

HIV/AIDS and the Military

Introduction

AIDS is a powerful enemy facing Africa's armed forces. Mobility, age group and opportunities for casual sex by military personnel are believed to make soldiers an especially high-risk group. The number of AIDS-related deaths reported by armed forces throughout the continent seems to confirm this assumption.

But the military also has the weapons to win the war against HIV/AIDS: armed forces have the advantage of highly structured, disciplined environments, in which personnel can be mobilised to participate in HIV prevention and testing campaigns, and be closely monitored for treatment.

The Numbers

Figures for HIV infection rates in militaries are difficult to pin down - they either don't exist or governments cite concerns about national security and do not make them public. According to UNAIDS, "During peacetime, STI (sexually transmitted infection) rates among armed forces are generally two to five times higher than in comparable civilian populations; in times of conflicts, they can be more than 50 times higher." These figures are partly based on an international survey in the early 1990s, which found alarming HIV prevalence rates in some African militaries, but researchers have suggested that they do not reflect the current reality. (De Waal et al, 2006)

The practice of testing potential recruits for HIV means prevalence among young soldiers should be low. In the absence of effective prevention programmes, prevalence appears to rise among older soldiers, particularly those involved in peacekeeping operations or conflicts. Differences in the demographic make up of armies, their deployment patterns and the nature of the epidemic make it difficult to generalise, however. (De Waal).

The South African National Defence Force, one of the few African militaries to release prevalence figures, said HIV infection rates among its personnel were only slightly higher than among the general population. This is nothing to boast about, considering that adult prevalence in most SADC countries is between about 15 and 30 percent. Clearly, HIV/AIDS poses a major problem to many African armed forces.

The Issues

1. Why are Africa's armed forces considered at high risk from HIV/AIDS?

A complex web of factors explains this assumption. Most military personnel are single men aged between 15 and 24 - one of the most sexually active and therefore high-risk groups. They are often posted far from wives or girlfriends for a protracted period of time. Boredom or peer pressure may create an appetite for casual or commercial sex.

Military culture and training encourage machismo, courage and a willingness to take risks, values that may lead soldiers to participate in risky sex. Alcohol or drugs taken to relieve boredom or tension further increase that likelihood. Money and status also play a role. With a regular income, soldiers are often comparatively well off compared to people in surrounding communities. The status conferred by a uniform might provide greater opportunities for casual sex.

The chance of infection through wounds or contaminated blood is higher during conflict. Young recruits - both male and female - are vulnerable to sexual violence and exploitation by their superiors. Child soldiers - a grim reality in many African countries - are particularly susceptible to abuse.

Finally, the existence of high-risk homosexual activity is rarely addressed by African militaries and men who have sex with men are not targeted in HIV education campaigns.

2. How do militaries combat the threat posed by HIV/AIDS?

Militaries are in a particularly good position to root out HIV/AIDS. Most have an unofficial policy of screening new

recruits for HIV, with individuals who test positive excluded from recruitment. The highly structured culture associated with the military eases the process of teaching prevention messages, and testing and monitoring for HIV/AIDS or any sickness. Most African militaries have been quicker than their governments to respond to HIV/AIDS and the threat it poses to national security.

3. How badly has HIV/AIDS affected Africa's armed forces?

A staggering seven out of ten military deaths in South Africa are AIDS-related, according to government figures released in 2002. Uganda's defence force lost more soldiers to AIDS than to fighting in two decades of war with the Lord's Resistance Army. In Zambia, AIDS-related illnesses have killed more military personnel since 1983 than died in all its military operations combined, including the bloody independence struggle. (Rupia (ed), 2006)

AIDS-related illnesses have killed mainly the more senior, experienced and difficult-to-replace ranks, due to the higher prevalence of HIV among older soldiers. Large numbers of soldiers on extended sick leave and unfit for active duty, further weaken military capability.

HIV/AIDS has been disastrous for military budgets. At a time when many governments are cutting defence spending, the costs of replacing senior personnel and providing AIDS treatment to soldiers - and sometimes their families - can be crippling. Militaries rarely receive donor funding for AIDS programmes.

The combined impact of the losses, absences and financial constraints on military readiness has weighty implications, not only for national security, but also for peacekeeping operations across the continent, which increasingly rely on African forces.

See: UGANDA: Interview with Maj Felix Kulayigye, defence force spokesman
http://www.plusnews.org/AIDSReport.ASP?ReportID=6551&SelectRegion=East_Africa&SelectCountry=UGANDA

4. How are Africa's armed forces combating HIV/AIDS?

The response of Africa's armed forces to HIV/AIDS prevention and treatment strategies has varied widely from country to country. Peacekeeping operations often draw on militaries from several countries, which has sparked a call to harmonise HIV/AIDS policies across borders.

The first challenge is for armed forces to maintain the negative status of the vast majority of men and women who are tested before being recruited. Evidence suggests that young soldiers are more likely than their superiors to take advantage of voluntary counselling and testing (VCT) services, which is problematic because higher-ranking soldiers are more likely to be HIV positive.

Military hospitals usually offer HIV-positive soldiers free care and treatment and they often stand a better chance than the general population of accessing antiretroviral (ARV) drugs. The South African Defence Force, for example, partnered with the US National Institutes of Health to provide ARVs to HIV-positive soldiers and their dependants in early 2004 - before the life-prolonging medicines became available in the public health system.

Managing AIDS treatment is more problematic when soldiers are in the field. Only Botswana and South Africa supply their HIV-infected troops with 'takeaways' of ARV prescriptions during deployments, according to a survey of AIDS responses by Southern African militaries by South Africa's Institute for Security Studies (ISS). In some other militaries, soldiers who test positive prior to foreign deployment are reassigned. Soldiers weakened by AIDS-related illnesses and unfit to perform their duties are usually encouraged to retire. Retired personnel usually continue receiving free medical care.

See: SOUTH AFRICA: Military makes headway against HIV/AIDS
http://www.plusnews.org/AIDSReport.ASP?ReportID=4935&SelectRegion=Southern_Africa&SelectCountry=SOUTH_AFRICA

See: SOUTHERN AFRICA: Give peacekeepers ARVs, new study urges
http://www.plusnews.org/AIDSreport.asp?ReportID=6436&SelectRegion=Southern_Africa&SelectCountry=SOUTHERN_AFRICA

5. What about peacekeepers?

One-third of the soldiers under UN command are stationed in Africa. Without interventions, peacekeepers from high-prevalence countries pose a threat to communities they are stationed in, while peacekeepers sent to high-

prevalence countries may be at high risk of infection. Peacekeepers tend to have significantly more disposable income than local populations and the low-intensity nature of their operations means they often have time on their hands, and may become drivers of the local sex market. The culturally diverse makeup of peacekeeping missions and the regular rotation of personnel present challenges to awareness activities.

The UN Department of Peacekeeping Operations (DPKO) has adopted a number of HIV/AIDS policies. Soldiers are not required to undergo HIV testing before deployment, but a medical exam excludes individuals displaying active symptoms of infection. All peacekeeping missions have either an HIV/AIDS policy adviser or, for smaller missions, an AIDS focal point responsible for developing awareness and prevention programmes. UNAIDS has developed an HIV/AIDS awareness card, available in 15 languages, which it distributes to all peacekeeping personnel. DPKO also ensures the availability of condoms and post-exposure prophylaxis (PEP) kits in case of needle-stick injury or rape.

Key Documents and Web Sites

Rupiya. M (Editor), *The Enemy Within: Southern African Militaries' Quarter-Century Battle with HIV and AIDS*, Institute for Security Studies, 2006.

"AIDS, Security and the Military in Africa: a Sober Appraisal" by Alan Whiteside, Alex De Waal and Tsadkan Gebre-Tensae, *African Affairs*, January 2006.

"HIV/AIDS and Militaries in Southern Africa," report of a two-day seminar convened in Windhoek by the Centre for Conflict Resolution (CCR) and the University of Namibia in February 2006.

"On the Frontline: A review of policies and programmes to address AIDS among peacekeepers and uniformed soldiers," UNAIDS, 2005.

Key Contacts

Project Phidisa (<http://www.phidisa.org.za/>) is a clinical research project focused on the management and treatment of HIV infection in uniformed members of the South African National Defence Force (SANDF) and their dependents. Other partners in the project are the National Institutes of Health of the US Department of Health and Human Services, and the US Department of Defence.

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Pathfinder International, a reproductive health NGO, is running an HIV prevention programme in Nigeria's armed forces. The programme integrates STI and HIV/AIDS education at medical facilities with prevention efforts in the barracks, using peer educators.

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Project Concern International (PCI), a global health NGO, with funding from the US President's Emergency Fund for AIDS Relief (PEPFAR), has been working with the **Zambian Defence Force** since 2003 to build its capacity to conduct, manage and evaluate HIV prevention activities among its 30,000 personnel and their families. The programme uses theatre, music, workshops and educational materials to promote behaviour change and create awareness. The programme also includes counselling and testing, care, support and treatment for those living with HIV and AIDS.

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The US Department of Defence is providing financial and technical support to a number of African countries to help them prevent HIV and treat their HIV-positive personnel. In some countries, US military medical teams operate on the ground; in others they provide funding or other support to NGOs like Population Services International to run programmes.

For more information and detailed country reports, go to:

<http://www.nhrc.navy.mil/programs/dhapp/>

UNAIDS is working with 29 countries in sub-Saharan Africa to develop and/or integrate AIDS programmes into the operations of national uniformed services. See "On the Frontline" in the documents section above or contact:

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Related PlusNews stories:

Swaziland: Army takes the lead in HIV/AIDS campaign
http://www.plusnews.org/AIDSReport.ASP?ReportID=6134&SelectRegion=Southern_Africa&SelectCountry=SWAZILAND

Sierra Leone: Armed forces break new ground in battle against HIV/AIDS
http://www.plusnews.org/AIDSReport.ASP?ReportID=5938&SelectRegion=West_Africa&SelectCountry=SIERRA_LEONE