



DoD HIV/AIDS Prevention Program Status Report:

South Africa



BACKGROUND

Introduction/General Information

The South African population is estimated to range between 43 and 44 million. Life expectancy currently stands at 45 years, and is declining annually due to mortality associated with HIV/AIDS. Although English predominates, South Africa also has 10 other official languages and a literacy rate of approximately 82%, distributed proportionately between men and women. South Africa is described as a middle-income, developing country with significant resources, a well-developed infrastructure, and a substantial stock exchange. However, the South African economy is highly stratified, with 13% of the population living in first-world conditions and 53% in third-world conditions. The average South African per-capita annual income is \$9,400.

Country HIV/AIDS Statistics and Risk Factors

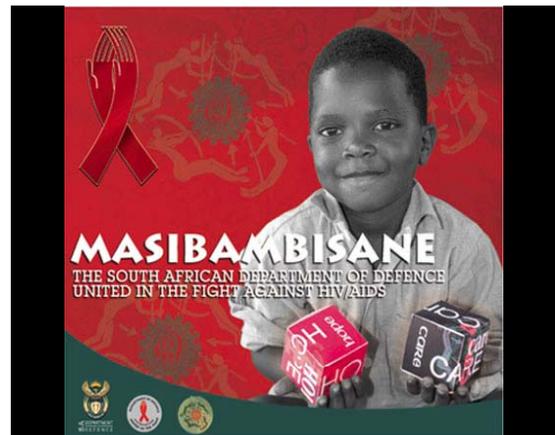
HIV/AIDS prevalence estimates for South Africa indicate that approximately 20% of the adult population or as many as 5.2 million persons live with HIV infection. An estimated 1,700 new infections occur daily. Identified significant risk factors in South Africa include perinatal transmission, a high prevalence of sexually transmitted infections (STIs), multiple partners, and unprotected sexual contact. Seventy-nine percent of all transmissions in South Africa are acquired through heterosexual contact.

Military HIV/AIDS Information

South African military size is estimated to be approximately 88,000. The South African National Defense Force (SANDF) has not conducted force-wide testing to date, and prevalence rates are therefore unavailable.

PROPOSED PROGRAM

The SANDF developed an extensive plan, called Masibambisane, designed to address HIV/AIDS in its armed forces. South Africa requested funding and logistical assistance from DHAPP for several key components of its plan, including a program called *HIV in the Workplace* to be provided to every military unit.



SANDF's prevention campaign, called Masibambisane, means "United in the Fight against HIV/AIDS."

The proposed *HIV in the Workplace* program would ensure adequate condom distribution to all military personnel, provide a comprehensive program of peer education, and provide an educational program (called *Beyond Awareness Campaign*) emphasizing general awareness of HIV and STI

prevention, as well as occupational HIV prevention. South Africa also requested funding for a system designed to provide monitoring and evaluation of its program. Key elements of the monitoring and evaluation system include measuring the effectiveness of all aspects of training, performing a baseline knowledge, attitudes, and practices survey, and establishing baseline epidemiological parameters.

In addition, under the SANDF plan, members of the military will be continually updated regarding HIV information and management processes and policy through the use of workshops, conferences and meetings, staff visits, and bilateral exchanges between US and South African military officials. In order to improve coordination throughout this HIV management structure, an Intranet and associated computer equipment was requested.

PROGRAM RESPONSE

Military-to-Military

DHAPP staff visited South Africa 7 times. The first visit took place in September 2000 to initiate an in-country assessment and establish a working relationship with the South African Military Health Service (SAMHS). Discussions were conducted with the SAMHS Surgeon General and the HIV/AIDS Coordinator, and a multi-disciplinary Advisory Council was established to enhance and broaden the SANDF HIV prevention effort.

The second visit occurred in November 2000. DHAPP staff participated in the Fourth Annual US/Republic of South Africa Defense Conference, which included an informational talk on HIV/AIDS. This trip also afforded another opportunity to review South Africa's HIV prevention plan.

The third visit occurred January 2001 at Pretoria. Program staff met with the South African HIV/AIDS Advisory Council to establish elements of the operational plan for

HIV prevention. The meeting established a name for the program (Masibambisane) and set a media launch date. In addition, the role of outside agencies in the campaign was outlined, a plan to obtain Internet access was created, and a framework for program monitoring and evaluation was developed.

The fourth visit occurred in May 2001 in Durban. Status and plans for the collaborative effort between DHAPP and SANDF were discussed. During this visit, formal procedures for the purchase of audiovisual equipment were developed, the budget for the entire collaborative effort was finalized, and procedures for approval of funding requests were established. In addition, plans for the media event to kick off the SANDF HIV/AIDS prevention plan and the plan itself were reviewed.

The fifth and sixth visits occurred in August 2001 and August 2002, respectively. Masibambisane progress, including the media launch, was reviewed. At the same time, a US military and clinical consultant team gathered information about the HIV situation in South Africa, enabling them to design more effective training programs in the US for African military medical providers.

DHAPP staff visited South Africa in January 2003 to review program status and discuss new endeavors with the National Institutes of Health and other groups.

Funding was provided to South Africa via the US Embassy in support of the military prevention proposal that focused on mass awareness, HIV/AIDS prevention activities, train-the-trainer approach to peer education, new curriculum development and behavioral surveillance activities.

Funds were also provided in support of the following programs: *South Africa National Defense Force (SANDF) HIV/AIDS Mass Awareness Campaign* (July 2001); *Women Empowerment Programme* (August 2001); *HIV/AIDS Awareness Day* in the Northern

Province (September 2001) and in the Western Province (November 2001). Funding was provided for activities such as industrial theater and for educational materials, such as posters, brochures, lapel pins, and condom containers. Resources were provided to support training for educational officers, healthcare workers, occupational health safety coordinators, peer educator training and peer group training. DHAPP also funded 2 staff members in Pretoria to administer the SANDF HIV/AIDS prevention program.

Two key medical personnel from the HIV/AIDS Advisory Council for SANDF were funded for site visits to the United States. One of these visitors was a speaker at the May 2001 Naval Environmental Health Command Conference held in San Diego, California, and also rotated through the Navy Medical Center San Diego (NMCS D) HIV Unit to gain familiarity with the procedures developed by the US military for HIV-positive personnel. Another South African visitor was funded to attend the American Public Health Association meeting in Atlanta, Georgia, and the Infectious Diseases Society of America meeting in October 2001. The visitor also made a site visit to Naval Health Research Center in San Diego and the HIV Unit of NMCS D.

Finally, 2 doctors from South Africa were funded to participate in a meeting sponsored by Family Health International in Accra, Ghana. This meeting initiated development of programs for basic and in-service training and peer education, as well as monitoring and evaluation through a consensus process among the multidisciplinary and multinational participants.

Contractor-Based Assistance

In addition to the assistance described above, DHAPP funded EngenderHealth to develop and implement a behavior change education program that focused specifically on gender role-based behaviors that contribute to infection risk. To reduce HIV transmission in

the SANDF, EngenderHealth proposed a comprehensive training program to identify and modify gender role-based behaviors implicated in HIV transmission.

EngenderHealth's proposed program also included train-the-trainer workshops, followed by peer educator training and a series of 360 workshops for military personnel. Through the use of peer educators and workshops, 6,000-8,000 military personnel will be trained.

DHAPP awarded a second contract to Mark Data to conduct a study to evaluate the effectiveness of SANDF HIV/AIDS prevention efforts that were funded by DHAPP in previous fiscal years. The overall effectiveness will be evaluated by collecting survey data from former participants in DHAPP-sponsored training and events to include healthcare workers, workplace program managers, peer educators, and peer group participants. At the end of their study, Mark Data is expected to have collected data from nearly 23,000 military personnel.

Clinical Provider Training

Five senior South African officers from the HIV Advisory Council were funded to participate in the XIV International HIV/AIDS conference in Barcelona, Spain, in July 2002. Four South African senior physicians, including a pediatrician, an internist/pulmonologist, an HIV specialist and a general practitioner, participated in the 4-week *Military International HIV Training Program* in San Diego, California. Additional program emphasis included training in surveillance and data collection, and strategies to combine clinical management with research protocols.

Interoperability

A potential collaboration is being explored with the National Institute of Allergy and Infectious Diseases to create infrastructure for clinical research on the use of anti-retroviral drugs for HIV. DHAPP plans to support the SANDF in this effort through assistance with HIV policies, clinical

training, and laboratory and clinical capabilities.

PROGRAM IMPACT

Master Trainers and Peer Educators

To date, 393 master trainers and 432 peer educators have been trained through funding provided by DHAPP.

Number of Troops Trained

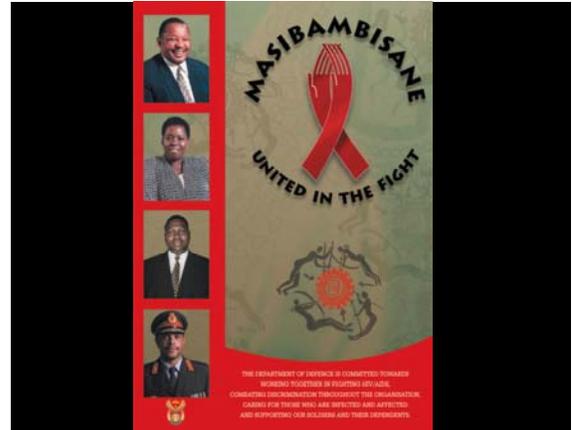
Peer education training is the most recent initiative in SANDF, with 2,500 troops trained to date.

Potential Number of Troops Affected

It is anticipated that 65,000 South African troops will be reached through a combination of educational programs, industrial theater, HIV screening, and mass awareness.

Voluntary Counseling and Testing (VCT)

Work in the area of VCT has been integrated into military hospitals and referral-sickbay services throughout South Africa.



The Masibambisane Campaign received endorsements from the leadership of the South African Department of Defense.

Mass Awareness

Highly intensive Masibambisane mass awareness campaigns have been conducted, with more than 20 events reaching an estimated 45,000 people. Additionally, a number of social marketing mediums (e.g., monthly contributions to the SANDF magazines, posters, radio, and an Internet site) have been used as part of the Masibambisane campaign.