



SENEGAL

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 Senegal is 13 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. After seeing its economy contract by 2.1% in 1993, Senegal made an important turnaround, thanks to the reform program, with real growth in GDP, averaging over 5% annually during 1995-2008. The GDP per capita is \$1,800. 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 1.0%, with approximately 64,000 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 its military. In 2006, the SAF conducted a behavioral and biological surveillance survey. The study found that from a sample of 745 SAF personnel, the HIV infection rate was 0.7% and that their knowledge of HIV had improved from 2002 (61.7% 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 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 OSC at the US Embassy, and DHAPP. An in-country program manager at the OSC works with SAF personnel and DHAPP staff to manage the program. The program manager also works with other USG agencies that are PEPFAR members in Senegal. Senegal is a bilateral PEPFAR program and has a Country Support Team.



Foreign Military Financing Assistance

Senegal was awarded Foreign Military Financing (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, 2004, 2006, 2007, and 2008. Funding for 2003 and 2004 was released for expenditure during FY05 and FY07, respectively. To date, 2003 funding has been used to procure a CD4 machine, an ELISA machine, hematology analyzer, and HIV rapid test kits, in addition to other supporting diagnostic supplies and reagents. Procurement has begun using 2004 funding and includes an immunoassay analyzer, and reagents for the ELISA machine, in addition to other supporting diagnostic supplies and reagents.

Prevention

Since its inception, the SAF HIV/AIDS program has promoted not only abstinence and fidelity but also the use of condoms. The STI and HIV/AIDS prevention

program used Information, Education, and Communication approaches to reach 10,297 troops. Small discussion groups are done with recruits and are considered very important for information transmission. These discussion groups, integrated into recruit training, are part of different units' work plans. With the help of SAF leadership there has been an increased emphasis for units to complete their HIV/AIDS work that include proximity sensitization and discussion groups. The SAF strategically targeted vulnerable groups: new recruits, peacekeepers, and military officers in postconflict zones.

Three (3) SAF facilities carried out blood-safety activities: the Hospital Militaire de Oukam (HMO; principal 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, postconflict regions, such as Tambacounda and Ziguinchor, as well as for major service providers in Dakar. The 2-day trainings focused on accidental exposure to blood, and they benefited 50 clinicians. In addition, 12 military medical personnel were trained on injection safety.

During the reporting period, 10 PMTCT sites functioned. The SAF continues to promote HIV testing of pregnant women at each of its 10 PMTCT sites through provider-initiated testing. A total of 1,585 women were counseled and tested, and 8 women received a complete course of ARV prophylaxis. The 2006 SAF behavioral study highlighted that the prevalence is higher in married couples than among singles. The PMTCT program offers sensitization for pregnant women and wives to better inform them of their choices and their role in the epidemic, as well as the options available to them. There is now a focus on engaging husbands and encouraging their wives to get tested when pregnant. Workshops on PMTCT have also increased in different barracks across the country.

Care

One of the most exciting achievements in FY08 was the development of a program for military personnel living with HIV/AIDS. The SAF, with the assistance of highly committed volunteers, have developed an inexpensive project that provides

military personnel living with HIV/AIDS and their families with nutritious food and steady income. With help from volunteers, 10 people were trained in urban micro-gardening. Some of the techniques that were covered in the training included table construction, transplanting, recycling containers, fertilizer, market value, and nutrition. The success of these families has opened the door for the SAF to expand this program to other urban centers. The low start-up costs and rapid results make this program fairly easy to implement and attractive to military families. The labor output for the garden is low and can be done by any family member. More importantly, the families are able to taste and sell their vegetables after only a few short weeks, thus creating nutritious meals and additional income.



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. This system is currently being developed and will harmonize indicators for PEPFAR/DHAPP as well as feed into the national database managed by the National Council for the Fight Against AIDS in Senegal. The number of palliative care patients at HMO was 93 during FY08.

Nine (9) service outlets provide CT for the SAF. A total of 8,547 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. Chiefs of the troops in the regions are always the first to be tested, followed by their troops. Many of the troops that were tested were those who will deploy on PKOs to Darfur, Democratic Republic of the Congo, Haiti, and Côte d'Ivoire. 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 FY08, 25 individuals were trained in the provision of CT services.

DHAPP continues to support building laboratory infrastructure across the country for such sites as HMO and the lab facilities of the Senegalese Gendarmerie located in St. Louis, Kolda, Tambacounda, Ziguinchor, Thies, and Kaolak. Laboratory infrastructure is supported with FMF funding.

Treatment

The SAF has 3 service outlets that provide ART: HMO 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 HMO 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 FY08, 24 clients were newly initiated on ART.



Other

The SAF AIDS Program Division is aligning itself with the national reporting system. Senegal has implemented WHO's HealthMapper as its national reporting tool for all health agencies. In FY08, 29 chief medical officers participated in HealthMapper training.

In Mbour, 25 health workers who represented each military zone participated in a workshop on planning and managing the program activities in their zone for the upcoming year.

The director for the SAF AIDS Program Division 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 SAF AIDS Program Division 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, continued development of the micro-garden project, and capacity development of SAF members.

