

# Department of Defense HIV/AIDS Prevention Program [DHAPP]

## 2011 ANNUAL REPORT

*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*



**Department of Defense  
HIV/AIDS  
Prevention Program**

Annual Report | 2011





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# Acronyms and Abbreviations

AIDS – acquired immunodeficiency syndrome  
ART – antiretroviral therapy  
ARV – antiretroviral  
ARVs – antiretroviral drugs  
BCC – behavior change communication  
CDC – US Centers for Disease Control and Prevention  
COP – Country Operational Plan  
COPRECOS – Committee on the Prevention and Control of the HIV/AIDS in the  
Armed Forces and National Police  
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  
FY11 – fiscal year 2011 (covers period of 1 Oct 2010 to 30 Sep 2011)  
GDP – gross domestic product  
HIV – human immunodeficiency virus  
HTC – HIV testing and counseling  
IDI – Infectious Diseases Institute (on the campus of Makerere University, Kampala,  
Uganda)  
IMiHAC – *International Military HIV/AIDS Conference*  
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  
NAMRU – US Naval Medical Research Unit  
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)  
PEPFAR – The US President’s Emergency Plan for AIDS Relief  
PKO – peacekeeping operation  
PLHIV – people living with HIV/AIDS  
PMTCT – prevention of mother-to-child transmission  
PSI – Population Services International  
PwP – Prevention with Positives  
RTI – Research Triangle Institute International  
SABERS – HIV Seroprevalence and Behavioral Epidemiology Risk Survey  
STD – sexually transmitted disease  
STI – sexually transmitted infection  
TB – tuberculosis  
UN – United Nations  
UNAIDS – Joint United Nations Programme on HIV/AIDS  
UNFPA – United Nations Population Fund  
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  
WRAIR – Walter Reed Army Institute of Research  
WHO – World Health Organization  
WHO-AFRCO – World Health Organization Regional Office for Africa



# Executive Summary

Colleagues,

Success is just around the corner! Winning the battle against HIV in military populations is in sight. The year 2011 will be known as a period of exciting accomplishments in fighting the HIV/AIDS epidemic worldwide. We've seen successes in developing a vaccine, further indications of the effectiveness of antiretroviral treatment as prevention, the potential widespread use of preexposure prophylaxis, the likely elimination of vertical transmission from mother to child, and the practical use of voluntary medical male circumcision as part of a comprehensive prevention effort. If we can maintain the momentum from this year and the last decade, we will soon see an AIDS-Free Generation.

But, as with any battle, it is important to push the hardest right up to the end. This 2011 Annual DHAPP Report represents a continued escalation of support to the countries that need it most. There are many examples of successful partnerships between US Government agencies, partner militaries, nongovernmental organizations, universities, community-based organizations, faith-based organizations, and civilian 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 DoD in PEPFAR, 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 and devastation that HIV inflicts on the health and readiness of the world's military populations.

DHAPP, headquartered at the Naval Health Research Center in San Diego, California, currently supports military HIV prevention, care, and treatment

activities in 68 countries where programs impact 4.8 million military members and at least as many dependent family members. We continue to see growing 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.

In 2011, PEPFAR began focusing on an accelerated country ownership agenda so that partner countries can sustain the health sector response and ensure that future health targets continue to be reached. The four dimensions of country ownership as developed by PEPFAR are political ownership and stewardship, institutional and community ownership, capabilities, and mutual accountability, including finance. DHAPP has used the partner-military ownership model since day one. We engage with partner militaries at the highest levels during program design to gain leadership commitment and ensure that HIV prevention programs are routine practice. We work with implementing partners to emphasize capacity transfer with a transition strategy for military ownership, support military capacity in management and reporting for transparency, and facilitate engagement with local institutions and stakeholders to coordinate a national and regional response.

During the period from October 2010 to September 2011, 4,905 health care workers were trained to provide HIV clinical services, and 68,670 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, 464,756 military and family members were counseled and tested for HIV infection and received their test results, and 633,815 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, 174 new laboratories were equipped and supported for HIV testing and diagnostics. New services were supported for the prevention of mother-to-child transmission, 39,617 pregnant women knew their HIV status based on testing and counseling services provided to them, and 2,457 HIV-positive pregnant women received antiretroviral drugs to reduce their risk of mother-to-child transmission. This report also documents that 10,917 individuals were newly established on antiretroviral therapy, and 29,856 HIV-positive individuals received cotrimoxazole prophylaxis.

DHAPP country programs used PEPFAR's Technical Considerations guidance released in 2011 to identify and program the optimal combination of prevention, care, and treatment activities to reduce new infections. Core interventions were identified that prevent the most infections and should be scaled up based on a country's epidemiology and coordination with stakeholders. In two of the core interventions, voluntary medical male circumcision and Prevention with Positives interventions, the military has scaled up significantly. This past year 17,941 men were circumcised as part of the minimum package of male circumcision services for HIV prevention, and 51,876 people living with HIV/AIDS were reached with a minimum package of Prevention with Positives 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) last year. This initiative enables militaries to develop effective HIV prevention programs targeted at salient risk factors and to measure progress over time. At the end of this reporting period, four partner militaries have completed their SABERS activities, four are either completing data collection or analysis, and five more militaries are developing the protocol for their SABERS.

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.

This is not the time to rest. 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. We should be very proud of the work we all have done!!

Very respectfully,

A handwritten signature in black ink, appearing to read 'R. A. Shaffer', written in a cursive style.

Richard A. Shaffer, Ph.D.  
Executive Director

# Introduction



The US Government has a long history and extensive network of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support, starting with the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative in 1999. These collaborations increase the fundamental understanding of HIV transmission and provide an evaluative basis for prevention and intervention success. The current HIV/AIDS epidemic is devastating and has negatively affected many militaries and other uniformed organizations worldwide by reducing military readiness, limiting deployments, causing physical and emotional decline in infected individuals and their families, posing risks to military personnel and their extended communities, and impeding peacekeeping activities. In response to this threat, the White House urged DoD to participate in the LIFE Initiative and focus on prevention programming in sub-Saharan Africa. Because of expertise gained from the DoD LIFE Initiative, the US Navy was designated in 2001 as the Executive Agent and the Initiative was renamed the DoD HIV/AIDS Prevention Program (DHAPP). Currently DHAPP is mandated by Directive 6485.02E to support all US DoD global HIV prevention programs and is administered through the Naval Health Research Center in San Diego, California.

Over the years, DHAPP has successfully engaged over 80 countries in efforts to combat HIV/AIDS among their respective military services. DHAPP is a USG partner organization collaborating with the US Department of State, Health and Human Services, US Agency for International Development, and the Centers for Disease Control and Prevention, in the President's Emergency Plan for AIDS Relief. DHAPP receives funding for its programs from two sources: a congressional plus-up to the Defense Health Program and funding transfers from the Department of State from PEPFAR. Programs that are supported by DHAPP receive only one form of the previously mentioned funding. Foreign Military Financing was previously used by the DoD, however, FMF funding ceased in 2011 and is no longer available. Working closely with the DoD, US Unified Combatant Commanders, Joint United Nations

Programme on HIV/AIDS, university collaborators, and other nongovernmental organizations, DHAPP's goal is to maximize program impact by focusing on the drivers of the epidemic specific to the military, and to support the development of interventions and programs that address these issues.

In the Security Cooperation Guidance, the US Secretary of Defense has identified HIV/AIDS in foreign militaries as a national security issue. Pursuing HIV/AIDS activities with foreign militaries is clearly tied to security interests, regional stability, humanitarian concerns, counterterrorism, and peacekeeping efforts due to the impact of HIV/AIDS as a major destabilizing factor in developing societies. DHAPP employs an integrated bilateral and regional strategy for HIV/AIDS cooperation and security assistance. Using country priorities set by the US Under Secretary of Defense for Policy and by the Office of the Global AIDS Coordinator, DHAPP implements bilateral and regional strategies in coordination with respective Combatant Commands and PEPFAR Country Support Teams to offer military-to-military HIV/AIDS program assistance. DHAPP supports defense forces in the following areas: HIV prevention, care and treatment for HIV-infected individuals and their families, and strategic information.

In FY11, DHAPP had 68 active programs that it supported and these efforts are mainly through direct military-to-military cooperation in addition to support from contracting external organizations and academic institutions to assist with specific aspects of proposed programs. Partners in FY11 included 40 NGOs and universities working in 46 countries. This report outlines those accomplishments and impacts among the active programs that DHAPP supported in FY11. The program indicators utilized in this report are referred to as the Next Generation Indicators (NGI) and were established for PEPFAR in 2010. The NGI are globally harmonized with other international HIV/AIDS program indicators. DHAPP was actively involved in the development of these indicators and has officially adopted them. From FY11 forward, all programs, regardless of funding source, under DHAPP have reported on the NGI.

# Military International HIV/AIDS Training Program



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*



### **BACKGROUND**

Clinicians from militaries around the world have had the unique opportunity to visit the US for 30 days to participate in the *Military International HIV Training Program* (MIHTP) in San Diego, California. 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. During FY11, 21 clinicians, mostly physicians, from 15 countries participated in MIHTP. DHAPP staff examined results from the training sessions that took place in FY11 to assess the program's effectiveness.

### **MEASURES OF EFFECTIVENESS**

Pre-test and post-tests 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. Pre-tests are administered during the trainees' orientation prior to any lectures; if needed, the test is translated into the trainees' native languages. Post-tests 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.

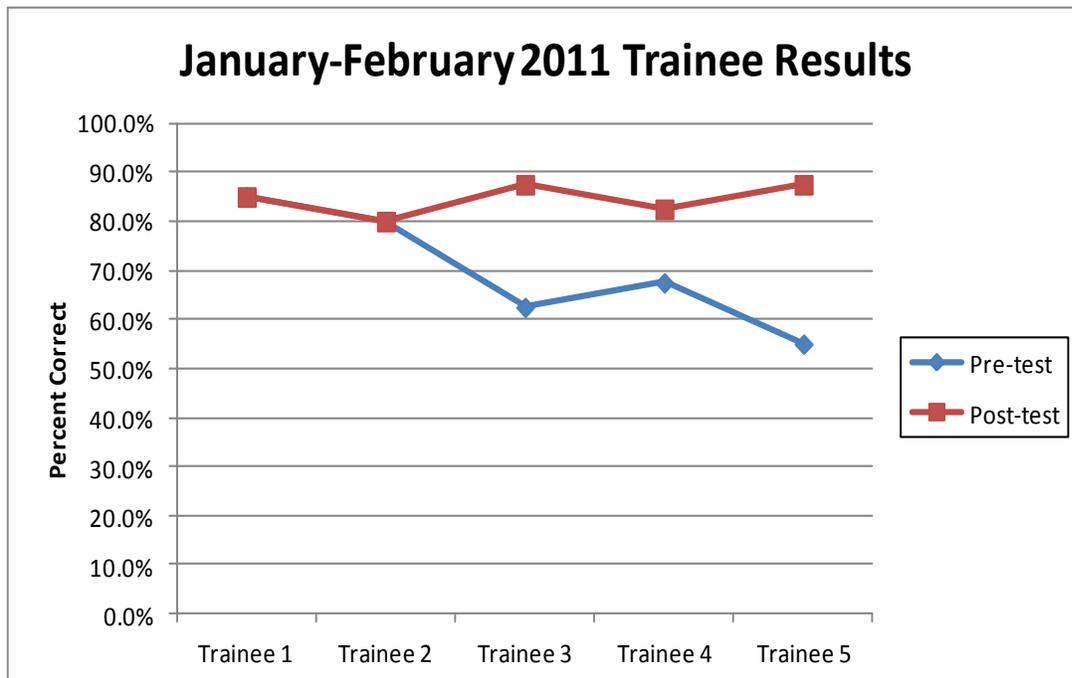


## RESULTS

### January Through February 2011: Indonesia, Serbia, and United Arab Emirates Results

Five (5) trainees attended the most recent training program; 2 from Indonesia, 1 from Serbia, and 2 from United Arab Emirates, and all took part in the testing. The table below shows the pre-test scores, illustrating a somewhat similar competence level among the trainees. Pre-test scores ranged from 55.0% to 85.0%, while post-test scores ranged from 80.0% to 87.5%, proving that it was a valuable training for all. The average pre-test score went from approximately 70.0% to a post test average of 84.5%. Below is a table of scores, followed by a graphical representation. However, it is clear that all participants scored very high on their post-test, with the difference in scores ranging from a 0.0% increase to a 32.5% increase over the MIHTP course duration.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5
<b>Pre-test</b>	85%	80%	62.5%	67.5%	55%
<b>Post-test</b>	85%	80%	87.5%	82.5%	87.5%



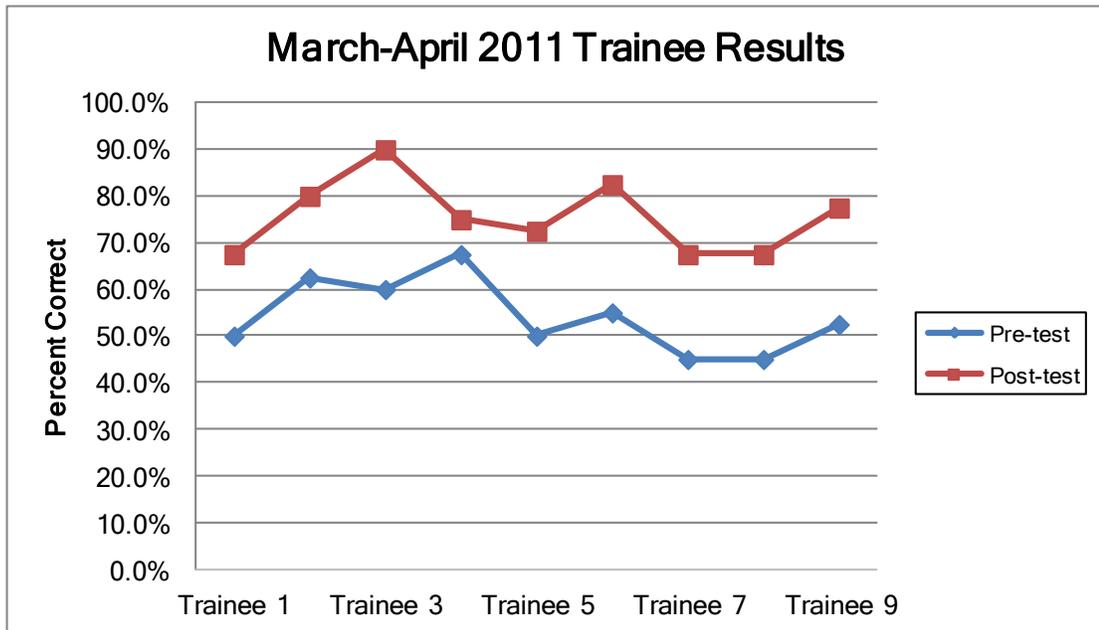
Trainees had significantly higher scores at post-test (84.5%) compared with pre-test scores (70.0%,  $p=.05$ )

## RESULTS

### March Through April 2011: Belize, Colombia, Guatemala, Honduras, and Nicaragua Results

Nine (9) trainees attended the most recent training program; 1 from Belize, 4 from Colombia, 1 from Guatemala, 1 from Honduras, and 2 from Nicaragua, and all took part in the testing. The table below shows the pre-test scores, illustrating a somewhat similar competence level among the trainees. Pre-test scores ranged from 45% to 67.5%, while post-test scores ranged from 67.5% to 90%, making it clear that it was a valuable training for all. The average pre-test score went from approximately 54.17% to a post-test average of 75.56%. Below is a table of scores, followed by a graphical representation. However, it is clear that all participants scored very high on their post-test, with the difference in scores ranging from a 0.0% increase to a 32.5% increase over the MIHTP course duration.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7	Trainee 8	Trainee 9
<b>Pre-test score</b>	50%	62.5%	60%	67.5%	50%	55%	45%	45%	52.5%
<b>Post-test score</b>	67.5%	80%	90%	75%	72.5%	82.5%	67.5%	67.5%	77.5%



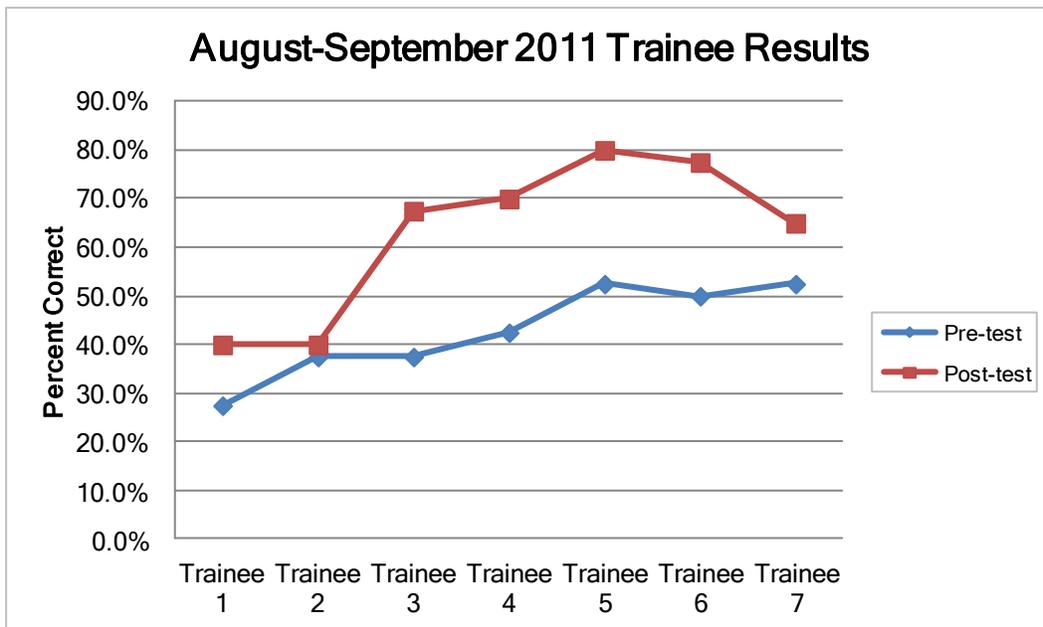
Trainees had significantly higher scores at post-test (75.56%) compared with pre-test scores (54.17%,  $p=.05$ ).

## RESULTS

### August Through September 2011: Burkina Faso, Chad, Niger, The Gambia, Mali, Nepal, and Sierra Leone Results

Seven (7) trainees attended the most recent training program; 1 from Burkina Faso, 1 from Chad, 1 from The Gambia, 1 from Mali, 1 from Nepal, 1 from Niger, and 1 from Sierra Leone, and all took part in the testing. The table below shows the pre-test scores, illustrating a somewhat similar competence level among the trainees. Pre-test scores ranged from 27.5% to 52.5%, while post-test scores ranged from 40% to 80%, proving that it was a valuable training for all. The average pre-test score went from approximately 42.8% to a post test average of 62.8%. Below is a table of scores, followed by a graphical representation. However, it is clear that all participants scored very high on their Post-test, with the difference in scores ranging from a 2.5% increase to a 30.0% increase over the MIHTP course duration.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7
<b>Pre-test score</b>	27.5%	37.5%	37.5%	42.5%	52.5%	50%	52.5%
<b>Post-test score</b>	40%	40%	67.5%	70%	80%	77.5%	65%



Trainees had significantly higher scores at post-test (62.86%) compared with pre-test scores (42.9%,  $p=.03$ ).

### SUMMARY

Since 2002, 186 military clinicians (165 clinicians, 4 nurses, and 17 auxiliary health care professionals) from 47 countries around the world have attended 29 sessions of the *Military International HIV/AIDS Training Program* in San Diego. According to all participants and instructors, the program has evolved into an experience of great professional value. After compiling data from the same test for 139 of the 186 attendees to date (May 2004 through September 2011), pre-test scores average 49.4%, while post-test scores average 68%, resulting in an overall increase of 18.6% for all participants to date. We can see a difference in scores at  $p=.001$  significance level, indicating that the increase in score is not by chance but as a result of the training. As the program and the number of participants have grown, more and more trends have arisen, allowing for changes and improvements. Additionally, all MIHTP students have agreed that the skills they have developed during training will be valuable in their own militaries' fight in the war against HIV and AIDS.



# Country Reports



# US AFRICA COMMAND

## *Winning battles in the war against HIV/AIDS*



USAFRICOM's mission is to protect and defend the national security interests of the United States by strengthening the defense capabilities of African states and regional organizations. USAFRICOM, when directed, conducts military operations, in order to deter and defeat transnational threats and to provide a security environment conducive to good governance and development. USAFRICOM addresses HIV/AIDS in the military context through technical program assistance and implementation from the DHAPP via three funding sources: a congressional plus-up to the Defense Health Program, funding transfers from PEPFAR, and Foreign Military Financing from the US Department of Defense. With the intent of eliminating HIV/AIDS as a threat to theater stability, USAFRICOM focuses on prevention, supporting sustainable care and treatment programs, capacity building, and supporting leadership in their development of HIV policies.



# Active Country Programs Within US Africa Command's Area of Responsibility





# Central Region

# Angola



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## **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 established a new constitution that call for elections in 2012.

The estimated Angolan population is 18 million people, with a life expectancy of 55 years. 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 17% 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. Consumer inflation decreased from 325% in 2000 to below 14% in 2011. Angola climbed out of a budget deficit of 8.6% of the GDP in 2009 to an estimated fiscal surplus of 7.5 % of the GDP in 2010 due to the increase in oil prices in 2011. The GDP per capita is \$5,900.

### **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 PLHIV by the end of 2009 was 200,000, according the UNAIDS website. 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 according to the *AIDS Epidemic Update 2009*.

### **Military Statistics**

The Angolan Armed Forces (AAF) comprises an estimated 150,000 personnel in 3 branches according to the DAO: Army, Navy, and National Air Force. Angola allocates 3.6% of the GDP for military expenditures. In 2003, Charles Drew University of Medicine and Science (CDU) 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 with its partner in Angola. The program continues to make exceptional progress with the current prevention programs and to provide services for HIV prevention, care, and treatment. The implementing partner in FY11 was CDU.

### **Foreign Military Financing Assistance**

Angola 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, 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 peer educators who could reach a larger number of military personnel but in small group settings. The peer educators were able to reach 2,436 personnel 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

**2,436** military  
 personnel were reached  
 by peer educators with  
 small group-level  
 interventions.

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 HTC services. During the February activities, the AAF opened HTC 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 military personnel are listening to the radio program, with the largest 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.

**7,754** individuals  
received HTC services.

The expansion of HTC services is still in progress. The AAF’s dedicated efforts to promote HTC have resulted in greater numbers of people tested than had been anticipated. HTC 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. In total, HTC services were provided to 7,754 individuals during FY11.

**Care and Treatment**

A Psychosocial Support Program was created for people living with HIV. It is based on curriculum for PwP developed by PEPFAR and is currently being adapted for the Angolan military context. A total of 272 health care workers successfully completed in-service training. Of these, 144 were trained as HTC counselors, and 128 as psychologists to support PLHIV.

**Other**

DHAPP staff attended the Southern African Development Community Summit in August 2011, which was held to discuss foreign assistance and sustainable programming. DHAPP staff visited Angola to provide regional support in HIV prevention, care, and treatment programs. DHAPP and the AAF will continue discussions regarding study protocol for an HIV serological and behavioral assessment.

**Proposed Future Activities**

Proposed activities by CDU include continuing prevention education, HTC capabilities, and training medical staff on treatment services for the AAF.

DHAPP will support a serological and behavioral assessment among the AAF. Members of the AAF attended IMiHAC in 2012, and participation in IDI and MIHTP is tentatively planned for the future.



# Burundi



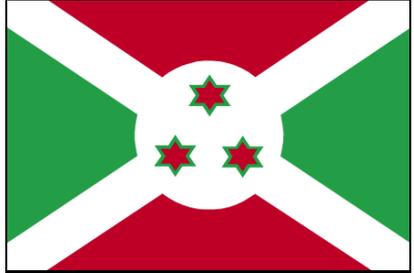
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## BACKGROUND

### Country Statistics

The estimated population of Burundi is 10.5 million people, with an average life expectancy of 59 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, and it accounts for over 30% 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. Almost half of Burundi's national income comes from foreign aid. After joining the East African Community, Burundi received \$700 million in debt relief in 2009. The GDP per capita is \$400.



### HIV/AIDS Statistics

The HIV prevalence rate in Burundi's general population is estimated at 3.3%. Burundi has approximately 180,000 PLHIV, according to the *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.

### Military Statistics

The Forces de Defense Nationale (FDN) has approximately 20,000 personnel. Burundi allocates 5.9% of the GDP for military expenditures. No current HIV/AIDS prevalence data are available for the FDN.

## **PROGRAM RESPONSE**

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

DHAPP staff are working with the FDN 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 HTC services. A program manager is working with the FDN HIV/AIDS Prevention Program. Burundi was formerly a Defense Health Program country, and has transitioned to PEPFAR.

### **Foreign Military Financing Assistance**

Burundi 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 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 and a cytometer, plans for employment of most all funds are on hold pending construction of the Bujumbura Clinic.

## **OUTCOMES & IMPACT**

### **Prevention and Care**

In FY11, 4,823 military personnel were reached through HIV/AIDS prevention interventions using mobile video units. An additional 245 high-ranking military staff were sensitized on HIV prevention with the objective to advocate for the integration of HIV prevention into military programs. 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 surrounding military camps. HTC services reached 5,818 troops at the Akabanga CT Center and through mobile services. Of these individuals, 4,330 were peacekeeping troops tested prior to deployment to Somalia. The mobile HTC campaign was launched in FY09 and continues to increase access to services for military members and their families. A total of 51 new counselors were trained to support mobile HTC services. Three (3) laboratories have the capacity to perform clinical laboratory tests, and this includes 1 fixed center and 2 mobile HTC units. An additional mobile HTC unit is planned for the future.

Plans continue to support building a military clinic to provide medical services including HIV prevention, HTC, care, and treatment. A Project C.U.R.E. assessment was also conducted in FY11 and 1 of 2 containers of medical supplies and equipment have been received.

### **Proposed Future Activities**

PSI will continue to encourage behavior change through prevention efforts and providing HTC services for troops and their families. Members of the FDN attended IMiHAC in 2012 and will participate in IDI in FY12.

# Cameroon

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## BACKGROUND

### Country Statistics

Modest oil resources and favorable agricultural conditions provide Cameroon with 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 20.1 million people, with an average life expectancy of 55 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 76%, 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 PLHIV, according to the UNAIDS website. The primary identified risk factor in the population is unprotected heterosexual contact. According to the *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 according to the *AIDS Epidemic Update 2009*.



## **Military Statistics**

The Cameroon Armed Forces (CAF) comprises approximately 26,000 members per DHAPP. 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 currently being conducted in collaboration with DHAPP and Global Viral Forecasting Initiative (GVFI)

## **PROGRAM RESPONSE**

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

In Cameroon, DHAPP and the CAF have been working with GVFI and PSI to continue efforts to support its HIV/AIDS prevention programs. Cameroon was formerly a Defense Health funded program and has transitioned to PEPFAR.

### **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, reagents, and supplies. The 2005 funding was fully employed for supporting lab equipment, supplies, and reagents. A procurement employing most of the 2006 funding is currently in development.

## **OUTCOMES & IMPACT**

### **Prevention and Care**

PSI and the CAF continued their prevention campaign in FY11. Their prevention interventions reached 13,039 troops and family members. PSI worked closely with the CAF to also provide HTC services to the military and its surrounding community. A total of 2,852 individuals received HTC services, 1,615 of whom were military personnel.

### **Other**

GVFI and DHAPP developed a protocol for an HIV prevalence study among the CAF. The study was subdivided into two protocols for approval in both the United States and Cameroon: Protocol 1 is the surveillance protocol and Protocol 2 is a genetic sub-typing protocol.



### Proposed Future Activities

In FY12, 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 prevention efforts including HTC campaigns.

Data collection for the HIV prevalence study is scheduled for completion in FY12, with future plans including data analysis and report writing.

A program manager will be hired in FY12 and members of the CAF attended IMilHAC in May 2012.



# Central African Republic



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## BACKGROUND

### Country Statistics

The estimated population of the Central African Republic (CAR) is 5 million people, with an average life expectancy of 50 years. French is the official language of CAR, which has an estimated literacy rate of 49%, unevenly distributed between men and women.

Subsistence agriculture and forestry remain the backbone of the economy of CAR, with approximately 60% of the population living in outlying areas. The agricultural sector generates over half of the GDP. The per capita GDP is \$800. Timber has accounted for about 16% of export earnings, and the diamond industry for 40%. Constraints on economic development include CAR'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, and CAR currently lacks an International Monetary Fund program.

### HIV/AIDS Statistics

The HIV prevalence rate in the CAR general population is estimated at 4.7%, with approximately 130,000 PLHIV, according to the UNAIDS website.

### Military Statistics

The Forces Armees Centrafricaines (FACA) is composed of an estimated 10,000 personnel per DHAPP staff. CAR allocates 0.9% of the GDP for military expenditures.



**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The Global Viral Forecasting Initiative (GVFI) has provided 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 CAR, on implementing a surveillance study within the FACA.



**OUTCOMES & IMPACT**

In 2009, an HIV prevalence survey among the military personnel in Bangui was conducted. A convenience sample of 590 troops was collected. Results from 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.

**Proposed Future Activities**

DHAPP staff scheduled a visit in December 2011 to accompany 2 Project CURE assessors to conduct an inventory of military clinic facilities and capabilities for 2 FACA military installations. In FY12, the FACA and CAR will receive 1 container filled with medical supplies and consumables for FACA clinical use.

Two (2) FACA delegates, including the Military HIV Focal Point, as well as one US Embassy staff attended IMiHAC in Mozambique in May 2012.

There are also plans to engage a new implementing partner in FY12 to work with the FACA to assist with prevention efforts through condom distribution and scale-up of HTC services in 3 FACA military installations.



# Chad



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## BACKGROUND

### Country Statistics

Chad's estimated population is 11 million people, with an average life expectancy of 49 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 fostered 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 in southern Chad. Chinese companies are also expanding exploration efforts and have finished building a 300-km pipeline and Chad's first refinery. The nation's total oil reserves have been estimated at 1.5 billion barrels and oil exportation began in 2004. The majority of Chad's population relies on subsistence farming and livestock for its livelihood. The GDP per capita is \$1,900.

### HIV/AIDS Statistics

The HIV prevalence rate in Chad's general population is estimated at 3.4%. Chad has approximately 210,000 PLHIV, according to the UNAIDS website. The primary identified risk factor in the population is unprotected heterosexual contact.



### Military Statistics

The Chadian National Army, or Armee Nationale du Tchad (ANT) is estimated at approximately 25,000 members. Chad allocates 1.7% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the ANT 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 ANT.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

DHAPP staff collaborates with the US DAO in N’Djamena and plans to engage a new implementing partner in FY12 to provide technical assistance to the ANT in the implementation of HIV prevention activities. In FY11, the Global Viral Forecasting Initiative (GVFI) assisted the ANT with its prevention program.

**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 (x2), respectively. The 2003 funding was employed for HIV rapid test kits. Plans for employment of the 2005–6 funding are in development.



**OUTCOMES & IMPACT**

**Prevention**

During the reporting period, selected peer educators were trained from a total cohort of 400 educators, and GVFI held a 1-day leadership endorsement workshop.

In addition, condoms and HIV test kits were purchased along with the duplication of HIV prevention materials for the ANT.

**Other**

DHAPP staff visited Chad in May 2011 to provide technical assistance in support of the ANT HIV prevention program. One (1) physician from Chad attended MIHTP in August–September 2011.

In 2009, an HIV seroprevalence survey was conducted by GVFI in collaboration with the ANT and supported by DHAPP. The survey was conducted at the Moundou military garrison located approximately 600 km outside of N’Djamena and the sample size was 608 troops. Due to political instability, the location of the study was moved outside of the capital. The HIV prevalence rate found in the sample group of 608 troops was 9.3%. A study was conducted in 2003 in N’Djamena, however the methodology differed from the 2009 study.

**Proposed Future Activities**

Planned activities include peer education training and monitoring small-group interventions. A new implementing partner will be engaged in FY12. Representatives from the ANT attended IMilHAC in Mozambique in May 2012.

# Democratic Republic of the Congo



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## BACKGROUND

### Country Statistics

The estimated population of the Democratic Republic of the Congo (DRC) is 73.6 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, a nation endowed with vast potential wealth, is slowly recovering from decades of decline. Since 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 DRC signed a Poverty Reduction and Growth Facility with the International Monetary Fund in 2009 and received \$12 million in debt relief in 2010. 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%. There were between 430,000 and 560,000 PLHIV in 2009, according to the UNAIDS website. The primary identified risk factor in the population is unprotected heterosexual contact.

### Military Statistics

The Forces d'Armees de la Republique Democratique du Congo (FARDC) is composed of 159,000 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 FARDC, 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 in collaboration with DHAPP, Global Viral Forecasting Initiative (GVFI), and FARDC.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

The network of partners involved in the FARDC program has evolved to include an in-country program manager working closely with GVFI, PSI, and FHI. DHAPP staff provide oversight for the in-country program manager and technical assistance.

**Foreign Military Financing Assistance**

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 (x3) and 2011, respectively. The 2005 funding has been employed for a cytometer; biochemistry, electrolyte, immunoassay, blood, and electrophoresis analyzers; and supporting reagents. Thirty percent of the 2006 funding has been employed for reagents, and plans for employment of the remaining 2006–9 funding are in development.

**OUTCOMES & IMPACT**

**Prevention**

A total of 59,498 individuals were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the PEPFAR minimum standards required. During these sessions, adoption and maintenance of less risky sexual behaviors were discussed, such as condom use and being tested for HIV. Peer educators were trained and retrained in behavior change communication techniques surrounding STI/HIV/AIDS prevention and social marketing.



In FY11, 4 centers offered quality HTC services, and a total of 15,270 individuals (troops, family members, and civilians) were tested for HIV and received their results. FHI will conduct outreach for HTC services at all sites to increase the uptake of individuals receiving services.

**Other**

A successful technical visit by DHAPP staff occurred in January 2011 to review the DoD portfolio and provide technical assistance for all programmatic areas as well as provide feedback on current programming.

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

Proposed future activities include promoting HTC 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. Gender-based programming will be discussed with PSI, and plans to develop a program to support the understanding and reduction of gender-based violence in military settings will be discussed.

A DHAPP staff visit is planned for FY12 to review study plans and provide technical assistance, and members of the FARDC attended IMiHAC in Mozambique in May 2012.



# Equatorial Guinea

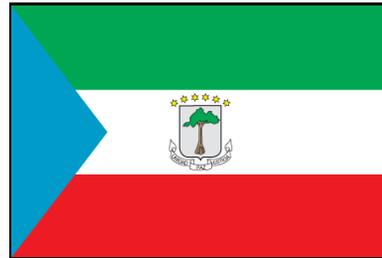
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## BACKGROUND

### Country Statistics

The estimated population of Equatorial Guinea is 686,000 people, with an average life expectancy of 63 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 gas and oil reserves. Forestry and farming are also components of the GDP, and subsistence farming is the main form of livelihood. The GDP per capita is \$19,300. Undeveloped natural resources include gold, zinc, diamonds, columbite-tantalite, and other base metals. Economic growth dropped in 2009–10 as the price of oil fell, but returned in 2011 due to higher oil prices and investments in public infrastructure.



### HIV/AIDS Statistics

The HIV prevalence rate in Equatorial Guinea's general population is estimated at 5%. Equatorial Guinea has approximately 20,000 PLHIV, according to the UNAIDS website. The primary identified risk factor in the population is unprotected heterosexual contact.

### Military Statistics

The Guardia Nacional de Guinea Ecuatoria (GNGE) is estimated at approximately 2,500 members. Equatorial Guinea allocates 0.1% of the GDP for military expenditures. A seroprevalence study was conducted using a convenience sample within the GNGE during FY08. A follow-up seroprevalence study will be undertaken within the next few years.

## **PROGRAM RESPONSE**

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

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

### **OUTCOMES & IMPACT**

In FY11, training activities were conducted in the military using HIV/AIDS prevention manuals for peer educators and counselors, developed by GVFI in collaboration with partner organizations. Manuals were distributed to military trainers at selected training facilities, and training sessions were conducted at each site for military instructors.

### **Proposed Future Activities**

In FY12, GVFI will support peer educators as they continue prevention interventions, distribute prevention materials, and plan for a follow-up seroprevalence study within the GNGE. Plans will also be initiated for the procurement of condoms and HIV test kits.

Representatives from the GNGE and the Food and Agriculture Organization of the United Nations attended IMiLHAC in Mozambique in May 2012.



# Gabon



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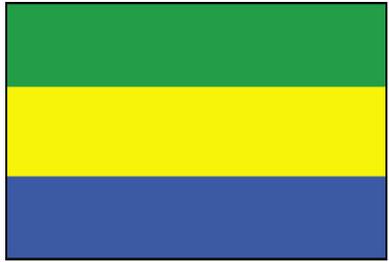
## BACKGROUND

### Country Statistics

Gabon's estimated population is 1.6 million people, with an average life expectancy of 52 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 four times that of most sub-Saharan African nations, and the oil sector accounts for 50% of the GDP, although oil production is in decline. The GDP per capita is \$16,000, but due to high income inequality, a large part of the population remains poor. Issues such as price fluctuation and poor fiscal management have hampered economic growth.

### HIV/AIDS Statistics

The HIV prevalence rate in Gabon's general population is estimated at 5.2%. Gabon has approximately 46,000 PLHIV, according to the UNAIDS website.



### Military Statistics

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 5,000 members. Gabon allocates 0.9% 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 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 (×2), and 2010, respectively. The 2003 funding was fully employed for laboratory supplies and reagents. Most of the 2005–7 funding has been executed for a centrifuge, microscopes, a cytometer, a viral load analyzer, an immune analyzer, a hematology analyzer, a blood analyzer, refrigerators, a biosafety cabinet, and supporting test kits and reagents.

## **OUTCOMES & IMPACT**

### **Prevention and Care**

In FY11, 12,439 individuals were reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required. Topics included ways to reduce the HIV/AIDS prevalence, modes of HIV transmission, and male and female condom use demonstrations. A total of 2,338 individuals received HTC services and received their test results.

Fifteen (15) PLHIV were reached with a minimum package of PwP interventions that were delivered by social workers, psychologists, and medical doctors. A total of 10,623 eligible adults and children were provided with a minimum of 1 care service, and 51 HIV-positive adults and children received a minimum of 1 clinical service.

In FY11, 20 master trainers and 236 peer educators were trained to deliver HIV prevention and testing messages to military personnel and civilians.

DHAPP staff visited Gabon in May 2011 to provide training for the newly hired program manager and conduct an assessment of current activities. Another visit was made in September 2011 to assess the peer education program through site visits and meet with the program manager and military representatives to plan for the next year's activities.

### **Proposed Future Activities**

Future activities include developing health centers in regions that do not currently have access to HIV testing and basic health care, sending military members to IDI lab training to be able to manage services at these new centers, and development of a PwP program.

Five (5) representatives from Gabon attended IMilHAC in Mozambique in May 2012. The delegation included the DHAPP program manager, a US military representative from the Embassy, and 3 Gabonese military members.

# Republic of the Congo

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## BACKGROUND

### Country Statistics

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 4.4 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 on oil and support services, and government spending. The government is characterized by budget problems and overstaffing. Oil has replaced forestry as the mainstay of the economy, providing a major share of government revenues and exports. Oil prices dropped during the global crisis and reduced oil revenue by 30%, but prices have since recovered and economic outlook has improved. The GDP per capita is \$4,600.



### HIV/AIDS Statistics

The HIV prevalence rate in the Republic of the Congo general population is estimated at 3.4% according to the UNAIDS website. The Republic of the Congo has a total of approximately 77,000 PLHIV.

### Military Statistics

The Congolese Armed Forces (CAF) comprises approximately 10,000 members. The Republic of the Congo allocates 0.9% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance study 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). The GVFI began working with the CAF in 2010.

## OUTCOMES & IMPACT

In FY11, an advocacy session was held for top health professionals to plan for the upcoming seroprevalence study. Sensitization activities were conducted for military leadership and an educational session was held targeting military personnel and their families. Condoms were also distributed to military personnel.

### Proposed Future Activities

GVFI will continue to support prevention activities with the CAF in FY12 and plans for a seroprevalence study will continue. Members of the CAF attended IMilHAC in Mozambique in May 2012.



# Sao Tomé and Príncipe



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## BACKGROUND

### Country Statistics

The estimated population of Sao Tomé and Príncipe is 183,000 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. Since achieving independence in 1975, this small, poor island economy has become increasingly dependent on cocoa. Cocoa production has substantially declined in recent years due to 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 a few years away. Major economic challenges include controlling inflation, fiscal discipline, and increasing foreign direct investment into the oil sector. The GDP per capita is \$2,000.



### 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 PLHIV numbers and risk factors in this small population, according to the *AIDS Epidemic Update 2009*.

### Military Statistics

The Armed Forces of Sao Tomé and Príncipe (AFSTP) is 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, Gabon, and works for the DAO. The regional program manager will oversee program activities in Sao Tomé.



## OUTCOMES & IMPACT

### Prevention, Care and Treatment

In FY11, 2,163 individuals were reached with individual and/or small group-level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standard requirements, and 8,465 individuals were counseled and tested for HIV and received their results.

Four-hundred and fifty-three (453) PLHIV were reached with a minimum package of PwP interventions, and 196 HIV-positive adults and children received at least 1 clinical service.

Other activities conducted in FY11 include training of master trainers and peer educators, condom distribution, STI screening, distribution of Information, Education, and Communication materials, World AIDS Day awareness activity, and testing of new recruits. Representatives from the AFSTP attended IMilHAC in Mozambique in May 2012.





# East Region

# Djibouti



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## BACKGROUND

### Country Statistics

The estimated population of Djibouti is 774,000 people, with an average life expectancy of 62 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 the Horn of 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 majority of the port activity is imports and exports from Ethiopia. The GDP per capita is \$2,600 and the unemployment rate is 60%. 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 PLHIV, according to the UNAIDS website. The primary mode of transmission is heterosexual contact. Women are more severely affected than men. According to the *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 Armed Forces is currently estimated to have around 7,000 members, according to DHAPP staff. Djibouti expends 3.8% of the GDP on the military. In 2006, the Djibouti MOD conducted its own seroprevalence study and found a rate of 1.17%. In 2011, the Djibouti MOD conducted another

seroprevalence survey using a sample of 1,607 individuals, which showed an HIV prevalence rate of 1.0%.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff members have worked in coordination with the Djibouti MOD and the OSC in Djibouti to provide technical assistance, as needed, as the MOD 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 (x2), 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.



## OUTCOMES & IMPACT

### Prevention

The MOD trained 12 military personnel to deliver HIV prevention messages. Four (4) service outlets provided PMTCT services for the Djibouti MOD. During FY11, 4 pregnant women received ARVs to reduce the risk of mother-to-child transmission, and 22 PLHIV were reached with a minimum package of PwP interventions.

The MOD supports 5 HTC centers for its troops. The HTC centers are located throughout the MOD bases and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. A total of 1,889 personnel, which includes a peacekeeping battalion of 800 soldiers, received HTC services.

A website has been created for the military program in the fight against HIV/AIDS. This will be useful for informing and educating the military about HIV/AIDS. There will be a forum where they will be able to ask questions related to HIV/AIDS.

### Proposed Future Activities

Future activities include HTC campaigns, training on blood safety, peer educator training, HTC training, and multiple HIV awareness activities including sporting events. Representatives from the Djibouti MOD attended IMilHAC in Mozambique in May 2012.

# Ethiopia



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## **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 PLHIV, according to the UNAIDS website. Ethiopia has a generalized epidemic, with risk groups that include sex workers, uniformed services, migrant populations, and displaced individuals.

### **Military Statistics**

The Ethiopian National Defense Force (ENDF) has approximately 138,000 active-duty members. Ethiopia expends 3% of the GDP on the military. The ENDF conducted SABERS in 2010.

## **PROGRAM RESPONSE**

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

DHAPP staff members participate in the PEPFAR Ethiopia Country Support Team.



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), FA IT Services, Glitter Biomedical Technology, and Haemonetics Corporation are implementing partners in Ethiopia for the ENDF and DHAPP. The DoD Armed Services Blood Program supports the ENDF Safe Blood Program with technical assistance.

**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. Most remaining funding has been obligated for a rapid CD4 flow cytometer.

**OUTCOMES & IMPACT**

**Prevention**

Voluntary medical male circumcision (MC) reduces the risk of heterosexually acquired HIV infection in men by approximately 60% and is endorsed by WHO and PEPFAR. MC programs are scaling up in 14 eastern and southern Africa countries. The ENDF began offering MC services in FY11. Jhpiego assisted the ENDF with the rollout of MC services. A clinical MC training was held with 12 participants selected from 6 ENDF hospitals: Bahir Dar, Mek’ele, Shire, Kombolcha, Harer, and Gondar. Other trainings were held, and a total of 29 health workers were training in MC services. A 2-week MC campaign was conducted in March 2011 at all 4 ENDF commands. In FY11, 2,321 clients were provided with MC services at 14 outreach sites. The MC services were provided during training and through routine and campaign/outreach services. MC brochures were developed in Amharic, and 7,000 copies were printed and distributed during the MC program launch in Wukro. The ENDF, in collaboration with Jhpiego, incorporated MC as part of the routine physical examination of new military recruits, and the ENDF has already started to document MC status during recruitment of new military members. In FY11, the ENDF was able to provide HTC services through all mobile and static sites to 100,000 soldiers.

The National Defense Blood Bank Center’s Donor Center and Blood Processing is housed at Bella Military Referral Hospital in Addis Ababa. The US Armed Services Blood Program has been supporting the program since its inception in 2004 with ongoing technical support for management, training, and supply logistics. Planning is under way to expand the blood program to 3 additional sites: Mek’ele, Harer, and Shire. A memorandum of understanding between the ENDF and DoD is drafted. Glitter Biomedical Technology is providing preventative and curative maintenance support to four blood bank sites for the ENDF Blood Program and FA IT Services is providing IT support for the blood program at all implementation sites.

## Care

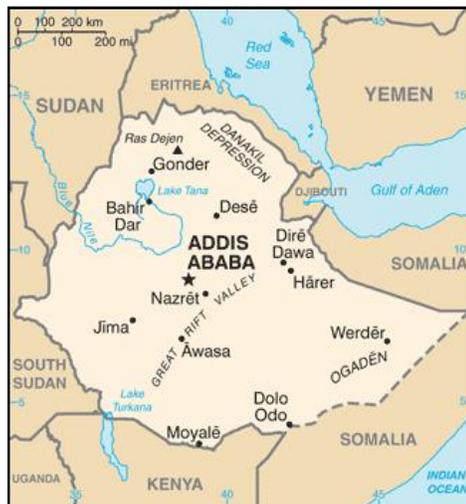
In the ENDF, PwP and adherence to ART program began in 2010. CHIP personnel worked collaboratively with ENDF representatives on the design of the program, which focuses on HIV-positive soldiers, peer educators, and health care providers. Two (2) sites are currently involved in the program: Armed Forces Referral Teaching Hospital in Addis Ababa, and Air Force Hospital in Debre Zeit. The program provides positive-living classes, health education sessions, and one-on-one counseling sessions. The educators are trained on 18 modules. In addition, CHIP developed ART adherence support materials and PwP materials. CHIP conducted baseline focus groups and a survey will be conducted to provide a baseline for evaluation of the program. In FY11, 169 health care workers successfully completed an in-service training program that supports HIV service delivery.

## Other

Since prevalence and risk-factor data are critical to programming, planning, and tracking HIV rates, the ENDF undertook a linked HIV prevalence and behavioral survey. DHAPP 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 was complete in FY11. The ENDF analyzed its own data.

## Proposed Future Activities

Some of the proposed activities for the ENDF in FY12 include continued implementation of PwP and adherence to ART program, continuation of an injection-safety program, expansion of the blood program, continuation of the safe water program, delivery of point-of-care CD4 laboratory equipment, start-up of a prevention program targeting the most-at-risk soldiers in high-risk settings, camouflage-patterned packaged condoms, and the continued scale up of MC services.



# Kenya

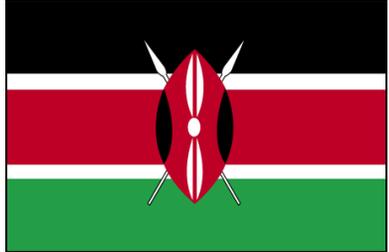
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## BACKGROUND

### 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 2005–6, 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 MOH, 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 PLHIV. 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.

Women 15–24 years of age are more than

**4 times** as likely as men of the same age to be infected.

### Military Statistics

The Kenyan Ministry of State for Defense (MOSD), sometimes called the Kenyan Defence Forces (KDF), consists of approximately 45,000 personnel, according to USMHRP staff. 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 KDF, so its prevalence rate of 5.9% is an estimate. Plans to conduct a point prevalence assessment of HIV-1, TB, and malaria among the Kenyan military population are advancing.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The 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 it also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army colonel and staffed by 11 active-duty military 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 KDF 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 KDF, 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 USMHRP in both technical and administrative operations.

Additional technical support is provided by DHAPP staff members working in collaboration with USAMRU-K and USMHRP. In country, USAMRU-K participates as part of the USG PEPFAR team along with 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 KDF in the execution and implementation of PEPFAR-supported activities. This close collaboration ensures activities with the KDF under PEPFAR meet overall PEPFAR strategic goals. This is achieved through the joint development by USAMRU-K and the KMOD of an annual HIV document referred to as the KDF HIV Work Plan. This work plan is informed through a strategic review of the strengths, weaknesses, 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 KDF financial resources as part of one effort. In addition, all planning is conducted and harmonized with Kenya’s strategic goals as outlined in the Kenya National AIDS Strategic Plan. This is to assure that the KDF program is in step with the needs, focus, and priorities of the host country.

**OUTCOMES & IMPACT**

**Prevention**

The KDF continued to provide significant results across all areas in prevention, care, and treatment of HIV. In FY11, 3,061 military members and their families were reached with comprehensive prevention messages. With new indicator guidance from PEPFAR, the Government of Kenya and its implementing partners are ramping up evidence-informed behavioral interventions (EBIs) so results seem different from years past. The Government of Kenya has been working diligently to resolve the situation and this year has devoted considerable time to the identification, adaptation, packaging, and dissemination of EBIs so that implementing partners should be equipped to meet targets in FY12. During the reporting period, 3,113 women were provided with PMTCT services at 16 sites. Of the women tested in the PMTCT setting, 110 were provided with a complete course of ARV prophylaxis.

**3,061** military members and their families were reached with comprehensive prevention messages.

Nineteen (19) HTC centers provided HIV testing for KDF personnel. By the end of the reporting period, the KDF HIV program had reached 19,315 individuals with HTC services. Additionally, 113 males were medically circumcised.

**Care**

Eight (8) service outlets provided HIV-related palliative care to military

members and their families. During the year, 3,125 individuals were enrolled into HIV care in the KDF HIV program, 2,630 individuals received at least 1 clinical care service, and 2,498 HIV-positive persons received cotrimoxazole prophylaxis. A total of 252 individuals who attended HIV care/treatment services received treatment for TB.

**Treatment**

During FY11, 8 outlets provided ART services to KDF personnel and their families. Three hundred forty-eight (348) individuals were newly started on ART during the reporting period. At the end of the reporting period, 2,098 individuals were considered current clients receiving ART. The KDF is currently carrying out data reconstruction in readiness for electronic medical record rollout to select sites.

**Proposed Future Activities**

Ongoing successful KDF 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 FY12 COP.



# Rwanda



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## BACKGROUND

### Country Statistics

The estimated population of Rwanda is 11.7 million people, with an average life expectancy of 58 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. Rwanda is a poor rural country, with the majority of the population engaged in subsistence agriculture and some mineral and agro-processing. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners include tourism, minerals, coffee, and tea, although mineral exports decreased by 40% in 2009–10 to the global economic downturn. Economic growth is recovering with help from the services sector, and inflation has been curbed. The GDP per capita is \$1,300.



### HIV/AIDS Statistics

The HIV prevalence rate in Rwanda’s general population is estimated at 2.9%. Rwanda has approximately 170,000 PLHIV. The primary identified risk factor in the population is unprotected heterosexual contact. Several risk groups were identified for new infections according to the *AIDS Epidemic Update 2009*, which include sex workers, their clients, and men who have sex with men.

### Military Statistics

The Rwandan Defense Force (RDF) is estimated at approximately 33,000 members. 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; the final report will be sent to the RDF in the next few months.

## 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.

## OUTCOMES & IMPACT

### Prevention

During FY11, Drew CARES and PSI worked with the RDF on prevention messages. The PSI/Rwanda military team and anti-AIDS club members conducted behavior change communication (BCC) 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 BCC for the military. Drew University, the PSI/Rwanda team, and 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). In total, 127,974 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the PEPFAR standards.

A total of 2,060 pregnant women were tested for HIV and received their results. In FY11, 132 HIV-positive pregnant women were provided with ART prophylaxis. One hundred and forty-six (146) persons were provided with postexposure prophylaxis (PEP); exposures were primarily (83% 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.



A total of 3,696 PLHIV were reached with PwP interventions, which were carried out at both fixed health care facilities and through mobile team care units. Other prevention services included HTC, and 31,349 individuals were tested and received their test results in FY11.

To increase RDF's capacity to deliver safe male circumcision (MC) services, JHPIEGO trained 417 health providers in MC counseling and clinical skills. ]

A total of 3,864 males were circumcised as part of the minimum package of MC for HIV prevention services in FY11. Of these, 59 were males under 15 years of age and 3,805 were adults over the age of 15.

**Care**

A total of 3,696 eligible adults and children received at least 1 care and clinical service supported by Drew CARES. The clinical care services 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, OIs, malaria, and other tropical diseases. In this reporting period, a total of 3,693 persons received cotrimoxazole prophylaxis.



**Treatment**

Drew CARES acted on behalf of the RDF as its implementing agent for ART. During FY11, 312 individuals were newly started on ART, and 3,191 individuals with advanced HIV infection were currently receiving 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.

**Other**

A total of 121 lay counselors and peer educators have been trained to convey HIV/AIDS prevention messages and positive living skills, and 310 service providers received integrated training on HIV/AIDS care and treatment services. Drew University is supporting 8 RDF laboratories with the capacity to perform clinical laboratory tests. DHAPP staff members provided technical assistance to the RDF on PwP, HTC, prevention, and other topics during in-country visits throughout FY11.

**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 FY12 COP.

A DHAPP staff visit is scheduled in FY12 to provide technical assistance to the RDF’s HIV program. The purpose of this trip will be to discuss DoD programming in Rwanda and support continued cooperation with the MOH for RDF HIV/AIDS programming. Members of the RDF attended IMilHAC in Mozambique in May 2012.

# South Sudan



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## BACKGROUND

### Country Statistics

Sudan has been engaged in two prolonged periods of conflict (1955–1972 and 1983–2005). 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. Armed conflict, poor transport infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. A Comprehensive Peace Agreement was signed in January 2005 and a referendum was held in January 2011, which indicated overwhelming support for independence for southern Sudan. Independence was attained on 9 July 2011.

The estimated population of South Sudan is 10.6 million people. Arabic and English are the official languages, and the estimated literacy rate is 27% (male: 40%; female: 16%). South Sudan produces nearly three quarters of the former Sudan’s total oil output and is the major source of revenue for the country. The Government of South Sudan set a target for economic growth of 6% for 2011, and 7.2% in 2012. The inflation rate in April 2011 was 8.6%, with high fuel prices causing an increase in food prices. The Central Bank of South Sudan plans to issue a new currency, the South Sudanese Pound.

### HIV/AIDS Statistics

The HIV prevalence rate in South Sudan’s general population is unknown. According to the *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 South 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) plays a central role in the government, with influence extending through all layers of a highly militarized society. The exact SPLA troop and prevalence numbers are unknown at this time. It is estimated that the SPLA may comprise 140,000 troops. The first-ever baseline biobehavioral seroprevalence survey (BBSS) was conducted in 2010, and found an HIV prevalence of 4.4% (range: 2.4–6.6%) in the SPLA. The 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 South Sudan. SPLA soldiers come from all over South 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**

DHAPP staff are active members of the Country Support Team and continue to work with CDC and USAID in engaging the SPLA. RTI is an implementing partner for DHAPP and the SPLA. A DHAPP Program Manager will be hired in the future to help coordinate the DoD program.

As part of its overall strategy to promote peace-building efforts, the USG supports SPLA initiatives to reduce size as part of postconflict demobilization, reintegrate former combatants into civilian life, and develop remaining troops into a professional military force. The USG supports the institutional

development of the SPLA through IntraHealth, an implementer for CDC. IntraHealth helps implement prevention, HTC, care, and treatment activities aligned with the strategic planning for the SPLA's HIV/AIDS response.

## **OUTCOMES & IMPACT**

### **Prevention and Other**

DHAPP staff participates in South Sudan's Country Support Team activities and work with CDC and USAID as part of the USG PEPFAR team.

In FY11, study results from the 2010 BBSS were presented to SPLA senior leadership, and a member of the SPLA presented the findings at the Global Health Council Conference. The BBSS specifically gathered information on HIV knowledge and attitudes and high-risk sexual behaviors among the SPLA. A subsequent BBSS in Western Equatoria was completed in June 2012 with analysis and results dissemination planned. A member of the SPLA attended alcohol technical consultation in Namibia in April 2011. Shipments of medical supplies from Project C.U.R.E. have arrived in country.



### **Proposed Future Activities**

In FY12, DHAPP and implanting partners will continue to work with the SPLA on a comprehensive program in HIV prevention, care, and treatment. Representatives from the SPLA attended IMilHAC in Mozambique in May 2012.

# Tanzania

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## 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 it 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 workforce. 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 PLHIV. 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 27,000. 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 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 (HQ) and USMHRP under the Division of Retrovirology in both technical and administrative areas. Additional technical support is provided by USMHRP staff located in Kenya and DHAPP staff members working in collaboration with USMHRP. In country, WRAIR participates in PEPFAR Technical Working Groups along with the 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, in all 5 TPDF zones, and 80,000 civilians living near the military camps and hospitals. During FY11, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 32,337 individuals were reached with small-group preventive interventions that are based on evidence and meet the minimum PEPFAR standards required. Additional prevention interventions reached 11,758 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 (ages 10–14 years). 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 HTC services, but the biggest challenge is staffing. Of the 10,350 women tested in the PMTCT setting, 339 were provided with a complete course of ARV prophylaxis. The TPDF and the National Youth Service have a network of military hospitals, health centers, and dispensaries throughout the country, supporting a total of over 35,000 enlisted personnel and an estimated 60,000–90,000 dependents. Eight (8) hospitals and 30 health centers currently provide PMTCT services. Only 30% of HIV-positive women started prophylactic therapy at the TPDF sites since most of them seek support and treatment at more specialized hospitals. Quality of PMTCT services, including early infant diagnosis, has improved through training of medical officers, midwives, nurse counselors, and laboratory staff using the 2-week national curriculum. On average, 3 health care workers per hospital and 2 per health center have been trained on PMTCT services. PAI staff and TPDF HQ staff visit all PMTCT sites 2–4 times per year for supportive supervision purposes and to monitor data collection. Data are collected both electronically and via paper-based tools (patient-based registers and monthly summary forms). Each site has 2 trained data-entry clerks and 1 trained monitoring and evaluation officer to look after the data flow and quality of data handling

As part of a comprehensive prevention strategy, male circumcision (MC) services were initiated in FY10 and continued in FY11. By the end of FY11, 3,105 men had received MC services. Three (3) staff members (2 medical officers and 1 nurse) have been trained for MC services as part of the national MC policy of the Ministry of Health and Social Welfare (MOHSW). The MOHSW has requested select sites in Mwanza, Shinyanga, and Tabora, because HIV prevalence is high and MC rates are low there. Medical staff from Shinyanga, Mwanza, and Tabora Military Hospitals is currently in training and services will start soon.

Fifty-one (51) HTC clinics provided testing for TPDF personnel. Four (4) new sites are currently under renovation. In FY11, 68% of patients at the TPDF hospitals were civilians living in the vicinity of the health facilities, and 40,838 persons were tested for HIV and received their results. All persons who came for HTC were extensively informed about HIV prevention, both in pre- and post-test counseling sessions. All HTC and care and treatment sites are equipped with televisions and DVD players, and HIV awareness films are played almost continuously. Provider-initiated HTC has replaced voluntary HTC, in accordance with the MOHSW HTC guidelines. Each of the 51 HTC clinics has 3–6 trained medical staff. Nurse counselors from all sites and volunteers from the 8 hospitals have been trained to do home visits to discuss HIV prevention and offer HTC to relatives of HIV-positive patients. Monthly post-test clubs have been organized by 8 military hospitals. Teams of experts from TPDF headquarters and Lugalo Hospital are almost continuously on the road to support the sites when there are breakdowns of equipment, for on-the-spot training (lab, stock management, and monitoring and evaluation), and otherwise improving quality of services.

**40,838**  
persons were tested for  
HIV and received their  
results.

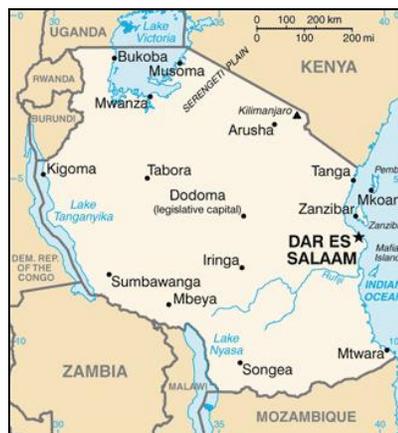
## Care and Treatment

There are 12 palliative care sites for the TPDF; 9,856 HIV-positive adults and children received a minimum of 1 clinical service. In addition, 8,025 HIVPLHIV people living with HIV/AIDS were reached with a minimum package of PwP interventions. Most TB infected or suspected patients are referred to better equipped regional or district hospitals so only 3% of HIV-positive patients in HIV care or treatment (pre-ART or ART) were started on TB treatment. TPDF male personnel with TB are usually treated at TPDF referral clinics, while women are the majority for other care indicators.

In FY11, 2,413 adults and children with advanced HIV infection were newly enrolled on ART, and, by the end of reporting period, 7,321 current patients were on ART. Twelve (12) months after ART initiation, 61% of adults and children were known to be alive and on treatment. In FY11, 51 laboratories had the capacity to perform clinical laboratory tests and 53% were accredited according to national or international standards. The laboratories of the 8 TPDF hospitals and 43 health facilities have been refurbished and equipped, and laboratory staff have been trained for basic HIV, malaria, and TB monitoring functions. The 8 hospitals are equipped for CD4 testing. Eight (8) hospitals and 19 health centers have been approved to serve as care and treatment centers, which means that they fulfill the minimum criteria for care and treatment services, including laboratory, according to the MOHSW. The MOHSW and MOD have initiated the WHO accreditation procedure for Lugalo Hospital.

## 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 FY12 COP.



# Uganda



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## BACKGROUND

### Country Statistics

The estimated population of Uganda is 36 million people, with an average life expectancy of 54 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 workforce. The GDP per capita is \$1,300.



### 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 PLHIV. Identified significant risk factors include high-risk heterosexual contact with multiple partners and STIs. According to the *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 45,000 active-duty members. Uganda expends 2.2% of the GDP on the military. A seroprevalence and behavioral survey was conducted among the UPDF, and results from the survey including behavioral data are guiding prevention interventions.

## 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), and RTI International. 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 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 (x2), 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 has been fully employed for supporting materials and equipment maintenance.

**48,786**

**individuals reached with  
preventative  
interventions**

## OUTCOMES & IMPACT

### 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 HTC services, and management of STIs. During FY11, a total of 48,786 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 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 Hospital HIV/AIDS Clinic. 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, 20,677 PLHIV were reached with PwP interventions.

Twelve (12) service outlets provide PMTCT services for the UPDF. There were 1,839 women who were provided with these services, including counseling and receipt of their testing results. Of those women, 362 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. In collaboration with the MoH, the UPDF trainers conducted two 5-day PMTCT–Early Infant Diagnosis (EID) strengthening training for 60 health workers. Also conducted were an onsite mentorship and continuous medical education sessions for 30 PMTCT health care providers in EID pathway and management of exposed children. They were further supported to conduct monthly review meetings for antenatal care, EID, and ART with health care workers from the three departments. The UPDF also adapted MoH protocols for PMTCT and STI syndromic management, and developed monitoring tools for health care workers that are suitable for facility-level management and easy to use. The UPDF worked to increase partner involvement and support to HIV-exposed infants accessing EID services and established weekly small groups (20–25 people) for community dialogue meetings with military bases to disseminate PMTCT messages; close to 7,500 individuals were reached through these efforts.

Nineteen (19) HTC centers have been established, covering all of the major military bases, with 25,926 persons tested in 2011. The HTC program is directly linked to palliative care, including drugs for OIs, and provides for HIV-infected military personnel and family members. Military facilities supported OVC in Kakiri, Mubende, Ntungamo, and Kyankwanzi barracks. Of the 300 OVCs targeted for support during the year, the UPDF enrolled and provided support to 264 OVCs in several core program areas, including health, education, food security and nutrition, socioeconomic security, and psychosocial support. The UPDF also trained 264 OVC caregivers, focusing on child development, counseling for children, children’s rights, good parenting and guardianship, and communication.

During this reporting period, 4 UPDF health facilities were equipped with surgical equipment and supplies for medical male circumcision (MC); 1,623 men were medically circumcised. In addition, clinicians have been equipped with skills to conduct MCs. Some of the staff were trained at Rakai Health

**12** PMTCT service outlets

**1,839** women provided with PMTCT services

**362** given a complete course of ARV prophylaxis

Sciences Center and others were trained by UPDF staff on the job. MC services are expected to increase in the next year because mobile teams will be launched to support outreach in rural units. Advocacy meetings have been held with military leaders and health educators. Consequently, the MC program has experienced tremendous demand. At all sites where the program has been introduced, the list of clients scheduled for MC is extensive. Indeed, the procedures limit has been due to the limited supply of commodities not lack of demand for services. The UPDF implements the whole minimum package of MC services: Provider-initiated HTC, precircumcision screening for STIs and other medical conditions, pre 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 MC services. The majority of the clients served so far have been adults 18-45 years of age, and no adverse events have been documented for MC services provided by the UPDF. In the next reporting period, commodity supply will be increased, advocacy meetings held with military leaders to disseminate the national MC policy, additional MC sites equipped, and additional health workers trained in MC service delivery.

Postexposure prophylaxis (PEP) service windows are now available at UPDF sites for individuals who come in contact with blood, including combat-related exposure. The service is available for health care workers receiving accidental needle-stick injuries, military occupational hazards, and survivors of gender-based violence. Hence, PEP has not only been established at UPDF care sites but has also been expanded to health facilities in combat operation areas, where military personnel can potentially be exposed to blood. For example, some soldiers have been exposed to blood while evacuating bomb blast victims, and now, as a policy, PEP is an essential component of combat kits. During the reporting period, 14 persons were provided with PEP and the majority of them were combat related. The most common reason among health care workers for using PEP is needle-stick injury. For the gender-based violence victims, PEP has not been well utilized because of eligibility criteria issues. For example, some report the episode too late while others are fearful of the stigma associated with gender-based violence and do not come forward for PEP.

### Care

Twelve (12) service outlets provide palliative care services for the UPDF, their families, and civilians in the surrounding communities. During FY11, 20,677 eligible adults and children were provided with a minimum of 1 care service. During this period, UPDF promoted quality patient management by remodeling 4 ART clinics in Bombo, Kakiri, Mbarara, and Moroto. These infrastructural improvements are intended to create more space for better patient flow and triage, and to improve infection control in the ART clinics. In addition, 6 workshops with a minimum of 10 participants for each workshop were convened by CHIP and UPDF staff to review all of the health education materials and provide extensive feedback. The UPDF selected committee members were selected and included members of the Bombo Care and Treatment Center staff and other UPDF health care providers. The materials are now being finalized based on the input received and will be submitted to UPDF leadership for review and approval. After which, a user manual will be created and materials will be packaged for distribution to UPDF facilities.

## Treatment

ART is provided through PEPFAR and the Global Fund support at 12 UPDF sites, serving 11,351 individuals. During FY11, 2,429 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. During this reporting period, the UPDF acquired and deployed 6 PointCare NOW machines, which increased their CD4 monitoring capabilities. There has also been a general laboratory infrastructure improvement in 8 of the 14 ART sites: Bombo, Mbarara, Nakasongola, Katabi, Gulu, Pader (Acholi Pii), Rubongi, and Mubende. Together with their implementing partners, the UPDF continued to provide the following services: screening for malaria, HTC, full blood count, chemistry analysis, baseline CD4 testing, and CD4s for patient monitoring. The laboratory services have benefited all patients, irrespective of their HIV status, thus improving the general quality of health care at the supported facilities.

## 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 FY12 COP.



# Union of Comoros



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## BACKGROUND

### Country Statistics

Comoros is a group of islands at the northern end of the Mozambique Channel in Southern Africa. The country is composed of three islands: Grande Comore, Moheli, and Anjouan. The estimated population of Comoros is 737,000 people, with an average life expectancy of 63 years. Arabic and French 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 \$1,200.



### HIV/AIDS Statistics

The current HIV prevalence rate in the Comoran general population is less than 0.1%, with fewer than 500 PLHIV, according to the UNAIDS website.

### Military Statistics

The Comoros Army of National Development (CAND) is composed of approximately 1,900 members from security forces and federal police. Comoros maintains a defense treaty with France, which provides training of Comoran 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 FY11, a total of 310 military personnel received HTC services in Anjouan and Mohéli. Six (6) laboratories in Comoros have the capacity to perform clinical lab tests and 4 physicians were trained in care and treatment. DoD supported lab procurement of items related to HIV, TB, and STI diagnosis to rehabilitate existing lab infrastructure.

**Proposed Future Activities**

Continuation of prevention services are planned for FY12, including HTC as well as continued support for local training on lab equipment and sensitization of activities.





# North Region

# Morocco



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## BACKGROUND

### Country Statistics

Morocco has a population of 32.3 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, phosphates, textiles, and apparel. Morocco is the only African country to have a bilateral Free Trade Agreement with the United States. Morocco has made economic progress, but still faces high unemployment and poverty . In 2011, high food and fuel prices increased the country’s deficit and negatively impacted the government’s budget. Long-term economic challenges include education reform, addressing socioeconomic disparities, fighting corruption, and reducing government spending. The GDP per capita is \$5,100.



### 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 PLHIV in 2009 was 26,000, according to the UNAIDS website. According to the *Epidemic Update 2009*, Morocco estimated that 4% of men who have sex with men and 6.5% of injection 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 196,000 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.

**7,400**  
military personnel  
reached with  
prevention  
interventions

**OUTCOMES & IMPACT**

**Prevention and Treatment**

During FY11, 7,400 military personnel were reached with prevention interventions. Ten (10) physicians 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**

Planned activities for FY12 include continuation of prevention education for troops and conducting train-the-trainer and peer education sessions.



# Tunisia



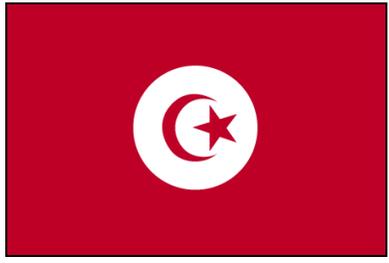
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## **BACKGROUND**

### **Country Statistics**

The estimated population of Tunisia is 11 million people, with an average life expectancy of 75 years. Arabic is the official language of Tunisia, which has an estimated literacy rate of 74%, unevenly distributed between men and women. Tunisia's diverse, market-oriented economy is mainly composed of agricultural, mining, tourism, and manufacturing sectors. Key exports include textiles, food, and petroleum products, chemicals and phosphates, and the majority of these items are exported to the European Union. Historically, the GDP growth rates were steady at about 4%–5% per year, but in January 2011, the president was overthrown and the new government faces important challenges related to stabilizing the economy. The GDP per capita is \$9,500.



### **HIV/AIDS Statistics**

The HIV prevalence rate in Tunisia's general population is estimated to be less than 0.1%, with a total of approximately 2,400 PLHIV, according to the UNAIDS website. HIV prevalence rates among men who have sex with men (MSM), injection drug users (IDUs), and sex workers are 4.9%, 3.1%, and 0.43% respectively, indicating a concentrated epidemic.

### **Military Statistics**

The Tunisian Armed Forces, or Forces Armees Tunisiens, consists of approximately 36,000 active-duty members. Tunisia expends 1.4% of the GDP on military purposes.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The HIV/AIDS program in the Tunisian Armed Forces began in 2011. It is a collaborative effort between DHAPP, the OSC at the US Embassy through the Office of Humanitarian Assistance, and the Tunisian Armed Forces.

## OUTCOMES & IMPACT

### Prevention

Support for genital human papillomavirus (HPV) screening among women was provided in FY11 due to the suspected high rates of HPV among female troops, and since the risk for cervical cancer is higher in women with HPV and HIV. Specimen collection, screening kits, and genotyping tests were delivered to the Military Hospital of Tunis. The goal is to reach more women through linking these services to HTC.

### Proposed Future Activities

Future plans include continued support in the area of HPV screening and in increasing prevention efforts among the military. This will be accomplished through supporting education and awareness activities like supporting the World AIDS Day campaign.

In December 2011, a new HIV/AIDS prevention and testing center opened, with the goal of increasing outreach to Tunisian youth and high-risk populations and disseminating information about HIV/AIDS to the broader Tunisian public. The association's 150 volunteers work to reinforce the Tunisian National AIDS Prevention Strategy by raising awareness and promoting prevention methods primarily among marginalized populations, including MSM, IDUs, and sex workers.





# South Region

# Botswana

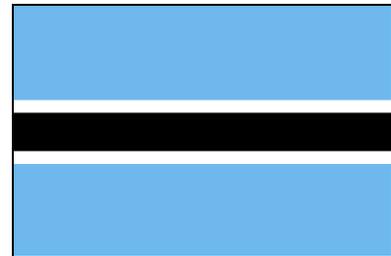


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## BACKGROUND

### Country Statistics

The estimated population of Botswana is 2.1 million people, with an average life expectancy of 56 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 \$16,300.



Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth turned negative in 2009 when the industry fell almost 30%. Since then, the economy recovered with the growth of GDP to 7.2% in 2010 and 6.2% in 2011. 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 over one third of the GDP and over 70% of export earnings. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. The unemployment rate was 7.5% according to official reports, but unofficially it is estimated to be closer to 40%.

### 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 PLHIV in Botswana, according to the UNAIDS website. Heterosexual contact is the principal mode of transmission. According to the *Report on the Global*

*AIDS Epidemic 2010*, ART coverage exceeds 90%, and the estimated annual number of AIDS-related deaths has declined by more than half (from 18,000 in 2002 to 9,100 in 2009), 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 9,000 active-duty personnel. Botswana expends 3.3% of the GDP on the military. The BDF conducted a SABERS in 2009, and although the results were not made public, the study was completed and the BDF is using the findings to inform its prevention efforts and benchmark for measurement of trends.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

Through the OSC, 2 DHAPP in-country program staff work in collaboration with DHAPP Headquarters staff and the BDF. DHAPP staff are active members of the PEPFAR Botswana Country Support Team. They provided technical assistance in developing the BDF COP for FY12. PSI and Project Concern International (PCI) are PEPFAR-funded implementing partners with the BDF on prevention activities and program monitoring and evaluation. Voluntary medical male circumcision (VMMC) has been endorsed and highly supported by the BDF. Current efforts are emphasizing training, commodities, mobile surgical space, and demand creation for VMMC. Vista LifeSciences is providing support in implementation of a Health Management Information System (HMIS) for male circumcision (MC) and other prevention activities. The system will interface with the outpatient care system and provide reporting for the Government of Botswana.



**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 & IMPACT**

**Prevention**

The BDF’s prevention program has many different aspects as it strives to provide comprehensive prevention efforts for its troops, family members, and civilians living near its bases. The OSC, in conjunction with the BDF and PSI,

reported reaching 11,534 individuals with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards required. PSI and PCI continued to provide support for peer education programs in the BDF and spread messages on MC, condom use, and multiple and concurrent partnerships to both the BDF troops and civilian employees and their spouses and family members. Starting late in FY11, 80 men were circumcised as part of the minimum package of MC for HIV prevention services. A total of 133 health care workers were trained in HTC service delivery, and 29 health care providers received training in collaboration with the MOH. HTC services are critical to the BDF's program, and 7 outlets offer these services. DHAPP supported the annual Voluntary Counseling and Testing campaign for the BDF, which reached all BDF camps across the country, and over 4,000 troops were tested for HIV and got their results.

### 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. There are 4 testing facilities/laboratories with the capacity to perform clinical laboratory tests.

### Other

DHAPP is providing technical assistance to the BDF to provide an innovative HMIS electronic platform to enable monitoring and evaluation program monitoring and reporting capabilities for VMMC. Specific activities include access to the Internet for authorized medical staff for training, research, open access to medical journals and educational resources, and clinical case counseling. A military electronic medical record will provide efficient reporting, data quality, and operational management of the BDF VMMC program. DHAPP and the BDF are working together to address the primary challenges associated with implementation of electronic data tools, data use, security, policy, and governance.

From May to July 2009, the BDF conducted its first SABERS. 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 workshop in February 2010. The workshop included discussions of the findings and recommendations regarding HIV prevention, care, treatment, laboratory, strategic information, and policy. DHAPP finalized a technical report that summarizes the study findings and discussions and recommendations from the workshop and it was delivered to the BDF in FY11. The BDF is using this report as a guideline for modifying its existing HIV prevention programs and developing new interventions.

DHAPP also supported 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-wrapper 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. Findings from the study demonstrate that providing camouflage-packaged quality scented condoms improve condom use in the BDF.

### 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 FY12 COP. Some of these activities include continuing prevention efforts, TB treatment training, and building electronic data management infrastructure for ART patients. Representatives from the BDF attended IMiHAC in May 2012.



# Lesotho



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## BACKGROUND

### Country Statistics

The estimated population of Lesotho is 1.9 million people, with an average life expectancy of 52 years. English and Sesotho are the official languages of Lesotho, which has an estimated literacy rate of 85%, unevenly distributed between men and women, 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 3.6% in 2010 and 5.2% in 2011. 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 \$1,400.



### HIV/AIDS Statistics

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 PLHIV, according to the UNAIDS website.

### 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 for the LDF were presented during a stakeholder's workshop in August 2011.

**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 FY12 COP. In FY11, 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 HTC and correct and consistent condom use, and training HTC counselors. Other implementing partners include Research Triangle Institute International and Vista LifeSciences.

**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 (x2), 2009, and 2011, 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 for a hematology analyzer, cytometers, and a chemistry analyzer. Twenty percent of the 2009 funding has been obligated for a cytometer.

**21** condom service outlets

**OUTCOMES & IMPACT**

**Prevention**

The LDF and PSI worked diligently on prevention efforts during the year, and 1,371 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, 95 pregnant women know their HIV status, 28 of whom received ARVs to reduce the risk of mother-to-child-transmission.

**735** PLWHA reached with PwP interventions

As part of prevention services, 3 outlets provided HTC services for military personnel. The mobile HTC unit went out several times during the year and was able to provide additional HTC services to sites outside of the 2 fixed outlets. A total of 568 individuals received HTC services and received their test results.

**Care & Treatment**

In FY11, 735 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, 875 eligible adults and children were provided with a minimum of 1 care service, and 973 HIV-positive adults and children received a minimum of 1 clinical service. In addition, 450 HIV-positive persons received cotrimoxazole prophylaxis. By the

end of the year, 735 individuals were currently receiving ART. Twenty-five (25) adult 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. One (1) senior lab technician was also hired to support the LDF lab.

### **Other**

Following the WHO guidelines on Health Information Systems, the LDF has successfully transitioned its ART program from a paper-based to electronic medical record system using a netbook computer platform. The platform provides LDF medical personnel with a comprehensive set of electronic tools to support HIV/AIDS program activities. Modules for pharmacy, PMTCT, and male circumcision (MC) will be added, and integration with the Laboratory Information System is under way. Benefits of the electronic system include access to patient data to enhance care and treatment service delivery, access to knowledge for treatment guidance, and electronic dissemination of HIV prevention content to improve the reach of HIV peer counselors. A data management policy is being developed to address data access, use, and preservation.

The San Marcos School of Nursing program continues to send nursing students and faculty to support fixed clinical sites and mobile outreach to LDF bases and surrounding civilian communities.

A clinical program assessment was conducted by DHAPP staff in January 2011 and recommendations have been provided for the future.

### **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 FY12 COP. DHAPP conducted an MC study in 2009 among LDF personnel and an article was published in PloS ONE in November 2011. The study provided information regarding the prevalence of various types of MC being done in Lesotho, and it will aid in the planning for rollout of MC services. The SABERS report will be finalized in FY12 and the data will be actively being used to inform program activities. Three (3) members of the LDF, 1 NGO representative, and 1 program manager attended IMilHAC in Mozambique in May 2012. Efforts to scale up MC services, support construction of a new TB facility, and distribute military-specific condoms are anticipated for 2012. PwP training will be undertaken with DHAPP staff.

# Malawi



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## BACKGROUND

### Country Statistics

The estimated population of Malawi is 16.3 million people, with an average life expectancy of 52 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 the majority of the population living in rural areas. Agriculture accounts for over one third of the GDP and 90% of export revenues. Since 2009, Malawi has 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 and continued to fall in 2010. Donors suspended general budget support in 2011 due to a negative International Monetary Fund review and governance issues. 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 PLHIV, according to the UNAIDS website. Most cases of HIV in Malawi are spread through multi-partner heterosexual sex. According to the *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 Defense Forces (MDF) is estimated at approximately 7,000 members according to DHAPP staff. Malawi expends 1.3% of the GDP on the military. A seroprevalence study in the MDF will be conducted in collaboration with RTI International and DHAPP, but results will not be publicly released.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The MDF has established an HIV/AIDS coordinating team made up of MDF 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 MDF and PCI on the program. An implementing partner will be brought on board in FY12 to support provision of voluntary medical male circumcision (VMMC) services and related training needs.

### 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, water baths, refrigerators, a cytometer, and supporting supplies and reagents. Plans for employment of unobligated balances and 2007–09 funding are in development.

## OUTCOMES & IMPACT

### Prevention

In FY11, prevention efforts continued and 3,063 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet PEPFAR standards. A total of 2,561 individuals were reached with preventive interventions that were primarily focused on abstinence and/or being faithful.

Twenty-three PLHIV (17 men and 6 women) trained in PwP and acted as lay counselors at HTC centers. PLHIV were encouraged to form support groups with the assistance of nurses and clinical officers, while others were identified to serve as lay counselors. HTC services were provided to 4,037 individuals and they received their test results. DHAPP staff visited Malawi in FY11 as part of an interagency team visit to conduct a prevention portfolio review.

### Care

The MDF has a number of activities centered on care of PLHIV. 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 serostatus to identify with PLHIV networks. In total, 480 eligible adults and children were provided with a minimum of 1 care service.

**4,037**

**People received  
HTC services,  
including their  
HIV test results.**

### Proposed Future Activities

Continued HIV programming for MDF members was proposed by the Embassy to the PEPFAR Malawi Country Support Team. All proposed activities were included in the FY12 COP. Activities include continued prevention and care efforts, increased HTC services, and VMMC.

A follow-up country visit by DHAPP staff is planned for the seroprevalence survey, and members of the MDF attended IMilHAC in Mozambique in May 2012.



# Mozambique



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## BACKGROUND

### Country Statistics

The estimated population of Mozambique is 23.5 million people, with an average life expectancy of 52 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 over half of its annual budget, and the majority of the population remains below the poverty line. Subsistence agriculture continues to employ most 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, accounts for one third of exports. However, heavy reliance on aluminum subjects the economy to unstable international prices. Despite GDP growth of 8.3% in 2010, the increasing cost of living prompted citizens to riot in September 2010, after price increase of bread, electricity, fuel, and water. The government responded by implementing subsidies, decreasing taxes and tariffs. The GDP per capita is \$1,100.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Mozambique's general population is 11.5%, and there are a total of approximately 1.4 million PLHIV, according to the UNAIDS website.

### Military Statistics

The Forças Armadas de Defesa de Moçambique (FADM) 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, and 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 FADM works in collaboration with PSI and the University of Connecticut. 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 (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 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2008, and 2010 (x2), respectively. The 2003 funding was fully employed for an Olympus microscope, minor lab equipment, and supporting supplies. The 2005 and 2006 funding has been employed for a hematology analyzer, centrifuges, agitators, a distiller, an analytical scale, a biosafety cabinet, minor lab equipment, and supporting reagents and supplies. The 2007 funding has been fully obligated for cytometers.

## OUTCOMES & IMPACT

### Prevention

During FY11, 49,769 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards through FADM and PSI efforts. PSI works with the FADM to provide training and retraining of peer educators. Between January and June 2011, PSI distributed 691,188 male condoms in all military units on behalf of the FADM, including the Integrated Center for Care and Treatment and the National Directorate of Health.



The University of Connecticut team conducted training with 30 community health and para-social workers, (both military and civilian). Of the 30 people trained, 15 were new peer educators at Nampula Military Hospital and 15 were existing peer educators at Maputo Military Day Hospital. Maputo peer educators receive training on topics that include refresher

training on one-on-one counseling, strategies for dealing with alcohol use and safer sex, reproductive decision-making, gender, ethics and values clarification, ARVs, STIs, hygiene, and male circumcision (MC). Nampula peer educators receive training on topics that include refresher training on one-on-one counseling, reproductive anatomy, HIV disclosure, sexual risk reduction strategies, and reproductive decision-making.

“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 FY11, 612 people living with HIV were reached with a minimum package of PwP interventions. 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 program is being scaled up for the future to reach more PLHIV in Maputo and Nampula, and will expand to address gender-based violence (GBV). FADM leadership have been actively involved with the formation of support groups at bases and have embraced support for active-duty military PLHIV.

The FADM began providing voluntary medical male circumcision (VMMC) services in FY11 and 5,035 men were circumcised as part of a comprehensive prevention package. DoD is working with PSI and in collaboration with JHPIEGO, an implementer for CDC, to assist the FADM with rollout of MC services. Activities during FY11 included continued renovation of the selected sites (Nampula and Beira Military Hospitals), and procurement of vehicles, mobile structures, and equipment for mobile services. Ten (10) health care workers were trained in MC.

In the 8 HTC sites, services are offered to the military, their families, and civilians. During FY11, 27,810 individuals received HTC services for HIV and received their test results. HTC services were provided at military health fairs, during military pre-recruitment physical inspections and mandatory testing prior to an MC procedure. Two (2) laboratories at Nampula and Beira Military Hospitals have the capacity to conduct HIV testing and were rehabilitated and equipped with DoD FMF funds.

### **Other**

An English version of the SABERS report has been delivered and is being translated into Portuguese. A data dissemination workshop was held and attended by the MOD and top military leadership from all branches of the service. Findings from the SABERS have indicated a need to address GBV.

### Proposed Future Activities

The proposed activities were submitted by the Embassy to the PEPFAR Mozambique Country Support Team, and were included in the FY12 PEPFAR COP. Among the activities included were scaling up of MC services and construction/renovation of the maternal health ward at Maputo Military Day Hospital. PEPFAR Mozambique has central initiative funds to support activities relating to reducing GBV, and 1 new implementing partner will be engaged to provide expert technical assistance in sexual violence programming based in military settings. The FADM has demonstrated excellent leadership in addressing GBV in its military settings.

Two (2) members of the FADM will participate in MIHTP in San Diego, California, in FY12. The Maputo Military Day Hospital lab will receive new equipment to reinforce its existing capacity to respond to needs, and 6 lab staff members will attend IDI training courses.

Two (2) containers with a variety of medical and surgical equipment, medical furniture, some supplies, and medical books will be received through a partnership with Project C.U.R.E. and donated to the FADM to support its military health units. The FADM and DoD jointly hosted IMilHAC in Mozambique in May 2012.



# Namibia



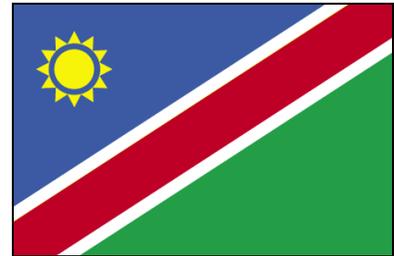
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## BACKGROUND

### Country Statistics

Namibia's estimated population is 2.2 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%, almost evenly distributed between men and women. The Namibian economy is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 8% of the GDP and provides over half of foreign exchange earnings, but it only employs 3% of the population. An increase in diamond and uranium prices in 2010, along with the reopening of copper mines in 2011, helped provide a significant boost to the mining sector. The Namibian economy is closely linked to South Africa, and up to 2010, 40% of Namibia's budget revenues came from the Southern African Customs Union. The GDP per capita is \$7,300.



### 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 PLHIV, according to the UNAIDS website. The primary identified risk factor in the population is unprotected heterosexual contact.

### Military Statistics

The Namibian Defense Force (NDF) is estimated at approximately 9,000 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 include 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 at the base level.

## OUTCOMES & IMPACT

### Prevention

I-TECH is assisting MOD/NDF in establishing and expanding male circumcision (MC) services in the military. Two (2) visits were conducted at Grootfontein Military Hospital to offer ongoing mentoring and support to the MC team, to follow-up with providers trained on MC, and to conduct proficiency certification assessments among those who have performed the required 20 procedures. A second readiness assessment visit was conducted at Peter Mweshihange Military Health Centre (PMMHC) to determine whether renovations were completed. MC equipment, supplies, and consumables were procured for the center, which is now fully ready for MC services. In addition, an MC proficiency assessment was conducted for the newly certified health care workers. MC Information, Education, and Communication (IEC) materials were adapted from the ones used by the Ministry of Health and Social Services (MoHSS) for use in the military and are being printed.

In total, 20 MOD members were trained to support the provision of MC services at PMMHC and Grootfontein Military Hospital. Of the total number trained, 2 medics from PMMHC received in-service training on the handling, processing, and sterilization of MC instruments; 13 community counselors were trained on MC in order to help mobilize their communities for MC services; 1 doctor and 1 nurse from Grootfontein Military Hospital were also trained in an MC under local anesthesia course for clinicians, to help scale up the MC service provision with the intention of meeting the backlog. In FY11, 87 men were circumcised at Grootfontein Military Hospital, while 91 others were referred to Windhoek Central Hospital for similar services.



A total of 120 peer educators were trained at different military bases on how to facilitate peer education sessions. NDF peer educators supported by Society for Family Health (SFH) regional staff conducted various BCC activities at all bases countrywide. A total of 3,946 members were reached with prevention

messages focusing on abstinence and/or being faithful. Out of the total number reached, 2,850 were men while 1,096 were women. Additionally, 6,668 members were reached with various prevention messages focusing beyond abstinence and/or being faithful through outreach, peer education sessions, and other events such as commemoration of the annual World AIDS Day. Topics like consistent condom use, condom negotiation, STI, HTC, positive living, and PMTCT were covered.

Two and a half million camouflage condoms were distributed to the military bases through the MOD/NDF distribution channel and through the SFH regional officers to the HIV unit coordinators and the peer educators. Steering committee training continued at different military bases across the country to assist committees in coordinating the project activities within their bases.



Chaplains on the bases represent an opportunity to affect behavior change within the military and create a culture of openness regarding HIV prevention and living positively. Two (2) Chaplaincy Professionalization symposiums were conducted to provide the NDF chaplains and chaplain assistants with skills to deal with HIV prevention, counseling, and suicide prevention. Thirty-five (35) NDF chaplains and chaplain assistants were equipped with the skills to be more active in addressing HIV/AIDS-related challenges in their military communities.

A total of 3,004 MOD members were tested for HIV, counseled, and received their results. Of this number, 1,420 were reached through static HTC sites, 87 members were reached through MC services at Grootfontein Military Hospital, while 1,497 were reached through outreach HTC services at different bases. Outreach HTC services were launched in April 2011, and 2 mobile HTC vans were procured and donated by the US Embassy to MOD during the launch of the outreach services.

A total of 49 MOD members were trained to support the HTC program in the military. Of these, 45 were trained in counseling and rapid HIV testing while 4 drivers were trained in the basic operations of the HTC mobile vans. A readiness assessment was also carried out at PMMHC in June 2011 to establish if the site was ready for the certification assessment by MoHSS and the Namibia Institute of Pathology (NIP).

In order to support the provision of quality HTC services, 4 mentoring and support visits were undertaken at the Grootfontein military HTC center and Fountain of Hope (FOH) to provide technical assistance in HTC to the HTC team. An HTC IEC brochure was developed. There are 4 HTC sites in the military. One of the sites, at PMMHC, provides testing by sending specimens to the laboratory for results a few days later. DHAPP has been providing support

to MOD to establish an electronic health care system that links to the MoHSS.

**Care and Treatment**

The goal of the care and treatment program is to assist the NDF in the provision of high-quality services and strengthen the capacity of the military staff as well as civilian employees. The main objectives are to expand and enhance clinic-based palliative care service delivery systems, and to strengthen and expand coverage of military support groups for persons infected with and affected by HIV.

A total of 399 MOD members were provided with a minimum of 1 HIV care service (STI and TB management, TB and alcohol screening, psychosocial support). All 399 people living with HIV were reached with a minimum package of PwP interventions.

In support of the provision of quality services, visits to FOH ART clinics were undertaken to strengthen health care workers skills in various areas of HIV care, including record keeping and clinical care provision. I-TECH procured mobile standing examination lights for cervical cancer prevention and screening. A support visit was undertaken to the HBC Program in Oshakati. During this visit, 9 caregivers from Oshakati, Oshivelo, Ondangwa, and Ruacana attended the meeting where successes and challenges were addressed and needs identified. Further, MOD expressed a need to support HBC for its members by procuring wheelchairs to facilitate mobility. I-TECH procured 6 wheelchairs to support the HBC Program. Thirty (30) bicycles with necessary accessories were donated to the support groups in Grootfontein and Oshakati Military Bases to enable visits to other group members around the bases.

In terms of human capacity building, 52 MOD members benefited from various training programs aimed at supporting the provision of HIV care and support. Eight (8) health care workers took part in training on STIs and cervical cancer prevention and screening. The aim of the training was to equip health care workers with skills to screen, examine, and treat clients presenting with STIs using a syndromic approach, and to safely and effectively perform Pap smears. Twenty-three (23) more health care workers underwent training on infection control procedures so that they are able to prevent infections arising in health care settings. Additionally, 21 support group members from both Grootfontein and Oshakati have received “Stigma and Me” training. The training, facilitated by Positive Vibes, an HIV/AIDS communication initiative based in Namibia, focuses on understanding stigma and discrimination and learning where to go for support.

The FOH HIV care and treatment clinic at the Grootfontein Military Base has been operational since 2009, providing comprehensive HIV and related disease services, including ART, pre-ART care, TB, and other palliative care services. Currently, 191 members are receiving ART at the facility, including 44 members newly enrolled during FY11.

## **Laboratory**

With assistance from I-TECH, the MOD/NDF laboratory continued with enrollment in an external quality assurance program. Additional equipment and supplies for the HIV ELISA test were procured, and laboratory staff members were trained on basic operations of the equipment.

In terms of in-service training, 30 MOD members benefited from programs aimed at supporting the provision of laboratory services in the military. Of the total number trained, 4 lab personnel attended a mini-workshop in Grootfontein on laboratory quality management systems. In addition, 2 other laboratory personnel attended a workshop on 4 of the 12 quality systems essentials. The workshop was conducted in Ongwediva by laboratory experts from the Clinical and Laboratory Standards Institute in collaboration with NIP. This training focused on process control, implementation, occurrence management, and facilities and safety, and it equipped the laboratory staff with the necessary skills to address the quality system essentials in preparation for possible accreditation. Twenty-three (23) health care workers were trained on safe specimen collection and handling, including safe sputum sample collection and handling. In addition, the chief medical technologist at the Grootfontein Military Hospital Laboratory benefited from a week-long lab management and Training of Trainers course at the IDI at Makerere University in Kampala, Uganda.

I-TECH supported the servicing of all laboratory equipment and training on basic operations and maintenance of the CD4 machine and the BioTek ELISA machine. Four (4) laboratory mentoring and support visits to Grootfontein took place. The quality manual was finalized and implemented, and the ongoing development of standard operating procedures (SOPs) continued; 2 new SOPs were implemented. The technologist in charge of the laboratory at Grootfontein Military Hospital attended the Lab Quality Management Technical Working Group meeting in June 2011 in Windhoek.

## **Other**

A total of 382 military personnel successfully completed in-service training in the areas of clinical care; testing and counseling; laboratory services; systems strengthening; MC; treatment, care, and support; and TB infection control. In-service training also benefited 120 peer educators and 35 chaplains.

## **Proposed Future Activities**

Ongoing successful NDF and partner programming was expanded to include additional aspects of comprehensive prevention, MC, care including PwP services, and treatment for military members and their families. All proposed activities were submitted to the Namibia Country Support Team, and were included in the FY12 COP. Members of the NDF attended and presented at IMilHAC in Mozambique in May 2012.

# South Africa



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## BACKGROUND

### Country Statistics

South Africa's estimated population is 49 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 it began to slow in the second half of 2007 due to an 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 \$11,000.



### 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 PLHIV population, with a total of approximately 5.6 million people, including 300,000 children. According the *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.

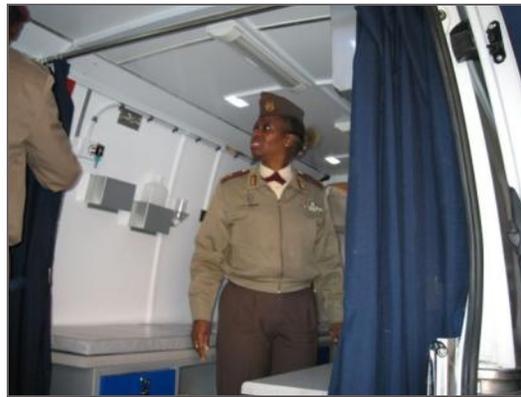
### **Military Statistics**

The South African National Defense Force (SANDF) is estimated at approximately 62,000 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 & IMPACT**

#### **Prevention**

During FY11, the SANDF reported 465 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet PEPFAR standards. A large number of prevention activities were not reported. These were not reported because the training includes about 1,000 participants per session and is therefore considered mass awareness. The SANDF continued to provide female condoms to its members. The condoms were initially provided to soldiers who were about to deploy on peacekeeping operations. Additional prevention services provided to the SANDF include mother-to-child transmission, postexposure prophylaxis (PEP), medical male circumcision, and HTC. In FY11, 25,335 individuals received HTC services and received their test results. Additionally, 219 HIV-positive pregnant women received ARVs, 301 men were circumcised, and 166 persons were provided with PEP.

### Care and Treatment

HIV-positive adults and children are receiving clinical services through the SANDF. There were 2,083 HIV-positive adults and children who received at least one clinical service, while 3,185 HIV-positive persons received cotrimoxazole prophylaxis. Additionally, 266 PLHIV were reached with a minimum package of PwP interventions.

In regard to food and nutrition services, 8,942 HIV-positive clinically malnourished clients received therapeutic or supplementary food, including 799 pregnant/lactating women.

In 2010, the SANDF opened a new pharmacy in Kimberley with assistance from PEPFAR and the DoD. The new site benefits and has improved adherence by patients who had to travel to other locations to acquire their ARVs. Five (5) service outlets provide ART to the SANDF. In FY11, 694 patients were newly initiated on ART, and at the end of the reporting period, 1,817 current patients were on ART. There were 1,056 HIV-positive patients who were screened for TB, and of those screened 1,044 were started on TB treatment. The in-service training provided to 343 health care workers included HTC, and ART management.

### 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 will continue to scale up for the SANDF.



# Swaziland



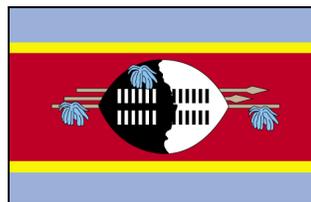
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## BACKGROUND

### Country Statistics

The estimated population of Swaziland is 1.4 million people, with an average life expectancy of 49 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 employs about 70% of the population. Sugar and wood pulp used to be the main foreign exchange earners, but sugar is now the top export earner since the wood pulp producer closed in 2010. The country is in a fiscal crisis due to decreases in South African imports and customs revenues. Swaziland's 40% unemployment rate indicates a need to increase smaller enterprises and attract foreign investment. The GDP per capita is \$5,200.



### 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 PLHIV, according to the UNAIDS website. According to the *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 according to DHAPP staff. 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 FY12 COP and also works collaboratively with USG partners. 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, biosafety cabinets, minor equipment, and supporting reagents/supplies. The 2006–7 funding has been fully employed for sample prep equipment, a chemical analyzer, cytometer, freezer, centrifuge, sterilizer, refrigerators, and other minor equipment. The 2008 funding has been fully employed for equipment maintenance and reagents. All 2009 funding has been reprogrammed and transferred to Navy Education and Training Security Assistance Field Activity to support 4-year (degree) laboratory technician training at the University of Malawi.

## **OUTCOMES & IMPACT**

### **Prevention**

During FY11, 7,997 individuals from the USDF, family members, or civilians near military bases were reached with individual and/or small group-level preventive interventions that met the PEPFAR standards. DHAPP continued to support trainings for clinicians to provide PwP interventions. As part of comprehensive prevention services, 1,298 individuals received HTC services and received their test results. The USDF launched its male circumcision program, and 339 men were circumcised in FY11.

### **Care and Treatment**

Prevention, care, and treatment services were decentralized to 5 new USDF clinics that are now providing expanded access for the troops and the civilian populations in these communities. Currently there are 6 service outlets providing HIV-related clinical care services to USDF personnel and their

families. One (1) service outlet, the Phocweni Clinic, provides clinical prophylaxis for OIs and provides treatment for TB once the client has been diagnosed at the government hospital. During the reporting period, 1,815 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 USDF personnel and their families. In addition, 622 HIV-positive persons received cotrimoxazole prophylaxis, and 652 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, 682 adults and children with advanced HIV infection were currently receiving ART. In addition, 106 health care workers successfully completed an in-service training program supported by DHAPP.

**Other**

Data collection for the USDF HIV Seroprevalence and Behavioral Epidemiology Risk Survey was completed in 2010. In FY11, data analysis was conducted, the final report was released, and data dissemination meetings were held. The findings are being used to guide prevention interventions.

DoD is working in collaboration with CDC and MOH to redesign the Phocweni Clinic laboratory to efficiently provide clinical lab services to the military and backup services to the National Clinical Laboratory Services. Critical trainings for the USDF in laboratory technology, medicine, pharmacy, and nursing are being supported, and medical waste disposal has been addressed through the procurement and placement of an incinerator for the Phocweni Clinic.

The USDF and Swaziland Hospice at Home have a memorandum of understanding for partnership for home-based care for the USDF in place, and the HIV/AIDS policy for the USDF has been approved.

**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 FY12 COP. In FY12, a planned clinical assessment will be conducted by DHAPP staff. Activities in support of decentralization of prevention, care, and treatment services will be continued. USDF members and the DHAPP program manager attended IMilHAC in Mozambique in May 2012. Plans for clinical attachments with MOH, uniformed services and prisons will take place with Swaziland Hospice at Home. The California State University San Marcos School of Nursing will continue to send nursing students and faculty to support fixed clinical sites and mobile outreach to USDF bases and surrounding civilian communities.

# Zambia



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## 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 2005–2008 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 PLHIV, according to the UNAIDS website. Heterosexual contact is the principal mode of transmission. According to the *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 15,000 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 FY11, 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.

### **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 & IMPACT**

### **Prevention**

During FY11, 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 37,790. 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 HTC team. Also, 1,269 males were medically circumcised as part of HIV prevention services. During FY11, 4,112 pregnant women were provided with PMTCT services at 22 sites. These services included HTC, and linkages to care and treatment. Of the women tested at the PMTCT sites, 339 were provided with a complete course of ARV prophylaxis.

Fifty-five (55) HTC sites provided services for the ZDF. The number of sites providing provider initiated testing and counseling (PITC) has increased from 16 to 20 and thirty-eight staff have been trained in PITC services. During FY11, a total of 14,223 individuals were tested for HIV and received their results. The mobile HTC team provided services to clients at ZDF units throughout the

country. The proportion of clients undergoing counseling and testing (HTC) for HIV and STIs, male circumcisions and TB screening has increased steadily compared to the last reporting period. The increase in uptake of these services is due to the availability of testing reagents and trained staff in facilities. The ZDF sites were with logistical and technical support to use a combination of innovative platforms to reach individuals with counseling and testing services including mobile HTC, home-based HTC, and facility-based (static) HTC. A total of 3,923 individuals were reached through mobile HTC while a total of 9,174 were reached through the 49 static ZDF sites. A further 149 were reached through home-based HTC. Technical support was provided to the ZDF to promote couples counseling and to integrate an indicator into the standardized monitoring and evaluation tool to help track the number of couples reached through the three previously mentioned platforms.

### **Care**

Fifty-four (54) service outlets provided HIV-related care services to military members, their families, and civilians living in the surrounding areas. During FY11, 1,615 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 443 malnourished clients with a body mass index of less than 18.5. HIV-related care kits were also procured for HBC clients. PCI conducted a training of trainers for 21 master trainers who included PLHIV on PwP. The 2-week training was conducted by 3 facilitators from DHAPP. In FY11, there were 1,784 PLHIV who were reached with PwP interventions.

### **Treatment**

The ZDF has 18 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. In FY11, adults and children with advanced HIV infection were newly enrolled on ART, and at the end of the reporting period, 4,226 adults and children were currently receiving ART. Several factors have contributed to the increased number of clients enrolled at ART sites and they include: improved data management for better tracking of clients; availability of adherence-trained counselors at each of the sites; continuous supply of drugs; availability of lab facilities; and strengthened skills of military medical staff in the provision of ART services. During FY11, 471 health care workers successfully completed an in-service training program and 36 in preservice training programs.

### **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 FY12 COP.



# West Region

# Benin

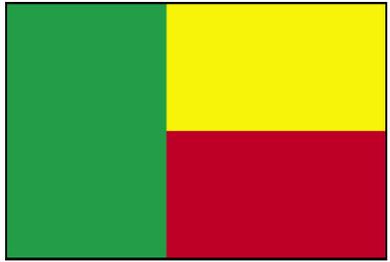
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## BACKGROUND

### Country Statistics

Benin is a West African country with an estimated population of 9.6 million people and an average life expectancy of 60 years. French is the official language of Benin, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. Growth in real output averaged around 4% before the global recession and fell to 3% in 2010. Inflation has subsided over the past few years. In order to increase growth further, Benin plans to attract more foreign investment, focus on tourism and the development of new food processing systems and agricultural products, and encourage creation of new information and communication technology. Benin's key export, cotton, suffered due to flooding in 2010-11, but high prices supported export earnings. After a series of strikes, the government agreed to a 25% increase in civil servant salaries in 2011. The GDP per capita is \$1,500.



### HIV/AIDS Statistics

The HIV prevalence rate in the adult population of Benin is estimated at 1.2%, with approximately 60,000 PLHIV, according to the UNAIDS website.

### Military Statistics

The Benin Armed Forces (BAF) is composed of approximately 5,000 members, with a 2% HIV prevalence rate, according to a prevalence study conducted in 2005. Benin allocates 1% of the GDP for military expenditures. The BAF frequently supports PKOs in Côte d'Ivoire and the Democratic Republic of the

Congo.

## **PROGRAM RESPONSE**

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

DHAPP staff have been collaborating with the ODC in Accra, Ghana, and the US Embassy in Cotonou to support the BAF. In FY11, a DHAPP Program Manager was hired at the US Embassy to support the development of an HIV plan for 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 & IMPACT**

The planning of activities related to the HIV prevention program for the BAF took place in FY11. A GeneXpert test device platform is being purchased in FY12 using FMF funds, and discussions continue on plans to further utilize FMF funds.

### **Proposed Future Activities**

The BAF is working with DHAPP to reinvigorate prevention programming, restart the PwP program, expand HTC service provision, and assist with provision of care and treatment services for PLHIV at the main military hospital in FY12. Future plans also include procurement of laboratory equipment to support lab services and training for lab personnel.

A desk officer visit occurred in December 2011 in Benin and meetings were planned with the program manager and the BAF to re-energize the program.

Representatives from the BAF attended IMilHAC in Mozambique in May 2012.

# Burkina Faso



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## **BACKGROUND**

### **Country Statistics**

The estimated population of Burkina Faso is 17.3 million people, with an average life expectancy of 54 years. French is the official language of Burkina Faso, although native African languages belonging to the Sudanic family are spoken by 90% of the population. The estimated literacy rate is 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. Local community conflict persists in the mining and cotton sectors, but the Prime Minister has announced income tax reductions and subsidies for food and fertilizer. The GDP per capita is \$1,500.

### **HIV/AIDS Statistics**

An estimated 110,000 PLHIV, according to the UNAIDS website, and the current prevalence rate is 1.2%. According to the *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 11,000 active-duty troops. Burkina Faso expends 1.2% of the GDP on the military. 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. There are currently 3 implementing partners supporting the AFBF with its HIV program: Africare, PROMACO, and Save the Children.

## OUTCOMES & IMPACT

### Prevention

In FY11, PROMACO provided prevention programming for the AFBF and reached 81,319 individuals through individual or small-group level preventive interventions that are based on evidence and/or meet the minimum standards required. Africare provided HTC services to 2,000 individuals who were tested for HIV and received their results.



Training sessions were conducted on HTC and peer education, and a total of 251 individuals were trained. Of these individuals, 1 physician attended MIHTP in San Diego, California, in FY11.

### Care and Treatment

Twelve (12) laboratories have the capacity to perform clinical laboratory tests. With support from DHAPP, 2 military labs are 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.

Four hundred (400) HIV-positive individuals were currently receiving ART in FY11.

### Proposed Future Activities

Proposed activities for FY12 include continued provision of prevention education sessions and HTC services. Two (2) containers with a variety of medical supplies will be received through a partnership with Project CURE and donated to the AFBF to support its military health units. Representatives from the AFBF attended IMilHAC in Mozambique in May 2012.

# Côte d'Ivoire

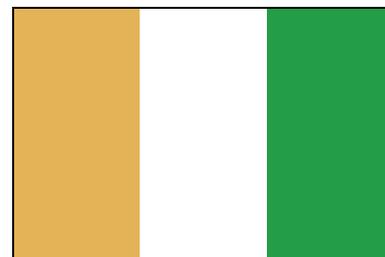
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## BACKGROUND

### Country Statistics

The population of Côte d'Ivoire is estimated at 22 million people, with an average life expectancy of 57 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. 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 it slightly improved in 2009–10. The GDP per capita is \$1,600. In March 2007, President 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. An election was held in 2010 and Ouattara was declared winner. Several thousand UN troops and several hundred French remain in Cote d'Ivoire to support the transition 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 PLHIV, according to the UNAIDS website. 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% 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 approximate size of the Côte d'Ivoire Defense and Security Forces (CIDSF) according to DHAPP is approximately 40,000 members. Côte d'Ivoire performs recruitment testing when possible, although the prevalence rate is unknown. The government expends 1.5% of the GDP on the military.

## **PROGRAM RESPONSE**

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

DHAPP staff has maintained active roles as members of the Côte d'Ivoire Country Support Team for 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 & IMPACT**

In August 2009, an in-country program manager was hired to manage DoD activities in Côte d'Ivoire and works for the DAO. 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 FY11. An implementing partner will be brought on board in FY12 to assist the military with the coordination and logistics of program implementation.

In FY11, 25 physicians were trained to deliver PwP messages, 3 lab technicians were trained, and 10 individuals were trained in strategic information. One (1) laboratory was also renovated and equipped according to national guidelines.

### **Other**

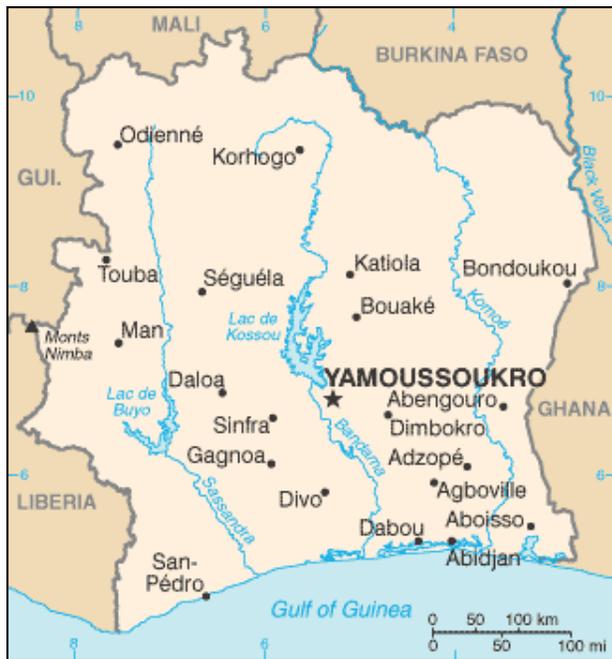
The DHAPP program manager attended a DHAPP AFRICOM Program Manager training in Stuttgart, Germany, in August 2011.

After a change in leadership at the Health Directorate in the MOD, there has been a renewed commitment to program implementation and support of regional networks.

### Proposed Future Activities

DHAPP staff was successful in securing PEPFAR funding for several activities with the CIDSF. Due to the ongoing political situation, most PEPFAR activities were suspended, including DoD program activities. In May 2011, program staff re-engaged with the military and continued to work on planning future activities to include: development and implementation of a policy document, initiation of the planning process for a PEPFAR-supported SABERS, and laboratory strengthening activities.

DHAPP staff conducted a site visit in April 2012 to re-energize the program and four members of the CIDSF attended IMiLHAC in May 2012.



# The Gambia



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## BACKGROUND

### Country Statistics

The estimated population of The Gambia is 1.8 million people, with an average life expectancy of 64 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 the agricultural sector for its livelihood, a sector that provides one third of GDP. Due to The Gambia's natural beauty, it is one of the larger markets for tourism in West Africa. Tourism contributed to about one fifth of GDP in 2011, but later decreased due to Europe's economic downturn. The GDP per capita is \$2,100. Unemployment rates remain high and economic progress largely depends on foreign aid.

### HIV/AIDS Statistics

The HIV prevalence rate in The Gambia's general population is estimated at 2.0%, with approximately 18,000 PLHIV, according to the UNAIDS website. The predominant mode of HIV transmission in The Gambia is heterosexual contact.



### Military Statistics

The Gambian Armed Forces (GAF) consists of approximately 5,000 active-duty members per DHAPP staff. The Gambia expends 0.9% of the GDP on military purposes. The prevalence rate for the military is unknown, and a seroprevalence and behavioral survey is scheduled to be conducted in FY12.

**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. RTI International became an implementing partner in 2010, and will be supporting the behavioral study.

**OUTCOMES & IMPACT**

**Prevention**

In FY11, a total of 3,631 troops and their family members were reached with comprehensive prevention messages through 24 sensitization sessions conducted at 13 different military installations throughout the country. Targeted groups included 200 peacekeepers, 1,533 potential recruits, and 100 officers and soldiers.

Over 2,010 T-shirts with Information, Education, and Communication messages were distributed as a mean of disseminating HIV-related messages, and 1,200 condom wallets and over 6,000 condoms were distributed.

Currently, there are 17 strategic condom distribution outlets that are accessible to soldiers and their families. Condoms were purchased for the GAF, allowing it to expand its 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.

Currently, the GAF has 1 facility, the Yundum Barracks, that has the capacity to provide HTC services. This facility has been very active, offering HTC services to 2,377 people. In the future, the GAF plans to establish a mobile testing strategy to offer increased HTC services. As part of this strategy, the GAF will switch from venipuncture to finger-prick HIV testing in 2012, in conjunction with study implementation. Finger-prick testing will be initiated through the national laboratory and will also address a current constraint that the GAF faces in having a limited number of medical personnel.

The Gambian National Public Health Laboratory has the capacity to perform clinical laboratory tests and a total of 14 people attended training courses in FY11: 1 GAF staff was sent for military HIV training and 13 people attended a presurvey planning meeting conducted in collaboration with the National AIDS Secretariat (NAS). NAS has become a key stakeholder and has shown continuous and valuable support to the GAF program.

### Other

DHAPP staff made a visit to The Gambia in FY11 to provide technical assistance to the prevention program and provide program oversight.

DHAPP, RTI, and the GAF continued plans for the design of the seroprevalence and behavioral survey in FY11, with data collection and analysis scheduled for FY12.

Following a stronger relationship with NAS and GAF, the GAF HIV/AIDS Prevention Program will play a larger role in the national strategic framework for the fight against HIV.

One (1) member of the GAF participated in the MIHTP program in San Diego, California, in FY11.

### Proposed Future Activities

In FY12, the GAF plans to continue prevention efforts for military personnel and their families, increase HTC services, and conduct a seroprevalence and behavioral survey.

Members of the GAF attended IMiLHAC in Mozambique in May 2012. DHAPP staff are scheduled to visit The Gambia in FY12 to launch the SABERS study with collaborating partners. Future activities will include training for survey data collection, analysis, and a dissemination workshop.



# Ghana



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## BACKGROUND

### Country Statistics

The estimated population of Ghana is 25.2 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. Ghana is well endowed with natural resources, which employs over half of the workforce. The services sector accounts for half of the GDP. Oil production began in late 2010 and is expected to foster economic growth. Gold and cocoa productions are major sources of foreign exchange. The GDP per capita is \$3,100. Sound macroeconomic management and high prices for gold and cocoa helped sustain GDP growth in 2008–11.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Ghana is 1.8%, and there are approximately 260,000 PLHIV, according to the UNAIDS website. 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 *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 16,000 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile and are currently engaged in several UN PKOs. According to

a prevalence study that was conducted in the GAF and independently of DHAPP, the HIV prevalence rate in the military appears to be lower than the rate in the general population. Ghana expends 1.7% 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 provide 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 FY12.

During FY11, NAMRU-3 in Accra participated in activities that support the GAF's program, including assisting with the development of a laboratory in a GAF clinic located in Takoradi. A new program manager was hired and a new HIV coordinator also started with the GAF in the FY11.

### **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 FY11. Through prevention activities, 3,500 troops and family members were reached with small group-level preventive interventions that are based on evidence and/or meet the minimum standards required between October 2010 and March 2011. When troops deploy on PKOs, they are tested for HIV prior to deployment, and peer educators are embedded in the units. Between October 2010 and March 2011, 6,800 military personnel were tested for HIV and received their results.

In the first half of FY11, 1,170 pregnant women were tested for HIV and received their results. Of these women, 26 received ARVs to reduce risk of mother-to-child transmission.

**Care**

Between October 2010 and March 2011, 238 PLHIV were reached with a minimum package of PwP interventions. The laboratory located at 37 Military Hospital has the capacity to perform clinical laboratory tests.

**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 FY12 COP. Some of these activities include continued prevention efforts, expansion of HTC services, OVC, strategic information, and increased lab activities. A GeneXpert test device platform is also being purchased in FY12. Representatives from the GAF attended IMiHAC in Mozambique in May 2012.



# Guinea-Bissau

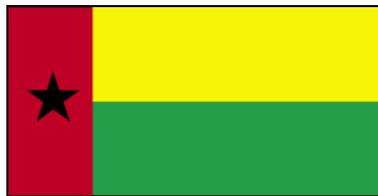


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## **BACKGROUND**

### **Country Statistics**

The estimated population of Guinea-Bissau is 1.6 million people, with an average life expectancy of 49 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 political and military upheaval. One of the poorest countries in the world, the economy depends mainly on farming and fishing, with the main exports being fish and seafood along with small amounts of peanuts, palm kernels, and timber. The GDP per capita is \$1,100. In December 2010, the World Bank and International Monetary Fund voiced their support for \$1.2 billion in debt relief.



### **HIV/AIDS Statistics**

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

## Military Statistics

According to various reports, the size of the People’s Revolutionary Armed Force (PRAF) ranges from 4,000–10,000 personnel. According to a study conducted in 2005 by the PRAF, military HIV prevalence rates were approximately 14%.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP and the OSC at the US Embassy in Dakar have collaborated with the PRAF. Activities are currently on hold until the political situation lends itself to continued programming in the future.

### Foreign Military Financing Assistance

Guinea-Bissau 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 2011. Plans for its employment are in development.

## OUTCOMES & IMPACT

DHAPP staff visited Guinea-Bissau in FY11 to provide support in care and treatment services and plan for the utilization of FMF funds.

### Proposed Future Activities

Following policy advisement on future engagement with the PRAF HIV/AIDS prevention program, tentative plans include using FMF funding to make purchases for the local military hospital.



# Liberia



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## 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 37,000 PLHIV, according to the UNAIDS website.

### 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 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 collaborate on the 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.

**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 (x2), 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 & IMPACT**

**Prevention**

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, 5,700 troops and family members were trained in proper condom use, and the importance and identification of condom accessibility.



Project C.U.R.E. was awarded a grant by DHAPP to assist the AFL in FY10. It provides donated medical 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. delivered the supplies to 3 military clinics and 5 medical facilities used as referral hospitals by the AFL personnel and their dependents in FY11.

**Care**

The AFL has 3 HTC centers, and during FY11, 444 troops, family members, and civilians were counseled, tested, and received their results. CEP worked with the AFL to increase uptake of HTC services by troops, families, and civilian communities. Additionally, there were 456 eligible patients provided with a minimum of 1 care service. With the assistance of trained peer educators and counselors, the AFL promptly refers and manages HIV-positive patients. The challenge remains adherence to ART, and the AFL is working to address it.

With the support of DHAPP, 10 military personnel were sponsored in 2 nursing institutions as mid-level health workers and graduated from preservice training.

**Proposed Future Activities**

In FY12, 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 are planning to implements a SABERS for the AFL.

# Mali



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## BACKGROUND

### Country Statistics

The estimated population of Mali is 14.5 million people, with an average life expectancy of 53 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 and remains dependent on foreign aid. Economic activity is largely confined to the river area irrigated by the Niger. About one tenth of the population is nomadic, and around 80% of the labor force is engaged in farming and fishing. Industrial activity is concentrated on processing farm commodities. Mali experienced economic growth at the rate of 5% per year between 1996 and 2010. Mali has invested in tourism, but the industry is being affected by security issues in the country. The GDP per capita is \$1,300.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Mali's general population is 1.0%, with a total of approximately 76,000 PLHIV, according to the UNAIDS website. 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), or Armee de Terre, ranges from 30,000-35,000 personnel according to DHAPP staff. 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 360 has established a collaborative relationship with the MAF, DHAPP, and US Embassy officials in country. In Mali, as in many African countries, military and civilian populations share the main hospitals, with the military primarily using the health clinics. There are 34 military clinics in the 6 military regions. The health care system in the military is severely limited in its capacity to care for PLHIV due to inadequate staff skills, supplies, and infrastructure, including erratic availability of reagents in HTC 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. The resulting purchases will support health structures that see the highest volume of HIV patients in the military and civilian population.

## OUTCOMES & IMPACT

### Prevention

During FY11, 58,045 troops, their family members and civilians were reached with prevention messages. These activities involved all aspects of prevention, including correct and consistent condom use. Thirty (30) newly trained military personnel received initial peer education training and 30 active military peer educators received refresher training.



A total of 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 PMTCT services. Throughout the 6 sites, 3,032 pregnant women received HTC. Approximately 3% of these women received ARV prophylaxis services.

### Care and Treatment

Six (6) service outlets provide palliative care and HTC services for the MAF and the surrounding civilian population. In collaboration with FHI 360, 132 PLHIV were reached with a minimum of PwP interventions. Each counselor made home visits to monitor treatment compliance and provide management of cases of stigma and discrimination for PLHIV. There are 10 laboratories with the capacity to perform clinical lab tests including the Kati lab, which performs the HIV test as a part of routine evaluations.

### Other

One (1) physician from the MAF attended MIHTP in San Diego, California, in FY11, and 20 military laboratory technicians were trained at the Infectious Disease Institute in Bamako to support laboratory infrastructure and increase the technical capacity of the military's laboratory system.

### Proposed Future Activities

Due to political instability, program activities are suspended till further notice per the Departments of State and Defense.



# Niger



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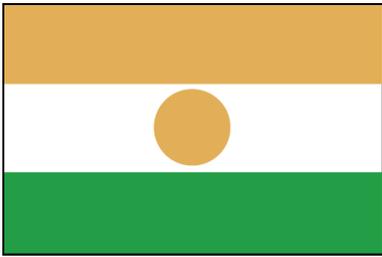
## BACKGROUND

### Country Statistics

The estimated population of Niger is 17 million people, with an average life expectancy of 54 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. In February 2010, a military coup deposed the president and held elections. Power was turned over to the current president in April 2011 in a peaceful transition to democratic power. The GDP per capita is \$800.

### HIV/AIDS Statistics

The current HIV prevalence rate in Niger's general population is 0.8%, with approximately 61,000 Nigerien PLHIV, according to the UNAIDS website.



### Military Statistics

Niger allocates 1.3% of the GDP for military purposes. The Forces Armees Nigeriennes (FAN) is estimated at approximately 5,000 active-duty members. The prevalence of HIV within the FAN is unknown.

## **PROGRAM RESPONSE**

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

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

### **OUTCOMES & IMPACT**

DHAPP staff visited Niger in May 2011 and met with Embassy personnel and the Nigerienne military medical leadership from the FAN. A FACSCount CD4 machine, office equipment, laptops, and a scanner and printer were also purchased for the military HIV program. In fall 2011, 1 physician from the FAN participated in MIHTP in San Diego, California.

### **Proposed Future Activities**

In FY12, members of the FAN are planning to participate in the Infectious Disease Institute in Uganda and also at IMiLHAC in Mozambique in May 2012. There are also plans to engage an implementing partner.



# Nigeria



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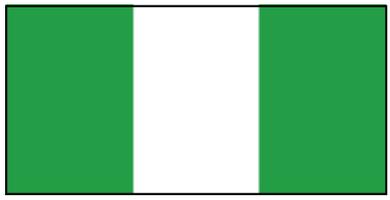
## BACKGROUND

### 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

Nigeria has a prevalence rate of 3.6% among adults 15–49 years of age, and an estimated 3.3 million PLHIV. Identified risk factors include STIs, heterosexual contact with multiple concurrent partners, mother-to-child transmission, and blood transfusions. Nigeria is 1 of 7 African countries that reports over 30% of all sex workers are living with HIV (UNAIDS AIDS Epidemic Update 2009).



### Military Statistics

The Nigerian Ministry of Defence (NMOD) s 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 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 USMHRP maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the Walter Reed Program in Nigeria (WRP-N). The office is staffed by civilian USG employees, locally employed staff, and 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–WRP-N partnership is dedicated to expanding prevention, care, and treatment services in military and civilian communities. The NMOD–WRP-N PEPFAR program is governed by a steering committee, co-chaired by the Nigerian 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 WRP-N 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.

WRP-N 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 through overseas technical support from Kenya, Uganda, and Thailand.

### **Prevention**

In FY11, the NMOD–WRP-N continued prevention programming at military sites. Through their efforts, 76,722 individuals were targeted with individual and/or small group-level preventive interventions that are based on evidence and/or meet the PEPFAR standards. The focal persons from NMOD–WRP-N were trained by the National AIDS Commission on national prevention tools. In addition, 67,523 clients received HTC and their results through health facilities, mobile outreaches, enlistment, and peacekeeping deployment exercises.

During FY11, the NMOD–WRP-N continued PMTCT activities at all 20 military facilities supported by the program. A total of 10,699 pregnant women received HTC during this reporting period. In addition, 840 of the HIV-positive pregnant women received ARVs to reduce risk of mother-to-child-transmission.

**Care**

The NMOD-WRP-N has 20 sites and supports military facilities that provide HIV/AIDS services to the NMOD, their dependents, and civilians living near the facilities. During FY11, 62,831 eligible adults and children were provided with a minimum of 1 care service from the NMOD–WRP-N, and 24,056 HIV-positive adults and children received a minimum of 1 clinical service. In addition, 18,659 HIV-positive persons received cotrimoxazole prophylaxis, 75% of HIV-positive patients were screened for TB in HIV care or treatment settings, and 2% of HIV-positive patients in HIV care or treatment (pre-ART or ART) started TB treatment.

Continuity of care is the goal of the care and support program and priority areas include 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 FY11, the NMOD provided 18,050 PLHIV with a minimum package of PwP interventions.

**Treatment**

Of the 20 service sites that provide ART for the NMOD, 2,702 adults and children with advanced HIV infection were newly enrolled on ART. At the end of the reporting period, 11,751 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.

**24,056**  
HIV-positive adults  
and children  
received a  
minimum of 1  
clinical service.

**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. Six (6) NMOD laboratories are enrolled in the WHO–AFRO Regional Laboratory Accreditation Pilot Program. The labs continued to work toward accreditation in the WHO–AFRO laboratory accreditation program during FY11 and 1 lab has received accreditation.

**Other**

During the reporting period, 602 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, WRP-N is committed to aligning its priorities with those of the Nigerian Government to strengthen the organizational and technical capacity of the NMOD. Proposed activities were submitted to the Nigeria Country Support Team by the Embassy and were included in the FY12 COP.



# Senegal

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## BACKGROUND

### Country Statistics

The estimated population of Senegal is 13 million people, with an average life expectancy of 60 years. French is the official language of Senegal, which has an estimated literacy rate of 39%, unevenly distributed between men and women. In 1994, Senegal undertook an ambitious economic reform program with the support of the international donor community. After seeing its economy contract by 2.1% in 1993, Senegal implemented its reform program and saw a real growth in GDP, averaging over 5% annually during 1995–2007. The GDP per capita is \$1,900. Senegal receives disbursements from the \$540 million Millennium Challenge Account, signed in September 2009 to support infrastructure and agriculture 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.



### HIV/AIDS Statistics

The HIV prevalence rate in Senegal’s general population is estimated at 0.9%, with a total of about 59,000 PLHIV, according to the UNAIDS website. 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 among sex workers and men who have sex with men. According to the *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 14,000 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). There is no mandatory testing, but HTC is provided throughout the military at mobile and static centers.

## **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, MoH, National Committee for the Fight Against AIDS (CNLS), 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 for 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 5,445 troops. The SAF conducts dynamic sensitizations for soldiers and their families. Sensitizations often include both soldiers and their wives. SAF conducted 3 sensitization campaigns in the regions of 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 targets vulnerable groups: new recruits, peacekeepers, and military officers in post conflict zones.

During the reporting period, 15 PMTCT sites provided services. 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. A total of 998 women were counseled and tested, and 3 women received a complete course of ARV prophylaxis. Over 75% of the women tested and counseled for HIV were from the Dakar region. The 2006 SAF behavioral study highlighted that 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.

Sixteen (16) service outlets provide HTC for the SAF. A total of 4,233 troops were counseled and received their test results. About 75% of the individuals were tested through mobile services and 25% received services at fixed sites. The SAF conducts HTC throughout the country, including Tambacounda, Kolda, and Ziguinchor, where HIV prevalence is highest. It encourages 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.

**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 Hoptial Militaire de Ouakam (HMO). During FY11, 264 PLHIV received a minimum of one clinical service, and 18 PLHIV were reached with PwP interventions. The SAF has a strong training program to ensure that health personnel can provide quality HIV/AIDS care.

**Treatment**

The SAF has 5 service outlets that provide ART: HMO in Dakar, 2 new regional medical clinics in Ziguinchor and Tambacounda, and sites in Kaolack and Kolda. Thirteen laboratories have the capacity to perform clinical laboratory tests, and only the laboratory in Dakar has the capacity for CD4 testing. Military personnel who cannot reach 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 and the decentralized CNLS regional programs. In FY11, 20 PLHIV were newly enrolled on ART, and a total of 175 clients were currently receiving ART.

**Proposed Future Activities**

Continued comprehensive HIV programming for the SAF was proposed by the Embassy to the PEPFAR Senegal Country Support Team and DHAPP. Some of these activities include continued prevention efforts, drafting HIV policy, and SAF capacity development. Members of the SAF attended IMilHAC in Mozambique in May 2012.

# Sierra Leone



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## BACKGROUND

### Country Statistics

The estimated population of Sierra Leone is 5.5 million people, with an average life expectancy of 57 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 much inequality in income distribution. Although there are substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed. Almost half of the working-age population engages in subsistence agriculture. The GDP per capita is \$800. The economy depends on maintaining domestic peace and continuation of foreign aid in order to offset the severe trade imbalance and supplement government revenues. Offshore oil reserves were discovered in 2009 and 2010, but development of the reserves is years away.



### 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 PLHIV, according to the UNAIDS website. 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. Discussions have begun with DHAPP on another study to be conducted among the RSLAF in the near future.

**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 2006–09 funding has been employed to date for IDI laboratory testing/procedure training, blood bank refrigerators, a hematology analyzer, a biochemistry analyzer, refrigerators, microscopes, colorimeters, an electrophoresis machine, spectrophotometers, hematocrit machines, and multiple types of test kits/strips. A Letter of Offer and Acceptance is in process for the 2010 award.

**OUTCOMES & IMPACT**

**Prevention**

In FY11, 545 troops and family members were reached with comprehensive prevention messages. A total of 260 community health and parasocial workers were trained as peer educators to deliver small-group preventive interventions. 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 HTC services for military members, and 1,968 troops were tested for HIV and received their results.

**Care and Treatment**

One (1) service outlet provides palliative care for the RSLAF. In FY11, 108 PLHIV received a minimum of 1 care service. Two (2) service outlets provide

ART for RSLAF members, family, and civilians in the area. During the year, 81 individuals were newly enrolled on ART, and at the end of the reporting period, 124 individuals were currently receiving ART. Eleven (11) health care workers and 12 laboratory technicians were trained in the provision of ART services.

The 34 Military Hospital Laboratory in Freetown was renovated, extended, and supplied with modern equipment in FY10 and is currently the only laboratory that supports HIV/ AIDS in the RSLAF nationwide.



### Proposed Future Activities

Future planned activities include increasing PwP services efforts for troops, family members, and civilians in the surrounding areas and planning for SABERS with data collection tentatively scheduled for FY13. One (1) member of the RSLAF attended MIHTP in San Diego, California, in FY11, and members of the RLSAF attended IMilHAC in Mozambique in May 2012.



# Togo



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population of Togo is 7 million people, with an average life expectancy of 62 years. French is the official language, with other major African languages spoken in the north and south. The literacy rate is estimated at 61% and is 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 much of the labor force. Cocoa, coffee, and cotton generate about 40% of export earnings; cotton is the most important cash crop. Togo is a top producer of phosphate and the country seeks to develop its carbonate phosphate reserves. Foreign direct investment has slowed in recent years, and Togo reached a debt relief completion point in 2010, at which time 95% of the country's debt was forgiven. The GDP per capita is \$900.



### HIV/AIDS Statistics

The current HIV prevalence rate in Togo's general population is 3.2%, with a total of approximately 120,000 Togolese PLHIV, according to the UNAIDS website. The primary identified risk factor is heterosexual sex with multiple partners. According to the *AIDS Epidemic Update 2009*, declines in HIV prevalence among antenatal clinic attendees have been documented in Togo.

### Military Statistics

The Togolese Armed Forces (TAF), or Forces Armees Togolaise, is composed of approximately 9,000 personnel. A seroprevalence study in the TAF was conducted, but results will not be publicly released. 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. In FY11, a DHAPP program manager was hired in Lomé to assist with managing program activities.



### **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, refrigerator, supplies, and rapid test kits. The 2004–6 funding has been employed to date for chemistry analyzers, Olympus microscopes, generators, autoclaves, distillers, a cytometer, and hematology analyzer. Plans for employment of unobligated balances are in development.

## **OUTCOMES & IMPACT**

### **Prevention**

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 TC services. In FY11, 7,474 individuals received TC services and received their results. A total of 1,773 pregnant women received TC services.

Prevention sessions continued and reached troops in military camps. The sessions typically began with a 45-minute dramatic sketch, followed by the distribution of promotional items, including condoms and pamphlets highlighting the Togolese law protecting PLHIV. The sessions continued with discussions led by military physicians on PMTCT. To access services for PMTCT, women must use civilian health care services. At the end of the sessions, HTC was offered to participants. In addition, female and male condoms are being offered to the TAF and its family members.

### **Care and Treatment**

Three (3) military clinics at Gendarmerie Nationale, Camp General Gnassingbé Eyadéma, and Pédiatrie du Camp Gnassingbé Eyadéma offered palliative care services and provided a minimum of 1 care service to 1,233 individuals. In addition, a total of 780 HIV-positive individuals received a minimum of 1 clinical service. In FY11, 307 HIV-positive individuals received cotrimoxazole prophylaxis. Out of the clients eligible, 136 adults received food and/or other nutrition services.

There were 187 individuals with advanced HIV infection newly enrolled on ART in FY11, and 232 individuals with advanced HIV infection who were currently receiving ART during the reporting period. A total of 408 military and family members living with HIV were reached with a minimum package of PwP interventions.

### Laboratory

In FY11, there were 2 testing facilities with the capacity to perform HIV and STI diagnostic tests. These facilities are located at the military bases in Kara and Lomé.

### Proposed Future Activities

US Embassy staff in Togo and Ghana, along with AMACACH, will work with the TAF to strengthen the HIV program. Activities will include increased prevention efforts, OVC activities, expansion of HTC services, lab support, and stigma reduction efforts.

DHAPP staff visited Togo in December 2011 to meet with the TAF as well as conduct site visits and provide technical assistance for the HIV prevention programs. Representatives from the TAF attended IMilHAC in Mozambique in May 2012.





# US CENTRAL COMMAND

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## *Winning battles in the war against HIV/AIDS*



With national and international partners, USCENTCOM promotes cooperation among nations, responds to crises, deters or defeats state and nonstate aggression, and supports development and, when necessary, reconstruction in order to establish the conditions for regional security, stability, and prosperity. USCENTCOM supports DHAPP's efforts in their area of responsibility as a significant medical engagement approach ultimately serving to build partner capacity, promote cooperation among nations, enhance development and help establish the necessary conditions for regional security, stability, and prosperity.



# Active Country Programs Within US Central Command's Area of Responsibility



# United Arab Emirates



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population of the United Arab Emirates (UAE) is 5.3 million people, with an average life expectancy of 77 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%. The UAE has undergone a profound transformation from an impoverished region to a modern state with a high standard of living since oil was discovered over 30 years ago. The economy is expected to continue a slow rebound. Significant long-term challenges include dependence on oil, a large expatriate workforce, and growing inflation pressures. The focus of UAE's strategic plan for the next several years is on diversification and the creation of more opportunities for nationals through improved education and increased private sector employment. The GDP per capita is \$48,500.



### HIV/AIDS Statistics

The estimated prevalence rate in the UAE is 0.2%, according to the UNAIDS website. Heterosexual contact is the primary mode of transmission.

## Military Statistics

The UAE spends 3.1% of the GDP on the United Arab Emirates Armed Forces (UAEAF). The UAEAF consists of approximately 51,000 active-duty members. 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 NAMRU-3 in Cairo, Egypt, are collaborating with the UAEAF.

## OUTCOMES & IMPACT

In FY11, NAMRU-3 and DHAPP staff met with the UAEAF during a technical consultation visit to assist with development of the prevention program, monitoring, and evaluation strategies, and to analyze results of an HIV KAP survey. Task force meetings were held to discuss proposals for curriculum development and future programming. Two (2) physicians from the UAEAF also participated in MIHTP in San Diego, California.

### Proposed Future Activities

In FY12, DHAPP will continue to provide technical assistance on the development and implementation of the curriculum and evaluation methods. Two (2) physicians from the UAEAF attended IMiHAC in Mozambique in May 2012.



# US EUROPEAN COMMAND

## *Winning battles in the war against HIV/AIDS*



The USEUCOM mission 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 government solutions to secure enduring stability in Europe and Eurasia. The USEUCOM vision is to eliminate HIV/AIDS as a threat to regional stability through partnerships and interagency collaboration. HIV/AIDS prevention is one of EUCOM's health security cooperation desired end states in support of the USEUCOM Strategy of Active Security.



# Active Country Programs Within US European Command's Area of Responsibility



# Estonia



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*



## BACKGROUND

### Country Statistics

The estimated population in Estonia is 1.3 million people, with an average life expectancy of 74 years. Estonian is the official language, and the literacy rate is estimated at 99.8%, evenly distributed between men and women. In spring 2004, Estonia joined both NATO and the European Union, and later joined the Organization for Economic Co-operation and Development in 2010. Estonia has a modern, market-based economy and the euro was adopted as the official currency in January 2011. The economy fell into a recession in 2008 and the GDP contracted 14.3% in 2009, but due to increased foreign investment after adoption of the euro, the Estonian economy now has the highest GDP growth rate in Europe. The GDP per capita is \$20,200.

### HIV/AIDS Statistics

The HIV prevalence rate in Estonia’s general population is 1.2%, with 9,900 PLHIV, according to the UNAIDS website. Eastern Europe/Central Asia is the only region where HIV prevalence clearly remains on the rise, according to the *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.

### Military Statistics

The Estonian Defense Forces (EDF) is estimated to have approximately 6,000 members. Military service in Estonia is compulsory between the ages of 16–60, and the service requirement is 8–11 months.



Estonia allocates 2% 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. The implementing partner for the EDF in FY11 was the University of South Carolina School of Medicine.

**OUTCOME & IMPACT**

**Prevention and Other**

Focus groups were conducted to determine the most appropriate method of delivery for the HIV/STI prevention trainings. Prevention materials were developed and distributed, and in FY11, a total of 1,032 military personnel were reached with small group-level preventive interventions that are based on evidence and/or meet the minimum standards required.

A questionnaire assessing knowledge of HIV care and treatment was administered to military health care providers and the findings were used to develop the curriculum for the provider training on HIV and STIs. A total of 32 health care providers successfully completed the training.

HIV/STI testing, counseling, and case reporting through laboratory and diagnostic services was assessed. The University of South Carolina also conducted a study of MODs in the region to compare HIV policies in order to inform the development of the HIV policy for the EDF.

DHAPP staff visited in October 2010 to meet with the MOH for a program briefing and to foster future collaboration on program-related activities.

**Proposed Future Activities**

The University of South Carolina will continue to 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 education for EDF personnel and their family members. A KAP study among the EDF is also planned for FY12. Representatives from the EDF attended IMiHAC in Mozambique in May 2012.



# Georgia



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*



## BACKGROUND

### Country Statistics

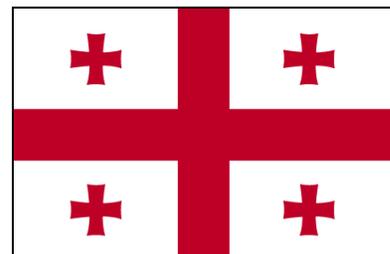
The estimated population of Georgia is 4.6 million people, with an average life expectancy of 77 years. Georgian is the official language of Georgia, which has an estimated literacy rate of 100%. Georgia’s main economic activities include cultivation of agricultural products, mining of manganese and copper, and output of a small industrial sector producing alcoholic and nonalcoholic beverages, metals, machinery, and chemicals. Georgia’s economy 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 following the August 2008 conflict with Russia, turned negative in 2009, but rebounded in 2010–11. The unemployment rate is high at 16%, and the GDP per capita is \$5,400.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Georgia’s general population is 0.1%, with approximately 3,500 PLHIV, according to the UNAIDS website. 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 21,000 active-duty members. Georgia allocates 1.9% of the GDP for military purposes. Military HIV prevalence rates are unknown.



**PROGRAM REPOSE**

**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 and implementation of an HIV policy.

**OUTCOMES & IMPACT**

During FY11, GMG reached a total of 2,180 individuals with small group-level preventive interventions that are based on evidence and/or meet the minimum standards required. Sixty (60) training sessions on HIV prevention were conducted, reaching 1,640 military personnel, and 140 officers from the National Georgia Military Academy were trained on HIV prevention through 6 train the trainer sessions. Thirty (30) small group discussions were conducted on alcohol abuse with 400 attendees.



The GMG provided HTC services in collaboration with the GAF, and 800 soldiers who were deploying to Afghanistan were tested and received their results. A new site was also equipped to provide HTC services.

The GAF has 2 laboratories with the capacity to perform clinical lab tests, 1 in Krtsanisi and 1 that opened in Vaziani in 2011. Two (2) laboratory staff members received on-the-job training.

DHAPP staff visited Georgia in the summer of 2011 to provide technical assistance for the HIV prevention program. In FY11, an HIV policy for the military was drafted and laboratory equipment was procured.

**Proposed Future Activities**

In FY12, GMG will procure HIV laboratory equipment, continue prevention efforts, and assist in the implementation of an HIV policy for the GAF. A senior leader training in HIV prevention and policy is also being planned. A representative from the GMG attended IMilHAC in Mozambique in May 2012.



# Serbia



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*



## BACKGROUND

### Country Statistics

The estimated population of Serbia is 7.3 million people, with an average life expectancy of 75 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.

Although unemployment and stagnant household incomes continue to be political and economic problems, Serbia's economy grew by 2.0% in 2011 after a 3.5% fall in 2009. The GDP per capita is \$10,700. Serbia is also seeking membership in the European Union and the World Trade Organization.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Serbia's general population is 0.1%, according to the UNAIDS website. 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 29,000 troops. The prevalence of HIV in the Serbian military is unknown. In the SAF, the age for voluntary military service is 18 with a service obligation of 6 months. Conscription was abolished in December 2010.

## 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. In recent years, activities have expanded from laboratory support to prevention and care programs. DHAPP staff visited Serbia in FY11 and met with Embassy personnel and the SAF.



## OUTCOMES & IMPACT

### Prevention

During FY11, the Military Medical Academy in Belgrade organized mass awareness campaigns for 20,000 troops and family members across Serbia. Prevention modalities included peer education, classroom education, small group and one-on-one information sessions, and BCC. 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.

HTC 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 attended the Military Medical Academy. At the end of FY11, 3,000 individuals had been counseled, tested, and received their results.

Three (3) HIV-positive individuals were newly enrolled on ART during the reporting period, and 9 individuals currently are receiving ART.

Five hundred (500) health care workers were trained in order to improve implementation of HIV/AIDS prevention and control in the SAF. The training was performed by medical experts from the Military Medical Academy in the fields of epidemiology, infectious diseases, and psychology. One (1) physician from Serbia participated in MIHTP in San Diego, California, in January 2011.

### Other

The SAF developed a policy for HIV testing and it is currently going through the approval process.

### Proposed Future Activities

Two (2) representatives from Serbia attended IMilHAC in Mozambique in May 2012. Other plans include working with UNAIDS to conduct training on HTC for health care workers.

# Ukraine



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*



## BACKGROUND

### Country Statistics

The estimated population of Ukraine is 45 million people, with an average life expectancy of 69 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 quarter of Soviet agricultural output, and the farms provide 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 and all of its nuclear fuel needs. The GDP per capita is \$7,200. 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 2010–11, boosted by exports. Ukraine reached an agreement with the International Monetary Fund in August 2010 for a \$15.1 billion Stand-By Arrangement to deal with the economic crisis, however the program stalled in 2011 due to lack of progress in implementing key gas sector reforms by the Ukrainian government.



### HIV/AIDS Statistics

The HIV prevalence rate in Ukraine’s general population is estimated at 1.1%, with a total of 350,000 PLHIV, half of whom are women, according to the UNAIDS website. The most common mode of HIV transmission is injection drug use. According to the *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, air, and air defense forces, comprises approximately 130,000 active-duty members. 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 FY12 COP and the development of the PEPFAR Partnership Framework between the USG and the government of Ukraine.

## **OUTCOMES & IMPACT**

### **Prevention**

In FY11, HIV prevention training was conducted, and HTC services were provided to military personnel and civilians. There were 6 UAF sites providing HTC services. The centers support testing for troops and are staffed by psychologists for counseling services, while lab technicians and nurses provide testing services. The psychologists are trained by the MOD Health Department. A total of 21 military medical personnel attended an HIV/AIDS prevention workshop, which took place in November 2010 in Mykolaiv for the Southern Military District.

### **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 FY12 COP. An on-site needs assessment will be conducted by a local NGO. DHAPP staff is also planning a country visit to provide technical assistance. Representatives from the UAF attended IMiHAC in Mozambique in May 2012.



# US PACIFIC COMMAND

*Winning battles in the war against HIV/AIDS*



USPACOM together with other U.S. Government agencies, protects and defends the United States, its territories, Allies, and interests; alongside Allies and partners, promotes regional security and deters aggression; and, if deterrence fails, is prepared to respond to the full spectrum of military contingencies to restore Asia-Pacific stability and security.



# Active Country Programs Within US Pacific Command's area of responsibility



# India



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

India has a population of 1.2 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. 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, handicrafts, and a multitude of services. Services are the major source of economic growth, accounting for over half 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 to year but slowed in 2011 due to high inflation and little progress on economic reforms. The GDP per capita is \$3,700.



### 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 PLHIV is 2,400,000, according to the UNAIDS website. 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.

## Military Statistics

The Indian Armed Forces (IAF) is composed of approximately 1.3 million active-duty troops and more than 1.1 million reservists.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

ODC at the US Embassy in New Delhi is collaborating with the Indian Armed Forces Medical Services (AFMS); however, the MOD and Ministry of External Affairs (MEA) have withheld approval for DoD COP activities. Until such approval is given, collaborative HIV activities are unable to proceed.

## 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 AFMS about program priorities. An in-country program manager was hired in 2010 to facilitate program approval and support; however, no programmatic approvals or activities have occurred to date. The program manager attended a USPACOM program manager training at DHAPP in December 2011.

### Proposed Future Activities

The ODC has been in a multi-year combined effort with the AFMS to secure approval from the MOD and MEA for the portfolio of approved activities in the prior year COPs. However, this effort has been unsuccessful to date. Given this impasse, the OGAC, reprogrammed DoD FY08 PEPFAR funds for India to other PEPFAR US agencies. FY09 and FY10 DoD PEPFAR funds are to be reprogrammed to other US agencies during the next reprogramming cycle, which will allow sufficient time for prior obligations or commitments made by the ODC and DoD to be completed.



# Indonesia



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## 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%, with approximately 310,000 PLHIV. In Indonesia, the epidemic was originally confined to injection drug users but is now becoming more generalized through increased sexual transmission (UNAIDS *AIDS Epidemic Update 2009*).

### Military Statistics

The Indonesian Armed Forces (IAF) is composed of approximately 302,000 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. An in-country program manager works for the ODC in Jakarta and oversees programmatic activities with the IAF.

**OUTCOMES & IMPACT**

In FY11, the IAF provided 9,438 individuals with HTC services, including receiving their test results. The IAF has increased HTC services by expanding the number of hospitals that offer it. IAF HTC sites are working closely with the MOH and utilizing their guidance for services.

In addition, 44 health care workers successfully completed in-service training programs for doctors, nurses, and lab technicians. The IAF has increased clinical laboratory capacity to be able to perform HIV and TB tests in several hospitals.

**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 FY12 COP. Some of these activities include prevention efforts, increased HTC services, and training for health care workers on palliative care services and strategic information.



# Laos



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population of Laos is 6.6 million people, with an average life expectancy of 63 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, with near steady growth rates from 1988 to 2008, and reaching over 7% growth each year from 2008–2011. Despite this high growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Subsistence agriculture, dominated by rice cultivation, accounts for about 30% of the GDP and provides 75% of total employment. A value-added tax system was initiated in 2010, and the first stock exchange in the country was opened in 2011.

With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 is achievable. The GDP per capita is \$2,700.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Laos's general population is 0.2%. There are approximately 8,500 PLHIV in Laos, according to the UNAIDS website. The largest proportion of cases is reported as migrant workers, due to the high amount of movement between neighboring countries and housewives.

## Military Statistics

The Lao People’s Armed Forces (LPAF) is composed of approximately 29,000 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. An in-country program manager was hired in 2011.

## OUTCOMES & IMPACT

In FY11, 3,933 individuals were reached with small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standard requirements. In addition, 275 individuals were counseled and tested for HIV and received their results during the reporting period.

### Proposed Future Activities

The program manager will visit DHAPP in San Diego, California, for a USPACOM Program Manager training. The work plan for FY12 program activities is currently being developed, and plans for a behavioral risk surveillance survey among the military population is under development.



# Nepal

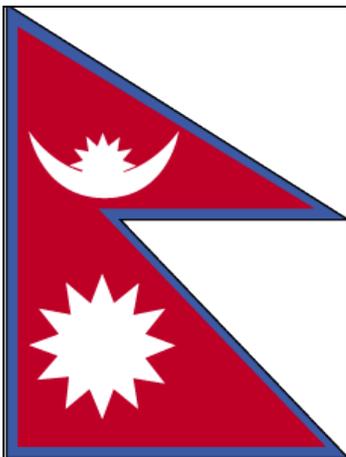


*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population of Nepal is 30 million people, with an average life expectancy of 67 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 quarters of the population and accounting for one third of the GDP. Processing of pulses, jute, sugarcane, tobacco, and grain are the main industrial activities. Challenges to economic growth include civil strife and labor unrest, political instability, and susceptibility to natural disaster. The GDP per capita is \$1,300.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Nepal is 0.4%, with approximately 64,000 PLHIV, according to the *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, according to the UNAIDS website.

### Military Statistics

The Nepalese Army (NA) is composed of approximately 96,000 members. The military also has active UN PKO troops. 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 FY11.

**OUTCOMES & IMPACT**

Program activities that occurred in FY11 included conducting master trainer and peer educator workshops on HIV education, revising the HIV policy, and reviewing HIV prevention materials. HTC services were also focused on UN Peacekeepers at pre- and post-deployment. One (1) physician from Nepal attended MIHTP in FY11.

**Proposed Future Activities**

DHAPP is collaborating with the NA on developing a work plan for program activities in FY12. A representative from the NA attended IMilHAC in Mozambique in May 2012.



# Timor-Leste



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## 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 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 following 3 years, a large international program, manned by 5,000 peacekeepers (8,000 at peak) and 1,300 police officers, led to substantial reconstruction in the urban and rural areas. The GDP per capita is \$3,100.

In 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 September 2011, the Fund held assets of \$8.9 billion USD. The economy is recovering from the mid-2006 outbreak of civil unrest and violence, and in 2008, the government resettled tens of thousands of an estimated 100,000 internally displaced persons, most of whom returned home by early 2009. Government spending increased in 2009 and 2010, primarily on basic infrastructure. Last year, the parliament approved an ambitious, infrastructure-focused budget of \$1.67 for 2012 that would put the country in debt for the first time in its 10-year history.



## HIV/AIDS Statistics

Timor-Leste is considered to have a nongeneralized, low-level epidemic, with a national HIV prevalence of less than 0.1%, according to the UNAIDS website. 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 according to the Democratic Republic of Timor-Leste UNGASS Country Progress Report 2010.

## Military Statistics

The Timor-Leste Defense Force (TLDF) is estimated at approximately 1,000 members. Forcewide testing is not in place, and therefore, HIV prevalence is unknown.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

USPACOM and DHAPP have been collaborating with the TLDF, and Church World Service has been assisting the TLDF as the implementing partner since FY10.

## OUTCOMES & IMPACT

Data collection for the KAP survey began in FY11 and is scheduled for completion in FY12. The survey is being administered through paper-based interviews to a sample of 300 individuals. The target population is composed of army, navy, and military police personnel, and individuals of all ages and ranks are eligible to participate.

In September 2011, Church World Service conducted an HIV prevention education session to 64 military personnel in the Baucau District of Timor-Leste. Information was provided on HIV prevention measures, including condom use.

### Proposed Future Activities

In FY12, Church World Service will assist the TLDF with completion and dissemination of the KAP survey report and subsequent development of prevention and HTC materials based on the report findings. Plans for HTC service provision will also be implemented.



# Vietnam



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

Vietnam's estimated population is 91.5 million people, with an average life expectancy of 72 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 94%, 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. In 2010, exports increased by over 25%, but the trade deficit remained high. Vietnam's managed currency, the dong, has been devalued by 20% since 2008 and the inflation rate reached 23% in 2011, one of highest in the region. Foreign donors pledged almost \$8 billion in new development assistance for 2011, and in 2012, Vietnam is expected to present a broad economic reform program. The GDP per capita is \$3,300.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Vietnam's general population is 0.4%, with approximately 280,000 PLHIV, according to the UNAIDS website. The HIV epidemic in Vietnam is concentrated, 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 *AIDS Epidemic Update 2009*.

### Military Statistics

The Vietnam Ministry of Defense (VMOD) is estimated at approximately 482,000 active-duty troops. Vietnam expends 2.5% of the



GDP on military expenditures.

According to the *UNGASS Country Progress Report: Vietnam, 2010*, a sentinel surveillance study conducted by the Vietnam Administration of AIDS Control in 2009 found an estimated HIV prevalence of 0.15% among male military recruits.

## 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. In FY11, the implementing partners were the Institute of Population, Health and Development, the Development Center for Public Health, and the Vietnam Nurses Association.

## OUTCOMES & IMPACT

### Prevention

In FY11, the VMOD supported 12 HTC centers located at 8 military hospitals and preventive medicine centers across the country. During the year, 20,585 military members were tested for HIV and received their results.

During the reporting period, 1,894 pregnant women were tested for HIV and received their results. HTC services were provided at 2 project sites in Hanoi and Ho Chi Minh City.

In FY11, 856 health care workers successfully completed an in-service training on topics ranging from TB/HIV, PMTCT, BCC, infection control, to care and support for HIV-positive patients.

### Care and Treatment

Four (4) VMOD service outlets provide HIV-related palliative care and ART for VMOD members, their families, and civilians. During FY11, 404 HIV-positive adults and children received a minimum of 1 clinical service, and 205 HIV-positive persons received cotrimoxazole prophylaxis. There were 89 patients newly initiated on ART in FY11, and at the end of the reporting period, a total of 297 patients were on ART. Four (4) laboratories have the capacity to perform HIV testing and CD4 tests.



### Proposed Future Activities

All proposed activities were submitted by the US Embassy to the Vietnam Country Support Team, and were included in the FY12 COP. Representatives from the VMOD attended IMiHAC in Mozambique in May 2012.

# US SOUTHERN COMMAND

*Winning battles in the war against HIV/AIDS*



USSOUTHCOM is one of six geographical combatant commands that provide strategic oversight of DoD activities throughout the world. The USSOUTHCOM mission is to be ready to conduct joint and combined full-spectrum military operations and to support whole-of-government efforts to enhance regional security and cooperation. DHAPP, as part of the PEPFAR initiative, aims to prevent the spread of HIV within partner militaries in the USSOUTHCOM area of responsibility. This program supports USSOUTHCOM's military objectives by building partner-nation military medical capacity in order to improve the health of partners' service members, which in turn, enhances regional security.



# Active Country Programs Within US Southern Command's Area of Responsibility



# Antigua and Barbuda



*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*



## BACKGROUND

### Country Statistics

Antigua and Barbuda are islands between the Caribbean Sea and the North Atlantic Ocean. The estimated population is 89,000 people, with an average life expectancy of 76 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. In 2009, Antigua's economy was severely hit by the global economic crisis, suffering from the collapse of its largest financial institution and a steep decline in tourism. This decline continued in 2010 as the country struggled with a yawning budget deficit, but returned to positive growth in 2011. The GDP per capita in Antigua and Barbuda is \$22,100.



### 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 Antigua and Barbuda Defense Force (ABDF), which includes the Coast Guard, consists of approximately 300 personnel across 3 units, according to DHAPP staff. It allocates 0.5% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available, but a biological and

behavioral surveillance study is proposed for FY12.

## **PROGRAM RESPONSE**

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

DHAPP has been collaborating with the US MLO in Bridgetown, Barbados, and the ABDF 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 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 and continued through 2011.



## **OUTCOMES & IMPACT**

### **Prevention**

In 2011, DHAPP staff conducted a site assessment visit to determine future activities with the ABDF beyond prevention and strategic information. In April 2011, DHAPP hosted a Caribbean regional military meeting in Miami, Florida, and the ABDF attended. The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region.

PSI began working with the ABDF in 2010 and continued their efforts in 2011. PSI implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of master and peer educators, developed targeted condom outlets, and marketed and promoted condom use and testing services. The program focused on increasing perceived perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. Eleven (11) participants from the ABDF joined the peer education and master training sessions. BCC activities are under way in the ABDF. The methodologies used to reach individuals will be small group sessions, face-to-face interventions, and satellite table sessions. A set of posters was specifically designed for the ABDF, and all posters were pretested among military personnel. The educators target uniformed personnel during their outreach activities and they also reach nonuniformed personnel during special event interventions. The civilians reached were mostly prisoners during special event activities. One activity was an STI outreach session that took place at the prison in Antigua and Barbuda. This activity reached a total of 38 male prisoners.



In 2011, PSI traveled to Antigua to meet with the ABDF, and the main objective of the visit was for PSI to assist the ABDF with the development of an HIV/AIDS strategic plan. ABDF leadership convened the meeting, and a strategic plan is under review.



**Proposed Future Activities**

PSI will support the program for the ABDF in FY12. PSI will continue to work with the ABDF on prevention efforts. In FY12, several trainings are planned in monitoring and evaluation and laboratory practices and the ABDF will participate.

# The Bahamas

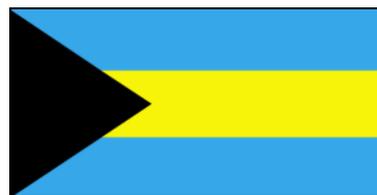
*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*



## BACKGROUND

### Country Statistics

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. 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.



### HIV/AIDS Statistics

The HIV prevalence rate in the Bahamas's general population is estimated at 3%, with 7,400 PLHIV. The Bahamas has 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, according to the *UNGASS Country Progress Report: The Commonwealth of the Bahamas, 2010*.

## **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 US Naval Liaison Office at the US Embassy 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 works for the US MLO in Bridgetown, Barbados, and coordinates activities across the militaries in the Caribbean region.

## **OUTCOMES & IMPACT**

### **Prevention**

In April 2011, DHAPP hosted a Caribbean regional military meeting in Miami, Florida, and the TTDF attended. The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region. The RBDF attended the PEPFAR-sponsored Caribbean Regional HIV Prevention Summit held in Nassau, Bahamas, in March 2011. Eighty (80) participants from 15 Caribbean countries attended the conference with the goal of sharing best practices, identifying gaps and opportunities for cooperation, and creating linkages between HIV/AIDS prevention experts in the region. In addition, the RBDF attended the 8th Caribbean Cytometry & Analytical Society HIV/AIDS Workshop in August 2011, in Jamaica. The workshop focused on Harmonizing Quality Clinical Care and Laboratory Diagnostics on Behalf of Persons Most at Risk of HIV/AIDS in the Caribbean.

### **Proposed Future Activities**

In FY12, DHAPP is hosting training for laboratory diagnostics for rapid HIV and STIs and the RBDF will participate.

# Barbados

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## 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 PLHIV (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 of the most at-risk populations in the context of HIV (*UNGASS Country Progress Report: Barbados, 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 have 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 works for 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.

**OUTCOMES & IMPACT**

**Prevention**

In April 2011, DHAPP hosted a Caribbean regional military meeting in Miami, Florida, and the BDF attended. The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region.

The BDF and CAI adapted the Popular Opinion Leader (POL) intervention, as an improvement to the peer educator model, in the context of the BDF’s ongoing prevention efforts. The POL intervention was originally designed to reduce sexual risk behavior in community settings by using popular individuals to change norms that are implicated in specific behavioral outcomes. Data from the intervention showed moderate increases in condom use at 6 months in men, and significant uptake of condom use in women. The POLs appeared to change norms and condom use behaviors in women, and POLs became identified as condom distributors in this specifically occupational environment.

**Proposed Future Activities**

In FY12, several trainings are planned in program monitoring and evaluation and laboratory diagnostics for rapid HIV and STIs and the BDF will participate.

# Belize

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## 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 the country's heavy foreign debt burden, high unemployment, growing involvement in the Mexican and South American drug trade, high crime rates, and one of the highest prevalence rates of HIV/AIDS in Central America.



### HIV/AIDS Statistics

The HIV prevalence rate among people 15–49 years of age is estimated at 2.3%, the highest per capita HIV prevalence rate in Central America. By the end of 2009, there were 4,800 PLHIV (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 coordinates activities across the militaries in the Caribbean region and is based at the US MLO in Bridgetown. Two partners assist the BDF with its program: Charles Drew University of Medicine and Science (CDU) and Cicalatti Associates Inc. (CAI). They 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

In April 2011, DHAPP hosted a Caribbean regional military meeting in Miami, Florida, and the BDF attended. The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region.

The BDF and CDU began working together in January 2010 and developed an HIV prevention program. Four hundred ninety-nine (499) personnel were reached and 20 were trained in prevention messages. Prevention activities implemented by CDU included the distribution of condoms to military members at each of the 4 bases. Soldiers received information and demonstrations on correct condom use prior to deployment to Haiti, as well as care packets that included 1 female condom, 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 infection can be prevented. Leadership support of the prevention program has resulted in high achievement of program deliverables. In fact, senior leadership declared that HIV will be a standard topic covered at all safety stand-downs.



One of the primary objectives of the BDF's HIV program is to offer HTC services. In FY11, HTC services were provided to 314 members. CAI and the BDF are developing an interactive netbook-based interface to augment posttest counseling with HIV-negative BDF clients. Additionally, the BDF opened a second HCT site in Punta Gorda, at which a physician and lab technician rotate to provide services. The 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 are now able to access their medication at the BDF hospital. One (1) physician participated in MIHTP in San Diego, California, and 48 other health personnel were trained on HIV services.

An abstract for an oral presentation was submitted by the BDF to the organizing committee of the Caribbean HIV Conference held in Nassau, Bahamas in November 2011. It was accepted for oral presentation and 1 member of the BDF presented the abstract: Correlates of HIV Testing Behavior in the Belize Defense Force.

The BDF, CDU, and DHAPP began work on an HIV policy handbook in 2010. The document was formally 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, and partner notification. It has been shared with other militaries in the region considering writing their own policy.

CDU coordinated a 1-day strategic planning retreat and reviewed and revised the existing strategic plan. The HIV Response Committee of the BDF participated in the retreat. The committee was composed of soldiers from the various training companies and ranks. Additionally, BDF members attended IMiLHAC in Mozambique in May 2011, and they presented on their development of an automated post-test counseling interactive tool.

**Proposed Future Activities**

The BDF will continue prevention activities with CDU, as well as HTC services. In FY12, DHAPP has planned several trainings in program monitoring and evaluation and laboratory diagnostics for rapid HIV and STIs and the BDF will participate.



# Bolivia



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## BACKGROUND

### Country Statistics

Bolivia has an estimated population of 10 million, with a life expectancy of 68 years. The official languages are Spanish, Quechua, and Aymara, and the literacy rate is 86.7%, unevenly distributed between men and women. Bolivia is one of the poorest and least developed countries in the Latin American region. From 2003 to 2005, the country experienced a period of political instability, racial tensions, and violent protests against plans to export natural gas reserves, which were later abandoned. The GDP per capita is \$4,800. The Bolivian economy had the highest growth rate in South America during 2009, and increases in world commodity prices resulted in large trade surpluses in 2010–11. A lack of foreign investment continues to create an ongoing challenge for the Bolivian economy.

### 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 PLHIV 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 worked in collaboration with the US Security Cooperation Office at the US Embassy in La Paz and identified an implementing partner, Ayuda Internacional para el Desarrollo (International Aid for Development) who supported the BAF with its HIV program in FY11.

### OUTCOMES & IMPACT

The Bolivian in-country partner in FY11 was International Aid for Development who collaborated 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.

In FY11, 262 individuals were counseled and tested for HIV and received their results. Workshops were implemented in the military institutes, hospitals, and health centers on HIV prevention, early detection, pre- and post-test counseling, HIV rapid testing, availability of treatment, and national laws about HIV. Peer education materials were also developed and utilized in FY11.

### Proposed Future Activities

Ongoing discussions are taking place with the Committee on the Prevention and Control of HIV/AIDS in the Armed Forces and National Police (COPRECOS-Bolivia) and the medical component for a future prevention and lab-strengthening program. Representatives from the BAF attended IMilHAC in Mozambique in May 2012.



# Colombia



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## BACKGROUND

### Country Statistics

Colombia has a population of 45.2 million, with a life expectancy of 75 years. Spanish is the official language, and the literacy rate is 90%, evenly distributed between men and women. A 40-year-long conflict escalated in the 1990s between government forces and anti-government insurgent groups, mainly 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 depends heavily on oil exports and its economy is affected by inadequate infrastructure. The unemployment rate of 9.2% is one of the highest in Latin America. The US-Colombia Free Trade Agreement was ratified in October 2011 and will be implemented in 2012. Foreign direct investment reached \$10 billion in 2008, and dropped to \$7.2 billion in 2009 before setting a record high of \$13 billion in 2011. The GDP per capita is \$10,100. 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



PLHIV in 2009 was 160,000, according to the UNAIDS website.

### **Military Statistics**

The Colombian military is made up of the Army, Navy, Air Force, and Coast Guard, with approximately 283,000 personnel. The HIV prevalence among the military is unknown, although a biobehavioral surveillance survey is being conducted.

## **PROGRAM RESPONSE**

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

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 and COPRECOS-Colombia. COPRECOS is integrating plans with UNFPA and Global Fund AVANZADA. In FY11, the implementing partner supporting the Colombian military with its HIV prevention program was Liga Colombiana de Lucha Contra el SIDA.

## **OUTCOMES & IMPACT**

### **Prevention and Other**

Sixty (60) soldiers were trained in HIV/AIDS prevention. Information in these educational sessions also included sexual and reproductive rights, human rights, and reduction of stigma and discrimination. Health care providers have also been included in the battalion training.

Other activities occurring in FY11 included the development of an interactive virtual training, awareness and capacity building through the use of “Promoter” soldiers in the national army, HTC service provision, and software development for the collection of HIV and sexual and reproductive health information data.

Four (4) representatives from Colombia (3 military physicians from the Army, Navy, and Air Force, and 1 from the police force) attended MIHTP in San Diego, California, in March–April 2011.

A biobehavioral surveillance survey is being planned in collaboration with NAMRU-6 and the Global Fund AVANZADA project. DHAPP is contributing to the HIV/STI testing and lab component of the study. Data collection and analysis will take place in FY12.

### **Proposed Future Activities**

In-country partner Liga Colombiana de Lucha Contra el SIDA will evaluate and strengthen the use of the information system, capturing HIV information by the health units to inform public health interventions and monitoring health promoters. Technical assistance will be provided in lab diagnostics, training, and surveillance. Representatives from the Colombian military attended IMiHAC in Mozambique in May 2012.

# Dominican Republic



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## BACKGROUND

### Country Statistics

The estimated population of the Dominican Republic is 9.9 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 \$9,300, with an



unemployment rate of 13.3%. The country is known primarily for exporting sugar, coffee, and tobacco. However, recently the service sector has overtaken agriculture as the economy’s largest employer due to growth in tourism and free trade zones. The United States is the destination for nearly 60% of exports and remittances from the US amount to about one tenth of the GDP. The economy is one of the fastest growing in the region, and although growth rebounded in 2010–11, high unemployment and underemployment remain important challenges.

### HIV/AIDS Statistics

The HIV prevalence rate in the general population of the Dominican Republic is

estimated at 0.9%, and an estimated 57,000 Dominicans are living with HIV/AIDS, according to the UNAIDS website.

According to the *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 25,000 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 have been working in collaboration with the US MLO in Santo Domingo and the FAD. In FY11, the implementing partners for the FAD were Fundacion Genesis and INSALUD (Instituto Nacional de Salud).

## **OUTCOMES & IMPACT**

Fundacion Genesis supported the FAD by providing a mass media campaign for prevention and HTC services at 7 sites, and aiding in the development of an HIV/AIDS policy for the military. In FY11, 2,890 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standard requirements. Other prevention activities include providing HTC services to 3,707 individuals in FY11. INSALUD developed an HIV curriculum to be implemented in the military academies.

In FY11, 68 health care workers successfully completed an in-service training program. Two (2) workshops were conducted by Fundacion Genesis to train

health care personnel in HTC 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.

**Other**

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

**Proposed Future Activities**

In FY12, activities to support counseling and testing, prevention, and policy dissemination for the FAD will be continued. Efforts to build a comprehensive HIV/AIDS program and implement BCC and condom distribution programs in support of the FAD will also take place.

DoD NAMRU-6 staff will support activities related to improving the technical proficiency of laboratory personnel in HIV rapid testing, and quality evaluation and assurance measures. They will also train military health providers in the screening, diagnosis, and treatment of STIs and OIs. Representatives from the FAD attended IMilHAC in Mozambique in May 2012.



# Guatemala



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## BACKGROUND

### Country Statistics

The estimated population of Guatemala is 14 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 \$5,000, with an unemployment rate of 1.8%. 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 almost 15% of GDP, and half of the labor force. Coffee, sugar, and bananas are the main export products. The economy contracted in 2009 as foreign investment slowed amid the global recession and export demand decreased. The economy gradually recovered in 2010–11 and is expected to return to normal growth rates in 2012.



### HIV/AIDS Statistics

The HIV prevalence rate in the general population of Guatemala is estimated at 0.8%, with approximately 62,000 PLHIV, according to the UNAIDS website. HIV in Guatemala is spread primarily through sexual activity, and it is growing rapidly among men who have sex with men, and sex workers. According to the *AIDS Epidemic Update 2009*, 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 at 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.

## **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.

## **OUTCOMES & IMPACT**

A grant was awarded to PSI by DHAPP in September 2011. PSI's affiliate in Central America, PASMO, will be the implementing partner supporting the GAF program in FY12.

One (1) physician who works at the Military Hospital in Guatemala participated in the MIHTP hosted by DHAPP in San Diego, California.

### **Proposed Future Activities**

Program activities to be designed and implemented by PASMO include peer education training, BCC workshops, officer-level and troop-level training, and a curriculum for HTC and STI syndromic management. Other activities include the development of HIV education materials, distribution of condoms, and HTC service provision.

DoD NAMRU-6 staff will support improved technical proficiency of laboratory personnel in HIV rapid testing, and quality evaluation and assurance measures. They will also train military health providers in the screening, diagnosis, and treatment of STIs and OIs.

In collaboration with the Global Fund AVANZADA project, a behavioral seroprevalence 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.

Representatives of the GAF attended IMiHAC in Mozambique in May 2012.

# Guyana

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## 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 PLHIV, according to the UNAIDS website. 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 (*UNAIDS Report on the Global AIDS Epidemic 2010*).

### 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 was conducted 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 & IMPACT**

**Prevention**

Many prevention activities occurred in the GDF, such as reaching 428 individuals with individual and/or small group-level preventive interventions that are based on evidence and meet PEPFAR standards. The individuals reached were part of the targeted populations of recruits: deployed members to Trinidad and Tobago, Junior Leaders Course attendees, and junior command, staff course, and coastal battalion platoon members. Other prevention activities included 18 men getting circumcised as part of the HIV prevention services. HTC services are offered through 3 fixed sites and a mobile unit that travels to 3 border locations/stations. In total, 550 individuals received HTC services and received their test results.

The GDF and DHAPP developed a protocol for SABERS and conducted data collection at the end of FY11. Analysis will be completed in FY12 and results will be disseminated to GDF leadership.

**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, HTC, STIs, and stigma and discrimination.



# Honduras

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## BACKGROUND

### Country Statistics

The estimated population of Honduras is 8.1 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 \$4,300, with an estimated unemployment rate of 4.8%. 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 it 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 PLHIV, according to the UNAIDS website. According to the *Epidemic AIDS Update 2010*, 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

DHAPP staff have been collaborating with USSOUTHCOM, US Joint Task Force-Bravo (JTF-Bravo), and the HAF to support an HIV/AIDS prevention 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 continues today.

## OUTCOMES & IMPACT

### Prevention

PASMO is the current implementing partner in Honduras. In FY11, 1,384 individuals were reached with individual and/or small group-level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standard requirements, and 1,242 individuals were counseled and tested for HIV and received their results. Ten (10) military health care workers successfully completed an in-service training program in HTC and were certified by the Ministry of Health in Honduras.

One (1) representative from JTF-Bravo in Honduras participated in the MIHTP hosted by DHAPP in San Diego, California.

### Proposed Future Activities

Ongoing successful HAF and partner programming will continue to include aspects of comprehensive prevention for military members and their families. A behavioral seroprevalence study among the HAF is planned for FY12. Expansion of prevention activities is also planned to include military bases in a remote region in the northeastern part of Honduras. Other activities for FY12 include continuation of condom distribution, development of prevention materials, and training of military health care providers in HTC service provision.



DoD NAMRU-6 staff will support improved technical proficiency of laboratory personnel in HIV rapid testing, and quality evaluation and assurance measures. They will also train military health providers in the screening, diagnosis, and treatment of STIs, and OIs. Representatives from the HAF attended IMilHAC in Mozambique in May 2012.



# Jamaica

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## BACKGROUND

### Country Statistics

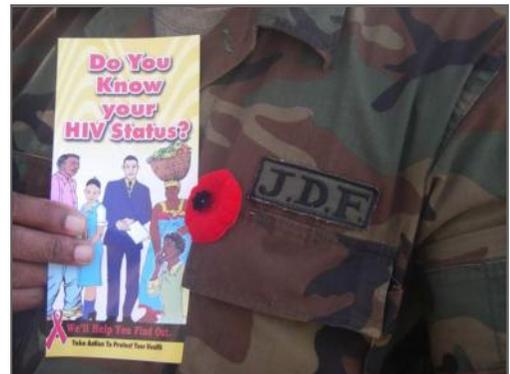
The estimated population of Jamaica is 2.8 million people, with an average life expectancy of 73 years. English is the official language of Jamaica, which has an estimated literacy rate of 88%, unevenly distributed between men and women. The GDP per capita is \$8,400. The Jamaican economy is heavily dependent on services, which now account for more than 60% of 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 PLHIV, according to the UNAIDS website. Jamaica continues to experience features of a generalized and concentrated epidemic and higher HIV prevalence 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 Progress Report: Jamaica 2010).

### Military Statistics

The Jamaica Defense Force (JDF) consists of approximately 3,000 personnel distributed among the Ground Forces, Coast Guard, Air Wings, and the national reserves. The percentage



of the Jamaican GDP expended on a military purpose is 0.6%. A behavioral and serological surveillance survey was conducted within the JDF at the end of 2010. Analysis is complete and findings were presented in 2011 to the JDF.

**PROGRAM RESPONSE**

**In-Country Ongoing Assistance**

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 & 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 coordinates activities across the militaries in the Caribbean region, and is based at the US MLO in Bridgetown, Barbados. Two partners are assisting the JDF in developing its HIV program: Charles Drew University, School of Medicine and PSI.



**OUTCOME AND IMPACT**

**Prevention**

PSI is supporting prevention efforts with the JDF and in FY11. In the final quarter of 2010, twenty five military personnel were trained to be peer educators. Since their training, the peer educators have been implementing BCC activities that target their fellow military personnel. In 2011, the BCC activities reached 1,740 individuals with individual and/or small group level interventions that meet the PEPFAR standards. Many behaviors were targeted during the sessions including condom use, HIV, lubricant use, mutual fidelity, STIs, and stigma and discrimination. Additionally, through BCC activities conducted in this reporting period with the civilian population, the JDF directly contributed to the education of a total of 9000 young people attending Emancipation Weekend festivities at the Absolute Temptation Island (ATI) event in Negril, Jamaica. A team of 3 peer educators from the JDF attended the 3 day festival in Negril.

The JDF increased accessibility for its personnel to HTC services by training additional personnel in service delivery and adopting scheduled HIV testing. In

FY11, 951 individuals received HTC services for HIV and received their test results.

Drew University conducted a behavior and serological surveillance survey amongst the JDF during FY10. The survey was voluntarily done and participants could opt out of testing if they only wanted to complete the behavior questionnaire. Analysis was completed and the JDF was briefed on the findings in April 2011. The results of the survey have guided some revisions to the prevention activities of the JDF. One such example is the development of an automated and interactive post-test counseling session for JDF personnel. With limited human resources, the JDF wanted to ensure that post-test counseling was occurring. Additionally, the JDF approved an HIV policy for its personnel in 2011.

Laboratory equipment and supplies were procured to assist in the performance of clinical laboratory testing for the JDF. Additionally, 40 health workers were trained in several service delivery areas including counseling and testing.

**Proposed Future Activities**

PSI and CDU will continue to support the program for the JDF in FY12 and will continue to work with the JDF on prevention efforts. In FY12, the JDF will participate in several trainings that are planned by DHAPP in monitoring and evaluation and laboratory diagnostics for rapid HIV and STIs.



# Nicaragua



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## BACKGROUND

### Country Statistics

The estimated population of Nicaragua is 5.7 million people, with an average life expectancy of 72 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 67.5%, evenly distributed between men and women. The poorest country in Central America, Nicaragua has widespread underemployment and poverty. The country relies on international economic assistance to meet fiscal and debt financing obligations. The economy in Nicaragua has gradually been recovering since the global economic crisis and grew at a rate of approximately 4% in 2011. The GDP per capita is \$3,200.



### HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with a total of approximately 6,900 PLHIV, according to the UNAIDS website. 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.

According to the *AIDS Epidemic Update 2010*, 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 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. In January 2010, the NicaSalud Network Federation became an implementing partner for the NAN and continues its work today.

## **OUTCOMES & IMPACT**

### **Prevention**

In FY11, NicaSalud Network Federation and the NAN reached 1,624 military members with small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standard requirements. In addition, 2,502 individuals were counseled and tested for HIV and received their results in FY11. During the reporting period, 120 health care workers successfully completed an in-service training program in one of these three areas: testing and counseling, adult treatment, and second-generation surveillance. Two (2) Nicaraguan health care providers participated in the MIHTP hosted by DHAPP in San Diego, California, in spring 2011.

### **Proposed Future Activities**

In FY12, NicaSalud will continue to work with the NAN to strengthen its prevention, HTC services, and surveillance activities. DoD NAMRU-6 staff will support activities related to improving the technical proficiency of laboratory personnel in HIV rapid testing, and quality evaluation and assurance measures. They will also train military health providers in the screening, diagnosis, and treatment of STIs and OIs. Representatives from the NAN attended IMiHAC in Mozambique in May 2012.

# Peru



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## BACKGROUND

### Country Statistics

The estimated population of Peru is 30 million people, with an average life expectancy of 73 years. Spanish and Quechua are the official languages of Peru, which has an estimated literacy rate of 93%, unevenly distributed between men and women. Since 2011, the Peruvian economy has been growing at a rate of approximately 6% per year, with a stable exchange rate. Private investment accounts for over 60% of total exports. The national poverty rate has been reduced by about 19% since 2002 and the GDP per capita is \$10,000, with an unemployment rate of 6.8%. The US-Peru Trade Promotion Agreement entered into force in February 2009, paving the way to greater trade and investment between the two economies. Peru also signed trade agreements with South Korea, Japan, and Mexico in 2011.



### HIV/AIDS Statistics

The HIV prevalence rate in the Peruvian general population is estimated at 0.4%, with an estimated total of 75,000 PLHIV, according to the UNAIDS website. New information about epidemiological trends in the region, including the first-ever modes-of-transmission analysis for Peru and other key populations in Latin America, have 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 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

DHAPP staff is collaborating with NAMRU-6 in Lima and the PAF and program activities began in 2009.

## OUTCOMES & IMPACT

An evaluation among 382 military and police personnel in the Ayacucho region of Peru was conducted comparing HIV risk behaviors where modes of questionnaire administration among personnel engaged in internal combat: face-to-face interview (FFI), self-administered paper-based interview (SAPI), and audio computer-assisted self-interview (ACASI) were pilot tested. Differences in administration, reporting, and data quality across modalities were examined. Individuals who took the survey using ACASI were less likely to have missing data on measures of sexual risk and alcohol abuse and were more likely to report sexual risk behaviors and symptoms of alcohol abuse, however more individuals took the survey using SAPI given inadequate time to devote to sitting through an entire FFI or ACASI. STIs did not vary significantly across modes of questionnaire administration. This evaluation may have implications for BBSS efforts in resource constrained settings. The use of ACASI in collecting BBSS data from uniformed personnel should be considered if conditions are permissible.

### Proposed Future Activities

NAMRU-6 will continue to support prevention and lab-strengthening activities in collaboration with COPRECOS-Peru, with a focus on HIV rapid testing, quality evaluation and assurance measures, and training military health providers in the screening, diagnosis, and treatment of STIs and OIs. Representatives from the PAF attended IMilHAC in May in 2012.



# Saint Kitts and Nevis



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## 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

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 but is believed to be a concentrated epidemic and greatly affect men more than women, according to the *UNGASS Country Report for Saint Kitts and Nevis, 2010*.

### Military Statistics

The Saint Kitts and Nevis Defense Force (SKNDF) consists of approximately 300 personnel per DHAPP staff. The SKNDF includes the Coast Guard and is the primary defense institution for the nation. SKNDF personnel are distributed across two primary bases on St. Kitts, which include the force headquarters base in Bassetere and the



Coast Guard base located on the harbor. No estimates of military HIV prevalence rates are available but a biological and behavioral surveillance study is proposed for FY12.

## **PROGRAM RESPONSE**

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

DHAPP has been collaborating with the US MLO in Bridgetown, Barbados, and the SKNDF 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 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 and continued through 2011. In FY11, Cicitelli Associates began development of a protocol for a biobehavioral surveillance study among the SKNDF.

## **OUTCOMES & IMPACT**

### **Prevention**

In 2011, DHAPP staff conducted a site assessment visit to determine future activities with the SKNDF beyond prevention and strategic information. In April 2011, DHAPP hosted a Caribbean Regional Military Meeting in Miami and the SKNDF attended.



The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region.

PSI began working with the SKNDF in 2010 and continued their efforts in 2011. PSI implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of master and peer educators, developed targeted condom outlets, and marketed & promoted condom use and testing services. The program focused on increasing perceived perception of personal risk, creating demand for condoms and CT services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing CT services; and reducing stigma and discrimination. The SKNDF peer educators reached 150 individuals with small group-level interventions that met the minimum standards required by PEPFAR. BCC activities are under way in the SKNDF. The methodologies used to reach individuals were small group sessions, face-to-face interventions, and satellite table sessions. A set of posters was specifically designed for the SKNDF and all posters were pretested with military personnel. The Educators target uniformed personnel during their outreach activities and they also reach non-uniform personnel during special event interventions. The civilians reached were mostly prisoners during special event activities. The activity in Saint Kitts reached a total of 6 prisoners and 8

uniformed personnel.

The SKNDF began drafting an HIV policy that addresses HIV testing for recruitment and deployment as well as other factors related to HIV/AIDS. In FY11, Cicatelli Associates began developing a protocol for a biobehavioral surveillance study and pilot testing the questionnaire for the study.

### Proposed Future Activities

PSI will support the program for the SKNDF in FY12. PSI will continue to work with the SKNDF on prevention efforts. In FY12, the SKNDF will participate in several trainings that are planned by DHAPP in monitoring and evaluation and laboratory diagnostics for rapid HIV and STIs.



# Suriname

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## 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 PLHIV, according to the UNAIDS website. 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 2,000 active-duty members, with an 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. 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 coordinates activities across the militaries in the Caribbean region, and is based at the US MLO in Bridgetown, Barbados. PSI serves as the implementing partner with the SNA.

## OUTCOMES & IMPACT

### Prevention

In April 2011, DHAPP hosted a Caribbean Regional Military Meeting in Miami and the SNA attended. The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region.



In FY11, PSI reached 258 military members and their family through prevention activities. To achieve the goals and objectives of this program, PSI is implemented HIV/AIDS (BCC) outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of peer educators; developed targeted condom outlets; and through the marketing and promotion of condom use and existing testing services. The program focuses on increasing perception of personal risk; creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. PSI works with members of the SNA, including troop-level soldiers, military cadets, military officials; and partners of military personnel. In August 2011, PSI established a full-time staff member who has been working closely with the SNA and has provided support in several technical areas.

An abstract for an oral presentation was submitted by PSI and the SNA to the organizing committee of the HIV Caribbean Regional Conference held in the Bahamas in November 2011. It was accepted for oral presentation and the PSI program manager in Suriname along with the one member of the SNA presented the abstract on the HIV prevention condom social marketing program with the SNA.

PSI has assisted the SNA with the development of an HIV/AIDS policy and DHAPP staff provided review of it while it was in draft form. The transition of the Surinamese government resulted in a delay of the adoption of the HIV/AIDS policy. The HIV/AIDS policy was discussed with key stakeholders and was formally approved in early 2012.

**Proposed Future Activities**

PSI will continue to support the program for the SNA in FY12 and will continue to work with the SNA on prevention efforts. In FY12, the SNA will participate in several trainings that are planned by DHAPP in monitoring and evaluation and laboratory diagnostics in rapid HIV and STIs.



# Trinidad and Tobago



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## 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, 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 PLHIV, according to the UNAIDS website. 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%.

The National HIV and AIDS Strategic Plan (NSP) identifies the most-at-risk groups as: women, youth, children, prisoners, migrants, sex workers, MSM 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, according to the UNGASS 2010 Country Report: Trinidad and Tobago.

**Military Statistics**

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 4,000 personnel. Trinidad and Tobago allocates 0.3% of the GDP for military expenditures. A bio-behavioral surveillance study among the TTDF was initiated by the TTDF and USMHRP in 2011. Implementation of the study was partially completed and maybe completed in FY12.

**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 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 2009, PSI became an implementing partner in Trinidad and Tobago and continued its efforts in 2011.

**OUTCOMES & IMPACT**

**Prevention**

In April 2011, DHAPP hosted a Caribbean Regional Military Meeting in Miami and the TTDF attended. The purpose of the meeting was to discuss programming efforts and develop strategic plans for the next year in the region.

In 2011, PSI and the TTDF worked together and implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training & support of master and peer educators, developed targeted condom outlets, and marketed & promoted condom use and testing services. The program focused on increasing perceived perception of personal risk, creating demand for condoms and CT services, increasing self-efficacy for correct and consistent condom use, encouraging individuals to know their status by accessing CT services, and reducing stigma and discrimination. Through the efforts of the peer educators, 189 individuals were reached with individual and/or small group level interventions that meet the PEPFAR standards. The methodologies used to reach individuals were small group sessions, face-to-face interventions, and satellite table sessions. The peer educators target uniformed personnel during their outreach activities and they also reached non-uniform personnel during special events activities which may include prisoners. In February 2011, four of the peer educators worked at the

TTDF Carnival Party, where it is estimated that over 20,000 persons from both the military and general public attended the event. In June, the peer educators implemented a “satellite table” intervention at an event for new recruits and their families. One hundred new recruits were being recognized at the event.



Therefore it can be stated that the number of persons reached via BCC interventions is actually higher than reported 189 individuals.

From August 2 to December 5 2011, Trinidad and Tobago was under a State of Emergency (as directed by the Prime Minister). A curfew accompanied the State of Emergency, which required citizens to be in their homes from 11pm to 4m (the first two weeks the curfew was from 9<sub>PM</sub> to 6<sub>AM</sub>). During the State of Emergency, the TTDF was not able to engage in any trainings or BCC interventions. Since the removal of the State of Emergency, PSI has been in discussions with TTDF in order to schedule the next refresher training for the peer educators.

**Care**

PSI continues to collaborate with the Family Planning Association of Trinidad and Tobago to develop a network of quality CT service delivery sites for the TTDF. CT services will further be expanded by mobile services and the vehicle was purchased and delivered to TTDF in the final quarter of 2012. The outfitting of the vehicle is expected to be completed in the first quarter of 2012.

**Other**

In 2011, TTDF and USMHRP began implementing a bio-behavioral surveillance study among the TTDF. The data collection has not been completed but analysis should be completed in 2012.

**Proposed Future Activities**

PSI will continue to support the program for the TTDF in FY12 and will continue to work with the TTDF on prevention efforts. In FY12, the TTDF will participate in several trainings that are planned by DHAPP in monitoring and evaluation and laboratory practices.



# 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 FY11 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 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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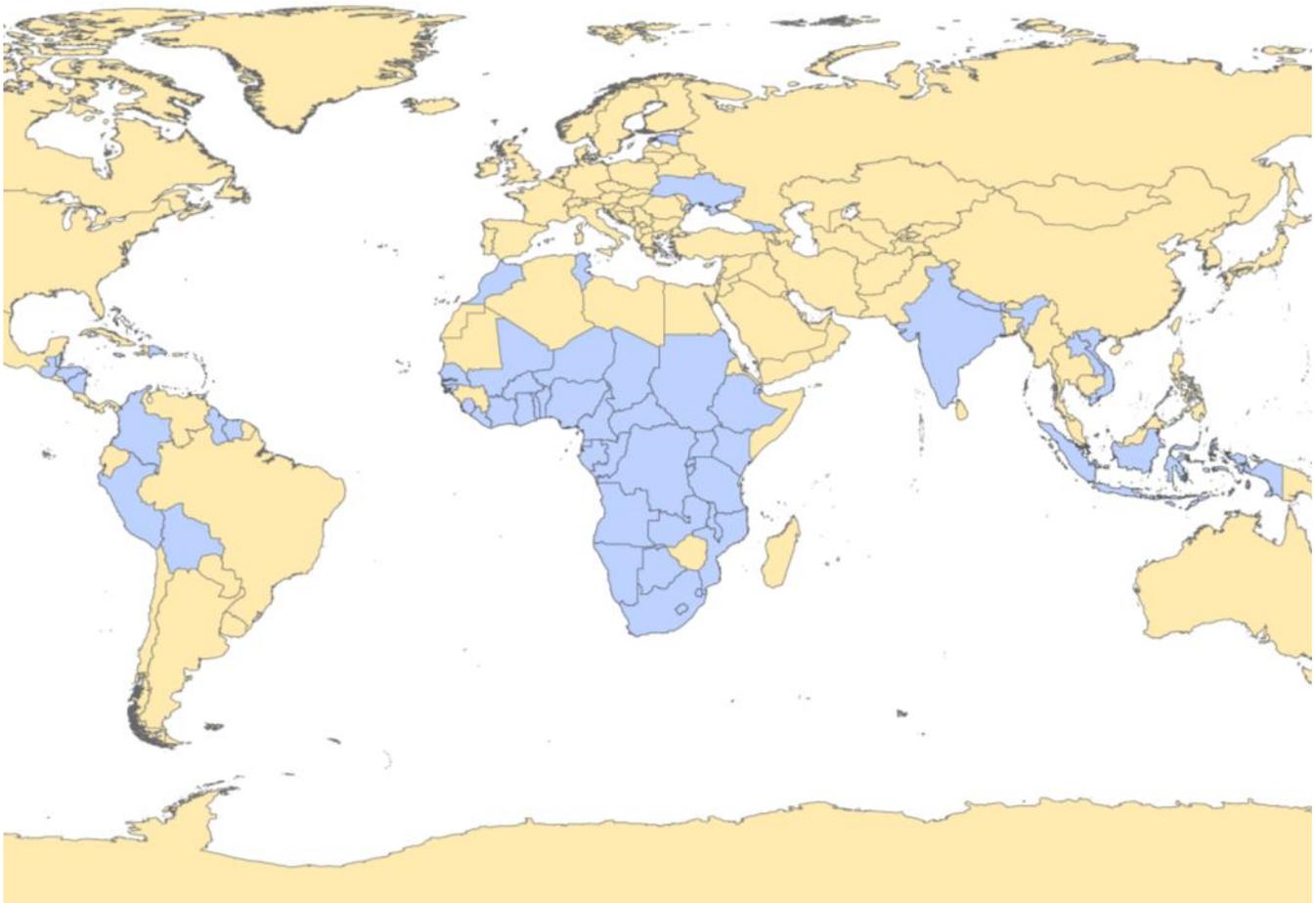
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# Appendix C: Global Map of DHAPP Country Programs





# Appendix D: DHAPP Country Programs by Funding Source

*Funding for DHAPP is provided by a congressional plus-up to the Defense Health Program (DHP), as well as funding transfer from the US Department of State from the President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP country programs can only receive funding from one source.*

## US Africa Command

Angola	PEPFAR	Morocco	DHP
Benin	DHP	Mozambique	PEPFAR
Botswana	PEPFAR	Namibia	PEPFAR
Burkina Faso	DHP	Niger	DHP
Burundi	PEPFAR	Nigeria	PEPFAR
Cameroon	PEPFAR	Republic of the Congo	DHP
Central African Republic	DHP	Rwanda	PEPFAR
Chad	DHP	Sao Toméand Principe	DHP
Côte d'Ivoire	PEPFAR	Senegal	PEPFAR
Democratic Republic of the Congo (DRC)	PEPFAR	Sierra Leone	DHP
Djibouti	PEPFAR	South Africa	PEPFAR
Ethiopia	PEPFAR	South Sudan	PEPFAR
Equatorial Guinea	DHP	Swaziland	PEPFAR
Gabon	DHP	Tanzania	PEPFAR
Gambia, The	DHP	Togo	DHP
Ghana	PEPFAR	Tunisia	DHP
Guinea-Bissau	DHP	Uganda	PEPFAR
Kenya	PEPFAR	Union of Comoros	DHP
Lesotho	PEPFAR	Zambia	PEPFAR
Liberia	PEPFAR		
Malawi	PEPFAR		
Mali	DHP		

### US Central Command

United Arab Emirates DHP

### US European Command

Estonia DHP  
Georgia DHP

Serbia DHP  
Ukraine PEPFAR

### US Pacific Command

India PEPFAR  
Indonesia PEPFAR  
Laos DHP

Nepal DHP  
Timor-Leste DHP  
Vietnam PEPFAR

### US Southern Command

Antigua and Barbuda PEPFAR  
Bahamas, The PEPFAR  
Barbados PEPFAR  
Belize PEPFAR  
Bolivia DHP  
Colombia DHP  
Dominican Republic PEPFAR  
Guatemala PEPFAR

Guyana PEPFAR  
Honduras PEPFAR  
Jamaica PEPFAR  
Nicaragua PEPFAR  
Peru DHP  
St. Kitts and Nevis PEPFAR  
Suriname PEPFAR  
Trinidad and Tobago PEPFAR