



**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**2010 ANNUAL REPORT**

**DEPARTMENT OF DEFENSE  
HIV/AIDS PREVENTION  
PROGRAM  
(DHAPP)**

*April 2011*





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## ACRONYMS AND ABBREVIATIONS

AIDS – acquired immunodeficiency syndrome  
ART – antiretroviral therapy  
ARV – antiretroviral  
ARVs – antiretroviral drugs  
CDC – US Centers for Disease Control and Prevention  
COP – Country Operational Plan  
CT – counseling and testing  
DAO – US Defense Attaché Office  
DHAPP – US Department of Defense HIV/AIDS Prevention Program  
DoD – US Department of Defense  
FHI – Family Health International  
FY – fiscal year  
FY09 – fiscal year 2009 (covers period of 1 Oct 2008 to 30 Sep 2009)  
GDP – gross domestic product  
HIV – human immunodeficiency virus  
IDI – Infectious Diseases Institute (on the campus of Makerere University, Kampala, Uganda)  
KAP – knowledge, attitudes, and practices survey  
*MIHTP – Military International HIV/AIDS Training Program*  
MLO – US Military Liaison Office  
MOD – Ministry of Defense  
MOH – Ministry of Health  
NATO – North Atlantic Treaty Organization  
NGO – nongovernmental organization  
OCONUS – Outside the Continental United States  
ODC – US Office of Defense Cooperation  
OGAC – US Office of the Global AIDS Coordinator  
OI – opportunistic infection  
OSC – US Office of Security Cooperation  
OVC – orphans and vulnerable children  
PASMO – Pan-American Social Marketing Organization (PSI affiliate in Central America)  
PLHIV – People Living with HIV/AIDS  
PEPFAR – The US President’s Emergency Plan for AIDS Relief  
PKO – peacekeeping operation  
PMTCT – prevention of mother-to-child transmission  
PSI – Population Services International  
SABERS – Seroprevalence and Behavioral Epidemiology Risk Survey  
STD – sexually transmitted disease  
STI – sexually transmitted infection  
TB – tuberculosis  
TRaC – Tracking Results Continuously survey  
UN – United Nations



## ACRONYMS AND ABBREVIATIONS

UNAIDS – Joint United Nations Programme on HIV/AIDS  
US – United States  
USAFRICOM – US Africa Command  
USAID – US Agency for International Development  
USCENTCOM – US Central Command  
USEUCOM – US European Command  
USG – US Government  
USMHRP – US Military HIV Research Program  
USPACOM – US Pacific Command  
USSOUTHCOM – US Southern Command  
WHO – World Health Organization



## EXECUTIVE SUMMARY

Colleagues,

Each year we make more progress in the battle to fight HIV/AIDS in military populations as well as their dependents. We continue to see greater awareness of the risks associated with HIV transmission and increased utilization of testing and counseling services. We see improved capacity to provide care and treatment to HIV-infected individuals and we continue to notice more military leadership taking ownership of these critical programs that improve the medical and operational readiness of their forces.

This 2010 Annual Report of the Department of Defense HIV/AIDS Prevention Program (DHAPP) represents the successful completion of a decade-long genuine partnership between US Government agencies, partner militaries, nongovernmental organizations, universities, community-based organizations, faith-based organizations, and civil society. Inside this report are the results of the work of thousands of dedicated military and civilian personnel from around the world who are working tirelessly to fight the HIV/AIDS epidemic occurring among military personnel, their families, and civilian communities surrounding military bases. This report also documents the role of the US Department of Defense (DoD) in the President's Emergency Plan for AIDS Relief (PEPFAR), which is the largest international health initiative dedicated to a single disease in US Government history. Through PEPFAR and DoD resources, the DoD provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm that HIV inflicts on the health and readiness of the world's military populations.

The activities in this report that are dedicated to supporting the US Global Health Initiative (GHI) are equally impressive. GHI is driven by the following set of core principles: focus on woman, girls, and gender equality; encourage country ownership and invest in country-led plans; build sustainability through health systems strengthening; strengthen and leverage key multilateral organizations, global health partnerships, and private-sector engagement; increase impact through strategic coordination and integration; improve metrics, monitoring and evaluation; and promote research and innovation. The DoD has become a key partner in the US Government interagency effort to implement GHI principles.

DHAPP, headquartered at the Naval Health Research Center in San Diego, California, currently supports military HIV activities in 70 countries where programs impact 4.8 million military members and at least as many dependent family members. We are also continuing to see growing



## EXECUTIVE SUMMARY

evidence that this support is also reaching many civilian communities that surround military bases and depend on these bases for health care services. The entire health care systems of many militaries around the world have benefited from the health education, health worker training, laboratory capacity building, facilities construction, surveillance tools, clinical treatment, and testing services provided through the collective efforts of everyone involved in reaching military populations with HIV services.

During the period from October 2009 to September 2010, there were 6,669 health care workers trained to provide HIV clinical services, and 52,101 HIV-positive adults and children received a minimum of one clinical service. To promote early and more effective treatment of HIV-infected persons, and to encourage individuals to take preventive measures against new infections, 228,400 military and family members were counseled and tested for HIV infection and received their test results, and 427,869 military and family members were reached with comprehensive prevention messages. Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for our program. During this period, 112 new laboratories capable of supporting HIV testing and diagnostics were equipped and supported. New services were supported for the prevention of mother-to-child transmission; 20,644 pregnant women knew their HIV status based on testing and counseling services provided to them, and 1,780 HIV-positive pregnant women received antiretroviral drugs to reduce their risk of mother-to-child-transmission. This report also documents that 8,931 individuals were newly established on antiretroviral therapy and 34,018 HIV-positive individuals received cotrimoxazole prophylaxis.

During the reporting period, several new initiatives were begun based on identified needs from previous years. The military can often roll out new initiatives faster than their national counterparts because its vertical leadership structure leads itself to faster approval processes. We have seen in many countries militaries taking the lead in implementing medical male circumcision and *Prevention with Positives (PwP)* interventions. This past year 2,431 males were circumcised as part of the minimum package of male circumcision services for HIV prevention, and 37,855 people living with HIV/AIDS were reached with a minimum package of *PwP* interventions.

Responding to the need to be able to document military-specific risk factors for HIV infection, and the need to be able to quantify the impact of HIV/AIDS on military readiness, DHAPP began the HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS). This initiative will enable militaries to develop effective HIV prevention programs targeted at salient risk factors and

## EXECUTIVE SUMMARY

to measure progress over time. Several partner militaries have completed their SABERS activities and many others are ongoing.

It would be impossible to identify everyone responsible for the tremendous success of the DoD international HIV prevention activities, but none of this report would be possible without the contributions of DHAPP staff, members within the offices of the Under Secretary of Defense for Policy and the Assistant Secretary of Defense for Health Affairs, medical personnel from all US Armed Services, personnel from each Unified Combatant Command, the PEPFAR interagency team, members of the US Embassy Country Support Teams, 64 nongovernmental organizations and universities, and, most importantly, our partner military colleagues.

We're committed to the battle against HIV/AIDS for "the duration," and although we have made outstanding progress, so much more needs to be done. While it seems that I have said that every year for the last 10 years, we are winning this battle, and the work that needs to be done does not seem as insurmountable. On this 10-year anniversary of the beginning of DHAPP, we have not lost track of our original goal of helping individual soldiers, sailors, airmen, marines, and their families. But while achieving that goal, we have also been able to make a significant impact on the entire military community worldwide!

Very respectfully,



Richard A. Shaffer, Ph.D.

Executive Director



# Military International HIV/AIDS 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)* in San Diego. During FY10, 15 clinicians, mostly physicians, from 9 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 ART, treatment of 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 in FY10 to assess 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, OIs, 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.

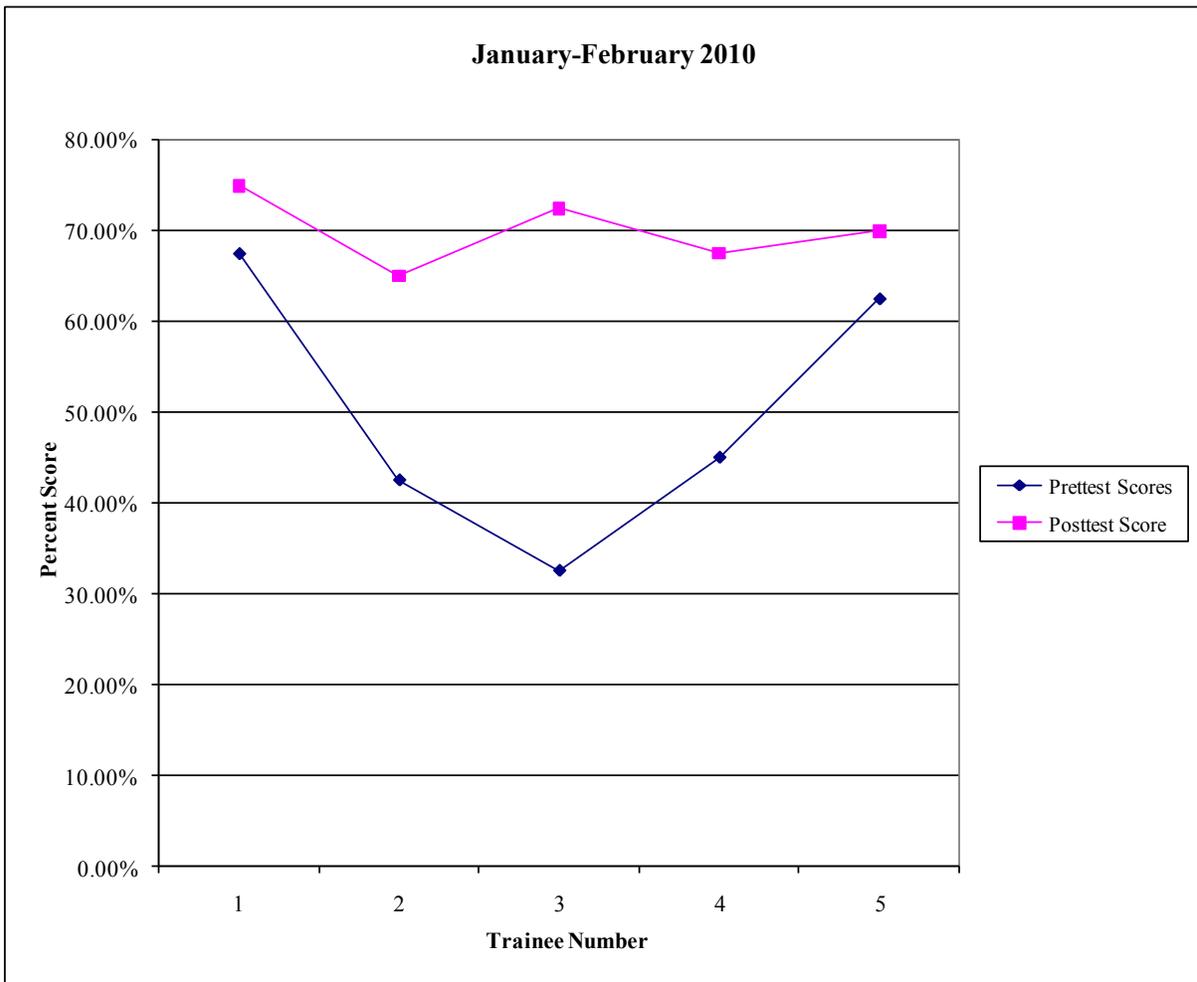
## RESULTS

### **January through February 2010: Cameroon and Rwanda Results**

Five (5) trainees attended the most recent training program, 3 from Cameroon, and 2 from Rwanda. All 5 trainees participated in pretesting procedures. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 32.5% to 67.5%, while posttest scores ranged from 65.0% to 75.0%, making it clear that it was a valuable training. The average pretest score went from approximately 50% to a posttest average of 70%. Below is a table of scores, followed by a graphical representation. It is clear that all participants improved their score from pre- to post-test, with the difference in scores ranging from a 7.5% increase to a 50% increase over the *MIHTP* course duration.

## Military International HIV/AIDS Training Program

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5
<b>Pretest score</b>	67.5%	42.50%	32.50%	45.00%	62.50%
<b>Posttest score</b>	75.00%	65.00%	72.50%	67.50%	70.00%



Trainees had significantly higher scores at posttest(70%) compared with pretest scores (50%,  $p = .001$ ).



## Military International HIV/AIDS Training Program

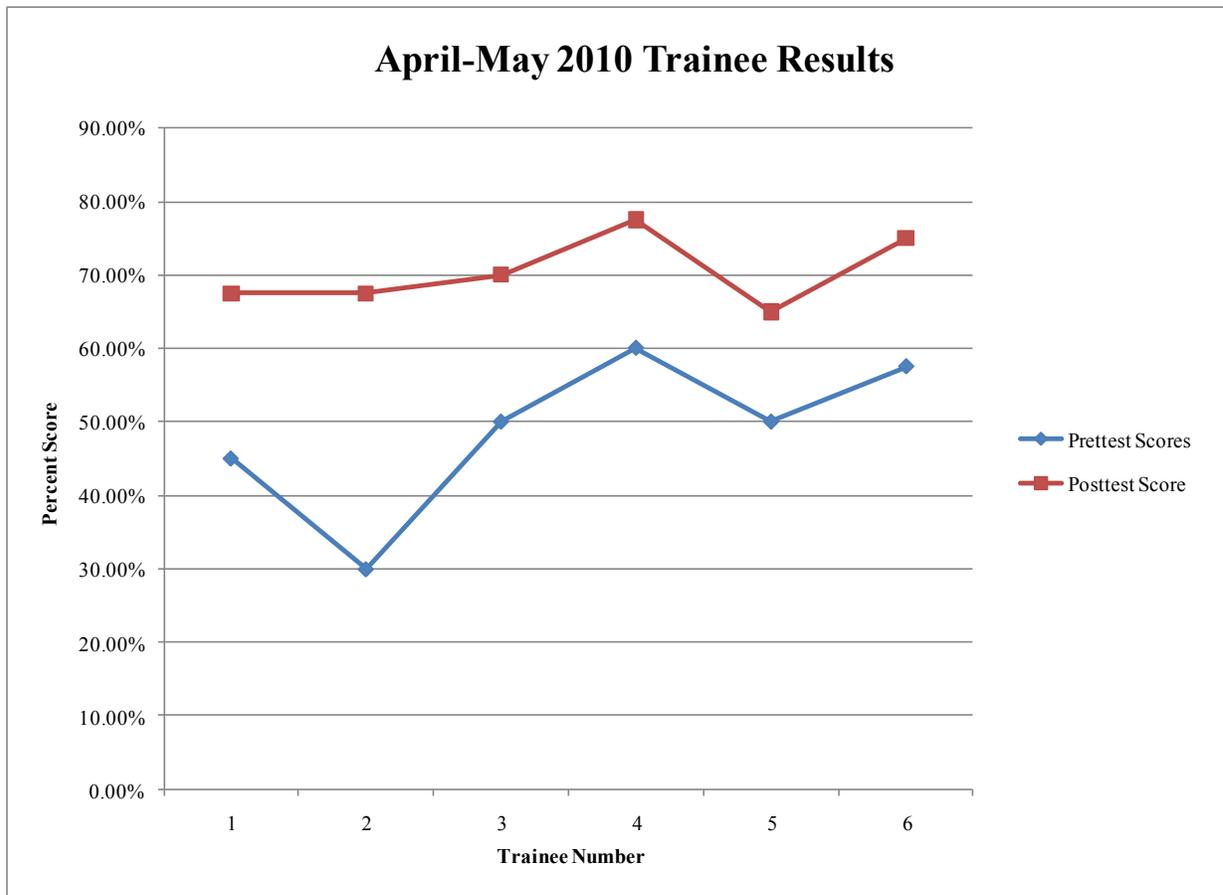
### RESULTS

#### **April through May 2010: Guyana, Morocco, and Mozambique**

Six (6) trainees attended the most recent training program, 3 from Mozambique, 2 from Morocco, and 1 from Guyana. All 6 trainees participated in the pretesting procedures. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 30.0% to 60.0%, while posttest scores ranged from 65.0% to 77.5%, making it clear that it was a valuable training. The average pretest score went from approximately 48.75% to a posttest average of 70.4%. Below is a table of scores, followed by a graphical representation. It is clear that all participants improved their score from pre- to post-test, with the difference in scores ranging from a 15.0% increase to a 37.5% increase over the *MIHTP* course duration.

	<b>Trainee 1</b>	<b>Trainee 2</b>	<b>Trainee 3</b>	<b>Trainee 4</b>	<b>Trainee 5</b>	<b>Trainee 6</b>
<b>Pretest score</b>	45.00%	30.00%	50.00%	60.00%	50.00%	57.50%
<b>Posttest score</b>	67.50%	67.50%	70.00%	77.50%	65.00%	75.00%

## Military International HIV/AIDS Training Program



Trainees had significantly higher scores at posttest (60.0%) compared with pretest scores (30.0%,  $p = .001$ ).

### RESULTS

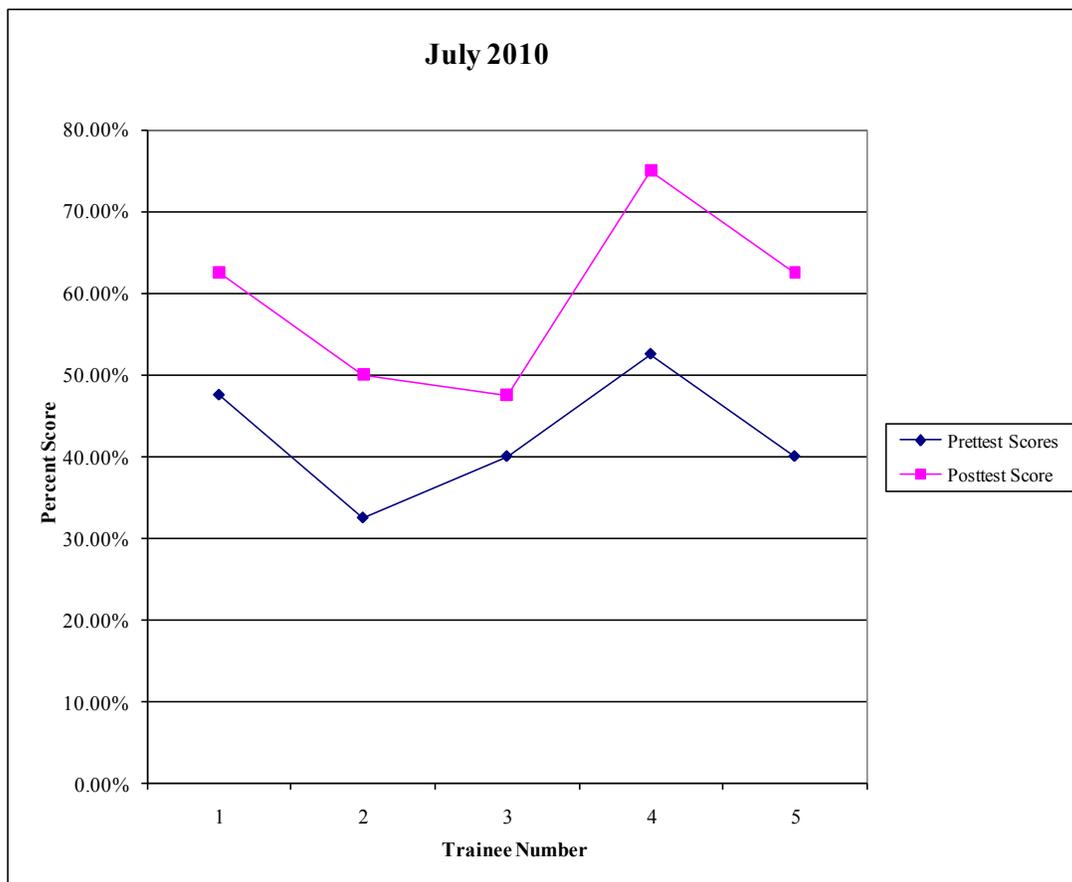
#### **July 2010: Burkina Faso, Côte d'Ivoire, Mali, and Togo**

Five (5) trainees attended the most recent training program with the aid of a French-language translator, 1 from Burkina Faso, 1 from Côte d'Ivoire, 2 from Mali, and 1 from Togo. All 5 trainees participated in the pretesting procedures. The table below shows the pretest scores,

## Military International HIV/AIDS Training Program

illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 32.5% to 52.5%, while posttest scores ranged from 47.5% to 75.0%, making it clear that it was a valuable training. The average pretest score went from approximately 42.5% to a posttest average of 59.5%. Below is a table of scores, followed by a graphical representation. It is clear that all participants improved their score from pre- to post-test, with the difference in scores ranging from a 7.5% increase to a 50% increase over the *MIHTP* course duration.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5
<b>Pretest score</b>	47.50%	32.50%	40.00%	52.50%	40.00%
<b>Posttest score</b>	62.50%	50.00%	47.50%	75.00%	62.50%





## Military International HIV/AIDS Training Program

Trainees had significantly higher scores at posttest (59.5%) compared with pretest scores (42.5%,  $p = .005$ ).

### SUMMARY

Since 2002, 165 military clinicians (144 clinicians, 4 nurses, and 17 auxiliary health care professionals) from 48 countries around the world have attended 27 *MIHTP* sessions. According to all participants and instructors, the program has evolved into an experience of great professional value. After compiling pre- and post-test data from 118 of the 165 past attendees to date, pretest scores average 48.50%, while posttest scores average 67.10%, resulting in an overall increase of 18.60% since DHAPP began administering the testing in 2004. A difference is evident at the  $p = .001$  significance level, which indicates that the increase in score is not by chance, but can be attributed to the training. As the program and the number of participants grow, more and more trends begin to arise, allowing for changes and improvements. Additionally, all *MIHTP* students have agreed that the skills they have developed during training will be valuable to their own militaries' fight in the war against HIV and AIDS.



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# Country Reports

**US AFRICA COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USAFRICOM, in concert with other USG and international partners, conducts sustained security engagement through military-to-military programs, military-sponsored activities, and other military operations as directed to promote a stable and secure African environment in support of US foreign policy.



# Central Africa Region

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Since the end of a 27-year civil war in 2002 and the death of rebel leader Jonas Savimbi, Angola has been making efforts to rebuild the country's infrastructure and move forward as a democratic society. President José dos Santos held legislative elections in September 2008, and, despite promising to hold presidential elections in 2009, has since made a presidential poll contingent on the drafting of a new constitution.

The estimated Angolan population is 13 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 a higher rate among men than women. Oil production and its supporting activities account for about 85% of the GDP. Increased oil production supported growth averaging more than 15% per year from 2004 to 2008. 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 \$8,700, with extensive unemployment and underemployment affecting more than half the population.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Angola's general population is 2.0% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS by the end of 2009 was 200,000. For southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. In most countries, HIV prevalence has stabilized at extremely high levels, although evidence indicates that HIV incidence continues to rise in rural Angola (UNAIDS *AIDS Epidemic Update 2009*). A standard AIDS Indicator Survey was scheduled for July–September 2010.

#### **Military Statistics**

The Angolan Armed Forces (AAF) comprises an estimated 110,000 personnel in 3 branches: Army, Navy, and National Air Force. Angola allocates 5.7% of the GDP for military expenditures. In 2003, 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%). Another surveillance study is being planned for the near future with assistance from DHAPP.

## 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. Currently, a program manager in the DAO in Luanda coordinates the DHAPP program activities and its partner in Angola. The program continues to make exceptional progress with the current prevention programs and 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 supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2008, and 2009. Related authorizations were released for execution in 2005, 2008, and 2011, respectively. The 2003 funding was employed for a cytometer, viral load analyzer, centrifuge, and supporting supplies/reagents. The 2004 funding was employed for cytometers and supporting supplies/reagents. Plans for employment of the 2008–9 funding are in development.

## OUTCOMES & IMPACT

### **Prevention**

At the request of the AAF, this year's prevention activities focused on training activists who could reach a larger number of military personnel but in small group settings. In FY10, 400 activists in 5 of the 6 military regions in the country were trained. The activists were able to reach a much larger number of personnel (8,000) than planned (target was 3,000) with small

group-level interventions that are based on evidence. Working closely with the regional commands, the HIV program had broad and effective participation from personnel from military units across the regions. In some regions, the regional commander requested that the unit commanders participate, which increased their support of and involvement in prevention activities and sent a strong message to the troops of how important prevention efforts were to senior leadership.



AAF's participation in World AIDS Day, February AIDS Month for the AAF, and the National Health and Medicine Fair has created forums that reach military and civilian participants with community-wide activities. Each year, the AAF has increased its participation in civilian activities and has opened its own activities to civilian participation. During World AIDS Day, the AAF participated in the citywide march and opened booths for CT services. During the February activities, the AAF opened CT booths, invited the civilian sector to participate, and had senior leadership participate in the opening ceremony. The activities were reproduced in various regions across the country. Posters, lectures, and cultural events were presented during these activities.

Outside Luanda, 5 military regions have shown greater engagement with the military national health radio program. It is estimated that across the country at least 30% of the military personnel are listening to the radio program,

with a much larger percentage outside of Luanda. The program presently airs twice a week, though the time slot has been restricted to 5 minutes per program. HIV program staff have requested an increase in air time to include Sunday broadcasts.

The expansion of CT services has been slow, but consistent. The AAF's dedicated efforts to promote CT have resulted in greater numbers of people tested than had been anticipated. CT services are being offered on a regular basis in major military units in various regions of the country, and testing is being promoted in all HIV-related activities. Testing is becoming obligatory in various contexts (e.g., prior to and after peacekeeping missions, prior to recruitment) and an opt-out policy is being adopted for those seeking medical services. In total, CT services were provided to 2,334 individuals during FY10.

### Care and Treatment

A Psycho-Social Support Program (PSSP) was created for people living with HIV. It is based on curriculum for *Prevention with Positives* developed by PEPFAR. Thirty-two (32) counselors were provided with a 1 week training to support the PSSP. The Northern Military Region has become the pilot area for the PSSP. Plans are under way for the rest of the military regions throughout the country to have PSSP. Counselors provide assistance and support to HIV-positive personnel in an attempt to reduce the stress associated with a recent diagnosis, promote reduction in risky behavior, reduce the possibility of transmission, provide assistance to their families, and increase adherence to ARV treatment.

### Other

DHAPP and the AAF will begin discussions regarding study protocol for an HIV serological and behavioral assessment.

### Proposed Future Activities

DHAPP received a proposal from Charles Drew University for FY10. Proposed activities include continuing prevention education, CT capabilities, and training medical staff on treatment services for the AAF. DHAPP will support a serological and behavioral assessment among the AAF.



## BURUNDI

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Burundi is 10 million people, with an average life expectancy of 58 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. Burundi is a landlocked, resource-poor country with an underdeveloped manufacturing sector. The economy is predominantly agricultural, which accounts for 35% of the GDP and employs more than 90% of the population. Burundi's primary exports are coffee and tea, which account for almost all foreign exchange earnings. The GDP per capita is \$300.

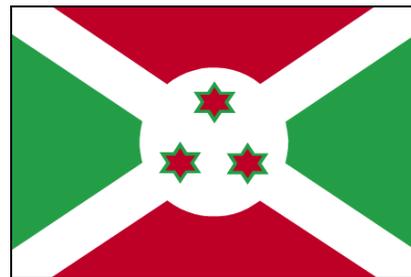
#### **HIV/AIDS Statistics**

The HIV prevalence rate in Burundi's general population is estimated at 3.3%. Burundi has approximately 180,000 people living with HIV/AIDS. According to the UNAIDS *AIDS Epidemic Update 2009*, in Burundi, in population-based surveys among those 15–24 years of age between 2002 and 2008, HIV prevalence declined in urban areas (from 4.0% to 3.8%) and in semi-urban areas (from 6.6% to 4.0%), while HIV prevalence increased in rural areas from 2.2% to 2.9%. The primary identified risk factor

in the population is unprotected heterosexual contact. A Demographic and Health Survey (DHS) is scheduled for August 2010 to January 2011 in Burundi.

#### **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 BNDF and PSI on a prevention program for the troops. Development and implementation of the program began in FY06, and continues with the current goals of providing prevention efforts as well as CT services.

### Foreign Military Financing Assistance

Burundi 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 initiated in 2006 and augmented in 2008 and 2009. Related authorizations were released for execution in 2008, 2009, and 2010, respectively. Except for the funding of an IDI laboratory training seat, plans for employment of all funds are on hold pending construction of the Bujumbura Clinic.

surrounding military camps. In addition, 32 military officers were trained on HIV/AIDS prevention in order to integrate this topic in the military training programs. CT services reached 3,416 troops and family members at the Akabanga Center and through 10 mobile clinics. The mobile CT campaign was launched in FY09 and allowed increased access to services for military members and their families. To support increased services in FY10, 48 health care workers, including 42 counselors and 6 lab technicians, were trained in CT services and lab diagnostics. Laboratory commodities and supplies for HIV testing were provided to the fixed CT center and mobile CT units by PSI.

### OUTCOMES & IMPACT

#### Prevention and Care

In FY10, 1,216 troops and family members were reached through HIV/AIDS prevention interventions using mobile video units. To date, PSI has visited all Burundi military camps at least once. Troops receive free condoms inside the camps. To improve condom accessibility after working hours, 39 outlets were established in the areas

#### Proposed Future Activities

PSI will continue to encourage behavior change through prevention efforts and providing CT services for troops and their families.



# CAMEROON

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### 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 19.3 million people, with an average life expectancy of 54 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 GDP per capita is \$2,300, with an unemployment rate of 30%.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Cameroon's general population is estimated at 5.3%. Cameroon has approximately 610,000 people living with HIV/AIDS. The

primary identified risk factor in the population is unprotected heterosexual contact. According to the UNAIDS *AIDS Epidemic Update 2009*, in 8 African countries where surveys have been conducted (Burkina Faso, Cameroon, Ghana, Kenya, Lesotho, Malawi, Uganda, and the United Republic of Tanzania), HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile. Cameroon was 1 of 7 African nations that reported more than 30% of all sex workers were living with HIV (UNAIDS 2009). A Demographic and Health Survey (DHS) is scheduled for February to July 2011 in Cameroon.

#### **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%. Another prevalence study is planned for 2011. The study has been delayed due to institutional review board (IRB) approvals but is expected to commence in 2011.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

In Cameroon, DHAPP and the CAF have been working with Global Viral Forecasting Initiative (GVFI) and PSI to continue efforts to support its HIV/AIDS prevention programs.

### **Foreign Military Financing Assistance**

Cameroon 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 initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005, 2007, and 2010, respectively. The 2003 funding has been employed to date for a cytometer, immunoassay reader/washer, hematology analyzer, chemistry analyzer, microscope, incubator and supporting lab equipment, and reagents and supplies. The 2005 funding was fully employed for supporting lab equipment, supplies, and reagents. Plans for employment of the 2006 funding are in development.

### **Prevention and Care**

PSI and the CAF continued their prevention campaign in FY11. Their prevention interventions reached 11,520 troops and family members through 120 peer



educators' group sessions. PSI worked closely with the CAF to also provide CT services to the military and its surrounding community. A total of 1,665 individuals were counseled and tested, 1,181 of whom were troops.

The Sub-Regional Military Conference on Influenza, HIV and other Emerging and Re-emerging Infections, was held July 20–22, 2010 in Yaounde, Cameroon. Over 150 people attended the meeting from the Central African region, and 23 delegates from the 8 countries represented their respective ministries.



### **Other**

GVFI and DHAPP developed a protocol for an HIV prevalence study among the CAF in 2009. During the reporting period, GVFI has been working to receive IRB approvals in both the United States and Cameroon. The study protocol was subdivided into two protocols: Protocol 1 is the surveillance protocol and Protocol 2 is a genetic subtyping protocol and was submitted to a US IRB in January 2011.

### **Proposed Future Activities**

In FY11, GVFI will continue activities with the CAF. Activities will include conducting HIV surveillance along with a KAP survey in all 10 garrisons in Cameroon, with a total sample size of 2,500 troops, and PSI will continue its efforts in prevention including CT campaigns.

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Central African Republic is 4.8 million people, with an average life expectancy of 50 years. French is the official language of the Central African Republic, which has an estimated literacy rate of 49%, unevenly distributed between men and women. Subsistence agriculture, together with forestry, remains the backbone of the economy of the Central African Republic, with approximately 60% of the population living in outlying areas. The agricultural sector generates more than half of the GDP. The per capita GDP is \$700. Timber has accounted for about 16% of export earnings, and the diamond industry for 40%. Important constraints on economic development include the Central African Republic's landlocked position, a poor transportation system, a largely unskilled workforce, and a legacy of misdirected macroeconomic policies. Factional fighting between the government and its opponents remains a hindrance to economic revitalization.



#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Central African Republic general population is estimated at 4.7%, with approximately 130,000 people living with HIV/AIDS.

#### **Military Statistics**

The Central African Armed Forces (CAAF) is composed of an estimated 15,000 personnel. The Central African Republic allocates 1.1% of the GDP for military expenditures.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The Global Viral Forecasting Initiative (GVFI) will be providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. GVFI will work with the US DAO in N'Djamena, Chad, who covers the Central African Republic, on implementing a surveillance study within the CAAF.

### OUTCOMES & IMPACTS

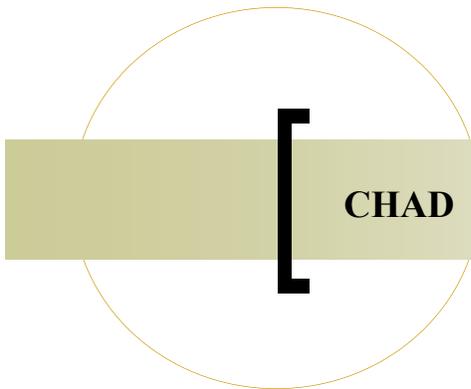
An HIV prevalence survey among the military personnel in Bangui was conducted. A convenience sample of 590 troops was collected. Results from

## CENTRAL AFRICAN REPUBLIC

this sample indicated a prevalence of 8.3%, and a syphilis rate of 3.2%. Behavioral data were being analyzed and a final report is expected.

The *Sub-Regional Military Conference on Influenza, HIV and other Emerging and Re-emerging Infections*, was held July 20–22, 2010, in Yaounde, Cameroon. Over 150 people attended the meeting from the Central African region, including delegates from the CAAF.





# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Chad's estimated population is 10.5 million people, with an average life expectancy of 48 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 26%, 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 invested \$3.7 billion to develop oil reserves, estimated at 1 billion barrels, in southern Chad. Chinese companies are also expanding exploration efforts and building a 300-kilometer pipeline and Chad's first 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 GDP per capita is \$1,800.



#### **HIV/AIDS Statistics**

The HIV prevalence rate in Chad's general population is estimated at 3.4%. Chad has approximately 210,000 people living with HIV/AIDS (UNAIDS *AIDS Epidemic Update 2009*). The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Chadian National Army (CNA) is estimated at approximately 50,000 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 occurred in 2009, but the sampling site was in a different location and was a convenience sample that is not representative of the CNA.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

Global Viral Forecasting Initiative (GVFI) provided technical assistance to the CNA in the implementation of HIV prevention and surveillance activities. DHAPP staff also collaborates with the US DAO in N'Djamena.

### 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 initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005 and 2009 (×2), respectively. The 2003 funding was employed for HIV rapid test kits. Plans for employment of the 2005–6 funding are in development.

### OUTCOME AND IMPACT

#### Prevention

GVFI has begun working with the CNA on prevention efforts. They met with senior leadership (Chief General of the Army) of the CNA and the DAO to discuss programming. In addition, GVFI finalized peer educator and counselor manuals. During the reporting period, 34 peer educators were trained and will be providing small group interventions in FY11.

The protocol for an HIV seroprevalence survey was approved by local authorities in 2007, and implementation occurred in 2009. The study, which had a sample size of 608 troops, was conducted in 2009 at the Moundou military garrison located approximately 600 km outside of N'Djamena. Because of political instability, the location of the study was moved outside of the capital. The 2003 study was conducted in N'Djamena and methodologies were different from the 2009 study. The HIV prevalence rate found in the sample group of 608 troops was 9.3%.

### Proposed Future Activities

GVFI will continue with prevention activities, which include peer education refresher training and monitoring small group interventions.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Democratic Republic of the Congo (DRC) is 71 million people, with an average life expectancy of 55 years. French is the official language of the DRC, which has an estimated literacy rate of 67%, with uneven distribution between men and women. The DRC is a nation endowed with vast potential wealth, is slowly recovering from two decades of decline. Since May 1997, internal conflict has dramatically reduced national output and government revenue, increased external debt, and resulted in the deaths of more than 5 million people from violence, famine, and disease. Conditions began to improve in late 2002 with the withdrawal of a large portion of invading foreign troops. The GDP per capita is \$300.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population is estimated to be between 1.2% and 1.6%. Between 430,000 and 560,000 people were living with HIV in 2009 (UNAIDS *AIDS Epidemic Update 2009*). The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Armed Forces of the Democratic Republic of the Congo (AFDRC) includes 300,000–475,000 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 DRC allocates 2.5% of the GDP for military expenditures. DHAPP supported the first HIV seroprevalence study for the AFDRC, which was conducted in the capital city of Kinshasa from July to August 2007. Study results indicated a prevalence rate of 3.8% among the convenience sample taken in Kinshasa. A larger, more representative study is being planned for FY11 with support from DHAPP.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The network of partners involved in the AFDRC program has evolved to include an in-country program manager



working closely with the Global Viral Forecasting Initiative (GVFI), PSI, and FHI. DHAPP staff provides oversight for the in-country program manager and technical assistance.

### Foreign Military Financing Assistance

The DRC 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 initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2009 (×3) and 2011, respectively. The 2005 funding has been employed to date for a cytometer and biochemistry, electrolyte, immunoassay, blood, and electrophoresis analyzers. Plans for employment of the 2006–9 funding are in development.

## OUTCOMES & IMPACTS

### Prevention

PSI reached 18,312 individuals with interpersonal education sessions conducted by trained peer educators. During these interpersonal education sessions, adoption and maintenance of less risky sexual behaviors were discussed, such as condom use, and being tested for HIV. Individuals and/or small group level preventive interventions are based on evidence and



meet the PEPFAR minimum standards required. Peer educators were trained and retrained in behavior change communication (BCC) techniques surrounding STI/HIV/AIDS prevention and social marketing. Among the 18,312 individuals reached in FY10, 7,109 were DRC military personnel. In addition, 50,088 people were reached during mass awareness events with mobile video units in the 3 provinces targeted by the project (Kinshasa, Katanga, Kasai-Oriental). At the end of FY10, 168 condom outlets in the 3 provinces (Kinshasa, Katanga, and Kasai-Oriental) distributed 1 million condoms.

In FY10, 2 centers offered quality CT services, and a total of 6,204 individuals (troops, family members, and civilians) were tested for HIV and received their results. FHI will conduct outreach for CT services at all sites to increase the uptake of individuals receiving services.

### Other

In an effort to continue strengthening human resources in the military clinics of Kasai-Oriental and Lubumbashi, PSI trained 14 additional counselors (9 in Mbuji-Mayi and 5 in Lubumbashi) in collaboration with FHI and the national HIV/AIDS control program's laboratory.

### Proposed Future Activities

DHAPP received proposals from PSI and FHI on behalf of the AFDRC and in conjunction with the in-country program manager for activities during FY11. Proposed activities include promoting CT 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.

# EQUATORIAL GUINEA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Equatorial Guinea is 650,000 people, with an average life expectancy of 62 years. Spanish and French are the official languages of Equatorial Guinea, which has an estimated literacy rate of 87%, 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 GDP. The GDP per capita is \$37,900. Undeveloped natural resources include titanium, iron ore, manganese, uranium, and alluvial gold. Growth remained strong in 2008, led by oil, but dropped in 2009–10, as the price of oil fell.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Equatorial Guinea's general population is estimated at 5%. Equatorial Guinea has approximately 20,000 people living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. A Demographic and Health Survey is scheduled for June to September 2011.

#### **Military Statistics**

The Equatorial Guinea Armed Forces (EGAF) is estimated at approximately 2,000 members. Equatorial Guinea allocates 0.1% of the GDP for military expenditures. A seroprevalence study was conducted within the EGAF during FY08. Results from a convenience sample revealed an HIV rate of 10.1%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

On behalf of DHAPP, the Global Viral Forecasting Initiative (GVFI) is providing technical assistance to the EGAF for its HIV prevention activities.

### OUTCOMES & IMPACTS

The GVFI began prevention interventions with the EGAF by training 43 peer educators. The peer educators will begin small group and one-on-one interventions in FY11.

#### **Proposed Future Activities**

In FY11, GVFI will support peer educators as they begin prevention interventions, distribute prevention materials, and conduct a seroprevalence study within the EGAF.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

BACKGROUND

**Country Statistics**

Gabon’s estimated population is 1.5 million people, with an average life expectancy of 53 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, and the oil sector now accounts for 50% of the GDP, although the industry is in decline. The GDP per capita is \$14,600, but due to high income inequality, a large part 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 5.2%. Gabon has approximately 46,000 people living with HIV/AIDS.

**Military Statistics**

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 5,000 members. Gabon allocates 3.4% of the GDP for military expenditures. 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 MOD.

PROGRAM RESPONSE

**In-Country Ongoing Assistance**

The Global Viral Forecasting Initiative (GVFI) is providing technical assistance to the GAF through the implementation of HIV prevention activities.



**Foreign Military Financing Assistance**

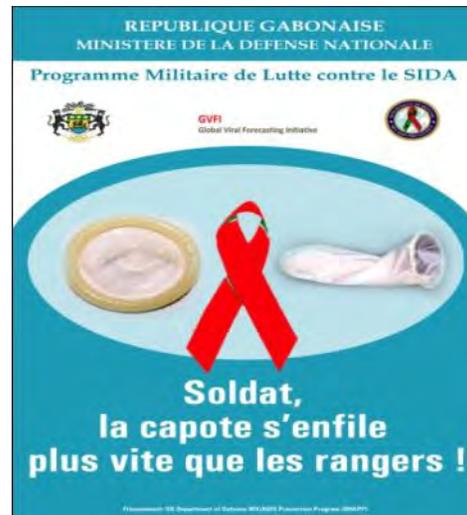
Gabon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2009 (x2), and 2010, respectively. The 2003 funding was

fully employed for laboratory supplies and reagents. Plans for employment of the 2005–7 funding are in development.

## OUTCOMES & IMPACTS

### Prevention

Programmatic activities in FY10 included training sessions for peer educators and trainers. In total, 17 peer educators were trained on prevention interventions. Additionally, GVFI developed and distributed a trainer's guide for use during STI/HIV/AIDS training sessions with the GAF. Four (4) laboratory technicians were trained on HIV lab-related activities.



### Proposed Future Activities

GVFI will continue training peer educators and counselors in military garrisons, produce and disseminate behavior change communication materials, and reinforce education on HIV/AIDS and other STIs.



# REPUBLIC OF THE CONGO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 4 million people, with an average life expectancy of 55 years. French is the official language, 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. The government is 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 find additional oil to sustain its oil earnings over time. Oil has supplanted forestry as the mainstay of the economy, providing a major share of government revenues and exports. The GDP per capita is \$4,200.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Republic of the Congo general population is estimated at 3.4%. The Republic of the Congo has a total of approximately 77,000 people living with HIV/AIDS.

#### **Military Statistics**

The Congolese Armed Forces (CAF) comprises 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 the CAF in Brazzaville and the prevalence rate was 2.6%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

In the Republic of the Congo, DHAPP and the CAF are working with the Global Viral Forecasting Initiative (GVFI). GVFI began working with the CAF in 2010, using a grant awarded in August 2009.



**OUTCOMES & IMPACTS**

In FY10, GVFI supported 2 training sessions for 75 peer educators. As peer educators and trainers, they will train others on prevention interventions. In addition to the training, behavior change communication materials were produced and distributed among the CAF.

**Proposed Future Activities**

GVFI will continue to support prevention activities with the CAF in FY11.



## SAO TOMÉ AND PRINCIPE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Sao Tomé and Príncipe is 176,000 people, with an average life expectancy of 63 years. Portuguese is the official language, 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. There is potential for the development of petroleum resources in Sao Tomé and Príncipe's territorial waters in the oil-rich Gulf of Guinea, but any actual production is at least few years away. The GDP per capita is \$1,800.

##### **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, according to the UNAIDS *AIDS Epidemic Update 2009*.

##### **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.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

In FY11, a regional program manager was hired through the US Embassy in Libreville and works for the DAO. The regional program manager will oversee program activities in Sao Tomé.

#### OUTCOMES & IMPACTS

##### **Prevention**

No programmatic activities occurred in FY10 but a regional program manager was hired in Gabon and program activities will commence in FY11.





WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

# East Africa Region

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Djibouti is 740,528 people, with an average life expectancy of 61 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 GDP per capita is \$2,800. 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 2.5%, and there are approximately 14,000 people living with HIV/AIDS (UNAIDS 2009). The primary mode of transmission is heterosexual contact. Women are more severely affected than men. According to the UNAIDS *AIDS Epidemic Update 2009*, surveys of bar-based female sex workers in Djibouti

have found HIV prevalence rates as high as 26%.

**Military Statistics**

The Djibouti National Army (DNA) is estimated to have 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 US MLO 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 initiated in 2003 and augmented in 2006 and 2007. Related authorizations were released for execution in 2005 and 2010 (×2), respectively. The 2003 funding has been fully employed for a hematology analyzer, autoclave, centrifuge, rapid test kits, immunoassay/biochemistry/microbiology equipment, refrigerators, and supporting laboratory reagents and supplies. The 2006 funding was fully employed for lab equipment, supplies, and reagents. The 2007 funding has been almost fully employed for lab supplies.

increasing the number of troops tested, and providing medical personnel with training on blood safety and laboratory services.

## OUTCOMES & IMPACT

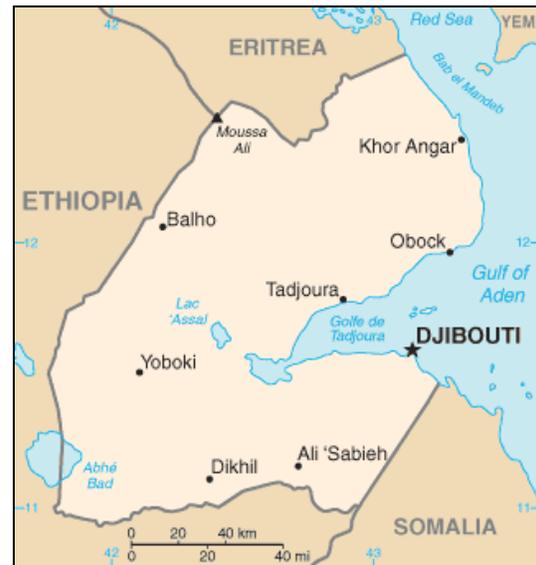
### Prevention

The DNA reached 1,225 individuals with prevention messages and trained 40 peer educators, including women who delivered the messages. Three (3) service outlets provided PMTCT services for the DNA. During FY10, 719 pregnant women received PMTCT services, and 5 of them received a complete course of ARV prophylaxis.

The DNA supports 5 CT centers for its troops. The CT centers are located throughout the DNA bases and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. No data were available on the number of personnel who received CT in FY10.

### Proposed Future Activities

DHAPP received a proposal from the US MLO on behalf of the DNA for activities in FY11. Specific objectives of the proposal include continuing prevention efforts,



## ETHIOPIA

# 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 Ethiopia is 88 million people, with an average life expectancy of 56 years. Amharic, English, and Arabic are the official languages of Ethiopia, which has an estimated literacy rate of 43%, unevenly distributed between men and women. The GDP per capita is \$1,000. Ethiopia's economy is based on agriculture, accounting for almost half of the GDP and 85% of total employment. The agricultural sector suffers from frequent drought and poor cultivation practices. Coffee is critical to the Ethiopian economy, with exports of \$350 million in 2006. Even though GDP growth is high, Ethiopia has one of the lowest per capita income rates in the world.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Ethiopia's general population is estimated at approximately 2%, with 980,000 people living with HIV/AIDS. Ethiopia has a generalized epidemic, with risk groups that include sex workers, uniformed services, migrant populations, and displaced individuals. A Demographic and Health Survey is planned for December 2010 to April 2011.

#### **Military Statistics**

The Ethiopian National Defense Forces (ENDF) has approximately 200,000 active-duty members. Ethiopia expends 3% of the GDP on the military. A seroprevalence and behavioral risk study among the ENDF was conducted in 2010, and data analysis is currently under way.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff members participate in the PEPFAR Ethiopia Country Support Team. Together they provided technical assistance in preparing the FY11 COP. DHAPP has an in-country program manager who works for the Security Assistance Office at the US Embassy in Addis Ababa. The University of Connecticut Center for Health, Intervention, and Prevention (CHIP), the Research Triangle Institute (RTI), and Jhpiego (a Johns Hopkins University affiliate) are



implementing partners in Ethiopia for the ENDF and DHAPP. US DoD blood team provide ongoing support to the ENDF safe blood program and the Bella Blood Center, funded through PEPFAR.

### 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 initiated in 2003, and the related authorization was released for execution in 2005. It has been almost fully employed for ENDF Bella Blood Center facility equipment and a serology analyzer.



## OUTCOME & IMPACTS

### Prevention

The ENDF Bella Blood Center facility in Addis Ababa began operations in fall 2007, and DHAPP supported the development and construction of the Center as well as training the staff. The Center uses state-of-the-art laboratory technology and has the first computer system for tracking blood donations from vein to vein. The blood program is now being set up to have virtual

continuing education from the American Association of Blood Bankers for blood bank lab personnel and health care personnel who are ordering and using the blood. The number of units of blood collected has increased since last year, with 2 hospitals ordering blood currently.



Male circumcision (MC) has shown a 60% reduction in the transmission of HIV and is supported by WHO and PEPFAR. MC programs are scaling up in Eastern and Southern Africa regions. The ENDF will offer MC services in FY11. Jhpiego is assisting the ENDF with the roll out of MC services. In FY10, Jhpiego conducted three meetings with the ENDF and DHAPP, the purpose of which was to develop the annual MC activity plan. MC facility readiness assessment tools were developed by Jhpiego and reviewed/finalized by the ENDF. Next, MC facility readiness assessments were carried out in the selected ENDF hospitals of Harer, Mekele, Bahir Dar, and Shire. MC client registry, reporting, and other forms were developed. In late 2010, Jhpiego conducted a 2-week clinical MC training for 14 health care workers selected from the 4 ENDF hospitals. Also, MC supplies and materials were purchased and distributed to the respective facilities.

### Care

In the ENDF, a *Prevention with Positives* (PwP) and adherence to ART program began in 2010. CHIP personnel worked collaboratively with ENDF representatives on the program, which began operating at the Bella Hospital and Air Force Hospital in Debre Zeit. In addition, CHIP developed ART adherence support materials and PwP materials. CHIP conducted baseline focus groups and provided recommendations for starting the program.

### Other

HIV prevalence in the ENDF was unknown until recently. Since prevalence and risk-factor data are critical to programming, planning, and tracking HIV rates, the ENDF has undertaken a linked HIV prevalence and behavioral survey. DHAPP and RTI provided technical assistance to the ENDF by providing trainings in data collection, data entry and cleaning, and data analysis. The data collection, entry, and cleaning is complete. The ENDF is currently analyzing its data and writing a report.

### Proposed Future Activities

Some of the proposed activities for the ENDF in FY11 include continued implementation of the PwP and adherence to ART program, continuation of an injection-safety program for the ENDF, and the roll out of MC services.

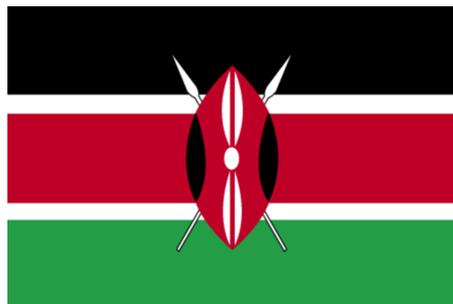


**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Kenya's estimated population is 40 million people, with an average life expectancy of 59 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85%, unevenly distributed between men and women. 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 the December 2002 elections, a new opposition government took on the economic problems facing the nation. Although progress was made in rooting out corruption and encouraging donor support, the Mwai Kibaki government was rocked by high-level scandals in 2005–06, resulting in delayed loans from the World Bank. Postelection violence in early 2008, together with the effects of the global financial crisis on remittance and exports, reduced estimated GDP growth to 1.7% in 2008, but the economy rebounded in 2009–10. The GDP per capita is \$1,600.

Kenya has over 40 indigenous tribes or ethnic groups with different religious and social customs, including polygamy and wife inheritance. Only 10 cities have over 100,000 people, and the Nairobi

metropolitan area accounts for more than one third of the urban population. Only about 32% 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), a dual Ministry of Health, and stigma continue to limit access to health care.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Kenya's general population is between 7.1% and 8.3%, but varies significantly by region. For example, in Nyanza the HIV prevalence rate is 14.9%, while the North Eastern Province is 0.8%. Kenya has approximately 1.4 million people 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 15–24

years of age are more than 4 times as likely as men of the same age to be infected. HIV prevalence among uncircumcised men ages 15–64 was three times greater than among circumcised men. Only 16.4% of HIV-positive Kenyans know their HIV status.

### **Military Statistics**

The Kenyan Ministry of State for Defense (MOSD), sometimes called the Kenya Department of Defense (KDOD), is estimated at approximately 45,000 personnel. Kenya allocates 2.8% of the GDP for military expenditures; however, the MOSD designates negligible funding for HIV/AIDS. No seroprevalence study has been done for the KDOD, so its prevalence rate of 5.9% is an estimate. Plans to conduct a point prevalence assessment of HIV-1, tuberculosis, and malaria among the Kenyan military population are at an advanced stage.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The Walter Reed Army Institute of Research (WRAIR) US Army Medical Research Unit-Kenya (USAMRU-K) is a fully staffed OCONUS laboratory under the US Mission/Embassy in Nairobi. The USAMRU-K primary lab and administrative hub is 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 total active-duty military personnel, 1 Department of Army civilian, and 305 contract employees. Of this staff, 1 is active-duty military (program director), and 22 provide in-country technical assistance to the KDOD PEPFAR program. USAMRU-K also works

closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US military liaison to the government of Kenya and is a USAFRICOM field office that coordinates US security assistance programs and USAFRICOM contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assists in coordinating higher-level meetings with the KDOD, ensuring Combatant Command goals and objectives are met. In addition, formal byplay is achieved with the US Embassy DAO.

USAMRU-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (MHRP) in both technical and administrative operations. Additional technical support is provided by DHAPP staff members working in collaboration with USAMRU-K and MHRP. In country, USAMRU-K participates as part of the USG PEPFAR team along with the CDC, USAID, Department of State, and the Peace Corps in setting USG strategic objectives and in the development of the annual COP through which PEPFAR funds are solicited. USAMRU-K also participates, and in some instances leads, PEPFAR USG technical working groups, which inform program area-specific planning, activity monitoring, and COP development.

USAMRU-K also works directly with the KDOD in the execution and implementation of PEPFAR-supported activities. This close collaboration ensures activities with the KDOD under PEPFAR meet overall PEPFAR strategic goals. This is achieved through the joint development by USAMRU-K and the Kenya MOD of an annual HIV document referred to as the KDOD HIV Work Plan. This work plan is informed through a strategic review of the strengths, weakness, challenges, and achievements of the prior year's work plans in

light of all available resources. After these elements are fully considered, solutions are developed to address weaknesses and challenges, while expansion and exploitation of the programs strengths are strategically planned for the following year's work plan, leveraging both PEPFAR and KDOD financial resources as part of one effort. In addition, all planning is conducted and harmonized with the Kenyan's country strategic goals as outlined in the Kenya National AIDS Strategic Plan (KNASP). This is to assure that the KDOD program is in step with the needs, focus, and priorities of the host country.

## OUTCOMES & IMPACTS

### **Prevention**

During FY10, the KDOD continued to provide significant results across all areas in prevention, care, and treatment of HIV. Through community outreach efforts, a total of 43,799 military personnel and their families were reached with prevention messages that focused primarily on abstinence and/or being faithful. A total of 11,389 troops and families received abstinence-only messages, mainly through faith-based organizations and seminars aimed at the youth in the military population; 111 others were trained in the provision of those messages. In addition, 8,846 military members and their families were reached with comprehensive prevention messages. Condom services were provided through 440 dispensing points (various mess toilets, main gates, hospital waiting rooms, clinics, and bars). Eighteen (18) individuals were trained in the provision of comprehensive prevention information.

During the fiscal year, 2,647 women were provided with PMTCT services at 16 sites, and 57 health care workers were trained in these services. These services included CT and results. Of the women tested in the PMTCT setting, 59 were provided with a complete course of ARV prophylaxis. Thirteen (13) HIV-positive pregnant or lactating women received food and nutritional supplementation at the PMTCT sites.

Nineteen (19) CT centers provided HIV testing for KDOD personnel. By the end of the reporting period, the KDOD HIV program had reached 19,825 individuals with HIV CT services and trained 25 individuals in these services.

### **Care**

Eight (8) service outlets provided HIV-related palliative care to military members and their families. During the year, 3,211 individuals were enrolled into HIV care in the KDOD HIV program. A total of 177 individuals who attended HIV care/treatment services received treatment for TB. A total of 54 individuals were trained and certified on HIV-related palliative care including TB and HIV. The trainings were conducted by the National AIDS/STI Control Program in line with the Kenya MOH curriculum.

### **Treatment**

During FY10, 8 outlets provided ART services to KDOD personnel and their families. Three hundred sixty-four (364) individuals were newly started on ART during the reporting period. At the end of the reporting period, 1,779 individuals were considered current clients receiving ART. A total of 45 health care workers and 16 lab personnel were trained on the newly revised MOH training curriculum.

### 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 by the Embassy to the Kenyan Country Support Team and were included in the FY11 COP.



# RWANDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Rwanda is 11 million people, with an average life expectancy of 57 years. English, French, and Kinyarwanda are the official languages of Rwanda, which has an estimated literacy rate of 70%, unevenly distributed between men and women. The GDP per capita is \$1,100. 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. The primary foreign exchange earners are minerals, followed by coffee and tea. Economic growth is recovering with help from the services sector, and inflation has been curbed.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Rwanda's general population is estimated at 2.9%. Rwanda has a total of approximately 170,000 people living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. Several risk groups were identified for new infections according to the UNAIDS *AIDS Epidemic Update 2009*, which include sex workers, their

clients, and men who have sex with men.

#### **Military Statistics**

The Rwandan Defense Forces (RDF) is estimated at approximately 30,000. Rwanda expends 2.9% of the GDP on military expenditures. A seroprevalence study was conducted in the RDF and analysis was completed in 2010. Data have not been publicly released.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The RDF HIV/AIDS program is a collaborative effort between the RDF, the DAO, PSI, Charles R. Drew University of Medicine and Science Center for AIDS Research, Education and Services (Drew CARES), and DHAPP. In FY09, Jhpiego (a Johns Hopkins University affiliate) joined the RDF as a partner. Working in the DAO, 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 FY10.

## OUTCOMES & IMPACTS

### **Prevention**

During FY10, Drew CARES and PSI worked with the RDF on prevention messages. The PSI/Rwanda military team and anti-AIDS club members conducted behavior change communications activities to address HIV prevention among military members. The teams used interpersonal communication, mobile video unit sessions and educational (theater, poem, and drama) sessions to reach military camps in 15 districts. In addition to sexual prevention, PSI also addresses gender-based violence, alcohol reduction, stigma, and discrimination, and encourages the importance of getting tested for HIV. Drew CARES conducted trainings in behavior change communication for the military. Drew University and PSI/Rwanda team and the peer educators increased outreach efforts during this period. Education sessions were supervised by the PSI/Rwanda team and Drew CARES staff team, reaching military anti-AIDS club members (military, civilian and commercial sex workers club members). The military organized an army week,



during which many clients sought services at military health facilities. In total, 93,510 individuals were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the PEPFAR standards.

Two (2) PMTCT outlets provided services to 2,240 pregnant women, including CT. In FY10, 71 HIV-positive pregnant women (79% of the target) were provided with ART prophylaxis. Sixty-four (64) persons were provided with postexposure prophylaxis (PEP) and the exposures were primarily (90% of all cases) from sexual and gender-based violence cases. It is considerably challenging to provide PEP to rape and sexual assault victims since many victims report to health facilities 48 hours after the incident, which is the time limit required for PEP administration.

People living with HIV/AIDS who were reached with *Prevention with Positives* interventions totaled 2,290, which occurred at both fixed health care facilities and through mobile team care units. Other prevention services included CT, and in the reporting period 14,538 individuals received their test results.

To increase RDF's capacity to deliver safe male circumcision (MC) services, Jphiego trained 66 clinicians including 5 master trainers. To increase informed demand among the RDF for MC, Jphiego trained 130 health providers who administer provider-initiated CT for HIV/AIDS. A total of 1,236 males were circumcised in the reporting period, representing 82% of the 1,500 males targeted. Of these, 17% were in the target group of males younger than 15 years of age. Some sites were not ready to begin MC activities because of poor infrastructure and lack

of required equipment for infection prevention and waste management.

### Care

A total of 3,010 eligible adults and children received at least one care service supported by Drew CARES. During this reporting period, 2,194 positive adults and children across all support sites received at least 1 clinical care service; which include but are not limited to, TB screening, assessment of eligibility to receive ARVs, ARV staging, assessment of adherence to care, nutritional status, and assessment of STIs, assessment of OIs, malaria, and other tropical diseases. All HIV/AIDS positive individuals receive cotrimoxazole prophylaxis, and in this reporting period a total of 2,132 persons received cotrimoxazole.

### Treatment

Drew CARES acted on behalf of the RDF as its implementing agent for ART. During FY10, 8 outlets provided ART services to RDF personnel, their families, and civilians in the surrounding area. Two hundred forty-four (244) individuals were newly started on ART. Patients' follow-up activities continued and good adherence has been recorded with the 2,164 patients currently on ART. With the utilization of a mobile clinic, soldiers in hard-to-reach areas have been able to receive care and treatment, which included ART, psychosocial support, and lab tests.

A number of trainings were conducted to meet the RDF's needs; the main areas covered included ARV delivery, PMTCT services, HIV prevention interventions (including MC), psychosocial support, CT,

laboratory, monitoring and evaluation, and management of sexual and gender-based violence cases. In total, 770 health care workers successfully completed an in-service training program and 201 of the health care workers were trained in MC. Due to the high mobility of soldiers and deployments on PKOs, a significant number of military health providers were trained in MC provision to replace those deployed.

### Proposed Future Activities

Continued HIV programming for RDF members was proposed by the Embassy to the PEPFAR Rwanda Country Support Team. All proposed activities were included in the FY11 COP.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****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 UN took command of the Darfur PKO from the African Union on 31 December 2007. In early 2009, peacekeeping troops were struggling to stabilize the situation, which became increasingly regional in scope, and brought instability to eastern Chad. Sudan also has faced large refugee influxes from neighboring countries. A referendum was held in January 2011 and indicated overwhelming support for independence for southern Sudan. Armed conflict, poor transport infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations.

The estimated population of Sudan is 44 million people, with an average life expectancy of 54 years. Arabic and English are the official languages of Sudan, which has an estimated literacy rate of 61%, unevenly distributed

between men and women. In the lead up to the referendum on southern secession, Sudan saw its currency depreciate considerably on the black market with the Central Bank's official rate value decrease as the Sudanese people started to hoard foreign currency. The GDP per capita is \$2,200, with an unemployment rate of 18.7%.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Sudan's general population is estimated at 1.1%, with a total of 260,000 people currently living with HIV/AIDS. According the UNAIDS *AIDS Epidemic Update 2009*, epidemics in the Middle East and North Africa are typically concentrated among injection drug users, men who have sex with men, and sex workers and their clients. Exceptions to this general pattern include southern Sudan, where transmission is also occurring in the general population. 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 SPLA troop and prevalence numbers are unknown at this time. It is estimated that the SPLA may comprise 100,000–125,000 troops. 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

Sudan was named as a PEPFAR participating country beginning in FY07. DHAPP staff are active members of the Country Support Team and continue to work with CDC and USAID in engaging the SPLA. Research Triangle Institute (RTI) is an implementing partner for DHAPP and the SPLA.



As part of its overall strategy to promote peace-building efforts, the USG supports SPLA initiatives to reduce size as part of postconflict demobilization, reintegrates former combatants into civilian life, and develops remaining troops into a professional military force. The USG supports the institutional development of the SPLA through IntraHealth International, an implementer for CDC and PSI, an implementer for USAID. IntraHealth and PSI help implement prevention, CT, care, and treatment activities aligned with the strategic planning for the SPLA's HIV/AIDS response.

## OUTCOMES & IMPACT

### Prevention and Other

DHAPP staff participate in Sudan's Country Support Team activities and work with CDC and USAID in engaging the SPLA. DHAPP staff met with members of the SPLA in FY10 to discuss alcohol reduction interventions as well as future activities. In September 2009, RTI began planning with the SPLA and DHAPP for a behavior and serological surveillance study that specifically gathers data on HIV knowledge and attitudes and high-risk sexual behaviors among the SPLA.

In order to prepare for the behavior and serological surveillance study, RTI conducted a series of trainings with the SPLA. The first training in November 2009 was for 8 SPLA staff members on survey pretesting procedures, use of audio computer-assisted self-interview personal interview survey instruments and cognitive interview techniques. Then in July 2010, RTI conducted a 2-week training for 14 SPLA staff on data collection procedures. Next, the SPLA conducted the study including CT services for 818 participants with guidance

from RTI. Most recently, in October 2010, RTI conducted a 2-week training for 4 SPLA staff on data analysis using the 2010 SPLA behavior and serological surveillance data.

### Proposed Future Activities

Continued HIV programming for the SPLA was proposed by the US Embassy to the PEPFAR Sudan Country Support Team. All proposed activities were included in the FY11 COP. IntraHealth and PSI will continue to support activities for the SPLA. Additionally, IntraHealth will support military-to-military collaboration efforts between the SPLA and the Uganda Peoples Defense Forces (UPDF) and the Kenya Ministry of Defense. The UPDF will provide technical assistance to the SPLA by offering 2 trainers to facilitate a 3-week HIV/AIDS educators' training for the SPLA. DHAPP and RTI will support the analysis and data dissemination of the behavior and serological surveillance survey from 2010. DHAPP will also support trainings for monitoring and evaluation, care and treatment, and lab strengthening. Lastly, DHAPP hopes to support alcohol reduction interventions for the SPLA.



# TANZANIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Tanzania's estimated population is 42 million people, with an average life expectancy of 52 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 in terms of per capita income, but averaged 7% GDP growth annually between 2000 and 2008 due to high gold production and tourism. The growth continued in 2009–10 at a rate of 6% per year. The economy depends heavily on agriculture, which accounts for more than a quarter of the GDP, provides 85% of exports, and employs roughly 60% of the work force. The GDP per capita is \$1,500.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Tanzania's general population is estimated at 5.6%, with a total of approximately 1.4 million people living with HIV. 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 sex workers.

#### **Military Statistics**

The size of the Tanzanian People's Defense Force (TPDF) is approximately 35,000. Information regarding HIV prevalence in the military is not 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 PharmAssess International (PAI) on its HIV/AIDS program. WRAIR programs in Tanzania are directed by a US Department of Army civilian with attaché status hired under the Division of Retrovirology who reports directly to the Ambassador of the US Embassy in Dar es Salaam. WRAIR's primary administrative and contracting hub is located in Silver Spring, Maryland, and Fort Detrick in Fredrick, Maryland, respectively, with the Department of Army civilian providing direct oversight of program

progress on the ground. WRAIR works closely with the DAO at the US Embassy. Though not involved in the day-to-day management of the PEPFAR program, DAO staff assist in coordinating higher level meetings with the TPDF, ensuring goals and objectives of the Combatant Command are met.

PAI is an NGO based in the Netherlands and 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 PEPFAR activities are further supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (MHRP) under the Division of Retrovirology in both technical and administrative areas. Additional technical support is provided by MHRP staff located in Kenya and DHAPP staff members working in collaboration with MHRP. In country, WRAIR participates in PEPFAR



Technical Working Groups along with the CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, WRAIR also ensures activities with the TPDF funded by PEPFAR meet overall USG PEPFAR strategic goals.

## OUTCOMES & IMPACT

### **Prevention**

The TPDF HIV/AIDS 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 FY10, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 12,583 individuals were reached with small group preventive interventions that are based on evidence and meet the minimum PEPFAR standards required. The prevention interventions included groups of not more than 25 people who received 6 sessions from 23 service delivery sites. The future plan is to reach more individuals, particularly recruits from National Service and Army training camps. Additional prevention interventions reached 5,049 individuals and were primarily focused on abstinence and/or being faithful. The focus group for the abstinence and/or being faithful interventions was mainly in-school youth (10–14 years of age.). Schools are located in the barracks, and the target group was Army families.

The TPDF prevention program aims to provide PMTCT services in all 45 sites that currently provide CT services, but their biggest challenge is staffing. Of the 9,235 women tested in the PMTCT setting, 392 were provided with a

complete course of ARV prophylaxis. The number of pregnant women tested in FY10 was an increase from 5,038 in FY09. Eight (8) hospitals and 21 health centers currently provide PMTCT services, which is 6 more than the previous year. The TPDF strongly supports increased service outlets and is committed to allocating staff as needed. Quality of services has improved through training of medical officers, midwives, nurse counselors, and laboratory staff using the 2-week national curriculum. Forty (40) health care workers from the 29 PMTCT sites are trained on early infant diagnosis and in collection of dried blood spot. Staff from PAI and TPDF have visited all PMTCT sites 3–4 times per year for supervision purposes and to monitor data collection. Data have been collected both electronically and using paper-based tools (patient-based registers and the monthly summary forms). Seventy-five (75) health care workers have been trained on data entry and each site has 1 trained monitoring and evaluation officer to look after the quality of the data flow and data handling.

As part of a comprehensive prevention strategy, male circumcision (MC) services were initiated in FY10. Three (3) staff (2 medical officers and 1 nurse) from 2 military hospitals (Lugalo and Mbalizi) were trained in MC services as part of the national MC policy of the Ministry of Health and Social Welfare (MOHSW). One (1) clinician from Mbalizi was transferred to the Makambako health center after the training. The clinician initiated MC services successfully at the health center. To increase MC service delivery, 3 additional medical officers from Mbalizi and Makambako were trained and additional equipment was procured for both sites. By the end of FY10,

405 men had received MC services. For FY11, the MOHSW selected 3 military clinics to provide MC services. These sites were selected to cover 3 rural districts with high HIV prevalence.

Forty-six (46) CT centers provided HIV testing for TPDF personnel. In FY10, a total of 35,526 individuals were tested for HIV and received their results. All persons who came for CT were extensively informed about HIV prevention, both in pre- and post-test counseling sessions. All CT and care and treatment sites are equipped with televisions and DVD players, and HIV awareness films are played almost continuously. Provider-initiated CT has replaced voluntary CT, in accordance with the MOHSW CT guidelines.



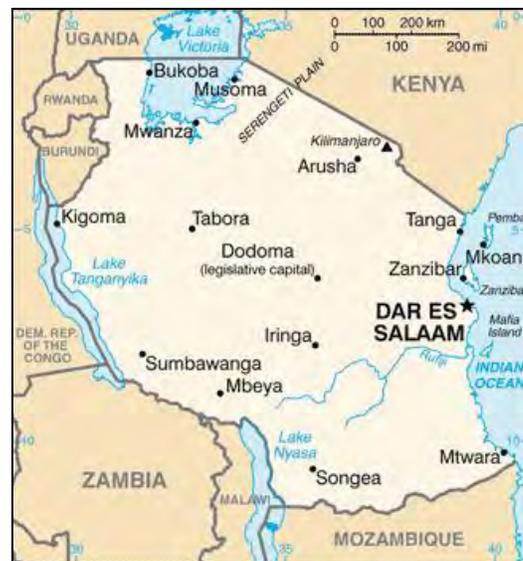
### Care and Treatment

There are 10 palliative care sites for the TPDF; 8,107 HIV-positive adults and children received a minimum of 1 clinical service, and 2,998 of them were clinically malnourished and received therapeutic or supplementary food. In addition, 7,077 HIV-positive persons received cotrimoxazole prophylaxis. Also, 7,861 people living with HIV/AIDS were reached with a minimum package of *Prevention with Positives* interventions.

In FY10, 2,249 adults and children with advanced HIV infection were newly enrolled on ART, and, by the end of reporting period, 5,841 current patients were on ART. Twelve (12) months after ART initiation, 61% of adults and children were known to be alive and on treatment. It is planned that 6 more TPDF health centers will start services before the end of 2011. In FY10, 45 laboratories had the capacity to perform clinical laboratory tests.

### 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 by the US Embassy to the Tanzania Country Support Team and were included in the FY11 COP.



# UGANDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Uganda is 33.4 million people, with an average life expectancy of 53 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 regular rainfall, fertile soils, deposits of copper and gold, and recently discovered oil. Coffee accounts for the majority of export revenues. Agriculture is the most important sector of the economy, employing over 80% of the work force. The GDP per capita is \$1,200.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Uganda's general population is estimated at 6.5%, with a total of approximately 1.2 million people living with HIV/AIDS. Identified significant risk factors include high-risk heterosexual contact with multiple



partners and STIs. According to the UNAIDS *AIDS Epidemic Update 2009*, in Uganda, people in serodiscordant, monogamous relationships were estimated to account for 43% of incident infections in 2008. Also, 46% of new HIV infections in Uganda were estimated to have occurred among people with multiple sexual partners and the partners of such individuals.

#### **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 DAO at the US Embassy in Kampala, DHAPP, the University of Connecticut Center for Health, Intervention, and Prevention (CHIP), the National Medical Research Unit, and Research Triangle Institute (RTI). An in-country program manager who

works out of the DAO oversees the day-to-day operations of the program, including oversight of the implementing partners.

### Foreign Military Financing Assistance

The UPDF 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 initiated in 2003 and augmented in 2004, 2006, and 2007. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for hematology and chemistry analyzers and supporting supplies, reagents, and accessories. The 2004 funding was fully employed for hematology and chemistry analyzers, minor equipment, and cytometer reagents/supplies. The 2006–7 funding are being fully employed via delivery orders for supporting materiel and equipment maintenance.

## OUTCOMES & IMPACTS

### Prevention

For comprehensive HIV prevention including correct and consistent condom use, the UPDF HIV/AIDS prevention program has an extensive health education network that extends to lower level army units such as brigades and battalions. It also reaches out to communities surrounding the barracks where soldiers commonly interact and enter into sexual relationships that are likely to increase risk of HIV infections. A comprehensive package addresses behavior change, benefits, availability of HIV CT services, and management of STIs. During FY10, a total of 36,026 individuals were

reached with individual and/or small group level preventive interventions that are based on evidence and/or meet PEPFAR standards. The UPDF has ensured that condoms continue to be part of the military kits for soldiers going into operational zones.

The overall goal of the *Prevention with Positives* (PwP) program is to identify early HIV-positive individuals, their sexual partners, and family members, and reduce sexual and prenatal transmission of HIV through comprehensive prevention interventions and treatment for the identified HIV-positive persons. The program is implemented in collaboration with CHIP and the Bombo Military ART sites. Elsewhere, it is implemented by UPDF counselors. The program is health facility-based, but in some cases, community home visits are conducted for ambulatory patients. In all ART sites, HIV prevention messages and services are delivered as part of the routine care of patients seeking HIV care and treatment services. Similarly, the messages are delivered to patients accessing TB care and PMTCT services. The following comprehensive package of HIV prevention services and/or referral to other facilities is offered: HIV testing of sex partners and family members, support of disclosure of HIV test results to sex partners and family members, alcohol use assessment and counseling; syndromic management of STIs, prevention of unwanted pregnancy in HIV-positive women, condom promotion and distribution, and adherence counseling and support. In total, 14,309 people living with HIV/AIDS (PLHIV) were reached with PwP interventions.

Twelve (12) service outlets provide PMTCT services for the UPDF. There were 1,703 women who were provided with these services, including counseling and receipt of their testing results. Of those women, 269 were given a

complete course of ARV prophylaxis. PMTCT service outlets are also used to identify discordant couples and emphasize linkage to clinical services for testing and treatment. PMTCT follow-up visits were conducted to provide on-site technical support to health workers from Kakiri and Nakasongola who were trained during the previous year. Also linkage of HIV-positive pregnant mothers to the chronic care clinic was strengthened by introducing patients' flow charts and protocols to improve management of pregnant mothers in antenatal clinics and their referral to the chronic care clinic. As a result of these efforts, all UPDF PMTCT provider facilities were able to assess HIV-positive pregnant women for ART eligibility. The UPDF supported small community dialogue meetings within the catchments area of Kakiri and Nakasongola military facilities to target men to promote male involvement in the PMTCT program were also emphasized.

Nineteen (19) CT centers have been established, covering all of the major military bases, with 15,091 persons tested in 2010. The CT program is directly linked to palliative care, including drugs for OIs, provided for HIV-infected military personnel and family members.

In FY10, 4 UPDF health facilities were equipped with surgical equipment and supplies for male circumcision (MC) services. In addition, 33 health workers have been equipped with skills to conduct MCs. Of these, 15 were trained at Rakai Health Sciences project and others were trained by UPDF staff on the job. In addition, advocacy meetings were held with military leaders and health educators. Consequently, the DoD-UPDF Program experienced

tremendous demand for MC services. At all the sites where the program has been introduced, the list of clients booked for circumcision is very long. Indeed, the limitation to numbers operated has been due to limited supply of commodities as opposed to demand. The DoD-UPDF program includes the whole minimum package of the MC services, provider-initiated HIV CT, precircumcision screening for STIs and other medical conditions, preoperative and postoperative counseling, MC operation and wound care, and condom distribution. Clients who opt not to have an HIV test or those who test HIV positive are still offered the service. The majority of the clients served so far have been adults 18–45 years of age.

### Care

Twelve (12) service outlets provide palliative care services for the UPDF, their families, and civilians in the surrounding communities. During FY10, 14,409 eligible adults and children were provided with a minimum of 1 care service, and 14,309 HIV-positive adults and children received a minimum of 1 clinical service. The UPDF provided services to 206 OVC and began a strategy of integrating support activities for the OVC into school-based programs, such as health education about abstinence, increasing counseling and care services coverage in the schools, and fighting stigma against those infected with HIV.

### Treatment

ART is provided through PEPFAR and Global Fund support at 12 UPDF sites, serving 6,236 individuals. During FY10, 885 individuals were newly initiated on ART. In addition, a team of CHIP researchers continue to work with health workers in palliative care, adherence counseling, and quality data assessment.

### 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 by the US Embassy to the Uganda Country Support Team and were included in the FY11 COP.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Comoros lies in the Indian Ocean archipelago and is composed of Grande Comore, Moheli, Mayotte, and Anjouan islands. The estimated population of Comoros is 773,000 people, with an average life expectancy of 64 years. French and Arabic are the official languages of Comoros, which has an estimated literacy rate of 57%, unevenly distributed between men and women. Comoros achieved independence from France in 1975. Since then, more than 20 coups and secession attempts have occurred. In 1999, the Comoros Army took control of the government and negotiated a power-sharing agreement known as the 2000 Fomboni Accords. A military operation took place in March 2008 when the African Union coalition forces and Comoran soldiers seized the island. The GDP per capita is \$1,000.

**HIV/AIDS Statistics**

The current HIV prevalence rate in the Comorian general population is less than 0.1%, with fewer than 500 people living with HIV/AIDS.

**Military Statistics**

The Comoros Army of National Development (CAND) is composed of approximately 700 members of the Security Force and 500 Federal Police. Comoros maintains a defense treaty with France, which provides training of Comorian military personnel, naval resources for protection of territorial waters, and air surveillance. HIV prevalence in the military is unknown. Comoros allocates 2.8% of the GDP for military purposes.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

DHAPP staff members have been collaborating with the CAND and the DAO at the US Embassy in Moroni on an HIV/AIDS program.

**OUTCOMES & IMPACT**

In FY10, prevention activities occurred, and 30 peer educators were trained and reached 447 troops. Condoms were

distributed but more are needed and will be better planned for in the coming year. Both male and female condoms were distributed. CT services are planned and will begin in FY11. Some identified needs for the CAND include training on blood-safety procedures and procurement of incinerators for appropriate waste disposal.

### Proposed Future Activities

Continued program activities are planned for FY11, which include prevention and CT services.





**US AFRICA COMMAND**

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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

# North Africa Region

# MOROCCO

# DHAPP

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

### BACKGROUND

#### **Country Statistics**

Morocco has a population of 31.6 million, with a life expectancy of 76 years. Arabic is the official language and the literacy rate is 52%, unequally distributed between men and women. Key areas of the economy include agriculture, tourism, light manufacturing, and remittances. Morocco is the world's largest exporter of phosphate, providing a longtime source of export earnings and economic stability; however, poverty, unemployment, and illiteracy rates are still high. Long-term challenges include improving education and employment opportunities, closing the disparity in wealth between the rich and the poor, and expanding and diversifying exports. The GDP per capita is \$4,900.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Morocco's general population is 0.1% among adults 15–49 years of age. The total estimated number of people living with HIV/AIDS in 2009 was 26,000. Higher rates of HIV among sex workers and individuals living in the Souss-Massa region provide evidence of a concentrated epidemic according to the *UNGASS Morocco 2008 Country Situation Analysis*. According to the

UNAIDS *Epidemic Update 2009*, Morocco estimated that 4% of men who have sex with men and 6.5% of injecting drug users are infected with HIV. There was a 24-fold rise in the number of people tested for HIV between 2001 and 2007—from 1,500 to 35,458.



#### **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 Coast Guard and 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 OSC in Rabat.

**OUTCOMES & IMPACTS**

**Prevention and Treatment**

During FY10, 7,000 troops were reached with prevention interventions, and 110 peer educators were trained. The program targets young recruits for several reasons including international assignments and frequent displacements. In each unit targeted by the program, condoms were given to the troops after the peer education sessions.



**Proposed Future Activities**

DHAPP received a proposal from the MRAF for activities in FY11. Goals for its prevention efforts include continue prevention education for troops and conduct train-the-trainer and peer education sessions.





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WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

# South Africa Region

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

Botswana has maintained one of the world’s highest economic growth rates since achieving independence in 1966, though growth fell under 5% in 2007–08 and turned negative in 2009 when the industry fell almost 30%. 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 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 2 million people, with an average life expectancy of 61 years. English is

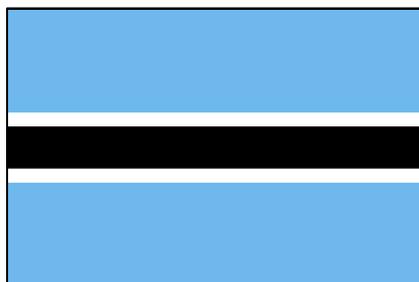
the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 81%, evenly distributed between men and women. The GDP per capita is \$13,100.

**HIV/AIDS Statistics**

The HIV prevalence rate in Botswana’s general population is considered one of the highest in the world, estimated at 24.8%. There are approximately 320,000 people living with HIV/AIDS in Botswana. Heterosexual contact is the principal mode of transmission. According to the UNAIDS *AIDS Epidemic Update 2009*, in Botswana, where ART coverage exceeds 80%, the estimated annual number of AIDS-related deaths has declined by more than half—from 15,500 in 2003 to 7,400 in 2007—while the estimated number of children newly orphaned by AIDS has fallen by 40%.

**Military Statistics**

The Botswana Defense Force (BDF) is estimated to have 10,000 active-duty personnel. Botswana expends 3.4% of the GDP on the military. The BDF has conducted a seroprevalence study, and although the results were not made



public, the study was completed and the BDF was briefed on the findings.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

Through the OSC, a DHAPP program manager works in collaboration with DHAPP staff and the BDF. DHAPP staff are active members of the PEPFAR Botswana Country Support Team, and provided technical assistance in developing the BDF COP for FY11. PSI works as an implementing partner with the BDF on prevention activities, and Research Triangle Institute (RTI) provided technical assistance for the seroprevalence and behavioral risk factor study.



### **Foreign Military Financing Assistance**

Botswana 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 initiated in 2003, and the related authorization was released for execution in 2005. It has been fully employed for a cytometer, a chemistry analyzer, a PCR

analyzer, an enzyme-linked immunosorbent assay machine, an incubator, rapid test kits, reagents, and laboratory supplies.

## OUTCOMES & IMPACTS

### **Prevention**

The BDF's prevention program has many different aspects as they strive to provide comprehensive prevention efforts for their troops, family members, and civilians living near their bases. The OSC, in conjunction with the BDF and PSI, reported reaching 3,552 individuals with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards required. PSI continued to provide support for peer education programs in the BDF and spread messages on multiple and concurrent partnerships to both the BDF and civilian populations. In FY10, 102 men were circumcised as part of HIV prevention services; 4 individuals were trained in male circumcision (MC) services, and 1 BDF facility is offering these services a few days a week. CT services are critical to the BDF's program, and 7 outlets offer these services. In FY10, 4,216 individuals received CT, and 22 health care workers were trained in the delivery of CT services.



### Care and Treatment

The BDF supports 8 service outlets that provide palliative care and ART to its troops, family members, and their civilian neighbors. The number of BDF troops receiving palliative care and/or treatment services is classified.

### Other

From May to July 2009, the BDF conducted its first HIV Seroprevalence and Behavioral Epidemiology Risk Survey. This study was a collaborative effort between the BDF, DHAPP, RTI, and CDC in Botswana. The survey consisted of an HIV behavioral risk questionnaire and HIV rapid testing. Data were collected from about 1,400 active-duty male participants from selected military sites throughout Botswana. The data were analyzed and results from the study were presented at a stakeholder's workshop in February 2010. The workshop included discussions of the findings and recommendations regarding HIV prevention, care, treatment, laboratory, strategic information, and policy. DHAPP is currently finalizing a technical report that summarizes the study findings and discussions and recommendations from the workshop

(pending delivery to the BDF in FY11). The BDF will use this report as a guideline for modifying its existing HIV prevention programs and/or developing new interventions.

DHAPP is also supporting a study investigating condom use and factors that may affect condom use in the Botswana military. The objectives of the study were to examine the effects of condom-wrappers graphics, perceived condom quality, and a condom's scent on condom use rates in the BDF. An intervention study was conducted in October 2011 at several select sites in the BDF. Data collection was completed in April 2011.

### Proposed Future Activities

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Support Team. All proposed activities were included in the FY11 COP. Some of these activities include continuing prevention efforts, TB treatment training, and building electronic data management infrastructure for ART patients.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Lesotho is 1.9 million people, with an average life expectancy of 51 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. Economic growth slowed in 2009 due mainly to the effects of the global economic crisis, but growth returned to 3.5% in 2010. Lesotho's budget relies heavily on customs receipts from the Southern African Customs Union, however, the government recently strengthened its tax system to reduce dependency on customs duties. The GDP per capita is \$1,700.

**HIV/AIDS Statistics**

AIDS is the number-one killer of the Basotho people, with 23,000 dying each year from the disease. The estimated HIV prevalence rate in the Lesotho general population is 23.6%, one of the highest rates in the world, with a total number of approximately 290,000 people living with HIV/AIDS in 2009.

**Military Statistics**

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. Lesotho expends 2.6% of the GDP on the military. HIV prevalence and behavior data were analyzed for the LDF and results should be available in FY11.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

DHAPP staff are active members of the PEPFAR Lesotho Country Support Team and have provided technical assistance in preparing the FY11 COP. In FY10, the in-country program manager oversaw programmatic activities and worked with the implementing partners. PSI began working with the LDF in 2005, with activities focusing on training peer educators among military personnel,

prevention programs that emphasized CT and correct and consistent condom use, and training CT counselors. Other implementing partners include RTI International and Vista Partners.

### 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 initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2010, respectively. The 2006 funding was fully employed for a cytometer, chemistry analyzer, hematology analyzer, incubator, autoclave, centrifuge, and supporting laboratory supplies and reagents. The 2007–8 funding has been employed to date for a hematology analyzer, cytometer, and chemistry analyzer. The letter of request for 2009 funding is on hold pending a request to US Department of State to utilize it for 4-year (degree) laboratory technician training at the University of Malawi.

## OUTCOMES & IMPACTS

### Prevention

The LDF and PSI worked diligently on prevention efforts during the year, and 400 individuals were reached with small group level interventions that are based on evidence and/or meet PEPFAR standards. The LDF supported 21 condom service outlets and 2 outlets providing PMTCT services. In total, 200 pregnant women know their HIV status, 150 of whom received ARVs to reduce the risk of mother-to-child-transmission. DHAPP conducted a male

circumcision (MC) study in 2009 among LDF personnel. The study provided information regarding the prevalence of various types of MC being done in Lesotho, which assist with service planning for roll out of MC services. The study documented the prevalence of grades of MC in LDF participants and compared self-report to physical exam findings. Findings from the study indicated that only 50% of LDF participants self-reporting MC had full MC by exam, suggesting that scale-up estimates modeled using the Lesotho Demographic and Health Survey data may be vastly underestimated. As part of prevention services 3 outlets provided CT services for military personnel. The mobile CT unit went out several times during the year and was able to provide additional CT services to sites outside of the 2 fixed outlets. Five hundred twenty-six (526) individuals received CT services for HIV and received their test results.



### Care & Treatment

In FY10, 624 people living with HIV/AIDS were reached with a minimum package of *Prevention with Positives* interventions. One (1) service outlet provides ART for LDF members and their families. In addition, 582 eligible adults and children were provided with a

minimum of 1 care service, and 751 HIV-positive adults and children received a minimum of 1 clinical service. In addition, 385 HIV-positive persons received cotrimoxazole prophylaxis. At the end of the year, 540 individuals were provided with ART. Three-hundred (300) clients were newly initiated on ART during the year. Currently, 1 laboratory has the capability to perform HIV testing and CD4 counts and 3 lab technicians were trained.

**Other**

In an effort to improve health system integration and invest in long-term sustainable health systems in Lesotho, the LDF has implemented an electronic medical record (EMR) on a netbook computer platform. In just over 2 months, LDF data entry clerks successfully loaded into the EMR system over 22,000 patient records—their entire patient history. Future plans include integration to laboratory and pharmacy systems. The netbook computer used by the EMR is also used by HIV counselors to support patient education programs. The Information and

Communication Technology platform is sustained locally by the LDF Signal Corps.

**Proposed Future Activities**

Continued HIV programming for LDF members was proposed by the Embassy to the PEPFAR Lesotho Country Support Team. All proposed activities were included in the FY11 COP. Some of these activities include continued prevention efforts, increased CT services, and completion of the seroprevalence study.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Malawi is 15 million people, with an average life expectancy of 51 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 80% of the population living in rural areas. Agriculture accounts for more than one third of the GDP and 90% of export revenues. Since 2009, Malawi experienced a few setbacks, including a general shortage of foreign exchange, which has damaged its ability to pay for imports. Investment fell 23% in 2009. The GDP per capita is \$900.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Malawi is 11%, with a total of approximately 920,000 people living with HIV/AIDS. Most cases of HIV in Malawi are spread through multi-partner heterosexual sex. According to the UNAIDS *AIDS Epidemic Update 2009*, surveys confirm in Malawi that HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile.

**Military Statistics**

The Malawi Armed Force (MAF) is estimated at approximately 7,000 members. Malawi expends 1.3% of the GDP on the military. A seroprevalence study in the MAF was conducted, but results will not be publicly released.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The MAF has established an HIV/AIDS coordinating team made up of MAF personnel. They work directly with Project Concern International (PCI), which provides prevention education. Personnel from the US Embassy, particularly the Political Officer and the Military Program Assistant, along with

DHAPP staff, coordinate with the MAF and PCI on the program.

### 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 initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2007, 2009, and 2010, respectively. The 2005 funding has been employed to date for a cytometer, digital balance/printer, microscope, centrifuge, and tube dry block heater. The 2006 funding has been employed to date for chemistry, hematology and electrolyte analyzers, incubators, binocular microscopes, incubators, autoclaves, waterbaths, refrigerators, a cytometer, and supporting supplies and reagents. Plans for employment of unobligated balances and 2007–9 funding are in development.

## OUTCOMES & IMPACTS

### Prevention

Having adapted the master trainer curriculum for peer educators, MAF, with PCI, offered Training of Trainers for Peer Education in September 2009. In FY10, prevention efforts continued so that 5,756 individuals were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet PEPFAR standards. Other prevention activities included offering 2,882 people living with HIV/AIDS (PLHIV) *Prevention with Positives* interventions. PLHIV were encouraged to form support groups with the assistance of nurses &

clinical officers, while others were being identified to serve as lay counselors. The target set for this reporting period was surpassed because civilians also sought care from military health workers. CT services were provided to 4,449 individuals for HIV and they received their test results.

### Care

The MAF has a number of activities centered on care of people living positively with HIV. Affected persons were being assisted by support groups that facilitated delivery of services and also provided accurate and updated information. More soldiers and their spouses were publicly declaring their sero-status to be connected to other PLHIV networks and in turn help others who still lived in a psychosocial state of denial. In total, 5,670 eligible adults and children were provided with a minimum of 1 care service. There are many HIV-positive malnourished patients who needed assistance through supplementary food; therefore, assistance through therapeutic feeding was only provided to 250 critical cases.



### Treatment

In FY10, 627 adults and children with advanced HIV infection were newly enrolled on ART. By the

end of the reporting period, 5,515 adults and children with advanced HIV infection were receiving ART.

### Proposed Future Activities

Continued HIV programming for MAF members was proposed by the Embassy to the PEPFAR Malawi Country Support Team. All proposed activities were included in the FY11 COP. Some of these activities include continued prevention efforts and increased CT services.



## MOZAMBIQUE

# DHAPP

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### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Mozambique is 22 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 on 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 GDP per capita is \$1,000. The sharp decline in aluminum prices during the global economic crisis lowered GDP growth by a few percentage points. Despite GDP growth of 8.3% in 2010, the increasing cost of living prompted citizens to riot in September 2010, after an increase in bread price was announced. The government responded by implementing subsidies, decreasing taxes and tariffs, and instituting other fiscal measures.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in

Mozambique's general population is 11.5%. Mozambique has a total of approximately 1.4 million individuals living with HIV/AIDS.

##### **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 military-specific HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) was completed in 2010. A previous SABERS was conducted in 2006. The results from these surveys are being used to guide the prevention program.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The MADF works in collaboration with PSI, the University of Connecticut, and Research Triangle Institute (RTI) International. An in-country program manager from the DAO at the US Embassy oversees the activities of the various partners as well as participates in the PEPFAR Mozambique Country Support Team and various Technical Working Groups on Gender and General Prevention.

### 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 initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2008, and 2010, respectively. The 2003 funding was fully employed for an Olympus microscope, minor lab equipment, and supporting supplies. The 2005 funding has been employed to date for a hematology analyzer, centrifuge, minor lab equipment, and supporting reagents and supplies. Plans for employment of unobligated balances and 2006–7 funding are in development.

peer educators. PSI staffers distributed 455,294 condoms on behalf of the MADF and they installed condom dispensers in all of the military barracks and MOD offices throughout the country to ensure accessibility.



### OUTCOMES & IMPACTS

#### Prevention

During FY10, through MADF and PSI efforts, 55,530 individuals were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards. PSI works with the MADF to provide training and retraining for

Abstinence was a focus for younger troops (18–24 years of age), especially during recruit education. PSI was focused on messages about fidelity, especially periodic abstinence (especially among soldiers who travel away from their primary sex partner). PSI developed an approach to reaching soldiers through sports activities. With DoD support, PSI purchased soccer balls, volleyballs, basketballs, nets, and equipment for larger military barracks and schools to integrate HIV prevention messages before the games.



The University of Connecticut team conducted training with 16 community health and para-social workers, (both military and civilian). “Opções Para a Saúde” is a peer educator-driven, evidence-based *Prevention with Positives* (PWP) program aimed at reducing risky sexual behavior among HIV-positive soldiers and civilians who receive HIV care at

Maputo Military Day Hospital. In FY10, 166 patients completed multiple counseling sessions with peer educators. The program consists of one-on-one, collaborative, patient-centered discussions between peer educators and patients using motivational interviewing techniques to introduce the topic of safer sex, assess patients' risk behaviors, identify their specific barriers to the consistent practice of safer behaviors, elicit strategies from the patients for overcoming these barriers, and negotiate individually tailored risk-reduction goals, or plans of action, that the patients will work on between clinic visits. These discussions of HIV risk reduction are individually tailored for each patient based on the patient's risk assessment, risk reduction needs, and readiness to change his or her risk behavior.

The MADF will be providing male circumcision (MC) services as part of a comprehensive prevention package. PSI is assisting the MADF with rollout of MC services. Activities during FY10 included identification, selection, and needs assessment of 2 clinical sites, renovation of the selected sites (Military Hospital in Nampula and Air Force Base in Beira), and recruitment of a medic who would serve as the clinic advisor. Surgical training for 10 clinical staff was conducted. Equipment and surgical material was procured for the sites. MC services will begin in FY11.

In the 8 CT sites, services are offered to the military, their families, and civilians. During FY10, 20,317 individuals received CT services for HIV and received their test results. PSI trained 45 military health officers from all provinces in CT. The

MADF and PSI launched a CT campaign from June to September. The campaign's slogan "Militar Corajoso Faz o Teste de HIV!" ("A courageous soldier gets tested for HIV!") was promoted on posters, invitations, and on murals throughout the military schools and barracks in the country.

### Other

RTI and DHAPP continued to assist the MADF with its SABERS. Completion of the study and partial data dissemination to the MADF occurred in 2010. A previous SABERS was conducted in 2006. The results from both surveys are being used to guide their prevention program.

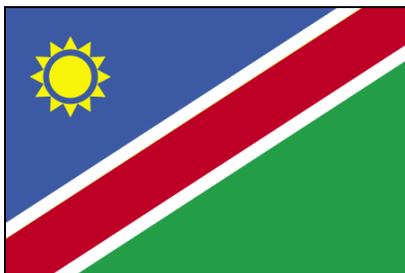


### Proposed Future Activities

The proposed activities were submitted by the Embassy to the PEPFAR Mozambique Country Support Team, and were included in the FY10 PEPFAR COP. PWP programs and MC services are highlighted proposed targets.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Namibia's estimated population is 2.1 million people, with an average life expectancy of 52 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 8% of the GDP, but provides over half of foreign exchange earnings. Rich alluvial diamond deposits make Namibia a primary source for gem-quality diamonds. Increased payments from the Southern African Customs Union (SACU) put Namibia's budget into surplus in 2007 for the first time since independence, but SACU's receipts declined in 2010–11 due to the global economic crisis. Currently, the GDP per capita is \$6,900.

**HIV/AIDS Statistics**

The HIV prevalence rate in Namibia's general population is estimated at 13.1%. Namibia has a total of approximately 180,000 people 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 DoD HIV/AIDS Program Office was established in October 2006, and is staffed by a project manager and a project coordinator who are both Namibian nationals. Their main task is to oversee the management of the DoD HIV/AIDS Program in Namibia. The program manager oversees the various partners who work with the NDF, which includes PSI and the University of Washington International Training and Education Center for HIV (I-TECH). The project manager and

coordinator conducted site visits at 12 military bases throughout the country to monitor the implementation of the Military Action and Prevention Programme (MAPP) at the base level.

DHAPP staff members provided technical assistance to the NDF during in-country Country Support Team visits. The purpose of each trip included review, assistance, and preparation of the PEPFAR COP for FY11, 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 Country Support Team and are involved in every level of country planning, ensuring that NDF programs are adequately addressed.

## OUTCOMES & IMPACTS

### **Prevention**

MAPP reached 10,450 individuals with individual and/or small group level preventive interventions that are based on evidence and/or meet PEPFAR standards. The soldiers were reached during edutainment sessions and evening gatherings organized at different bases countrywide by the Social Marketing Association in collaboration with the HIV/AIDS coordinators at the bases/camps. The sources of these messages are the HIV/AIDS unit coordinators, chaplains, base commanders, and peer educators who continue to receive HIV/AIDS prevention information through trainings in order to reinforce the prevention messages in the military. In addition to the existing and already trained chaplains, new military chaplains and their assistants are trained to provide counseling on abstinence,

partner reduction, alcohol and drug abuse, stigma and discrimination, gender equity, gender-based violence, care and support and *Prevention with Positives (PwP)*, including spiritual counseling.

Additionally, a group of 567 military personnel who were attending a predeployment training for a PKO to Chad were reached with different messages in a 2-day session held at Oluno Military Base. The sessions were organized to enable participants to look at workable individual prevention strategies, with a focus on partner reduction, correct and consistent condom usage, negative impact of excessive alcohol consumption, and issues related to gender-based violence.

The Society for Family Health, in collaboration with the MOD and DoD, organized a 4-day behavior modification training for Namibian chaplains in Windhoek. The training was attended by chaplains and their deputies from various military bases around the country and was facilitated by chaplains from AFRICOM. The objective of the training was to develop the participants' pastoral skills. Discussions focused on the role of the chaplains in addressing HIV/AIDS awareness and prevention, ethical decision making, stigma, discrimination reduction, grief and trauma counseling, marital fidelity, suicide, stress identification and management, and spiritual resilience. The participants found the interactive sessions very useful and therefore decided to hold annual trainings.

Furthermore, a total of 1,020 individuals were reached during a social event organized by the Osona Military School. The event served as a platform for discussions on HIV/AIDS where participants watched Parts 1 and 2 of *Remember*

*Eliphaz*, followed by discussions on issues covered in the video.

The NDF has established male circumcision (MC) services. In recognition of the importance of these services, the NDF proactively advocated for a key role in the Ministry of Health and Social Services (MoHSS) national pilot for MC services. I-TECH's role is mainly to assist the NDF by building human capacity and procuring equipment as well as supporting the military to consolidate lessons learned from the pilot and scale-up of services as necessary.

The first 6 months of the pilot phase were mainly spent ensuring institutional and human resources readiness to provide MC services. Thus, an I-TECH MC trainer/mentor conducted a readiness visit to the military hospital at Grootfontein, followed by procurement of necessary MC equipment and supplies. A total of 6 military personnel were trained in MC in October 2009, including 2 registered nurses and 4 counselors. During the second 6 months of the fiscal year, I-TECH's MC Clinical Trainer and Nurse Mentor provided on-site support and mentoring services during the 2 MC clinics conducted at the Grootfontein Military Hospital, and 32 procedures were successfully performed without adverse effects. Furthermore a needs assessment to determine the feasibility and specific needs for the commencement of MC services at the Peter Mweshihange Military Health Centre (PMMHC) was conducted. A report with recommendations, proposed time line and I-TECH's commitment for support to facilitate the opening of this site was submitted to the NDF. Meanwhile, procurement of equipment for the Windhoek MC site commenced while waiting for completion of minor renovations by the

NDF. Another achievement is that 2 of the MC trained nurses from the Windhoek site were trained as trainers as a way of building internal technical capacity within the NDF.

CT services in the military contribute to national objectives by making CT services more accessible to military members. The program has 4 primary components: assist the NDF in strengthening existing military CT services and the health systems that support them, expand services to additional military bases, build the capacity of military health care workers (HCWs), and increase the uptake of CT services. In FY10, 1,915 individuals received CT services for HIV and received their test results. In March 2010, a support visit was conducted by a counselor and a laboratory technologist in order to strengthen services. This visit encouraged a shift to an ongoing process of internal quality assurance through building the skills of site managers to regularly observe and coach HIV counseling and testing (HCT) staff. The visit further emphasized the importance of role plays to reinforce the quality of counseling. MOD, DoD and I-TECH are in agreement that mobile services may be a more effective approach to CT for the NDF since static sites may not be viable, especially in smaller bases. Therefore, I-TECH procured a vehicle that will be used by military members for the purposes of outreach CT services to military bases where there are no such facilities and demand creation for services. The US Ambassador handed over the outreach vehicle to the MOD on 11 August 2010. Therefore, an assessment for the possibility of procuring the mobile HCT vans was conducted and procurement processes commenced.

### Care and Treatment

The objective of the care program is to assist the NDF in strengthening community home-based

care and palliative care for military personnel and civilian employees working at military bases. The program has three main components: expand and enhance clinic-based palliative care service delivery systems, strengthen and expand coverage of military support groups for persons infected with and affected by HIV, and reinforce home-based palliative care. This program also focuses on TB/HIV by assisting the NDF to build capacity in service delivery, and monitoring and evaluation; establish referral systems; and strengthen infection prevention and control.

Procurement of cervical cancer screening equipment was also initiated, and these are to be distributed to 11 military sick bays with HCWs trained in cervical cancer screening. Furthermore, Module 3 of the consolidated HIV training for nurses, which includes PwP with alcohol prevention, STIs and family planning, and TB was adapted and training for 14 HCWs from the military during the period under review. I-TECH continued to provide support for isoniazid preventive therapy (IPT) for TB prevention for HIV-positive clients and to date 43 members were provided with such therapy. Three (3) fans were procured and delivered to the Fountain of Hope (FOH) Clinic to help with ventilation and infection prevention. Furthermore an IPT register was introduced to the FOH Clinic and a system was established to better track clients receiving IPT by utilizing an IPT stamp on patient care booklets. Additionally, 25 military HCWs were trained on the use of the National TB Guidelines for implementation at the military sick bays.

In consultation with NDF, I-TECH further worked with the nutrition division of the MoHSS regarding guidance on nutritional supplements for undernourished people living with HIV. I-TECH supported 11 members of

the Omwene Tukwafa Support Group and support staff to undertake a study visit to 8 Support Groups projects in the Kavango Region in order to learn from established community support groups about psychosocial support and income-generating activities.

The main components of treatment include assisting the NDF to expand and enhance HIV service delivery systems, including strengthening quality assurance; build human resources capacity; and increase use of military HIV treatment services. The military's care and treatment site FOH Clinic at the Grootfontein base has been in operation for over a year, providing comprehensive HIV and related disease services, including pre-ART, ART, TB, and other palliative care services. To date a total of 147 members enrolled for ARV treatment, while 246 HIV-positive members were receiving a minimum of 1 clinical care service at the site. In order to ensure quality ARV services, I-TECH has been providing technical support through clinical and nurse mentor support visits to the FOH HIV care and treatment site on a regular basis. I-TECH has also worked with the NDF to consolidate trainings into 3 modules, each 2 weeks in length so as to decrease logistical demands on the NDF, accelerate capacity building, and expedite roll-out of HIV services to military sick bays. Module 2 of the consolidated HIV training for nurses, which includes Integrated Management of Adult and Adolescent Illnesses and medicines adherence counseling, was adapted and training was conducted for 17 military HCWs. Additionally, 14 of the 17 HCWs from different military sick bays were also trained on Module 3, covering treatment, care, and support components such as TB, cervical cancer screening, and PwP during 2010.

### Other

During the period under review, I-TECH guided 4 participants through an Internet basic orientation to monitoring and evaluation (M&E)

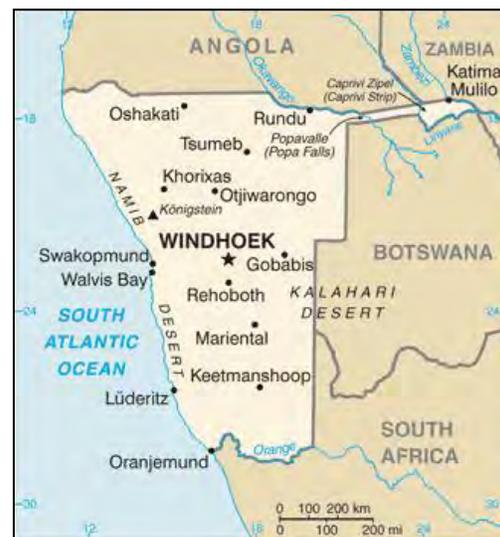
in order to enhance their skills in monitoring and evaluation. Three (3) of these participants were then sponsored for an advanced M&E training at the University of Pretoria. In addition, 5 HCT staff from Rundu completed a computer training course at a local vocational school. Furthermore, on-site assistance was provided to the Grootfontein CT center to input data and generate reports; and recommendations were made for a way forward for the military's electronic HIV management information system. I-TECH continued to provide computer support, including upgrade of equipment and ongoing resolution of computer problems.

I-TECH supported a number of capacity development programs for the benefit of the NDF during the period under review. The Deputy HIV Program Coordinator was supported to participate in a weeklong CDC-sponsored training on successful prevention approaches in Southern Africa. Another NDF representative participated in the University of Washington's *Leaders in Health Care Course*, while 3 military personnel were sponsored to attend the 2-week M&E course for HIV programs at the University of Pretoria, South Africa. Also, 1 NDF staff member was supported to participate in a week-long *International Military HIV/AIDS Conference* organized by DHAPP in collaboration with the Government of the United People's Republic of Tanzania held in Arusha. The NDF HIV Coordinator and the Chief Pharmacist were also sponsored to attend the *Management Development Program for Leaders and Managers of HIV and AIDS Service Organizations*, held at the University of Cape Town, South Africa. Furthermore, I-TECH supported 4 NDF members to participate in a study tour to the Zambia Defense Force HIV and AIDS

Program The purpose of the tour was to learn how the Zambian Defense Force was managing its HIV and AIDS Programme with the aim of learning lessons that would help improve HIV and AIDS service delivery in the MOD/NDF.

### Proposed Future Activities

Ongoing successful NDF and partner programming was expanded to include additional aspects of comprehensive prevention, male circumcision, care, and treatment for military members and their families. All proposed activities were submitted by the Embassy to the Namibia Country Support Team, and were included in the FY11 COP.



## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

South Africa's estimated population is 49.1 million people, with an average life expectancy of 49 years. Many languages are spoken in South Africa. The 3 most common are isiZulu, isiXhosa, and Afrikaans, and the population has an estimated literacy rate of 86% that is evenly distributed between men and women. South Africa is a middle-income, emerging market, with a rich supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is the 18th largest in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers in the region. Growth was robust from 2004 to 2007 as South Africa reaped the benefits of macroeconomic stability and a global commodities boom, but began to slow in the second half of 2007 due to a electricity crisis and the impact of the global financial crisis commodity prices and demand. The GDP fell nearly 2% in 2009. An outdated infrastructure has constrained growth and unemployment remains high. The GDP per capita is \$10,700.

#### **HIV/AIDS Statistics**

South Africa's prevalence rate of 17.8% in the general population is one of the highest in the world. South Africa is home to the world's largest population of people living with HIV with a total of approximately 5.6 million people, including 300,000 children. According to the UNAIDS *AIDS Epidemic Update 2009*, the national adult HIV prevalence in South Africa has stabilized, and the prevalence among young people (15–24 years of age) started to decline in 2005. 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 OSC at the US Embassy, and DHAPP. An in-country program team that works under the OSC manages the day-to-day program operations. DHAPP staff members provided technical assistance to the SANDF during in-country visits.

## OUTCOMES & IMPACTS

### **Prevention**

During FY10, the SANDF reported 911 individuals were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet PEPFAR standards. In November 2009, the SANDF began providing female condoms to its members. The condoms were initially provided to soldiers who were about to deploy to the Democratic Republic of the Congo for PKOs. Additional prevention services provided to the SANDF include mother to child transmission, postexposure prophylaxis, and CT. In FY10, 4,464 individuals received CT services for HIV and received their test results. These data are believed to be underreported and improvements are being made to collect the data more accurately.

### **Care and Treatment**

HIV-positive adults and children are receiving clinical services through the SANDF but data are not available for reporting. HIV-positive persons receiving cotrimoxazole prophylaxis in FY10 totaled 1,204. Additionally, 4,076 HIV-positive clinically malnourished clients received therapeutic or supplementary food.

In March 2010, the SANDF opened a new pharmacy in Kimberley with assistance from PEPFAR and DoD. The new site benefits patients who had to travel to other locations to acquire their ARVs, which will improve adherence. Five (5) service outlets provide ART to the SANDF. In FY10, 123 patients were newly initiated on ART, and at the end of the reporting period, there were 1,206 current patients on ART.

### **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. Male circumcision services are also being planned for the SANDF.



# SWAZILAND

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Swaziland is 1.4 million people, with an average life expectancy of 48 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 about 70% of the population. Sugar and wood pulp are important foreign exchange earners. In 2007, the sugar industry increased efficiency and diversification efforts. Swaziland receives more than nine tenths of its imports from South Africa and also sends 60% of its exports there, making it heavily dependent on South Africa. The GDP per capita is \$4,500.

#### **HIV/AIDS Statistics**

Swaziland has the world's highest known rates of HIV/AIDS infection. The estimated HIV prevalence rate in the Swaziland general population is 25.9%, resulting in a total of approximately 180,000 people living with HIV/AIDS. According to the UNAIDS *AIDS Epidemic Update 2009*, in Swaziland, transmission during heterosexual contact (including sex within stable couples, casual sex, and sex work) is estimated to

account for 94% of incidence 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. DHAPP is analyzing current HIV prevalence and behavioral data for USDF members.

### 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 are active members of the PEPFAR Swaziland Country Support Team and have provided technical assistance in creating



the FY11 COP. An in-country program manager oversees all programmatic activities.

### 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 initiated in 2003 and augmented in 2005, 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2007 (×2), 2009 (×2), and 2010, respectively. The 2003–5 funding was fully employed for laboratory needs assessments, bio-safety cabinets, minor equipment, and supporting reagents/supplies. The 2006–7 funding has been employed to date for sample prep equipment, a cytometer, freezer, centrifuge, sterilizer, refrigerator, and other minor equipment. Plans for use of unobligated balances and 2008 funding are in development. The Letter of Request for 2009 funding is on hold pending a request to the State Department to utilize it for 4-year (degree) laboratory technician training at the University of Malawi.



## OUTCOMES & IMPACTS

### Prevention

During FY10, 6,029 individuals from the USDF, family members, or civilians near military bases were reached with individual and/or small group level preventive interventions that were based on evidence and meet the minimum PEPFAR standards. DHAPP supported trainings for clinicians to provide *Prevention with Positives* (PwP) interventions, and 90 PLHIV were reached with a minimum package of PwP interventions. As part of comprehensive prevention services, 3,217 individuals received CT services for HIV and received their test results. Plans are under way for the USDF to provide male circumcision services in FY11.

### Care and Treatment

One (1) service outlet provided HIV-related clinical care services to USDF personnel and their families. Called Phocweni Clinic, it provides clinical prophylaxis for OIs and provides treatment for TB 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 reporting period, 1,600 eligible adults and children were provided with a minimum of 1 clinical service. DHAPP staff continued to provide technical assistance to the USDF for the establishment of care/clinical services at St. George's Barracks. This will increase care/clinical services to the USDF and their families. In addition, 394 HIV-positive persons received cotrimoxazole prophylaxis, and 180 HIV-positive patients were screened for TB in an HIV care or treatment setting.

The USDF has 1 service outlet that provides ART to the troops and their families. At the end

of the reporting period, 301 individuals were established on ART. In addition, 78 health care workers successfully completed an in-service training program supported by DHAPP.

### Other

The HIV Seroprevalence and Behavioral Epidemiology Risk Survey for the USDF began in 2009, and data collection was completed in 2010. Analysis and a final report is expected in FY11, and the findings will be used to guide prevention interventions.

### Proposed Future Activities

Continued comprehensive HIV programming for USDF members and their families was proposed by the Embassy to the PEPFAR Swaziland Country Support Team. All proposed activities were included in the FY11 COP. Some of these activities include continued prevention efforts, male circumcision services, increased CT services, and completion of an approved HIV/AIDS policy.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Zambia's estimated population is 13.5 million people, with an average life expectancy of 52 years. There are many official languages in Zambia, Bemba being the most widely spoken. The estimated literacy rate is 81%, somewhat unevenly distributed between men and women. Zambia's economy has experienced strong growth in recent years, with significant GDP growth in 2005–8 at about 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and foreign investment. The GDP per capita is \$1,500. Although poverty continues to be a significant problem in Zambia, its economy has strengthened. Unfortunately, the decline in world commodity prices and demand hurt GDP growth in 2008, but a sharp rise in copper prices and a bumper maize crop have helped Zambia begin to recover.

**HIV/AIDS Statistics**

The HIV/AIDS prevalence rate in Zambia is one of the highest in the world. The estimated prevalence rate in the general population is 13.5%, with a total of approximately 980,000 people living with HIV/AIDS. Heterosexual contact is the principal mode of

transmission. According to the UNAIDS *AIDS Epidemic Update 2009*, a significant drop in HIV incidence was noted among women in Zambia between 2002 and 2007.

**Military Statistics**

The Zambian National Defense Force (ZDF) is estimated at approximately 22,000 members. Zambia expends 1.8% of the GDP on the military. In 2004, a seroprevalence study was done within the ZDF and the rate was 28.9%. A new study is being planned for the near future.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The HIV/AIDS program in the ZDF is a collaborative effort between the ZDF, the DAO, Project Concern International (PCI), Jhpiego (a Johns Hopkins University affiliate), and DHAPP. In-country program team members from the DAO coordinate and manage the various program partners and activities.



Throughout FY10, several bilateral exchange visits to Zambia by US military clinicians occurred, with technical assistance provided to the ZDF. In addition, DHAPP staff members provided technical assistance to the ZDF during in-country Country Support Team visits. The purpose of each visit included review and preparation of the PEPFAR COP for FY11, monitoring and evaluation of existing programs, and implementation.

### Foreign Military Financing Assistance

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005. Related authorizations were released for execution in 2004 and 2008, respectively. The 2003 funding was fully employed for incubators, refrigerators, HIV test kits, and other supporting supplies/reagents. The 2005 funding has been employed to date for IDI laboratory training, test kits and supplies, and procurement of a chemistry analyzer is in process to utilize most all remaining funds.

## OUTCOMES & IMPACTS

### Prevention

During FY10, the ZDF, in coordination with PCI and Jhpiego, continued to report successful results across all areas in HIV prevention, care, and treatment. The total number of individuals reached with individual and/or small group level preventive interventions that are based on evidence and/or meet PEPFAR standards was 42,375. The ZDF drama group performed in military camps in most of the Zambian provinces. The team was also

involved in an HIV-related stigma reduction campaign and formation of support groups for people living with HIV/AIDS in the military camps. The Defense Force Medical Services (DFMS) conducted predeployment HIV/AIDS sensitization sessions at military camps. Information, education, and communication materials, which include posters and pamphlets, were reprinted and distributed during the tour of ZDF camps by the drama group and the mobile CT team.

During FY10, 3,472 pregnant women were provided with PMTCT services at 22 sites. These services included CT, and linkages to care and treatment. Of the women tested at the PMTCT sites, 402 were provided with a complete course of ARV prophylaxis. With USG support, partners are giving prophylaxis to an estimated 85% of expected HIV-positive pregnant women, including the ZDF sites.

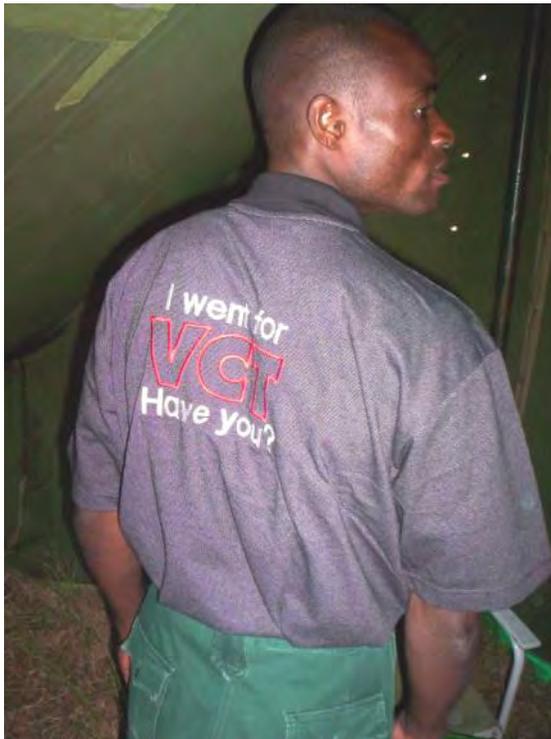
Fifty-five (55) CT centers provided services for the ZDF. During FY10, a total of 10,625 individuals were tested for HIV and received their results. The mobile CT team provided services to clients at ZDF units throughout the country. In FY06 (prior to the launch of the mobile CT unit in FY07), only 2,302 individuals were tested at permanent CT centers. Much of



this increase can be attributed to an uptake of CT services from permanent CT centers, a clear indication of a reduction in HIV-related stigma and discrimination. The overall high number of people testing can also be attributed to the availability of other support services (i.e., ART and HBC).

### Care

Fifty-four (54) service outlets provided HIV-related care services to military members, their families, and civilians living in the surrounding areas. During FY10, 1,961 eligible adults and children were provided with a minimum of 1 care service by the ZDF. Home-based care (HBC) was provided to eligible adults and children. Caregivers were provided with equipment and other logistical supplies, such as bicycles, shoes, umbrellas, aprons, bags, and palliative care kits. Food supplements (high-energy protein supplements and Enriched Nutritious Sandwich Biscuits) were



procured and supplied to malnourished clients with a body mass index of less than 18.5. HIV-related care kits were also procured for HBC clients.

### Treatment

The ZDF has 12 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. In FY10, adults and children with advanced HIV infection were newly enrolled on ART, and at the end of the reporting period, 5,260 adults and children were currently receiving ART. During FY10, 194 health care workers successfully completed an in-service training program.

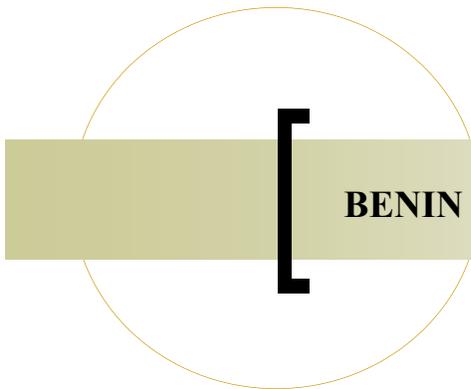
### Proposed Future Activities

All proposed activities from PCI and Jhpiego on behalf of the ZDF were submitted by the US Embassy to the Zambia Country Support Team and included in the FY11 COP.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

# West Africa Region



# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Benin is a West African country with an estimated population of 9 million people and an average life expectancy of 59 years. French is the official language of Benin, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The GDP per capita is \$1,600. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. Growth in real output has averaged around 3% in 2010. Inflation has subsided over the past several years. In order to raise growth further, Benin plans to attract more foreign investment, place more emphasis on tourism, facilitate the development of new food processing systems and agricultural products, and encourage new information and communication technology. An insufficient electrical supply continues to adversely affect Benin's economic growth, although the government recently has taken steps to increase domestic power production.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the adult population of Benin is estimated at 1.2%, with approximately 60,000 people living with HIV/AIDS.

#### **Military Statistics**

The Benin Armed Forces (BAF) is composed of approximately 10,000 members, with 2% HIV prevalence rate, according to a prevalence study conducted in 2005. Benin allocates 1.7% of the GDP for military expenditures. The BAF frequently supports peacekeeping operations in Côte d'Ivoire and the Democratic Republic of the Congo.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff has been collaborating with the ODC in Accra, Ghana, and the US Embassy in Cotonou to support the BAF.



### Foreign Military Financing Assistance

Benin 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 initiated in 2009, and the related authorization was released for execution in 2010. Plans for its employment are in development.

### OUTCOMES & IMPACTS

In FY10, members from the BAF presented and attended the *2010 International Military HIV/AIDS Conference: Building Sustainable Capacity and Leadership to Combat the Pandemic* in April 2010. Discussions began on how to utilize FMF funds in FY11.

### Proposed Future Activities

The BAF is working with DHAPP on determining what lab equipment will be procured to support lab services and training for lab personnel.



# BURKINA FASO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Burkina Faso is 16 million people, with an average life expectancy of 53 years. French is the official language of Burkina Faso, which has an estimated literacy rate of 22%, unevenly distributed between men and women. One of the poorest countries in the world, landlocked Burkina Faso has few natural resources and a weak industrial base. About 90% of the population is engaged in subsistence agriculture, which is vulnerable to periodic drought. Cotton is the main cash crop, and the government has joined with 3 other cotton-producing countries in the region (Mali, Niger, and Chad) to lobby in the World Trade Organization for fewer subsidies to producers in other competing countries. Burkina Faso's high population density and limited natural resources result in poor economic prospects for the majority of its citizens. Recent unrest in Cote

d'Ivoire and northern Ghana has hindered the ability of several hundred thousand seasonal Burkinabe farm workers to find employment in neighboring countries. The GDP per capita is \$1,200.

#### **HIV/AIDS Statistics**

An estimated 110,000 people are living with HIV/AIDS, and the current prevalence rate is 1.2%. According to the UNAIDS *AIDS Epidemic Update 2009*, declines in HIV prevalence rates among antenatal clinic attendees have been documented in Burkina Faso.

#### **Military Statistics**

The Armed Forces of Burkina Faso (AFBF) is estimated to have approximately 15,000 active-duty troops. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP and the OSC at the US Embassy in Ouagadougou are collaborating with the AFBF. Africare and PROMACO are implementing partners with the AFBF.



**OUTCOMES & IMPACT**

**Prevention**

PROMACO provided prevention programming for the AFBF and trained 226 peer educators who ultimately reached 22,170 individuals with comprehensive prevention messages. Also in FY10, Africare provided CT services and conducted a KAP survey. Thirty (30) personnel were trained in CT services for 15 testing sites. In FY10, 1,333 people were tested for HIV and received their results.

With support from DHAPP, 2 military labs are now well-equipped and capable of performing CD4 tests. The labs are located in the Bobo Dioulasso Garrison in the second military region and in the Lamizana Military Camp in the third military region. Thirty (30) personnel were trained in lab-related activities for the AFBF.

**Proposed Future Activities**

Proposed activities for both Africare and PROMACO were submitted to DHAPP for FY11.

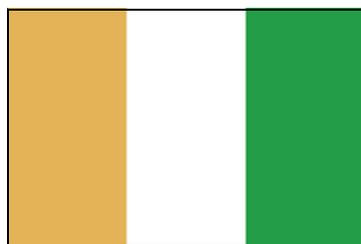


## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The population of Côte d'Ivoire is estimated at 21 million people, with an average life expectancy of 56 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 49%, 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 about 68% of the population. Since the end of the civil war in 2003, political turmoil has continued to damage the economy, resulting in the loss of foreign investment and slow economic growth. The GDP grew by more than 2% in 2008 and around 4% each year in 2009 and 2010. Per capita income has declined by 15% since 1999, but slightly improved in 2009–2010. The



GDP per capita is \$1,800. In March 2007, President Laurent Gbagbo and former New Forces rebel leader Guillaume Soro signed the Ouagadougou Political Agreement. As a result of the agreement, Soro joined Gbagbo's government as Prime Minister and the two agreed to reunite the country by dismantling the zone of confidence separating North from South, integrate rebel forces into the national armed forces, and hold elections. Disarmament, demobilization, and reintegration of rebel forces have been problematic as rebels seek to enter the armed forces. Citizen identification and voter registration pose election difficulties, and balloting planned for November 2009 was postponed with no future date set. Several thousand UN troops and several hundred French remain in Côte d'Ivoire to help the parties implement their commitments and to support the peace process.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Côte d'Ivoire's general population is 3.4%, and there are approximately 450,000 people living with HIV/AIDS. Although HIV prevalence in West and Central Africa is much lower than in southern Africa, the subregion is home to several serious national epidemics.

While adult HIV prevalence is below 1.0% in 3 West African countries (Cape Verde, Niger, and Senegal), nearly 1 in 25 adults in Côte d'Ivoire is living with HIV. According to the UNAIDS *AIDS Epidemic Update 2009*, adult HIV prevalence in Côte d'Ivoire is more than twice as high as in Liberia or Guinea, even though these West African countries share national borders.

### Military Statistics

The size of the Côte d'Ivoire Defense and Security Forces (CIDSF) is approximately 20,000 members. Côte d'Ivoire does not perform forcewide HIV testing, so the prevalence rate is unknown. The government expends 1.6% of the GDP on the military.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff have maintained active roles as members of the Côte d'Ivoire Country Support Team for the OGAC. In these roles, DHAPP staff members have provided technical assistance to the in-country team for the country operational planning process for funding under PEPFAR in Côte d'Ivoire. The DAO has also been working with DHAPP and the CIDSF on proposed activities.

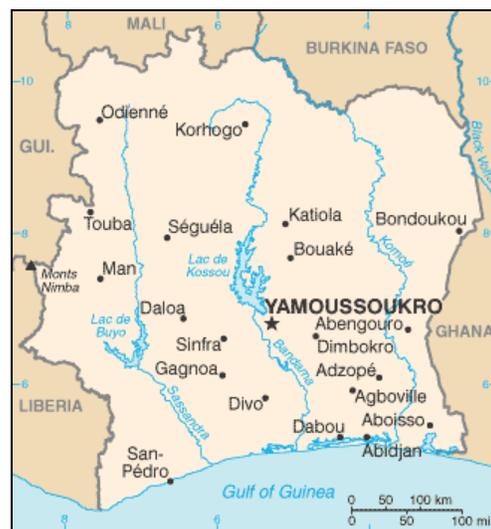
## OUTCOMES & IMPACTS

In August 2009, an in-country program manager was hired to manage DoD activities in Côte d'Ivoire and works for the DAO. DHAPP staff provided technical assistance in policy development and conducted a site visit in April 2010. Two (2) military representatives from the CIDSF attended the

*2010 International Military HIV/AIDS Conference: Building Sustainable Capacity and Leadership to Combat the Pandemic* in April 2010. In addition, 1 physician from the CIDSF attended *MIHTP*. Bilateral military programs for HIV prevention in the CIDSF continued to be supported by CDC funding through PEPFAR, with PSI as an implementing partner in FY10.

### Proposed Future Activities

DHAPP staff were successful in securing PEPFAR funding for several activities with the CIDSF. Due to the presidential elections in November 2010 and the ongoing political situation, most PEPFAR activities have been suspended, including DoD program activities.



## THE GAMBIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of The Gambia is 1.8 million people, with an average life expectancy of 54 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 around 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 GDP per capita is \$1,900.



##### **HIV/AIDS Statistics**

The HIV prevalence rate in The Gambia's general population is estimated at 2.0%, with approximately 18,000 people 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 5,000 active-duty members. The Gambia expends 0.5% of the GDP on military purposes. The prevalence rate for the military is unknown, and a seroprevalence and behavioral survey was designed in 2010 and will be conducted in 2011.

#### 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 OSC in Dakar, and a close working relationship with the US Embassy in Banjul, allow for the continued efforts of this program. Research Triangle

Institute (RTI) became an implementing partner in 2010, and will be supporting the behavioral study.

## OUTCOMES & IMPACT

### **Prevention**

Throughout the year, a total of 2,122 troops and their family members were reached with comprehensive prevention messages, and 45 peer educators were trained in HIV prevention. Recruits were especially targeted. Other targeted groups included 200 troops headed to Darfur for a peacekeeping operation, wives, and Navy sailors. Currently, there are 17 strategic condom distribution outlets that are accessible to soldiers and their families. Condoms were purchased for the GAF, allowing them to expand their condom service outlets. The condoms are distributed to different GAF bases and posts to ensure that condoms are readily available to all service members. A stock control mechanism is being put in place to ensure proper reporting and no shortages. DHAPP has signed a Memorandum of Understanding with USAID, which will allow DHAPP to receive condoms for free. Twelve (12) HIV sensitizations were conducted for GAF personnel including new recruits and peacekeepers, before they left for Darfur.

Currently, the GAF has 1 facility, the Yundum Barracks, which has the capacity to provide CT services. This facility has been very active, offering CT services to 2,377 people. In the future, the GAF plans to establish a mobile testing strategy to offer more CT services. As part of this strategy, the GAF will switch from venipuncture to fingerpick HIV testing in 2011. Fingerpick testing will also address a current constraint

that the GAF faces in having a limited number of medical personnel. These proposed changes will hopefully improve and increase CT service delivery.

### **Other**

DHAPP, RTI, and the GAF began study design on the seroprevalence and behavioral survey, which will be implemented in 2011. Twenty-five (25) senior GAF officers completed the final session of a three-part leadership training in HIV/AIDS.

### **Proposed Future Activities**

In FY11, the GAF hopes to continue prevention efforts for military personnel and their families, increase CT services, and conduct a seroprevalence and behavioral survey.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Ghana is 24 million people, with an average life expectancy of 61 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 and cocoa production are major sources of foreign exchange. The domestic economy continues to revolve around subsistence agriculture, which accounts for approximately one third of the GDP. The GDP per capita is \$1,600. Sound macroeconomic management along with high prices for gold and cocoa helped sustain GDP growth in 2008–10.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Ghana is 1.8%, and there are approximately 260,000 people living with HIV/AIDS (UNAIDS 2009). Identified risk factors include heterosexual contact with multiple partners, sexual contact with sex workers, and migration (HIV rates are higher in bordering countries, such as Côte d'Ivoire and Togo). According to the UNAIDS *AIDS Epidemic Update 2009*, low-risk

heterosexual contact accounted for the largest proportion (30%) of estimated incident HIV infections in Ghana in 2008.

#### **Military Statistics**

The Ghanaian Armed Forces (GAF) is composed of approximately 12,000 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile and are currently engaged in several UN PKOs. No recent prevalence 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 Ghana Armed Forces AIDS Control Programme and the GAF Public Health Division implement the HIV/AIDS program. DHAPP staff provides technical assistance and support to the GAF's program along with the OSC in Accra. DHAPP staff are members of the PEPFAR Ghana Country Support Team and participated in developing the COP for FY11 and the PEPFAR Partnership Framework. During FY10, the US Naval Medical Research Unit No. 3 in

Accra participated in activities that support the GAF's program, including the development of the PEPFAR Partnership Framework.

### 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 initiated in 2003 and augmented in 2005, 2007, and 2008. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, viral load analyzer, hematology analyzer, refrigerator, centrifuge, and supporting diagnostic supplies and reagents. The 2005 funding was fully employed for a biological safety cabinet, chemistry analyzers, centrifuge, hematology analyzer, and supporting equipment, supplies, and reagents. Plans for employment of 2007–8 funding are in development.

## OUTCOMES & IMPACT

### Prevention

The GAF reported continued success in its prevention and care programs during FY10. Through prevention activities, 3,743 troops and family members were reached with



comprehensive prevention messages. When troops deploy on PKOs, they are tested for HIV prior to deployment, and peer educators are embedded in the units. During the year, 1,507 troops were tested for HIV and received their results.

### Care

The first meeting of the People Living with HIV (PLHIV) took place at the 37 Military Hospital in July 2010. The meeting was led by the GAF program manager and the DHAPP program manager. The PLHIV support group is the first GAF-sponsored group. This shows the support and commitment that the GAF has for its personnel and family members. A needs assessment was conducted prior to the first meeting for the PLHIV and it indicated that the group had severe financial and emotional struggles. Therefore, the goals of the support group are to have a sustainable income-generating activity program as well as having members meet monthly to cope with the disease and benefit from lectures from medical providers on how to take care of themselves. In addition, members are linked with the national PLHIV program for additional services. The GAF has also begun enrolling 45 children in their OVC support program.

### Proposed Future Activities

Continued comprehensive HIV programming for GAF members and their families was proposed by DHAPP to the PEPFAR Ghana Country Support Team. All proposed activities were included in the FY11 COP and the PEPFAR Partnership Framework. Some of these activities include continued prevention efforts, increased CT services, OVC, strategic information, and increased lab activities.

## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

The estimated population of Guinea-Bissau is 1.6 million people, with an average life expectancy of 48 years. Portuguese is the official language of Guinea-Bissau, which has an estimated literacy rate of 42%, unevenly distributed between men and women. Since independence from Portugal in 1974, Guinea-Bissau has experienced considerable political and military upheaval. One of the poorest countries in the world, the economy depends mainly on farming and fishing, and cashew crops have been on the rise in recent years. Guinea-Bissau exports fish and seafood along with small amounts of peanuts, palm kernels, and timber. Rice is the main crop and staple food. The GDP per capita is \$1,100.

#### **HIV/AIDS Statistics**

An estimated 22,000 people are living with HIV/AIDS, and the current prevalence rate is 2.5%. Heterosexual contact is the primary mode of transmission. According to the UNAIDS *AIDS Epidemic Update 2009*, 7 African countries, including Guinea-Bissau, report that over 30% of all sex workers are living with HIV.

#### **Military Statistics**

The Armed Forces of Guinea-Bissau (AFGB) is composed of approximately 5,000 active-duty troops. According to the AFGB, military HIV prevalence rates are approximately 14%.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

DHAPP and the OSC at the US Embassy in Dakar are collaborating with the AFGB.

#### **Foreign Military Financing Assistance**

Guinea-Bissau 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 initiated in 2009, and the related authorization was released for execution in 2011. Plans for its employment are in development.

### **OUTCOMES & IMPACT**

Despite getting a late start because of political upheaval, the AFGB medical team completed trainings with military health care workers and the military theater group. Their prevention efforts

reached 2,775 military personnel and family members. The AFGB program also trained 30 military HIV activists to give larger group sensitizations and 20 peer educators to hold small group discussions on HIV/AIDS risks, prevention strategies, and treatment information. In FY10, 50,000 condoms were purchased for Guinea-Bissau and distributed during sensitizations and testing campaigns at all the bases. A condom distribution strategy is being developed to expand availability for the military. Within Guinea-Bissau, 2 military hospitals are providing HIV care. When treatment is required, cases are referred to regional civilian hospitals.



### Proposed Future Activities

Program activities will continue in FY11, and they will include a DHAPP technical assistance visit for care and treatment as well as support for prevention activities within the AFGB. In addition, training will be provided for ART services.



# LIBERIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Liberia is 3.7 million people, with an average life expectancy of 57 years. English is the official language, and the literacy rate is estimated at 58%, unevenly distributed between men and women. Civil war and governmental 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 end of fighting and the installation of a democratically elected government in 2006, some have returned. The GDP per capita is \$500.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Liberia's general population is 1.5% among adults 15–49 years of age, and a total number of 37,000 people living with HIV.



#### **Military Statistics**

The size of the Armed Forces of Liberia (AFL) has drastically decreased from 14,000 to 2,000 troops in recent years. With assistance from the US DoD, the new troops are well trained and well equipped. Liberia expends 1.3% of the GDP on its military.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The AFL and staff from the OSC at the US Embassy have begun an HIV prevention program. An in-country program manager oversees the activities. In FY09, the Community Empowerment Project (CEP) of Liberia began assisting the AFL in its fight against HIV and continues today. DHAPP staff provided technical assistance and support.

#### **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 initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for

execution in 2008 (×2), 2009, and 2010, respectively. The 2006–7 funding has been employed to date for an incinerator, autoclave, and washer/dryer, with procurement of a centrifuge, biochemistry analyzer, microscope, refrigerator, CBC counter, rapid test kits, and supporting supplies/accessories on hold pending a clinic expansion. Employment of the 2008–9 funding is similarly on hold.

## OUTCOMES & IMPACTS

### **Prevention**

In FY10, 144 military personnel were trained in HIV/AIDS prevention, with a focus on basic facts, modes of transmission, distinguishing myths/facts, and common socioeconomic factors associated with the spread of the disease. In total, 8,600 troops and family members were trained in proper condom use, and the importance and identification of condom accessibility.

Ten (10) combat medics were trained in the proper handling and disposal of used needles and syringes. AFL service providers use Sharps containers placed at service sites. Health care providers have been trained to avoid recapping used needles and to exercise



universal precautionary measures, such as hand washing, gowning, masking, and proper sterilization.

### **Care**

The AFL has 3 CT centers, and during FY10, 700 troops, family members, and civilians were counseled, tested, and received their results. CEP worked with the AFL to increase uptake of CT services by troops, families, and civilian communities, and there was an increase in uptake from FY09.

PROJECT C.U.R.E. was awarded a grant by DHAPP to assist the AFL in early FY10. They provide donated medical services, equipment, and supplies to people and health care facilities in the developing world, especially for health care facilities treating persons with HIV/AIDS. PROJECT C.U.R.E. conducted a site visit in Liberia at the end of FY10 and conducted a needs assessment of 3 military clinics and 5 medical facilities used as referral hospitals by AFL personnel and their dependents. Currently, a list of equipment and supplies is under review by DHAPP, the OSC in Monrovia, and the AFL.

### **Proposed Future Activities**

In FY11, CEP will continue to act as an implementing partner, support the AFL's program, and provide the AFL with prevention strategies. In addition, the OSC and DHAPP will support a surveillance study for the AFL, and PROJECT C.U.R.E. will continue with its efforts, finalize an equipment list, and deliver medical equipment and supplies.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Mali is 14 million people, with an average life expectancy of 52 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. Industrial activity is concentrated on processing farm commodities. Mali is heavily dependent on foreign aid and has begun to diversify its revenue sources since gold production has started to decrease. The GDP per capita is \$1,200.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Mali's general population is 1.0%, with a total of approximately 76,000 people living with HIV. The primary modes of HIV transmission are heterosexual contact, sexual contact with sex workers, and STIs. According to the UNAIDS *AIDS Epidemic Update 2009*, Mali is 1 of 7 African countries that reports more

than 30% of all sex workers are living with HIV.

**Military Statistics**

The Malian Armed Forces (MAF) is estimated at approximately 40,000 members. Mali allocates 1.9% of the GDP for military expenditures. Military HIV prevalence rates are unknown, but a behavioral and serological surveillance study is being planned.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

DHAPP works with the MAF and US Embassy personnel, including the DAO and OSC. In-country partner FHI has established a collaborative relationship with the MAF, DHAPP, and the 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 individuals living with HIV/AIDS due to inadequate staff skills, supplies, and infrastructure, including erratic availability of reagents in CT centers, drugs for STI treatment, and intermittent supplies of ARVs in clinics.

### Foreign Military Financing Assistance

Mali 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 initiated in 2009, and the related authorization was released for execution in 2010. Plans for its employment are in development.

### OUTCOMES & IMPACTS

#### Prevention

During FY10, 41,923 troops and their family members as well as 1,341 civilians were reached with prevention messages. These activities involved all aspects of prevention, including abstinence, being faithful, and correct and consistent condom use. To address the constraint of high mobility among the peer educators, 30 family members, who are likely to be more stable, have been trained as trainers. Thirty-eight (38) medical health care providers were trained in blood and injection safety. In all the CT centers, brochures on blood safety are available, and counselors and health workers are encouraged to follow the recommendations.

In FY10, 6 integrated sites offered PMTCT services (locations included Kati, Ségou, Kayes, Sikasso, Sévaré, and Gao). Training was provided to 18 midwives from the various sites in March 2010. Throughout the 6 sites, 1,026 pregnant women received CT services, 9% of whom tested HIV positive. Of the HIV-positive pregnant women, 48% of them were initiated on ARVs while the others were lost to follow-up after the first or second prenatal consultation.

For CT services there are 9 sites, and 9,202 people were tested in FY10, including 3,154 military personnel (34% of the total number of people tested), 2,506 dependents (27%), and 3,542 civilians (38%). In addition, 20 counselors from the following sites were provided with refresher training: Tombouctou, Sévaré, Ségou, Bamako-Génie, Koulikoro, and Kayes.



#### Care and Treatment

Six service outlets provide palliative care and CT services for the MAF and the surrounding civilian population. In FY10, 7 health care workers were trained in ART services, 2 were trained at *MIHTP*, and 5 others in Bamako through FHI assistance.

#### Proposed Future Activities

FHI will continue working with the MAF, US Embassy personnel, and DHAPP on continued programming.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Niger is 16 million people, with an average life expectancy of 53 years. French is the official language, and the literacy rate is estimated at 29%, unevenly distributed between men and women. Niger is one of the poorest countries in the world, with minimal government services and insufficient funds to develop its resource base. The largely agrarian and subsistence-based economy is frequently disrupted by extended droughts common to the Sahel region of Africa. A predominately Tuareg ethnic group emerged in February 2007, the Nigerien Movement for Justice, and attacked several military targets in Niger’s northern region throughout 2007 and 2008. Successful government offensives in 2009 limited the rebels’ operational capabilities. The GDP per capita is \$700.



**HIV/AIDS Statistics**

The current HIV prevalence rate in Niger’s general population is 0.8%, with a total of about 61,000 Nigerien people living with HIV/AIDS.

**Military Statistics**

Niger allocates 1.3% of the GDP for military purposes. The prevalence of HIV within the Nigerien Armed Forces (NAF) is unknown.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

DHAPP staff has been collaborating with the DAO at the US Embassy in Niamey and the NAF on an HIV/AIDS program.

**OUTCOMES & IMPACT**

Due to the political situation in Niger, there were no programmatic activities in FY10.

**Proposed Future Activities**

With support from the US Embassy, DHAPP has begun discussions with the NAF on future programmatic activities in FY11.

# NIGERIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

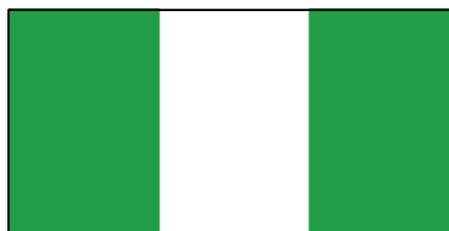
#### **Country Statistics**

Nigeria has an estimated population of 152 million people, with an average life expectancy of 47 years. English is the official language of Nigeria, for which there is 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 took place. The GDP rose sharply in 2007–10 due to increased oil exports and high global crude prices in 2010. The current president has pledged to continue the economic reforms of his predecessor. These reforms emphasize infrastructure since it is the main impediment to growth. The GDP per capita is estimated at \$2,400.

#### **HIV/AIDS Statistics**

An estimated total of 3.3 million people are living with HIV, and Nigeria has a prevalence rate of 3.6% among adults 15-49 years of age. Identified risk factors include STIs, heterosexual contact with multiple concurrent partners, mother-to-child transmission, and blood transfusions. According to the *UNAIDS AIDS Epidemic Update 2009*, Nigeria is 1 of 7 African countries that reports over

30% of all sex workers are living with HIV. The Armed Forces are part of the larger society. In addition, they have been active in PKOS in other countries. Some of these countries have higher HIV prevalence figures than seen in Nigeria. Certain exigencies as dictated by the nature of the military profession, put soldiers at greater risk of engaging in risky behavior than the general public. These include long periods of separation from spouses and family members as a result of postings and exercises within and outside the country.



#### **Military Statistics**

The Nigerian Ministry of Defence (NMOD) has 4 components: Army, Navy, Air Force, and civilian NMOD employees. The NMOD medical facilities serve active-duty members, their families, retired members, and civilians in the surrounding communities. The uniformed strength is estimated at 80,000 to 90,000 active-

duty members. Total catchments of patients are estimated at 1.2 million individuals (NMOD, unpublished data). HIV-1 screening is only mandatory upon application to the uniformed services, peacekeeping deployment/redeployment, and for those individuals on flight status. HIV prevalence figures or estimates for the military have not been published.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The Walter Reed Army Institute of Research USMHRP maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the US Department of Defense HIV Program in Nigeria (DODHPN). The office is staffed by a uniformed public health service physician, 3 civilian USG employees, 10 locally employed staff, and 23 contract employees. The program and its personnel are divided into PEPFAR and research sections. The office executes both program implementation and PEPFAR (USG) agency management activities. Agency activities include active participation in USG Technical Working Groups (TWGs), development of the USG strategic vision, and COP planning and development.

In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the NMOD, from whom counterpart funding has been leveraged annually since 2005. This NMOD–DODHPN partnership is dedicated to expanding prevention, care, and treatment services in military and civilian communities. The NMOD–DODHPN

PEPFAR program is governed by a steering committee, co-chaired by the Minister of State for Defense and the US Ambassador to Nigeria, and includes representatives from the Nigerian Federal Ministry of Health and the National Agency for the Control of AIDS.

The program's full collaboration with the NMOD has provided a strong foundation for creating and implementing activities that are aimed at 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. The fact that the DODHPN both implements and participates at the USG TWG level also helps shape policies, formulations, and decisions on HIV programming in the country is reflective of NMOD and Nigerian national needs.

DODHPN is supported by US-based USMHRP staff with 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.



## Prevention

In FY10, the NMOD–DODHPN continued prevention programming at military sites. Through their efforts, 15,403 individuals were targeted with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards required. In addition, 6,940 individuals were targeted with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful. The focal persons from NMOD/DOD were trained by the National AIDS Commission on national prevention tools. In addition, 57,189 clients received HIV CT and their results through health facilities, mobile outreaches, enlistment, and peacekeeping deployment exercises.

During FY10, the NMOD–DODHPN continued PMTCT activities at all 20 military facilities supported by the program. A total of 7,256 pregnant women received CT during this reporting period. In addition, 440 of the HIV-positive pregnant women received ARVs to reduce risk of mother-to-child-transmission.

Through collaboration with AIDSTAR-One, the NMOD–DODHPN was able to train 21 staff on injection safety and health care waste management. Also, in collaboration with Safe Blood for Africa and the National Blood Transfusion Service, 4 staff members from NMOD blood banks were trained on blood-banking practices. In addition, the NMOD constructed incinerators at 20 of its sites to improve waste management.

## Care

The NMOD-DODHPN has 20 sites and supports military facilities that provide HIV/AIDS services to the NMOD, their dependents, and civilians living near the facilities. During FY10, 56,910 eligible adults and children were provided with a minimum of one care service from the NMOD–DODHPN, and 18,970 HIV-positive adults and children received a minimum of one clinical service. In addition, 8,204 HIV-positive persons received cotrimoxazole prophylaxis, 87% of HIV-positive patients were screened for TB in HIV care or treatment settings, and 4% of HIV-positive patients in HIV care or treatment (pre-ART or ART) started TB treatment.

Continuity of care is the goal of care and support program and priority areas include *Prevention with Positives* (PwP), early diagnosis of HIV infection, nutrition, cotrimoxazole prophylaxis, pain management, palliative care, linkage and retention in care, malaria prevention, and safe water and hygiene. In FY10, the NMOD provided 9,485 people living with HIV/AIDS (PLHIV) with a minimum package of PwP interventions.

## Treatment

Of the 20 service sites that provide ART for the NMOD, 3,060 adults and children with advanced HIV infection were newly enrolled on ART. At the end of the reporting period, 9,024 adults and children with advanced HIV infection received ART and were reported as “current” on ART. Training, adherence counseling, use of treatment supporters, and a contact tracking system are strategies that were used to improve retention of clients on treatment.

### Laboratory

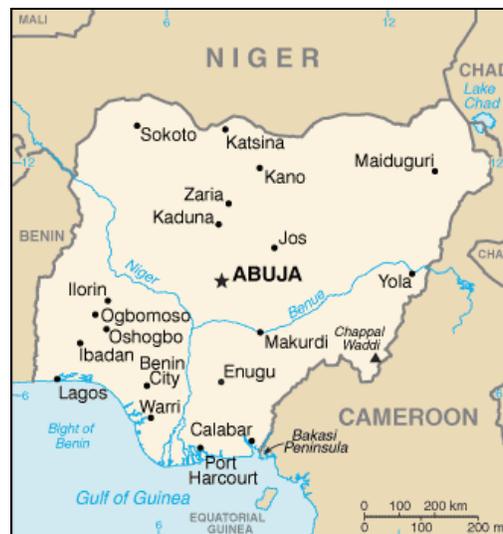
In line with the Global Health Initiative principles, the NMOD has integrated enhanced malaria detection methods in its 20 sites for clients infected with HIV. In FY09, three (3) NMOD laboratories were enrolled in the WHO-AFRO Regional Laboratory Accreditation Pilot Program. The labs continued to work towards accreditation in the WHO–AFRO laboratory accreditation program during FY10.

### Other

During the reporting period, 637 health care workers successfully completed an in-service training on adult and pediatric ART, with supportive supervision to improve hands-on service delivery.

### Proposed Future Activities

In the next year, the program will continue to build upon activities previously highlighted, focusing intently on quality assurance initiatives and interventions that aim toward sustainability. The program will also continue to leverage counterpart funding from the NMOD. In keeping with USG mandates, DODHPN is committed to aligning its priorities with those of the Government of Nigeria to strengthen the organizational and technical capacity of the NMOD. The program will also increasingly focus on deepening the integration of HIV/AIDS response into the broader health care system and strengthening the health care system at all levels in the sites supported by the program and the Global Health Initiative. Proposed activities were submitted to the Nigeria Country Support Team by the Embassy and were included in the FY11 COP.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Senegal is 12 million people, with an average life expectancy of 59 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, due to the reform program, with real growth in GDP, averaging over 5% annually during 1995–2008. In September 2009, Senegal signed a compact with the US Millennium Challenge Corporation, which will provide \$540 million in infrastructure development. In 2010, the Senegalese people protested against frequent power cuts and the government responded by pledging to expand capacity by 2012 and to promote renewable energy. However, until this happens, more protests are likely and economic activity will suffer. The GDP per capita is \$1,900. Senegal remains one of the most stable democracies in Africa, and has a long history of participating in international PKOs.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Senegal's general population is estimated at 0.9%, with a total of about 59,000 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 sex workers. According to the UNAIDS *AIDS Epidemic Update 2009*, recent modes of transmission analysis indicate that men who have sex with men may account for up to 20% of incident HIV infections in Senegal.



#### **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% in 2002 to 89% in 2006). The military does not conduct forcewide testing, but it does test troops prior to deployment on PKOs.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The SAF HIV/AIDS program 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 funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2004, 2007, 2009 (×2), and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, immunoassay equipment, hematology analyzer, rapid test kits and other supporting diagnostic supplies and reagents. The 2004 funding has been employed to date and includes an immunoassay analyzer, hematology analyzer, minor lab equipment, rapid test kits, and other supporting diagnostic supplies and reagents. Plans for

employment of unobligated balances and 2006–9 funding are in development.



### **Prevention**

Since its inception, the SAF HIV/AIDS program has promoted comprehensive prevention. The STI and HIV/AIDS prevention program used Information, Education, and Communication approaches to reach 21,994 troops. The SAF conducts dynamic sensitizations for soldiers and their families. Sensitizations often include both soldiers and their wives. SAF conducted three sensitizations in Dakar, Kolda, and Tambacounda in collaboration with the wives' club to ensure that women were reached. Three times a year, the SAF organizes AIDS days for new recruits to ensure that they understand HIV/AIDS and how to protect themselves. The SAF strategically targeted vulnerable groups: new recruits, peacekeepers, and military officers in postconflict zones. In FY10, 133 peer educators were trained. In addition, the SAF conducted a joint sensitization with the Gambian Armed Forces HIV/AIDS Prevention Program to help develop Gambia's capacity and to strengthen the regional response to the epidemic.

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).

During the reporting period, 15 PMTCT sites functioned. The SAF continues to promote HIV testing of pregnant women at each of its 15 PMTCT sites through provider-initiated testing. The SAF has rapidly expanded the number of PMTCT sites since 2005. Addressing the health of wives as well as soldiers remains a priority for them. A total of 1,761 women were counseled and tested, and 11 women received a complete course of ARV prophylaxis. Also, 15 health care workers were trained in PMTCT services. 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.



## 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 HMO. The number of palliative care patients was 205 during FY10. The SAF has a strong training program to ensure that health personnel can provide quality HIV/AIDS care. Seventeen (17) people were trained at a conference on the co-infection of HIV and TB, and 24 people were trained in providing ART. The SAF and DHAPP have provided 70 OVC from military families affected by HIV/AIDS with school supplies and books.

Sixteen (16) service outlets provide CT for the SAF. A total of 7,548 troops were counseled and received their test results. The SAF conducts HIV CT throughout the country, including Tambacounda, Kolda, and Ziguinchor, where HIV prevalence is highest. They encourage both soldiers and their families to get tested. In addition, the SAF works with the General's wife to reach out to wives and ensure that they are included in HIV activities. 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 will deploy on PKOs to Darfur, the Democratic Republic of the Congo, Haiti, and Côte d'Ivoire. In FY10, 14 individuals were trained in the provision of CT services.

## 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 go 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 FY10, 142 clients were currently on ART.

### **Proposed Future Activities**

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



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Sierra Leone is 5.2 million people, with an average life expectancy of 56 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 hinder economic development. Almost half of the working-age population engages in subsistence agriculture. The GDP per capita is \$900. The fate of the economy depends on maintaining domestic peace and continuation of substantial aid from abroad, which is essential to offset the severe trade imbalance and to



supplement government revenues. Alluvial diamond mining remains the major source of hard currency earnings, accounting for almost half of Sierra Leone's exports.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.6%, with a total of approximately 49,000 people 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 sex workers.

#### **Military Statistics**

The Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 11,000 active-duty members. Sierra Leone expends 2.3% of the GDP on military purposes. The RSLAF undertook a seroprevalence and behavioral study of its troops in 2007. The findings from the study revealed a prevalence rate of 3.29%, twice that of the general population. Another study will be conducted among the RSLAF in the near future. Discussions have begun for a study protocol with DHAPP.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The RSLAF HIV/AIDS program began in spring 2002. It is a collaborative effort between DHAPP, the DAO at the US Embassy, and the RSLAF. The relationship has fostered many advances in this program.

### **Foreign Military Financing Assistance**

Sierra Leone 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 initiated in 2003 and augmented in 2004, 2006, 2007, 2009, and 2010. Related authorizations were released for execution in 2005, 2007, 2008, and 2009, respectively. The 2003 funding was fully employed for HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. The 2004 funding has been almost fully employed for HIV test kits, a microplate reader and washer, cytometers, generators, and other supporting diagnostic supplies and reagents. The 2006 funding has been employed to date for IDI laboratory testing/procedure training. Plans for employment of unobligated balances and 2007–9 funding are in development, and a Letter of Request is in process for the 2010 award.

## OUTCOMES & IMPACTS

### **Prevention**

In FY10, 10,693 troops and family members were reached with comprehensive prevention messages, and another 250 were trained in the provision of those messages. Another prevention achievement has been

having peer educators bring their spouses to their trainings, which emphasizes the importance of partner HIV knowledge. The RSLAF supported 20 condom service outlets.

Two (2) outlets provided CT services for military members, and 690 troops were tested for HIV and received their results. Sixty (60) individuals were trained.



Fifty-two (52) RSLAF personnel (40 nurses and 12 lab technicians) were retrained in blood safety. These personnel were trained by the Ministry of Health and Sanitation using the national standards/guidelines. During the year, 1 service outlet supported PMTCT services, and 464 pregnant women were provided services at this outlet, 39 of whom were provided with a complete course of ART prophylaxis. Fifty-five (55) medical providers were trained in the provision of PMTCT services.

### **Care**

One (1) service outlet provides palliative care for the RSLAF. In FY10, 100 individuals utilized palliative care services, and 4 personnel were trained to provide these services.

### Treatment

Two (2) service outlets provide ART for RSLAF members, family, and civilians in the area. During the year, 143 individuals were established on ART, and at the end of the reporting period, 436 individuals were on ART. Eleven (11) health care workers and 12 laboratory technicians were trained in the provision of ART services.



During the reporting period the 34 Military Hospital Laboratory in Freetown was renovated, extended, and supplied with modern equipment, making it one of the best laboratories in the country. The USG provided over \$200,000 in lab equipment. This laboratory continues to be under tremendous pressure because it is currently the only laboratory that supports HIV/ AIDS in the RSLAF nationwide.

### Other

In FY11, the National HIV/AIDS Policy was approved and launched with the technical support of the National HIV/AIDS Secretariat, UNAIDS, and the Ministry of Defense. Also, 42 personnel were trained on behavior change skills, including stigma and discrimination reduction. Outreach activities continue to be conducted utilizing these skills.

### Proposed Future Activities

DHAPP received a proposal for FY11 activities from the DAO 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) increasing RSLAF testing abilities; and (3) training additional health care providers in PMTCT services, laboratory diagnostics, and ART services.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Togo is 6.6 million people, with an average life expectancy of 62 years. French is the official language, and the literacy rate is estimated at 61%, unevenly distributed between men and women. This small, sub-Saharan country's economy is heavily dependent on both commercial and subsistence agriculture, which provide employment for 65% of the labor force. Some basic foodstuffs must still be imported. Cocoa, coffee, and cotton generate about 40% of export earnings, with cotton as the most important cash crop. The GDP per capita is \$900. Prospects for economic growth prospects remain limited because of declining cotton production and underinvestment in phosphate mining.

**HIV/AIDS Statistics**

The current HIV prevalence rate in Togo's general population is 3.2%, with a total of approximately 120,000

Togolese people living with HIV/AIDS. The primary identified risk factor is heterosexual sex with multiple partners. According to the UNAIDS *AIDS Epidemic Update 2009*, declines in HIV prevalence among antenatal clinic attendees have been documented in Togo.

**Military Statistics**

The Togolese Armed Forces (TAF) is composed of 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 collaborated with US Embassy staff from the Political/Economic/Public Affairs Office in Lomé, the OSC in Ghana, and the TAF on a TAF HIV/AIDS program. In addition, an implementing partner, Association des Militaires, Anciens Combattants, Amis et Corps Habillés (AMACACH), is assisting the TAF with its programming.



### 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. This award was initiated in 2003 and augmented in 2004 and 2006. Related authorizations were released for execution in 2004 and 2009 (×2), respectively. The 2003 funding was fully employed for a hematology analyzer, microscope, and rapid test kits. The 2004–6 funding has been employed to date for chemistry analyzers, Olympus microscopes, generators, autoclaves, distillers, cytometer, and hematology analyzer. Plans for employment of unobligated balances are in development.

### OUTCOMES & IMPACT

#### Prevention

During FY10, one of the main accomplishments of the TAF program was initiating activities with AMACACH in February 2010. The program activities included prevention efforts that reached 6,353 troops in military camps during the course of this year and throughout the country. The prevention sessions began with a 45-minute dramatic sketch, followed by the distribution of promotional items, including condoms and pamphlets



highlighting the Togolese law protecting people living with HIV. The sessions continued with discussions led by military physicians on PMTCT. To access services for PMTCT, women must use civilian. The sessions continued with testimonies from 2 military members who are living with HIV and how they are managing the disease. At the end of the sessions, CT was offered to participants. In addition, female and male condoms are being offered to the TAF and its family members.

Senior leadership of the TAF is encouraging its members and their families to get tested for HIV and to allow AMACACH to assist them with CT services. In FY10, 1,457 individuals were counseled, tested, and received their results.

#### Care

Three (3) military clinics at la gendarmerie nationale, Camp General Gnassengbé Eyadéma, and Pédiatrie du Camp Gnassengbé Eyadéma offer palliative care services and provide care to 1,166 individuals. In addition, 1 physician from the TAF attended *MIHTP* in San Diego during FY10.

#### Laboratory

In FY10, DHAPP staff assisted the TAF with procurements of lab equipment for the main military laboratory in Lomé. The heightened capacity of the lab allowed lab technicians to perform more HIV and STI diagnostic tests than the year before.

#### Other

Members of the TAF attended the *2010 International Military HIV/AIDS Conference: Building Sustainable Capacity and Leadership to Combat the Pandemic*, in Arusha, Tanzania, co-hosted by the Tanzania People's Defense Force and DHAPP. The objectives of the conference were (1) highlight the role of leadership in implementing successful military HIV/AIDS programs; (2) exchange best practices in HIV prevention, care and treatment, and strategic information in the military context;

(3) encourage and support military-to-military technical assistance and networking; and (4) increase the number of militaries conducting HIV Seroprevalence and Behavioral Epidemiology Risk Surveys and increase use of data for evidence-based planning.

### Proposed Future Activities

US Embassy staff in Togo and Ghana, along with AMACACH, will work with the TAF to strengthen the HIV program. In FY11, a DHAPP program manager will be brought on board in Lomé to assist with managing program activities. Activities will include increased prevention efforts, OVC activities, increased CT services, and stigma reduction efforts.



**US CENTRAL  
COMMAND**

**DHAPP**

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THE GLOBE

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USCENTCOM, which works with national and international partners, promotes development and cooperation among nations, responds to crises, and deters or defeats state and transnational aggression in order to establish regional security and stability.

## UNITED ARAB EMIRATES

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of the United Arab Emirates (UAE) is 5 million people, with an average life expectancy of 76 years. Arabic is the official language of the UAE, which has an estimated literacy rate of 78%, unevenly distributed between men and women. The UAE has an open economy with a high per capita income and a sizable annual trade surplus. Successful efforts at economic diversification have reduced the portion of GDP based on oil and gas output to 25%. Since the discovery of oil in the UAE over 30 years ago, the UAE has undergone a profound transformation from an impoverished region to a modern state with a high standard of living. The government increased spending on job creation and infrastructure expansion and is opening utilities to greater private sector involvement. The UAE's strategic plan for the next few years focuses on diversification and creating more opportunities for nationals through improved education and increased private sector employment. The GDP per capita is \$40,200.

##### **HIV/AIDS Statistics**

The current prevalence rate in the UAE

is 0.2%. Heterosexual contact is the primary mode of transmission.

##### **Military Statistics**

The UAE expends 3.1% of the GDP on the United Arab Emirates Armed Forces (UAEAF). The UAEAF is composed of Army, Navy (including Marines), Air Force, Air Defense, and Coast Guard Directorate.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP and the US Naval Medical Research Unit No. 3 (NAMRU-3) in Cairo, Egypt, are collaborating with the UAEAF.

#### OUTCOMES & IMPACT

In FY10, NAMRU-3 and DHAPP staff met with the UAEAF to discuss HIV policy development and strategic information to guide future programming.

##### **Proposed Future Activities**

DHAPP will continue to provide technical assistance in research and policy programs. In addition, the UAEAF will send physicians to attend *MIHTP* in 2011.

**US EUROPEAN  
COMMAND**

**DHAPP**

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



The mission of USEUCOM is to conduct military operations, international military partnering, and interagency partnering to enhance transatlantic security and defend the United States forward. USEUCOM does this by establishing an agile security organization able to conduct full-spectrum activities as part of whole-of-government solutions to secure enduring stability in Europe and Eurasia.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population in 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. In spring 2004, it joined both NATO and the European Union. Estonia has a modern, market-based economy and one of the higher per capita income levels in Central Europe. The economy benefits from strong electronics and telecommunications sectors and strong trade ties with Finland, Germany, and Sweden. Estonia adopted the Euro in early 2011. The GDP per capita is \$19,000.

**HIV/AIDS Statistics**

The HIV prevalence rate in Estonia's general population is 1.2%, with 9,000 people currently living with HIV/AIDS (UNAIDS 2009). Eastern Europe/Central Asia is the only region where HIV prevalence clearly remains on the rise,

according to the UNAIDS *AIDS Epidemic Update 2009*. The main driving force behind the epidemic in Estonia is injection drug use. Youths and young adults are more adversely affected than other age groups. Other vulnerable groups include sex workers, men who have sex with men, and prisoners. One recent survey found that 72% of injecting drug users in the country were infected with HIV (UNAIDS 2009).

**Military Statistics**

The Estonian Defense Forces (EDF) is estimated to have approximately 4,000 members. Military service in Estonia is compulsory, and about 1,500 conscripts are active for training during any 8- to 11-month cycle. Estonia allocates 2.0% of the GDP for military expenditures. The HIV prevalence in the military is unknown.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff members have continued collaborative efforts with EDF officials and the US ODC to establish a comprehensive HIV/AIDS prevention program for military members. In October 2010, the South Carolina Research Foundation was awarded a grant through DHAPP to work with the EDF, and work began in late 2010.

### **Proposed Future Activities**

The South Carolina Research Foundation will work with the EDF on reviewing its current HIV policy, assessing laboratory and diagnostic capabilities, assessing health care providers for HIV/STI diagnostic capabilities and counseling, and providing prevention efforts for the EDF and family members.

## OUTCOME & IMPACTS

### **Prevention and Other**

No programmatic activities occurred in FY10, but activities began in late 2010.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **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 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, with the help of the International Monetary Fund and the World Bank, Georgia has made substantial economic gains since 2000, achieving positive GDP growth and curtailing inflation. The GDP per capita is \$4,800. Georgia's economy has sustained GDP growth of over 10% in 2006 and 2007, based on strong inflows of foreign investment and robust

government spending. However, GDP growth slowed in 2008 following an August 2008 conflict with Russia, turned negative in 2009, but rebounded in 2010.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Georgia's general population is 0.1%, with approximately 3,500 people living with HIV/AIDS. Vulnerable groups include men who have sex with men, injection drug users, and female sex workers.

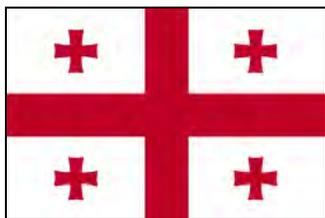
#### **Military Statistics**

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.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The GAF HIV prevention program works in conjunction with the Georgian Medical Group (GMG). The GMG is an NGO established in 2006 by local physicians. The majority of the founders are gynecologists with



postgraduate training in reproductive health. The overall goal of the program is to enhance knowledge of HIV/AIDS and STIs among Georgian troops and assist in the development of a policy for HIV.

**OUTCOMES & IMPACTS**

During FY10, GMG provided training materials for HIV/AIDS/STI training. They conducted training sessions that reached 1,250 troops who were deploying to Afghanistan. During the training sessions, troops received condoms (through collaboration with John Snow, Inc.) and prevention booklets.



**Proposed Future Activities**

In FY11, GMG will procure HIV laboratory equipment, continue prevention efforts, and assist in the development of an HIV policy for the GAF.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The population of Serbia is estimated to be 7 million people, with an average life expectancy of 74 years. Serbian is the official language, which has an estimated literacy rate of 96%, unevenly distributed between men and women. In June 2006, Serbia declared that it was the successor state to the Union of Serbia and Montenegro. After 2 years of inconclusive negotiations, the United Nations-administered province of Kosovo declared itself independent of Serbia.

The GDP per capita is \$11,000, with 7.9% of Serbian people living below the poverty line. Although unemployment and limited export earnings continue to be political and economic problems, Serbia's economy grew by 1.8% in 2010 after a 3% fall in 2009. Serbia is also seeking membership in the World Trade Organization.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Serbia's general population is 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 injection drug use.

**Military Statistics**

The Serbian Armed Forces (SAF) is 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 2011.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

DHAPP staff work in conjunction with 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 in recent years.

## OUTCOMES & IMPACTS

### Prevention

During FY10, the Military Medical Academy in Belgrade organized mass awareness campaigns for 10,000 troops and family members across Serbia. Prevention modalities included peer education, classroom education, small group and one-on-one information sessions, and behavior change communication. A video titled *Prevention and Control of HIV/AIDS in Armed Forces of Serbia* was created for and distributed to the SAF. All blood donations made at SAF sites were tested for all blood pathogens including HIV. All the members of peacekeeping teams were tested for HIV and educated on HIV prevention by health care workers at the Military Medical Academy prior to their deployments. In addition, training for 30 reserve officers was provided on the prevention, diagnosis, and treatment of HIV and other STIs.

All members of the medical teams that supported PKOs to Chad and the Democratic Republic of Congo were trained in blood safety and infection control prior to deployment. In total, trainings in blood safety were carried out for 1,000 health care workers from the Military Medical Academy and the Military Hospital of Nis, which serves the SAF (300 medical doctors and 700 nurses). All trainings were organized and done by physicians at the Military Medical Academy. Additional trainings in injection safety and other infection control policies were carried out for 1,500 health care workers at the Military Medical Academy and the Military Hospital, which serves the SAF (400 physicians and 1,100 nurses).

CT services were offered to all blood donors at the military medical health care centers, members of PKOs, pregnant women (wives of SAF members), and all SAF members who went to the Military Medical Academy. At the end of FY10, 120 individuals had been counseled, tested, and received their results. Also, 60 health care workers from the Military Medical Academy and Military Hospital were trained in the provision of lab-related activities.



### Other

During FY10, the SAF drafted its policy for HIV testing, and increased coordination and linkages with the Ministry of Health and a local NGO. In addition, the SAF participated in the development of the National Strategy for the Fight Against HIV/AIDS (2011–2015).



# UKRAINE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Ukraine is 45.4 million people, with an average life expectancy of 68 years. Ukrainian is the official language, which has an estimated literacy rate of 99.4%, evenly distributed between men and women. Ukraine's fertile black soil generates 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 to meet 75% of its yearly natural gas and oil requirements. The GDP per capita is \$6,700. The drop in steel prices and the global financial crisis decreased economic growth in 2008 and the economy contracted 15% in 2009, but growth resumed in 2010. Ukraine reached an agreement with the International Monetary Fund in November 2008 for a \$16.4 billion standby arrangement to deal with the economic crisis.



#### **HIV/AIDS Statistics**

The HIV prevalence rate in Ukraine's general population is estimated at 1.1%, with a total of 350,000 people living with HIV/AIDS, half of whom are women. The most common mode of HIV transmission is injection drug use. According to the UNAIDS *AIDS Epidemic Update 2009*, between 38.5% and 50.3% of injection drug users in Ukraine are believed to be living with HIV. With increasing transmission among the sexual partners of drug users, many countries such as Ukraine in the Eastern Europe and Central Asia region are experiencing a transition from an epidemic that is heavily concentrated among drug users to one that is increasingly characterized by significant sexual transmission.

#### **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.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The UAF HIV/AIDS program is a collaborative effort between the ODC at the US Embassy in Kiev, DHAPP, and the UAF. DHAPP staff provides technical assistance and support to the UAF program. In addition, DHAPP staff members are part of the PEPFAR Ukraine Country Support Team, and participated in the FY11 COP and the development of the PEPFAR Partnership Framework between the USG and the government of Ukraine.

In FY10, there were 6 UAF CT sites. The CT centers supported testing for troops and are staffed by psychologists for counseling services, while lab technicians and nurses provide testing services. The psychologists at the CT centers are trained by the MOD Health Department. The number of troops tested could not be verified so no data are being reported but testing did occur.

**Proposed Future Activities**

Continued HIV programming for UAF members was proposed to the PEPFAR Ukraine Country Support Team. All proposed activities were included in the FY11 COP.

**OUTCOMES & IMPACTS**

**Prevention**

The number of military medical personnel who are regularly trained on HIV/AIDS prevention is 10,000, and the training is mandatory for all military medics. It is conducted twice a year and is part of the curriculum and combat training program conducted by unit medical doctors and military medical leadership.



**US PACIFIC  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USPACOM has been working to prevent the spread of HIV among military personnel and their beneficiaries in countries throughout their area of responsibility. The program has seen significant changes and developed into a collaborative effort among USPACOM, the host countries, US Embassies, and US Naval Health Research Center. The program has focused on HIV education, HIV medicine, HIV prevention (counseling and testing), and laboratory capacity building. There will be a growing reliance upon NGOs and host-nation capabilities in the future.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

India has a population of 1.1 billion, with a life expectancy of 66 years. English is the official language in India, but Hindi is the most widely spoken. The literacy rate is 61%, unequally distributed between men and women. In early 2011, India acquired a nonpermanent seat in the UN Security Council for the 2011–12 term. Despite problems of significant overpopulation, environmental degradation, and widespread poverty, India's economy is undergoing rapid development and becoming an open-market economy. Economic liberalization has accelerated the country's growth, which has averaged over 7% annually since 1997. The country's diverse economy includes traditional village farming, modern agriculture, a broad range of modern industries, handicrafts, and a multitude of services. Services are the major source of economic growth, accounting for the majority of India's output, with only one third of its labor force. In 2010, the Indian economy rebounded from the

global financial crisis and growth exceeded 8% year-on-year in real terms. Industrial expansion and high food prices contributed to inflation, which peaked at about 11% in the first half of 2010, but has slowly decreased to single digits. The GDP per capita is \$3,400.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in India's general population is 0.3% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS in 2009 was 2,400,000 (UNAIDS 2009). The primary risk factors for the HIV epidemic in India are unprotected sexual contact with sex workers, unprotected anal sex between men, and injection drug use. Men who buy sex are the most powerful driving force of the epidemic. Over 90% of women acquired HIV infection from their husbands or their intimate sexual partners. In 2009–10, approximately 5% of the cases were due to mother-to-child transmission of HIV (UNGASS 2010 Country Report).

**Military Statistics**

The Indian Armed Forces (IAF) is composed of approximately 1.3 million active-duty troops and more than 500,000 reservists.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP and the ODC at the US Embassy in New Delhi are collaborating with the Indian Armed Forces Medical Services.

### **Proposed Future Activities**

Program activities will be supported in FY11 with PEPFAR funds and they will include CT, prevention, strategic information, and health systems strengthening.

## OUTCOMES & IMPACT

As a follow-up to the August 2008 program assessment completed by the USG team, DHAPP and the ODC continued discussions with the IAF about program priorities. An in-country program manager to support activities was hired in 2010, however, no programmatic activities occurred.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Indonesia is 243 million people, with an average life expectancy of 71 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 90%, unevenly distributed between men and women. Indonesia's debt-to-gross domestic product ratio has been declining steadily due to an increasingly robust GDP growth and sound fiscal stewardship. The GDP per capita is \$4,300. Although the economy slowed significantly from the 6%-plus growth rate recorded in 2007 and 2008, it returned to a 6% rate by 2010. Indonesia outperformed its regional neighbors and joined China and India as the only G20 members posting growth during the crisis. In 2010, the government faced the ongoing challenge of improving Indonesia's insufficient infrastructure to remove impediments to economic growth.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Indonesia's general population is 0.2%, and approximately 310,000 people are living with HIV. In Indonesia, the epidemic was originally confined to injection drug users but is now becoming more generalized through increased sexual transmission, according to the 2009 UNAIDS *AIDS Epidemic Update*.

**Military Statistics**

The Indonesian Armed Forces (IAF) is composed of approximately 430,000 active-duty troops, with 400,000 reservists. Military HIV prevalence rates are unknown.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

DHAPP and the ODC at the US Embassy in Jakarta have been collaborating with the IAF. In 2010, an in-country program manager was hired and works for the ODC in Jakarta. The program manager oversees programmatic activities with the IAF.

## OUTCOMES & IMPACT

In FY10, the IAF provided 42,000 individuals with CT services for HIV, which included receiving their test results. In addition, 81 health care workers successfully completed in-service training programs for clinical management of TB and hepatitis C in HIV patients. Four (4) laboratories were supported through the procurement of lab equipment, which strengthened the capabilities for the IAF.

## Proposed Future Activities

Comprehensive HIV programming for IAF members and their families was proposed to the PEPFAR Indonesia Country Support Team. All proposed activities were included in the FY11 COP. Some of these activities include prevention efforts, increased CT services, and training for health care workers on palliative care services, and strategic information.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Laos is 6.4 million people, with an average life expectancy of 62 years. Lao is the official language of Laos, but French, English, and various ethnic languages are also widely spoken. The country has an estimated literacy rate of 73%, which is unevenly distributed between men and women. Laos is one of the few remaining one-party Communist states. Laos began decentralizing control and encouraging private enterprise in 1986. The results have been astounding, boasting growth of approximately 6% per year from 1988 to 2008. Despite this high growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Electricity is available in urban areas and in many rural districts. Subsistence agriculture, dominated by rice, accounts for about 30% of the GDP and provides 80% of total employment. A value-added tax regime, which began in early 2009, should help streamline the government's inefficient tax system. With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 could be achievable. The 7th Socio-Economic Development Plan for 2011–15 will outline the country's efforts to achieve Millennium Development Goals.

The GDP per capita is \$2,400.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Laos's general population is 0.2%. Laos has approximately 8,500 people living with HIV/AIDS. The largest proportion of cases is reported as migrant workers, due to the high amount of movement between neighboring countries, and housewives (UNGASS Country Report 2010).

**Military Statistics**

The Lao People's Armed Forces (LPAF) is composed of approximately 30,000 active-duty troops. Rates of HIV are unknown in the LPAF. Laos expends 0.5% of the GDP on the military.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP and the US DAO in Vientiane have continued collaboration with the LPAF.

## OUTCOMES & IMPACT

In 2010, the LPAF conducted a study tour of the Vietnam Ministry of Defense's HIV program as part of the South-to-South regional cooperation established between the two militaries. An in-country program manager was hired and is currently being trained.

### **Proposed Future Activities**

The work plan for FY11 program activities is currently being developed.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Nepal is 29 million people, with an average life expectancy of 66 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 one third of the GDP. Bumper crops, better security, improved transportation, and increased tourism pushed growth past 4% in 2008, after growth had hovered around 2.3% for the previous 3 years. During the global recession of 2009, remittances from foreign workers abroad increased 47% to \$2.8 billion, while tourist arrivals only decreased 1% compared with the previous year. The GDP per capita is \$1,200.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Nepal is 0.4%, with approximately 64,000 people living with HIV/AIDS (UNAIDS *AIDS Epidemic Update 2009*). Nepal has a concentrated HIV epidemic, driven by injection drug use and sexual transmission. A large proportion of HIV infections occur among migrant workers

traveling to India for work (UNGASS Country Report 2008).

#### **Military Statistics**

The Nepalese Army (NA) is composed of approximately 100,000 members. Nepal expends 1.6% of the GDP on military expenditures. The HIV rate among the military is unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

USPACOM and DHAPP engaged the NA in FY10.

### OUTCOMES & IMPACTS

During FY10, DHAPP collaborated with the NA on developing a work plan for program activities in FY11.

#### **Proposed Future Activities**

Planned program activities for FY11 will include reviewing current prevention materials, conducting master trainers and peer educator workshops on HIV education, and providing CT services for planned PKOs.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Timor-Leste is 1.2 million people, with an average life expectancy of 68 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 was laid waste by Indonesian troops and anti-independence militias, and 300,000 people fled west. However, over the next 3 years, 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 GDP per capita is \$2,600. In June 2005, the National Parliament unanimously approved the formation of a Petroleum Fund to serve as a repository for all petroleum revenues and to preserve the value of Timor-Leste's petroleum wealth for future generations. As of October 2009, the Fund held assets of \$5.3 billion USD. The economy is recovering from the mid-2006 outbreak of civil unrest and violence, which disrupted both private

and public sector economic activity. In 2008, the government resettled tens of thousands of an estimated 100,000 internally displaced persons, most of whom returned home by early 2009.

**HIV/AIDS Statistics**

Timor-Leste is considered to have a nongeneralized, low-level epidemic, with a national HIV prevalence of less than 0.1%. Most HIV infections appear to be a result of unprotected heterosexual contact, with other routes of transmission likely to include men having sex with men, injection drug users, and perinatal and blood transmission. A behavioral surveillance study of female sex workers, men having sex with men, and uniformed personnel was conducted by the University of New South Wales in 2008. The results indicated low levels of condom use among all 3 groups (Democratic Republic of Timor-Leste UNGASS Country Progress Report 2010).

**Military Statistics**

The Timor-Leste Defense Force (TLDF) is estimated at approximately 700 members. Forcewide testing is not in place; therefore, HIV prevalence is unknown.



**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

USPACOM and DHAPP have been collaborating with the TLDF. In FY10, an implementing partner, Church World Service, was brought on board to assist the TLDF.

**Proposed Future Activities**

In FY11, Church World Service will assist the TLDF by conducting a KAP survey, expanding its prevention efforts, and increasing CT services.

**OUTCOMES & IMPACTS**

A grant was officially awarded to Church World Service by DHAPP in August 2010. No programmatic activities occurred in FY10.



# VIETNAM

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Vietnam's estimated population is 89.6 million people, with an average life expectancy of 72 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 90%, unevenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly. Vietnam is working to promote job creation to keep up with the country's high population growth rate. Vietnam's managed currency, the dong, faced downward pressure through 2009, leading the government to devalue it by nearly 7% in December 2009. The government has used stimulus spending, including a subsidized lending program, to help the economy through the global financial crisis, and foreign donors pledged \$8 billion in new development assistance for 2010. The GDP per capita is \$3,100.



#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Vietnam's general population is 0.4%, with a total of approximately 280,000 people living with HIV/AIDS. The HIV epidemic in Vietnam is still in a concentrated stage, with the highest HIV prevalence found in specific populations—namely injection drugs users, female sex workers, and men who have sex with men, according to the UNAIDS *AIDS Epidemic Update 2009*.



#### **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**

DHAPP, the DAO in Hanoi, and USPACOM have continued to collaborate with the VMOD. An in-country program manager oversees activities with the VMOD.

## OUTCOMES & IMPACTS

### **Prevention**

The VMOD reached 25,000 new recruits (all male, 18–25 years of age) with behavior change communications. The prevention activities aim to educate new recruits on risks and risk reduction for HIV/AIDS, STI, and substance abuse, including injection drug use. In FY10, 1,980 community health and parasocial workers successfully completed a preservice training that supported prevention efforts. All levels within the VMOD (from military regions to divisions and regiments) have prevention activities in place. Prevention has been integrated into peer-education activities for all new recruits.

In FY10, the VMOD supported 7 CT centers for military members. During the year, 13,020 military members were tested for

HIV and received their results. The number of individuals tested is higher than the original target because of the inclusion of a provider-initiated CT model. Approximately, 65%–70% of the individuals tested is attributable to this model, which is supported by UNAIDS.

### **Care and Treatment**

Four (4) VMOD service outlets provide HIV-related palliative care and ART for VMOD members, their families, and civilians. During FY10, 313 HIV-positive adults and children received a minimum of 1 clinical service, 100 HIV-positive patients who were screened for TB, and 145 HIV-positive persons received cotrimoxazole prophylaxis. There were 55 patients newly initiated on ART in FY10, and at the end of the reporting period, a total of 241 patients were on ART. Four (4) laboratories had the capability to perform HIV testing and CD4 tests. During the reporting period, 829 health care workers successfully completed an in-service training program.

### **Proposed Future Activities**

All proposed activities were submitted by the US Embassy to the Vietnam Country Support Team, and were included in the FY11 COP.



**US SOUTHERN  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USSOUTHCOM's mission is to conduct joint and combined full-spectrum military operations and support whole-of-government efforts to enhance regional security and cooperation. USSOUTHCOM's humanitarian assistance missions and programs are a central part of efforts to enhance security and stability in Central America, South America, and the Caribbean. In 2009, USSOUTHCOM supported the development of 2 PEPFAR regional partnership frameworks for the Caribbean and Central America. The Caribbean regional partnership includes the militaries of the Bahamas, Barbados, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis. The Central America regional partnership includes the militaries of the Belize, Guatemala, El Salvador, Honduras, and Nicaragua. USSOUTHCOM continues to support the militaries of Dominican Republic and Guyana in their HIV/AIDS programs.

## ANTIGUA AND BARBUDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Antigua and Barbuda are islands between the Caribbean Sea and the North Atlantic Ocean. The estimated population is 87,884 people, with an average life expectancy of 75 years. English is the official language, and the literacy rate is 86%. Tourism dominates the economy and accounts for nearly 60% of the GDP and 40% of investment. The economy experienced solid growth from 2003 to 2007, and grew to over 12% in 2006 but dropped off in 2008. After the global economic crisis in 2009, the largest financial institution collapsed, and tourism has since declined sharply. The GDP per capita in Antigua and Barbuda is \$16,500.

##### **HIV/AIDS Statistics**

A total of 815 cases have been reported from 1985 to 2009. The main mode of transmission is heterosexual contact. The most at-risk groups are thought to be youth, men having sex with men, and female sex workers.

##### **Military Statistics**

The Royal Antigua and Barbuda Defense Force (RABDF) consist of approximately 250 personnel across 3

units, including the Coast Guard, and it allocates 0.5% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Bridgetown, and the RABDF on building its HIV/AIDS program. In 2009, Antigua and Barbuda joined the other Caribbean militaries of Barbados, Bahamas, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR partnership framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2010, PSI became an implementing partner in Antigua and Barbuda.



## OUTCOMES & IMPACT

### Prevention

PSI began working with the RABDF in 2010. PSI and the Trinidad and Tobago Defense Force hosted prevention training sessions during which information on HIV/AIDS prevention was disseminated, condom demonstrations were conducted, and promotional items were distributed for the militaries of Trinidad and Tobago, Saint Kitts and Nevis, and Antigua and Barbuda. Two (2) participants from the RABDF joined the peer education and master training sessions. Behavior change communication activities are under way in the RABDF. The methodologies that will be used to reach individuals will be small group sessions, face-to-face interventions, and satellite table sessions. Many behaviors will be targeted during the sessions including condom use, HIV, lubricant use, mutual fidelity, STIs, and stigma and discrimination.

### Proposed Future Activities

PSI and Cicatelli Associates Inc. (CAI) will support the program for the RABDF in FY11. PSI will continue to work with the RABDF on prevention efforts. In FY11, CAI will conduct a biobehavioral surveillance study among the RABDF. In January 2011, DHAPP staff conducted a site assessment visit to determine future activities with the RABDF beyond prevention and strategic information.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

BACKGROUND

**Country Statistics**

Argentina has a population of 41 million, with a life expectancy of 77 years. The official language is Spanish, and the literacy rate is 97%, equally distributed between men and women. Argentina benefits from rich natural resources, a highly literate population, an export-oriented agricultural sector, and a diversified industrial base. Argentina was once one of the world’s wealthiest countries, but it has since suffered during most of the 20th century because of recurring economic crises, continued fiscal and current account deficits, high inflation, and external debt. The economy has rebounded since 2009, but the government’s continued reliance on expansionary fiscal and monetary policies risks worsening already high inflation, which remains underreported. The GDP per capita is \$14,700.



**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Argentina’s general population is 0.5% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS in 2009 was 110,000 (UNAIDS 2009).

**Military Statistics**

The Argentine military is composed of Army, Navy, and Air Force branches with approximately 73,000 personnel. The HIV prevalence in the military is unknown.

PROGRAM RESPONSE

**In-Country Ongoing Assistance**

DHAPP has worked in collaboration with the US Security Cooperation Activity at the US Embassy in Buenos Aires and Naval Medical Research Unit No. 6 in Lima to assist the Argentine military in supporting their program.

OUTCOMES & IMPACTS

In March 2010, DHAPP staff hosted an HIV/AIDS policy workshop, conducted for key MOD members and medical communities from the Army, Navy, and Air Force. Discussions included considerations for future military HIV

policy development, with an emphasis on combating stigma and discrimination and promoting proactive integrated prevention programs and strong linkages to care.

### Proposed Future Activities

A behavioral surveillance study is being planned in collaboration with NAMRU-6. This study will inform future HIV prevention programs.



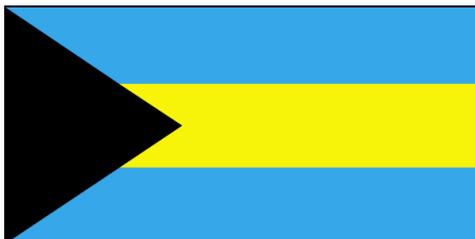
**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

Since attaining independence from the United Kingdom in 1973, the Bahamas have prospered through tourism, international banking and investment management. Tourism, together with tourism-driven construction and manufacturing, accounts for approximately 60% of the GDP and employs half of the archipelago’s labor force. Before 2006, a steady growth in tourism receipts and a boom in construction of new hotels, resorts, and residences led to solid GDP growth; but since then, tourism receipts have begun to drop off. The global recession in 2009 took a sizeable toll on the Bahamas, resulting in a contraction in GDP and a widening budget deficit. The decline continued in 2010 as tourism from the United States and sector investment lagged.

The estimated population in the Bahamas is 310,000, with a life expectancy of 71 years. The official



language of the Bahamas is English, with a literacy rate of 96%. The GDP per capita is \$28,600.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Bahamas’s general population is estimated at 3.1%, with 6,600 people living with HIV. The Bahamas have the highest HIV prevalence in the Caribbean region. AIDS has been the leading cause of death in the 15–49 years age group in the Bahamas since 1994. The majority of persons reported are in the productive years of early adulthood between 20 and 39 years of age. The disease occurs primarily among heterosexuals, although underreporting by men who have sex with men remains a challenge (UNGASS Country Report 2008).

**Military Statistics**

The Royal Bahamian Defense Force (RBDF) is composed of an estimated 1,000 members. The Bahamas allocates 0.7% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff members have been working with the ODC in Nassau and the RBDF on military-specific prevention activities. In 2009, the Bahamas joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR partnership framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown, Barbados, and coordinates activities across the militaries in the Caribbean region. In FY09, an implementing partner joined DHAPP efforts in the Bahamas. The AIDS Foundation of the Bahamas initiated prevention efforts and a knowledge, attitudes, practices, and behavior (KAPB) assessment for the RBDF in 2010.

## OUTCOMES & IMPACT

### **Prevention**

In 2010, the AIDS Foundation of the Bahamas completed a KAPB assessment in the RBDF. The findings of the survey were disseminated to senior leadership in August 2010. DHAPP was present during the data dissemination and conducted a needs assessment while there. In addition, the AIDS Foundation of the Bahamas began conducting prevention trainings with the RBDF.

### **Proposed Future Activities**

In FY11, the AIDS Foundation of the Bahamas will complete its training efforts with the RBDF. DHAPP staff met with the RBDF in March 2011 to discuss future program activities.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Barbados is 285,000 people, with an average life expectancy of 74 years. English is the official language of Barbados, which has an estimated literacy rate of 99%, evenly distributed between men and women. The GDP per capita is \$21,700. Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities. In the 1990s, tourism and manufacturing surpassed the sugar industry in economic importance.

**HIV/AIDS Statistics**

The HIV prevalence rate in the adult population is estimated at 1.4%, with approximately 2,100 people living with HIV/AIDS (UNAIDS *AIDS Epidemic Update 2009*). Although the HIV epidemic in Barbados is generalized, implying that HIV prevalence in the general population is relatively high, the prevalence is even higher among the most at-risk populations. Some of the key populations believed to be at higher risk are men in general, men who have sex with men, sex workers, prisoners, and drug users. Recently, key research activities have been initiated to determine behavioral patterns in the

most at-risk populations in the context of HIV (UNGASS Country Report 2010).

**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**

DHAPP staff has been working in conjunction with the US MLO in Bridgetown and the RBDF on a military-specific prevention program. In 2009, Barbados joined the other



Caribbean militaries of Antigua and Barbuda, Belize, Bahamas, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR partnership framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works with the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In addition, Cicatelli Associates Inc. (CAI) was brought on to work with the RBDF as an implementing partner. CAI assisted the RBDF by assessing a behavioral intervention to reduce sexual risk behavior and will be conducting a baseline behavioral assessment within the RBDF.

## OUTCOME AND IMPACT

### Prevention

Eighteen (18) members of the RBDF participated in a series of behavior change communications trainings focused on peer education. Of these, 12 were selected as master trainers. The facilitator scheduled an additional week of HIV education in October since the 12 master trainers who were selected did not demonstrate satisfactory capabilities at the end of September. The 2 billboards funded under the project have been erected.

### Other

An RBDF strategic information team of 7 individuals was formed and trained by CAI on implementing the Popular Opinion Leaders (POLs) intervention. Following the training, CAI will work with the trained POLs and the strategic information team to study, assess, and maintain the intervention.

CAI has been working with members trained to identify a stratified sample in order to test for effects in the pre- and post-intervention phases.

### Proposed Future Activities

The RBDF will continue its prevention efforts and will work closely with CAI on assessing behavioral interventions and acquiring a baseline of behavioral data.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Belize is 315,000 people, with an average life expectancy of 68 years. English is the official language of Belize, but nearly half of the population speaks Spanish. The estimated literacy rate is 77% and is evenly distributed between men and women. The GDP per capita is \$8,400, with an unemployment rate of 13%. 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. Current concerns include an unsustainable level of foreign debt, high unemployment, and increasing involvement in the South American drug trade, escalating urban crime, and rising incidence of HIV/AIDS.

**HIV/AIDS Statistics**

The HIV prevalence rate among people aged 15-49 is estimated at 2.3%, the highest per capita HIV prevalence rate

in Central America. By the end of 2009, 4,800 people were living with HIV (UNAIDS *AIDS Epidemic Update 2009*).

**Military Statistics**

The Belize Defense Force (BDF) is composed of approximately 1,000 personnel, with the primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.4% of the GDP for military expenditures. A serological and behavioral assessment was conducted among BDF personnel in 2010. Results were released in 2011 and showed an HIV rate of 1.14% among the BDF.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

DHAPP staff have been working in conjunction with the US MLOs in Belmopan and Bridgetown, Barbados, and the BDF to create a military-specific HIV/AIDS program. Belize is also a partner nation in both the PEPFAR Caribbean and Central America partnership frameworks. A DoD regional program manager was hired in 2009 to coordinate activities across the militaries in the Caribbean region and is based at the US MLO in Bridgetown. In FY09, 2 partners were



brought on to assist the BDF with its program. Charles Drew University of Medicine and Science (CDU) and Cicatelli Associates Inc. have expanded the BDF's prevention portfolio and supported a serological and behavioral assessment of HIV infection within the BDF, respectively.

## **OUTCOMES & IMPACTS**

### **Prevention and Other**

The BDF and CDU began working together in January 2010. Following an assessment of the capacity and needs of the BDF, the HIV prevention program developed included planning discussions with leadership on condom sensitization, proper condom-use training, and condom distribution. One hundred and forty-four (144) personnel were reached and 14 were trained in prevention messages. Prevention activities implemented by CDU included the distribution of condoms to military members at each of the 4 bases. Forty-eight (48) soldiers received information and demonstrations on correct condom use prior to deployment to Haiti, as well as care packets that included 1 female condom, 10 male condoms, and pamphlets on HIV and STIs. The session included a risk assessment game, a presentation on why the military is vulnerable to HIV, the difference between HIV and AIDS, how HIV is transmitted, and how HIV can be prevented.

One of the primary objectives of the BDF's HIV program is to begin offering CT services. As a component of the serological and behavioral assessment conducted by CAI, rapid testing was conducted among 351 members. With the assistance of CDU, the BDF intends to operate a second CT site in Punta Gorda, at which a physician and lab

technician would rotate to provide services. The Ministry of Health (MOH) and the BDF have formally agreed (in writing) that the MOH will supply the BDF with testing kits. In addition, soldiers who are on ARVs will now be able to access their medication at the BDF hospital.

The first CT campaign was done at Camp Belizario and a total of 45 soldiers were tested. The BDF partnered with the MOH on the campaign, which provided HIV education and assisted with posttest counseling. The MOH also provided all testing kits and all other materials needed for the testing. As of September 30, 2010, a total of 201 HIV tests were done (separate from the serological and behavioral assessment conducted). In addition, the BDF program reached its target of 3 trained CT counselors.

The BDF, CDU, and DHAPP began work on developing an HIV policy handbook. A document was approved in February 2011 and it includes topics such as the rights of employees who test positive for HIV, assessment of medical fitness, disclosure of results, partner notification.

CDU coordinated a 1-day strategic planning retreat and reviewed and revised the existing strategic plan. The 14-member HIV Response Committee participated in the retreat. The committee was composed of soldiers from the various training companies and ranks.

### **Proposed Future Activities**

In FY11, the BDF will continue prevention activities with CDU as well as CT services. Training will be provided for clinicians and other medical personnel.

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Bolivia has a population of 9.9 million, with a life expectancy of 67 years. The official languages are Spanish, Quechua, and Aymara, and the literacy rate is 86.7%, unequally distributed between men and women. Bolivia is one of the poorest and least developed countries in Latin America. From 2003 to 2005, the country experienced the suspension of trade benefits with the United States and a period of political instability, racial tensions, and violent protests against plans, which were later abandoned, to export Bolivia's infrastructure. The GDP per capita is \$4,800. The global recession in 2009 slowed the economic growth from mining and hydrocarbons exports. The Bolivian economy continues to confront ongoing challenges.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Bolivia's general population is 0.2% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS in 2009 was 12,000 (UNAIDS *AIDS Epidemic Update 2009*).

**Military Statistics**

The Bolivian Armed Forces (BAF) is made up of Army, Navy, and Air Force branches, and the approximate size is 46,000 personnel. The HIV prevalence among the military is unknown.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

DHAPP has been collaborating with the US Security Cooperation Office at the US Embassy in La Paz and has identified an implementing partner, the International Development Agency (IDA) that will support the BAF with its HIV program.

**OUTCOMES & IMPACTS**

No programmatic activities supported by DHAPP took place in FY10; however, a grant was awarded to IDA by DHAPP in January 2011. UNAIDS

and the Global Fund provided support for the BAF in prior years. The National STD/HIV/AIDS Program document, Chapter IVth Inc. 14, incorporates military forces as an important partner in the National HIV/AIDS Board order to reach the established objectives.

**Proposed Future Activities**

The Bolivian in-country partner is IDA, who will be collaborating with the Military Medical Services, Military Social Security, and the National STD/HIV/AIDS Program to increase early detection of HIV and STIs in the military population through rapid testing and pre- and post-test counseling.

IDA will be working with the MOD, who is responsible for the STD/HIV/AIDS Program in the Military and Defense Sector, to strengthen the Committee on the Prevention and Control of HIV/AIDS in the Armed Forces and National Police in-country

(COPRECOS-Bolivia) with the goals of including COPRECOS-Bolivia in the multi-sectoral organization, CONASIDA, which defines HIV/AIDS and STI policies.

Military peer leaders will be trained in 8 military institutions to provide education on HIV and STI prevention. The program will coordinate with the National HIV/AIDS program for the distribution of condoms, donated by the United Nations Population Fund, in the military units. Military personnel will be trained in the provision of confidential rapid HIV testing and counseling and will utilize people living with HIV/AIDS to help promote the adoption of healthy behaviors and attitudes for individuals infected and affected by HIV. In order to increase capacity in HIV diagnosis and treatment, 50 health professionals will be trained by regional multidisciplinary teams in 9 military hospitals and the health unit.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Colombia has a population of 44 million, with a life expectancy of 74 years. Spanish is the official language, and the literacy rate is 90%, evenly distributed between men and women. During the 1990s, a 40-year-long conflict escalated between government forces and anti-government insurgent groups, principally the Revolutionary Armed Forces of Colombia, heavily funded by the drug trade. Violence has since decreased, but insurgents continue attacks against civilians. In early 2011, Colombia acquired a nonpermanent seat on the UN Security Council for the 2011–12 term. Colombia experienced accelerated economic growth between 2002 and 2007, mostly due to improvements in domestic security, rising commodity prices, and to the President's promarket economic policies. Inequality, underemployment, and narcotrafficking continue to be

significant challenges, and major improvements need to be made to the country's infrastructure in order to maintain economic expansion. Due to the global financial crisis and decreasing demand for Colombia's exports, the economic growth decreased from 2.7% in 2008 to 0.8% in 2009, but rebounded to approximately 4.5% in 2010. The GDP per capita is \$9,800. High poverty rates, internal displacement, internal armed conflict, and gender inequality and discrimination result from the socioeconomic situation. It is important to recognize how these factors play an important role in the potential increase and spread of HIV infection.

**HIV/AIDS Statistics**

HIV is mainly concentrated in certain populations with high vulnerability (sex workers and men who have sex with men, for whom HIV prevalence rates are approximately over 3% and 10%, respectively), while the general population prevalence for adults 15–49 years of age is 0.5%. The estimated number of people living with HIV/AIDS in 2009 was 160,000 (UNAIDS *AIDS Epidemic Update 2009*).



### **Military Statistics**

The Colombian Military is made up of the Army, Navy, Air Force, and Coast Guard, with approximately 285,000 personnel. The HIV prevalence amongst the military is unknown.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

Since 2005, the Colombian Ministry of National Defense has been implementing the project titled “Strengthening sexual and reproductive health, including sexual and reproductive rights and gender equality” within the force, military, or troops with the assistance of United Nations Population Fund (UNFPA). The proposed activities supported by DHAPP will complement the current work plan in collaboration with the support provided by the Colombian Ministry of National Defense, UNFPA, and the AVANZADA LAC COPRECOS Global Fund project.

DHAPP has identified an implementing partner, Liga Colombiana de lucha contra el SIDA, who will support the Colombian military with its HIV program.

### **OUTCOMES & IMPACTS**

DHAPP helped support the regional meeting of the Committee of Prevention and Control of HIV/AIDS in the Armed Forces and the National Police for Latin America and the Caribbean (COPRECOS LAC), in conjunction with UNAIDS and UNFPA, which was held in March 2010 in Bogota, Colombia. The main objective of the meeting was to discuss the Global Fund AVANZADA project.

No other programmatic activities took place in FY10.

### **Proposed Future Activities**

In-country partner Liga Colombiana de lucha contra el SIDA will design, develop, and monitor a harmonized information system and train health personnel in the armed forces to collect, consolidate, and analyze data regarding HIV and other sexual and reproductive health indicators to monitor programs.

Trainings and capacity building of “promoter” soldiers of the National Army will be provided to equip them to conduct peer-to-peer activities. Tools for the correct use of condoms, increasing awareness about HIV/AIDS, decreasing stigma reduction, discrimination, and topics supporting sexual and reproductive rights are planned. HIV CT will also be made available. An interactive virtual training will be designed as a sustainability mechanism that would retain the capacity despite the high turnover of the health personnel.

In collaboration with Naval Medical Research Unit 6 and the Global Fund AVANZADA project, a biobehavioral surveillance survey will be conducted to better understand the prevalence of HIV and risk factors for HIV and other STIs. Data will be used to inform future HIV prevention interventions.

## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

The estimated population of the Dominican Republic is 9.8 million people, with an average life expectancy of 77 years. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 87%, evenly distributed between men and women. The GDP per capita is \$8,600, with an unemployment rate of 14%. 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. The economy is highly dependent on the United States, the destination for nearly 60% of exports. Remittances from the US amount to about a tenth of the GDP, equivalent to almost half of exports and three quarters of tourism receipts. Although the economy is growing at a respectable rate, high unemployment and underemployment remain important challenges.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Dominican Republic general population is estimated at 0.9%. It is estimated that 57,000 Dominicans are living with HIV/AIDS. According the UNAIDS *AIDS*

*Epidemic Update 2009*; HIV incidence is on the decline, with a statistically significant drop in new infections in the Dominican Republic. The Dominican Republic was a country previously believed to have an epidemic overwhelmingly characterized by heterosexual transmission, but the continuing high prevalence of men among those living with HIV/AIDS has led researchers to conclude that sexual transmission between men may account for a much larger share of infections than earlier believed. A recent review of epidemiological and behavioral data in the Dominican Republic also concluded that the notable declines in HIV prevalence reported were likely due to changes in sexual behavior, including increased condom use and partner reduction, although the study also highlighted high levels of HIV infection among men who have sex with men. Surveys of men who have sex with men in the Dominican Republic found that 11% were living with HIV and that only



about half (54%) reported using condoms consistently during anal intercourse with another man.

### **Military Statistics**

The Dominican Republic military, known as Fuerza Aerea Dominicana (FAD), consists of approximately 50,000 active-duty personnel, about 30% of whom participate in 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 FAD is second in size to Cuba's military in the Caribbean.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP staff has been working in collaboration with the US MLO in Santo Domingo and the FAD. An in-country program manager oversees activities for the FAD and works for the US MLO. The implementing partners for the FAD include Cicatelli Associates Inc., Fundacion Genesis, and INSALUD (Instituto Nacional de Salud).

### **OUTCOMES & IMPACTS**

Fundacion Genesis supported the FAD by providing a mass media campaign for prevention and CT services at 8 sites, and aiding in the development of an HIV/AIDS policy for the military. INSALUD revised the health education curriculum for the FAD. INSALUD implemented a continuing education program in STI/HIV/AIDS for master trainers and peer educators in January 2010. In FY10, 1,257 individuals

were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards. Other prevention activities include CT services. Through the 7 CT sites that were established in 2010 and the Behavioral Seroprevalence Survey (BSS) conducted, 2,149 individuals received CT services for HIV and received their test results. More women have been reached than originally estimated, because 2 of the care sites have an intense flow of family and community members servicing more women than those in the military.



In FY10, 56 health care workers successfully completed an in-service training program. Two (2) workshops were conducted by Fundacion Genesis to train health care personnel in CT services, including 26 providers who received basic HIV counseling training and practical training during the induction phase of the project (mid-June). Another 10 laboratory technicians were trained in coordination with the Ministry Of Health on the use of HIV rapid tests. Two (2) of the leading military technicians were further trained in quality assurance by the CDC. The FAD has assigned 5 of these technicians to those sites that had no lab personnel. Eighteen (18) military health care workers were trained on survey techniques and

data collection for the application of the BSS with military personnel in a national study conducted during FY2010.

**Other**

The HIV policy for the FAD has been defined and printed, and dissemination has been initiated. A simpler guidance document should be developed based on the policy to guide HIV-related activities within the FAD focused on CT service delivery and defined conduct.

An information system has been developed to facilitate data registry at the CT sites. The system has been designed, equipment secured, and installed at each site and at MOD headquarters. The initial training of key personnel on site was provided, but further supervision and support is needed.

Data collection and processing phase is pending, and it is expected that the MOD will provide follow-up and supervision. Fundacion Genesis information technology personnel will continue to provide technical assistance during the next year to ensure adequate and continuous training to personnel in charge of data input and the analysis process.

**Proposed Future Activities**

In FY11, the 3 NGOs will roll out their programs for the FAD and continue to assist in building a comprehensive HIV/AIDS program.



WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

**BACKGROUND**

**Country Statistics**

The estimated population of El Salvador is 6 million people, with an average life expectancy of 73 years. Spanish is the official language of El Salvador, which has an estimated literacy rate of 81%, evenly distributed between men and women. The GDP per capita is \$7,300, with an unemployment rate of 7%. The smallest country in Central America, El Salvador has the third largest economy, but growth has been modest in recent years. Economic growth decelerated in 2009 due to the global recession but began a slow road to recovery in 2010 as a result of improved export and remittances figures.

**HIV/AIDS Statistics**

The HIV prevalence rate in the general population of El Salvador is estimated at 0.8%, with approximately 34,000 people living with HIV/AIDS (UNAIDS *AIDS Epidemic Update 2009*). According to an

epidemiological report from the Ministry of Public Health and Social Assistance, through the National STI/HIV/AIDS Program from 1984 to December 2006, a total of 18,018 HIV/AIDS cases were reported. UNAIDS estimates a 40% to 50% under recording in the country. Of the 18,018 cases recorded, the age group most affected is those 20–34 years of age, accounting for 51% of all cases (May 2007, Ministry of Health, *The Fight Against AIDS in El Salvador, a National Commitment*). The 2009 UNAIDS *AIDS Epidemic Update* reported that certain at-risk populations account for a large share of infections in Latin America, such as men who have sex with men, injection drug users, sex workers, and their partners. Surveys have found HIV prevalence among men who have sex with men in El Salvador to be 7.9%. Men who have sex with men were 21.8 times more likely than the general population to be infected in El Salvador. Serosurveys in recent years have detected a 3.2% HIV prevalence rate among female sex workers in El Salvador.

**Military Statistics**

The El Salvadoran Armed Forces (ESAF) consists of approximately 15,000 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 among ESAF personnel. El Salvador expends 5% of the GDP on military purposes.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff have been collaborating with the US MLO in San Salvador and the ESAF to re-energize its program. In addition, PSI and its affiliate in Central America, PASMO, are supporting the ESAF HIV/AIDS program. In 2009, El Salvador joined the other Central American militaries of Belize, Guatemala, Honduras, and Nicaragua in the development of a PEPFAR partnership framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala.

### OUTCOMES & IMPACTS

#### **Prevention**

In FY10, PASMO and the ESAF conducted prevention activities that reached 1,762 individuals with individual and/or small group level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standards requirement. They provided trainings for both troops and officers. PASMO modified a proven behavior change communication methodology titled, *Vive la Vida*, to be used as the foundation for a troop-level training program. *Vive la Vida* is a series of four 3-hour meetings during which the troops gain knowledge about HIV infection and methods for preventions, as

well as skills to practice healthy behaviors. Officer trainings are similar. They are 2-hour interactive sessions, specifically targeted to improve knowledge of HIV prevention, laws, and policies, and to reduce stigma and discrimination. The quality of the trainings for both troops and officers are ensured with pre- and post-tests that measure knowledge gained during the trainings. In addition, 127 health care workers successfully completed an in-service training program in prevention outreach and CT services. PASMO will begin supporting CT services in FY11 for the ESAF.

#### **Proposed Future Activities**

PASMO will continue to conduct prevention trainings and CT services for the ESAF during the next year.



WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

**Country Statistics**

The estimated population of Guatemala is 13.5 million people, with an average life expectancy of 71 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 69%, unevenly distributed between men and women. The GDP per capita is \$5,200, with an unemployment rate of 3.2%. Guatemala is the most populous of the Central American countries, with a GDP per capita roughly one half that of the average for Latin America and the Caribbean. The agricultural sector accounts for about 15% of GDP, and half of the labor force. Coffee, sugar, and bananas are the main products. The economy contracted in 2009 as export demand from US and other Central American markets fell and foreign investment slowed amid the global recession. The economy recovered gradually in 2010 and will likely return to normal growth rates by 2012.

**HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Guatemala is estimated at 0.8%, with approximately 62,000 people living with HIV/AIDS. The Guatemalan epidemic is spread primarily through sexual activity, and it is growing rapidly

among men who have sex with men, and sex workers. According to the 2009 UNAIDS *AIDS Epidemic Update*, recent serosurveys in Guatemala have detected a 4.3% HIV prevalence rate among female sex workers. In addition, a recent study in Guatemala found that a multilevel intervention focused on female sex workers resulted in a more than fourfold decline in HIV incidence in the population, as well as a significant increase in consistent condom use.



**Military Statistics**

The Guatemalan Armed Forces (GAF) consists of approximately 15,000 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, and 0.7% of these members were

diagnosed as HIV positive. Another behavioral and seroprevalence study among the GAF is planned for the near future.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

In 2009, Guatemala joined the other Central American militaries of Belize, El Salvador, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. DHAPP staff are active members of the PEPFAR Country Support Team for Central America and represent the militaries of this region. In the future, DHAPP will be hiring a program manager to be located in the region and coordinate activities with the militaries.

**OUTCOMES & IMPACTS**

In 2010, 1 member of the GAF attended the 10th Annual *HIV/AIDS Planning and Policy Development Course* in San Antonio, Texas, sponsored by the US Defense Institute for Medical Operations. DHAPP supported travel to this conference.



# GUYANA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Guyana is 750,000, with a life expectancy of 67 years. 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 92%, evenly distributed between men and women. The GDP per capita is \$6,800. The Guyanese economy exhibited moderate economic growth and is mostly based on agriculture and extractive industries. Economic recovery since the 2005 flood-related contraction has been buoyed by increases in remittances and foreign direct investment. Guyana's entrance into the Caribbean Community Single Market and Economy in January 2006 will continue to broaden the country's export market, primarily in the raw materials sector. Due to the global recession, economic growth slowed in 2009–10.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Guyana's general population is estimated at 1.2%, with approximately 5,900 people living with HIV/AIDS. A more accurate picture is emerging of the epidemic in Guyana, where HIV transmission is occurring

primarily through unprotected sexual intercourse. Among sex workers, the HIV prevalence is 27% in Guyana.

#### **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. A seroprevalence and behavioral survey is planned for the GDF in 2011.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff members and the US MLO in Georgetown have been working with the GDF. An in-country program manager, who works for the MLO, oversees and coordinates activities with the GDF.



## Outcomes and Impact

### Prevention

Many prevention activities occurred in the GDF, such as reaching 463 individuals with individual and/or small group level preventive interventions that are based on evidence and meet the minimum PEPFAR standards. The individuals reached were part of the targeted populations of recruits: deployed members to Trinidad and Tobago, Junior Leadership Course attendees, Ensigns, and Junior Command, Staff Course, and Coastal Battalion Platoon members. Other prevention activities included 17 men getting circumcised as part of the HIV prevention services. CT activities are offered through 3 fixed sites and a mobile unit that travels to 3 border locations/stations. In total, 1,031 individuals received CT services for HIV and received their test results.

### Care

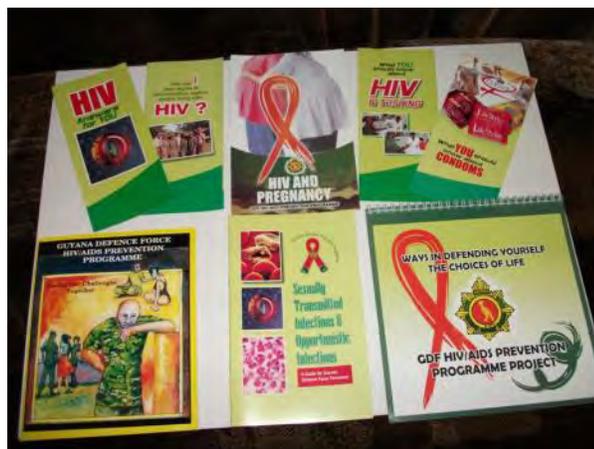
In FY10, 69 health care workers successfully completed an in-service training program. The staff who were trained included 16 individuals in medical injection safety and waste management practices, 23 individuals in CT services, 27 individuals in HIV-related stigma and



discrimination, and 3 individuals in phlebotomy. In addition, 3 new health care workers are being trained and will graduate from preservice training institution in the next year.

### Proposed Future Activities

Trainings are planned for the GDF in laboratory and TB services, and injection and blood safety. Mobile CT services will continue to be provided at various bases. Educational materials will be distributed to military personnel with information on HIV prevention, CT, STIs, and stigma and discrimination. A seroprevalence and behavioral survey is planned for the GDF in 2011.



# HONDURAS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Honduras is 8 million people, with an average life expectancy of 71 years. The official language of Honduras is Spanish, and the literacy rate is 80%, evenly distributed between men and women. The GDP per capita is \$4,200, with an estimated unemployment rate of 5.1%. Honduras is the second poorest country in Central America and has an extraordinarily unequal distribution of income and massive unemployment. The economy improved marginally in 2010, but the growth was not sufficient to improve living standards for the large proportion of the population living in poverty. Historically, the economy relied heavily on a narrow range of exports, notably bananas and coffee, but has diversified its export base to include apparel and automobile wire harnessing.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Honduran general population is estimated at 0.8%, with 39,000 people living with HIV/AIDS. According to the UNAIDS *Epidemic AIDS Update 2009*, the latest epidemiological data suggest that the epidemic in Latin America remains stable. With a regional HIV

prevalence of 0.6%, Latin America is primarily home to low-level and concentrated epidemics.

#### **Military Statistics**

The Honduran Armed Forces (HAF) consists of approximately 12,000 troops. The various branches of the military in Honduras include an army, navy, and air force. The Honduran government allocates 0.6% of the GDP for the military. The HIV prevalence rate in the HAF is currently unknown.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The DHAPP staff has been collaborating with USSOUTHCOM, US Joint Task Force-Bravo, and the HAF to support an HIV/AIDS program in Honduras. In addition, an implementing partner is supporting the HAF program. PSI and its affiliate in Central America, PASMO, began

supporting the program in FY09 and continue today.

**OUTCOMES & IMPACT**

**Prevention**

In FY10, 457 individuals were reached with individual and/or small group level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standards requirement. Ten (10) military health care workers successfully completed an in-service training program in CT and were certified by the Secretary of Health in Honduras.

**Proposed Future Activities**

Ongoing successful HAF and partner programming will continue to include aspects of comprehensive prevention for military members and their families. All proposed activities were submitted by the Central America Regional Support Team and were included in the FY11 COP.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Jamaica is 2.8 million people, with an average life expectancy of 73 years. English is the official language of Jamaica, which has an estimated literacy rate of 88%, unevenly distributed between men and women. The GDP per capita is \$8,400. The Jamaican economy is heavily dependent on services, which now account for more than 60% of the GDP. The country continues to derive most of its foreign exchange from tourism, remittances, and bauxite/alumina. High unemployment exacerbates the crime problem, including gang violence that is fueled by the drug trade.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Jamaican general population is estimated at 1.7%, with approximately 32,000 people living with HIV/AIDS (UNAIDS *AIDS Epidemic Update 2009*). Jamaica continues to experience features of a generalized and concentrated epidemic, and higher HIV prevalence has been identified among vulnerable populations, such as men having sex with men (31.8%), sex workers and informal entertainment workers (4.9%), inmates (3.3%), and crack/cocaine users (4.5%).

Despite widespread scaling up of HIV testing, approximately 50% of HIV-infected persons remain unaware of their status (UNGASS Country Report 2010).

**Military Statistics**

The Jamaica Defense Force (JDF) consists of approximately 4,000 personnel distributed among the Ground Forces, Coast Guard, Air Wings, and the national reserves. The percentage of the Jamaican GDP expended on a military purposes is 0.6%. A behavior and serological surveillance survey was conducted within the JDF at the end of 2010. Analysis is nearly complete, and findings will be presented to the JDF in 2011.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The DHAPP staff has been working in conjunction with the US MLO in Kingston and the JDF on a military-specific prevention program. In 2009,

Jamaica joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Trinidad and Tobago, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 to coordinate activities across the militaries in the Caribbean region and is based at the US MLO in Bridgetown, Barbados. Two partners, Charles Drew University of Medicine and Science and PSI, are assisting with the development of JDF's HIV program through implementing prevention activities and CT services for the JDF.

**OUTCOME AND IMPACT**

**Prevention**

PSI Caribbean is supporting prevention efforts with the JDF, and in FY10, they trained 25 master trainers who will begin behavior change communication activities with their peers in FY11. The methodologies that will be used to reach individuals will be small group sessions, face-to-face

interventions, and satellite table sessions. Many behaviors will be targeted during the sessions, including condom use, HIV, lubricant use, mutual fidelity, STIs, and stigma and discrimination. In addition, PSI conducted a qualitative assessment that identified key locations for condom distribution, which will begin in FY11.

In FY10, Drew University assessed CT resources and identified locations for future CT sites as well as trained 26 staff members to deliver CT services. In addition, Drew University conducted a behavior and serological surveillance survey among a portion of the JDF. The survey was voluntarily done, and participants could opt out of testing if they only wanted to complete the behavior questionnaire. Analysis is nearly complete, and the JDF will be briefed on the findings in April 2011.

**Proposed Future Activities**

Currently, PSI and Drew University are working with DHAPP and the JDF on work plans for the coming year to continue implementing prevention and counseling activities.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Nicaragua is 6 million people, with an average life expectancy of 72 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 68%, evenly distributed between men and women. The poorest country in Central America, Nicaragua has widespread underemployment and poverty. While the country has progressed toward macroeconomic stability in the past few years, annual GDP growth has been far too low to meet the country's needs, forcing the country to rely on international economic assistance to meet fiscal and debt financing obligations. The economy has gradually been recovering since the global economic crisis and is expected to grow at a rate of approximately 3% in 2011. The GDP per capita is \$2,900.

**HIV/AIDS Statistics**

According to the UNAIDS *AIDS Epidemic Update 2009*, the latest epidemiological data suggest that the epidemic in Latin America remains stable. With a regional HIV prevalence of 0.6%, Latin America is primarily home to low-level and concentrated epidemics. The HIV prevalence rate in

the general population of Nicaragua is estimated at 0.2%, with a total of approximately 76,900 people living with HIV/AIDS. Men who have sex with men account for the largest share of infections in Latin America, although there is a notable burden of infection among injection drug users, sex workers, and the clients of sex workers. There are limited data on modes of transmission in Nicaragua. However, some data exist, such as men who have sex with men are 38 times more likely than the general population to be infected.

**Military Statistics**

The National Army of Nicaragua (NAN) is estimated at approximately 12,000 active-duty members. Eighty percent (80%) of the NAN population is 18–35 years of age, 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**

The US MLO and DHAPP began collaborating with the NAN on its HIV program in FY09. Also in 2009, Nicaragua joined the other Central American militaries of Belize, El Salvador, Guatemala, and Honduras in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. Since January 2010, the NicaSalud Network Federation became an implementing partner for the NAN.

## OUTCOMES & IMPACTS

### **Prevention**

In FY10, NicaSalud and the NAN reached 166 military members with small group level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards requirement. NicaSalud will support CT services starting in FY11, and in preparation, 4,500 test kits were procured. During the reporting period, 32 health care workers successfully completed an in-service training program in adult treatment.

### **Proposed Future Activities**

In FY11, NicaSalud will continue to work with the NAN to strengthen its prevention, CT services, and surveillance activities.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

**BACKGROUND****Country Statistics**

The estimated population of Peru is 29.9 million people, with an average life expectancy of 71 years. Spanish and Quechua are the official languages of Peru, which has an estimated literacy rate of 93%, 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. The Peruvian economy grew to 9% a year in 2007–08, fell 1% in 2009 due to the global recession, but then resumed in 2010 at almost 8%, due in part to increased exports. The national poverty rate was reduced by about 15% since 2002, but underemployment remains high. The GDP per capita is \$9,200, with an unemployment rate of 6.7%. The US-Peru Trade Promotion Agreement entered into force February 1, 2009, opening the way to greater trade and investment between the two economies.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Peruvian general population is estimated at 0.4%. It is estimated that a total of 75,000 Peruvians are living

with HIV/AIDS. Substantial new evidence on epidemiological trends in the region, including the first-ever modes of transmission analysis for Peru and numerous serosurveys among key populations in Latin America, has been generated over the past 2 years. A modes of transmission analysis completed in 2009 determined that men who have sex with men account for 55% of HIV incidence in Peru. In Peru, the female sexual partners of men who have sex with men account for an estimated 6% of HIV incidence. In Peru, the number of male AIDS cases reported in 2008 was nearly three times higher than the number among females, although this 3:1 differential represents a considerable decline from 1990, when the male:female ratio of AIDS cases approached 12:1.

**Military Statistics**

The Peruvian Armed Forces (PAF) consists of an army, air force, and navy (including naval air, naval infantry, and coast guard). There are approximately 115,000 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 UN-sponsored PKOs.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The DHAPP staff is collaborating with the US Naval Medical Research Unit 6 (NAMRU-6) in Lima and the PAF. Program activities began in 2009.

## OUTCOMES & IMPACTS

### **Other**

In FY10, further analysis on the biobehavioral survey was conducted with NAMRU-6. Technical assistance in the design of educational material for training in sexual and reproductive health, HIV/AIDS, and other STI prevention was provided.

### **Proposed Future Activities**

In FY11, NAMRU-6, in conjunction with the PAF, will provide HIV/STI prevention training for PAF units, particularly those located remotely from Lima, perform HIV CT, purchase laboratory reagents and supplies for HIV screening and testing, optimize the provision of ARVs in the PAF by performing HIV-resistance genotype testing on new HIV isolates, offer local lecture series for Peruvian physicians on HIV infection and ARV management, and provide training in Lima and on-site for Peruvian laboratory workers in HIV and syphilis testing.



## ST. KITTS AND NEVIS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Saint Kitts and Nevis are islands in the Caribbean Sea. The estimated population is 50,314 people, with an average life expectancy of 75 years. English is the official language, and the literacy rate is 98%. Revenues from tourism replaced sugar, which was the mainstay of the economy until the 1970s. The current government has one of the world's highest public debt burdens equivalent to approximately 185% of GDP. The GDP per capita in Saint Kitts and Nevis is \$14,400.

##### **HIV/AIDS Statistics**

A total of 270 cases have been reported from 1984 to 2006. The main mode of transmission is thought to be unprotected sex, especially among groups of people who have concurrent sexual partnerships. In 2004, a seroprevalence study was conducted among prisoners and the prevalence was found to be 2.4%. Since the extent of HIV epidemic in Saint Kitts and Nevis is unknown, there is no evidence of a generalized or concentrated epidemic (UNGASS Country Report 2008).

##### **Military Statistics**

The Royal Saint Kitts and Nevis Defense Force (RSKNDF) consists of approximately 600 personnel. No estimates of military HIV prevalence rates are available.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Bridgetown and the RSKNDF on building its HIV/AIDS program. In 2009, Saint Kitts and Nevis joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Bahamas, Belize, Jamaica, Suriname, and Trinidad and Tobago in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in

Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2010, PSI became an implementing partner in Saint Kitts and Nevis.

## OUTCOMES & IMPACT

### **Prevention**

PSI began working with the RSKNDF in 2010. PSI and the Trinidad and Tobago Defense Force hosted prevention training sessions in which information on HIV/AIDS prevention was disseminated, condom demonstrations were conducted, and promotional items were distributed for the militaries of Trinidad and Tobago, Saint Kitts and Nevis, and Antigua and Barbuda. Two (2) participants from the RSKNDF joined the peer education and master training sessions. Behavior change communication activities are under way in the RSKNDF. The methodologies that will be used to reach individuals will be small group sessions, face-to-face interventions and satellite table sessions. Many behaviors will be targeted during the sessions, including condom use, HIV, lubricant use, mutual fidelity, STIs, and stigma and discrimination.

### **Proposed Future Activities**

PSI and Ciatelli Associates Inc. will support the program for the RSKNDF in FY11. PSI will continue to work with the RSKNDF on prevention efforts. In FY11, Ciatelli Associates will conduct a biobehavioral surveillance study among the RSKNDF. In January 2011, DHAPP staff conducted a site assessment visit to determine future activities with the RSKNDF beyond prevention and strategic information.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

**BACKGROUND**

**Country Statistics**

The estimated population of Suriname is 487,000 people, with an average life expectancy of 74 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 90%, unevenly distributed between men and women. The GDP per capita is \$9,900, with an unemployment rate of 9.5%. 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 the volatility mineral price. Prospects for local onshore oil production are good, and a drilling program is under way. The economy contracted in 2009, as investment waned and the country earned less from its commodity exports when global prices for most commodities fell. As trade has picked up, economic growth has risen in 2010, but the government’s budget is likely to remain strained because of increased social spending in last year’s election.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Suriname general population is estimated at 1.0%. There are an estimated 3,700 people

living with HIV. Relatively little is known about the factors that influence the spread of HIV/AIDS in Suriname.

**Military Statistics**

The Suriname National Army (SNA) consists of approximately 2,500 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 providing 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**

DHAPP has been collaborating with the US MLO in Paramaribo and the SNA. In 2009,

Suriname joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Jamaica, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 to coordinate activities across the militaries in the Caribbean region, and is based at the US MLO in Bridgetown, Barbados. PSI is an implementing partner with the SNA.

## OUTCOMES & IMPACT

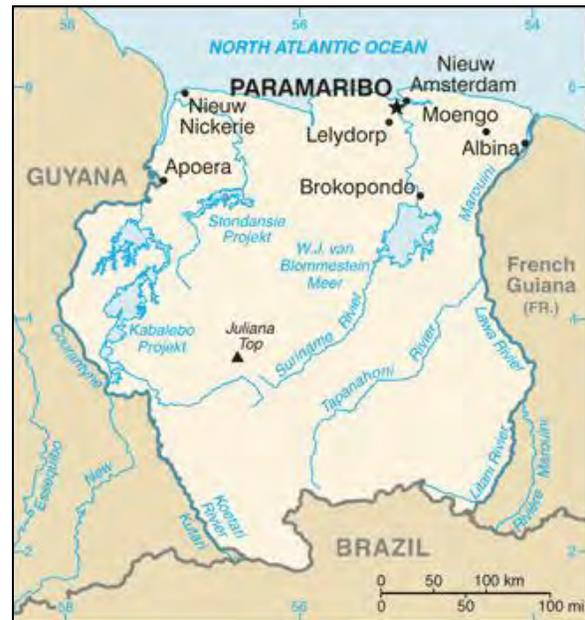
### **Prevention**

In FY10, PSI reached 270 military members and their family through 22 prevention activities. Male personnel represented the majority of those reached (97%), while 3% were female. Forty-eight (48) military members participated in peer education training, and 19 were selected and certified as master trainers. PSI established 72 condom outlets, with 67 outlets classified as nontraditional. Of those nontraditional outlets, 40% are in high-risk areas.

PSI has assisted the SNA with the development of an HIV/AIDS policy. The transition of the Surinamese government resulted in a delay of the adoption of the HIV/AIDS policy. The draft HIV/AIDS policy has been discussed with key stakeholders, but has yet to be finalized. Approval from the SNA is expected in 2011.

### **Proposed Future Activities**

PSI will continue to expand the prevention program through the training of peer educators and promotion of condoms and CT.



# TRINIDAD AND TOBAGO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Trinidad and Tobago is 1.2 million people, with an average life expectancy of 71 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 GDP per capita is \$22,100. The country is the leading producer of oil and gas in the Caribbean. Oil and gas account for about 40% of the GDP and 80% of exports, but only 5% of employment. The country is also a regional financial center, and tourism is a growing sector, although it is as important as in many other Caribbean islands. Economic growth between 2000 and 2007 averaged slightly over 8%, much higher than the regional average of about 3.7% for that same period; however, it contracted about 3.5% in 2009, before rising 2% in 2010.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population is estimated at 1.5%, with a total of about 15,000 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, sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. A 2006 study in Trinidad and Tobago found that 20.4% of men who have sex with men surveyed were HIV-infected. As in several Caribbean countries, the HIV prevalence among prisoners is higher than the general population and the rate in Trinidad and Tobago is 4.9%, while the general population is 1.5% (UNAIDS *AIDS Epidemic Update 2009*). The National HIV/AIDS Strategic Plan (NSP) identifies the most-at-risk groups as women, youth, children, prisoners, migrants, sex workers, men who have sex with men, and low income earners and their dependents. The limited data available indicate that the high HIV prevalence in some of these groups may indicate a generalized and concentrated epidemic pattern (UNGASS 2010 Country Report).

#### **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. In 2011, a behavior and serological surveillance study will be conducted among the TTDF with technical assistance from USMHRP.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Port of Spain, USMHRP, and the TTDF on building its HIV/AIDS program. In 2009, Trinidad and Tobago joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Bahamas, Belize, Jamaica, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In addition, PSI is an implementing partner for the TTDF.

## OUTCOMES & IMPACT

### **Prevention**

PSI facilitated the first round of the TTDF HIV/AIDS prevention peer education training with 23 participants. Of this group, 14 were trained as master trainers. Behavior change communication activities (BCC) will begin in FY11. The methodologies that will be used to reach individuals will be small group sessions, face-to-face interventions, and satellite table sessions. Many behaviors will be targeted during the sessions, including condom use, HIV, lubricant use, mutual fidelity, STIs, and stigma and

discrimination. In addition, PSI conducted a qualitative assessment that identified key locations for condom distribution, which will begin in FY11.

PSI continues to work with the TTDF National AIDS Coordinating Committee to set venues for the provision of CT services where TTDF personnel and family members can access services. The Family Planning Association of Trinidad and Tobago (FPATT) is the primary service provider for this initiative and has been contracted by PSI. However, dates for service provision have not been finalized and no CT services have been conducted under the project.

### **Care**

PSI began collaboration with the FPATT to develop a network of quality CT service delivery sites for the TTDF. CT services will begin for the TTDF in FY11.

### **Other**

During 2010, USMHRP worked with the TTDF on a study protocol for a behavior and serological surveillance study. All approvals have been granted and the study will begin in 2011.

### **Proposed Future Activities**

PSI and USMHRP will continue to support the program for the TTDF with prevention efforts, CT services, and a surveillance survey.



## APPENDIX A: ACKNOWLEDGMENTS



The Department of Defense HIV/AIDS Prevention Program would like to express thanks to all of our partners worldwide, who worked as a team to make FY10 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at the DoD, OGAC, CDC, USAID, Peace Corps, Department of Labor, Department of Health and Human Services, universities, and NGOs. Together with DHAPP staff in San Diego, our collaborators around the world continue to win battles in the war against HIV/AIDS in military personnel.

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## APPENDIX B: REFERENCES

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**APPENDIX C:  
GLOBAL MAP OF DHAPP  
COUNTRY PROGRAMS**

**70 Countries Benefited by  
DoD Activities**  
(As of FY10)

