



DoD HIV/AIDS Prevention Program Status Report:

Botswana



BACKGROUND

Introduction/General Information

The population of Botswana is estimated between 1.5 and 2 million people, with life expectancy ranging from 40 to 47 years; down significantly from a high of 67 years prior to the HIV/AIDS epidemic. English is the official language of Botswana, which has an in-country literacy rate of 70%, distributed disproportionately between males and females. Although Botswana has a stable, democratic government and a large, well-developed public healthcare infrastructure, the economy is based primarily in agriculture. Annual per capita income ranges from \$3,300 to \$7,800.

Country HIV/AIDS Statistics and Risk Factors

Botswana has one the highest HIV/AIDS prevalence rates in the world, with estimates ranging as high as 39% of the population with HIV infection and AIDS. Adults between the ages of 20 and 39 have the highest prevalence rate, and the numbers of adults believed to be living with HIV/AIDS ranges from 290,000 to 330,000. Identified significant risk factors include high-risk heterosexual contact with multiple partners, widespread poverty, in-country migration, and lack of care and treatment for sexually transmitted infections (STIs).

Military HIV/AIDS Information

The Botswana Defense Force (BDF) is estimated at 8,000 personnel on active duty.

Since the BDF has not tested force-wide for HIV, the prevalence rate is unknown but is believed to equal or exceed that found in the civilian population.

PROPOSED PROGRAM

In February 2001 the BDF submitted a plan to DHAPP requesting funding to establish an HIV/AIDS prevention program. The proposed plan included:

- Educating BDF personnel on HIV and STI prevention,
- Providing training to caretakers of persons living with AIDS,
- Ensuring access to and encouraging consistent usage of condoms,
- Creating a campaign to increase HIV/AIDS awareness,
- Establishing voluntary counseling and testing (VCT), and
- Adapting off-the-shelf technology and training materials to local needs.



A DHAPP subcontractor conducted a needs assessment with BDF personnel to establish priorities for an HIV/AIDS prevention program.

PROGRAM RESPONSE

Military-to-Military

DHAPP staff have visited Botswana 4 times since November 2000. The first visit included an in-country assessment. The second and third visits (January and October 2001) continued discussions with the HIV Advisory Committee about DHAPP and other non-US government agency support to the BDF HIV/AIDS prevention plan, and fine-tuning the logistics of program execution, respectively. DHAPP logisticians visited Gaborone, Botswana in August 2002 to assist the Office of Defense Cooperation in determining requirements for VCT centers to be placed at various BDF installations.



DHAPP contractors met with BDF HIV/AIDS Prevention Advisory Committee.

Recent country visits by program staff revealed the need for additional materials and clinic infrastructure. HIV/AIDS counseling rooms are needed at nearly all locations. DHAPP funds were used to purchase prefabricated structures to serve as VCT centers. Additional computer equipment and peripherals are required at most sites, and translation services are needed to provide printed materials in local languages. DHAPP is arranging to meet these requirements.

Contractor-Based Assistance

In May 2002, ResourceLinC, Inc., received funding from DHAPP to develop and implement an HIV/AIDS prevention

program for the BDF. The main components of this effort include increased emphasis on primary prevention by raising awareness and reducing risky behavior of BDF personnel, enhanced VCT and STI care, improved capacity and infrastructure development through training of medical service personnel, increased use of technology, and adapted off-the-shelf HIV education and intervention tools.

ResourceLinC subsequently developed and administered a revised train-the-trainer curriculum that included situation-specific and culturally appropriate HIV prevention methods, psychosocial support for those already HIV infected, and hands-on training on the use of computers and the Internet. This effort provided the master trainers with tools that enhanced their efforts, including culturally relevant videotapes, 35-mm slides and audiocassettes, condom demonstration models, posters, pamphlets, and stickers with appropriate prevention information.

Clinical Provider Training

Two senior HIV clinicians attended a 4-week the *Military International HIV Training Program* in San Diego, California. Focused areas of study included clinical treatment and management, HIV exposure prophylaxis, epidemiological database set-up and research methodology, prevention of mother-to-child transmission, laboratory diagnostic requirements, and protocols. DHAPP also funded 2 members of the BDF to attend the XIV International HIV/AIDS Conference in Barcelona, Spain and the Regional HIV conference in South Africa.

Interoperability

DHAPP facilitated liaison between the Centers for Disease Control and Prevention (CDC) (BOTUSA) and the BDF and enhanced screening for military members within VCTs provided by CDC. These initiatives brought the BDF into the national HIV board and extended civilian HIV services to the military.

PROGRAM IMPACT

Master Trainers and Peer Educators

DHAPP supported training for 55 master trainers and 314 Peer Educators.

Number of Troops Trained

A total of 1,727 troops were trained via classroom, house-to-house, and mass awareness campaigns.

Potential Number of Troops Affected

The HIV prevention efforts have reached 8,000 troops.

Voluntary Counseling and Testing (VCT)

Five VCT centers are open, one in each camp.

Laboratory Capability/Infrastructure

DHAPP provided 9 portable campers to increase office space for VCT and laboratory services. DHAPP also provided computers, printers, fax machines, Internet accounts, and a vehicle.



A staff vehicle and VCT structures were procured with DHAPP funds to support HIV/AIDS prevention efforts in the BDF.

Mass Awareness

DHAPP sponsored a Family AIDS Day involving 78 active-duty personnel and family members. The purpose of this event was to raise awareness and to help couples communicate openly about sexual issues that affect HIV/AIDS transmission. In addition, the DHAPP sponsored a sports festival attracting 630 people to raise awareness and disseminate HIV/AIDS prevention in a nonmilitary context. Among the items distributed were T-shirts, caps, and banners with prevention messages. DHAPP also disseminated HIV prevention information during the BDF Anniversary Day attended by 1,800 people.