

AN ANGOLAN-AMERICAN PARTNERSHIP AGAINST HIV/AIDS

Eric G. Bing

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Private Gaspar, a 25-year old soldier in the Angolan Armed Forces, had been feeling sick for months. He felt tired, was losing weight, and his colds were lasting longer and happening more frequently. He could not understand why he should be feeling badly when things were finally going so well. The civil war in Angola had ended, and his country was experiencing stable peace for the first time in his life. He and his new bride were trying to have a baby. He was now going to school and learning to read and write.

Yet, he kept getting sicker. Private Gaspar soon learned that he had HIV/AIDS.

The U.S. armed forces are doing something to help soldiers like Private Gaspar. The U.S. Department of Defense works closely with African militaries to educate soldiers about HIV/AIDS and to combat the epidemic. UNAIDS, the Joint United Nations Program on HIV/AIDS, estimates that even during peace time HIV rates are two-to-five times higher among soldiers than among the general population. Soldiers in sub-Saharan Africa, where overall rates of HIV are high, are particularly at risk. Away from home for long periods, soldiers find readily available sex partners. They consume lots of alcohol, which dulls their senses, and makes them more likely to engage in risky sexual behavior.

In 2001, the U.S. Department of Defense funded an American team from Charles R. Drew University of Medicine and Science in Los Angeles, California, to go to Angola to help the Angolan military develop and implement a strategic plan to combat HIV/AIDS. Since then, the Angolan-American collaboration has developed an HIV prevention program, collected data on the prevalence of HIV in the Angolan military, trained military health providers in HIV treatment and public health, and is opening up HIV testing sites in the border regions of Angola.

The Angolan-American HIV prevention curriculum

explains how HIV and other sexually transmitted diseases are passed, how to use a condom correctly, how alcohol use can put soldiers at greater risk for HIV, and the importance of HIV testing. Thirty HIV prevention activists were intensively trained in the curriculum and sent out to teach other soldiers. In the first two years alone, more than 40,000 soldiers were reached with prevention messages; and, demand for condoms and HIV testing increased substantially. The Angolan-American team has received additional support from the U.S. National Institutes of Mental Health to evaluate the effectiveness of their military HIV prevention program.

To fight HIV/AIDS effectively, there must be accurate data about the extent and spread of the disease in Angola. In 2003, the Angolan-American collaboration surveyed nearly 3,000 soldiers throughout Angola. The survey found that many Angolan soldiers were engaging in behavior that placed them at very high risk for HIV and that few knew how to protect themselves adequately against infection. Soldiers were also tested for HIV to determine how common the disease is among the Angolan armed forces. Though nearly all were at high risk for HIV, 91 percent had never been tested. The data from the study are already being used to help guide and improve the armed forces' HIV/AIDS programs.

Although antiretroviral medications to treat HIV infection are just beginning to reach Angola, military doctors have already been trained to treat HIV. Two Angolan military doctors received intensive HIV clinical training at the Naval Health Research Center in San Diego, California, in 2003, and have begun to train other military doctors in Angola.

The Angolan-American collaboration has also encouraged the training of Angolan medical providers in public health. As a result, three Angolan doctors came to the United States to receive three months of training in epidemiology and public health at Drew University, and at the University of California at Los Angeles (UCLA). These doctors have returned to Angola to lead programs in HIV testing, laboratory support, and strategic planning. An additional doctor is currently earning a master's degree in public health at UCLA, so that he may return to run the Angolan military's research programs.

Finally, the Angolan-American collaboration is expanding HIV prevention to the geographic limits of the country, by providing voluntary counseling and testing (VCT) in the border regions of Angola. Through funding from the U.S. Agency for International Development (USAID), the Angolan military is working with the Angolan Ministry of Health to build or renovate VCT centers to offer HIV testing and to counsel soldiers before and after they learn the results of their tests. The centers also teach soldiers how to protect themselves and others from becoming infected with HIV/AIDS. The Angolan-American collaboration is strengthening the technical expertise of local health workers to ensure that HIV testing remains available in these areas.

The American military has an important role to play in fighting HIV/AIDS among militaries around the world. Private Gaspar now receives treatment for his HIV through doctors trained in the Angolan-American program. His wife was also diagnosed with HIV at the military hospital. She is now eight months pregnant and is receiving antiretroviral treatment to improve her health and to prevent infection from being passed on to her baby. With increased awareness of HIV, increased availability of HIV testing and treatment, the Angolan-American military HIV team hopes to avert more cases of the disease and ensure that people such as Private Gaspar, his wife, and their unborn child get the care that they need.

Information on a Public Broadcasting System (PBS) documentary film on HIV in the Angolan military that features Private Gaspar and his wife can be found at <http://www.pbs.org/wnet/wideangle/shows/angola/>. To order a copy of the documentary film, please contact Mr. Micah Fink at fink@thirteen.org. For more general information on the U.S. Department of Defense program in HIV, please refer to <http://www.nhrc.navy.mil/programs/dhapp/>. ■

The opinions expressed in this report do not necessarily reflect the views or policies of the U.S. government.