

# Trends, impact and policy development on HIV/AIDS and African armed forces

Conference proceedings



Edited by Lauren Hutton  
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policy development  
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2–5 December 2007, Johannesburg, South Africa



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# Introduction

The MilAIDS project, which falls under the Defence Sector Programme of the Institute for Security Studies (ISS), seeks to undertake research on policy options to manage the impact of HIV/AIDS on the armed forces. From 2 to 5 December 2007 MilAIDS hosted a conference entitled 'Trends, impact and policy development on HIV/AIDS and African armed forces' at the Birchwood Executive Hotel and Conference Centre in Johannesburg, South Africa. The aim of the conference was to enhance understanding of the dynamics of the pandemic within the security sector in Africa.

In introducing the conference, Dr Martin Rupiya, MilAIDS project manager, stated that the objectives of conference were to

- Capture and document experiences in relation to impact, trends and policy development
- Develop an understanding of the relationship between HIV/AIDS and the military, police and prison services
- Create a body of researchers from Africa who can engage in applied policy research to assist security sector policy makers and practitioners in the field of HIV/AIDS policy

There were about 40 participants, including senior military medical officers and doctors from African militaries, representatives from the police and correctional services, specialist non-governmental organisations (NGOs) working with HIV patients, academics, researchers and other members of civil society. There was a mix of expertise in areas such as policy and strategy for managing HIV/AIDS, military health, human security and medical services. Papers presented reflected on HIV/AIDS challenges in Botswana, Cameroon, the Democratic Republic of Congo, Malawi, Mozambique, Nigeria, Sierra Leone, South Africa, Sudan, Swaziland, Zambia and Zimbabwe, as well as the Inter-Governmental Authority for Development (IGAD) as a regional case study.

The conference programme was covered in two days and consisted of plenary sessions and thematic group sessions involving discussions on the presentations. Speakers delivered presentations on the trends, impact and policy development on HIV/AIDS in the armed forces in Africa.

The conference was part of a multi-step process that led to the publication of accepted papers. The MilAIDS Project team of the ISS reached an agreement with the United Nations University in Tokyo to co-publish papers from this conference after a peer-review process. This collaboration is aimed at making the research results available to both African and international audiences, based on the inherent distribution advantage of using the two institutions.

## OVERVIEW OF THE INSTITUTE FOR SECURITY STUDIES

MAJOR-GENERAL (RTD) LEN LE ROUX  
Institute for Security Studies

Major-General (Rtd) le Roux gave an overview of the ISS, the hosts of the conference, explaining that the ISS is a regional, applied policy research institute that undertakes independent and collaborative research. Its headquarters are in Pretoria and the Institute also has offices in Addis Ababa, Cape Town and Nairobi. The mission of the ISS is to conceptualise, inform and enhance the debate on human security in Africa in order to support policy formulation and decision making at every level towards the enhancement of human security in Africa.

With applied policy research as its core business, the ISS monitors trends and the impact of policy, raises awareness, supports implementation and helps with capacity building, all mainly with regard to security issues. The ISS produces a number of printed publications, including the quarterly *African Security Review* and *South Africa Crime Quarterly*, as well as monographs, papers, books, CD-ROMS, newsletters and training manuals. In addition, its website (<http://www.issafrica.org>) is a leading web portal on human security in Africa.

A number of countries as well as private foundations and various United Nations agencies fund the ISS. The Rockefeller Brothers Fund provides funding for the MilAIDS Project. The objective of the project is to develop policy options for the mitigation of the effect of HIV/AIDS on the effectiveness of the armed forces of Africa. It has produced various publications such as *The enemy within* and various conference proceedings.

## CHALLENGES OF REGENERATION OF ARMED FORCES: HIV AND ITS IMPACT ON THE MILITARY LIFE-CYCLE

BRIGADIER-GENERAL GERALD GWINJI  
Zimbabwe Defence Force

Brigadier-General Gwinji introduced the topic by placing in context HIV/AIDS in the general population and the military, before discussing its impact on the military life-cycle and some of the policy dilemmas posed by the pandemic. He noted that HIV/AIDS is a major impediment to the growth of armies in sub-Saharan Africa, for although there is very little data to verify HIV prevalence rates within the armed forces, they are believed to be higher than in the general population.

Brigadier-General Gwinji then focused on the way in which HIV/AIDS affects every stage the military life-cycle, impacting on each human resource management phase, such as recruitment, training, the employment period and staff maintenance.

Most militaries in sub-Saharan Africa carry out mandatory testing at recruitment as part of screening processes. According to Brigadier-General Gwinji, and in line with UNDPKO recommendations, testing of personnel prior to deployment is standard practice, too, especially for peacekeeping missions. Furthermore, HIV testing is also part of assessments for promotion in some countries. Although regular HIV testing is a common practice in many armed forces in Africa, it does pose a number of challenges relating to potential infringements on human rights and the potential for stigmatisation of those who test positive.

During his presentation, he highlighted several other challenges, including the sensitivity surrounding HIV statistics in the military and the limited funding for health services since it is regarded as an auxiliary service, as well as challenges of mainstreaming HIV sensitivity training in other military programmes.

In conclusion Brigadier-General Gwinji said that there is still much to be learnt from dealing with the military as a unique group, especially as far as managing the impact of the AIDS epidemic on the armed forces is concerned. He noted that AIDS affects the maintenance of force strength, and that comprehensive policies are needed that respond to new interventions. He also emphasised that civil-military co-operation is essential in the fight against HIV.

### Discussion

After the presentation, the participants discussed several points raised by the speaker in more detail. It was agreed

that HIV testing at recruitment is a controversial issue, and some believed that it is a violation of human rights. The issue of whether or not it can be characterised as discriminatory not to recruit HIV-positive individuals was widely debated and some participants argued that not recruiting HIV-positive personnel could be regarded as 'fair' discrimination.

The issue of employment conditions and labour representation or bargaining councils were hotly debated. Some countries such as South Africa have organised labour unions and many of the countries present could count on a number of support groups – even though they did not have labour unions – which represent and negotiate for the interests and fair employment conditions of HIV-positive members of the armed forces.

There was also much debate about AIDS statistics and the reliability of data relating to the prevalence of the disease, especially within the armed forces. Participants pointed out that when using data related to HIV/AIDS, it was important to use validated numbers for different countries and sub-groups. AIDS statistics are a sensitive matter for countries in the region and even more so for military groups.

## A DISORDERLY RESOLUTION OF 'ORDERLY' CONFLICT: THE MILITARY DIMENSION AND SPREAD OF HIV AMONG THE COMMUNITY IN SIERRA LEONE

DR OLUBOWALE OPEYEMI  
Institute of African Studies & University of Ibadan, Nigeria

Dr Opeyemi explained that the conflict, which broke out in Sierra Leone in the 1980s contributed to the 1991–2002 war and had far-reaching effects on the region. Sierra Leoneans became refugees in Guinea, and Liberia and Nigeria was drawn into the conflict. One of the devastating effects of the war in Sierra Leone was the rapid spread of HIV/AIDS, he stated. However, the actual effect is difficult to determine due to lack of data.

According to Dr Opeyemi the Economic Community of West African States Monitoring Group (ECOMOG), which was sent to Sierra Leone to help contain the conflict and restore the government of President Ahmad Tejan Kabbah, contributed to the crisis. While its intervention was effective in the beginning, the ousted junta and other rebel forces continued to wage attacks and a full-scale war broke out. The presenter argued that ECOMOG's resolution of an alleged organised conflict was disorderly.

Dr Opeyemi noted that there was no data to measure and link the presence ECOMOG in the country to the

devastating effects of the war which – according to him – included HIV infection of the civilian population of Sierra Leone. It was only in 2002, when the UN mission came to Sierra Leone, that data on a possible link began to emerge.

In his conclusion, Dr Opeyemi highlighted the need that peacekeeping missions should include humanitarian assistance and that records should be kept of their activities. He further recommended that troops be given the choice to be accompanied by their spouses.

## Discussion

Participants felt that the concepts of ‘order’ and ‘disorder’ were confusing and suggested that the title be changed. However, Dr Opeyemi argued that the terms refer to the mandate of ECOMOG, which was to restore order in the form of the government of the day, but that they were caught up in many irregularities. This resulted in the formation of numerous unconventional armed groups and a series of coups and counter-coups – illustrating that ECOMOG’s role in Sierra Leone was not one of social reconstruction, but disorder, he said.

The question of whether troops on peacekeeping missions should be allowed to be accompanied by spouses elicited intense discussion. The consensus was that should depend on the mandate – combat/contingent or reconstruction/observer – of the mission. In combat situations spouses would be a security threat and create logistical difficulties. Furthermore, troops sent out on peacekeeping missions often have little warning to prepare themselves, particularly in emergency situations. The alternative suggestion was that troops on missions should be helped to better manage their free time in order to curb high-risk behaviour.

The role of troops in the spread of HIV was explored, and participants speculated that the reason why troops may become infected during peacekeeping missions was because of the increase in high-risk sexual behaviour. They then become the vehicle/vector of HIV infection when they return home. Participants had difficulty with accepting the position of Dr Opeyemi that the troops were infecting civilians, because data from for example Nigeria seems to indicate otherwise.

The issue of data availability was again discussed extensively, and it was argued that although ECOMOG informed the media about their victories and rebel atrocities, there were a lot of barriers to accessing information on casualties and misdemeanours. It is difficult for any peacekeeping mission to determine the dynamics of infection without data on which to base policy decisions.

## TRACING THE SPREAD OF HIV/ AIDS THROUGH THE NATIONAL BLOOD SERVICE ZIMBABWE

DR M E CHITIYO

National Blood Service Zimbabwe

Dr Chitiyo introduced this topic with detailed background information, starting with pandemic diseases in history and the spread of HIV in recent years. He noted that migration seemed to play a major role in spreading HIV in the early years and that sentinel surveillance systems were developed to monitor the epidemic.

Dr Chitiyo presented results of a 2001 young adult survey in Zimbabwe that included anonymous HIV testing and which showed that poor socio-economic conditions were risk factors for HIV infection among young adults, with young women at higher risk. He also mentioned that the ‘sugar daddy’ phenomenon is fuelling the AIDS epidemic, and that the military are also considered a high-risk group for HIV.

Dr Chitiyo gave a history of blood groups, blood donations and screening processes for syphilis, hepatitis B and recently HIV. The National Blood Service Zimbabwe started testing for HIV antibodies in blood donors in 1985, when 2 per cent of those tested were reactive; by 1989 this number had increased to 5,18 per cent. He went on to explain that a number of measures and screening policies were developed to reduce transfusion-transmissible infection, such as careful selection of voluntary non-remunerated donors; screening for markers; leucodepletion (filtration of white cells in donated blood to reduce transmitting agents of disease); and quality control. These measures have shown that prevention is the best means of reducing transfusion-transmissible infection.

Dr Chitiyo noted that in less developed countries other measures to reduce the risk of HIV transmission include voluntary exclusion of donors and the use of fluid replacement (saline and colloid) instead of blood transfusions.

## Discussion

During the discussion period it was generally agreed that certain cultural myths, such as older HIV-positive men sleeping with young girls to cleanse themselves of HIV, need be addressed. Participants also agreed that HIV tests such as nucleic testing to detect HIV antibodies during the window stage are very expensive and out of reach for ordinary services. In answer to the question about possible successful processes of blood screening during combat, Dr Chitiyo replied that fluid replacement (with saline and colloid) instead of volume replacement is helpful on the battlefield as the infections that can occur through blood transfusions are then eliminated.



## THE POLICE AND THE FIGHT AGAINST HIV/AIDS: CAMEROON CASE STUDY

COMMISSIONER POLYCARP NGUFOR FORKUM  
Cameroon National Police Force

Commissioner Forkum focused on the response within the police force in Cameroon to HIV/AIDS, primarily in the context of HIV prevention strategies for the uniformed forces and within a national AIDS framework. By way of introduction, Commissioner Forkum revealed that although HIV prevalence in Cameroon is relatively low (estimated at 5,6 per cent in 2004), it was 15 per cent among armed forces personnel, 18 per cent among truck drivers and 16,4 per cent among police recruits (in the period 2003-2005).

According to the presenter Cameroon has been going through a process of developing and implementing national strategic frameworks for AIDS since 1986. However, progress was hampered by poor co-ordination, inadequate involvement of non-health sectors and insufficient resources. This was rectified by the 2000 to 2005 strategic framework and reinforced by the 2006 to 2010 framework which has resulted in some reduction in HIV prevalence in Cameroon.

Commissioner Forkum informed the participants that since 2006, the Walter Reed–Johns Hopkins Cameroon Programme has been providing technical assistance to the military in Cameroon to improve their HIV prevention programmes. However, there has been minimal involvement of the police in these programmes. Nevertheless,

there is a legal framework for the police in Cameroon that outlines the treatment of those infected with the virus. The commissioner said that a police project had recently been launched and training within the police service was taking place on issues such as the biology of AIDS, as well as on counselling and communication.

He pointed out that ARV treatment at national level became available in 2001 at approximately US\$300 per person per month. Since May 2007 antiretroviral treatment has been provided free to all citizens on a national government programme funded by international donors such as the Global Fund and Clinton Foundation. Commissioner Forkum stressed that although there has been progress in the national response to AIDS in Cameroon, data collection for monitoring and evaluation, application of human rights statutes, management of funds and accountability are still challenges. He recommended that a needs assessment study be conducted within the police force in Cameroon.

### Discussion

Cameroon is one of the countries which have made significant progress in developing an AIDS programme specifically for the police sector and some participants requested a copy of the training manual that resulted from this programme. It was noted that one of the challenges of having AIDS interventions for the police in many African countries is that they normally do not have a common residence like the military. However, according to Commissioner Forkum residential location is not a challenge in Cameroon.

# Breakaway thematic groups

The conference participants divided into three thematic groups, each with a specific focus of HIV/AIDS issues, namely in relation to gender, culture and peacekeeping; police forces; and armed forces



## Group 1

# Gender, culture and peacekeeping

CHAIR: COLONEL GERTRUDE MUTASA  
Zimbabwe Defence Force

### **SYNERGIES BETWEEN ARMED FORCES AND SOCIETY IN COMBATING HIV/AIDS: KHARTOUM CASE STUDY**

**MS AFAF A YAHYA**  
Gezira University, Sudan

Ms Yahya identified gaps and strengths in the national and military response to AIDS in Sudan. Given that the military are part of society, she argued for the creation of bridges between the two groups. A number of challenges were identified at national level and discussed in further detail. Ms Yahya explained that initially AIDS was seen as solely a health issue, but there is a still lack of policy and frameworks for action at national level today. Furthermore, continued high levels of stigmatisation of HIV-positive persons by society complicate efforts to address the threat of HIV in Sudan. The unique Sudanese context is also defined by conflict, the presence of many militia groups and the use of rape as a weapon of war.

Within the military there is a lack of reliable data on HIV/AIDS prevalence rates. According to Ms Yahya this is the product of a number of factors, such as the poor security situation, denial of AIDS, and low levels of education and literacy among members of the armed forces. An important aspect is the lack of high level political will on combating the disease as evidenced by the lack of ratification of international resolutions on HIV/AIDS (for example United Nations Resolution 1308) and the lack of sufficient national frameworks for HIV prevention.

In conclusion, Ms Yahya argued for the development of a sectoral framework to specifically address the treatment and prevention of HIV/AIDS in the military. She also emphasised the need to improve research and data collection to inform programmes.

### **KNOWLEDGE AND RISKY BEHAVIOUR ASSOCIATED WITH THE SPREAD OF HIV/AIDS AMONG YOUNG PERSONS AGED 15 TO 19 YEARS IN BOTSWANA**

**MR K BAINAME**  
African Comprehensive HIV/AIDS Partnerships, University of Botswana

Mr Bainame investigated factors associated with HIV prevalence among the youth in Botswana and focused on those observed to be less vulnerable to infection. The data have been gathered from the Botswana AIDS Impact Surveys (BAIS) of 2001 and 2004. The descriptive analysis revealed some interesting findings that were shared with the audience. It was found that in the period between the two surveys there was an increase in knowledge and reduction in misconceptions about HIV/AIDS. The 2004 survey revealed that a higher percentage of young people were consuming alcohol which could lead to a concomitant increase in promiscuous sexual behaviour and thus a higher risk of HIV contraction. In terms of behavioural risk factors, Mr Bainame noted that persons younger than 18 years were less likely to report alcohol consumption. It was also noted that mothers who had given birth at the time of the survey were more likely to have become sexually active before the age of 16.

According to multivariate analysis, the probability of being HIV positive is higher for women than men; lower for those with a higher education; higher in rural areas; and also higher for areas without basic services such as pit latrines.

On a positive note, by 2004 there was an increase in the use of condoms and fewer infections due to sexually transmitted diseases were reported. Furthermore, various sources revealed that there has been a decline in HIV prevalence among the youth in Botswana in recent years.

For example, between 2003 and 2005 HIV prevalence declined from 22,8 per cent to 17,8 per cent among ante-natal women aged 15 to 19 years. This led the presenter to conclude that programmes designed to reduce the number of sexual partners, increase the use of condoms and encourage abstinence among young people seemed to be working. However, alcohol consumption was a concern that needed to be addressed.

In conclusion, Mr Bainame pointed out that the lower HIV prevalence among the youth implies an increased the pool of healthy potential army recruits.

## CULTURE AND HIV/AIDS IN PEACEKEEPING MISSION OPERATIONS

**DR GWINYAYI DZINESA**

Department of International Politics, University of the Witwatersrand, South Africa

Dr Dzinesa described a hyper-masculine culture among peacekeeping forces that increases high-risk sexual behaviour and impacts on HIV prevention and transmission. She presented a conceptual framework according to which HIV/AIDS prevention and transmission are situated in a broader cultural context in which people's sexual knowledge, their attitudes, behaviour/beliefs and practice and their sexual health are embedded.

Dr Dzinesa said that transmission and prevention of HIV is characterised by a combat, masculine-warrior paradigm. In this paradigm masculinity is associated with physical strength, non-use of condoms and stories of conquest of women. The combat, masculine-warrior mentality is linked to male domination of women's bodies and when coupled with the relative economic power that peacekeeping forces have in conflict zones, it explains the allegations of sexual abuse and exploitation by peacekeepers.

Empirical studies are hampered by the limited data on sexual behaviour of peacekeeping forces, and Dr Dzinesa also stressed the need for such data relating to both the peacekeeping forces and deployment communities in which they operate. The available data on current peacekeeping operations in Africa show that HIV prevalence in the receiving countries ranges from 0,9 per cent (Ethiopia) to 7,1 per cent (Côte d'Ivoire) and yet the prevalence rates of the majority of the sending countries are below 4 per cent, with the exception of Kenya (6,1 per cent) and South Africa (18,8 per cent).

Dr Dzinesa concluded with the statement that the hyper-masculine culture among troops encourages sexual exploitation and therefore the codes of conduct and the policy of zero tolerance for sexual misconduct of the United Nations should be vigorously applied and reinforced.

## IMPACT OF HIV/AIDS POLICY IMPLEMENTATION IN THE MALAWI DEFENCE FORCE

**COLONEL DR CHITSA BANDA**

Malawi Defence Force

The speaker began by stating that in Malawi the HIV prevalence rate is 14,1 per cent (24 per cent in urban areas and 10 per cent in rural areas) and that a survey within the military, conducted in 2006, put the prevalence at a rate similar to that in urban areas. He explained that the HIV/AIDS policy of the Malawi Defence Force was first developed in 1996 and is currently supported by a strategic framework for 2007 to 2011. The strategic framework addresses issues such as the recruitment of HIV negative personnel and testing of personnel who are deployed as well as prevention, treatment and support programmes involving partners and the National AIDS Commission. Voluntary counselling and treatment and antiretroviral treatment centres specifically for the military have also been established. As a result of the interventions, there has been a visible reduced impact of AIDS on the defence force. According to Colonel Banda this has been noticeable in reduced absenteeism levels, a reduction in hospital admissions and reduced mortality from AIDS.

In conclusion, Colonel Banda emphasised that an HIV/AIDS policy is important for monitoring and evaluating the impact of the virus and it is imperative to review the HIV/AIDS policy on a regular basis to ensure that it remains relevant.

## THE EMERGENCE, IMPACT AND EPIDEMIOLOGY OF HIV/AIDS IN NIGERIA: MODELS, TRENDS, ANALYSIS AND PROJECTIONS

**DR ONOJA MATTHEW AKPA**

Department of Mathematical Sciences, Redeemer's University, Nigeria

According to Dr Akpa the present civilian government in Nigeria, unlike the previous military governments in Nigeria, has facilitated a more positive national response to HIV/AIDS. Epidemiological modelling based on sentinel data estimates the HIV prevalence rates in the six geopolitical areas of Nigeria to range from 0,28 per cent in the northeast to 4,54 per cent in the southwest.

Dr Akpa applauded the response of President Obasanjo's civilian government to AIDS. He particularly emphasised the positive approach of the government to the participation of NGOs and partners in the fight against AIDS.

## Discussion

One of the key issues, which was deliberated on in depth, was the composition of peacekeeping forces and the

relationship between HIV prevalence and peacekeeping deployments. It was widely agreed upon that although there is a UN resolution on the composition of peacekeeping forces, the actual number of female members of peacekeeping forces is very low. The deployment of additional female peacekeepers was seen as an essential means of fostering better relations between foreign peacekeepers and the communities in which they are deployed.

The issue of HIV transmission during peacekeeping deployment was also discussed and it was felt that this largely depended on the number of personnel and the composition of the peacekeeping force as well as on the HIV prevalence within the sending and receiving communities.

The group also devoted some time to a discussion of statistics and factors that influence prevalence. The general lack of data on HIV prevalence in armed forces in Africa mentioned by the presenters was noted, but some participants were of the opinion that although the statistics on reduced mortality in Malawi revealed that no baseline data had been collected on which to determine whether there was a change in the trend, those in the military have observed that fewer funerals were taking place and that fewer armed forces personnel were ill.

Regional differences in Nigeria were also explored and participants felt that religion was not a factor contributing to the regional differences of HIV prevalence in this country. Most agreed that the factors which have the most influence on the prevalence rate are education and location. The lower the level of education, the higher the prevalence rate, and prevalence rates also seemed to be higher in rural than in urban areas. Participants felt that although morality and religion had been included as factors in the study on Nigerian HIV/AIDS prevalence rates, but they did not have a significant impact on the analysis.

Out of this discussion arose the point that there is a need to clearly distinguish between incidence and prevalence in any conference, presentations and papers on HIV/AIDS, and that the term incidence should be used to refer to infection at a particular time and prevalence to a measure over time. One participant wanted clarification on the sources of data and empirical evidence for the combat, masculine-warrior paradigm, to which Dr Dzinesa replied that it was a widely accepted academic concept applied to national defence forces. She agreed that it was a controversial concept that needed to be tested in different contexts.

## Group 2

# Police forces

CHAIR: COLONEL DR LAWSON SIMAPUKA  
Zambia Defence Force

### HIV/AIDS AND PRISON WARDERS IN CAMEROON

MR TAYOU ANDRE LUCIE  
General Prisons Administrator, Cameroon

In his presentation Mr Lucien gave a general overview of HIV/AIDS in Cameroon, highlighting certain high-risk factors as well as issues relating to HIV and culture. He provided information on the different responses to the AIDS pandemic by different religious groups as well as the issue of stigmatisation. A number of responses to AIDS in Cameroon were outlined in this presentation and the role of the traditional sector in the response to AIDS was emphasised, as was the sectoral response to AIDS.

Participants commented that the presenter did not address the topic as set out in the conference programme, namely HIV/AIDS and prison warders.

### HIV/AIDS: TRENDS, IMPACT AND POLICY DEVELOPMENT IN THE ZAMBIA POLICE FORCE

MR CHARLES BANDA  
Zambia Police Force

The speaker introduced his topic by distinguishing between two groups of officers in the Zambian police force, namely the general staff who work in an office environment and the police officers who are mobile. He then listed different high-risk behaviours stemming from the type of jobs police personnel undertake. According to Mr Banda, office-based staff who spend long periods of time at one station may become involved in commercial sex activities, while the high-risk behaviour of mobile officers tend to be similar to that

of the armed forces. He stated that there seems to be a culture of sexual exploitation of female trainees who are perceived to be HIV negative by male trainers during induction training.

Mr Banda explained that recruits are not tested for HIV, and sometimes develop AIDS not long after being recruited. He emphasised that knowing the HIV status of recruits would ensure more efficient human resource management in the police force and would be the first step towards the development of better treatment and care programmes. He discussed certain gender issues, noting that the police uniform is often seen as a symbol of power. Especially male officers can become involved in commercial sex or receive sexual favours from female suspects. He also discussed various gender-based discriminatory practices that occur within the police service, such as the expectation of sexual favours from female officers in exchange for promotion.

Mr Banda revealed that the number of deaths due to AIDS in the Zambia Police Force is high: 3 000 officers died of AIDS between 1991 and 2003 and an estimated 21 officers die of AIDS-related diseases each month. This has a severe negative impact not only on the affected families, but also on the delivery of police and security services, and puts economic stress on the security system.

The speaker concluded that unlike the military, the Zambia Police Force have no sector-specific AIDS policy. He recommended that in addition to AIDS issues addressed in the national policy, a police AIDS policy should be developed to form the basis of workplace programmes aimed at reducing the impact of high-risk factors such as long periods of time away from home on active duty.

## THE CASE OF THE UMBUTFO SWAZILAND DEFENCE FORCE, HIV/AIDS AND SOCIETY: A PERSPECTIVE

MR NATHI GUMEDE

Institute for Development Management, Swaziland

According to Mr Gumede his presentation was an example of how good practice could improve the response to AIDS, and particularly how the uniformed forces can collaborate in their response to AIDS. Mr Gumede began by explaining that the policy environment for the Umbutfo Swaziland Defence Force (USDF) is broadly based and includes partnerships with the private sector, international organisations and civil society. The policy environment he described is one characterised by collaboration and participation of state and non-state stakeholders. This extends to the policy-making process for HIV prevention and AIDS treatment, care and support, so that it includes a focus on research, leadership, collaboration and mainstreaming. Indeed, he deemed these factors to be the key facilitators of the policy-making process in Swaziland.

The institutional framework on which the AIDS response of the USDF is based, is founded on a civil-military approach involving the Swaziland Uniformed Services Alliance for HIV/AIDS. This body co-ordinates activities for the police, army, correctional services, fire services and customs and the Public Sector HIV/AIDS Committee coordinated and overseen by the Ministry of Defence. Mr Gumede argued that AIDS policies should address the whole human resource management cycle of recruitment, training, orientation and induction, on the one hand, and goal setting, coaching and mentoring, on the other. In conclusion, he recommended prioritising research on the policy for USDF and open collaboration with other security forces and civil society based on a human rights approach.

## HIV/AIDS IN THE ARMED FORCES IN THE DEMOCRATIC REPUBLIC OF CONGO

PROFESSOR GRÉVISSE DITEND YAV

Unit Execution Programme (UEP), Disarmament, Demobilization and Reintegration Division, Kinshasa

Professor Yav began his presentation by detailing HIV statistics in the Democratic Republic of Congo (DRC), in which the HIV prevalence rate is 4,5 per cent and is increasing among females and youth. There are approximately 2,6 million people living with HIV in the country. Within the military context, it is estimated that over two thirds of deaths are due to AIDS and among ex-combatants the HIV prevalence rate was 5,7 per cent. He noted, however, that statistics and verifiable data on HIV

prevalence within the military are scarce due to security concerns.

Professor Yav outlined a number of risk factors for HIV infection among the armed forces before, during and after the conflict. These included high mobility, living away from families, multiple sexual partners, low levels of knowledge and low risk perception. He concluded by highlighting the need to improve the quantity and quality of data on HIV prevalence within the military. He stressed that sex education for military personnel and their families needed to be improved and that there was an urgent need for the development of a regional policy on HIV/AIDS and military force personnel.

## THE ZAMBIAN PEACEKEEPING EXPERIENCE AND HIV IN AFRICA

COLONEL DR LAWSON SIMAPUKA

Zambia Defence Force

The presenter started by noting that the founding of the United Nations in 1945 has helped contain and end numerous conflicts, in some cases through deployment of peacekeeping operations, to the extent that a Department of Peacekeeping Operations was established in 1992. However, peacekeeping comes at a cost, namely an increased risk of HIV infections within the peacekeeping forces and the communities in which they carry out operations. In view of the high HIV risk environment of peacekeeping missions, United Nations Security Council Resolution 1308 (2000) contained a request that comprehensive prevention and awareness programmes be developed. As a result, voluntary counselling and treatment are offered to all peacekeepers prior to deployment.

Zambia has been engaged in 12 UN peacekeeping missions and incurred 68 fatalities from these through illness, accidents and malicious acts. According to available statistics Zambia has a national HIV prevalence rate of 16 per cent and Colonel Simapuka explained that with the introduction of highly active antiretroviral therapy, HIV-positive soldiers are offered counselling and treatment to manage their condition. While they can still be deployed, they are assigned non-combat duties.

Colonel Simapuka outlined various challenges that have been experienced by the Zambia Defence Force regarding the deployment of HIV-positive peacekeepers. These challenges include the stigmatisation and discrimination by health providers in host countries and high levels of hospital admissions and repatriation. A further problem associated with the deployment of HIV-positive personnel is that if such a person dies of an AIDS-related illness while on deployment, the military does not to pay out full benefits.

In conclusion, Colonel Simapuka contended that there is need for regional militaries to develop and implement



standard policies on the management of HIV-positive peacekeepers.

## Discussion

During the discussion session, participants revisited the issue of HIV and the prison service. With regard to the presentation on the situation in Cameroon, it was noted that the prison services did not have sufficient prevention strategies but that other sub-sectors of the security system, notably the police and armed forces, are developing sectoral plans. Mr Lucien noted that a plan of action for the prison services was developed in 2001 but that he

did not mention it in his presentation because much of the initial work on HIV in the prison services focused on the inmates and not prison service personnel.

With regard to the treatment of women in the Zambia Police Force, some participants questioned whether there were sufficient structures and processes to deal with allegations of sexual misconduct. An example of good practice mentioned was that of Zimbabwe, where there was a stringent promotion process involving a committee which reviewed criteria and eligibility for promotion. It was also raised as a discussion point that Zambia has police medical services, but they are poorly resourced.

## Group 3

# Armed forces

CHAIR: MAJOR-GENERAL (RTD) LEN LE ROUX

Institute for Security Studies, South Africa

### **HIV/AIDS AS A SUB-REGIONAL SECURITY THREAT: INTERGOVERNMENTAL AUTHORITY ON DEVELOPMENT CASE STUDY**

**DR MOHAMMED H A HAMAD**

Centre for Society Studies, Sudan

Dr Hamad explained that according to the Intergovernmental Authority on Development (IGAD) cross-border collaboration is a prerequisite for dealing with HIV/AIDS as a sub-regional security threat. A sub-regional/trans-national approach is favoured based on the recognition that regional borders are highly porous and virtually non-existent in some places. As a case in point he referred to the movement of refugees in conflict situations.

Certain challenges for enhancing trans-national collaboration were highlighted, including a lack of financing; minimal political will to resolve the conflict among the actors concerned; and the lack of sufficient education on AIDS. Dr Hamad highlighted that in response to these factors, the importance of the role of parliamentary forums should be emphasised.

### **'FROM PEACE TO PIECES': HIV/AIDS AMONGST SOLDIERS IN SIERRA LEONE**

**MS ANTHONETTE OLADOYIN OYENIYI**

Centre for Development and Historical Studies, University of Ibadan, Nigeria

In her presentation Ms Oyeniya addressed the extent of sexual abuses against women and children in Sierra Leone. She emphasised that peacemaking and peacebuilding needs an integrated approach, especially in Sierra Leone, a country suffering from high child mortality rates. An interesting point that Ms Oyeniya made was that

the use of sexual violence as part of war tactics should not be allowed to become part of peace. The discussion covered the question of whose human rights are being protected – that of the soldier, the population as a whole, or the taxpayer. In this regard she emphasised the need for an effective, professional and disciplined security sector.

### **THE POTENTIAL IMPACT OF HIV/AIDS ON THE SOUTH AFRICAN ARMED FORCES: SOME ANECDOTAL EVIDENCE**

**PROFESSOR LINDY HEINECKEN**

Department of Sociology, University of Stellenbosch, South Africa

In her presentation Professor Heinecken used extrapolations from national statistics to assess testing for AIDS within the South Africa National Defence Force (SANDF) recruitment pool. It was clear that this is managed as a strategic human rights issue at the highest level, as it is illegal to make testing mandatory. Questions around the issue of race and income were raised as well as the implications of recruiting more women into the armed forces. The recent case in the South African courts related to sexual intimacy between officers in the SANDF was also interrogated, especially with regard to deployments and current policy changes. The presenter concluded by stating that there is need for more entertainment and leisure time activities in the armed forces, and that it is cheaper to do this than to treat AIDS.

### **FROM LIBERIA WITH LOVE: OFFICERS' WIVES CONFRONTING HIV/AIDS IN NIGERIA**

**DR ADEYEMI BUKOLA OYENIYI**

Redeemer's University, Nigeria

This presentation was based on a study of the Nigerian Army Officers Wives Association aimed at assessing the

impact of soldiers' uncontrolled sexual behaviour during and after deployment on their wives as well as on society. Dr Oyeniyi contended that the official position on the contribution that soldiers make to the spread of the AIDS pandemic is still one of denial. Dr Oyeniyi concluded that increased pressure needs to be placed on the government to take responsibility, with mandatory testing as a first step to dealing with the issue. Dr Oyeniyi's presentation is linked to that of the previous presenter, in that it was expressed that there is a need to channel soldiers' energies to more constructive activities during their free time.

## Discussion

During the discussion after these presentations the need for integrated peace missions with military deployments going hand in hand with developmental activities was highlighted. The participants debated alternative ways of free-time utilisation to prevent soldiers from involving themselves in uncontrolled sexual behaviour. They stressed that civic education programmes were essential for ensuring an effective, professional and disciplined security sector.

Professor Heinecken was commended for providing strong arguments for testing and non-deployment of HIV-positive soldiers. Participants affirmed that more research was needed with regard to the positive influence that women in the armed forces can have on the behaviour of male co-workers.

Participants agreed that education was important in promoting testing and treatment and in addressing the problem of stigmatisation. However, they emphasised that both the issue of whose human rights should be considered when making policies and cultural factors that promote stigmatisation needed to be addressed as a matter of urgency. The discussion concluded with affirmation of the need for more data and statistics on the impact of HIV on the armed forces and particularly on HIV prevalence rates. Participants all felt that secrecy was the enemy of knowledge and that scientific analysis of data is required to develop more adequate interventions, programmes and strategies.

## UNITED NATIONS/AFRICAN UNION PEACEKEEPING AND HIV/AIDS CHALLENGES: HARNESSING ALTERNATIVE POLICY OPTIONS

DR OLAJIDE OLAYEMI AKANJI

Department of Political Science, Redeemer's University, Nigeria

Dr Akanji examined the responses of the AU and UN to AIDS among members of the peacekeeping forces and highlighted the lack of data on HIV among peacekeepers. He stressed the need to approach AIDS as a battle and an

emergency and focus on alternative approaches of finding a cure for AIDS. He observed that the use of traditional medicines to cure AIDS has not been sufficiently explored. He further stated that the effect of AIDS on children and women required a human rights approach if it is to be addressed effectively, and that gender-based violence and rape in conflict should be criminalised.

In conclusion Dr Akanji stated that there is need for political will to combat AIDS, and that the world should approach AIDS the same way the American government has confronted terrorism, namely by waging a war on this terror.

## Discussion

During the discussion session it was observed that the AU Charter of Rights of Women and Children addresses rape and that many African countries are signatories to this charter. In addition, any soldier suspected of sexual misconduct during a peacekeeping mission is sent home.

A number of participants noted that traditional therapy plays an important part in the lives of many Africans and there was general consensus that it should be included in the response to AIDS. However, it should be subject to the same scientific standards and testing as other registered medicine, to attain credibility and ensure safety in its use.

A participant observed that to some extent, AIDS is already regarded as an emergency by countries like Swaziland, and that the Global Fund treats it as an emergency.

## HIV/AIDS AND WOMEN IN THE UNIFORMED FORCES: A GENDER PERSPECTIVE

COLONEL GETRUDE MUTASA

Zimbabwe Defence Force

The speaker highlighted the importance of including women in the response to AIDS among the armed forces, based on her experiences in the Zimbabwe Defence Force. She presented the results of a qualitative study conducted with members of the Zimbabwe Army Wives and Women's Association on gender issues of AIDS in the Zimbabwe Defence Force.

The study found a number of gender-related phenomena place married women at high risk of HIV infection. These factors included the non-use of condoms in marital relationships, condoning promiscuity for men, partner separation and non-disclosure of HIV status to wives by infected officers.

Colonel Mutasa advocated several options for addressing the concerns of HIV transmission to spouses. Her

recommendations included the promotion of male and female condoms among couples; making legal provision for disclosure to spouses of HIV status, and the provision of antiretroviral treatment only if the spouse has been informed. She also stressed that women needed to be empowered with regard to decision-making and policy matters. She strongly recommended that couples should be approached together in AIDS management.

## Discussion

Participants asked about the impact of donor withdrawal in Zimbabwe and the economic hardships, to which Colonel Mutasa replied that withdrawal of funding only hurts women and children and not politicians. Zimbabwe receives very little funding from donors, and the Zimbabwe government has instituted an AIDS levy.

Participants debated whether the disclosure of HIV-positive status to spouses poses a human rights dilemma in Zimbabwe and other countries. One participant described the situation in Zambia, where before an officer receives antiretroviral treatment, his or her spouse is summoned and informed. At national level the Medical Council of Zambia requires that a client bring their spouse/partner along when they receive treatment and the medical officer is obliged to disclose the status to the spouse if the patient refuses.

The issue of addressing promiscuity and partner separation was raised. Colonel Mutasa explained that a 'city-to-city' policy was being encouraged in Zimbabwe, in which a shuttle transports officers to their families as one way in which the ZDF is helping to unite couples and hopefully reduce risky sexual behaviour. Some participants proposed that men on peacekeeping missions be supplied with sex toys. The importance of leisure time management by troops was re-emphasised as a way of addressing high-risk sexual behaviour. The Zimbabwean study was commended for obtaining the views of women and participants suggested that it could be further enriched by also obtaining the views of male partners.

## GENDER ANALYSIS OF HIV/AIDS AND ARMED CONFLICT IN AFRICA

MS ROSELYN MUSA

African Women's Development and Communications Network (FEMNET), Kenya

According to Ms Musa gender analysis in this context refers to characteristics assigned to men and women, the power relationships and dynamics between different sectors of society, including between men and women, and the roles that men and women adopt within society. Gender also relates to economic dynamics, poverty,

sexuality and vulnerability to HIV. Women in Africa are increasingly at greater risk of being infected by HIV than males and young women have an even higher risk.

Ms Musa reiterated that there are double standards regarding male and female sexuality. Whereas women are expected to exhibit sexually passive behaviour and not be regarded as promiscuous, men are expected to dominate and show virility and risk-taking behaviour. Female virginity is expected while male experimentation is respected.

The presenter explained that in conflict situations brothels may flourish around combat areas and incidents of rape and sexual exploitation of women often occur as a means of terrorising the population. Although policies have been developed to address sexual violence in conflict areas, she argued that they are not gender sensitive. In conclusion, Ms Musa recommended that strategies should be adopted that can build life skills and facilitate a shift in social norms with regard to gender.

## Discussion

A debate that arose out of the discussion on this topic was on the definition of gender, and participants suggested that the definition should not only include the roles assigned by society but also the biological characteristics of females, which increase their vulnerability to HIV infection. The participants also felt that Ms Musa's definition of gender focussed more on women rather than equally on men and women. This bias may stem from the author's position in an organisation that works with women. However, Ms Musa stated that FEMNET works with both men and women in an endeavour to address gender-based violence.

As a general comment, it is important to dispel the myth that HIV prevalence among armed forces is four to five times higher than in the general population, as it depends on the base figure. It is on average 2 to 10 per cent higher than in the general population, while the percentage in some armies is the same as the national average. Participants felt it was important to emphasise that AIDS is an epidemic that affects the whole population of every nation.

## A PERSPECTIVE ON HIV/AIDS AND THE MOZAMBIQUE ARMED FORCES

MS ESMERALDA MASSINGA

Mozambican Community in Zimbabwe Trust

Ms Massinga gave an overview of AIDS in Mozambique with a focus on the military, but cautioned that because of her academic background, she actually had limited experience of the military. She started by providing a brief background on the country. Mozambique was at war from

1964 to 1992; first in a fight for independence and then in a civil war that raged for 16 years. With the independence of Zimbabwe and an end of apartheid in South Africa there has been increased mobility of the population, and particularly migration to high-prevalence HIV areas.

Ms Massinga explained that the military was deployed along economic corridors and have been found to have a high prevalence of sexually transmitted diseases, with HIV prevalence among the armed forces in Mozambique estimated at 39 per cent. Sexual interaction between troops and members of the civilian population has also led to an increase in HIV infections in the general population. AIDS has placed a heavy and far-reaching burden on families and the Mozambican health system, which is particularly onerous because the country has no military-specific health service.

According to Ms Massinga the military sector's response to HIV/AIDS has been weak but there are newly formed partnerships with international and regional bodies that are increasing the response to addressing AIDS among the military. Ms Massinga concluded by recommending HIV testing and screening for sexually transmitted infections at recruitment and during service, and overall strengthening of behaviour changing communication.

## Discussion

The AIDS programmes that were put in place for the large volume of combatants and refugees returning home to Mozambique after the independence struggle and after the end of the civil war were extensively discussed by participants. The biggest problem was that these programmes were generalised and did not target any specific population. Participants noted that there are many opportunities for armies to work with civil society, but that singling out the military as a high-risk group could negatively affect collaborative partnerships.

## POLICY CHALLENGES REGARDING HIV/AIDS AND PRISONS IN SOUTHERN AFRICA

**DR MARTIN RUPIYA**

MilAIDS Project Manager, Institute for Security Studies

Dr Rupiya presented a paper on the subject of prisons and HIV/AIDS in southern Africa. He discussed the difficulties of exploring a new area of research, and then addressed the general dynamics of prisons and presented statistics on prison populations in southern Africa. From those he extrapolated implications for policy and research.

The presenter explained that overcrowding in prisons in the region is common, and the reasons for this phenomenon include overreliance on imprisonment instead of non-custodial sentences as a legal instrument; long remand

periods while awaiting trial (in Mozambique, for example, 30 per cent of inmates were awaiting trial) and weaknesses of service delivery related to judicial systems. Such overcrowding is a serious contributory factor to the spread of HIV/AIDS in prisons in southern Africa. According to Dr Rupiya the 'culture of prisons' is a major factor in the transmission of HIV amongst inmates. Sexual relations in prisons form part of a power relations game involving a network of inmates and warders and even juveniles. Juvenile sexual exploitation frequently occurs in prisons and some juveniles have been found with infections in the anal area. Sex is a commodity and may be exchanged for money, materials, food or protection.

He also noted that each country has some proportion of foreigners in its prison population, mainly residents of other countries in the region but most parts of the globe are represented. For instance, foreign prisoners in the tiny Kingdom of Lesotho included Nigerians, Chinese and a number of South Africans. The percentages range from quite low (0,8 per cent for Zambia) to fairly high (16 per cent for Botswana). A serious implication of this phenomenon is that national HIV/AIDS policies applicable to prisons have to take into account such external factors. Dr Rupiya stressed that the presence of foreigners in prisons highlights the need for harmonisation of AIDS policies for prisons in the region.

## Discussion

During the discussion the need for alternative justice mechanisms was debated extensively. Participants agreed that there is a need for alternative justice measures similar to those being practised in some countries in Africa, such as out of court settlements (Nigeria); community courts to deal with case backlogs (Rwanda); and community service especially for minor offences. The point was also raised that entry requirements for and remuneration of prison staff are generally low. As a result prison staff may be unmotivated and open to financial manipulation by wealthy inmates and their associates. Furthermore, prisons in southern Africa are often under-resourced and operate within severe financial constraints. Often prisons depend on public health services for medical care. In South Africa prisoners went on strike in order to gain access to the antiretroviral treatment which is now provided routinely.

A point that was raised is that there is need for Dr Rupiya to distinguish clearly between safety and security as it applies to the public and human rights of inmates. Participants also felt that the issue of political and war prisoners needs to be addressed. A final point raised related to changing the environment within prisons, which make inmates of correctional facilities more likely to engage in high-risk sexual behaviour. Finally, participants debated the issue of whether or not conjugal visits can reduce high-risk behaviour.

# Key remarks emerging from the deliberations

## **EFFECTIVENESS OF DEFENCE AND SECURITY ORGANS VERSUS HUMAN RIGHTS IN THE CONTEXT OF HIV/AIDS POLICY**

Debate on this issue emerged a number of times during the conference. There is need for a balance between effective defence and security organs and respect for human rights on HIV/AIDS issues. Is there unfair discrimination in the selection of recruits from society based on whether or not they are HIV positive? While human rights activists and the International Labour Organisation argue for non-discrimination in recruitment based on HIV status, the reality facing state organs responsible for security is that they must be effective in carrying out their mandate, which means that the men and women in uniform must be available and able. Hence, in the absence of a guiding policy on HIV/AIDS, the current practice adopted by the security services is to exclude all those found to be HIV positive at the point of entry into the relevant organisation. However, after much debate participants agreed that there was need to re-examine this rigid posture in order to bring about a more balanced position. Currently, the challenge and practice are characterised by a lack of consensus, with different stakeholders all propounding different positions, which reflect the anomaly that it is sometimes necessary to accept that discrimination may be 'fair' under certain circumstances.

## **HUMAN RIGHTS**

These include the rights of the soldiers, police and members of other safety and security institutions but also members of society. Testing recruits and peacekeeping

troops for HIV protects both the soldiers and the population of the host country.

## **UNIVERSAL APPROACH**

We need to address prevention, treatment and care, and the stigma associated with HIV/AIDS as a totality. There is need for an integrated approach to address AIDS within the uniformed forces; an approach which should involve government, security services and civil society.

## **AVAILABILITY OF DATA**

The question is what the legal obligation is about making information available. There is a generally recognised need for regular and reliable information on HIV prevalence rates within the security sector.

## **UTILISATION OF LEISURE TIME IN PEACEKEEPING FORCES**

An alternative is needed to troops indulging in high-risk sexual behaviour on the one hand and the expensive suggestion that troops be accompanied by spouses in deployments, on the other. This means that troops should be helped to better utilise their free time, an alternative that has not been fully explored as yet. Even in the most intense conflict and deployment situations, troops always have some leisure periods. Peacekeeping forces could have a wide range of entertainment choices, at low cost. Most of these possibilities are ignored, however, to the detriment of the lives of ordinary soldiers. The military and the public have a responsibility to look after the welfare of the troops.

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# Introduction

The MilAIDS project, which falls under the Defence Sector Programme of the Institute for Security Studies (ISS), seeks to undertake research on policy options to manage the impact of HIV/AIDS on the armed forces. From 2 to 5 December 2007 MilAIDS hosted a conference entitled 'Trends, impact and policy development on HIV/AIDS and African armed forces' at the Birchwood Executive Hotel and Conference Centre in Johannesburg, South Africa. The aim of the conference was to enhance understanding of the dynamics of the pandemic within the security sector in Africa.

In introducing the conference, Dr Martin Rupiya, MilAIDS project manager, stated that the objectives of conference were to

- Capture and document experiences in relation to impact, trends and policy development
- Develop an understanding of the relationship between HIV/AIDS and the military, police and prison services
- Create a body of researchers from Africa who can engage in applied policy research to assist security sector policy makers and practitioners in the field of HIV/AIDS policy

There were about 40 participants, including senior military medical officers and doctors from African militaries, representatives from the police and correctional services, specialist non-governmental organisations (NGOs) working with HIV patients, academics, researchers and other members of civil society. There was a mix of expertise in areas such as policy and strategy for managing HIV/AIDS, military health, human security and medical services. Papers presented reflected on HIV/AIDS challenges in Botswana, Cameroon, the Democratic Republic of Congo, Malawi, Mozambique, Nigeria, Sierra Leone, South Africa, Sudan, Swaziland, Zambia and Zimbabwe, as well as the Inter-Governmental Authority for Development (IGAD) as a regional case study.

The conference programme was covered in two days and consisted of plenary sessions and thematic group sessions involving discussions on the presentations. Speakers delivered presentations on the trends, impact and policy development on HIV/AIDS in the armed forces in Africa.

The conference was part of a multi-step process that led to the publication of accepted papers. The MilAIDS Project team of the ISS reached an agreement with the United Nations University in Tokyo to co-publish papers from this conference after a peer-review process. This collaboration is aimed at making the research results available to both African and international audiences, based on the inherent distribution advantage of using the two institutions.

## OVERVIEW OF THE INSTITUTE FOR SECURITY STUDIES

MAJOR-GENERAL (RTD) LEN LE ROUX  
Institute for Security Studies

Major-General (Rtd) le Roux gave an overview of the ISS, the hosts of the conference, explaining that the ISS is a regional, applied policy research institute that undertakes independent and collaborative research. Its headquarters are in Pretoria and the Institute also has offices in Addis Ababa, Cape Town and Nairobi. The mission of the ISS is to conceptualise, inform and enhance the debate on human security in Africa in order to support policy formulation and decision making at every level towards the enhancement of human security in Africa.

With applied policy research as its core business, the ISS monitors trends and the impact of policy, raises awareness, supports implementation and helps with capacity building, all mainly with regard to security issues. The ISS produces a number of printed publications, including the quarterly *African Security Review* and *South Africa Crime Quarterly*, as well as monographs, papers, books, CD-ROMS, newsletters and training manuals. In addition, its website (<http://www.issafrica.org>) is a leading web portal on human security in Africa.

A number of countries as well as private foundations and various United Nations agencies fund the ISS. The Rockefeller Brothers Fund provides funding for the MilAIDS Project. The objective of the project is to develop policy options for the mitigation of the effect of HIV/AIDS on the effectiveness of the armed forces of Africa. It has produced various publications such as *The enemy within* and various conference proceedings.

## CHALLENGES OF REGENERATION OF ARMED FORCES: HIV AND ITS IMPACT ON THE MILITARY LIFE-CYCLE

BRIGADIER-GENERAL GERALD GWINJI  
Zimbabwe Defence Force

Brigadier-General Gwinji introduced the topic by placing in context HIV/AIDS in the general population and the military, before discussing its impact on the military life-cycle and some of the policy dilemmas posed by the pandemic. He noted that HIV/AIDS is a major impediment to the growth of armies in sub-Saharan Africa, for although there is very little data to verify HIV prevalence rates within the armed forces, they are believed to be higher than in the general population.

Brigadier-General Gwinji then focused on the way in which HIV/AIDS affects every stage the military life-cycle, impacting on each human resource management phase, such as recruitment, training, the employment period and staff maintenance.

Most militaries in sub-Saharan Africa carry out mandatory testing at recruitment as part of screening processes. According to Brigadier-General Gwinji, and in line with UNDPKO recommendations, testing of personnel prior to deployment is standard practice, too, especially for peacekeeping missions. Furthermore, HIV testing is also part of assessments for promotion in some countries. Although regular HIV testing is a common practice in many armed forces in Africa, it does pose a number of challenges relating to potential infringements on human rights and the potential for stigmatisation of those who test positive.

During his presentation, he highlighted several other challenges, including the sensitivity surrounding HIV statistics in the military and the limited funding for health services since it is regarded as an auxiliary service, as well as challenges of mainstreaming HIV sensitivity training in other military programmes.

In conclusion Brigadier-General Gwinji said that there is still much to be learnt from dealing with the military as a unique group, especially as far as managing the impact of the AIDS epidemic on the armed forces is concerned. He noted that AIDS affects the maintenance of force strength, and that comprehensive policies are needed that respond to new interventions. He also emphasised that civil-military co-operation is essential in the fight against HIV.

### Discussion

After the presentation, the participants discussed several points raised by the speaker in more detail. It was agreed

that HIV testing at recruitment is a controversial issue, and some believed that it is a violation of human rights. The issue of whether or not it can be characterised as discriminatory not to recruit HIV-positive individuals was widely debated and some participants argued that not recruiting HIV-positive personnel could be regarded as 'fair' discrimination.

The issue of employment conditions and labour representation or bargaining councils were hotly debated. Some countries such as South Africa have organised labour unions and many of the countries present could count on a number of support groups – even though they did not have labour unions – which represent and negotiate for the interests and fair employment conditions of HIV-positive members of the armed forces.

There was also much debate about AIDS statistics and the reliability of data relating to the prevalence of the disease, especially within the armed forces. Participants pointed out that when using data related to HIV/AIDS, it was important to use validated numbers for different countries and sub-groups. AIDS statistics are a sensitive matter for countries in the region and even more so for military groups.

## A DISORDERLY RESOLUTION OF 'ORDERLY' CONFLICT: THE MILITARY DIMENSION AND SPREAD OF HIV AMONG THE COMMUNITY IN SIERRA LEONE

DR OLUBOWALE OPEYEMI  
Institute of African Studies & University of Ibadan, Nigeria

Dr Opeyemi explained that the conflict, which broke out in Sierra Leone in the 1980s contributed to the 1991–2002 war and had far-reaching effects on the region. Sierra Leoneans became refugees in Guinea, and Liberia and Nigeria was drawn into the conflict. One of the devastating effects of the war in Sierra Leone was the rapid spread of HIV/AIDS, he stated. However, the actual effect is difficult to determine due to lack of data.

According to Dr Opeyemi the Economic Community of West African States Monitoring Group (ECOMOG), which was sent to Sierra Leone to help contain the conflict and restore the government of President Ahmad Tejan Kabbah, contributed to the crisis. While its intervention was effective in the beginning, the ousted junta and other rebel forces continued to wage attacks and a full-scale war broke out. The presenter argued that ECOMOG's resolution of an alleged organised conflict was disorderly.

Dr Opeyemi noted that there was no data to measure and link the presence ECOMOG in the country to the

devastating effects of the war which – according to him – included HIV infection of the civilian population of Sierra Leone. It was only in 2002, when the UN mission came to Sierra Leone, that data on a possible link began to emerge.

In his conclusion, Dr Opeyemi highlighted the need that peacekeeping missions should include humanitarian assistance and that records should be kept of their activities. He further recommended that troops be given the choice to be accompanied by their spouses.

## Discussion

Participants felt that the concepts of ‘order’ and ‘disorder’ were confusing and suggested that the title be changed. However, Dr Opeyemi argued that the terms refer to the mandate of ECOMOG, which was to restore order in the form of the government of the day, but that they were caught up in many irregularities. This resulted in the formation of numerous unconventional armed groups and a series of coups and counter-coups – illustrating that ECOMOG’s role in Sierra Leone was not one of social reconstruction, but disorder, he said.

The question of whether troops on peacekeeping missions should be allowed to be accompanied by spouses elicited intense discussion. The consensus was that should depend on the mandate – combat/contingent or reconstruction/observer – of the mission. In combat situations spouses would be a security threat and create logistical difficulties. Furthermore, troops sent out on peacekeeping missions often have little warning to prepare themselves, particularly in emergency situations. The alternative suggestion was that troops on missions should be helped to better manage their free time in order to curb high-risk behaviour.

The role of troops in the spread of HIV was explored, and participants speculated that the reason why troops may become infected during peacekeeping missions was because of the increase in high-risk sexual behaviour. They then become the vehicle/vector of HIV infection when they return home. Participants had difficulty with accepting the position of Dr Opeyemi that the troops were infecting civilians, because data from for example Nigeria seems to indicate otherwise.

The issue of data availability was again discussed extensively, and it was argued that although ECOMOG informed the media about their victories and rebel atrocities, there were a lot of barriers to accessing information on casualties and misdemeanours. It is difficult for any peacekeeping mission to determine the dynamics of infection without data on which to base policy decisions.

## TRACING THE SPREAD OF HIV/ AIDS THROUGH THE NATIONAL BLOOD SERVICE ZIMBABWE

DR M E CHITIYO

National Blood Service Zimbabwe

Dr Chitiyo introduced this topic with detailed background information, starting with pandemic diseases in history and the spread of HIV in recent years. He noted that migration seemed to play a major role in spreading HIV in the early years and that sentinel surveillance systems were developed to monitor the epidemic.

Dr Chitiyo presented results of a 2001 young adult survey in Zimbabwe that included anonymous HIV testing and which showed that poor socio-economic conditions were risk factors for HIV infection among young adults, with young women at higher risk. He also mentioned that the ‘sugar daddy’ phenomenon is fuelling the AIDS epidemic, and that the military are also considered a high-risk group for HIV.

Dr Chitiyo gave a history of blood groups, blood donations and screening processes for syphilis, hepatitis B and recently HIV. The National Blood Service Zimbabwe started testing for HIV antibodies in blood donors in 1985, when 2 per cent of those tested were reactive; by 1989 this number had increased to 5.18 per cent. He went on to explain that a number of measures and screening policies were developed to reduce transfusion-transmissible infection, such as careful selection of voluntary non-remunerated donors; screening for markers; leucodepletion (filtration of white cells in donated blood to reduce transmitting agents of disease); and quality control. These measures have shown that prevention is the best means of reducing transfusion-transmissible infection.

Dr Chitiyo noted that in less developed countries other measures to reduce the risk of HIV transmission include voluntary exclusion of donors and the use of fluid replacement (saline and colloid) instead of blood transfusions.

## Discussion

During the discussion period it was generally agreed that certain cultural myths, such as older HIV-positive men sleeping with young girls to cleanse themselves of HIV, need be addressed. Participants also agreed that HIV tests such as nucleic testing to detect HIV antibodies during the window stage are very expensive and out of reach for ordinary services. In answer to the question about possible successful processes of blood screening during combat, Dr Chitiyo replied that fluid replacement (with saline and colloid) instead of volume replacement is helpful on the battlefield as the infections that can occur through blood transfusions are then eliminated.

## THE POLICE AND THE FIGHT AGAINST HIV/AIDS: CAMEROON CASE STUDY

COMMISSIONER POLYCARP NGUFOR FORKUM  
Cameroon National Police Force

Commissioner Forkum focused on the response within the police force in Cameroon to HIV/AIDS, primarily in the context of HIV prevention strategies for the uniformed forces and within a national AIDS framework. By way of introduction, Commissioner Forkum revealed that although HIV prevalence in Cameroon is relatively low (estimated at 5,6 per cent in 2004), it was 15 per cent among armed forces personnel, 18 per cent among truck drivers and 16,4 per cent among police recruits (in the period 2003-2005).

According to the presenter Cameroon has been going through a process of developing and implementing national strategic frameworks for AIDS since 1986. However, progress was hampered by poor co-ordination, inadequate involvement of non-health sectors and insufficient resources. This was rectified by the 2000 to 2005 strategic framework and reinforced by the 2006 to 2010 framework which has resulted in some reduction in HIV prevalence in Cameroon.

Commissioner Forkum informed the participants that since 2006, the Walter Reed–Johns Hopkins Cameroon Programme has been providing technical assistance to the military in Cameroon to improve their HIV prevention programmes. However, there has been minimal involvement of the police in these programmes. Nevertheless,

there is a legal framework for the police in Cameroon that outlines the treatment of those infected with the virus. The commissioner said that a police project had recently been launched and training within the police service was taking place on issues such as the biology of AIDS, as well as on counselling and communication.

He pointed out that ARV treatment at national level became available in 2001 at approximately US\$300 per person per month. Since May 2007 antiretroviral treatment has been provided free to all citizens on a national government programme funded by international donors such as the Global Fund and Clinton Foundation. Commissioner Forkum stressed that although there has been progress in the national response to AIDS in Cameroon, data collection for monitoring and evaluation, application of human rights statutes, management of funds and accountability are still challenges. He recommended that a needs assessment study be conducted within the police force in Cameroon.

### Discussion

Cameroon is one of the countries which have made significant progress in developing an AIDS programme specifically for the police sector and some participants requested a copy of the training manual that resulted from this programme. It was noted that one of the challenges of having AIDS interventions for the police in many African countries is that they normally do not have a common residence like the military. However, according to Commissioner Forkum residential location is not a challenge in Cameroon.



# Breakaway thematic groups

The conference participants divided into three thematic groups, each with a specific focus of HIV/AIDS issues, namely in relation to gender, culture and peacekeeping; police forces; and armed forces



## Group 1

# Gender, culture and peacekeeping

CHAIR: COLONEL GERTRUDE MUTASA  
Zimbabwe Defence Force

### **SYNERGIES BETWEEN ARMED FORCES AND SOCIETY IN COMBATING HIV/AIDS: KHARTOUM CASE STUDY**

**MS AFAF A YAHYA**  
Gezira University, Sudan

Ms Yahya identified gaps and strengths in the national and military response to AIDS in Sudan. Given that the military are part of society, she argued for the creation of bridges between the two groups. A number of challenges were identified at national level and discussed in further detail. Ms Yahya explained that initially AIDS was seen as solely a health issue, but there is a still lack of policy and frameworks for action at national level today. Furthermore, continued high levels of stigmatisation of HIV-positive persons by society complicate efforts to address the threat of HIV in Sudan. The unique Sudanese context is also defined by conflict, the presence of many militia groups and the use of rape as a weapon of war.

Within the military there is a lack of reliable data on HIV/AIDS prevalence rates. According to Ms Yahya this is the product of a number of factors, such as the poor security situation, denial of AIDS, and low levels of education and literacy among members of the armed forces. An important aspect is the lack of high level political will on combating the disease as evidenced by the lack of ratification of international resolutions on HIV/AIDS (for example United Nations Resolution 1308) and the lack of sufficient national frameworks for HIV prevention.

In conclusion, Ms Yahya argued for the development of a sectoral framework to specifically address the treatment and prevention of HIV/AIDS in the military. She also emphasised the need to improve research and data collection to inform programmes.

### **KNOWLEDGE AND RISKY BEHAVIOUR ASSOCIATED WITH THE SPREAD OF HIV/AIDS AMONG YOUNG PERSONS AGED 15 TO 19 YEARS IN BOTSWANA**

**MR K BAINAME**  
African Comprehensive HIV/AIDS Partnerships, University of Botswana

Mr Bainame investigated factors associated with HIV prevalence among the youth in Botswana and focused on those observed to be less vulnerable to infection. The data have been gathered from the Botswana AIDS Impact Surveys (BAIS) of 2001 and 2004. The descriptive analysis revealed some interesting findings that were shared with the audience. It was found that in the period between the two surveys there was an increase in knowledge and reduction in misconceptions about HIV/AIDS. The 2004 survey revealed that a higher percentage of young people were consuming alcohol which could lead to a concomitant increase in promiscuous sexual behaviour and thus a higher risk of HIV contraction. In terms of behavioural risk factors, Mr Bainame noted that persons younger than 18 years were less likely to report alcohol consumption. It was also noted that mothers who had given birth at the time of the survey were more likely to have become sexually active before the age of 16.

According to multivariate analysis, the probability of being HIV positive is higher for women than men; lower for those with a higher education; higher in rural areas; and also higher for areas without basic services such as pit latrines.

On a positive note, by 2004 there was an increase in the use of condoms and fewer infections due to sexually transmitted diseases were reported. Furthermore, various sources revealed that there has been a decline in HIV prevalence among the youth in Botswana in recent years.

For example, between 2003 and 2005 HIV prevalence declined from 22,8 per cent to 17,8 per cent among ante-natal women aged 15 to 19 years. This led the presenter to conclude that programmes designed to reduce the number of sexual partners, increase the use of condoms and encourage abstinence among young people seemed to be working. However, alcohol consumption was a concern that needed to be addressed.

In conclusion, Mr Bainame pointed out that the lower HIV prevalence among the youth implies an increased the pool of healthy potential army recruits.

## CULTURE AND HIV/AIDS IN PEACEKEEPING MISSION OPERATIONS

**DR GWINYAYI DZINESA**

Department of International Politics, University of the Witwatersrand, South Africa

Dr Dzinesa described a hyper-masculine culture among peacekeeping forces that increases high-risk sexual behaviour and impacts on HIV prevention and transmission. She presented a conceptual framework according to which HIV/AIDS prevention and transmission are situated in a broader cultural context in which people's sexual knowledge, their attitudes, behaviour/beliefs and practice and their sexual health are embedded.

Dr Dzinesa said that transmission and prevention of HIV is characterised by a combat, masculine-warrior paradigm. In this paradigm masculinity is associated with physical strength, non-use of condoms and stories of conquest of women. The combat, masculine-warrior mentality is linked to male domination of women's bodies and when coupled with the relative economic power that peacekeeping forces have in conflict zones, it explains the allegations of sexual abuse and exploitation by peacekeepers.

Empirical studies are hampered by the limited data on sexual behaviour of peacekeeping forces, and Dr Dzinesa also stressed the need for such data relating to both the peacekeeping forces and deployment communities in which they operate. The available data on current peacekeeping operations in Africa show that HIV prevalence in the receiving countries ranges from 0,9 per cent (Ethiopia) to 7,1 per cent (Côte d'Ivoire) and yet the prevalence rates of the majority of the sending countries are below 4 per cent, with the exception of Kenya (6,1 per cent) and South Africa (18,8 per cent).

Dr Dzinesa concluded with the statement that the hyper-masculine culture among troops encourages sexual exploitation and therefore the codes of conduct and the policy of zero tolerance for sexual misconduct of the United Nations should be vigorously applied and reinforced.

## IMPACT OF HIV/AIDS POLICY IMPLEMENTATION IN THE MALAWI DEFENCE FORCE

**COLONEL DR CHITSA BANDA**

Malawi Defence Force

The speaker began by stating that in Malawi the HIV prevalence rate is 14,1 per cent (24 per cent in urban areas and 10 per cent in rural areas) and that a survey within the military, conducted in 2006, put the prevalence at a rate similar to that in urban areas. He explained that the HIV/AIDS policy of the Malawi Defence Force was first developed in 1996 and is currently supported by a strategic framework for 2007 to 2011. The strategic framework addresses issues such as the recruitment of HIV negative personnel and testing of personnel who are deployed as well as prevention, treatment and support programmes involving partners and the National AIDS Commission. Voluntary counselling and treatment and antiretroviral treatment centres specifically for the military have also been established. As a result of the interventions, there has been a visible reduced impact of AIDS on the defence force. According to Colonel Banda this has been noticeable in reduced absenteeism levels, a reduction in hospital admissions and reduced mortality from AIDS.

In conclusion, Colonel Banda emphasised that an HIV/AIDS policy is important for monitoring and evaluating the impact of the virus and it is imperative to review the HIV/AIDS policy on a regular basis to ensure that it remains relevant.

## THE EMERGENCE, IMPACT AND EPIDEMIOLOGY OF HIV/AIDS IN NIGERIA: MODELS, TRENDS, ANALYSIS AND PROJECTIONS

**DR ONOJA MATTHEW AKPA**

Department of Mathematical Sciences, Redeemer's University, Nigeria

According to Dr Akpa the present civilian government in Nigeria, unlike the previous military governments in Nigeria, has facilitated a more positive national response to HIV/AIDS. Epidemiological modelling based on sentinel data estimates the HIV prevalence rates in the six geopolitical areas of Nigeria to range from 0,28 per cent in the northeast to 4,54 per cent in the southwest.

Dr Akpa applauded the response of President Obasanjo's civilian government to AIDS. He particularly emphasised the positive approach of the government to the participation of NGOs and partners in the fight against AIDS.

## Discussion

One of the key issues, which was deliberated on in depth, was the composition of peacekeeping forces and the

relationship between HIV prevalence and peacekeeping deployments. It was widely agreed upon that although there is a UN resolution on the composition of peacekeeping forces, the actual number of female members of peacekeeping forces is very low. The deployment of additional female peacekeepers was seen as an essential means of fostering better relations between foreign peacekeepers and the communities in which they are deployed.

The issue of HIV transmission during peacekeeping deployment was also discussed and it was felt that this largely depended on the number of personnel and the composition of the peacekeeping force as well as on the HIV prevalence within the sending and receiving communities.

The group also devoted some time to a discussion of statistics and factors that influence prevalence. The general lack of data on HIV prevalence in armed forces in Africa mentioned by the presenters was noted, but some participants were of the opinion that although the statistics on reduced mortality in Malawi revealed that no baseline data had been collected on which to determine whether there was a change in the trend, those in the military have observed that fewer funerals were taking place and that fewer armed forces personnel were ill.

Regional differences in Nigeria were also explored and participants felt that religion was not a factor contributing to the regional differences of HIV prevalence in this country. Most agreed that the factors which have the most influence on the prevalence rate are education and location. The lower the level of education, the higher the prevalence rate, and prevalence rates also seemed to be higher in rural than in urban areas. Participants felt that although morality and religion had been included as factors in the study on Nigerian HIV/AIDS prevalence rates, but they did not have a significant impact on the analysis.

Out of this discussion arose the point that there is a need to clearly distinguish between incidence and prevalence in any conference, presentations and papers on HIV/AIDS, and that the term incidence should be used to refer to infection at a particular time and prevalence to a measure over time. One participant wanted clarification on the sources of data and empirical evidence for the combat, masculine-warrior paradigm, to which Dr Dzinesa replied that it was a widely accepted academic concept applied to national defence forces. She agreed that it was a controversial concept that needed to be tested in different contexts.

## Group 2

# Police forces

CHAIR: COLONEL DR LAWSON SIMAPUKA  
Zambia Defence Force

### HIV/AIDS AND PRISON WARDERS IN CAMEROON

MR TAYOU ANDRE LUCIE  
General Prisons Administrator, Cameroon

In his presentation Mr Lucien gave a general overview of HIV/AIDS in Cameroon, highlighting certain high-risk factors as well as issues relating to HIV and culture. He provided information on the different responses to the AIDS pandemic by different religious groups as well as the issue of stigmatisation. A number of responses to AIDS in Cameroon were outlined in this presentation and the role of the traditional sector in the response to AIDS was emphasised, as was the sectoral response to AIDS.

Participants commented that the presenter did not address the topic as set out in the conference programme, namely HIV/AIDS and prison warders.

### HIV/AIDS: TRENDS, IMPACT AND POLICY DEVELOPMENT IN THE ZAMBIA POLICE FORCE

MR CHARLES BANDA  
Zambia Police Force

The speaker introduced his topic by distinguishing between two groups of officers in the Zambian police force, namely the general staff who work in an office environment and the police officers who are mobile. He then listed different high-risk behaviours stemming from the type of jobs police personnel undertake. According to Mr Banda, office-based staff who spend long periods of time at one station may become involved in commercial sex activities, while the high-risk behaviour of mobile officers tend to be similar to that

of the armed forces. He stated that there seems to be a culture of sexual exploitation of female trainees who are perceived to be HIV negative by male trainers during induction training.

Mr Banda explained that recruits are not tested for HIV, and sometimes develop AIDS not long after being recruited. He emphasised that knowing the HIV status of recruits would ensure more efficient human resource management in the police force and would be the first step towards the development of better treatment and care programmes. He discussed certain gender issues, noting that the police uniform is often seen as a symbol of power. Especially male officers can become involved in commercial sex or receive sexual favours from female suspects. He also discussed various gender-based discriminatory practices that occur within the police service, such as the expectation of sexual favours from female officers in exchange for promotion.

Mr Banda revealed that the number of deaths due to AIDS in the Zambia Police Force is high: 3 000 officers died of AIDS between 1991 and 2003 and an estimated 21 officers die of AIDS-related diseases each month. This has a severe negative impact not only on the affected families, but also on the delivery of police and security services, and puts economic stress on the security system.

The speaker concluded that unlike the military, the Zambia Police Force have no sector-specific AIDS policy. He recommended that in addition to AIDS issues addressed in the national policy, a police AIDS policy should be developed to form the basis of workplace programmes aimed at reducing the impact of high-risk factors such as long periods of time away from home on active duty.

## THE CASE OF THE UMBUTFO SWAZILAND DEFENCE FORCE, HIV/AIDS AND SOCIETY: A PERSPECTIVE

MR NATHI GUMEDE

Institute for Development Management, Swaziland

According to Mr Gumede his presentation was an example of how good practice could improve the response to AIDS, and particularly how the uniformed forces can collaborate in their response to AIDS. Mr Gumede began by explaining that the policy environment for the Umbutfo Swaziland Defence Force (USDF) is broadly based and includes partnerships with the private sector, international organisations and civil society. The policy environment he described is one characterised by collaboration and participation of state and non-state stakeholders. This extends to the policy-making process for HIV prevention and AIDS treatment, care and support, so that it includes a focus on research, leadership, collaboration and mainstreaming. Indeed, he deemed these factors to be the key facilitators of the policy-making process in Swaziland.

The institutional framework on which the AIDS response of the USDF is based, is founded on a civil-military approach involving the Swaziland Uniformed Services Alliance for HIV/AIDS. This body co-ordinates activities for the police, army, correctional services, fire services and customs and the Public Sector HIV/AIDS Committee coordinated and overseen by the Ministry of Defence. Mr Gumede argued that AIDS policies should address the whole human resource management cycle of recruitment, training, orientation and induction, on the one hand, and goal setting, coaching and mentoring, on the other. In conclusion, he recommended prioritising research on the policy for USDF and open collaboration with other security forces and civil society based on a human rights approach.

## HIV/AIDS IN THE ARMED FORCES IN THE DEMOCRATIC REPUBLIC OF CONGO

PROFESSOR GRÉVISSE DITEND YAV

Unit Execution Programme (UEP), Disarmament, Demobilization and Reintegration Division, Kinshasa

Professor Yav began his presentation by detailing HIV statistics in the Democratic Republic of Congo (DRC), in which the HIV prevalence rate is 4,5 per cent and is increasing among females and youth. There are approximately 2,6 million people living with HIV in the country. Within the military context, it is estimated that over two thirds of deaths are due to AIDS and among ex-combatants the HIV prevalence rate was 5,7 per cent. He noted, however, that statistics and verifiable data on HIV

prevalence within the military are scarce due to security concerns.

Professor Yav outlined a number of risk factors for HIV infection among the armed forces before, during and after the conflict. These included high mobility, living away from families, multiple sexual partners, low levels of knowledge and low risk perception. He concluded by highlighting the need to improve the quantity and quality of data on HIV prevalence within the military. He stressed that sex education for military personnel and their families needed to be improved and that there was an urgent need for the development of a regional policy on HIV/AIDS and military force personnel.

## THE ZAMBIAN PEACEKEEPING EXPERIENCE AND HIV IN AFRICA

COLONEL DR LAWSON SIMAPUKA

Zambia Defence Force

The presenter started by noting that the founding of the United Nations in 1945 has helped contain and end numerous conflicts, in some cases through deployment of peacekeeping operations, to the extent that a Department of Peacekeeping Operations was established in 1992. However, peacekeeping comes at a cost, namely an increased risk of HIV infections within the peacekeeping forces and the communities in which they carry out operations. In view of the high HIV risk environment of peacekeeping missions, United Nations Security Council Resolution 1308 (2000) contained a request that comprehensive prevention and awareness programmes be developed. As a result, voluntary counselling and treatment are offered to all peacekeepers prior to deployment.

Zambia has been engaged in 12 UN peacekeeping missions and incurred 68 fatalities from these through illness, accidents and malicious acts. According to available statistics Zambia has a national HIV prevalence rate of 16 per cent and Colonel Simapuka explained that with the introduction of highly active antiretroviral therapy, HIV-positive soldiers are offered counselling and treatment to manage their condition. While they can still be deployed, they are assigned non-combat duties.

Colonel Simapuka outlined various challenges that have been experienced by the Zambia Defence Force regarding the deployment of HIV-positive peacekeepers. These challenges include the stigmatisation and discrimination by health providers in host countries and high levels of hospital admissions and repatriation. A further problem associated with the deployment of HIV-positive personnel is that if such a person dies of an AIDS-related illness while on deployment, the military does not to pay out full benefits.

In conclusion, Colonel Simapuka contended that there is need for regional militaries to develop and implement

standard policies on the management of HIV-positive peacekeepers.

## Discussion

During the discussion session, participants revisited the issue of HIV and the prison service. With regard to the presentation on the situation in Cameroon, it was noted that the prison services did not have sufficient prevention strategies but that other sub-sectors of the security system, notably the police and armed forces, are developing sectoral plans. Mr Lucien noted that a plan of action for the prison services was developed in 2001 but that he

did not mention it in his presentation because much of the initial work on HIV in the prison services focused on the inmates and not prison service personnel.

With regard to the treatment of women in the Zambia Police Force, some participants questioned whether there were sufficient structures and processes to deal with allegations of sexual misconduct. An example of good practice mentioned was that of Zimbabwe, where there was a stringent promotion process involving a committee which reviewed criteria and eligibility for promotion. It was also raised as a discussion point that Zambia has police medical services, but they are poorly resourced.



## Group 3

# Armed forces

CHAIR: MAJOR-GENERAL (RTD) LEN LE ROUX

Institute for Security Studies, South Africa

### **HIV/AIDS AS A SUB-REGIONAL SECURITY THREAT: INTERGOVERNMENTAL AUTHORITY ON DEVELOPMENT CASE STUDY**

**DR MOHAMMED H A HAMAD**

Centre for Society Studies, Sudan

Dr Hamad explained that according to the Intergovernmental Authority on Development (IGAD) cross-border collaboration is a prerequisite for dealing with HIV/AIDS as a sub-regional security threat. A sub-regional/trans-national approach is favoured based on the recognition that regional borders are highly porous and virtually non-existent in some places. As a case in point he referred to the movement of refugees in conflict situations.

Certain challenges for enhancing trans-national collaboration were highlighted, including a lack of financing; minimal political will to resolve the conflict among the actors concerned; and the lack of sufficient education on AIDS. Dr Hamad highlighted that in response to these factors, the importance of the role of parliamentary forums should be emphasised.

### **'FROM PEACE TO PIECES': HIV/AIDS AMONGST SOLDIERS IN SIERRA LEONE**

**MS ANTHONETTE OLADOYIN OYENIYI**

Centre for Development and Historical Studies, University of Ibadan, Nigeria

In her presentation Ms Oyeniyi addressed the extent of sexual abuses against women and children in Sierra Leone. She emphasised that peacemaking and peacebuilding needs an integrated approach, especially in Sierra Leone, a country suffering from high child mortality rates. An interesting point that Ms Oyeniyi made was that

the use of sexual violence as part of war tactics should not be allowed to become part of peace. The discussion covered the question of whose human rights are being protected – that of the soldier, the population as a whole, or the taxpayer. In this regard she emphasised the need for an effective, professional and disciplined security sector.

### **THE POTENTIAL IMPACT OF HIV/AIDS ON THE SOUTH AFRICAN ARMED FORCES: SOME ANECDOTAL EVIDENCE**

**PROFESSOR LINDY HEINECKEN**

Department of Sociology, University of Stellenbosch, South Africa

In her presentation Professor Heinecken used extrapolations from national statistics to assess testing for AIDS within the South Africa National Defence Force (SANDF) recruitment pool. It was clear that this is managed as a strategic human rights issue at the highest level, as it is illegal to make testing mandatory. Questions around the issue of race and income were raised as well as the implications of recruiting more women into the armed forces. The recent case in the South African courts related to sexual intimacy between officers in the SANDF was also interrogated, especially with regard to deployments and current policy changes. The presenter concluded by stating that there is need for more entertainment and leisure time activities in the armed forces, and that it is cheaper to do this than to treat AIDS.

### **FROM LIBERIA WITH LOVE: OFFICERS' WIVES CONFRONTING HIV/AIDS IN NIGERIA**

**DR ADEYEMI BUKOLA OYENIYI**

Redeemer's University, Nigeria

This presentation was based on a study of the Nigerian Army Officers Wives Association aimed at assessing the

impact of soldiers' uncontrolled sexual behaviour during and after deployment on their wives as well as on society. Dr Oyeniyi contended that the official position on the contribution that soldiers make to the spread of the AIDS pandemic is still one of denial. Dr Oyeniyi concluded that increased pressure needs to be placed on the government to take responsibility, with mandatory testing as a first step to dealing with the issue. Dr Oyeniyi's presentation is linked to that of the previous presenter, in that it was expressed that there is a need to channel soldiers' energies to more constructive activities during their free time.

## Discussion

During the discussion after these presentations the need for integrated peace missions with military deployments going hand in hand with developmental activities was highlighted. The participants debated alternative ways of free-time utilisation to prevent soldiers from involving themselves in uncontrolled sexual behaviour. They stressed that civic education programmes were essential for ensuring an effective, professional and disciplined security sector.

Professor Heinecken was commended for providing strong arguments for testing and non-deployment of HIV-positive soldiers. Participants affirmed that more research was needed with regard to the positive influence that women in the armed forces can have on the behaviour of male co-workers.

Participants agreed that education was important in promoting testing and treatment and in addressing the problem of stigmatisation. However, they emphasised that both the issue of whose human rights should be considered when making policies and cultural factors that promote stigmatisation needed to be addressed as a matter of urgency. The discussion concluded with affirmation of the need for more data and statistics on the impact of HIV on the armed forces and particularly on HIV prevalence rates. Participants all felt that secrecy was the enemy of knowledge and that scientific analysis of data is required to develop more adequate interventions, programmes and strategies.

## UNITED NATIONS/AFRICAN UNION PEACEKEEPING AND HIV/AIDS CHALLENGES: HARNESSING ALTERNATIVE POLICY OPTIONS

DR OLAJIDE OLAYEMI AKANJI

Department of Political Science, Redeemer's University, Nigeria

Dr Akanji examined the responses of the AU and UN to AIDS among members of the peacekeeping forces and highlighted the lack of data on HIV among peacekeepers. He stressed the need to approach AIDS as a battle and an

emergency and focus on alternative approaches of finding a cure for AIDS. He observed that the use of traditional medicines to cure AIDS has not been sufficiently explored. He further stated that the effect of AIDS on children and women required a human rights approach if it is to be addressed effectively, and that gender-based violence and rape in conflict should be criminalised.

In conclusion Dr Akanji stated that there is need for political will to combat AIDS, and that the world should approach AIDS the same way the American government has confronted terrorism, namely by waging a war on this terror.

## Discussion

During the discussion session it was observed that the AU Charter of Rights of Women and Children addresses rape and that many African countries are signatories to this charter. In addition, any soldier suspected of sexual misconduct during a peacekeeping mission is sent home.

A number of participants noted that traditional therapy plays an important part in the lives of many Africans and there was general consensus that it should be included in the response to AIDS. However, it should be subject to the same scientific standards and testing as other registered medicine, to attain credibility and ensure safety in its use.

A participant observed that to some extent, AIDS is already regarded as an emergency by countries like Swaziland, and that the Global Fund treats it as an emergency.

## HIV/AIDS AND WOMEN IN THE UNIFORMED FORCES: A GENDER PERSPECTIVE

COLONEL GETRUDE MUTASA

Zimbabwe Defence Force

The speaker highlighted the importance of including women in the response to AIDS among the armed forces, based on her experiences in the Zimbabwe Defence Force. She presented the results of a qualitative study conducted with members of the Zimbabwe Army Wives and Women's Association on gender issues of AIDS in the Zimbabwe Defence Force.

The study found a number of gender-related phenomena place married women at high risk of HIV infection. These factors included the non-use of condoms in marital relationships, condoning promiscuity for men, partner separation and non-disclosure of HIV status to wives by infected officers.

Colonel Mutasa advocated several options for addressing the concerns of HIV transmission to spouses. Her

recommendations included the promotion of male and female condoms among couples; making legal provision for disclosure to spouses of HIV status, and the provision of antiretroviral treatment only if the spouse has been informed. She also stressed that women needed to be empowered with regard to decision-making and policy matters. She strongly recommended that couples should be approached together in AIDS management.

## Discussion

Participants asked about the impact of donor withdrawal in Zimbabwe and the economic hardships, to which Colonel Mutasa replied that withdrawal of funding only hurts women and children and not politicians. Zimbabwe receives very little funding from donors, and the Zimbabwe government has instituted an AIDS levy.

Participants debated whether the disclosure of HIV-positive status to spouses poses a human rights dilemma in Zimbabwe and other countries. One participant described the situation in Zambia, where before an officer receives antiretroviral treatment, his or her spouse is summoned and informed. At national level the Medical Council of Zambia requires that a client bring their spouse/partner along when they receive treatment and the medical officer is obliged to disclose the status to the spouse if the patient refuses.

The issue of addressing promiscuity and partner separation was raised. Colonel Mutasa explained that a 'city-to-city' policy was being encouraged in Zimbabwe, in which a shuttle transports officers to their families as one way in which the ZDF is helping to unite couples and hopefully reduce risky sexual behaviour. Some participants proposed that men on peacekeeping missions be supplied with sex toys. The importance of leisure time management by troops was re-emphasised as a way of addressing high-risk sexual behaviour. The Zimbabwean study was commended for obtaining the views of women and participants suggested that it could be further enriched by also obtaining the views of male partners.

## GENDER ANALYSIS OF HIV/AIDS AND ARMED CONFLICT IN AFRICA

MS ROSELYN MUSA

African Women's Development and Communications Network (FEMNET), Kenya

According to Ms Musa gender analysis in this context refers to characteristics assigned to men and women, the power relationships and dynamics between different sectors of society, including between men and women, and the roles that men and women adopt within society. Gender also relates to economic dynamics, poverty,

sexuality and vulnerability to HIV. Women in Africa are increasingly at greater risk of being infected by HIV than males and young women have an even higher risk.

Ms Musa reiterated that there are double standards regarding male and female sexuality. Whereas women are expected to exhibit sexually passive behaviour and not be regarded as promiscuous, men are expected to dominate and show virility and risk-taking behaviour. Female virginity is expected while male experimentation is respected.

The presenter explained that in conflict situations brothels may flourish around combat areas and incidents of rape and sexual exploitation of women often occur as a means of terrorising the population. Although policies have been developed to address sexual violence in conflict areas, she argued that they are not gender sensitive. In conclusion, Ms Musa recommended that strategies should be adopted that can build life skills and facilitate a shift in social norms with regard to gender.

## Discussion

A debate that arose out of the discussion on this topic was on the definition of gender, and participants suggested that the definition should not only include the roles assigned by society but also the biological characteristics of females, which increase their vulnerability to HIV infection. The participants also felt that Ms Musa's definition of gender focussed more on women rather than equally on men and women. This bias may stem from the author's position in an organisation that works with women. However, Ms Musa stated that FEMNET works with both men and women in an endeavour to address gender-based violence.

As a general comment, it is important to dispel the myth that HIV prevalence among armed forces is four to five times higher than in the general population, as it depends on the base figure. It is on average 2 to 10 per cent higher than in the general population, while the percentage in some armies is the same as the national average. Participants felt it was important to emphasise that AIDS is an epidemic that affects the whole population of every nation.

## A PERSPECTIVE ON HIV/AIDS AND THE MOZAMBIQUE ARMED FORCES

MS ESMERALDA MASSINGA

Mozambican Community in Zimbabwe Trust

Ms Massinga gave an overview of AIDS in Mozambique with a focus on the military, but cautioned that because of her academic background, she actually had limited experience of the military. She started by providing a brief background on the country. Mozambique was at war from

1964 to 1992; first in a fight for independence and then in a civil war that raged for 16 years. With the independence of Zimbabwe and an end of apartheid in South Africa there has been increased mobility of the population, and particularly migration to high-prevalence HIV areas.

Ms Massinga explained that the military was deployed along economic corridors and have been found to have a high prevalence of sexually transmitted diseases, with HIV prevalence among the armed forces in Mozambique estimated at 39 per cent. Sexual interaction between troops and members of the civilian population has also led to an increase in HIV infections in the general population. AIDS has placed a heavy and far-reaching burden on families and the Mozambican health system, which is particularly onerous because the country has no military-specific health service.

According to Ms Massinga the military sector's response to HIV/AIDS has been weak but there are newly formed partnerships with international and regional bodies that are increasing the response to addressing AIDS among the military. Ms Massinga concluded by recommending HIV testing and screening for sexually transmitted infections at recruitment and during service, and overall strengthening of behaviour changing communication.

## Discussion

The AIDS programmes that were put in place for the large volume of combatants and refugees returning home to Mozambique after the independence struggle and after the end of the civil war were extensively discussed by participants. The biggest problem was that these programmes were generalised and did not target any specific population. Participants noted that there are many opportunities for armies to work with civil society, but that singling out the military as a high-risk group could negatively affect collaborative partnerships.

## POLICY CHALLENGES REGARDING HIV/AIDS AND PRISONS IN SOUTHERN AFRICA

**DR MARTIN RUPIYA**

MilAIDS Project Manager, Institute for Security Studies

Dr Rupiya presented a paper on the subject of prisons and HIV/AIDS in southern Africa. He discussed the difficulties of exploring a new area of research, and then addressed the general dynamics of prisons and presented statistics on prison populations in southern Africa. From those he extrapolated implications for policy and research.

The presenter explained that overcrowding in prisons in the region is common, and the reasons for this phenomenon include overreliance on imprisonment instead of non-custodial sentences as a legal instrument; long remand

periods while awaiting trial (in Mozambique, for example, 30 per cent of inmates were awaiting trial) and weaknesses of service delivery related to judicial systems. Such overcrowding is a serious contributory factor to the spread of HIV/AIDS in prisons in southern Africa. According to Dr Rupiya the 'culture of prisons' is a major factor in the transmission of HIV amongst inmates. Sexual relations in prisons form part of a power relations game involving a network of inmates and warders and even juveniles. Juvenile sexual exploitation frequently occurs in prisons and some juveniles have been found with infections in the anal area. Sex is a commodity and may be exchanged for money, materials, food or protection.

He also noted that each country has some proportion of foreigners in its prison population, mainly residents of other countries in the region but most parts of the globe are represented. For instance, foreign prisoners in the tiny Kingdom of Lesotho included Nigerians, Chinese and a number of South Africans. The percentages range from quite low (0,8 per cent for Zambia) to fairly high (16 per cent for Botswana). A serious implication of this phenomenon is that national HIV/AIDS policies applicable to prisons have to take into account such external factors. Dr Rupiya stressed that the presence of foreigners in prisons highlights the need for harmonisation of AIDS policies for prisons in the region.

## Discussion

During the discussion the need for alternative justice mechanisms was debated extensively. Participants agreed that there is a need for alternative justice measures similar to those being practised in some countries in Africa, such as out of court settlements (Nigeria); community courts to deal with case backlogs (Rwanda); and community service especially for minor offences. The point was also raised that entry requirements for and remuneration of prison staff are generally low. As a result prison staff may be unmotivated and open to financial manipulation by wealthy inmates and their associates. Furthermore, prisons in southern Africa are often under-resourced and operate within severe financial constraints. Often prisons depend on public health services for medical care. In South Africa prisoners went on strike in order to gain access to the antiretroviral treatment which is now provided routinely.

A point that was raised is that there is need for Dr Rupiya to distinguish clearly between safety and security as it applies to the public and human rights of inmates. Participants also felt that the issue of political and war prisoners needs to be addressed. A final point raised related to changing the environment within prisons, which make inmates of correctional facilities more likely to engage in high-risk sexual behaviour. Finally, participants debated the issue of whether or not conjugal visits can reduce high-risk behaviour.

# Key remarks emerging from the deliberations

## **EFFECTIVENESS OF DEFENCE AND SECURITY ORGANS VERSUS HUMAN RIGHTS IN THE CONTEXT OF HIV/AIDS POLICY**

Debate on this issue emerged a number of times during the conference. There is need for a balance between effective defence and security organs and respect for human rights on HIV/AIDS issues. Is there unfair discrimination in the selection of recruits from society based on whether or not they are HIV positive? While human rights activists and the International Labour Organisation argue for non-discrimination in recruitment based on HIV status, the reality facing state organs responsible for security is that they must be effective in carrying out their mandate, which means that the men and women in uniform must be available and able. Hence, in the absence of a guiding policy on HIV/AIDS, the current practice adopted by the security services is to exclude all those found to be HIV positive at the point of entry into the relevant organisation. However, after much debate participants agreed that there was need to re-examine this rigid posture in order to bring about a more balanced position. Currently, the challenge and practice are characterised by a lack of consensus, with different stakeholders all propounding different positions, which reflect the anomaly that it is sometimes necessary to accept that discrimination may be 'fair' under certain circumstances.

## **HUMAN RIGHTS**

These include the rights of the soldiers, police and members of other safety and security institutions but also members of society. Testing recruits and peacekeeping

troops for HIV protects both the soldiers and the population of the host country.

## **UNIVERSAL APPROACH**

We need to address prevention, treatment and care, and the stigma associated with HIV/AIDS as a totality. There is need for an integrated approach to address AIDS within the uniformed forces; an approach which should involve government, security services and civil society.

## **AVAILABILITY OF DATA**

The question is what the legal obligation is about making information available. There is a generally recognised need for regular and reliable information on HIV prevalence rates within the security sector.

## **UTILISATION OF LEISURE TIME IN PEACEKEEPING FORCES**

An alternative is needed to troops indulging in high-risk sexual behaviour on the one hand and the expensive suggestion that troops be accompanied by spouses in deployments, on the other. This means that troops should be helped to better utilise their free time, an alternative that has not been fully explored as yet. Even in the most intense conflict and deployment situations, troops always have some leisure periods. Peacekeeping forces could have a wide range of entertainment choices, at low cost. Most of these possibilities are ignored, however, to the detriment of the lives of ordinary soldiers. The military and the public have a responsibility to look after the welfare of the troops.

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