated communication plan. Another activity related to the institutional capacity building is the team-building workshop intended for senior members of the HIV/AIDS team, and 7 individuals were reached through this activity.

Proposed Future Activities

The BAF has submitted a proposal to DHAPP to continue their HIV/AIDS program. Some proposed activities include a behavioral and seroprevalence study in late 2008, renovation of a second VCT Center in Parakou, an increase in PMTCT services, and additional laboratory training for medical personnel.





BOTSWANA

DHAPP

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BACKGROUND

Country Statistics

Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth slowed to 4.7% annually in 2006-07. Through fiscal discipline and sound management, Botswana has transformed itself from one of the poorest countries in the world to a middle-income country. Diamond mining has fueled much of the expansion and currently accounts for more than one-third of the gross domestic product (GDP) and for 70% to 80% of export earnings. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. The estimated population of Botswana is 1.8 million people, with an average life expectancy of 51 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 81%, evenly distributed between men and women. The GDP per capita is \$14,700, with 30% of Botswanans living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Botswana's general population is considered one of the highest in the world, estimated at 24.1%. Botswana has approximately 270,000 individuals living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact with multiple partners, in-country migration, and lack of care and treatment for sexually transmitted infections. Heterosexual contact is the principal mode of transmission.

Military Statistics

The Botswana Defense Forces (BDF) is estimated at 10,000 active-duty personnel. No prevalence data are available, but the BDF is currently planning to conduct a

seroprevalence study in 2008. Botswana expends 3.4% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Through the Office of Defense Cooperation (ODC) at the US Embassy, a DHAPP program manager works in collaboration with DHAPP staff and the BDF. DHAPP staff is an active member of the President's Emergency Plan for AIDS Relief (PEPFAR) Botswana Country Team and provided technical assistance in developing the Country Operational Plan (COP) for FY08. Population Services International (PSI) also works as an implementing partner with the BDF for prevention activities.

Foreign Military Financing Assistance

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

OUTCOMES & IMPACTS

Prevention

The BDF, in conjunction with the ODC and PSI, reported reaching 3,170 troops and family members with comprehensive prevention messages as well as training 437 peer educators. Significant progress was made in the last 2 quarters of the year in training peer educators. The continued goal of the program is to reach more troops and family members with prevention messages. Currently, the BDF supports 80 condom service outlets, which is an increase from last year.

The BDF has consulted the National Health Laboratory of Botswana and the Botswana-Harvard Partnership for oversight and direction on procuring



additional laboratory equipment. The Botswana-Harvard School of Public Health AIDS Initiative for HIV Research and Education is a collaborative research and training initiative between the Government of the Republic of Botswana and the Harvard AIDS Initiative. Currently, 2 service outlets carry out blood-safety activities, and 5 individuals were trained in blood safety. In collaboration with John Snow International, 350 BDF members were trained in injection safety.

Two (2) service outlets provide prevention of mother-to-child transmission (PMTCT) services. In FY07, 124 pregnant women used these services, and 40 received a complete course of antiretroviral prophylaxis. Nineteen (19) health care workers were trained in the provision of PMTCT services. Through intensive mobilization campaigns, the military health services have seen an increase in the number of pregnant women using PMTCT services. Much of this accomplishment is due to the collaboration between the BDF and the Botswanan Ministry of Health.

Care and Treatment

Counseling and testing (CT) services are critical to the BDF's program, and 7 outlets offer these services. An additional Voluntary Counseling and Testing (VCT) Center will be built for the BDF in the coming year so to expand its CT services. Strategically chosen, 37 HIV counselors were trained so that all BDF installations have coverage. In FY07, 2,141 individuals were counseled and tested.

The BDF supports 7 service outlets that provide palliative care to its troops, family members, and their civilian neighbors. Seventeen (17) individuals were trained in the provision of these services. The BDF's number of troops receiving palliative care and/or treatment services is classified. Three (3) service outlets provide antiretroviral therapy (ART). Fifty-nine (59) health care workers were trained in the delivery of ART services, and 11 individuals were trained in laboratory-related activities. During FY07, FMF funding procured a CD4 machine, a chemistry analyzer and a PCR analyzer for BDF labs.

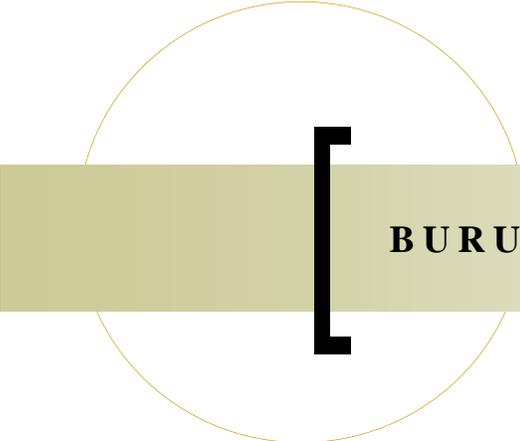
Other

HIV policy training was provided to 34 individuals, and 240 individuals were trained in HIV-related community mobilization for prevention, care, and/or treatment. In the coming year, the BDF hopes to expand its HIV-related community mobilization for prevention, care, and/or treatment training to more members. Plans are currently under way for a seroprevalence study and behavioral survey within the BDF.

Proposed Future Activities

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Team. All proposed activities were included in the FY08 COP. Some of these activities include continued prevention efforts, construction of an additional VCT Center, review and possible revision of HIV policy, training of 3–5 BDF medical personnel on tuberculosis treatment, building infrastructure of electronic data management for ART patients, and conducting a seroprevalence study and behavioral survey.





BURUNDI

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Burundi is 8.7 million people, with an average life expectancy of 52 years. Kirundi and French are the official languages of Burundi. There is an estimated literacy rate of 59%, with uneven distribution between men and women. The economy is predominantly agricultural, with more than 90% of the population dependent on subsistence agriculture. Economic growth depends on coffee and tea exports, which account for 90% of foreign exchange earnings. The gross domestic product (GDP) per capita is \$800, with 68% of Burundians living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Burundi's general population is estimated at 3.3%. Burundi has approximately 150,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP is working with the BDFN and Population Services International (PSI) on a prevention program for the troops. Development and implementation of the program

began in FY06, and the current goals are to provide prevention efforts as well as counseling and testing (CT) services.



Foreign Military Financing Assistance

Burundi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, supporting reagents, and other supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY06 and has not yet been released for expenditure. Although still in negotiation, the current proposal for these funds includes procuring HIV diagnostic equipment and supplies.

OUTCOMES & IMPACT

Prevention and Care

The program seeks to reduce HIV sexual transmission among the BNDF through CT, with a focus on behavior change. Many major milestones were met in order for this to begin. To initiate the prevention efforts, educational materials were pretested, finalized, and validated by the Ministry of Health. Two hundred fifty-two (252) posters, 1,320 leaflets, and 1,000 T-shirts were produced and distributed. National media campaigns, including 1 radio spot referring military troops and their families to the Akabanga CT Center, was broadcasted 1,122 times on 4 local radio stations. Approximately 40 peer educators and 8 supervisors were trained to provide HIV/AIDS prevention awareness through interpersonal communication within their respective military camps, thus reaching 2,894 troops.

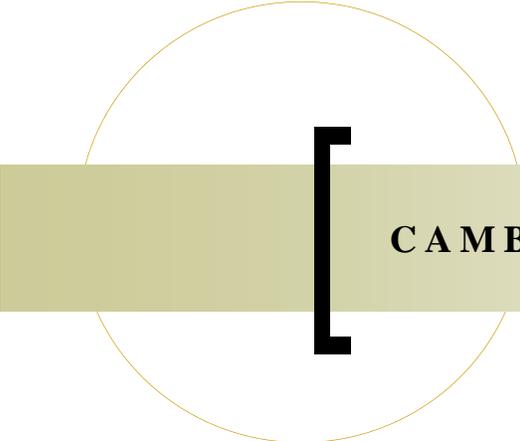
A temporary CT Center was renovated and equipped with laboratory equipment, and opened on 16 March 2007. Since then, 913 troops and their families have been counseled and tested. Counseling and testing training was completed by 9 counselors and 6 laboratory technicians prior to the opening of the CT Center. Fifteen (15) service providers were trained on counseling in January 2007, and 10 of them received refresher training in August 2007. A hotline has been established to ensure counseling services at the CT Center during working hours.



Proposed Future Activities

DHAPP received a proposal from PSI on behalf of the BDNF for activities during FY08. The primary objectives of the proposal include encouraging behavior change through prevention efforts and providing counseling and testing for troops and their families. A new and permanent CT Center is proposed since the capacity of the temporary CT Center is insufficient for the high number of clients. In addition to a newly planned CT Center, mobile CT units are proposed to provide services to the military camps outside of Bujumbura, thus expanding coverage of CT services for the BDNF.





CAMBODIA

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Cambodia is 14.2 million people, with an average life expectancy of 62 years. Khmer is the official language of Cambodia, which has an estimated literacy rate of 74%, unevenly distributed between men and women. More than 50% of the population is aged 20 years or younger. The population, particularly in the poverty-ridden countryside, suffers from an almost total lack of basic infrastructure. Seventy-five percent (75%) of the population is engaged in subsistence farming. From 2001 to 2004, the economy grew at an average rate of 6.4%, driven largely by an expansion in the garment sector and tourism. The United States and Cambodia signed a Bilateral Textile Agreement, which gave Cambodia a guaranteed quota of US textile imports and established a bonus for improving working conditions and enforcing Cambodian labor laws and international labor standards in the industry. The gross domestic product (GDP) per capita is \$1,800, with 35% of the population living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Cambodia is estimated at 1.6%, with approximately 130,000 individuals living with HIV/AIDS. The response of the Cambodian government and civil society in the fight against HIV/AIDS has been impressive. In 2001, the government implemented the 100% Condom Use Program in all provinces, requiring brothel-based sex workers to attend monthly sexually transmitted infection screenings and involving establishment owners in condom negotiation initiatives.

Military Statistics

The Royal Cambodian Armed Forces (RCAF) is estimated at 110,000 members. The RCAF has been organized into 5 military regions and 3 forces (Navy, Army, and Air Force). Each force has its own independent health structure that provides medical services to military personnel and their family members. The Ministry of National Defense Health Department is responsible for medical supplies and equipment and for management of medical personnel. Cambodia expends 3.0% of the GDP on military purposes. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

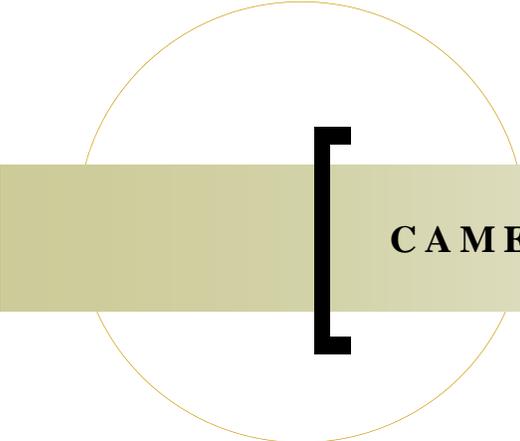
In collaboration with the US Pacific Command (USPACOM) and its implementing partner the Center of Excellence (COE) in Hawaii, DHAPP has made contact with the RCAF and there have been discussions about future activities.

OUTCOMES & IMPACTS

DHAPP has continued its collaborative interaction with USPACOM and COE as implementing partners for future activities in the RCAF. No programmatic activities took place in the RCAF during the current reporting period.

Proposed Future Activities

In collaboration with USPACOM and its implementing partner the COE in Hawaii, DHAPP has made contact with the RCAF and there have been discussions about future activities.



CAMEROON

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

Because of its modest oil resources and favorable agricultural conditions, Cameroon has one of the best-endowed primary commodity economies in sub-Saharan Africa. Still, it faces many of the same serious problems of other underdeveloped countries, such as a top-heavy civil service and a generally unfavorable climate for business enterprise. Cameroon's estimated population is 18 million people, with an average life expectancy of 53 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 68%, with uneven distribution between men and women. The gross domestic product (GDP) per capita is \$2,300, with 48% of Cameroonian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Cameroon's general population is estimated at 5.4%. Cameroon has approximately 510,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has continued its efforts to provide technical assistance to the CAF in order to improve its HIV/AIDS prevention programs.

Foreign Military Financing Assistance

Cameroon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, supporting reagents, and other supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03, FY05, and FY06. Funding for FY03 and FY05 was released for expenditure near the end of FY05 and the beginning of FY07, respectively. To date, funding for the FY03 appropriation has been used to procure a CD4 counter, ELISA reader and washer, hematology analyzer, chemistry analyzer, microscope, incubator, and other supporting lab equipment, reagents, and supplies. Plans for FY05 funding procurements are currently under way.

Prevention

Throughout FY07, 77 educational sessions took place, and approximately 2,437 troops were reached with prevention messages. During the various prevention efforts, approximately 11,000 condoms were distributed to troops. Peer education training was given to 10 female troops during the South West Province Women's AIDS Meeting in Limbe. This activity was part of the National AIDS Week of events for the military. Sensitization activities, such as a football match between land forces and gendarmerie in the city of Ngaoundere, were used to sensitize the public about HIV/AIDS.



Also during this reporting period, a chief was appointed for the new HIV Information and Prevention Center at Ngaoundere military base. Logistics in this center were reinforced with new equipment such as audiovisual CDs. One supervision visit was conducted at the Ngaoundere military base by the HIV program manager of the military.



Care

Voluntary counseling and testing activities were organized during National AIDS Week. Throughout the fiscal year, a total of 239 troops were counseled and tested. In addition, the report from the 2005 Military HIV Seroprevalence Study was officially released in the presence of the Minister of Public Health and the US Ambassador in Cameroon.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the CAF for activities during FY08. The proposed activities are (1) conduct an HIV surveillance along with a knowledge, attitudes, and practices survey in all 10 garrisons in Cameroon, with a total sample size of 2,500 troops; and (2) conduct refresher training for 250 peer educators and 50 counsellors in military garrisons.



CENTRAL AFRICAN REPUBLIC

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Central African Republic is 4.4 million people, with an average life expectancy of 44 years. French is the official language of the Central African Republic, which has an estimated literacy rate of 51%, unevenly distributed between men and women. Subsistence agriculture, together with forestry, remains the backbone of the economy of the Central African Republic, with more than 70% of the population living in outlying areas. The agricultural sector generates more than half of the gross domestic product (GDP). The per capita GDP is \$700. Timber has accounted for about 16% of export earnings and the diamond industry, for 40%.

HIV/AIDS Statistics

The HIV prevalence rate in the Central African Republic general population is estimated at 10.7%, with approximately 250,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Central African Armed Forces (CAAF) is composed of an estimated 3,000 personnel. The Central African Republic allocates 1.1% of the GDP for military expenditures. No military HIV/AIDS prevalence data were available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. They are continually developing contacts with local partners in the Central African Republic and the military to establish implementation of a prevention project among the militaries in the capital city Bangui.

OUTCOMES & IMPACTS

The first site visit by JHCP occurred in June 2007. However, political instability has halted the implementation of prevention activities for the CAAF during the later part of FY07.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the CAAF for activities during FY08. The application, which includes 8 countries in the Central African region and builds on the successful work accomplished by JHCP in the region over the past 5 years, aims to develop a more comprehensive strategy for fighting HIV/AIDS in the region's militaries.





CHAD

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

Chad's estimated population is 10 million people, with an average life expectancy of 47 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 48%, unevenly distributed between men and women. Chad's primarily agricultural economy continues to be boosted by major foreign direct investment projects in the oil sector that began in 2000. A consortium led by 2 US companies has been investing \$3.7 billion to develop oil reserves — estimated at 1 billion barrels — in southern Chad. Chinese companies are also expanding exploration efforts and plan to build a refinery. The nation's total oil reserves have been estimated at 1.5 billion barrels. Oil production came on stream in late 2003. Over 80% of Chad's population relies on subsistence farming and livestock for its livelihood. The gross domestic product (GDP) per capita is \$1,600, with 80% of Chadian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Chad's general population is estimated at 3.5%. Chad has approximately 180,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Chadian National Army (CNA) is estimated at approximately 19,000 members. Chad allocates 4.2% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the CNA in the capital city, N'Djamena, revealing a prevalence of 5.3%. Another HIV surveillance study is planned for January 2008.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to CNA in the implementation of HIV prevention and surveillance activities.

Foreign Military Financing Assistance

Chad was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, and 2006. Funding for 2003 was released for expenditure in early FY06. To date, funding for the 2003 appropriation has been used to procure HIV rapid test kits.

OUTCOME AND IMPACT

Prevention

During the year, 3,696 troops and family members were reached with comprehensive HIV prevention messages. In total, 422 educational sessions were held to reach the troops and their family members. During these sessions about 22,200 condoms were distributed. Other activities that occurred were the production and distribution of 500 brochures and 500 educational uniforms for peer educators during the comprehensive prevention campaigns.



Care

The protocol for an HIV seroprevalence survey has been approved by local authorities and implementation is planned for January 2008. A total of 1,000 troops will be screened in N'Djamena.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the CNA for activities during FY08. The proposed activities include continued peer education trainings, production and dissemination of an HIV/AIDS prevention manual for military trainers, and administration of a seroprevalence survey for troops in N'Djamena.



CÔTE D'IVOIRE

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 Côte d'Ivoire population is estimated at 18 million people, with an average life expectancy of 49 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 51%, unevenly distributed between men and women. Côte d'Ivoire is among the world's largest producers and exporters of coffee, cocoa beans, and palm oil. Despite government attempts to diversify the economy, it is still heavily dependent on agriculture and related activities, engaging roughly 68% of the population. Growth was negative in 2000–2003 because of difficulty in meeting the conditions of international donors, continued low prices of key exports, and severe civil war. The gross domestic product (GDP) per capita is \$1,800, with 42% of Ivoirians living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Côte d'Ivoire's general population is estimated at 7.1%. Côte d'Ivoire has approximately 750,000 individuals living with HIV/AIDS. HIV prevalence is higher in urban than in rural areas. Identified significant risk factors for HIV include early initiation of sexual activity, significant poverty, and unprotected heterosexual contact.

Military Statistics

The size of the Côte d'Ivoire Defense and Security Forces (CDSF) is approximately 8,000 members. Côte d'Ivoire does not perform force wide HIV testing, so the prevalence rate is unknown. The Côte d'Ivoire government expends 1.6% of the GDP on military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

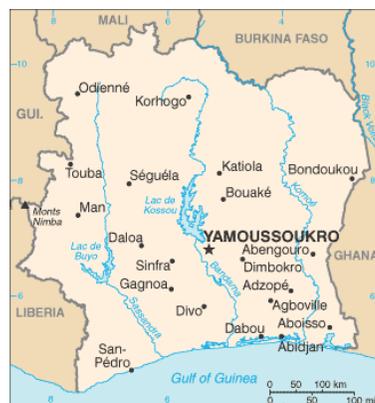
Although programming for the CDSF continues to be suspended, DHAPP personnel have maintained active roles as members of the Côte d'Ivoire Core Team for the US Office of the Global AIDS Coordinator (OGAC). In these roles, DHAPP staff members have provided technical assistance to the in-country team in their Country Operational Planning process for funding under the President's Emergency Plan for AIDS Relief (PEPFAR) in Côte d'Ivoire.

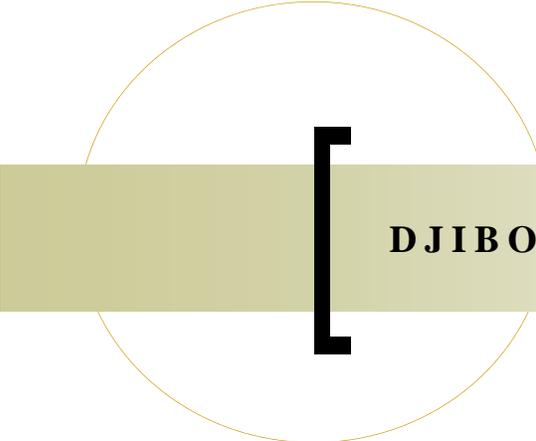
OUTCOMES & IMPACTS

During FY07, bilateral military programs for HIV prevention in the CDSF continue to be supported by the Centers for Disease Control and Prevention funding through PEPFAR rather than through US Department of Defense mechanisms due to ongoing instability in the area. DHAPP staff members continue to work with the CDSF and provide technical assistance visits to discuss future activities in FY08.

Proposed Future Activities

DHAPP staff have been active members of the Côte d'Ivoire Core Team for the OGAC and were successful in securing PEPFAR funding for several activities with the CDSF. Some of the planned activities include having CDFS physicians participate in DHAPP's *Military International HIV Training Program* in San Diego, development of military HIV policy, and technical assistance visits from DHAPP staff.





DJIBOUTI

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Djibouti is 506,000 people, with an average life expectancy of 43 years. French and Arabic are the official languages of Djibouti, which has an estimated literacy rate of 68%, unevenly distributed between men and women. The economy is based on service activities connected with the country's strategic location and status as a free trade zone in northeast Africa. Two thirds of the inhabitants live in the capital city; the others are mostly nomadic herders. Low rainfall limits crop production to fruits and vegetables, and most food must be imported. The gross domestic product (GDP) per capita is \$1,000, with 42% of Djiboutian people living below the poverty level. Djibouti hosts the only US military base in sub-Saharan Africa and is a front-line state in the global war on terrorism.

HIV/AIDS Statistics

The HIV prevalence rate in Djibouti's general population is estimated at 3.1%. Djibouti has approximately 15,000 individuals living with HIV/AIDS. The primary mode of transmission is heterosexual contact. Women are more severely affected than men. Individuals aged 20–29 years are more severely affected than those in other age groups.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

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



Foreign Military Financing Assistance

Djibouti was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003 and 2006, and FY03 funding was released for expenditure during FY05. To date, funding for 2003 has been used to procure a hematology analyzer, autoclave, centrifuge, rapid HIV, hepatitis B and hepatitis C test kits, immunoassay, biochemistry and microbiology equipment, refrigerators, and supporting laboratory reagents and supplies.

OUTCOMES & IMPACT

Prevention

The DNA HIV/AIDS prevention programs focus on abstinence, faithfulness, and use of condoms. The three are not considered separate, even though the use of a condom is advised as a last resort. During the National Fight Against HIV/AIDS Week, almost 2,000 troops were sensitized. Between January and September 2007, more than 1,800 members were sensitized in a military camp located near the Somali border. It is a cohesion camp where the different military units rotate. This location is an excellent opportunity to launch prevention campaigns. During FY07, 3,800 troops were reached with comprehensive prevention messages, and 116 peer educators were trained. The training was done in collaboration with the National Fight Against HIV/AIDS Program.

The DNA supports 13 condom service outlets for its troops.

Two (2) service outlets provide prevention of mother-to-child transmission services. During FY07, 882 pregnant women were serviced by these outlets, and 19 of them received a complete course of antiretroviral prophylaxis. In addition, 44 health care workers were trained in the provision of PMTCT services.



Care and Treatment

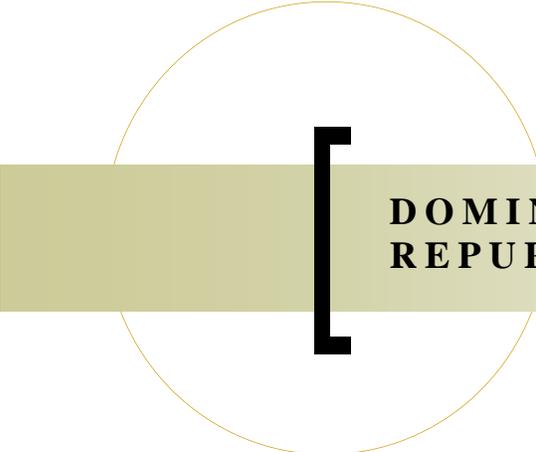
The DNA supports 5 Counseling and Testing (CT) Centers for its troops. The CT Centers are located throughout the DNA and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. During FY07, 617 DNA personnel were counseled and tested.

Two (2) service outlets provide antiretroviral therapy (ART) for DNA members and their families. During FY07, there were 15 newly initiated patients receiving ART, and at the end of the reporting period there were a total of 31 patients. For the first time, the DNA has an HIV diagnostic laboratory that can perform CD4 testing and other necessary HIV diagnostics, instead of depending on another organization's laboratory. With the new laboratory capabilities, 4 lab technicians were trained.

Proposed Future Activities

DHAPP received a proposal from the DNA for activities in FY08. Specific objectives of the proposal included increasing prevention activities, providing medical personnel with training for palliative care and treatment services, and increasing the number of troops tested for HIV.





DOMINICAN REPUBLIC

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of the Dominican Republic is 9.5 million people, with an average life expectancy of 73 years, evenly distributed between men and women. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 87%, evenly distributed between men and women. The gross domestic product per capita is \$9,200, with 42.2% of the population of the Dominican Republic living below the poverty level. The country has long been known primarily for exporting sugar, coffee, and tobacco. However, in recent years the service sector has overtaken agriculture as the economy's largest employer due to growth in tourism and free trade zones. Although the economy is growing at a respectable rate, high unemployment and underemployment remains an important challenge. The country suffers from marked income inequality; the poorest half of the population receives less than one fifth of the gross domestic product, while the richest 10% enjoys nearly 40% of the national income. The Central America-Dominican Republic Free Trade Agreement (CAFTA-DR) came into force in March 2007, which should boost investment and exports and diminish losses to the Asian garment industry.

HIV/AIDS Statistics

The HIV prevalence rate in the Dominican Republic general population is estimated at 1.1%. It is estimated that 66,000 Dominicans are living with HIV/AIDS, which is the leading cause of death among Dominican women of reproductive age. Nearly three quarters of all reported HIV cases occur in men. High-risk populations include commercial sex workers and their clients, and those with sexually transmitted infections (STIs).

Military Statistics

The Dominican Republic military known as *Fuerza Aerea Dominicana* (FAD) consists of approximately 44,000 active-duty personnel, about 30% of whom are used for nonmilitary operations, including providing security. The primary missions are to defend the nation and protect the territorial integrity of the country. The army, twice as large as the other services, comprises approximately 24,000 active-duty personnel. The air force operates 2 main bases, 1 in the southern region near Santo Domingo and 1 in the northern region of the country. The navy maintains 7 aging vessels and 4 new vessels. The FAD is second in size to Cuba's military in the Caribbean. The armed forces participate fully in counter-narcotics efforts. They also are active in efforts to control contraband and illegal immigration from Haiti to the Dominican Republic and from the Dominican Republic to the United States.

The rate of infection among the FAD ranges from 1.3% to 1.5%, according to the figures registered in the STI/HIV/AIDS service unit of the military hospital and the National Police.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, has been collaborating with the FAD on its HIV prevention program. Collaborations have occurred around identifying risky behaviors within the FAD.

OUTCOMES & IMPACTS

CDHAM has been developing a behavioral survey for troops stationed along the Haitian border as well as for commercial sex workers in the same area. The survey will identify risky behaviors and STIs. Some renovations were made to FAD health facilities with support from DHAPP.

Proposed Future Activities

CDHAM, along with the FAD, and the US Agency for International Development will be conducting the behavioral survey this year.



**DEMOCRATIC
REPUBLIC OF
THE CONGO**

D H A P P

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

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

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 3.2%, with approximately 1 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Congolese Armed Forces (CAF) include between 300,000 and 475,000 members. This military, still in the process of rebuilding after the end of the war in 2003, is one of the most unstable in the region. The Democratic Republic of the Congo allocates 2.5% of the GDP for military expenditures. The first HIV seroprevalence study for CAF was conducted in the capital city Kinshasa from July

to August 2007. Participatory sites were randomly selected from all military units located in Kinshasa. A total number of 3,943 troops were tested. Results from this study are pending.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The network of partners involved in the CAF program have evolved to include an in-country program manager working closely with the Johns Hopkins Cameroon Program (JHCP), Population Services International (PSI), and Family Health International (FHI). DHAPP staff provides oversight for the in-country program manager and technical assistance.

Foreign Military Financing Assistance

The Democratic Republic of the Congo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, supporting reagents, and other supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY05 and FY06 and has not been released yet for expenditure. Although still in negotiation, the current proposal for these funds includes procuring refrigerators and freezers, in addition to other blood-product storage supplies.

OUTCOMES & IMPACTS

Prevention

PSI provides prevention services to the CAF. PSI trained 59 peer educators, who held comprehensive prevention sessions that reached 1,578 troops. These sessions will be expanded in the next quarter. The target number for troops reached with prevention messages fell short of its goal because of the late start-up of the program and the constant mobility of the military.

Care

The first seroprevalence study for the CAF was conducted in the capital city Kinshasa from July to August 2007. JHCP provided technical assistance and oversight for this study. Participatory sites were randomly selected from all military units located in Kinshasa. A total number of 3,943 troops participated in the study. Results from this study are pending. During FY07, a total of 4,300 troops and family members were counseled and tested. Ten (10) counselors (6 from Mbuji-Mayi and 4 from Lubumbahi) and lab technicians were trained in testing capabilities. Two (2) nurses were trained in palliative care. Due to the delayed completion of the permanent Voluntary Counseling and Testing (VCT) Center, 2 temporary VCTs were established. Counseling and testing activities began in August 2007. The permanent VCT Center will be completed and ready for operation in the first quarter of FY08.



Proposed Future Activities

DHAPP received proposals from JHCP, PSI, and FHI on behalf of the CAF and in conjunction with the in-country program manager for activities during FY08. Proposed activities include promoting VCT 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.

EL SALVADOR

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of El Salvador is 7 million people, with an average life expectancy of 72 years. Spanish is the official language of El Salvador, which has an estimated literacy rate of 80.2%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$5,200, with 31% of the population living below the poverty level. A 12-year civil war, which resulted in some 75,000 deaths, was brought to a close in 1992 when the government and leftist rebels signed a treaty that provided for military and political reforms.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of El Salvador is estimated at 0.9%, with approximately 36,000 individuals living with HIV/AIDS. The most frequent mode of transmission is through heterosexual intercourse (77%). According to an epidemiological report from the Ministry of Public Health and Social Assistance (MSPAS), through the National STI/HIV-AIDS Program from 1984 to December 2006, 7,746 AIDS cases and 10,272 HIV cases have been reported, totaling 18,018 cases. The Joint United Nations Programme on HIV/AIDS estimates a 40% to 50% under-recording in the country. Of the 18,018 cases recorded, the age group most affected is those aged 20–34 years, accounting for 51% of all cases. The ratio of men infected to women infected is 1.7. In 2006 HIV/AIDS was the second highest cause of hospital deaths in men and women aged 25–59 years, and was the third cause of hospital deaths in men and women aged 20–24 years (May 2007, Ministry of Health, *The Fight Against AIDS in El Salvador, a National Commitment*).

Military Statistics

The El Salvadoran Armed Forces (ESAF) consists of approximately 10,000 members. The ESAF, primarily made up of young men and women aged 18-49 years, has a 12-month service obligation. In 1987, the first HIV case in the armed forces was detected. From that first case until 2005, 383 cases of HIV/AIDS were reported in the ESAF. In 1994, the ESAF Medical Command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS in El Salvadoran armed forces personnel. El Salvador expends 5% of the GDP on military purposes. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been in communication with US DoD Southern Command to re-energize the program in El Salvador. In fiscal year 2007, no funding was sent to El Salvador.

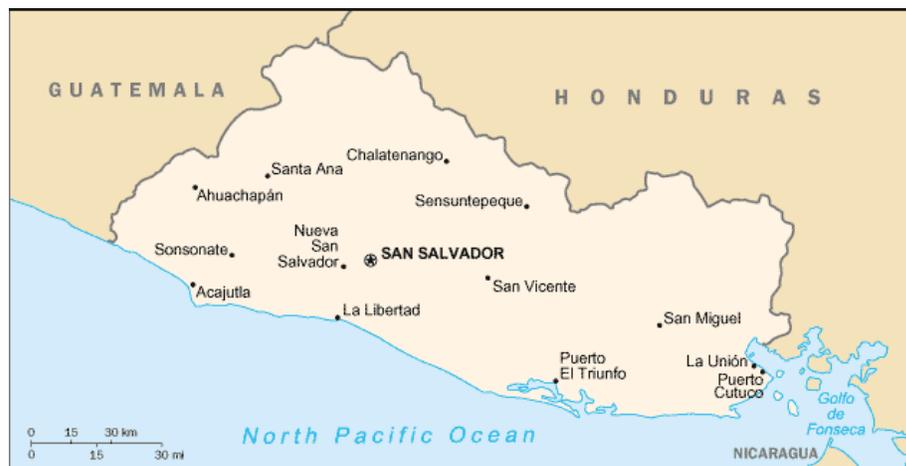
OUTCOMES & IMPACTS

No programmatic activities took place in the ESAF during the current reporting period. DHAPP looks forward to future collaboration with El Salvador.

Proposed Future Activities

DHAPP received two proposals for activities in FY08 on behalf of the ESAF. The first, from Population Services International, with the goals of introducing behavior change communication, training staff in counseling and testing services, and providing educational material to troops on the importance of knowing one's HIV status.

The second proposal came from the US Embassy, with the goals of making HIV/AIDS testing available in all armed forces units, providing awareness and prevention support to troops, and providing the best possible care to those infected with HIV/AIDS.



EQUATORIAL GUINEA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS BACKGROUND

Country Statistics

The estimated population of Equatorial Guinea is 616,000 people, with an average life expectancy of 60 years. Spanish and French are the official languages of Equatorial Guinea, which has an estimated literacy rate of 86%, unevenly distributed between men and women. Equatorial Guinea has experienced rapid economic growth due to the discovery of large offshore oil reserves, and, in the last decade, has become sub-Saharan Africa's third largest oil exporter. Forestry, farming, and fishing are also major components of the gross domestic product (GDP). GDP per capita is \$44,100, the fourth highest in the world, after Luxembourg, Bermuda, and Jersey.

HIV/AIDS Statistics

The HIV prevalence rate in Equatorial Guinea's general population is estimated at 3.2%. Equatorial Guinea has approximately 8,900 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.



Military Statistics

The Equatorial Guinean Armed Forces (EGAF) is estimated at approximately 2,000 members. Equatorial Guinea allocates 0.1% of the GDP for military expenditures. A seroprevalence study will be conducted within the EGAF during FY08.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the EGAF for its HIV prevention activities.



OUTCOMES & IMPACTS

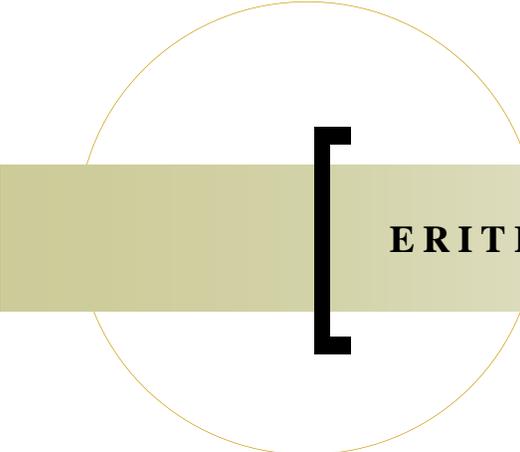
Prevention

All prevention activities were concentrated in the capital city of Malabo. A capacity-building technical session was held in December 2006, with 12 EGAF members in attendance. During this session, JHCP experts discussed with the EGAF HIV/AIDS technical team future project activities and strengthened their capacity in the implementation of HIV/AIDS activities. Peer education training was held for 20 trainers in March 2007. A session aimed at mobilizing the military high command in the fight against HIV/AIDS was also organized in March. Forty-five (45) senior EGAF members were sensitized, and advocacy was initiated for their involvement in HIV prevention activities within the military. From March to September 2007, a total of 18 comprehensive prevention sessions were organized by the trained peer educators in various military units in Malabo, reaching 363 troops. Also during FY07, didactic materials were developed, including a peer educator guide and a manual for trainers on HIV/AIDS and sexually transmitted infections in the military. These manuals are now in production and will soon be available in the field.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the EGAF for activities in FY08. The proposal included training peer educators, distribution of prevention materials, as well as a seroprevalence study within the EGAF.





ERITREA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Eritrea is 4.9 million people, with an average life expectancy of 60 years. Several languages are spoken in Eritrea, including Afar and Arabic, with an estimated literacy rate of 59%, unevenly distributed between men and women. Since independence from Ethiopia in 1993, Eritrea has faced the economic problems of a small, desperately poor country. The gross domestic product (GDP) per capita is \$1,000, with 50% of Eritreans living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Eritrea's general population is estimated at 2.4%. Eritrea has approximately 59,000 individuals living with HIV/AIDS. Identified significant risk factors include blood transfusions and unprotected sexual contact. Most cases of HIV in Eritrea are spread through heterosexual sex.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

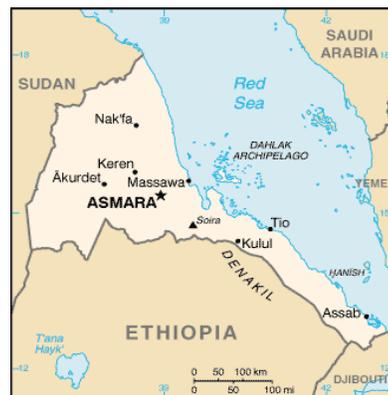
Bilateral military programs for HIV prevention in the EAF were suspended during FY07.

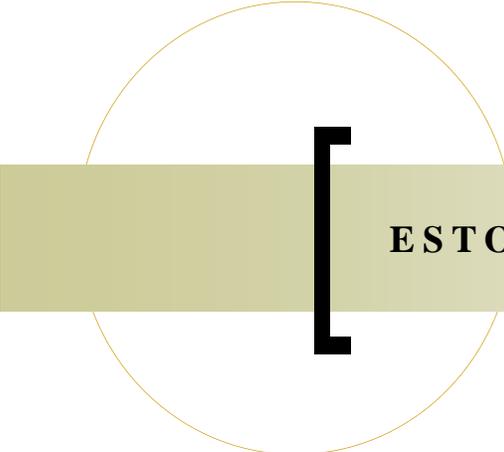
Foreign Military Financing Assistance

Eritrea was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003 and 2004. Funding for 2003 and 2005 was released for expenditure during FY05 and FY07, respectively. These funds have been used to procure a chemistry analyzer, centrifuge, and water bath, in addition to other supporting diagnostic supplies and reagents. Since the bilateral military programs have been suspended, no further procurement have occurred.

OUTCOMES & IMPACT

No activities occurred during this fiscal year because the bilateral military programs have been suspended indefinitely by the US Embassy in Asmara.





ESTONIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Estonia is 1.3 million people, with an average life expectancy of 73 years. Estonian is the official language, and the literacy rate is estimated at 99.8%, evenly distributed between men and women. Forcibly incorporated into the USSR in 1940, Estonia regained its freedom in 1991 with the collapse of the Soviet Union. Since the last Russian troops left in 1994, Estonia has been free to promote economic and political ties with Western Europe. It joined both NATO and the European Union in spring 2004. Estonia, a 2004 European Union entrant, has a modern, market-based economy and one of the highest per capita income levels in Central Europe. The economy benefits from strong electronics and telecommunications sectors and strong trade ties with Finland, Sweden, and Germany. The gross domestic product (GDP) per capita is \$21,800, with 5% of Estonian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Estonia's general population is 1.3%, with 10,000 people currently living with HIV/AIDS. The main driving force behind the epidemic in Estonia is intravenous drug use. Youths and young adults are more severely affected than other age groups. Other vulnerable groups include commercial sex workers, men who have sex with men, and prisoners.

Military Statistics

The Estonian Defense Forces (EDF) is estimated at approximately 4,000 members. Estonia expends 2.0% of its GDP on the military. Military HIV prevalence rates are unknown. Estonia supports the United States and NATO with

an infantry platoon in Iraq, de-mining specialists in Afghanistan, and security forces in Bosnia/Kosovo.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have continued collaborative efforts with Estonian military officials and the Office of Defense Cooperation at the US Embassy to establish an HIV/AIDS prevention program for military members in Estonia.

OUTCOME & IMPACTS

Prevention and Care

The development of an HIV/AIDS prevention program for the EDF has been ongoing since 2006. After creating a logo, 13,000 condoms, 100 posters, and 65 T-shirts were produced for the trainers and distribution to the conscripts. The condoms and posters were distributed to military units in proportion with the numbers of conscripts and were claimed through the EDF central pharmacy.



Some EDF personnel who were going to take part in a foreign mission were given lectures on prevention. A total of 137 professional soldiers attended this training prior to their deployment. Forty-five (45) EDF medic-instructors attended a 2-day seminar and were trained on prevention and crisis

assistance. Many topics were discussed in addition to HIV/AIDS prevention and diagnosis, such as sexually transmitted infections and psychological counseling for soldiers. The medic-instructors at each of the 9 major units in the country also distribute condoms (contained in a packet with HIV/AIDS awareness information) to the conscript soldiers.



HIV testing for the EDF is available at civilian hospitals throughout Estonia. There is not currently a military center within the EDF, and, as such, no troops are trained in counseling and testing. The number of EDF troops tested was 240 in FY07.

Proposed Future Activities

DHAPP received a proposal for FY08 activities from the ODC and the Estonian Association Anti-AIDS on behalf of the EDF. The overall objectives of the proposal included providing infrastructure and equipment for HIV testing and care centers, and increasing testing of all military personnel.



ETHIOPIA

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Ethiopia is 78.3 million people, with an average life expectancy of 49 years. Amharic is the official language of Ethiopia, which has an estimated literacy rate of 43%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$700, with 39% of Ethiopian people living below the poverty level. Ethiopia's economy is based on agriculture, accounting for half of the GDP, 60% of exports, and 80% of total employment. The agricultural sector suffers from frequent drought and poor cultivation practices. Coffee is critical to the Ethiopian economy, with exports of some \$156 million in 2002.

HIV/AIDS Statistics

The HIV prevalence rate in Ethiopia's general population is not known with certainty, but it is estimated between 0.9% and 3.5%, with between 420,000 and 1.3 million individuals living with HIV/AIDS. Identified risk factors include unprotected sexual contact, blood transfusions, unsafe injections, and vertical transmission. Eighty-eight percent (88%) of all transmissions are acquired through heterosexual contact.

Military Statistics

The Ethiopian National Defense Force (ENDF) has approximately 200,000 active-duty members. Ethiopia expends 3% of the GDP on the military. Military HIV prevalence rates are unknown, but a seroprevalence study of the ENDF is planned using FY08 funds.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Through the collaborative efforts of DHAPP, US Navy Blood Program personnel, ENDF, Ethiopian Red Cross, the Centers for Disease Control and Prevention, and the World Health Organization, the ENDF Bella Blood Center facility in Addis Ababa began operations in Fall 2007. Throughout the year, blood banking technical assistance was provided by US Navy Blood Program personnel to assist the ENDF as it stood up operations in its new facility. DHAPP personnel participated in the President's Emergency Plan for AIDS Relief Ethiopia Country Team and provided technical assistance for Country Operational Planning for FY08.



Foreign Military Financing Assistance

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

OUTCOMES & IMPACTS

Prevention

Since the opening of the ENDF Bella Blood Center facility in Addis Ababa in fall 2007, significant staff training has occurred. Three (3) ENDF staff members attended a 3-week training in blood safety donation and processing at the US Naval Medical Center San Diego. Approximately 150 students and health professionals participated in lectures in Ethiopia. The lectures on blood safety and proper blood transfusion practices were provided by the US Navy Blood Banking Team.



Approximately 12 technicians and managers were trained in blood collection, processing, and center management. Training is ongoing.

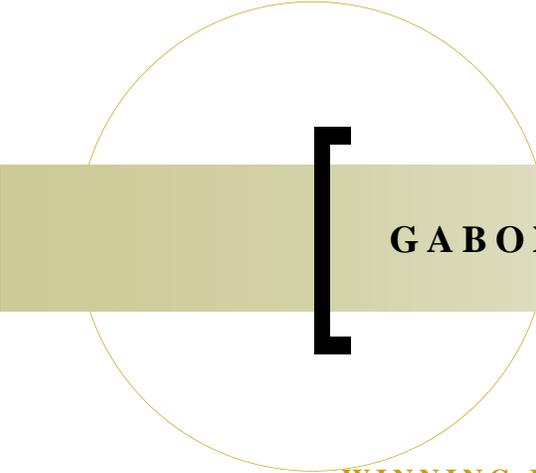


All health professionals and support staff have been trained on injection safety. The trainings have occurred with a phased approach, with the provision of universal precautionary equipment and policies.

Proposed Future Activities

Some of the proposed activities for the ENDF in FY08 include a seroprevalence study among ENDF personnel, development of a *Prevention with Positives* program for people living with HIV/AIDS, an antiretroviral therapy adherence program, continued capacity development for the Bella Blood Bank Center, and a continued injection safety program for the ENDF.





GABON

DHAPP

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BACKGROUND

Country Statistics

Gabon's estimated population is 1.49 million people, with an average life expectancy of 54 years. French is the official language of Gabon, which has an estimated literacy rate of 63%, unevenly distributed between men and women. Gabon has a per capita income 4 times that of most sub-Saharan African nations. The oil sector now accounts for 50% of the gross domestic product (GDP). The GDP per capita is \$13,800. This has offset a sharp decline in extreme poverty; however, because of high income inequality, a large proportion of the population remains poor. Gabon depended on timber and manganese until oil was discovered offshore in the early 1970s.

HIV/AIDS Statistics

The HIV prevalence rate in Gabon's general population is estimated at 7.9%. Gabon has approximately 60,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 5,000 members. Gabon expends 3.4% of its GDP on the military. 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 Ministry of Defense.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the GAF through the implementation of HIV prevention and surveillance activities.



Foreign Military Financing Assistance

Gabon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005–06, and 2003 funding was released for expenditure during FY05. To date, funding for 2005 has been used to procure laboratory supporting supplies and reagents.

OUTCOMES & IMPACTS

Prevention

Peer educators who had been trained last year at the Mouila military base in Southern Gabon organized prevention education sessions. In total, 37 educational sessions were held in the military camps, and a total of 754 troops were reached with comprehensive prevention messages.



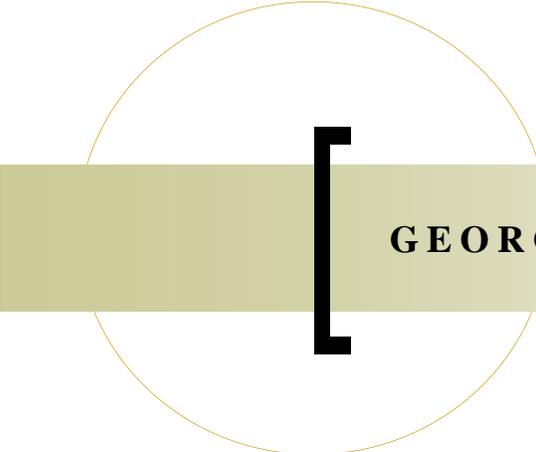
Care

A second HIV survey and behavioral study was conducted among the troops in Libreville, the capital city of Gabon; the first study was held in 2003. In total, 985 troops were tested for HIV during May 2007. Laboratory tests were conducted at the military hospital in Libreville. HIV prevalence was 4.3%, and results were released by the Gabonese Ministry of Defense.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the GAF for activities during FY08. The main objectives of the proposal are to conduct refresher training of peer educators and counselors in military garrisons, produce and disseminate behavior change communication materials, and reinforce education on HIV/AIDS and other sexually transmitted diseases.





GEORGIA

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Country Statistics

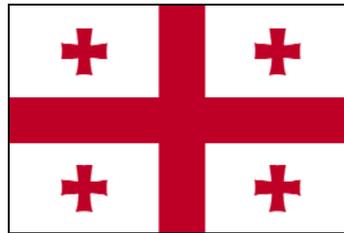
The estimated population of Georgia is 4.6 million people, with an average life expectancy of 77 years. Georgian is the official language of Georgia, which has an estimated literacy rate of 100%. Georgia's main economic activities include the cultivation of agricultural products such as grapes, citrus fruits, and hazelnuts; mining of manganese and copper; and output of a small industrial sector producing alcoholic and nonalcoholic beverages, metals, machinery, and chemicals. Despite the severe damage the economy has suffered due to civil strife, Georgia, with the help of the International Monetary Fund and the World Bank, has made substantial economic gains since 2000, achieving positive gross domestic product (GDP) growth and curtailing inflation. The GDP per capita is \$4,200, with 31% of Georgian people living below the poverty level. Georgia's economy has sustained robust GDP growth of close to 10% in 2006 and 12% in 2007, based on strong inflows of foreign investment and robust government spending. However, a widening trade deficit and higher inflation are emerging risks to the economy.

HIV/AIDS Statistics

The HIV prevalence rate in Georgia's general population is estimated at 0.2%, with approximately 5,600 individuals living with HIV/AIDS. The main route of HIV transmission is thought to be intravenous drug use. Men are more severely affected than women. Vulnerable groups include intravenous drug users, migrant populations, and commercial sex workers and their clients.

Military Statistics

The Georgian Armed Forces (GAF) consists of approximately 27,000 active-duty members. Georgia allocates 0.6% of the GDP for military purposes. Military HIV prevalence rates are unknown. A partner in the global war on terror, Georgia has sent troops to Iraq.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The GAF HIV prevention program works in conjunction with the Office of Defense Cooperation at the US Embassy and the Georgian Medical Group, a local nongovernmental organization. The overall goal of the program is to enhance knowledge of HIV/AIDS and sexually transmitted infections (STIs) among Georgian troops.



OUTCOMES & IMPACTS

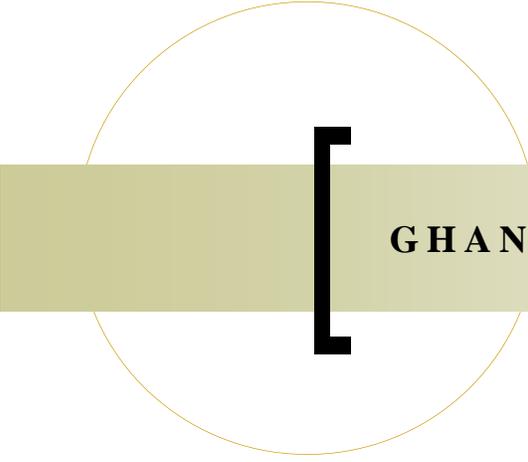
Prevention

Prevention education was done through a series of trainings for 500 troops. The 20 trainings occurred at the Krtsanisi National Training Center and the Vaziani Military Base and covered HIV and STI prevention. The trainings covered various routes of transmission including drug injection. Through collaborations with John Snow International, the GAF was able to distribute condoms to the participants. HIV rapid test kits and some laboratory equipment were procured and will be available to troops for voluntary testing in the near future.



Proposed Future Activities

DHAPP received a proposal from the Georgian Medical Group on behalf of the GAF for FY08. The main objectives of the proposal were to train military staff on HIV/AIDS and STIs prevention so that a larger number of troops could be reached with prevention messages by peer educators, and to procure HIV laboratory equipment and rapid test kits as to provide CT services.



GHANA

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BACKGROUND

Country Statistics

The estimated population of Ghana is 23 million people, with an average life expectancy of 59 years. English is the official language of Ghana, which has an estimated literacy rate of 58%, unevenly distributed between men and women. Well endowed with natural resources, Ghana has roughly twice the per capita output of the poorer countries in West Africa. Gold, timber, and cocoa production are major sources of foreign exchange. The domestic economy continues to revolve around subsistence agriculture, which accounts for 34% of the gross domestic product (GDP). The GDP per capita is \$1,400, with 29% of Ghanaian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Ghana is estimated at 2.3%, with approximately 320,000 individuals living with HIV/AIDS. Identified risk factors include high-risk heterosexual contact with multiple partners, sexual contact with commercial sex workers, and migration (HIV rates are higher in bordering countries, such as Côte d'Ivoire and Togo).

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The AIDS Control Program and the Public Health Division of the GAF implement the HIV/AIDS program. DHAPP staff provide technical assistance and support to the GAF's program with support from the Office of Defense Cooperation at the US Embassy. In addition, DHAPP staff are members of the President's Emergency Plan for AIDS Relief (PEPFAR) Ghana Country Team and participated in developing the Country Operational Plan (COP) for FY08.



Foreign Military Financing Assistance

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003 and 2005. Funding for 2003 was released for expenditure during FY05, and funding for 2005 was released during FY07. These funds have been used to procure CD4 count and viral load testing equipment, a refrigerator and centrifuge, a needed laboratory computer, in addition to other supporting diagnostic supplies and reagents. Although still in negotiation, the current proposal for FY05 funds includes procuring a hematology analyzer, along with the supporting diagnostic supplies and reagents.

OUTCOMES & IMPACT

Prevention

The GAF reported continued success in its prevention and care programs during

FY07. Through prevention activities, 2,030 troops were reached with comprehensive prevention messages and 200 individuals were trained as peer educators. When troops deploy on peacekeeping operations, they are tested for HIV prior to deployment, and peer educators are embedded in the units. The GAF has 7 service outlets that provide prevention of mother-to-child transmission (PMTCT) services. Throughout the year, 863 pregnant women used PMTCT services, and 6 women were provided with a complete course of antiretroviral prophylaxis.

Care

The GAF has 1 service outlet that provided palliative care for 150 troops and family members. At the palliative care outlet, 20 HIV-infected individuals received clinical prophylaxis and/or treatment for tuberculosis. Four (4) Counseling and Testing (CT) Centers were operational for GAF personnel and families. Some CT centers were unable to provide their data so the number of people tested is not inclusive of all people tested. Of the CT Centers that reported data, 863 troops and family members were tested for HIV and received their results. Twenty-four (24) individuals were trained in the provision of CT services.

Treatment

One (1) service outlet provides treatment services to the GAF and family members. During FY07, 68 individuals were newly initiated on antiretroviral therapy (ART), and at the end of the reporting period, a total of 95 clients were on ART. Twenty-seven (27) health workers were trained in ART services delivery, and in laboratory services, 25 individuals were trained according to national standards.

Proposed Future Activities

Continued comprehensive HIV programming for GAF members and their families was proposed to the PEPFAR Ghana Country Team. All proposed activities were included in the FY08 COP. Some of these activities include continued prevention efforts, increased CT services, and the expansion of staff to better assist with the GAF's program.



GUATEMALA



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BACKGROUND

Country Statistics

The estimated population of Guatemala is 13 million people, with an average life expectancy of 70 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 69%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$4,700, with 56% of the population living below the poverty level. Guatemala is the most populous of the Central American countries with a GDP per capita roughly one half that of Argentina, Brazil, and Chile.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Guatemala is estimated at 0.9%, with approximately 61,000 individuals living with HIV/AIDS. Seventy percent of reported cases are men. Under reporting could be as high as 50%, due to Guatemala's inadequate surveillance system, social stigma and discrimination, and insufficient medical access. The Guatemalan epidemic is spread primarily through sexual activity, and is growing rapidly among men who have sex with men (MSM), and commercial sex workers.

Military Statistics

The Guatemalan Armed Forces (GAF) consists of approximately 15,500 members, stationed in 44 military bases across the country. Guatemala has a draft system and requires 18 months of military service. Guatemala expends 0.4% of the GDP on the military. In a 2003 study, 3,000 military personnel were tested for HIV, 0.7% of these members were found to be HIV positive.

PROGRAM RESPONSE

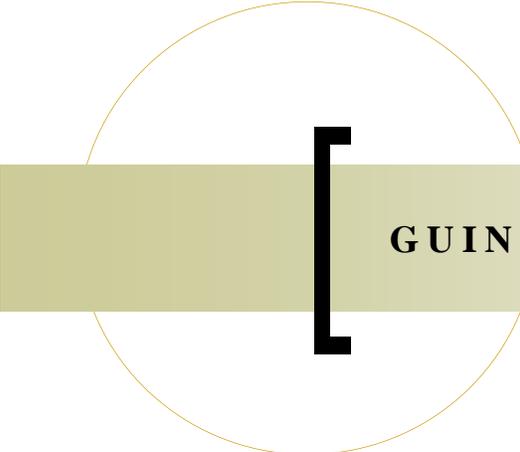
In-Country Ongoing Assistance

The GAF, in collaboration with the Joint United Nations Programme on HIV/AIDS and the Ministry of Health in Guatemala, began HIV prevention and HIV counseling for military personnel in 2003. In the past, DHAPP and US DoD Southern Command had engaged the GAF. No subsequent engagement occurred in FY07 for HIV/AIDS prevention programming.

OUTCOMES & IMPACTS

No programmatic activities took place with GAF military personnel during the current reporting period.





GUINEA

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Guinea is 10.2 million people, with an average life expectancy of 50 years. French is the official language of Guinea, which has an estimated literacy rate of 30%, unevenly distributed between men and women. Guinea possesses major mineral, hydropower, and agricultural resources, yet remains an underdeveloped nation. The gross domestic product (GDP) per capita is \$1,000, with 47% of people in Guinea living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in general population of Guinea is estimated at 1.5%, with approximately 85,000 individuals living with HIV/AIDS. Most cases of HIV in Guinea are spread through multi-partner heterosexual sex and mother-to-child transmission.

Military Statistics

The Guinean Armed Forces (GAF) is estimated at 23,000 members. Guinea allocates 1.7 % of the GDP for military expenditures. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 6.6%, which is significantly higher than the general population.

PROGRAM REPOSENSE

In-Country Ongoing Assistance

During fiscal year 2007, DHAPP collaborated with the GAF and the Defense Attaché Office of the US Embassy in Guinea and the in-country partner Population

Services International (PSI). In collaboration with PSI, the GAF focuses on an all-inclusive intervention; that is it includes abstinence, fidelity, and correct and consistent condom use. Other messages are partner reduction, sexually transmitted infection (STI) treatment, and using Counseling and Testing (CT) Centers.

Foreign Military Financing Assistance

Guinea was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY05 and FY06 and has not yet been released for expenditure.

OUTCOMES & IMPACTS

Prevention

The GAF continued its outstanding prevention programs during FY07, reaching 17,948 troops and their families with comprehensive prevention messages and training another 1,108 peer educators to provide those messages. Fifty-two (52) troops were trained in both blood safety and injection safety. Of the 1,108 personnel trained, 80 are members of the Ministerial Committee and/or members of the Policy Validation Committee and/or high-ranking officers of the military command, 28 are trainers, 720 are peer educators, and 280 are supervisors/committee persons in 36 military camps. The training of new peer educators and the refresher training of original peer educators are conducted by the master trainers. Peer educators conduct weekly sessions of a set program based on a thematic approach to STI/HIV/AIDS prevention: knowledge, risk perception, self-awareness/confidence building, and negotiation skills focusing on abstinence, being faithful, partner reduction, and correct and consistent condom use

Care

Fifty (50) service outlets provided HIV-related palliative care to GAF personnel and their families. Two hundred (200) military members were trained in the

provision of HIV-related care, including tuberculosis treatment. Twelve (12) CT Centers provided services to GAF members and their families. During FY07, 1,662 individuals were tested for HIV and received their results, and 50 individuals were trained in the provision of CT services.



Treatment

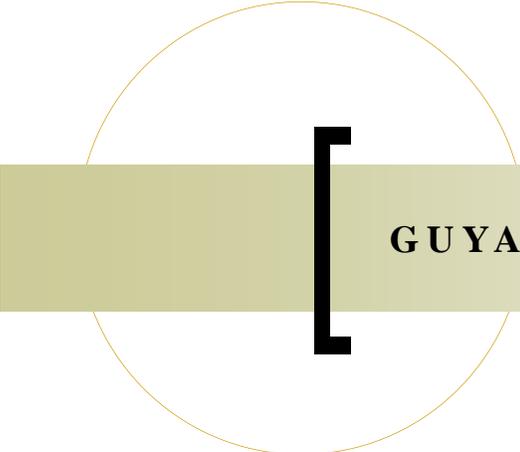
During FY07, 32 military medical personnel were trained in the provision of antiretroviral therapy (ART) services, and 50 laboratory personnel were trained in the provision of ART lab diagnostics. For the reporting period, no treatment numbers were reported to DHAPP.

Other

Three hundred and eighty-six (386) individuals were trained in strategic information. Eighteen (18) indigenous organizations were provided with technical assistance for strategic information and HIV-related institutional capacity building. Sixty-two (62) individuals were trained in policy development. For policy development, 12 members of the Ministry HIV Committee and approximately 50 officers and troops convened for a day-long workshop to validate the written policy and receive additional training. For institutional capacity training, an additional 252 troops have been trained.

Proposed Future Activities

DHAPP received a proposal from PSI on behalf of the GAF for activities in FY08. The objectives for the proposal are (1) increase personal risk perception for HIV among sexually active military personnel and their families, (2) improve access to condoms for military personnel and their families, and (3) increase knowledge about the benefits of HIV CT among the military population and their families (in zones where services are available).



GUYANA

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Guyana is 771,000, with a life expectancy of 66 years, evenly distributed between men and women. English is the official language of Guyana, but other languages are spoken, such as Amerindian dialects, Creole, Caribbean Hindustani and Urdu. The literacy rate in Guyana is 99%, and the gross domestic product (GDP) per capita is \$5,300. The Guyanese economy exhibited moderate economic growth in 2001–2007, based on expansion in the agricultural and mining sectors, a more favorable atmosphere for business initiatives, a more realistic exchange rate, fairly low inflation, and the continued support of international organizations. Economic recovery since the 2005 flood-related contraction has been buoyed by increases in remittances and foreign direct investment. Guyana's entrance into the CARICOM Single Market and Economy in January 2006 will broaden the country's export market, primarily in the raw materials sector.

HIV/AIDS Statistics

The HIV prevalence rate in Guyana's general population is estimated at 2.4%, with approximately 12,000 individuals living with HIV/AIDS. It has the second highest HIV prevalence rate in Latin America and the Caribbean. Accounting for approximately 80% of AIDS cases, heterosexual contact is the main risk factor, and men who have sex with men accounts for nearly 21% of AIDS cases.

Military Statistics

The Guyana Defense Force (GDF) is estimated at 2,000 troops. Guyana allocates 1.8% of the GDP for military expenditures. HIV prevalence has been estimated at 0.64% among military recruits in Guyana.

PROGRAM RESPONSE

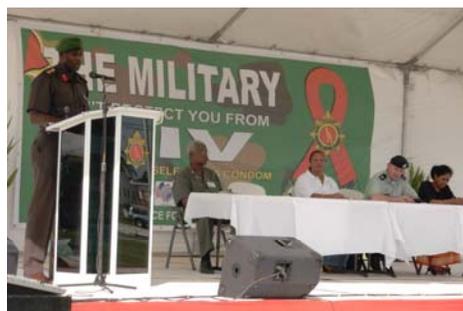
In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, works with the GDF on its HIV/AIDS program. CDHAM has hired an in-country project manager to coordinate the program. They also collaborate with DHAPP staff members and a representative from the Southern Command. In July 2007, 2 DHAPP staff members traveled to Guyana for program review assistance, and collaboration on its President's Emergency Plan for AIDS Relief Country Operational Plan for fiscal year 2008, as well as military-specific planning and technical assistance. CDHAM sent its in-country project manager to the DHAPP HIV/AIDS Program Manager Training Course in Stuttgart, Germany, in September 2007.

OUTCOMES & IMPACTS

Prevention

Many prevention activities occurred in the GDF, such as training 44 peer educators who reached 808 members, including active duty and reserve personnel. AIDS prevention posters and 3 billboards were produced for the GDF and displayed on bases throughout Guyana. Red ribbons were designed and produced for the military to demonstrate their solidarity to HIV/AIDS prevention. Eleven (11) outlets participated in blood-safety activities, and 18 military members were trained in blood safety. An additional campaign was launched to educate about occupational exposure management and was displayed throughout the Voluntary Counseling and Testing (VCT) Centers.



Care

One of the biggest accomplishments for the GDF this year was the establishment of 2 VCT Centers. Twenty eight (28) military members were trained in CT for the new sites. Computer systems and laboratory equipment were procured for the VCT Centers. The National AIDS Programme Secretariat provided training for 34 doctors and medics in the GDF Medical Corps on postexposure prophylaxis care and treatment. In addition, 23 medical personnel received training in tuberculosis, sexually transmitted infections, and opportunistic infections.



Proposed Future Activities

More prevention efforts are planned for FY08 including a health fair for soldiers and their families, which will promote HIV/AIDS awareness, prevention, nutrition, and CT. Educational material is being developed on correct condom use and comprehensive HIV/AIDS education and will be distributed to the GDF. The refurbishment of a laboratory located at the GDF headquarters and a VCT Center in Timehri are planned, as well as CT training for 30 new individuals. Mobile VCT services will be provided at various bases throughout the GDF. Palliative care training will be provided for 20 medical personnel. In addition, one physician from the GDF will attend DHAPP's *Military International HIV Training Program* in San Diego. All activities were included in the FY08 COP.



HONDURAS



DHAPP

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Country Statistics

The estimated population of Honduras is 7.6 million people, with an average life expectancy of 69 years. The official language of Honduras is Spanish, and the literacy rate is 80%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$3,300, with a population of 51% living below the poverty level. Honduras, the second poorest country in Central America and one of the poorest countries in the Western Hemisphere, with an extraordinarily unequal distribution of income and massive unemployment, is banking on expanded trade under the US-Central America Free Trade Agreement and on debt relief under the Heavily Indebted Poor Countries Initiative. The economy relies heavily on a narrow range of exports, notably bananas and coffee, making it vulnerable to natural disasters and shifts in commodity prices. However, investments in the maquila and nontraditional export sectors are slowly diversifying the economy. Growth remains dependent on the economy of the United States, its largest trading partner, and on reduction of the high crime rate, as a means of attracting and maintaining investment.

HIV/AIDS Statistics

The HIV prevalence rate in the Honduran general population is estimated at 1.5%, with 63,000 individuals living with HIV/AIDS. Honduras accounts for almost 60% of HIV/AIDS cases in Central America and occupies the fifth place in the official number of total cases on the American continent. Sex is the transmission route for 93% of the total number of cases reported, mother-to-child transmission accounts for 6.5%, and blood transmission represents 0.5%.

Military Statistics

The Honduran military consists of approximately 8,000 troops. The various branches of the military in Honduras include Army, Navy, and Air Force. The government of Honduras allocates 0.6% of the GDP for the military. The HIV prevalence rate in the HAF is unknown, but a 1997 study found that 6.8% of military recruits were HIV-positive.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), implementing agency for the United States Uniformed Services University of Health Sciences, provided 2 trainings for the Honduran military on comprehensive prevention efforts and treatment for medical providers.

OUTCOMES & IMPACT

Prevention

Four-day training was conducted in El Cajon, Honduras, with 34 members of the military in attendance. Comprehensive prevention training was provided to the various levels of military members present. It included messages of prevention, human rights, stigma and discrimination reduction.

Training in Tegucigalpa, Honduras, for the Honduran military medical personnel was conducted with 150 military members in attendance. The medical personnel included physicians, dentists, nurses, combat medics, lab personnel, and others. A physician from Walter Reed Army Medical Center provided HIV treatments training.

Proposed Future Activities

CDHAM is exploring a public media campaign for the Honduran military.

HONDURAS





INDIA

DHAPP

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

Country Statistics

The estimated population of India is 1.1 billion people, with an average life expectancy of 69 years. Hindi is the official language of India, which has an estimated literacy rate of 61%, unevenly distributed between men and women. Despite impressive gains in economic investment and output, India faces pressing problems, such as the ongoing dispute with Pakistan over Kashmir, massive overpopulation, environmental degradation, extensive poverty, and ethnic and religious strife. The gross domestic product per capita is \$2,700, with 25% of the Indian population living below the poverty level.

HIV/AIDS Statistics

According to the UNAIDS *2007 AIDS Epidemic Update*, the HIV prevalence rate in India's adult population is estimated to be 0.36%. The newly revised estimates may be lower than previous estimates, but HIV still greatly affects large numbers of people. The predominant mode of HIV transmission is through heterosexual contact, followed by intravenous drug use. Identified risk factors include high-risk heterosexual contact, intravenous drug use, and contact with commercial sex workers.

Military Statistics

The Indian Armed Forces (IAF) is estimated at approximately 1.3 million active-duty troops and more than 500,000 reservists. Although military HIV prevalence rates are unknown, AIDS is documented as the fifth most common cause of death in the IAF.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE), have continued to collaborate with the Indian Armed Forces Medical Services (AFMS).



OUTCOMES & IMPACT

Prevention

AFMS organized and implemented 4 peer education workshops, which included 1 for military spouses, and trained 340 peer educators. Comprehensive prevention messages reached 4,480 troops and family members during the reporting period. One million condoms were procured and distributed to all the commands for the troops. Information, Education, and Communication (IEC) materials were developed, produced, and distributed in Hindi and English as handbills, handbooks, and posters. At the request of the paramilitary forces, the AFMS shared its peer education training manuals and IEC materials with them for distribution to their forces.

Care and Treatment

HIV test kits were procured for counseling and testing services for the IAF. The number of troops tested was not available, but 9,000 test kits were procured during the fiscal year.

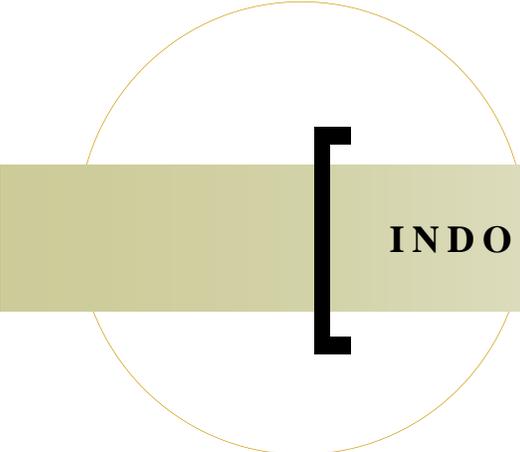
In addition to the 2 military laboratories that can perform HIV tests and CD4 tests, the capacity of 10 military laboratories has improved with receipt of new medical equipment and supplies. The military laboratories provide support to HIV/AIDS treatment and care services. Opportunistic infection test kits were procured and sent to 8 HIV/AIDS military laboratories. During the year, 108 health care workers were trained in the delivery of antiretroviral therapy

services, and 8 laboratory technicians received training on lab-related activities including use of their new lab equipment. Also, 1 lab technician attended the Regional Training Center in Bangkok, Thailand, for HIV diagnostic laboratory training.

Proposed Future Activities

A portfolio review is planned for summer 2008, and will determine future activities with the AFMS.





INDONESIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS BACKGROUND

Country Statistics

The estimated population of Indonesia is 238 million people, with an average life expectancy of 70 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 90%, unevenly distributed between men and women. The high global price of oil in 2007 increased the cost of domestic fuel and electricity subsidies, and continues to contribute to concerns about higher food prices. The gross domestic product per capita is \$3,400, with 18% of Indonesian people living below the poverty level. Unfortunately, Indonesia suffered new disasters in 2006 and early 2007, including a major earthquake near Yogyakarta, an industrial accident in Sidoarjo, East Java, that created a “mud volcano,” a tsunami in South Java, and major flooding in Jakarta, all of which caused additional damages in the billions of dollars. Donors are assisting Indonesia with its disaster mitigation and early-warning efforts.

HIV/AIDS Statistics

The HIV prevalence rate in Indonesia’s general population is estimated at less than 0.1%. Roughly 170,000 people were living with HIV in 2005. Currently, the epidemic is concentrated primarily amongst intravenous drug users.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance, have continued to collaborate with the TNI on capacity building and laboratory infrastructure.

OUTCOMES & IMPACT

Care

A total of 45,830 HIV test kits were procured for the TNI in the first and second quarters of FY07. The tests were distributed among the various branches of the military. Nearly 80% of the HIV test kits procured for the TNI was used for pre- and post- peacekeeping operation deployments, internal deployment to Papua, new recruits, and health examinations. Therefore, 36,205 troops/recruits were tested in FY07. The remainder of the test kits will be used for surveillance activities in FY08. Two (2) TNI medical officers attended the Regional Training Center (RTC) *Counseling and Education Workshop for Nurses* in Bangkok, Thailand.

Treatment

Two (2) military hospitals that serve as National Referral Hospitals, in Jakarta and Surabaya, each received CD 4 count machines. These hospitals serve military members, dependents, and civilians. Since receiving the CD4 count machines, a total of 335 tests were performed: 121 at the Army Hospital in Jakarta and 214 at the Navy Hospital in Surabaya. Of the 121 tests performed in Jakarta, 54 were used to conduct training for both military and civilian medical officers and technicians. Of the 7 individuals trained in the provision of lab-related activities, 1 TNI medical officer attended the RTC for HIV diagnostic laboratory training. Two (2) TNI medical officers attended the RTC's *HIV/AIDS Treatment and Care Workshop*.

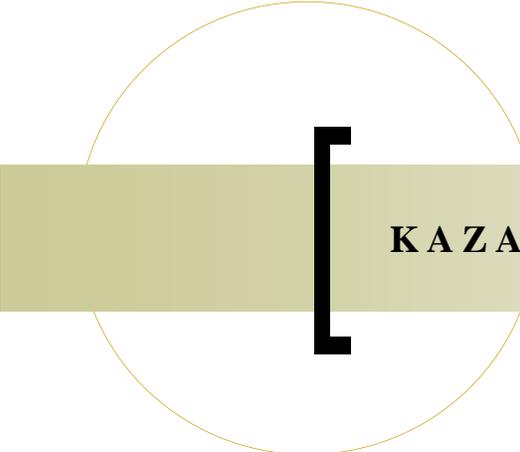
Other

One (1) TNI medical officer attended and presented at the *17th Annual Asia-Pacific Military Medicine Conference* in Manila, Philippines, at the HIV/AIDS breakout session.

Proposed Future Activities

A portfolio review is planned for summer 2008, and will determine future activities with the TNI.





KAZAKHSTAN



DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Kazakhstan is 15.3 million people, with an average life expectancy of 68 years. Russian is the official language of Kazakhstan, which has an estimated literacy rate of 99.5%, evenly distributed between men and women. Kazakhstan, the largest of the former Soviet republics in territory, excluding Russia, possesses enormous fossil fuel reserves and plentiful supplies of other minerals and metals. It also has a large agricultural sector featuring livestock and grain. Kazakhstan's industrial sector rests on the extraction and processing of these natural resources. The gross domestic product (GDP) per capita is \$10,400, with 13.8% of the population living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Kazakhstan is estimated at 0.1%, with approximately 12,000 individuals living with HIV/AIDS. The HIV epidemic in Kazakhstan is concentrated mainly among intravenous drug users and their sexual partners. Intravenous drug users accounted for about 75% of new HIV cases, with the remainder of new cases infected through sexual transmission.

Military Statistics

The Kazakhstan Armed Forces is composed of an estimated 64,000 members. Kazakhstan expends 0.9% of the GDP on military purposes. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have maintained contact with US Embassy staff in Kazakhstan for continued development of a plan for future prevention activities for military members.

OUTCOMES & IMPACTS

Prevention

No official programmatic activities took place in Kazakhstan during the fiscal year. DHAPP staff members look forward to future engagement with Kazakhstan to plan a successful program.

Proposed Future Activities

A proposal was received from Research Triangle Institute for activities in Kazakhstan for FY08. Its objectives include (1) build capacity by training in-country Kazakhstan staff on interview administration and study procedures, (2) build capacity by training in-country staff to use the data management system, and (3) conduct HIV seroprevalence study and behavioral survey in the military population of Kazakhstan.





KENYA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Kenya's population is estimated to be 37 million people, with an average life expectancy of 55 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85%. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance on several primary goods whose prices have remained low. In 2003, progress was made in rooting out corruption and encouraging donor support, with the gross domestic product (GDP) growing more than 5% in 2005. The GDP per capita is \$1,600, with 50% of Kenyans living below the poverty level.

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

HIV/AIDS Statistics

The HIV prevalence rate in Kenya's general population is estimated at 6.1%. Kenya has approximately 1.3 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. Girls and young women are particularly vulnerable to infection. Women aged 15–24 years are more than twice as likely to be infected as men of this age range. HIV rates vary significantly throughout the country. Nyanza province in western Kenya may have some of the highest rates: 11%-7%, depending on data source.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Walter Reed Army US Institute of Research (WRAIR) Army Medical Research Unit – Kenya (USMARU-K) is a fully staffed overseas laboratory and under the US Embassy in Nairobi. The USAMRU-K's primary lab and administrative hub, are located at the Kenya Medical Research Institute (KEMRI) in Nairobi but also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army Colonel and staffed by 11 active duty military, one Department of Army civilian, and 305 contracted employees. Of this staff, 2 of the active-duty military (1 program manager and 1 lab manager) and 18 contracted personnel provide direct oversight, and in-country technical assistance to the President's Emergency Plan for AIDS Relief (PEPFAR) Kenya and, more specifically, the KDOD. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). KUSLO is the US military liaison office to the government of Kenya and is a US DoD Central Command field office that coordinates US Security Assistance programs and US DoD Central Command contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assists coordinating higher-level meetings with the KMOD, ensuring goals and objectives of the Combatant Command are met.

USAMRU-K activities for PEPFAR are supported by US-based staff at WRAIR HQ and their U.S. Military HIV Research Program (USMHRP) in both technical and administrative areas. Additional technical support is provided by USMHRP staff located in Thailand and DHAPP staff members working in collaboration with USMHRP. USMHRP staff participated in the President's Emergency Plan

for AIDS Relief Kenya Country Team and provided technical assistance for Country Operational Planning for FY08.

OUTCOMES & IMPACTS

Prevention

During FY07, the KDOD continued to provide results across all areas in prevention, care, and treatment of HIV. Through community outreach efforts, a total of 103,408 military personnel and their families were reached with prevention messages that focused primarily on abstinence and being faithful (82,121 men; 21,287 women). A total of 22,860 troops and families received abstinence-only messages mainly through faith-based organizations and seminars aimed at the youth in the military population. Seventy-seven (77) individuals were trained in the provision of those messages. In addition, 23,823 military members and their families were reached with comprehensive prevention messages. Condom services were provided through 440 dispensing points (mess toilets, hospitals waiting rooms, clinics, bars). Thirty-seven (37) individuals were trained in the provision of comprehensive prevention messages.

During FY07, 836 women were provided with prevention of mother-to-child transmission (PMTCT) services at 14 PMTCT sites. These services included counseling, HIV testing, and results. Of the women tested under PMTCT setting, 103 were provided with a complete course of antiretroviral prophylaxis.



Care

One (1) service outlet provided HIV-related palliative care to military members and their families. During the year, 483 KDOD members were provided with HIV-related palliative care (247 men; 236 women). These numbers included 234 troops and family members receiving treatment for tuberculosis.

Twenty (20) Counseling and Testing (CT) centers provided HIV testing for KDOD personnel. During FY07, a total of 4,788 troops and family members were tested for HIV and received their results (3,505 men; 1,283 women). Eleven (11) military health care workers were trained in the provision of CT.

Services were provided to 1,176 military orphans and vulnerable children by the KDOD.

Treatment

During FY07, one outlet provided antiretroviral therapy (ART) services to KDOD personnel and their families. Two hundred thirty (230) service members or dependents were newly started on ART during the reporting period. At the end of the reporting period, 1,098 military members or families were considered current clients receiving ART. Twenty-nine (29) military health workers were trained in the provision of ART. One KDOD laboratory had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 5 laboratory workers were trained.

Proposed Future Activities

Ongoing successful KDOD and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Kenyan Country Team and were included in the FY08 COP.

After a full program review in February 2008, the program has been restructured and is now directed by an active-duty physician with HIV experience in Kenya. The focus will shift to back to care within the military programs, and the outreach programs with civilian communities will be transitioned to other PEPFAR partners. Mobile CT services will be used to ensure testing reaches

every troop—even those deployed. Mobile training teams will be used to ensure education reaches every troop—even those deployed. PMTCT services for military spouses away from military facilities (the majority) will be coordinated through local PMTCT centers where they are living.



KYRGYZSTAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

In 1991, Kyrgyzstan achieved independence from the Soviet Union. Kyrgyzstan is a poor, mountainous country with a predominantly agricultural economy. The estimated population of Kyrgyzstan is 5.4 million people, with an average life expectancy of 69 years. Kyrgyz and Russian are the official languages of Kyrgyzstan, which has an estimated literacy rate of 99%, evenly distributed between men and women. Cotton, tobacco, wool, and meat are the main agricultural products, although only tobacco and cotton are exported in any significant quantity. Industrial exports include gold, mercury, uranium, natural gas, and electricity. The gross domestic product per capita is \$2,000, with 40% of Kyrgyz people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Kyrgyzstan's general population is estimated at less than 0.1%, with approximately 4,000 people living with HIV. Risk factors in this concentrated epidemic include primarily intravenous drug use, comprising 80% of cases. Sexual transmission accounts for most other cases.

Military Statistics

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



PROGRAM RESPONSE

In-Country Ongoing Assistance

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

OUTCOMES & IMPACT

Prevention and Care

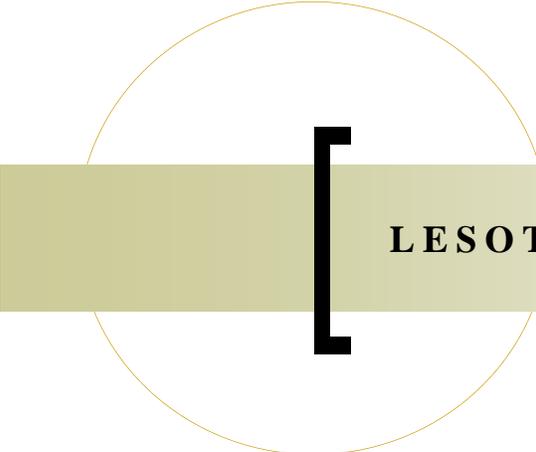
During this fiscal year, the Kyrgyzstan military reached 9,620 troops with comprehensive prevention messages, and 25 troops were trained as peer educators. In addition, 27 military medical personnel were trained in injection safety. Two (2) Counseling and Testing (CT) Centers will open in FY08 to provide testing services to the troops. In preparation of their openings, 27 individuals have been trained in CT services.



Proposed Future Activities

DHAPP received a proposal from the Security Assistance Office on behalf of the Kyrgyzstan military for FY08. The specific objectives of the proposed activities include (1) procure equipment and accessories to equip 1 enzyme immunoassay laboratory, (2) procure HIV rapid test kits, (3) train 1 medical officer at the *Military International HIV/AIDS Training Program* in San Diego, (4) publish information material on HIV/AIDS prevention methods, and (5) procure sterilization equipment to prevent the transmission of HIV infection.





LESOTHO

D H A P P

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Lesotho is 2 million people, with an average life expectancy of 40 years. English is the official language of Lesotho, which has an estimated literacy rate of 85%, unevenly distributed between men and women, interestingly with women having higher literacy rates (95%) than men (75%). The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. The gross domestic product (GDP) per capita is \$1,500, with 49% of people in Lesotho living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the Lesotho general population is estimated at 23.2%, resulting in approximately 270,000 individuals living with HIV/AIDS in Lesotho. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. Lesotho expends 2.6% of the GDP on the military. No HIV prevalence data are currently available for LDF members but a seroprevalence study has been proposed for FY08.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Population Services International (PSI) began working with the LDF in 2005, with activities focused on training of peer educators among military personnel, prevention programs that emphasized counseling and testing (CT) and correct use of condoms, and training CT counselors. The activities have led to increased demand for CT services among military personnel. DHAPP staff are an active members of the President's Emergency Plan for AIDS Relief (PEPFAR) Lesotho Country Team and have provided technical assistance for country operational planning for FY08.

Foreign Military Financing Assistance

Lesotho was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY06 and has not yet been released for expenditure.

OUTCOMES & IMPACTS

Prevention

The LDF and PSI worked diligently on their prevention programming and reached 1,300 troops with comprehensive prevention messages. Peer education training continued and 20 individuals were reached. The LDF supported 13 condom service outlets.

The LDF supported 2 outlets providing prevention of mother-to-child transmission (PMTCT) services. During the year, 385 pregnant women were provided with PMTCT services, 185 of whom received a complete course of antiretroviral prophylaxis. This is an increase from last year. The follow-up mechanism for infants of mothers who tested HIV positive and received prophylaxis has improved. Two (2) nurses were trained in the provision of PMTCT services according to national standards.

Care

One (1) service outlet provides HIV-related palliative care services to LDF personnel and their families. During the fiscal year, 595 military personnel were provided with HIV-related palliative care (308 men, 287 women). Of these, 140 received treatment for tuberculosis. Three (3) nurses attended training on the provision of HIV-related palliative care including tuberculosis therapy.

Three (3) outlets provided CT services for military personnel. A mobile clinic will soon be functioning and able to provide additional CT services to sites outside of the 3 fixed outlets. Three hundred ninety (390) troops or family members were tested for HIV and received their results (279 men, 111 women). PSI trained 10 medical personnel to provide CT services according to national standards.

Treatment

One service outlet provides antiretroviral therapy (ART) for LDF members and their families. At the end of the year, 330 troops and family members were provided with ART (218 men, 112 women). Seventy-five (75) clients were newly initiated on ART during the year. One (1) laboratory has the capability to perform HIV testing and CD4 counts. Two students are attending long-term laboratory training at the Lesotho National Health Training College.



Other

One (1) LDF member and 3 nurses attended strategic information training offered through PEPFAR.

Proposed Future Activities

DHAPP received 2 proposals on behalf of the LDF for FY08 activities. The first proposal was from PSI and the primary objectives were to increase CT services including properly trained staff, continue training and recruiting peer educators, and increasing laboratory capabilities for LDF. The second proposal was submitted by Research Triangle Institute and its objective was to conduct a seroprevalence survey for the LDF.





LIBERIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Liberia is 3.3 million people, with an average life expectancy of 41 years. Liberian is the official language, and the literacy rate is estimated at 58%, unevenly distributed between men and women. Civil war and government mismanagement have destroyed much of Liberia's economy, especially the infrastructure in and around Monrovia. Many businesses fled the country, taking capital and expertise with them, but with the conclusion of fighting and the installation of a democratically elected government in 2006, some have returned. The gross domestic product (GDP) per capita is \$500, with 80% of Liberian people living below the poverty level.

HIV/AIDS Statistics

The current HIV prevalence rate in Liberia's general population is unknown, but 2006 estimates ranged from 2% to 5% among adults.

Military Statistics

The size of the Armed Forces of Liberia (AFL) has drastically decreased from 14,000 to 1,600 troops in recent years. With assistance from the US Department of Defense, the new troops are well-trained and well-equipped, and most importantly, will protect Liberia's people and respect their human rights. Liberia expends 1.3% of the GDP on its military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The AFL and staff from the Office of Defense Cooperation (ODC) at the US Embassy have begun to initiate an HIV prevention program. DHAPP staff have provided technical assistance as the program prospers.



Foreign Military Financing Assistance

Liberia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY06, and funding has not yet been released for expenditure. Although still in negotiation, the current proposal for these funds includes procuring HIV/AIDS diagnostic equipment and supplies.

OUTCOMES & IMPACTS

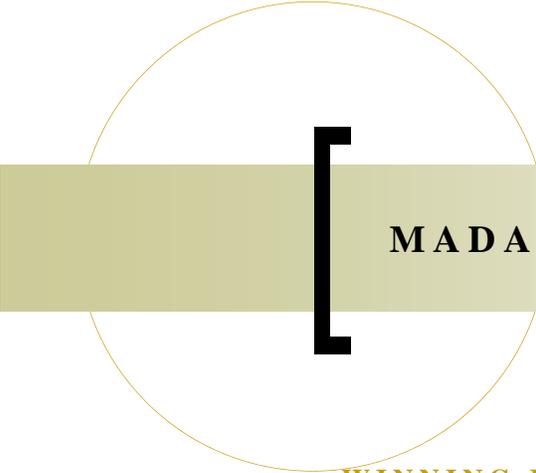
DHAPP looks forward to successful program implementation in Liberia. During FY07, the search began for a program manager to implement an HIV prevention program for the AFL.



Proposed Future Activities

DHAPP received a proposal for FY08 activities from the ODC on behalf of the AFL. The primary goals of this phase of the AFL HIV/AIDS prevention program are to hire a program manager and develop infrastructure for the prevention program.





MADAGASCAR

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

BACKGROUND

Country Statistics

The estimated population of Madagascar is 20 million people, with an average life expectancy of 63 years. French and Malagasy are the official languages of Madagascar, which has an estimated literacy rate of 70%, unevenly distributed between men and women. Agriculture, which includes fishing and forestry, is a mainstay of the economy and accounts for more than one fourth of Madagascar's gross domestic product (GDP), and employs 80% of the population. The GDP per capita is \$1,000, with 50% of Malagasy people living below the poverty level. Exports of apparel have boomed in recent years primarily due to duty-free access to the United States. Deforestation and erosion, aggravated by the use of firewood as the primary source of fuel, are serious concerns.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Madagascar is estimated at 0.5%, with approximately 49,000 individuals living with HIV/AIDS. Most cases of HIV in Madagascar are spread through multi-partner heterosexual sex.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

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



Foreign Military Financing Assistance

Madagascar was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY05-06, and funding for 2005 was released for expenditure during FY07. Although still in negotiation, the current proposal for these funds includes procuring rapid HIV test kits, an ELISA machine, autoclave, centrifuge, and other supporting laboratory supplies and reagents.

OUTCOMES & IMPACTS

Prevention

Health care providers who also served as peer educators and work at military health installations around Madagascar provided mass sensitization activities in their respective regions. Six hundred and sixty-five (665) individuals were reached in the mass sensitization activities. A total of 100 peer educators were recruited and trained.



In addition, condoms were provided to the PAFM.

Care

Counseling and Testing (CT) services were providing to 760 individuals. The testing services were conducted in 3 areas where there are DHAPP-funded CT Centers, and 1 specific area where there is an influx of mining workers from South Africa. Throughout the year, additional lab equipment was procured for the various labs.

Proposed Future Activities

DHAPP received a proposal from the Security Assistance Office at the US Embassy on behalf of the PAFM for activities in FY08. The objectives of the proposal include (1) increase mass prevention efforts for PAFM personnel and their families, (2) procure additional lab equipment for increased CT capabilities, (3) develop a strategy for a military outreach program to educate the population in outlying provincial regions, and (4) improve sanitary conditions and procedures in clinics and hospitals for blood transfusions. MAD





MALAWI

D H A P P

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of Malawi is 13.9 million people, with an average life expectancy of 43 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 63%, unevenly distributed between men and women. Landlocked Malawi ranks among the world's most densely populated and least developed countries. The economy is predominately agricultural, with about 85% of the population living in rural areas. Agriculture accounts for more than one third of gross domestic product (GDP) and 90% of export revenues. The GDP per capita is \$800, with 53% of Malawian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in general population of Malawi is estimated at 14.1%, with approximately 940,000 individuals living with HIV/AIDS. Most cases of HIV in Malawi are spread through multi-partner heterosexual sex and mother-to-child transmission. HIV prevalence is almost twice as high in urban areas as in rural areas. More than half of the new HIV infections are occurring in young people aged 15–24 years.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The MAF established an HIV and AIDS Coordinating Team made up of MAF personnel. They work directly with Population Services International (PSI), which provides prevention education, and counseling and testing (CT) services, as well as technical assistance to the MAF. Personnel from the US Embassy, particularly the Political Officer and the Military Program Assistant, along with DHAPP staff coordinate with the MAF and PSI on the program. The Malawi College of Health Sciences also works with the MAF as a partner and provides training for health professionals such as nurses and clinicians.



Foreign Military Financing Assistance

Malawi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2005 and 2006, and 2005 funding was released for expenditure during FY07. Although still in negotiation, the current proposal for these funds includes procuring a CD4 machine and a fluorescent microscope in addition to other supporting diagnostic supplies and reagents.

OUTCOMES & IMPACTS

Prevention

The MAF reported continued success in its prevention, care, and treatment programs during FY07. During the year, 3,086 military personnel were reached with comprehensive prevention messages. The MAF supported 39 condom service outlets. Four (4) service outlets carried out blood-safety activities for the MAF.

Prevention of mother-to-child transmission (PMTCT) is a priority area for the MAF so it has continued to strengthen these services. Increasing its service outlets from 2 to 4 this year, the MAF provided 486 pregnant women with PMTCT services at the outlets, and 6 women received a complete course of antiretroviral prophylaxis. Three (3) health care workers were provided training in the provision of these services.

Care

Six (6) MAF outlets provided HIV-related palliative care. During the year, 75 military members or family members were provided with HIV-related palliative care, with 50 of those treated for tuberculosis. Since nonmilitary individuals can receive care from MAF outlets, 670 individuals were provided with palliative care. Forty-five (45) caregivers were provided with palliative care training over several weeks that covered topics such as preventive care and management, as well as opportunistic infection reduction. MAF outlets provided services to 280 orphans and vulnerable children.

In July 2007, a new counseling and testing (CT) Center was handed over to the MAF so that it could expand its CT abilities to better serve the military personnel and their families. At



the end of FY07, 6 CT Centers were operational for MAF personnel and families. During the year, 3,206 troops were tested for HIV and received their results.

Treatment

During the fiscal year, 4 outlets provided antiretroviral therapy (ART) for MAF members and families. By the end of the fiscal year, 1,668 MAF personnel and family members were on ART. Three (3) MAF medical personnel were trained in the provision of ART services.

Proposed Future Activities

DHAPP received one proposal from PSI on behalf of the MAF for FY08. The main objectives of the proposal included continued efforts in prevention such as training for master trainers, troop-level prevention education, behavior change communication material, a knowledge, attitudes, and practices survey, and increased testing of MAF troops.



MALI

D H A P P

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of Mali is 12.3 million people, with an average life expectancy of 50 years. French is the official language of Mali, which has an estimated literacy rate of 46%, unevenly distributed between men and women. Mali is among the poorest countries in the world, with 65% of its land area desert, and with a highly unequal distribution of income. Economic activity is largely confined to the river area irrigated by the Niger. About 10% of the population is nomadic, and some 80% of the labor force is engaged in farming and fishing. Mali is heavily dependent on foreign aid and vulnerable to fluctuations in world prices for cotton, its main export, along with gold. The gross domestic product (GDP) per capita is \$1,200, with 36% of Malian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Mali's general population is estimated at 1.7%, with approximately 130,000 people living with HIV. The primary modes of HIV transmission are heterosexual contact, sexual contact with commercial sex workers, and a high rate of sexually transmitted infections (STIs). Migration is considered a significant factor in Mali's HIV epidemic.

Military Statistics

The Malian Armed Forces (MAF) are estimated at approximately 12,000 members. Mali expends 1.9% of its GDP on the military. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In-country partner Family Health International (FHI) has established a collaborative relationship with the MAF and US Embassy officials in country. In Mali, as in many African countries, military and civilian populations share the main hospitals, with the military primarily using the health clinics. There are 34 military clinics in the 6 military regions. The health care system in the military is severely limited in its capacity to care for people living with HIV/AIDS due to inadequate staff skills, supplies, and infrastructure, including erratic availability of reagents in Counseling and Testing (CT) Centers, drugs for STI treatment, and interrupted supplies of antiretroviral drugs in clinics.

OUTCOMES & IMPACTS

Prevention

During FY07, 14,356 troops and their family members were reached with comprehensive prevention messages. The prevention activities occurred in the targeted barracks of Kati, Bamako, Segou, Sevare, and Tombouctou. These activities involved all the aspects of the prevention including abstinence, being faithful, and correct and consistent use of condoms. Fifty-two (52) medical health care providers were trained in injection safety.



Care

Five (5) service outlets provide palliative care and CT services for the MAF and the surrounding civilian population. One hundred sixteen (116) individuals received palliative care services and 20 individuals were trained in providing those services. CT services were provided to 1,156 individuals. Thirty-two (32) individuals were trained in CT services.



Proposed Future Activities

DHAPP received two proposals for FY08 activities on behalf of the MAF. The first one is from the US Embassy in Mali. Objectives include (1) provide training for 2 physicians through DHAPP's Military International HIV Training Program, (2) provide training for 2 health care workers through the Infectious Diseases Institute in Uganda, and (3) allow the Naval Medical Research Unit 3 to provide a laboratory assessment. The second proposal came from FHI, and objectives include (1) continue prevention education, (2) continue training for peer educators, (3) establish 3 new CT Centers for the MAF, and (4) provide training for health care workers.

MAURITANIA

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BACKGROUND

Country Statistics

Mauritania achieved independence from France in 1960. The estimated population of Mauritania is 3.4 million people, with an average life expectancy of 54 years. Arabic is the official language of Mauritania, which has an estimated literacy rate of 51%, unevenly distributed between men and women. In 2001, exploratory oil wells in tracts 80 km offshore indicated potential extraction at current world oil prices. Oil prospects, while initially promising, have failed to materialize. Meantime the government emphasizes reduction of poverty, improvement of health and education, and promoting privatization of the economy. The gross domestic product (GDP) per capita is \$1,800, with 40% of Mauritanian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Mauritania's general population is estimated at less than 0.70%, with approximately 12,000 people living with HIV. Risk factors are largely unknown.

Military Statistics

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



PROGRAM RESPONSE

In-Country Ongoing Assistance

During fiscal year 2007, DHAPP staff stayed in contact with the MAF, but no funding was provided for program activities. DHAPP looks forward to future activities with the Mauritanian Armed Forces.

Proposed Future Activities

DHAPP received a proposal from the US Naval Medical Research Unit in Cairo, Egypt, for FY08 on behalf of the MAF. The objectives included (1) increase the awareness of AIDS and risk behaviors among military troops, (2) decrease stigma and discrimination for patients living with HIV among military troops, (3) improve infection control practices in health care settings to reduce medical transmission of HIV/AIDS, and (4) increase cooperation between national military troops and other stakeholders in the country, such as the Ministry of Health and nongovernmental organizations working on HIV/AIDS prevention.





Military International HIV Training Program

BACKGROUND

Clinicians from militaries around the world have had the unique opportunity to visit the United States for 30 days to participate in the *Military International HIV Training Program* (MIHTP). During FY07, 14 clinicians, mostly physicians, from 5 countries participated in MIHTP. Trainees experience in-depth lectures, tour US medical facilities, and take part in rounds and counseling sessions with HIV/AIDS patients. Trainees are exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically antiretroviral therapy (ART), treatment of opportunistic infections (OIs), and epidemiology. MIHTP, which is administered several times per year, involves intense study, collaboration, and coordination. DHAPP staff examined results from the training sessions that took place during FY07 to determine the program's effectiveness.

MEASURES OF EFFECTIVENESS

Pretest and posttests have been developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, Naval Medical Center San Diego, University of California San Diego, and San Diego State University. The test consists of 40 multiple-choice questions taken directly from the lectures, covering topics such as ART, military policies, OI, and statistical analysis. Pretests are administered during the trainees' orientation prior to any lectures; if needed, the test is translated into the trainees' native languages. Posttests are administered during the out-briefing following the 30-day training program. The test comparisons allow for evaluation of the trainees' competence in the subject matter, and identification of areas for improvement, emphasis, or deletion.

RESULTS

September through October 2006: Ghana and Mozambique Results

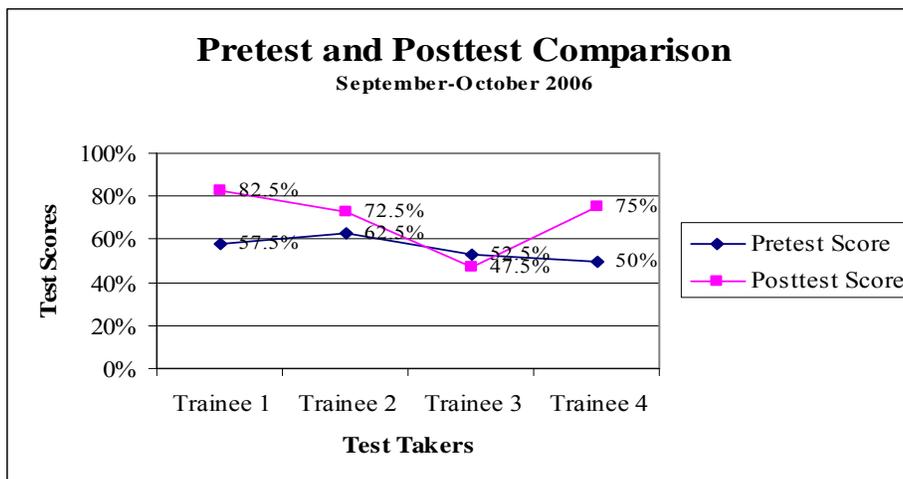
Four (4) trainees attended the training program in September and October (2 from Mozambique and 2 from Ghana). The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 50% to 62.5%, while posttest scores ranged from 47.5% to 82.5%, making it clear that it was a valuable training for some, but not for others.

Unfortunately there was not always an increase from pretest to posttest. The result from pretest to

Military International HIV Training Program

posttest was not significant, with a p-value of 0.15. In an attempt to find significance, Trainee 3 was removed and another *t* test resulted in a p-value of 0.057, at the $\alpha = 0.05$ level.

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

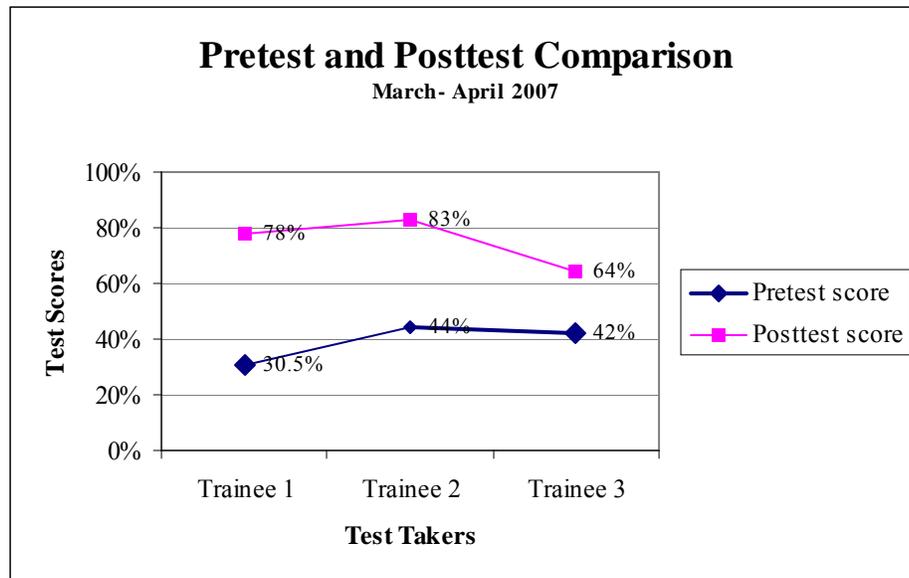


March through April 2007: Democratic Republic of the Congo (DRC)

Three (3) trainees from Democratic Republic of the Congo attended the March through April 2007 training program, all taking part in the testing. The table below shows the pre-test scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 30.5% to 44.0%, while posttest scores ranged from 64% to 83%, making it clear that it was a valuable training for all. The average pretest score went from about 39% to a post test average of 75%. Below is a table of the scores, followed by a graphical representation. It is clear that all participants increased in score from pre- to post-test. The result of a *t* test from pretest to posttest was significant ($p = 0.04$).

	Trainee 1	Trainee 2	Trainee 3
Pretest score	30.5%	44.0%	42.0%
Posttest score	78.0%	83.0%	64.0%

Military International HIV Training Program

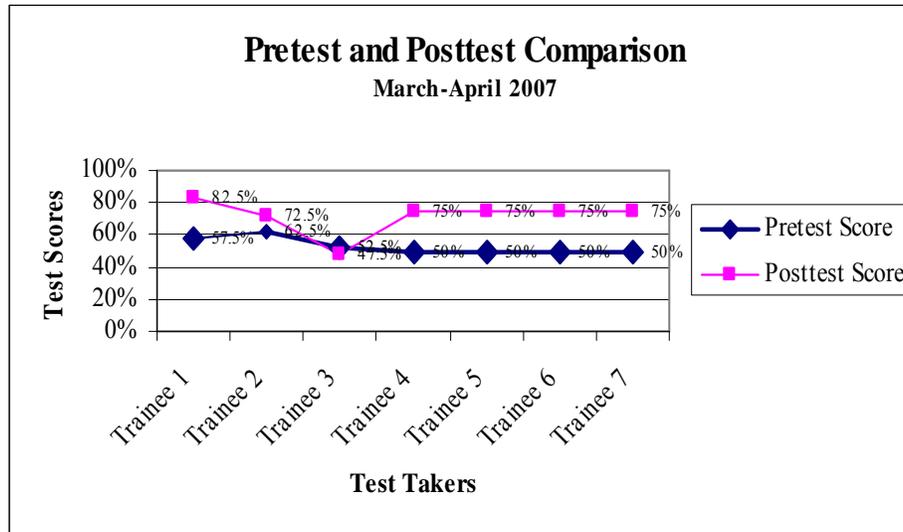


August through September 2007: Morocco, Mozambique, and Rwanda

Two (2) trainees from Morocco, 2 trainees from Mozambique, and 3 trainees from Rwanda attended the August through September 2007 training program, all taking part in the testing. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 35% to 57.5%, while posttest scores ranged from 55% to 67.5%, making it clear that it was a valuable training. The average pretest score increased from approximately 48% to a posttest average of 62%. Below is a table of the scores, followed by a graphical representation. All participants increased in score from pretest to posttest, making great advancements. The result of a *t* test from pretest to posttest was significant ($p = 0.002$).

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7
Pretest score	50%	35%	50%	50%	57.5%	42.5%	52.5%
Posttest score	65%	55%	62.5%	55%	62.5%	67.5%	67.5%

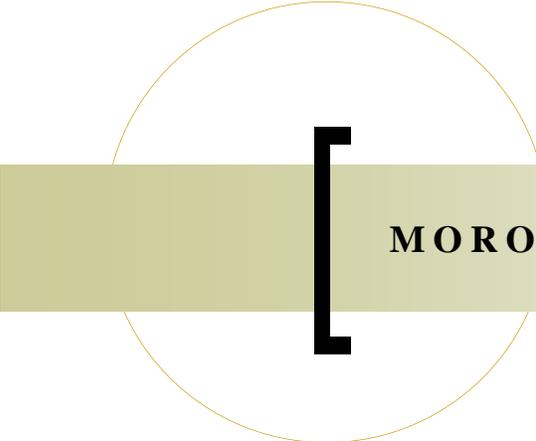
Military International HIV Training Program



SUMMARY

Since 2002, 117 military clinicians (98 clinicians, 3 nurses and 16 auxiliary health care professionals) from 30 countries around the world have attended 21 sessions of the *Military International HIV/AIDS Training Program* in San Diego. According to all participants and instructors, the program has evolved into an experience of great professional value. All MIHTP students have agreed that the skills they have developed during training will be put to valuable use for their own militaries' fight in the war against HIV and AIDS.





MOROCCO

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DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of Morocco is 34 million people, with an average life expectancy of 72 years. Arabic is the official language of Morocco, which has an estimated literacy rate of 52%, unevenly distributed between men and women. Moroccan economic policies brought economic stability to the country in the early 1990s, but have not spurred growth sufficient to reduce unemployment that nears 20% in urban areas. Poverty has actually increased. The gross domestic product (GDP) per capita is \$3,800, with 15% of Moroccan people living below the poverty level. Morocco's GDP growth rate slowed to 2.1% in 2007 as a result of a drought that severely reduced agricultural output and necessitated wheat imports at rising world prices. Continued dependence on foreign energy and Morocco's inability to develop small- and medium-sized enterprises also contributed to the slowdown.

HIV/AIDS Statistics

The HIV prevalence rate in Morocco's general population is estimated at less than 0.1%, with approximately 19,000 people living with HIV. HIV in Morocco is mainly transmitted through heterosexual intercourse. Less-frequent modes of transmission include sexual contact with men who have sex with men, intravenous drug use, and blood or blood products.

Military Statistics

The Moroccan Royal Armed Forces (MRAF) has an estimated 200,000 troops. The Royal Armed Forces comprises the Army (includes Air Defense), Navy (includes Marines), and Air Force. Morocco allocates 5% of the GDP for the military. All new recruits are required to be tested for HIV.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The MRAF implemented a prevention program for its forces beginning in 1996. The MRAF, through its Health Inspection Division, has been able to sustain an HIV/AIDS prevention program with assistance from DHAPP and the Office of Defense Cooperation at the US Embassy.



OUTCOMES & IMPACTS

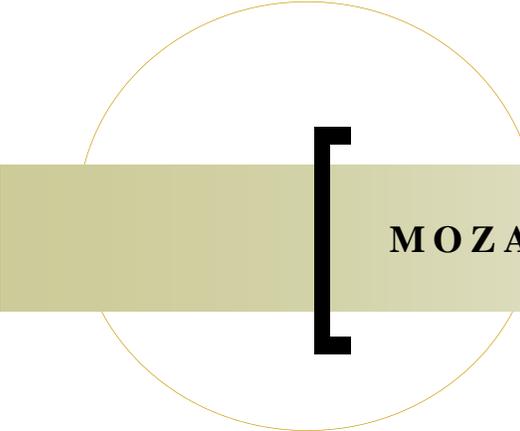
Prevention and Treatment

During FY07, 10,000 troops were reached with comprehensive prevention messages and 220 peer educators were trained. The program targets young recruits for several reasons, such as international assignments and frequent displacements. In each unit targeted by the program, condoms were given to the troops after the peer education sessions.

Two (2) clinicians participated in DHAPP's *Military International HIV Training Program* in San Diego. Their training will help train other physicians and health care workers in the MRAF.

Proposed Future Activities

DHAPP received a proposal from the MRAF for activities in FY08. Goals for its prevention efforts include (1) continue prevention education for troops, (2) educate health care professionals on antiretroviral therapy services, and (3) procure a mobile counseling and testing unit.



MOZAMBIQUE

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BACKGROUND

Country Statistics

The estimated population of Mozambique is 20 million people, with an average life expectancy of 41 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 48%, unevenly distributed between men and women. Mozambique remains dependent upon foreign assistance for much of its annual budget, and the majority of the population remains below the poverty line. Subsistence agriculture continues to employ the vast majority of the country's work force. A substantial trade imbalance persists, although the opening of an aluminum smelter, the country's largest foreign investment project to date, has increased export earnings. The gross domestic product (GDP) per capita is \$900, with 70% of Mozambicans living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Mozambique's general population is estimated at 16.1%, a slight increase from several years ago. Mozambique has approximately 1.8 million individuals living with HIV/AIDS. The primary identified risk factor in this population is unprotected heterosexual contact.

Military Statistics

The Mozambique Armed Defense Forces (MADF) is estimated at approximately 11,000 active-duty troops. Mozambique expends 0.8% of the GDP on military expenditures. The first round of the military seroprevalence and behavioral risk factor study was completed and the next phase is planned for August 2008.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The MADF works in collaboration with Population Services International (PSI), the University of Connecticut, and Research Triangle Institute International as its partners. An in-country program manager works for the Office of the Defense Attaché at the US Embassy. The program manager oversees the activities of the various partners as well as participating in the President's Emergency Plan for AIDS Relief (PEPFAR) Mozambique Country Team and various Technical Working Groups on Gender and Prevention. DHAPP staff provided technical assistance to the MADF on the development of an HIV/AIDS policy and the continued seroprevalence and behavioral risk factor study.



Foreign Military Financing Assistance

Mozambique was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, and 2006. Funding for 2003 was appropriated for fiscal years 2003, 2005, and 2006. Funding for 2003 was released for expenditure during FY05. Funding for the 2003 appropriation has been used to procure sharps containers and microscope in addition to other supporting diagnostic supplies and reagents.

OUTCOMES & IMPACTS

Prevention

During FY07, 15,392 individuals were reached with prevention messages. The MADF also provided training for 225 individuals on peer education. PSI is assisting in the development of a local radio education show for MADF

members. Working together, the MADF and PSI have constructed a radio studio and office for the production of the show. The radio show is planned to be on the air in the near future.

Early in FY07, the University of Connecticut conducted 7 focus groups with HIV-positive patients who attend the Maputo Military Day Hospital for care. The focus groups were intended to assist in the development of a *Prevention with Positives* (PwP) program. The program will allow HIV-positive people to both maintain their health and prevent the spread of HIV to others. University of Connecticut developed the curriculum for the PwP program, planned trainings, and created a monitoring and evaluation component for the program. In addition, a program manager will be hired to oversee the various activities.

Care

In May 2007, a new military Voluntary Counseling and Testing (VCT) Center was opened in Chimoio. The new facility has expanded the MADF CT capabilities. In the 4 VCT Centers, services are offered not only to the military and their families but also to civilians. During FY07, 3,105 individuals received CT services (46% male, 54% female). Twenty-four (24) individuals received training in the provision of CT services, including MADF personnel. Members of the MADF and their dependents can receive care and treatment for HIV/AIDS at military facilities.



Treatment

Four (4) physicians selected from Maputo, Beira, and Nampula provinces attended the DHAPP Military International HIV Training Program in San Diego, California, and the Infectious Diseases Institute in Kampala, Uganda. On their return, they shared their experiences and materials with other colleagues in Mozambique. Throughout the reporting period, a total of 10 individuals were trained in the provision of antiretroviral therapy services.

Laboratory reagents and a CD4 count machine were procured for the Maputo Military Day Hospital lab during the year.

Other

The development of an HIV/AIDS policy has begun for the MADF. In March 2007, DHAPP staff conducted a policy workshop that 13 FADM members attended. The objective of the workshop was to discuss and develop a draft HIV/AIDS policy for the MADF, which the Ministry of Defense is currently reviewing and revising. The next phase of the seroprevalence and behavioral risk factor study is planned for August 2008.

Proposed Future Activities

The proposed activities were submitted to the PEPFAR Mozambique Country Team, and were included in the FY08 PEPFAR Country Operational Plan. PwP programs, and follow-on activities to the seroprevalence study are highlights of next year's proposed targets.



NAMIBIA

DHAPP

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BACKGROUND

Country Statistics

Namibia's estimated population is 2 million people, with an average life expectancy of 43 years. English is the official language of Namibia, which has an estimated literacy rate of 85%, evenly distributed between men and women. The economy is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 20% of the gross domestic product (GDP). Rich alluvial diamond deposits make Namibia a primary source for gem-quality diamonds. Increased fish production and mining of zinc, copper, uranium, and silver spurred growth in 2003–07, but growth in recent years was undercut by poor fish catches and high costs for metal inputs. The GDP per capita is \$5,200, with 56% of Namibians living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Namibia's general population is estimated at 19.6%. Namibia has approximately 230,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

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



PROGRAM RESPONSE

In-Country Ongoing Assistance

The NDF developed the Military Action and Prevention Programme (MAPP) and it is a joint implementation between DHAPP and the NDF. The DHAPP in-country project manager and project coordinator manage the implementing partners that work with the NDF: Population Services International and the University of Washington International Training and Education Center for HIV (I-TECH). DHAPP staff members provided technical assistance to the NDF 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) Namibia Country Operational Plan (COP) for FY08, as well as military-specific planning and technical assistance to the NDF and US Embassy personnel. DHAPP staff members represent the NDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that NDF programs are adequately addressed.

OUTCOMES & IMPACTS

Prevention

MAPP reached 7,831 soldiers with prevention messages through out the year, and 4,699 soldiers with abstinence and being faithful messages at military bases across the country. Of these soldiers reached, 3,863 were male and 836 were female. Included in these figures are the participants from the Social Marketing Association (SMA)-led "officer only" prevention sessions during the year; 2 sessions held at 261 Battalion in Rundu (47 men and 6 women), 1 session at Mpacha (20 men), and 1 session at Arty (16 men and 10 woman). The sessions were conducted in order to increase levels of participation in HIV/AIDS programs among high-ranking military officials. Typically, topics discussed included HIV/AIDS basic facts, abstinence, and being faithful messages, correct and consistent condom use, voluntary counseling and testing (VCT), and sexually transmitted infections.

A total number of 3,132 soldiers were reached with messages focusing beyond abstinence and faithfulness, such as condom promotion, proper and consistent

condom use, and condom negotiation skills. Of these soldiers reached, 2,574 were male and 558 were female. Other topics like prevention of mother-to-child transmission, antiretroviral therapy (ART), and stigma and discrimination were also covered. Different strategies used to deliver the message included dramas, health talks, and video shows, while materials such as posters, leaflets, booklets, and flyers were also distributed. For all base sessions, an evaluation form was used as a self-assessment tool to assist the SMA MAPP prevention teams to improve on their performances.



Condoms were distributed at 40 outlets including canteens and reception areas at the military bases. A total number of 303,412 condoms, along with Ministry of Health and Social Services (MoHSS) condoms were distributed at all bases and ministry buildings. Another military-themed and branded condom, the “Protector,” was concept tested. SMA has developed a condom distribution strategy for the NDF that will involve soldiers in the distribution.

The last quarter of FY07 was devoted exclusively to abstinence and being faithful messages from SMA MAPP education teams, which increased consistency in messaging. Fifteen (15) chaplains and 2 medics were trained on abstinence and faithfulness by a team of chaplains from the South Africa National Defense Force. The training focused on Combating HIV/AIDS Through Spiritual and Ethical Conduct. Military chaplains are expected to advocate for abstinence and faithfulness during counseling sessions as well as during church services.

This year, a vehicle was donated to the Namibian Ministry of Defense by the then US Ambassador to Namibia to be used by the Ministry's Directorate of Medical Services, in particular, the HIV/AIDS Coordination Team. The vehicle will help facilitate the team's implementation of MAPP, including monitoring the impacts of MAPP at the bases. Along with the donation of the vehicle, additional materials, including condoms, survival handbooks, MAPP playing cards, pins, and MAPP posters with HIV/AIDS prevention education information, were also donated for the NDF contingent to use in peacekeeping missions. This high visibility event was reported on national television and in the national newspapers.



The MAPP team at the Grootfontein Army Headquarters (AHQ), which is run by soldiers, started an active drama and a choir group composed of soldiers. Some of the dramas performed by these soldiers were recorded on video and are being used in the waiting area at the VCT Center and during drama sessions. These groups have started visiting other military bases to deliver HIV/AIDS messages, a significant achievement in terms of soldiers taking ownership of MAPP.

The Grootfontein AHQ VCT and SMA MAPP staff organized a World AIDS Day event at Grootfontein military base on 2 December 2006. The event was well attended: approximately 600 people spent the day at the activity site. Different activities, such as sports, drama competition, and a film show, were used to present HIV/AIDS messages.

Care

I-TECH has met with the MoHSS program administrator for palliative care, to get insight into the provisions of palliative care in Namibia in general and the linkages to the military services in particular. The MoHSS palliative care

program has been in existence since July 2006. As yet, no national palliative care policy or guidelines are in place. However, there is strong collaboration with the MoHSS home-based care program, the African Palliative Care Association, Catholic AIDS Action, and the US Agency for International Development. An advocacy task force meeting was organized in July 2007 and palliative care training for nurses has started. DHAPP's in-country program coordinator participated in the July meeting. Four (4) NDF personnel were trained to provide HIV palliative care: 2 trained on nutrition management for people living with HIV/AIDS (PLWHA) and 2 in opportunistic infections management.

The 2 VCT Centers at the Grootfontein AHQ and the Remember Eliphaz Education Centre (REEC) in Rundu continue to provide counseling and testing to NDF members and their families. Efforts were made to attract people to go for testing by hosting promotional events where free promotional materials, such as T-shirts and lanyards, were provided to those who visited the center for testing. A total of 795 people were counseled, tested, and received their results at the 2 centers during FY07. A total number of 493 (368 male and 125 female) were from Grootfontein, and 302 (230 male and 72 female) were from the REEC VCT Center. Preparations have been made to open a new VCT Center at the Walvis Bay Naval Base in October 2007.

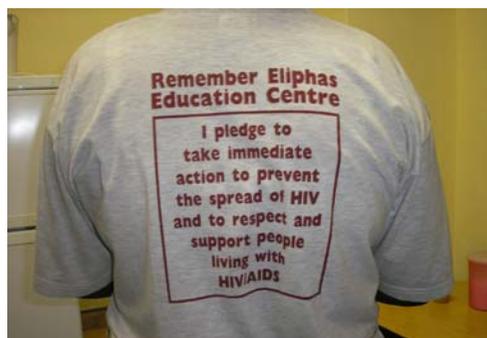
The NDF chief undertook a familiarization visit to the Grootfontein AHQ in February 2007. As a way of motivating all military personnel to go for counseling and testing, he was tested for HIV at the AHQ and disclosed his status during a parade at the same venue. His disclosure was hailed as a positive sign of leading by example. During the same parade, he introduced a soldier who disclosed his HIV status publicly. This soldier is among the very first NDF members to come out publicly about their HIV status. His disclosure has attracted a lot of attention from other soldiers, and he is now actively involved in community mobilization within the military and is part of the drama group at Grootfontein AHQ. A total of 24 other soldiers have expressed their willingness to disclose their status and are currently receiving counseling and psychosocial support before their disclosure.

Three (3) quality assurance supervision visits for both counseling and rapid testing at the two centers were successfully conducted during the first 3 quarters. Twenty-one (21) soldiers were trained in the VCT foundation course to prepare them to be counselors and rapid testers.

Other

Six (6) NDF personnel were trained in a 2-day VCT data management information system course. This training was conducted in an effort to build the sustainability of VCT services in the NDF and the capacity of NDF personnel to manage their own data. In addition, the Supply Chain Management System organized training for 2 more NDF personnel on logistic management system design. The purpose of this training was to improve the logistics management at VCT Centers, which is expected to be transformed from the current manual logistic system into an electronic system.

Remember Eliphas Part Two, a film specifically addressing stigma and discrimination in the military was launched in July 2007 and was broadcasted twice on national television. This film is a follow-up to *Remember Eliphas Part One*, which stressed the importance of counseling and testing. The film has attracted interest from both the military and general public.



A training schedule for NDF health care workers was compiled and shared with the MoHSS Directorate of Medical Services. A total number of 9 military health care workers were trained to provide HIV-related care and treatment, including prevention education for HIV-positive patients. One (1) NDF health care worker

was trained in Integrated Management of Adolescent and Adult Illness in August. Six (6) NDF health care workers were trained in September 2007, 2 in adherence counseling, 2 in nutrition management for PLWH, and the NDF doctor as well as 1 pharmacist-assistant trained in adult ART.

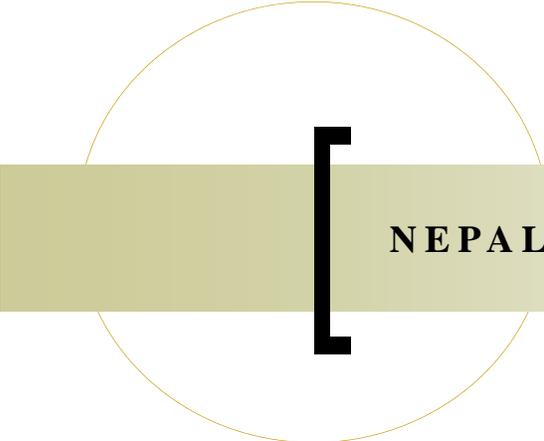
Furthermore, 1 VCT site manager and 2 senior counselors were trained in management and leadership to build their capacity, while 1 site manager and 1 senior counselor were trained in VCT clinical supervision. This training was an effort to improve the management skills of site managers and their senior counselors to increase the quality of VCT services.

The NDF HIV/AIDS policy is still in its draft form and it is still under review but is expected to be approved in FY08.

Proposed Future Activities

Ongoing successful NDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Namibia Country Team, and were included in the FY08 COP.





NEPAL

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DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of Nepal is 29.5 million people, with an average life expectancy of 61 years. Nepali is the official language of Nepal, which has an estimated literacy rate of 49%, unevenly distributed between men and women. Agriculture is the mainstay of the economy, providing a livelihood for three-fourths of the population and accounting for 38% of the gross domestic product (GDP). Industrial activity mainly involves the processing of agricultural produce including jute, sugarcane, tobacco, and grain. Security concerns relating to the Maoist conflict have led to a decrease in tourism, a key source of foreign exchange. The GDP per capita is \$1,100, with 31% of the population living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nepal is estimated at 0.5%, with approximately 75,000 individuals living with HIV/AIDS. Estimates in most at-risk populations consistently exceed 5% in one or more high-risk groups, which include female sex workers, intravenous drug users, men who have sex with men, mobile populations, and young people.

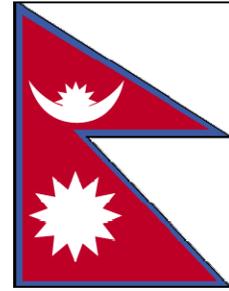
Military Statistics

The Nepalese Army (NA) is estimated at 100,000 members. Nepal expends 1.6% of the GDP on military expenditures. While no prevalence data are available for the NA, pre- and post-tests among NA personnel on UN peacekeeping missions indicated a rate of 0.11%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance, have continued to collaborate with the NA on program activities.



OUTCOMES & IMPACTS

Prevention

During FY07, four (4) peer education training workshops were conducted for 75 NA personnel. Three (3) of the 4 workshops were refresher courses. Three hundred and fifty (350) peer education handbooks were printed and distributed. By September 2007, the HIV/AIDS policy book for the NA was produced with planned distribution to 350 units in the coming fiscal year.

Care and Treatment

Six (6) NA members attended 3 workshops in 2007 at the Regional Training Center in Bangkok, Thailand. The workshops covered Counseling and Testing, Treatment & Care, and Laboratory & Diagnostics for HIV/AIDS. Two (2) NA members attended each of the workshops.

Renovations for additional Voluntary Counseling and Testing (VCT) Centers are currently in the planning stages for bases located in Western Nepal. Currently, 1 service outlet in Kathmandu provides VCT services to the NA.

Other

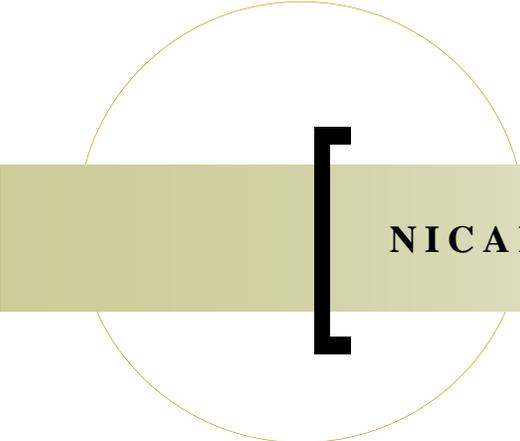
The NA hosted an *HIV Advocacy Workshop for Senior Leaders and Line Commanders* in November 2006. The objective of the workshop was to create awareness and understanding of HIV/AIDS in the military, and share lessons learned and best practices. The workshop delved into key issues and related policy concerns of HIV/AIDS in the military context and brought together Army

personnel in a highly visible forum to discuss the importance of an HIV/AIDS program. The workshop led to the draft of an HIV/AIDS policy for the Nepalese Army. One (1) NA member attended the *7th Annual Defense Institute for Medical Operations (DIMO) HIV/AIDS Conference* in San Antonio, Texas, in December 2007.

Proposed Future Activities

A portfolio review is planned for summer 2008, and will determine future activities with the NA.





NICARAGUA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Nicaragua is 5.8 million people, with an average life expectancy of 71 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 68%, evenly distributed between men and women. Nicaragua has widespread underemployment, one of the highest degrees of income inequality in the world, and the third lowest per capita income in the Western Hemisphere. The gross domestic product per capita is \$2,600, with 48% of the population living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with approximately 7,300 individuals living with HIV/AIDS. Even though Nicaragua has a relatively low incidence of HIV, infection rates among women are growing. Housewives are increasingly affected, rating higher than female sex workers. Over 60% of people living with HIV/AIDS are between the ages of 15 and 34 years. Nicaragua's epidemic is spread primarily through heterosexual activity.

Military Statistics

The National Army of Nicaragua (NAN) is estimated at approximately 14,500 active-duty members. Eighty percent (80%) of the NAN population is 18–35 years old, approximately 99% of whom are male. Nicaragua expends 0.6% of the GDP on the military. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In August 2004, the Center for Disaster and Humanitarian Assistance/Uniformed Services University of the Health Sciences (CDHAM/USUHS) collaborated with DHAPP to conduct an assessment visit to identify NAN needs. In FY07, no subsequent engagement had taken place and the planning of HIV/AIDS prevention program activities did not occur.

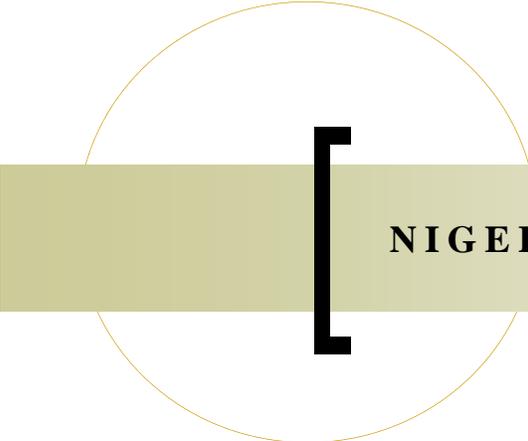
OUTCOMES & IMPACTS

No programmatic activities took place in the NAN during the current reporting period.

Proposed Future Activities

No proposal was received for the NAN for FY07.





NIGERIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Nigeria's estimated population is 138 million people, with an average life expectancy of 47 years. English is the official language of Nigeria, which has an estimated literacy rate of 68%, unevenly distributed between men and women. Following nearly 16 years of military rule, a new constitution was adopted in 1999, and a peaceful transition to civilian government was completed. The country is rich in oil, and after a long period of political instability and corruption, is undertaking some reforms under the new administration. The gross domestic product (GDP) per capita is \$2,200, with 70% of Nigerians living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Nigeria's general population is estimated at 3.9%, a decrease from recent years. Nigeria has approximately 2.9 million individuals living with HIV/AIDS. Identified risk factors include sexually transmitted infections, heterosexual contact with multiple partners and with commercial sex workers, mother-to-child transmission, and blood transfusions.

Military Statistics

The Nigerian Ministry of Defence (NMOD) has 4 components: Army, Navy, Air Force, and civilian NMOD employees. The NMOD medical facilities serve the active-duty, retired, civilian NMOD, beneficiary dependent and civilians in the surrounding communities. The uniformed strength is approximately 80,000 to 90,000 active-duty members. Total catchments of patients is estimated at 1.2 million individuals. HIV testing is only mandatory on application to the uniformed services, peacekeeping deployment/redeployment, and for those individuals on

flight status. HIV prevalence figures or estimates for the military are not published. Nigeria allocates 1.5% of the GDP for military expenditures.



PROGRAM RESPONSE

In-Country Ongoing Assistance

The Walter Reed Army Institute of Research US Military HIV Research Program (USMHRP) maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the Department of Defense HIV Program in Nigeria (DODHPN). The office is staffed by a uniformed physician and 2 civilian US Government (USG) employees, 8 Foreign Service National employees, and 14 contracted employees. The office is divided into administrative, US President's Emergency Plan for AIDS Relief (PEPFAR), and research sections. The office is dedicated to PEPFAR country-level management (partners with the Centers for Disease Control and Prevention and the US Agency for International Development) participates in PEPFAR technical working groups and strategic vision, and Country Operational Plan (COP) development. In addition to the USG country-level management activities, the office also directly implements the HIV program activities in partnership with the NMOD. DODHPN is supported by US-based USMHRP staff for technical and administrative support and oversight; DHAPP through contracting, financial, and technical collaboration from San Diego and Naples; and USMHRP overseas technical support from Kenya, Uganda, and Thailand.

The NMOD-DoD (US Department of Defense) HIV Program continued to expand prevention, care, and treatment services in military and civilian communities during its third year of PEPFAR implementation. The program's full coordination with the NMOD has proved a strong foundation for creating and implementing activities that are improving infrastructure, increasing capacity, and ensuring the absorption of the program into the normal health care delivery system. These objectives are critical for sustainability, and a model for host-nation ownership of the program. In FY07, the NMOD contributed funding to support the HIV/AIDS Program activities; in addition, the President of

Nigeria authorized hiring 100 civil servants (30 physicians, 30 nurses, 20 pharmacists, 20 laboratory technicians) to support activities.



Prevention

During FY07, the NMOD–DoD HIV Program initiated abstinence and being faithful prevention programming at 10 military sites. A highlighted achievement during the reporting period is training 645 peer educators in abstinence and being faithful skills and HIV/AIDS prevention. The majority of those trained include in- and out-of-school youth. The DoD supported an indigenous organization, the Society of Students against Infectious-Diseases Trust, to conduct trainings. Military chaplains and imams also received HIV/AIDS training for the first time and are promoting abstinence and being faithful skills step-down training within the military barracks. Therefore, 5,203 individuals were reached with abstinence and being faithful prevention messages.

Additional prevention activities that focused beyond abstinence and being faithful were held, training 103 peer educators who then reached 3,235 individuals with comprehensive prevention messages. The NMOD–DoD HIV Program supports 8 targeted service condom outlets. Another achievement is that the NMOD–DoD HIV Program held its first official meetings with the Armed Forces Programme on AIDS Control to synergize prevention activities.

During FY07, the NMOD–DoD HIV Program conducted injection safety activities at 10 military sites, up from 5 in the prior reporting period. A highlighted achievement during the reporting period is training 37 military and civilian personnel in injection safety. This was achieved through participation and collaboration in the PEPFAR-wide project Making Medical Injections Safer.

During FY07, the NMOD–DoD HIV Program expanded prevention of mother-to-child transmission (PMTCT) activities in 5 military facilities and commenced activities in 5 additional military sites. To strengthen the capacity of NMOD personnel to conduct PMTCT activities, 71 health care workers were trained during the reporting period. This included training and clinical mentorship from the newly hired DoD PMTCT Officer and an on-site training specialist from the USMHRP, and external training at the Infectious Diseases Institute at Makerere University in Uganda. The NMOD-DoD Program staff counseled and tested a total of 5,142 pregnant women, exceeding targets. In addition, 392 of the pregnant women received a complete course of antiretroviral prophylaxis.



Care

The NMOD-DoD HIV Program increased palliative care services at 5 additional military sites during FY07. The Program now supports a total of 10 military facilities that service the NMOD, their dependents, and civilians living near their facilities. During FY07, 4,362 clients were receiving palliative care from the NMOD–DoD HIV Program, and 2,905 of them received treatment for tuberculosis. Seventy-five (75) individuals were trained in the provision of palliative care services in FY07. There were 5,242 troops and family members who were counseled and tested during the year, and 106 individuals were trained in the provision of counseling and testing (CT) services.

A highlighted achievement is the establishment of a training and empowerment center for people living with HIV/AIDS (PLWHA) at the Nigerian Army Reference Hospital. Support was provided for the refurbishment of the center, equipment, and training for PLWHA, with an emphasis on women. This center is one of the first of its kind in the military and provides income generation via training and support. Another achievement is the support of PLWHA support groups in military barracks. For instance, the Defence Health Club (Mogadishu Barracks) PLWHA support group is highly active and provides nutritional support, psychosocial support, and other services to PLWHA in the military and surrounding communities.

The NMOD–DoD HIV Program supports services for Orphans and Vulnerable Children (OVC). In FY07, the Program provided support to 314 OVC, and trained 33 OVC caretakers.

One highlighted activity is the NMOD–DoD conducted its first outreach HIV Counseling and Testing (HCT) events held at 6 military bases. The outreach services were held in conjunction with a series of health bazaars, which are popular events that promote HIV prevention, stigma reduction, and referral services. Outreach HCT has allowed the program to access individuals who may feel more comfortable accessing services at the military facilities. The service appeals to both civilians and members of the military and civilian staff, evidenced by the fact that 80% of the Program’s regular client load are civilians. The outreach CT events, in contrast, often drew more soldiers than civilians, suggesting a decreased fear of career discrimination among members of the military in the outreach context, as opposed to a military medical setting.

The total number of individuals counseled and tested was 29,788. One hundred six (106) individuals were trained in the provision of CT services. This success is largely due to the popularity of the services among military communities. Military hospitals provide comparatively good conditions for rolling out CT services. Many Nigerians are accustomed to using military hospitals for low-cost routine medical services and are receptive to accessing HIV testing at the same facilities.

Treatment

In the 10 service sites that provide antiretroviral therapy (ART) for the NMOD, 3,743 patients were newly initiated on ART. At the end of the reporting period, 4,602 patients were on ART. In FY07, 68 health workers were trained in the provision of ART services according to the national standards. Sixty-eight (68) laboratory personnel were trained in the provision of lab-related services.

A highlighted achievement during the reporting period is the provision of high-quality, centralized training to 59 laboratorians on quality management in the clinical laboratory, hematology using the Coulter AcT 5 Diff Hematology Analyzer, CT, and clinical chemistry using the Vitros 250/DT60 Chemistry System. The training programs were conducted by the NMOD–DoD Program and in collaboration with the Institute for Human Virology-Nigeria (IHVN)/ AIDS Care and Treatment in Nigeria (ACTION). These trainings were in addition to the on-site training provided during the installation of Vitros chemistry analyzers at 9 sites during the reporting period. Extensive electrical refurbishments at 4 sites have ensured a stable power supply to the laboratories and greatly improved the laboratory working environment at these sites. The electrical renovation process is ongoing at newer sites. The monthly reporting process whereby sites provide data on routine activity, reagent needs and the initiation of procurement via the Supply Chain Management System as well as the utilization of local laboratory supply vendors has improved the ability of the laboratories to be stocked sufficiently.



Other

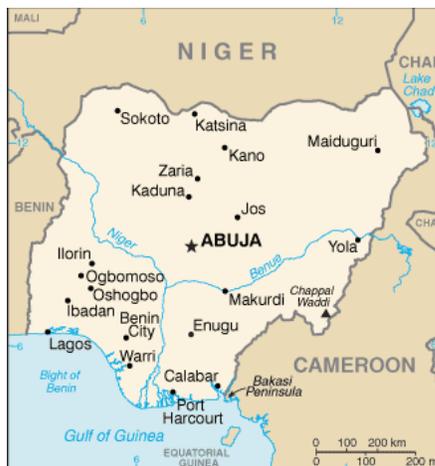
During FY07, the NMOD–DOD HIV Program provided 11 local organizations with technical assistance in strategic information (SI). This includes the NMOD Emergency Plan Implementation, as well as 10 military facilities: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), Nigerian Air Force Hospital (Jos), Nigerian Naval Hospital (Calabar), Naval Medical Centre (Warri), Nigerian Army Hospital (Port Harcourt), and 45 Nigerian Air Force Hospital (Makurdi).

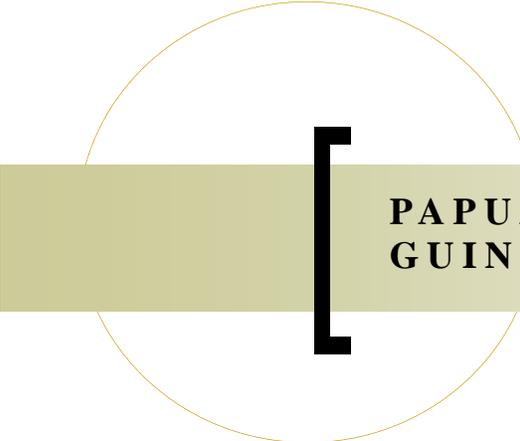
A highlighted achievement during the reporting period is SI training for 23 individuals. Another achievement is the deployment of an electronic patient registry at 2 military facilities. This pilot program will help the NMOD–DoD to capture real-time data and enhance data quality.

The NMOD has dedicated an office, the Emergency Plan Implementation Committee (EPIC), to support EP activities, with a 10-person staff and a flag officer as leader. The office has received 3 continuous years of “counterpart funding” (funding provided by the Nigerian Government to specifically augment donor funding). During FY07, the counterpart funds were increased to \$1.5 million and have supported NMOD–DoD technical working groups, site operational funds, Steering Committee meetings, and refurbishments. The NMOD–DoD HIV Program has provided training on policy development and system strengthening to 10 military facilities. The Program also provides support to EPIC.

Proposed Future Activities

Ongoing successful Nigerian military 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 Nigeria Country Team, and were included in the FY08 COP.





PAPUA NEW GUINEA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
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BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Papua New Guinea is 5.9 million people, with an average life expectancy of 66 years. Melanesian Pidgin, English, and Motu are spoken in Papua New Guinea, which has an estimated literacy rate of 57%, unevenly distributed between men and women. Papua New Guinea is richly endowed with natural resources, but exploitation has been hampered by rugged terrain and the high cost of developing infrastructure. Agriculture provides a subsistence livelihood for 85% of the population. The gross domestic product per capita is \$2,900, with 37% of Papua New Guinean people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Papua New Guinea's general population is estimated at less than 1.8%. Roughly 60,000 people were living with HIV in FY07. The main mode of transmission is heterosexual contact. Sexually transmitted infections (STIs) are rising; sexual assault of women in Papua New Guinea is one of the highest in the world, increasing the risk of HIV infections and transmission of STIs.

Military Statistics

The Papua New Guinea Defense Force (PNGDF) is estimated at approximately 2,300 members. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance, have continued to collaborate with the PNGDF for program activities.

OUTCOMES & IMPACTS

Prevention

During FY07, Information, Education, and Communication (IEC) materials were developed for new recruits.

Care

PNGDF supported 2 Counseling and Testing (CT) centers, and 1,300 military members were tested for HIV and received their results. Two (2) PNGDF personnel were trained in the provision of CT services at the Regional Training Center (RTC) in Bangkok, Thailand, in February 2007. Throughout the fiscal year, over 8,400 rapid HIV test kits were provided to the PNGDF. Planning for the renovations of 5 additional CT Centers is currently under way, with an estimated completion date of late FY08.

Treatment

Two (2) military nurses attended the Infectious Diseases Institute *HIV/AIDS Training Program for Nurses and Clinical Officers* in Kampala, Uganda, in June 2007. The recipients of this training, along with the nurses trained at the RTC in Thailand, served as trainers in the clinical workshop offered to military nurses. In addition, 2 PNGDF personnel attended the Regional Training Center in Bangkok, Thailand, for HIV diagnostic laboratory training. Procurement of HIV laboratory and supporting equipment was completed in August 2007. The delivery of equipment was scheduled for early FY08.

Other

A PNGDF representative was invited to present at the 17th *Asia Pacific Military Medicine Conference* in Manila, Philippines, during the HIV/AIDS session. Exchange at this annual regional military medical conference allows for sharing best practices and knowledge of military HIV activities within the region.

Proposed Future Activities

A portfolio review is planned for summer 2008, and will determine future activities with the PNGDF.





PERU

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BEYOND

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BACKGROUND

Country Statistics

The estimated population of Peru is 29 million people, with an average life expectancy of 70 years. Spanish is the official language of Peru, which has an estimated literacy rate of 88%, unevenly distributed between men and women. Peru's economy reflects its varied geography — an arid coastal region, the Andes further inland, and tropical lands bordering Colombia and Brazil. After several years of inconsistent economic performance, the Peruvian economy grew by more than 4% per year during the period 2002-2006, with a stable exchange rate and low inflation. Growth jumped to 7.5% in 2007, driven by higher world prices for minerals and metals. The gross domestic product per capita is \$7,600, with 45% of Peruvians living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the Peruvian general population is estimated at 0.6%. It is estimated that 96,000 Peruvians are living with HIV/AIDS. Most HIV transmission occurs through sexual contact, and most cases occur among individuals aged 20–39 years. Most heterosexual HIV transmission appears to occur in women whose partners have sex with men or who have contact with commercial sex workers.

Military Statistics

The Peruvian Armed Forces consist of Army, Air Force, and Navy. There are approximately 120,000 personnel (including 25,000 civilians) in active service. Mandatory conscription ended in 1999, and the current force is composed of volunteers. Peru participates in several United Nations-sponsored peacekeeping operations.

PROGRAM RESPONSE

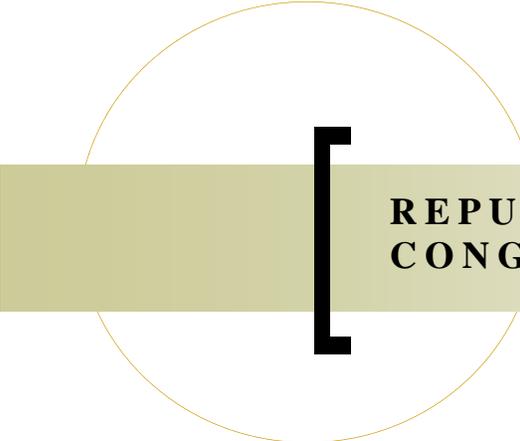
In-Country Ongoing Assistance

DHAPP staff has stayed in contact with the Peruvian Armed Forces, but no funding was sent during FY07; therefore, no program activities were reported.

Proposed Future Activities

DHAPP received a proposal for FY08 from the US Naval Medical Research Center Detachment in Lima on behalf of the Peruvian Armed Forces. The objectives of the proposals include (1) provide educational needs assessment of current uniformed services HIV/AIDS policies, (2) perform clinical needs assessment for uniformed services' HIV/AIDS programs, (3) develop educational programs, and (4) conduct a behavioral survey for the Peruvian Armed Forces.





**REPUBLIC OF
CONGO**

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is estimated to be 3.9 million people, with an average life expectancy of 54 years. French is the official language of the Republic of the Congo, which has an estimated literacy rate of 84%, unevenly distributed between men and women. The economy is a mixture of subsistence agriculture, an industrial sector based largely on oil, and support services, and a government characterized by budget problems and overstaffing. The Republic of the Congo was once one of Africa's largest petroleum producers, but, with declining production, new offshore oil discoveries will be necessary to sustain its oil earnings over the long term. Oil has supplanted forestry as the mainstay of the economy, providing a major share of government revenues and exports. The gross domestic product (GDP) per capita is \$3,700.

HIV/AIDS Statistics

The HIV prevalence rate in the Republic of the Congo general population is estimated at 5.3%. The Republic of the Congo has approximately 120,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the CAF in the implementation of HIV prevention and surveillance activities.



OUTCOMES & IMPACTS

Prevention

Comprehensive prevention messages reached 1,647 CAF troops through the 163 educational sessions held throughout the year. During these sessions, a total of 5,907 condoms were distributed.

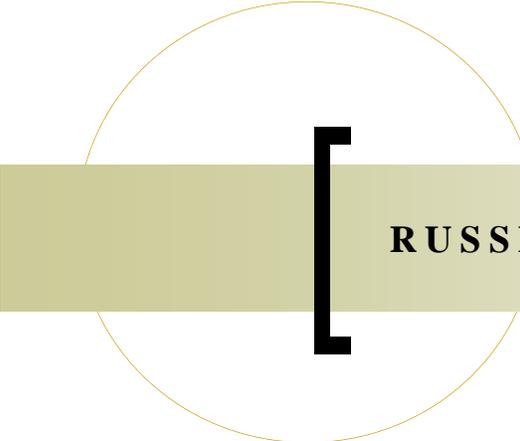
Care

In 2007, a second HIV surveillance study was conducted for the CAF in the capital of Brazzaville, revealing a prevalence rate of 2.6%. Over 1,000 troops were counseled and tested during the study. The Ministry of Defense has released the results.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the CAF for activities during FY08. Proposed activities include continuing prevention education training for peer educators and troops as well as the production of behavior change communication materials for trainers in military instruction centers.





RUSSIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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SELECTED AFRICAN NATIONS AND
BEYOND

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BACKGROUND

Country Statistics

The estimated population of Russia is 141 million people, with an average life expectancy of 66 years. Russian is the official language of Russia, which has an estimated literacy rate of 99%, evenly distributed between men and women. Russia ended 2007 with its ninth straight year of growth, averaging 7% annually since the financial crisis of 1998. Although high oil prices and a relatively cheap ruble initially drove this growth, since 2003 consumer demand and, more recently, investment have played a significant role. Over the last 6 years, fixed capital investments have averaged real gains greater than 10% per year and personal incomes have achieved real gains more than 12% per year. During this time, poverty has declined steadily and the middle class has continued to expand. Russia has also improved its international financial position since the 1998 financial crisis. The federal budget has run surpluses since 2001 and ended 2007 with a surplus of about 3% of the gross domestic product (GDP). The GDP per capita is \$14,600, with 16% of Russian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Russia's general population is estimated at 1.1%, with approximately 940,000 individuals living with HIV/AIDS. The most vulnerable populations in Russia include intravenous drug users, commercial sex workers, and men who have sex with men. Intravenous drug use is thought to be the major factor fueling the epidemic. In some areas, HIV prevalence among intravenous drug users may be as high as 65%.

Military Statistics

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



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff worked with members of the Russian military to conduct an international HIV military conference in Moscow in September 2007. Representatives from 11 European countries attended the conference.

OUTCOMES & IMPACTS

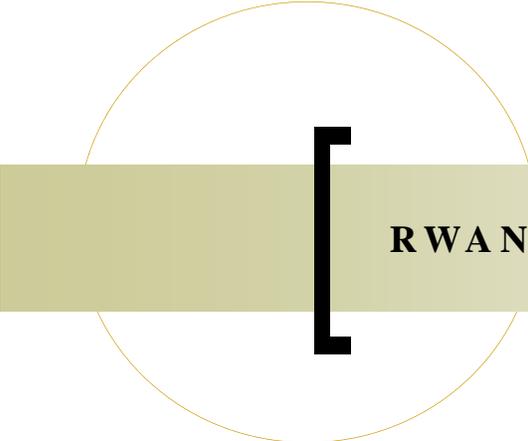
In late September 2007, the Russian military hosted in Moscow the 4th annual military HIV Prevention Conference, *International Cooperation for the Prevention of HIV Infection Among Military Servicemen: Problems and Prospects*. The conference was also supported by the Russian Ministry of Defense, Joint United Nations Programme on HIV/AIDS (UNAIDS), Population Services International, and the Global Fund. In attendance were 140 military medical professionals from 11 countries as well as 2 DHAPP staff members and 1 representative from the US DoD European Command. Presentations and discussions focused on policy issues, such as mandatory HIV screening for recruits, mandatory periodic force wide testing, fitness for duty, and HIV diagnosis and treatment.

Contributions by the Ministry of Health, the Russian Federal AIDS Center, and UNAIDS strongly reinforced the urgent priority of addressing the epidemic. Presentations from military medical professionals from countries in the Commonwealth of Independent States demonstrated innovative military HIV policies and a strong commitment to HIV prevention despite very limited resources.



Proposed Future Activities

Proposed activities were submitted to the Russia Country Team, and were included in the FY08 COP.



RWANDA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Rwanda is a poor rural country with about 90% of the population engaged in (mainly subsistence) agriculture. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners are coffee and tea. The estimated population of Rwanda is 10 million people, with an average life expectancy of 49 years. Kinyarwanda is the official language of Rwanda, which has an estimated literacy rate of 70%, evenly distributed between men and women. The gross domestic product (GDP) per capita is \$1,000, with 60% of Rwandans living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Rwanda's general population is estimated at 3.1%, a decline from recent years. Rwanda has approximately 190,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Rwandan Defense Forces (RDF) is estimated at approximately 30,000. Rwanda expends 2.9% of the GDP on military expenditures. No current prevalence data is available for the RDF, but a seroprevalence study and behavioral survey is planned for FY08.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The RDF HIV/AIDS program is a collaborative effort between the RDF, the Office of the Defense Attaché at the US Embassy, Population Services International (PSI), Charles R. Drew University of Medicine and Science Center for AIDS Research, Education and Services (Drew CARES), and DHAPP. Working in the Office of the Defense Attaché at the US Embassy, an in-country program manager coordinates activities between the implementing partners and the RDF. DHAPP staff members provided technical assistance to the RDF during in-country visits throughout FY07. The purpose of the trips included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Rwanda country operational plan (COP) for FY08, as well as military-specific planning and technical assistance to the RDF and US Embassy personnel. DHAPP staff members represent the RDF as members of the PEPFAR Rwanda Core Team, and have been involved in every level of country planning, ensuring that RDF programs are adequately addressed.



OUTCOMES & IMPACTS

Prevention

During FY07, PSI's military behavior change communication (BCC) program continued trainings, peer education activities, and supporting Anti-AIDS clubs. Key focuses of this year's BCC activities was the support and strengthening of Anti-AIDS clubs. In FY07, a total of 27 clubs were established and were receiving ongoing supervision from PSI in organizing activities among soldiers.

During the year, 16,337 RDF troops and family members were reached with abstinence and being faithful prevention messages and 80 peer educators were

trained. PSI promotes abstinence and being faithful messages to married soldiers through inter-personal communication activities and peer education sessions. These messages also target young soldiers who are not yet sexually active, and married soldiers who live away from their spouses. In addition, 29,552 troops and family members were reached through comprehensive prevention messages that go beyond abstinence and being faithful, and 205 peer educators were trained. In total, 46,425 troops and family members were reached with prevention messages and 285 peer educators were trained in FY07.

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



Two (2) prevention of mother-to-child transmission outlets provided services to 613 pregnant women, including counseling and testing (CT). Thirty-eight (38) women received a complete course of antiretroviral prophylaxis.

Care

Two (2) service outlets provided HIV-related palliative care to military members and their families. During the year, 1,798 RDF members were provided with HIV-related palliative care (1,534 men, 264 women), and another 78 individuals were trained in the provision of that care. Drew CARES provided a mobile treatment and care unit (MTCU) for the RDF and it has helped soldiers cope with their HIV status and disclosure to their partners. RDF nurses noted clear differences between soldiers who received care through the MTCU and soldiers

who received care elsewhere. Those who were served by the MTCU had an opportunity to talk openly about their feelings and troubles and were much more willing to disclose their HIV status to their partners.

Three (3) CT Centers provided HIV testing for RDF personnel, again monitored as part of the larger PSI program. During FY07, 13,003 individuals were tested for HIV and received their results, including RDF members and their dependents. Ten (10) individuals received CT training, including RDF personnel. Through PSI's military mobile voluntary CT program 7,034 soldiers were counseled and tested (a subset of the total 13,003 tested). All HIV-positive clients were referred to surrounding public clinics or Kanombe Military Hospital in Kigali through the Medical Brigade Doctors for follow-on services. Clients were also referred to the MTCU that Drew CARES launched recently.

Treatment

Drew CARES acted as the implementing agent on behalf of the RDF for antiretroviral therapy (ART). During FY07, 2 outlets provided ART services to RDF personnel and their families. One hundred eighty-one (181) service members or dependents were newly started on ART during the reporting period, and 1,259 military members or families were receiving ART by the end of the reporting period (976 men, 241 women, 22 boys, 20 girls). Seventy-eight (78) military health workers were trained in the provision of ART. One (1) laboratory has the capacity to perform CD4 tests, and 8 individuals were trained in the provision of laboratory services.

Proposed Future Activities

In addition to the ongoing successful efforts of in-country PEPFAR partner PSI in RDF prevention program implementation, DHAPP collaborated with Drew CARES to expand their work in Rwanda. Drew CARES is working with the RDF in HIV-related palliative care and treatment services, as well as CT services for the RDF. PSI and Drew CARES, on behalf of the RDF, submitted proposals for continuation of their programs to the Rwanda Country Team, which were included in the FY08 COP.

SAO TOMÉ AND PRINCIPE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of the Sao Tomé and Príncipe (formerly Congo-Brazzaville) is 206,000 people, with an average life expectancy of 68 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 85%, unevenly distributed between men and women. This small, poor island economy has become increasingly dependent on cocoa since achieving independence in 1975. Cocoa production has substantially declined in recent years because of drought and mismanagement, but strengthening prices helped boost export earnings in 2003. The recent discovery of oil in the Gulf of Guinea is likely to have an impact on the country's economy. The gross domestic product per capita is \$1,600, with 54% of the population living below the poverty level.

HIV/AIDS Statistics

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



Military Statistics

The Armed Forces of Sao Tomé and Príncipe (AFSTP) are estimated at 600 active-duty troops, with Army, Coast Guard, and Presidential Guard branches. Recently, the first strategic plan for HIV/AIDS prevention in the military was approved for 2006–2010.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Johns Hopkins Cameroon Program (JHCP) has been providing technical assistance to the militaries of Central Africa, including Sao Tomé, in the implementation of HIV prevention and surveillance activities.

OUTCOMES & IMPACTS

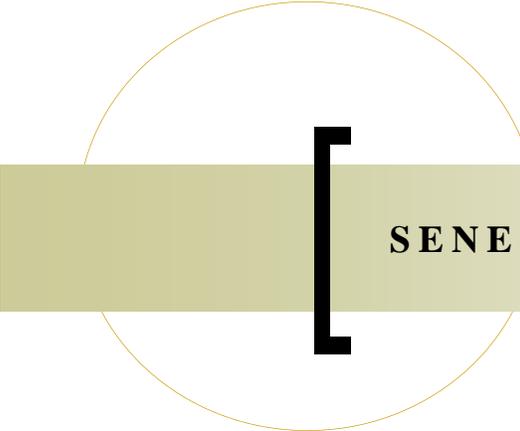
Prevention

During FY07, JHCP continued to work with the military in Sao Tomé in order to prepare the local team for implementation of selected activities. This process has been very slow due to lack of human resources dedicated to health in general and to HIV/AIDS in the military of Sao Tomé in particular. Plans have been made to initiate these activities by January 2008.

Proposed Future Activities

DHAPP received a proposal from JHCP on behalf of the AFSTP for activities in FY07. It included the harmonization of key tools used for the intervention and evaluation of HIV/AIDS prevention programs in Central Africa sub region militaries (Cameroon, Gabon, Chad, Congo-Brazzaville, Democratic Republic of the Congo, Central African Republic, Sao Tomé, and Equatorial Guinea). Other plans included having representatives from the AFSTP attend a sub regional workshop in Cameroon with participation of military representatives from each of the aforementioned countries, and drafting sub regional strategic guidelines for HIV/AIDS prevention in the military.





SENEGAL

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Senegal is 12.9 million people, with an average life expectancy of 57 years. French is the official language of Senegal, which has an estimated literacy rate of 39%, unevenly distributed between men and women. In January 1994, Senegal undertook a bold and ambitious economic reform program with the support of the international donor community. As a member of the West African Economic and Monetary Union, Senegal is working toward greater regional integration with a unified external tariff and a more stable monetary policy. The gross domestic product per capita is \$1,700, with 54% of Senegalese people living below the poverty level. Senegal remains one of the most stable democracies in Africa, and has a long history of participating in international peacekeeping.

HIV/AIDS Statistics

The HIV prevalence rate in Senegal's general population is estimated at 0.9%, with approximately 61,000 individuals living with HIV/AIDS. Senegal is considered to have a concentrated epidemic. Although the HIV rate in the general public has been consistently low, specific vulnerable populations have much higher prevalence rates, such as 17% among commercial sex workers. Identified risk factors include heterosexual contact with multiple partners and contact with commercial sex workers.

Military Statistics

The Senegalese Armed Forces (SAF) consists of approximately 16,000 active-duty members. Senegal expends 1.4% of the GDP on their 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 the

knowledge of HIV had improved from 2002 (61.7 % in 2002 to 89.8 % in 2006) according to the behavioral survey. The military does not perform forcewide testing but it does test troops prior to deployment on peacekeeping operations (PKOs).

PROGRAM RESPONSE

In-Country Ongoing Assistance

The HIV/AIDS Program for the SAF is a collaborative effort between the AIDS Program Division of the SAF, the Office of Defense Coordination (ODC) at the US Embassy and DHAPP. An in-country program manager who works for the ODC, works with SAF personnel and DHAPP staff to manage the program. The program manager also works with other US Government agencies that are members of the President's Emergency Plan For AIDS Relief (PEPFAR) in Senegal. Senegal is a bilateral program for PEPFAR and has a Country Team. DHAPP staff members have been involved in every level of country planning, ensuring that SAF programs are adequately addressed.

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 appropriated for fiscal years 2003, 2005, and 2006. Funding for 2003 and 2005 was released for expenditure during FY05 and FY07, respectively. To date, 2003 funding has been used to procure CD4 count equipment, an ELISA machine, hematology analyzer, and HIV rapid test kits, in addition to other supporting diagnostic supplies and reagents. Plans for 2005 funding procurements are under way.

Prevention

Since its inception, the HIV/AIDS Program of the SAF has promoted not only abstinence and fidelity but also the use of condoms. The sexually transmitted infection and HIV/AIDS prevention program used Information, Education, and Communication (IEC)



approaches to reach 12,996 troops.

The SAF strategically targeted vulnerable groups: new recruits, peacekeepers, and military officers in post conflict zones. Three (3) mass social mobilization campaigns targeted new recruits. Ten (10) conferences benefited troops participating in PKOs in Darfur, Côte d'Ivoire, the Democratic Republic of the Congo, and Liberia. Two hundred eighty three (283) discussion groups benefited troops and their families. They proved to be highly effective for behavior change, according to the military's behavioral and biological surveillance survey. The survey was conducted with the assistance of the National Council Against AIDS in Senegal, the Senegalese Ministry of Health, and the SAF AIDS Program Division. It demonstrated that 68% of troops were reached in the discussion groups. In order to finance and implement the survey, many agencies were involved, including the Agency for the Promotion of Population Activities, biological and virological laboratories of Le Dantec Hospital, Cooperation Francaise, the Global Fund, the US Agency for International Development, and DHAPP.



Behavioral change communication (BCC) materials were distributed in the amount of 6,417 units, and 4 radio programs were broadcasted. A total of 253 peer educators, including those accompanying the PKO troops, were trained and were instrumental in prevention activities. A peer educator guide was developed by the SAF and DHAPP and is near completion. Finally, HIV/AIDS knowledge has improved, from a rate of 62% in 2002 to 90% in 2006, according to the SAF behavioral and biological surveillance survey.

Three (3) SAF facilities carry out blood-safety activities: the Hospital Militaire de Oukam (principle military hospital in Dakar) and 2 medical service outlets in

Ziguinchor and Tambacounda (both are in the southern region where most Senegalese troops are stationed). Blood-safety trainings were held for highly vulnerable, post conflict regions such as Tambacounda and Ziguinchor, as well as for major service providers in Dakar. The 2-day trainings were on accidental exposure to blood, and they benefited 50 nurses, physicians, and dentists.

During the reporting period, 3 of 12 prevention of mother-to-child transmission (PMTCT) sites were closed due to human resource shortages. The SAF continues to promote HIV testing of pregnant women at each of its 9 PMTCT sites through provider-initiated testing. A total of 1,071 women were counseled and tested.

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 Hospital Militaire de Oukam in Dakar. Accuracy of reporting palliative care patients at the service outlets outside of Dakar is expected to improve with a new reporting system. It is currently being developed and will harmonize indicators for PEPFAR and DHAPP as well as feed into the national database managed by the National Council Against AIDS in Senegal.

Seven (7) service outlets provide Counseling and Testing (CT) for the SAF. A total of 7,828 troops were counseled and received their test results. The high testing rate is partially due to the prevention strategy the SAF has adopted. First of all, testing services always precede the mass sensitization events. Secondly, the protocol for testing soldiers at the military camps requires individual counseling followed by testing and receipt of their results. Counseling is conducted by either medical physicians or social assistants.

Chief of the troops and commanders of the regions are always the first to be tested for HIV, followed by their troops. In addition, there is CT training for the new medical officers who have recently graduated from Senegal's military

medical school, Ecole Militaire de Sante, located in Camp Dial Diop. Throughout the year, 38 individuals were trained in the provision of CT services.

DHAPP continues to support building laboratory infrastructure across the country for such sites as the Hospital Militaire de Oukam in Dakar and the lab facilities of the Senegalese Gendarme located in St. Louis, Kolda, Tambacounda, Ziguinchor, Thies, and Kaolak. Laboratory infrastructure is supported with Foreign Military Financing funding.



Treatment

The SAF has 3 service outlets that provide antiretroviral therapy (ART). They are the Hospital Militaire de Oukam in Dakar and 2 new regional medical clinics in Ziguinchor and Tambacounda. Only the laboratory in Dakar has the capacity for CD4 testing. Military personnel who cannot come to the the Hospital Militaire de Oukam in Dakar are referred to regional civilian hospitals for CD4 testing. ART at the regional level is carried out in close collaboration with the Senegalese Regional Coordination Committees to Fight against AIDS. In FY07, 21 clients were started on ART.

Other

The SAF AIDS Program Division is aligning itself with the Senegalese national reporting system. Senegal will be implementing WHO's HealthMapper as its national reporting tool for all health agencies. In preparation, 20 chief medical officers participated in HealthMapper training, sponsored by PEPFAR.

In Ziguinchor, 20 chief commanders were trained on leadership and HIV/AIDS prevention. Two (2) medical officers attended a 2-week course on monitoring

and evaluation of HIV/AIDS programs offered by the Centre Africain D'Etudes Supérieures Gestion (CESAG).

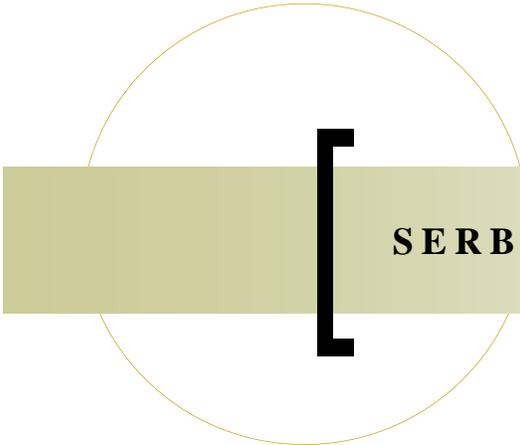
Ten (10) evaluation visits were conducted in the 7 military zones of Senegal. The visits assisted in the identification of field needs and the progress in the decentralization process, as well as integration and coordination of program response at the decentralized levels. Some key issues identified were gaps in human capacity for program management and indicator reporting for DHAPP and PEPFAR and the Senegalese Ministry of Health's national reporting system. The program management issue is mostly due to chief medical officers' mobility and PKO deployments, as well as the importance of engaging the military wives for the sensitization of family members and PMTCT efforts.

The director for the SAF AIDS Program Division attended a conference in Burkina Faso, where he presented research on condom use with casual partners in the military. A chief medical officer in Ziguinchor conducted a military behavioral survey in his region, where higher HIV prevalence rates are recorded. The survey results and recommendations will be taken into account during the planning phases for the FY08 SAF-DHAPP HIV/AIDS prevention programming.

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

Proposed Future Activities

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



SERBIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

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

The population of Serbia is estimated to be 10 million people (including Kosovo), with an average life expectancy of 73 years. Serbian is the official language of Serbia, which has an estimated literacy rate of 96%, evenly distributed between men and women. The gross domestic product per capita is \$7,700, with 6.5% of Serbian people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Serbia's general population is estimated at less than 0.2%. Relatively little is known about the factors that influence the spread of HIV in Serbia, although the early phases of the epidemic were primarily driven by intravenous drug use.

Military Statistics

The Serbian Armed Forces (SAF) are composed of an estimated 27,000 troops. The prevalence of HIV in the Serbian military is unknown. In the SAF, military service age and obligation are 19–35 years of age for compulsory military service; under

state of war or impending war conscription can begin at age 16. Conscription is to be abolished in 2010.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff works in conjunction with the Office of Defense Cooperation at the US Embassy and the Military Medical Academy in Belgrade to support the SAF in its HIV prevention program. Activities have expanded from laboratory support to prevention and care programs during this past year.



OUTCOMES & IMPACTS

Prevention

The Military Medical Academy in Belgrade organized the mass prevention awareness campaigns for the troops. It is estimated that 20,000 troops were reached with these messages. During the mass awareness campaigns, which boasted the slogan *Prevention is primary! Lower the risk*, some 20,000 condoms were distributed. Additional training in blood safety was carried out for 1,910 health care workers (470 medical doctors, 40 dentists, 1,400 nurses) from the Military Medical Academy which serves the SAF. Sixty (60) pregnant women were counseled and tested during the year.

Physicians who specialize in epidemiology, infectious diseases, microbiology and psychiatry from the Military Medical Academy organized 2 workshops on prevention, laboratory diagnostic, palliative care, antiretroviral treatment, and psychosocial aspects of HIV/AIDS for 70 psychologists and 40 physicians from the SAF.

Proposed Future Activities

DHAPP received a proposal from the Office of Defense Cooperation and the Military Medical Academy in Belgrade on behalf of the SAF for FY08. The main objectives of the proposal are to increase the quality and access to HIV/AIDS prevention material, and to provide mass awareness campaigns, voluntary testing and counseling services, and HIV diagnostic capabilities to the SAF.





SIERRA LEONE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BACKGROUND

Country Statistics

The estimated population of Sierra Leone is 6 million people, with an average life expectancy of 41 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The government is slowly reestablishing its authority after the 1991 to 2002 civil war. Sierra Leone is an extremely poor nation with tremendous inequality in income distribution. While it possesses substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed, and serious social disorders continue to hamper economic development. Nearly half of the working-age population engages in subsistence agriculture. The gross domestic product (GDP) per capita is \$800, with 70% of Sierra Leonean people living below the poverty level.

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 transportation workers.

Military Statistics

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

twice that of the general population. Beginning this year, RSLAF has made the decision to enact force wide annual preventive health assessments, which would include HIV testing.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The RSLAF HIV/AIDS program began in spring 2002. It is a collaborative effort between the RSLAF, Defense Attaché Office of the US Embassy, and DHAPP. The relationship has fostered many advances in this program. With support from DHAPP, the RSLAF has developed a workplace policy on HIV/AIDS for its personnel. This policy is geared toward creating a working environment free of discrimination and ensuring that all service personnel are aware of the policy. In 2007, the RSLAF began reviewing its current HIV policy with the intention of revising it.

Foreign Military Financing Assistance

Sierra Leone was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, and 2006. Funding for 2003 and 2005 was released for expenditure during FY05 and FY07, respectively. To date, 2003 funding has been used to procure HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. Fiscal year 2005 funds have been used to procure HIV test kits and a microplate reader and washer.

OUTCOMES & IMPACTS

Prevention

In FY07, 19,265 troops and family members were reached with comprehensive prevention messages, and another 290 were trained in the provision of those messages. There has been a call for the military to teach prevention education in schools, which demonstrates the high regard that the military is held in by their community. Another prevention achievement has been having peer educators bring



their spouses to their trainings, which emphasizes the importance of partner HIV knowledge. The number of peer educators available to the RSALF has also increased. The RSLAF supported 28 condom service outlets which is less than last year. The reduced number of service outlets, stems from the lack of condom availability in the country as well as transportation issues.



Four (4) service outlets provided prevention of mother-to-child (PMTCT) services for military pregnant women. During the year, 232 pregnant women were provided services at these outlets, 28 of whom were provided with a complete course of antiretroviral therapy (ART) prophylaxis. Twelve (12) medical providers were trained in the provision of PMTCT services. One hundred thirty two (132) medical personnel were trained in blood-safety and 156 members were trained in injection safety.

Care

One service outlet provides HIV-related palliative care for RSLAF members and their families. During the year, 199 troops and dependents were provided with HIV-related palliative care services (152 men, 47 women). Two (2) outlets provided counseling and testing (CT) for military members, and 1,370 troops were tested for HIV and received their results. Another 40 were trained in the provision of CT. With the assistance of the US DoD International Military Advisory and Training Team, the RSLAF will be instituting annual preventive health assessments for all its personnel where 100% of the military will be HIV tested annually. With increased testing needed, the RSALF would like to incorporate mobile HIV CT Centers as well as increasing the number of lay counselors.

Treatment

One (1) service outlet provides ART for RSLAF members, family, and civilians in the area. During the year, 90 RSLAF troops or family members were established on ART (78 men, 12 women). Twelve (12) providers were trained in the provision of ART. Twelve (12) laboratory technicians were trained in ART services. An HIV/AIDS laboratory was constructed and opened at 5th Brigade Headquarters in Bo, in August 2007. The opening was well attended by the Deputy Defense Minister, Chief of Defense staff, and senior military officers. After the opening ceremony, senior military personnel, including the Deputy Defense Minister, the Chief of Defense staff, 3rd, 4th, and 5th Brigade Commanders, and all Battalion Commanders voluntarily got tested, thus promoting HIV counseling and testing to their troops. Currently, laboratory equipment is being procured for this new lab using FMF funding.

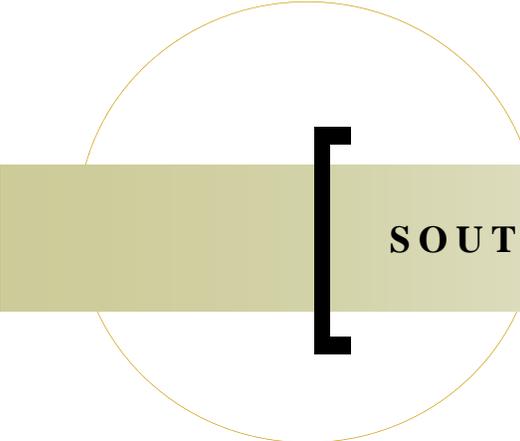
Other

RSALF hosted 2 policy officers from the Gambian Armed Forces (GAF) to discuss their current military HIV policy since the GAF will be drafting its own. The GAF looked to the RSALF for guidance and idea-sharing as it drafts its policy. Also, the RSLAF will be revising its current HIV policy because it feels it needs to provide more protection for the troops. Thirty-two (32) senior-level officers were trained in reducing stigma and discrimination.

Proposed Future Activities

DHAPP received a proposal for FY08 activities from the Defense Attaché Office at the US Embassy on behalf of the RSLAF. Specific objectives of the proposal included (1) increasing prevention efforts for troops, family members, and civilians in the surrounding areas; (2) introducing the *Prevention with Positives* program; (3) increasing testing abilities for the RSLAF; and (4) training additional health care providers in PMTCT services, laboratory diagnostics, and ART services.





SOUTH AFRICA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

South Africa's estimated population is 46.8 million people, with an average life expectancy of 42 years. Many languages are spoken in South Africa; the three most common are isiZulu, isiXhosa, and Afrikaans, with an estimated literacy rate of 86%, evenly distributed between men and women. South Africa is a middle-income, emerging market with an abundant supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is 17th largest in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers throughout the region. The gross domestic product (GDP) per capita is \$10,600, with 50% of South Africans living below the poverty level.

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 unknown. South Africa expends 1.7% of the GDP on military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The SANDF HIV/AIDS program is a collaborative effort between the SANDF, the Office of Defense Cooperation at the US Embassy, and DHAPP. An in-country program team that works under the Office of the Defense Cooperation manages the day-to-day program operations. 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 FY08, as well as military-specific planning and technical assistance to the SANDF and US Embassy personnel. DHAPP staff members have been involved in every level of country planning, ensuring that SANDF programs are adequately addressed.



OUTCOMES & IMPACTS

Prevention

During FY07, the SANDF reported continued outstanding results across prevention, care, and treatment targets. During the year, 3,141 military members and their families were reached with prevention messages that focused on abstinence and/or being faithful. The majority of military members reached are new recruits who are HIV negative upon entry into the military. Therefore, the prevention program focuses on values, ethics, and spirituality. Thirty-one (31) chaplains were trained in the provision of these messages and they are primarily responsible for the abstinence and/or being faithful program. The program is known as Combating HIV and AIDS Through Spiritual and Ethical Conduct or CHATSEC. The chaplains reach groups of 20-25 military members over a 3-day program; these 3-day programs occurred 39 times in FY07. In addition, 987 military personnel were reached with comprehensive prevention messages that go beyond abstinence and/or being faithful, and 408 individuals were trained to provide those messages. The SANDF supported 115 targeted condom service outlets.

No reporting data were available for the prevention of mother-to-child transmission (PMTCT) services. However, there were 49 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, 904 SANDF members and family members were provided with HIV-related palliative care (552 men, 352 women). Of these, 185 were provided with preventive therapy for tuberculosis. These data only reflect the first three quarters of the fiscal year. Data for the final quarter was not available. During FY07, data on the number of people counseled and tested was unavailable. However, 169 military members were trained in the provision of counseling and testing services.

Treatment

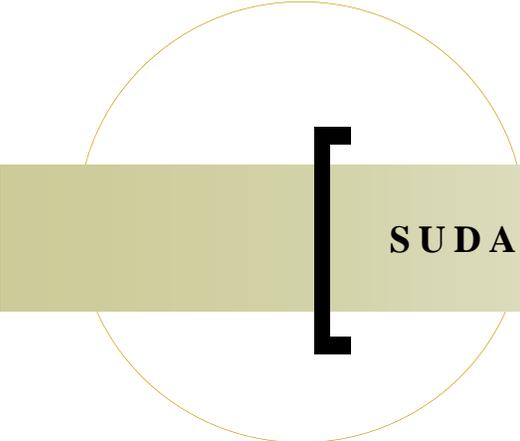
SANDF treatment numbers from *Phidisa* are included in this report. The figures reflected are reported by the 5 *Phidisa* sites and 1 military hospital. Data from the other military hospitals was unavailable. In FY07, 144 patients were newly initiated on antiretroviral therapy (ART), and at the end of the reporting period, there were 604 current patients on ART.

Other

Thirty-six (36) SANDF members were trained in strategic information during the reporting period. Two 5-day strategic information work sessions were conducted. Members of the HIV/AIDS management team from all 9 provinces attended these work sessions. In addition, 4 SANDF personnel attended training to improve monitoring and evaluation within the SANDF.

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 FY08 COP.



SUDAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BACKGROUND

Country Statistics

Sudan has been engaged in two prolonged civil wars during most of the second half of the 20th century. A separate conflict, which broke out in the western region of Darfur in 2003, has displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. The United Nations took command of the Darfur peacekeeping operation from the African Union on 31 December 2007. As of early 2008, peacekeeping troops were struggling to stabilize the situation, which has become increasingly regional in scope, and has brought instability to eastern Chad, and Sudanese incursions into the Central African Republic. Sudan also has faced large refugee influxes from neighboring countries, primarily Ethiopia and Chad. The estimated population of Sudan is 40.2 million people, with an average life expectancy of 50 years. Arabic is the official language of Sudan, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$2,200, with 40% of the population of Sudan living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the Sudan general population is estimated at 1.6%. Very little information is known about risk factors in this population.

Military Statistics

The Sudan People's Liberation Army (SPLA) began as a rebel force but is now the recognized military of the autonomous region. The SPLA plays a central role in the government, with influence extending through all layers of a highly militarized society. Sudan expends 3% of the GDP on military purposes. The exact numbers of

troops in the SPLA and prevalence numbers are both unknown at this time, but SPLA personnel may be at higher risk for infection because of their history as an irregular or rebel force, with limited access to medical or HIV preventive services, and low education and literacy levels.



The SPLA plays a significant role in efforts to reduce the impact of HIV in southern Sudan. SPLA soldiers come from all over southern Sudan, as well as some transitional areas in the north. Many of these soldiers will return to their home areas after demobilization. Therefore, as the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits will extend well beyond the ranks of military personnel and their families.

PROGRAM RESPONSE

In-Country Ongoing Assistance

As part of its overall strategy to promote peace-building efforts, the US Government is supporting SPLA initiatives to reduce size as part of post-conflict demobilization, reintegrating former combatants into civilian life and developing remaining troops into a professional military force. The US Government supports the institutional development of the SPLA through IntraHealth International, a contractor for the Centers for Disease Control and Prevention (CDC), implementing an infrastructure program with some training components. In addition, the United States is providing funding to the militaries of Kenya and Uganda to provide bilateral military-to-military assistance to the SPLA.

Sudan was named as a participating country in the President's Emergency Plan for AIDS Relief (PEPFAR), beginning in fiscal year 2007. DHAPP staff are active members of the Core Team and continue to support the CDC in engaging the SPLA.

OUTCOMES & IMPACT

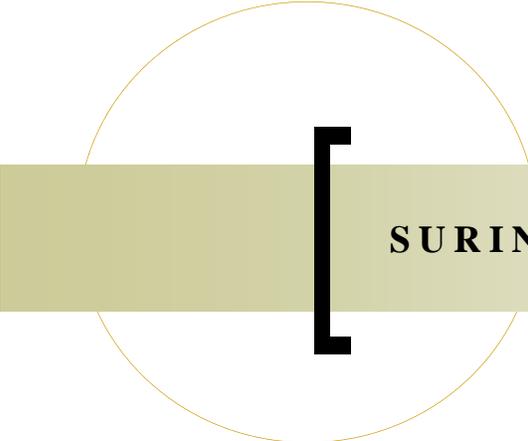
Prevention

US DoD does not have a presence in country but DHAPP staff participate in Sudan's Core Team activities and support the CDC in engaging the SPLA.

Proposed Future Activities

Continued HIV programming for the SPLA was proposed to the PEPFAR Sudan Country Team. All proposed activities were included in the FY08 Country Operational Plan. In particular, the SPLA HIV/AIDS Secretariat will direct the evolution of program priorities over time, but direct PEPFAR support will focus heavily on building institutional capacity and prevention campaigns based on partner reduction, counselling and testing, and condoms. The CDC, with PEPFAR funds, proposes supporting the partnerships of IntraHealth International, Population Services International, and the SPLA HIV/AIDS Secretariat.





SURINAME

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Suriname is 476,000 people, with an average life expectancy of 73 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 90%. The gross domestic product (GDP) per capita is \$7,800, with 70% of the population of Suriname living below the poverty level. The economy is dominated by the mining industry, with exports of alumina, gold, and oil accounting for about 85% of exports and 25% of government revenues, making the economy highly vulnerable to mineral price volatility. The short-term economic outlook depends on the government's ability to control inflation and on the development of projects in the bauxite and gold mining sectors.

HIV/AIDS Statistics

The HIV prevalence rate in the Suriname general population is estimated at 1.9%. There are an estimated 5,200 people living with HIV. Relatively little is known about the factors that influence the spread of HIV/AIDS in Suriname. Heterosexual contact is thought to be the principal mode of HIV transmission. Prevalence among commercial sex workers is estimated at 22%.

Military Statistics

The Suriname National Army (SNA) consists of approximately 2,500 volunteer active-duty members with a small Air Force, Navy, and military police, the majority of whom are deployed as light infantry (Army) security forces. Primarily tasked with the defense of the nation's borders and to provide support to civil authorities as

directed, the SNA is predominately male, with an average age of 25 years. Suriname expends 0.6% of the GDP on military expenditures. No estimates of military HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

A representative from the US Naval Medical Research Center Detachment in Lima, Peru, traveled to Suriname on behalf of DHAPP. The purpose of trip was to conduct an assessment for HIV/AIDS programming in Suriname. Discussions are under way on future programming.

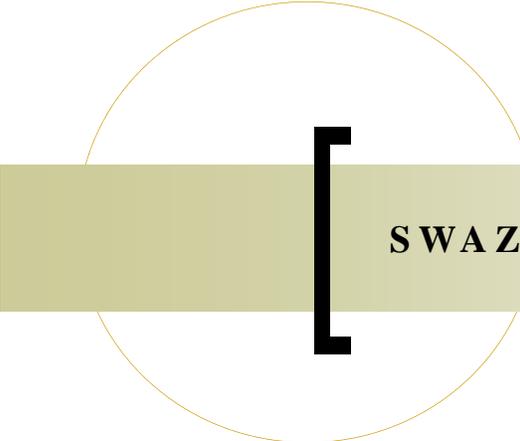
OUTCOMES & IMPACT

No program activities occurred in FY07. DHAPP and the SNA look forward to future activities.

Proposed Future Activities

DHAPP is working in collaboration with the US Southern Command and the SNA on future HIV programming.





SWAZILAND

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

The estimated population of Swaziland is 1.1 million people, with an average life expectancy of 32 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 82%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture occupies more than 80% of the population. The gross domestic product (GDP) per capita is \$4,800, with 69% of people in Swaziland living below the poverty level.

HIV/AIDS Statistics

Swaziland recently surpassed Botswana as the country with the world's highest known rates of HIV/AIDS infection. The HIV prevalence rate in the Swaziland general population is estimated at 33.4%, resulting in approximately 220,000 individuals living with HIV/AIDS. The primary identified risk factors in the population are high mobility, high-risk heterosexual contact with multiple partners and commercial sex workers, gender inequity, and high incidence of sexually transmitted infections.

Military Statistics

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

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, an active member of the President's Emergency Plan for AIDS Relief (PEPFAR) Swaziland Country Team, have provided technical assistance in creating the Country Operational Plan (COP) for FY08.



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 appropriated for fiscal years 2003, 2005, and 2006. Funding for 2003 and 2005 was released for expenditure in FY07. Although still in negotiation for lab equipment, the funds have been used to train and assess the lab capabilities to assist in procuring the appropriate HIV diagnostic equipment and supplies.

OUTCOMES & IMPACTS

Prevention

During FY07, 3,550 soldiers and their families were reached with comprehensive prevention messages. One method of delivering these messages was through the USDF drama group, which not only presented prevention messages but care information to the troops. Nine hundred twenty-five (925) peer educators were trained in the provision of these messages. The USDF supported 17 condom service outlets.

During FY07, an outreach vehicle was procured for the USDF and has been distributing condoms. The USDF has 9 service outlets that are carrying out blood-safety activities



with trained nurses. Four (4) military medical personnel were trained in both blood and injection safety.

Care and Treatment

One (1) service outlet provided HIV-related palliative care services to USDF personnel and their families. Called Phocweni Clinic, it provides clinical prophylaxis for opportunistic infections and provides treatment for tuberculosis once the client has been diagnosed at the government hospital. With the upgrading of the Phocweni laboratory and x-ray departments, clients are diagnosed by USDF medical personnel, which reduces delays in treatment. During the fiscal year, 170 military personnel were provided with HIV-related palliative care (120 men, 50 women). Twenty-five (25) nurses were trained to provide HIV-related palliative care by the National Tuberculosis Control Program in Swaziland. DHAPP staff provided technical assistance to the USDF for the establishment of palliative care at St. George's Barracks. This will increase palliative care services to the USDF and their families.



Nine (9) outlets provided counseling and testing (CT) services for military personnel. During the year, 775 military members and their families were tested for HIV and received their results (663 men, 112 women). During the year, 6 individuals were trained in the provision of CT services according to the national guidelines. The USDF has 1 service outlet that provides antiretroviral therapy (ART) to the troops and their families. At the end the reporting period, 56 individuals were on ART. There is a lack of physicians at Phocweni Clinic, so no new patients were initiated on ART. Two (2) USDF nurses were trained in provision of ART services. Five (5) lab technicians were trained in the provision

of lab-related activities for the USDF. Additional lab equipment was procured for the Phocweni Clinic.

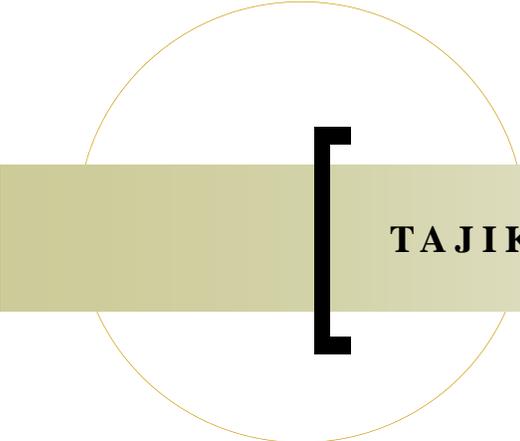
Other

During FY07, 18 individuals were trained in strategic information. Ten (10) individuals from 5 different local organizations (including the USDF) were provided with technical assistance in HIV-related institutional capacity building and were trained in HIV-related policy.

Proposed Future Activities

Continued comprehensive HIV programming for the USDF members and their families was proposed to the PEPFAR Swaziland Country Team. All proposed activities were included in the FY08 COP. Some of these activities include continued prevention efforts, increased CT services, and the expansion of staff to better assist the USDF program.





TAJIKISTAN

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

Tajikistan became independent in 1991 following the breakup of the Soviet Union, and it is now in the process of strengthening its democracy and transitioning to a free-market economy after a civil war that lasted from 1992 to 1997. The estimated population of Tajikistan is 7 million people, with an average life expectancy of 65 years. Tajik is the official language of Tajikistan, which has an estimated literacy rate of 99.5%, evenly distributed between men and women. The gross domestic product per capita is \$1,600, with 60% of Tajikistan's people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Tajikistan's general population is estimated at 0.1%. Of the registered cases, more than 60% are men, over 70% are intravenous drug users, and more than 70% are younger than 30 years old.

Military Statistics

The size of Armed Forces of the Republic of Tajikistan (AFRT) is approximately 27,000, including the Border Guards, the largest branch of the AFRT, comprising about 12,500 officers and enlisted members. In addition, the Ministry of Defense has about 10,500 personnel, the National Guard has 2,500, the Ministry of Emergency Situations and Civil Defense has about 1,500 members. No information regarding HIV prevalence in the military is available, but the military is generally considered a high-risk group.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have maintained close collaborative efforts with the Office of Defense Cooperation at the US Embassy in Tajikistan. Together, funding allocated for FY07 was used to ensure a successful program for the AFRT.



OUTCOMES & IMPACTS

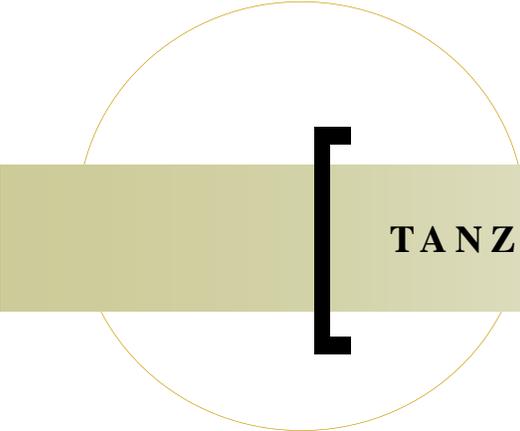
Prevention and Care

The HIV prevention program in the AFRT reported reaching 15,442 troops with comprehensive prevention and nondiscriminatory messages, and 250 peer educators were trained. Twenty-five (25) people were trained in blood safety and 672 field personnel were trained in injection safety. Counseling and testing (CT) services were provided to 1,450 troops, and 297 individuals were trained in CT services.



Proposed Future Activities

DHAPP received a proposal from the Office of Defense Cooperation at the US Embassy in Dushanbe on behalf of the AFRT for FY08 funding. The stated goal of the proposed HIV/AIDS program in Tajikistan is to continue training medical staff and peer educators, broaden the voluntary testing program, continue implementation of AFRT policy on HIV/AIDS that was developed and approved in 2005, provide treatment for sexually transmitted infections, and improve the supplies, equipment, and infrastructure for medical testing and treatment.



TANZANIA

DHAPP

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BACKGROUND

Country Statistics

Tanzania's estimated population is 40 million people, with an average life expectancy of 51 years. Kiswahili, Swahili, and English are the official languages of Tanzania, which has an estimated literacy rate of 69%, unevenly distributed between men and women. Tanzania is one of the poorest countries in the world. The economy depends heavily on agriculture, which accounts for more than 40% of the gross domestic product (GDP), provides 85% of exports, and employs 80% of the work force. Continued donor assistance and solid macroeconomic policies supported real GDP growth of nearly 7% in 2007. The GDP per capita is \$1,100, with 36% of Tanzanians living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Tanzania's general population is estimated at 6.5%. Prevalence rates are higher in urban than in rural areas, and women are more severely affected than men. Identified significant risk factors include high-risk heterosexual contact and contact with commercial sex workers.

Military Statistics

The size of the Tanzanian People's Defense Force (TPDF) is approximately 35,000. As of this annual report, no information regarding HIV prevalence in the military was available. Tanzania expends 0.2% of the GDP on military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The TPDF works in collaboration with the Walter Reed Army Institute of Research (WRAIR,) and PharmAccess International (PAI) on its HIV/AIDS program. WRAIR programs in Tanzania are directed by a Department of Army civilian hired under the Division of Retrovirology (Div. Retro.) with attaché status who reports directly to the Ambassador under the US Mission/Embassy in Dar es Salaam. WRAIR's primary administrative and contracting hub is located in Silver Spring, Maryland, and Fort Detrick, Maryland, respectively, with the Department of Army civilian providing direct oversight of program progress on the ground. WRAIR works closely with the Office of the Defense Attaché (DATT) at the US Embassy. Though not involved in the day-to-day management of the US President's Emergency Plan for AIDS Relief (PEPFAR) program, the DATT assists in coordinating higher-level meetings with the TPDF, ensuring goals and objectives of the Combatant Command are met.

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

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

OUTCOMES & IMPACT

Prevention

The TPDF prevention program targets all 5,000 recruits, 30,000 military personnel, 90,000 dependents, and 80,000 civilians living near the military camps and hospitals. During FY07, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 30,951 military personnel and their families were reached with comprehensive prevention messages. Three hundred eighty-four (384) peer educators were trained in the provision of those messages. The peer educators represent the 5 Army Brigades, Air Force, Navy, and Intelligence. Nearly 50% of the peer educators are administration and training officers. This decision was made because training experience and the ability to support peer educators in their daily activities was fundamental. Condom services were provided through 63 targeted outlets, and 1 million condoms were distributed.

In November 2006, a prevention task force with representatives from TPDF Headquarters, Lugalo Military Hospital, and Information, Education, and Communication (IEC) specialists from the University of Dar es Salam was formed. The purpose of the task force was to develop HIV/AIDS awareness and prevention materials, dedicated for the TPDF.



The major accomplishments of the taskforce included a resource book for master trainers and peer educators, peer education materials developed from information from the Joint United Nations Programme on HIV/AIDS and other sources. Another product developed by the taskforce is a pocket-sized handbook and training curriculum on adapted life-skills for TPDF recruits and the National

Youth Service. In addition, a card game was developed with HIV/AIDS prevention messages on each card as well as the development of two 15-minute documentaries with distribution to TPDF Headquarters, 5 Brigades, all Units, 5 training centers, 8 hospitals, and 6 health centers.

During FY07, 4,377 pregnant women were provided with prevention of mother-to-child transmission (PMTCT) services at 9 sites. These services included counseling, testing for HIV, and receiving results. Of the women tested in the PMTCT setting, 392 were provided with a complete course of antiretroviral (ARV) prophylaxis. Twenty-four (24) military health care workers were trained in the provision of PMTCT services in accordance with the National PMTCT guidelines. The 9 PMTCT sites (8 hospitals and 1 health center) were refurbished during FY07.

Care

There are 7 palliative care sites for the TPDF, and 181 troops and family members received services. Over half of the palliative care patients (101) received treatment for tuberculosis (TB). Twenty-four (24) medical officers and nurse counselors have been trained on palliative care services including TB, according to the guidelines of the National AIDS Control Programme TB Unit and the National Tuberculosis and Leprosy Program. Eight (8) military hospitals have been assessed and equipped for TB diagnostics. All sites have received microscopes, assays, and safety gear for TB diagnostic purposes.

In order to increase awareness of palliative care services offered at its 8 hospitals, the TPDF has been holding Open House Days.. Information about the risks of HIV transmission and preventive measures is also shared with the community, through drama, music, speeches by people living with HIV/AIDS, district or regional health managers, and medical staff from the hospitals. HIV testing is offered during the events. Each Open House Day has attracted at least 2,000 spectators, with more than 400 persons tested for HIV per day. Most successful was Mbalizi Hospital where more than 1,600 persons were screened for HIV on the weekend of September 15.

Nine (9) Counseling and Testing (CT) centers provided HIV testing for TPDF personnel. During FY07, a total of 3,442 troops and family members were tested for HIV and received their results (1,541 men, 1,901 women). Forty (40) military members were trained in the provision of CT. The CT results follow the national trend that more women are tested than men, even in the military setting. In the future, provider-initiated testing and counseling will replace voluntary counseling and testing (VCT), in accordance with the Counseling and Testing Guidelines of the Ministry of Health and Social Welfare.



Treatment

In FY07, 47 military health workers were trained in the provision of antiretroviral therapy (ART). In the past year, the TPDF scaled up the number of sites that can offer treatment services. At the 9 treatment sites that the TPDF has, 3,118 troops and family members were newly initiated on ART, and by the end of reporting period, there were 3,938 current patients on ART. Nine (9) TPDF laboratories had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 16 laboratory workers were trained in the provision of laboratory services.

Eight (8) military hospitals have been assessed, refurbished, furnished, equipped for VCT, PMTCT, and care and treatment services. Minor refurbishments took place at Lugalo, Mbalizi, and Mwanza Hospitals. The refurbishments of Mzinga and Monduli took 4–6 months, and ARV services did not start until the second quarter of FY07.

The Lugalo Hospital laboratory has been refurbished and is equipped with high throughput hematology and biochemistry and CD4 equipment. The laboratories of the other 7 hospitals have been refurbished equipped with semi-automated

hematology and biochemistry equipment, microscopes, and autoclaves. CD4 equipment was installed in Mbalizi and Mwanza Hospitals.

One of the major accomplishments of this program is that the care and treatment services of the TPDF hospitals are more integrated with the National Care and Treatment Plan (NCTP) under the Ministry of Health and Social Welfare.

Other

Laptops have been procured and training has been prepared for data-entry clerks from 8 military hospitals and 3 satellite sites. The training has been organized in collaboration with the University Computing Centre (UCC) of Dar es Salaam. UCC has designed the database for the NCTP and supports several partners in on-site data handling for the NCTP. Training will occur in FY08.

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

Proposed Future Activities

Ongoing successful TPDF and partner programming will continue to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Tanzania Country Team and were included in the FY08 COP.



THAILAND

DHAPP

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BACKGROUND

Country Statistics

The estimated population of Thailand is 65 million people, with an average life expectancy of 73 years. Thai is the official language of Thailand, which has an estimated literacy rate of 93%, evenly distributed between men and women. Economic growth in 2007 was due almost entirely to robust export performance, despite the pressure of an appreciating currency. Exports have performed at record levels, rising nearly 17% in 2006 and 12% in 2007. Export-oriented manufacturing, in particular automobile production, and farm output are driving these gains. The gross domestic product (GDP) per capita is \$8,000, with 10% of Thai people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Thailand's general population is estimated at 1.4%, with approximately 580,000 individuals living with HIV/AIDS. It is believed that heterosexual intercourse still accounts for the majority of new infections.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

Since 2003, the US Pacific Command (USPACOM) and its implementing agent, the Center of Excellence (COE), have used a strategy of leveraging its established working relations with military partners and civilian experts to catalyze regional cooperation on HIV/AIDS issues. To accomplish this, a partnership with the RTAF continues to be essential to enabling a “neighbors teaching neighbors” approach. USPACOM/COE together with US Armed Forces Research Institute of Medical Sciences (AFRIMS) support a military Regional Training Center responsible for education of a core group of military medical officers. These officers form a group of their respective country’s military HIV/AIDS prevention efforts and serve as liaisons and advocates for future work.

OUTCOMES & IMPACTS

Prevention and Care

Thirty (30) medical military delegates from 14 Asia-Pacific nations (Bangladesh, Cambodia, Timor Leste, Indonesia, Madagascar, Malaysia, Maldives, Nepal, Mauritius, Mongolia, Papua New Guinea, Philippines, Sri Lanka, and Thailand), attended the first *Asia-Pacific Regional HIV/AIDS Counseling and Education Workshop for Nurses, Nurse Practitioners, and Physician Assistants*. The 4-day workshop was held at the Phramongkutklo Military Medical Center in Bangkok, Thailand and was supported by the RTC. The workshop was intended to raise awareness of the importance of counseling, by encouraging participants to consider psychosocial issues as well as technical and accommodative skills, which may influence approaches and increase effectiveness in HIV/AIDS instruction, communication, counseling, and education. The workshop began in a didactic environment with a series of lectures, followed by time allotted at the end of each session for open dialogue and questions, and progressed to active participation into accommodative learning via role-playing sessions. It encompassed topics that ranged from general HIV/AIDS counseling concepts and clinical issues to specific skills on counseling and communicating with patients.

Proposed Future Activities

DHAPP received a proposal for FY08 activities from USPACOM, working through its executive agent, COE, and the RTAF to support a series of HIV/AIDS workshops. Three (3) workshops are proposed and will cover (1) counseling and education, (2) care and treatment, and (3) laboratory technical training. The counseling and education workshop will present the medical issues regarding counseling strategies, techniques, and impact related to prevention and treatment of HIV/AIDS. This workshop will create awareness and understanding of HIV/AIDS in the military sector, including the policy component of addressing the virus in the military setting, and will share lessons learned and best practices. The treatment and care workshop will provide “best practices” instruction to military medical professionals in HIV/AIDS treatment and care. The laboratory technical training workshop will improve military medical laboratory capability related to HIV/AIDS prevention activities and will provide technical instruction in HIV diagnostic testing. Twenty countries (20) are expected to participate in the workshop series.



THE GAMBIA

DHAPP

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BACKGROUND

Country Statistics

The estimated population of The Gambia is 1.7 million people, with an average life expectancy of 55 years. English is the official language of The Gambia, which has an estimated literacy rate of 40%, with uneven distribution between men and women. The Gambia has no significant mineral or natural resource deposits and has a limited agricultural base. About 75% of the population depends on crops and livestock for its livelihood. Small-scale manufacturing activity centers on the processing of peanuts, fish, and hides. The Gambia's natural beauty and proximity to Europe has made it one of the larger markets for tourism in West Africa. The gross domestic product (GDP) per capita is \$1300.

HIV/AIDS Statistics

The HIV prevalence rate in The Gambia's general population is estimated at 2.4%, with approximately 20,000 individuals living with HIV/AIDS. The predominant mode of HIV transmission in The Gambia is heterosexual contact, with women the most affected.

Military Statistics

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



PROGRAM RESPONSE

In-Country Ongoing Assistance

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

OUTCOMES & IMPACT

Prevention

Expansion of this program has included the incorporation of female peer educators who aim to reach military wives. Throughout the year, a total of 1,481 troops and their family members were reached with comprehensive prevention messages. Nearly a third of these people were women. Especially targeted were 600 peacekeeping troops for Darfur, who participated in prevention classes in small, intensive group settings. One hundred sixty-seven (167) peer educators were trained and various education materials were produced. The GAF has continued its public billboard campaign throughout the country.

Care

In March 2007, the newly renovated Yundum Barracks opened as the only permanent Counseling and Testing (CT) Center for troops and their family members. From March to September 2007, 445 troops and family members were counseled and tested. Trainings done in conjunction with the Royal Victoria Teaching Hospital and Hands On Care allowed for 25 individuals to be trained in CT services. The medical center located at the Faraja Barracks procured laboratory equipment in order to improve the care and support services provided to the GAF.



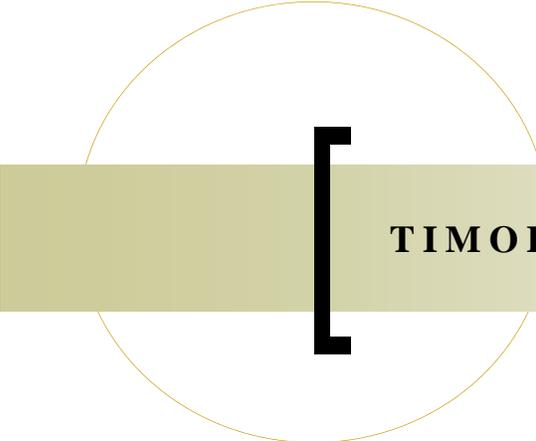
Other

The GAF intends to create a military HIV policy. A study visit with the Republic of Sierra Leone Armed Forces to review their current HIV policy took place in September 2007. Reviewing existing military HIV policies in Africa has allowed the GAF to begin discussing and drafting an HIV policy of its own.

Proposed Future Activities

DHAPP received a proposal for FY08 activities from the ODC on behalf of the GAF. The objectives of the proposal include (1) continued prevention efforts for military personnel and their dependents, (2) procurement of supporting supplies for the medical center laboratory at the Faraja Barracks, (3) HIV treatment training for 1 physician through DHAPP's *Military International HIV Training Program*, (4) palliative care training for 2 nurses at the Infectious Diseases Institute in Uganda, and (5) increased counseling and testing at the Yundum Barracks.





TIMOR-LESTE

DHAPP

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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 59%. In late 1999, about 70% of the economic infrastructure of Timor-Leste was laid waste by Indonesian troops and anti-independence militias, and 300,000 people fled westward. Over the next 3 years, however, a massive international program, manned by 5,000 peacekeepers (8,000 at peak) and 1,300 police officers, led to substantial reconstruction in both urban and rural areas. The gross domestic product per capita is \$2,000, with 42% of Timorese living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Timor-Leste's general population is not known. A 2003 study found HIV prevalence rates of 3% for female commercial sex workers and 1% for men who have sex with men.

Military Statistics

The Timor-Leste Defense Force (Forças de Defesa de Timor-Leste, FDTL) is estimated at approximately 600 members. Forcewide testing is not in place; therefore, HIV prevalence is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and its implementing agent, the Center of

Excellence in Disaster Management and Humanitarian Assistance (COE), engaged with the FDTL during 2007.



OUTCOMES & IMPACTS

Prevention and Care

Activities for fiscal year 2007 included 2 of the 5 planned peer education trainings. The others were halted because of the continuing political instability. Educational material has been developed and are currently being translated. Trainings have been rescheduled for 2008.

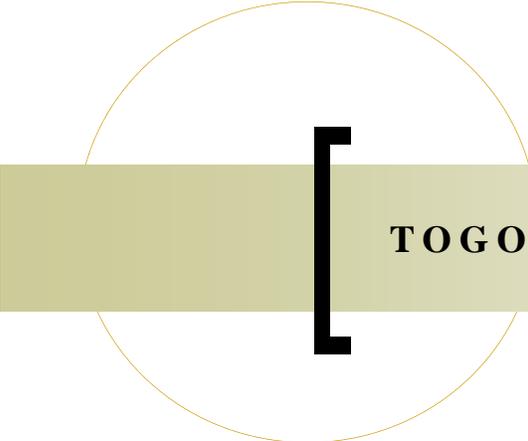
Delegates attended the *Asia Pacific Regional HIV/AIDS Counseling and Education Workshop for Nurses, Nurse Practitioners and Physician Assistants*. The 4-day workshop was held at the Phramongkutklo Military Medical Center in Bangkok, Thailand. The workshop was intended to raise awareness of the importance of counseling by encouraging participants to consider psychosocial issues as well as technical and accommodative skills, which may influence approaches and increase effectiveness of HIV/AIDS instruction, communication, counseling, and education.

During this fiscal year, the actual number of individuals who were counseled and tested was not available, but 3,382 rapid test kits were procured and delivered in September 2007.

Proposed Future Activities

A portfolio review is planned for summer 2008, and will determine future activities with the FDTL.





TOGO

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

After years of political unrest and fire from international organizations for human rights abuses, Togo is finally being welcomed into the international community again. The estimated population of Togo is 5.9 million people, with an average life expectancy of 58 years. French is the official language, and the literacy rate is estimated at 61%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$900, with 32% of Togolese people living below the poverty level.

HIV/AIDS Statistics

The current HIV prevalence rate in Togo's general population is 3.2%, with 110,000 Togolese people living with HIV/AIDS. The primary identified risk factor is heterosexual sex with multiple partners.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members look forward to future interactions and collaboration with the TAF and US Embassy representatives for the continued expansion of early efforts there.

Foreign Military Financing Assistance

Togo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. The award was appropriated for FY03–04 and FY06.

OUTCOMES & IMPACT

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Togo to plan for the future of the TAF. As of this reporting date, no new program funding has been sent to Togo.

Proposed Future Activities

DHAPP did not receive a proposal for FY08 activities in Togo this year.





TRINIDAD AND TOBAGO

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Trinidad and Tobago is 1 million people, with an average life expectancy of 67 years. English is the official language of Trinidad and Tobago, which has an estimated literacy rate of 99%, with even distribution between men and women. The gross domestic product (GDP) per capita is \$21,700, with 17% of the population living below the poverty level. The country is one of the most prosperous in the Caribbean, thanks largely to petroleum and natural gas production and processing. Tourism, mostly in Tobago, is targeted for expansion and is growing. However, the government is currently coping with a rise in violent crime.

HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 2.6%, with 27,000 people living with HIV/AIDS. Currently, the Caribbean Region has the second highest prevalence of HIV/AIDS in the world. Cultural beliefs, a diverse and migratory population, commercial sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. The stigma and discrimination associated with HIV/AIDS are also significant problems in the country.

Military Statistics

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 3,000 personnel. Trinidad and Tobago allocates 0.3% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM), the implementing agency for the United States Uniformed Services University of Health Sciences, conducted a series of 3-day workshops for the TTDF. CDHAM worked on the trainings in conjunction with Population Services International (PSI) and the Society for Family Health (SFH).

OUTCOMES & IMPACT

Prevention

Two 3-day trainings took place in February and June 2007. These trainings covered a spectrum of topics, including HIV/AIDS 101, psychosocial issues, stigma and discrimination, risk factors, international safety precautions, sexually transmitted infections, and the behavior change communication process. The training in February was attended by more than 40 members of the TTDF Air and Coast Guard, the Volunteer Defense Force, and the Regiment, including many senior officers. The training session in June drew approximately 90 participants. The trainings were conducted by members of PSI and SFH. These trainings are expected to become mandatory in the near future for all members of the TTDF.

Care and Treatment

Since 2002, the government of Trinidad and Tobago has offered HIV/AIDS treatment to its citizens free of charge. Testing services for HIV/AIDS are also provided free of charge at all government health centers.

Other

The TTDF is in the process of drafting an official policy on HIV/AIDS. TTDF members have already begun awareness training to promote healthy lifestyles, fight discrimination in the workplace, and combat the stigma associated with HIV/AIDS.

Proposed Future Activities

Prevention activities will continue in the next fiscal year. In addition, CDHAM will be working in collaboration with the Walter Reed Army Institute of Research to conduct a Knowledge, Attitudes, and Practices Seroprevalence study among TTDF. Renovations for an HIV laboratory are also planned for this next fiscal year. DHAPP looks forward to continued progress in the fight against AIDS with the TTDF.



UGANDA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Uganda is 31.4 million people, with an average life expectancy of 52 years. English is the official language of Uganda, which has an estimated literacy rate of 67%, unevenly distributed between men and women. Uganda has substantial natural resources, including fertile soils, regular rainfall, and sizable mineral deposits of copper and cobalt. Agriculture is the most important sector of the economy, employing over 80% of the work force. The gross domestic product (GDP) per capita is \$900, with 35% of Ugandan people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Uganda's general population is estimated at 6.7%, with approximately 1 million individuals living with HIV/AIDS. Identified significant risk factors include high-risk heterosexual contact with multiple partners and sexually transmitted infections. Prevalence is higher in urban areas (10.7%) than in rural areas (6.4%). Prevalence is higher among women than men.

Military Statistics

The Ugandan Peoples Defense Force (UPDF) consists of approximately 50,000 active-duty members with an estimated 200,000 dependents. Uganda expends 2.2% of the GDP on the military. Military HIV prevalence rates are unknown, but a seroprevalence survey is under way.



PROGRAM RESPONSE

In-Country Ongoing Assistance

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

DHAPP staff members provided technical assistance to the UPDF during in-country visits throughout FY07. The purpose of the trips included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for FY08, as well as military-specific planning and technical assistance to the UPDF and US Embassy personnel. DHAPP staff members represent the UPDF as members of the PEPFAR Core Team, and have been involved in every level of country planning, ensuring that UPDF programs are adequately addressed.

Foreign Military Financing Assistance

Uganda was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03-04 and FY06. Funding for the 2003 and 2004 appropriation was released for expenditure during FY05 and FY07, respectively. To date, the 2003-04 funding appropriation has been used to procure hematology and chemistry analyzers, in addition to supporting diagnostic supplies and reagents.

OUTCOMES & IMPACTS

Prevention

Support to run comprehensive prevention programs for the UPDF and their families came from the Ministry of Health, Ministry of Defense, US Agency for

International Development, and funded nongovernmental organizations in various regions of Uganda. Condom distribution occurs across the UPDF through 12 condom distribution centers. There are 12 service outlets that carry out blood-safety activities for the UPDF and 240 personnel were trained in the provision of these services.



Eight (8) service outlets provide prevention of mother-to-child transmission (PMTCT) services for the UPDF. There were 1,345 women that were provided with these services including counseling and receiving their testing results. Of those women, 165 were given a complete course of antiretroviral prophylaxis. Thirty-eight (38) health care workers were trained in the provision of PMTCT services.

Care

Eight (8) service outlets provide palliative care services for the UPDF, their families, and civilians in the surrounding communities. During FY07, 20,995 individuals were provided with palliative care services and 76 health workers were trained in the provision of these services. The UPDF provided services to 1,789 orphans and vulnerable children in FY07.

Fourteen (14) Counseling and Testing (CT) Centers have been established, covering all of the major military bases, with 34,906 persons tested in FY07. Training for CT services was provided to 150 individuals. The CT program is directly linked to palliative care, including drugs for opportunistic infections, provided for HIV-infected military personnel and family members.

Treatment

Antiretroviral therapy (ART) is now provided through PEPFAR and Global Fund support at 8 UPDF sites, serving 3,051 military personnel, spouses, and children. During FY07, 1,461 individuals were newly initiated on ART. Through the Infectious Diseases Institute (IDI) in Kampala, 13 UPDF medical personnel were trained in HIV/AIDS–ART dispensing. In addition, 20 UPDF health workers were trained in palliative care, adherence counseling, and quality data assessment by a team of researchers from the University of Connecticut.

Other

Ninety-six (96) individuals were trained in strategic information. Of those trained, a core group was formed to implement a new monitoring and evaluation program for the UPDF, which was developed in collaboration with Makerere University in Uganda.

A seroprevalence study for the UPDF is ongoing. NAMERU is the implementing partner for this study. The study will continue into the next fiscal year.

Proposed Future Activities

Ongoing successful UPDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Uganda Country Team and were included in the FY08 COP.





UKRAINE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

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BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The estimated population of Ukraine is 46 million people, with an average life expectancy of 68 years. Ukrainian is the official language of the Ukraine, which has an estimated literacy rate of 99%, evenly distributed between men and women. Ukraine's fertile black soil generated more than one fourth of Soviet agricultural output, and its farms provided substantial quantities of meat, milk, grain, and vegetables to other republics. Ukraine depends on imports of energy, especially natural gas, to meet some 85% of its annual energy requirements. The gross domestic product (GDP) per capita is \$6,900, with 38% of Ukrainian people living below the poverty level. Real GDP growth reached about 7% in 2006–07, fueled by high global prices for steel—Ukraine's top export—and by strong domestic consumption, spurred by rising pensions and wages. Although the economy is likely to expand in 2008, long-term growth could be threatened by the government's plans to reinstate tax, trade, and customs privileges and to maintain restrictive grain export quotas.

HIV/AIDS Statistics

The HIV prevalence rate in Ukraine's general population is estimated at 1.4%, with 410,000 individuals living with HIV/AIDS, half of whom are women. The most common mode of HIV transmission is intravenous drug use, which is responsible for 57% of HIV cases. Prevalence is highest in the southern and eastern regions of the country. Among the key factors driving the epidemic are transactional sex, high levels of migration, and large numbers of intravenous drug users.

Military Statistics

The Ukrainian Armed Forces (UAF), which consists of Ground, Naval, and Air Forces, comprises approximately 200,000 active-duty members. The Ukraine expends

1.4% of the GDP on the military. Military HIV prevalence rates are unknown; however, in 2005, there were 444 documented cases of HIV in the military, with 25 to 30 new cases detected annually.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The HIV/AIDS program for the UAF is a collaborative effort between the UAF, the Office of Defense Cooperation at the US Embassy in Kiev, and DHAPP. DHAPP staff provides technical assistance and support to the UAF program. In addition, DHAPP staff is a member of the President's Emergency Plan for AIDS Relief (PEPFAR) Ukraine Country Team, and participated in the Country Operational Plan (COP) for FY08.

OUTCOMES & IMPACTS

Prevention

In FY07, the HIV/AIDS prevention workshops for senior-level medical personnel kicked off the year with training 150 staff as master trainers. They trained 850 additional peer educators. In total, 1,000 peer educators reached approximately 120,000 troops with comprehensive prevention messages. The peer educators conducted annual 2-hour HIV/AIDS training with their units, which typically have 120 soldiers in a unit. During the prevention trainings, troops are taught about healthy lifestyles, correct and consistent use of condoms, and the correct usage of tattoo needles and shaving razors. Two hundred (200) information boards that have pockets were purchased for condom distribution to the troops.



Care

Currently, there are 4 counseling and testing (CT) outlets for the UAF. Under renovation are 2 additional CT Centers. The CT Centers are staffed by psychologists for counseling services, and lab technicians and nurses provide testing services. In FY07, 1,050 UAF troops were counseled and tested.



Treatment

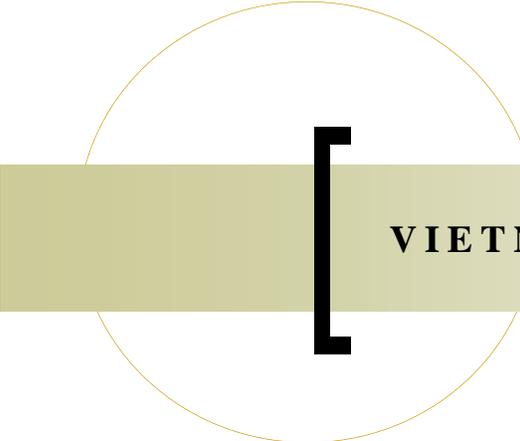
Only 1 military lab in Kiev has the equipment needed for CD4 testing. Fifteen (15) lab workers and doctors were trained on recently procured lab equipment.

Other

DHAPP staff trained 1 individual on strategic information. With technical assistance from DHAPP, 2 UAF staff members have begun to develop military medical training manuals. They visited the US Naval Medical Center San Diego and attended a portion of the DHAPP *Military International HIV/AIDS Training Program* as part of the technical assistance.

Proposed Future Activities

Continued HIV programming for the UAF members was proposed to the PEPFAR Ukraine Country Team. All proposed activities were included in the FY08 COP. Some of these activities include continued prevention efforts and increased CT services.



VIETNAM

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

Vietnam's estimated population is 86 million people, with an average life expectancy of 71 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 90%, evenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly and is now smaller than that of China, India, and the Philippines. Vietnam is working to promote job creation to keep up with the country's high population growth rate. In an effort to stem high inflation, which took off in 2007, in early 2008 Vietnamese authorities began to raise benchmark interest rates and reserve requirements. The gross domestic product (GDP) per capita is \$2,600, with 15% of Vietnamese living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in Vietnam's general population is estimated at 0.4%, with approximately 260,000 individuals living with HIV/AIDS. The primary identified high-risk groups in the population have been injection drug users and commercial sex workers. People under age 30 are most severely affected, and men are much more severely affected than women. Injection drug use has been identified as the most common mode of HIV transmission, followed by heterosexual intercourse.

Military Statistics

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

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command and its implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance, have continued to collaborate with the VMOD.

OUTCOMES & IMPACTS

Prevention

During FY07, the VMOD reached 25,000 troops with comprehensive prevention messages and trained 716 peer educators. There was 292 VMOD service members trained in blood safety and 12 trained in injection safety. Six (6) health workers were trained in the provision of prevention of mother-to-child services. There were 2 targeted condom service outlets.

Care

One (1) VMOD outlet provides HIV-related palliative care for VMOD members and their families. During FY07, 350 troops were provided with HIV-related palliative care. Thirty-one (31) military medical personnel were trained in the provision of HIV-related care, including care for tuberculosis.

The VMOD supported 2 Counseling and Testing (CT) Centers for military members. During the year, 732 military members were tested for HIV and received their results. Six (6) individuals were trained in the provision of CT services.

Treatment

One (1) service is providing antiretroviral therapy (ART) for VMOD troops and family members. There were 116 patients newly initiated on ART in FY07. Thirty-one (31) individuals were trained in the provision of ART. Two (2) laboratories had the capability to perform HIV testing and CD4 tests, and 300 laboratory personnel were trained in the provision of these tests.

Other

Five hundred forty-two (542) VMOD personnel were trained in capacity building, policy development, reduction of stigma and discrimination, and community mobilization for HIV prevention, care, and treatment.

Proposed Future Activities

A portfolio review is planned for summer 2008, and will determine future activities with the VMOD.



ZAMBIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
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BACKGROUND

Country Statistics

Zambia's estimated population is 11.5 million people, with an average life expectancy of 38 years. English is the official language of Zambia, which has an estimated literacy rate of 81%, somewhat unevenly distributed between men and women. Zambia's economy has experienced modest growth in recent years, with significant gross domestic product (GDP) growth in 2005-07 between 5% to 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and the opening of new mines. The GDP per capita is \$1,400, with 86% of Zambians living below the poverty level. Although poverty continues to be a significant problem in Zambia, its economy has strengthened, featuring single-digit inflation, a relatively stable currency, decreasing interest rates, and increasing levels of trade.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in Zambia is one of the highest in the world. The prevalence rate in the general population is estimated to be 17%, with approximately 1.1 million people living with HIV/AIDS. Heterosexual contact is the principal mode of transmission.

Military Statistics

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



PROGRAM RESPONSE

In-Country Ongoing Assistance

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

Throughout FY07, 5 bilateral exchange visits to Zambia from US military clinicians occurred, with technical assistance provided to the ZNDF. In addition, DHAPP staff members provided technical assistance to the ZNDF during in-country Core Team visits. The purpose of each visit included review and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for FY08, monitoring and evaluation of existing programs and implementation, as well as military-specific planning and technical assistance to the ZNDF in the areas of palliative care, care and treatment of HIV-infected patients, pediatrics, and Prevention with Positives. A DHAPP staff member represents the ZNDF as a member of the PEPFAR Core Team, and has been involved in every level of country planning, ensuring the success of the ZNDF HIV program.

Foreign Military Financing Assistance

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and FY05. Funding for 2003 was released for expenditure during FY05. To date, FY03 funds were used to procure an incubator, refrigerator, and HIV test kits, in addition to other supporting diagnostic supplies and reagents.

OUTCOMES & IMPACTS

Prevention

During FY07, the ZNDF, in coordination with PCI and Jhpiego, continued to report successful results across all areas in prevention, care, and treatment. Nearly half of the individuals (10,074) were reached with prevention messages through a drama

(*HIV Positive: No longer a death sentence*) performed by 2 ZNDF drama groups in 28 ZNDF Units. An additional 9,708 individuals were reached with HIV/AIDS messages through peer education. The total number of individuals reached with community HIV/AIDS outreach programs was 19,321. Forty-eight (48) Anti-AIDS club patrons and their assistants drawn from 16 ZNDF-aided schools were trained to promote behavior change, with an emphasis on abstinence using the *True Love Waits* HIV prevention message. This was a follow-up activity to the mobile voluntary counseling and testing (VCT) tour of the ZNDF units. Fifty-four (54) targeted condom service outlets were supported.

Working with the Defense Force Medical Services (DFMS), Jhpiego continued to expand its support for infection prevention and injection safety (IP/IS) programs to more DFMS sites. Eight (8) new sites received an assessment of practices and orientation of managers and supervisors. Over 150 health and non-health managers were involved in the orientation meetings; and 57 health care providers received training in IP/IS knowledge and skills. Procurement of IP/IS commodities, to help site teams implement practices according to national standards, continued in FY07. As part of the activities to protect health care providers from acquiring infections through exposure to blood and body fluids, site-specific protocols were established in 10 sites.

During FY07, 215 women were provided with prevention of mother-to-child transmission (PMTCT) services at 8 PMTCT sites. These services included counseling and testing, provision of results, and linkages to care and treatment. Of the women tested in the PMTCT setting, 14 were provided with a complete course of antiretroviral (ARV) prophylaxis. Thirty-three (33) military health care workers were trained in the provision of PMTCT services. The maternity wing at Maina Soko Military Hospital that had been closed for 4 years reopened in mid-2007 and recorded 90 deliveries as of the end of September 2007. This followed Jhpiego's support in training providers, providing commodities, and facilitating renovations of the facility. Jhpiego worked with the DFMS and the Zambian Ministry of Health to

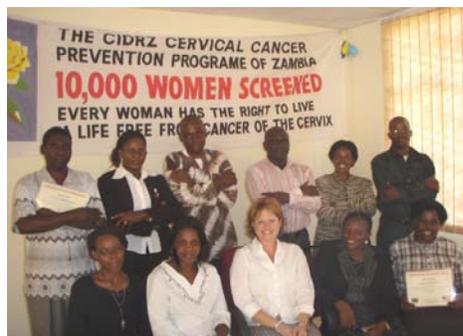


develop performance standards for PMTCT services to be used as tools for performance improvement. Task shifting and human capacity development with the use of lay workers for counseling helped mitigate staff shortages in facilities, allowing nurses and clinical officers to concentrate on more complicated procedures.

Care

Fifty-four (54) service outlets provided HIV-related palliative care to military members, their families, and civilians living in the surrounding areas. During FY07, 6,083 clients were provided with HIV-related palliative care (3,098 men, 2,985 women), and another 542 individuals were trained in the provision of that care. This is well above ZNDF's planned target of 3,000 individuals receiving palliative care services. A 3-member team of ZNDF personnel living with HIV/AIDS were supported to tour 19 ZNDF units through out the country to help with the formation of support groups for People Living with HIV/AIDS.

Clinicians from the US Navy Medical Center San Diego (NMCS D) conducted a workshop to develop palliative care guidelines for the ZNDF. PCI supported 2 workshops to develop a caregiver manual on palliative care. The process was coordinated by the Palliative Care Association of Zambia, with participants drawn from various stakeholders.



Jhpiego held a clinical training skills workshop for 18 DFMS trainers focused on developing training skills within the ZNDF that will enable them to conduct high-quality training on their own, thus promoting sustainability within the ZNDF. These trainers co-teach alongside Jhpiego trainers as they conduct their first trainings, focusing on diagnosis and management of tuberculosis (TB) and other opportunistic

infections (OIs) in HIV patients. The integration of diagnostic testing and counseling for TB and other OI services will provide an additional entry point into HIV/AIDS care and treatment. At the end of the reporting period, 50 patients on antiretroviral therapy (ART) were also receiving treatment for TB.

The ZNDF supports services for Orphans and Vulnerable Children (OVC) in 5 surrounding communities. In FY07, 430 OVC caregivers were trained in psychosocial support (PSS) and 33,465 OVC benefited from the program. The OVC benefiting from this program include military dependents (approximately 20%) and civilians (80%). The services provided include commodity grants to schools, procurement of learning and recreational materials for schools, support of play and recreational kids clubs, children's exercise books, and caregivers' bags. PSS camps for children were held in Chipata and Livingstone. The camps provided an opportunity for children to share and express their emotions through art, song, and dance.

Fifty-five (55) VCT Centers provided HIV testing for ZNDF personnel. During FY07, a total of 11,896 troops and family members were tested for HIV and received their results (6,237 men, 5,659 women). Forty-two (42) military members were trained in the provision of counseling and testing. The mobile VCT team counseled and tested 7,221 clients at 35 ZNDF units through out the country. The remaining clients were counseled and tested at the 55 permanent VCT Centers.



A database for mobile VCT data was developed and launched during FY07. Two (2) laptop computers have been procured to allow for data entry while in the field.

Eighteen (18) ZNDF personnel were trained to provide mobile VCT services following the acquisition of a second mobile VCT vehicle. Equipment, furniture, and other VCT supplies were procured and distributed at the 55 permanent VCT Centers.

Treatment

The ZNDF has 8 service outlets that provide antiretroviral therapy (ART) for its personnel, family members and civilians living in the surrounding areas. In FY07, there were 183 patients newly initiated on ART, and at the end of the reporting period, there were 1,715 patients currently receiving ART. One hundred thirty-three (133) health workers were trained in the delivery of ART services according to national standards.



Jhpiego worked with the DFMS, the Zambian Ministry of Health, and other partners to develop performance standards for ART to be used as tools for Standards-Based Management and Recognition. These standards have been finalized and used to collect both baseline and follow-up data that will help the DFMS to measure changes in standards over time and allow them to pinpoint areas for improvement as well as recognize sites that have shown improvement. Sustainability is also being addressed by developing a core team of ZNDF trainers who are able to lead training workshops in the areas of HIV/AIDS care and treatment. In nearly all cases, training workshops are led by ZNDF trainers who receive support from Jhpiego trainers to consolidate their knowledge and skills in both training as well as the subject matter.

Other

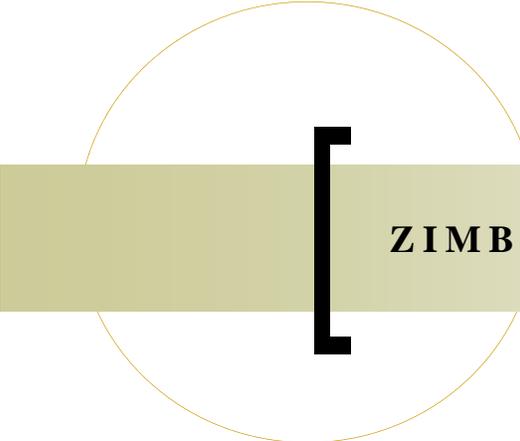
A monitoring and evaluation team led by PCI and the DFMS visited 19 units throughout the country. The Director General of the Armed Forces Medical Services participated in many of these tours and re-emphasized the importance of regular monitoring and reporting. Fifty-four (54) unit coordinators attended a monitoring and evaluation refresher workshop. In addition, 49 ward masters were trained in data collection and reporting. In total, 120 individuals were trained in strategic information. Whenever possible, the ZNDF has adopted data collection and reporting tools developed by the Ministry of Health, thereby harmonizing with the national reporting system.

Two (2) leadership workshops were held for 63 Regimental Sergeant Majors and Station Warrant Officers. The participants were drawn from all 55 ZNDF units. Topics covered included HIV-related stigma and discrimination, impact of HIV/AIDS in the military, HIV/AIDS leadership, alcohol and HIV/AIDS, as well as HIV/AIDS in the workplace. Participants were given an opportunity to come up with ideas for inclusion in the ZNDF National HIV/AIDS Policy document, which has since been finalized.

Jhpiego conducted an assessment of the ZNDF logistics management information system (LMIS) for ARV drugs and HIV tests. Based on the results of the assessment, a design workshop with 24 representatives from various level, as well as implementing partners, was held to redesign the LMIS and adapt it to fit with the national Supply Chain Management System. The results of the workshop were circulated to the Director General of the Armed Forces Medical Services and the Directors of Medical Services of each branch (Army, Air Force, and National Service) of the ZNDF for their review and approval. Implementation of the new system is forthcoming.

Proposed Future Activities

All proposed activities from PCI and Jhpiego on behalf of the ZNDF, were submitted to the Zambia Country Team, and included in the FY08 COP. Future plans include strengthening of the Zambian Defense College of Health Sciences, improving lab and other infrastructure in select clinical sites, and improving linkages to care and treatment.



ZIMBABWE

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
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BACKGROUND

Country Statistics

The population of Zimbabwe is estimated to be 12.4 million people, with an average life expectancy of 40 years. English is the official language of Zimbabwe, which has an estimated literacy rate of 91%, with even distribution between men and women. The government of Zimbabwe faces a wide variety of difficult economic problems as it struggles with an unsustainable fiscal deficit, an overvalued official exchange rate, hyperinflation, and bare store shelves. The Reserve Bank of Zimbabwe routinely prints money to fund the budget deficit, resulting in the steady rise of the official annual inflation rate, from 32% in 1998, to 133% in 2004, 585% in 2005, 1,000% in 2006, and 26,000% in November 2007. Private sector estimates of inflation in 2007 are well above 100,000%. Meanwhile, the official exchange rate fell from approximately 1 (revalued) Zimbabwean dollar per US dollar in 2003 to 30,000 per US dollar in 2007. The gross domestic product (GDP) per capita has dropped to \$500, with 68% of Zimbabwean people living below the poverty level.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Zimbabwe is estimated at 20.1%, with approximately 1.8 million individuals living with HIV/AIDS. Most cases of HIV in Zimbabwe are spread through multi-partner heterosexual sex.

Military Statistics

The Zimbabwe Defense Forces (ZDF) is estimated at approximately 40,000 members. Zimbabwe allocates 3.8% of the GDP for military expenditures. No HIV prevalence data are available for the Zimbabwean Defense Forces.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working closely with the ZDF to continue the development of their HIV/AIDS programs. Several technical assistance visits have been made to Zimbabwe by DHAPP staff for discussions with the ZDF on pending projects, and meetings with the President's Emergency Plan for AIDS Relief Country Team for collaboration on the Country Operational Plan.

OUTCOMES & IMPACT

Prevention

DHAPP has procured a prefabricated Voluntary Counseling and Testing (VCT) Center and is currently working on equipment selections. The VCT Center will be available for active-duty personnel and their families and will have clinical capabilities. Recent collaborations with the Zimbabwe Institute of Public Administration and Management have resulted in trainings for 52 ZDF personnel. The courses covered topics such as HIV/AIDS and pharmaceutical information management, and health information systems management. The ZDF was very pleased with the experience and is eager to receive additional training.



Proposed Future Activities

Future activities will include additional trainings for the ZDF (particularly on clinical aspects of HIV), and continued progress toward opening the VCT with the procurement of lab equipment. The ZDF will hold a military HIV conference during the last week of May 2008. Discussions are being held on the provision of train-the-trainer HIV prevention courses for military spouses and the development of a "Staying Healthy" program for HIV-positive patients.