

HIV/AIDS: threat to Africa's peace and security?

Some predict that HIV/AIDS will decimate Africa's armed forces. Unofficial estimates state that the South African, Zimbabwean and Mozambican armed forces have more than 50% HIV infection rates. But does HIV pose a threat to peace and development in Africa? And is the military taking HIV seriously enough? **Azad Essa** spoke to **Lindy Heinecken** on the extent of the threat.

HIV/AIDS is often spoken about as a security crisis in Africa.

What does this mean?

HIV/AIDS is not a security threat. However, it could become a security threat, especially where armed forces are badly affected and are unable to deal with the humanitarian and other social, economic and political consequences.

High HIV-infection rates within the military have negative consequences for national and international security as every soldier infected, affects the capacity of the military. Because military troops are the ultimate instrument of the state in maintaining security, the impact that HIV/AIDS has on operational capability, compounds the security implications. The increase in infection rates not only weakens the capacity for nations to defend themselves and maintain civil order, but also weakens their ability to provide personnel for peacekeeping and other humanitarian aid missions.

Is the situation as bad as first speculated in the nineties?

One has to see this in context and in relation to national statistics.

Although accurate figures of the extent of infection in the armed forces are hard to come by, most claim that infection rates are between 3 and 10% higher than national averages.

For example, in Kenya in 2005 the national average was 6.4%, while the military averaged 9.4%, and in Botswana a 30% national average is contrasted with 40% in the military. South Africa reports infection rates of between 22 and 25%, approximately 3% above the national average.

Most of the armed forces in the region now openly state that AIDS accounts for over half of in-service mortality. The impact is so severe that in some cases certain African armed forces have been unable to deploy a full contingent or even half of their troops at short notice.

In March 2003 for example, the Malawi Defence Force reported that troop strength was down by more than 40% due to HIV deaths and Mozambique is no longer able to recruit and train police officers fast enough to replace those dying of AIDS. The South African National Defence Force (SANDF), the largest

troop-contributing country to peacekeeping operations in the region, faces similar challenges.

Why is data so scarce on Africa's military?

There are a number of reasons. Even where such information exists, national armed forces are not inclined to make this public as it may be considered a strategic weakness. It may jeopardise their standing as a troop-contributing nation and affect the revenue they receive for participation in such missions. It also poses certain diplomatic concerns.

Are peacekeepers and military personnel responsible for the spread of HIV on foreign deployment?

Countries contributing peacekeeping troops to conflict zones face the dilemma of having to secure peace, provide the necessary humanitarian aid and diffuse conflict, while, at the same time, exposing their soldiers to potential infection.

Concerns range from healthy peacekeeping forces being infected by disease-carrying forces and local

populations, to the high-risk behaviour of troops themselves. There is no doubt that peacekeeping troops have sexual relations with the local population. These missions are in countries with high infection rates, so one can assume that they do contribute to the spread of the disease not only within the host countries, but when they return to their home country.

Some countries have now indicated that they are not willing to accept peacekeepers if they come from high prevalence countries. This has led to demands that peacekeepers be tested for the virus before they leave their home country. This is one of the reasons why the UN recommends not deploying HIV-compromised troops on peacekeeping operations.

However, post deployment testing is not always done upon return home and even where it is done, many may still be in the window stage. So to what extent peacekeepers contribute to the global spread of the disease is not really known.

If the military are a high risk group, how can the army protect civilians?

The most obvious is to impose strict codes of conduct on soldiers. The unacceptable sexual behaviour of soldiers engaged in peacekeeping operations has signalled the need to bring greater discipline to troops, coupled with a stronger sense of the moral code of military treatment of civilian populations.

The more professional and disciplined a force, the lower the level of HIV-infection. This comes down to good leadership and a sense of responsibility, with the knowledge that there are sanctions for sexual misconduct, as well as serious personal consequences.

In this regard, knowing that you will not be deployed if you are HIV-positive is a powerful financial deterrent. This of course raises certain human rights considerations.

The old debate: mandatory testing versus human rights. What are the issues to consider regarding recruitment and deployment in the military? Should the military be treated differently from other jobs?

This is a complex issue. Most African countries test their troops, but some cannot always afford to test or provide the necessary treatment if troops test HIV positive.

The UN recommends pre-deployment testing, but this is not mandatory. At the same time, host countries are pressurizing the UN to make testing mandatory because they fear HIV positive troops coming from high prevalence regions to their country. But the debate has now moved to levels of impairment of HIV positive personnel rather than simply HIV status. Some feel that HIV tests are the same as a health check-up.

But the UN says that being positive does not mean poor health and thus UNAIDS has been cautious knowing that compulsory testing of HIV could lead to stigma, suicide and even discourage people to access health services.

UNAIDS states that if the military excludes on account of an HIV positive status, then it needs to demonstrate how the military is different from other workplaces – that HIV is not being singled out and that mandatory testing is a more affective tool than voluntary testing.

But there is no evidence that mandatory testing is more effective than voluntary testing nor is there enough evidence to suggest HIV positive personnel suffer more because of the stress of deployment.

Yet at the same time, there is some evidence that peacekeepers have spread HIV and so this debate around the individual rights versus the host or community rights continues, with human rights activists and unionists vehemently against mandatory testing or exclusion.

Would you say that African defence forces are serious about addressing the issue? Do you know of examples of good practice?

I cannot speak for all armed forces in Africa, but I would say that the SANDF is serious about addressing the issue, given that approximately a quarter of its forces are affected.

The SANDF run numerous knowledge and awareness courses, such as project Mambisane and project Phidisa, which provides antiretrovirals to soldiers and monitors the effects. All military personnel also have to undergo a yearly comprehensive health assessment, and this includes an HIV test. Personnel are actively encouraged to know their status and are fortunate in that they have access to sickbays, social workers and military hospitals to provide the necessary support if tested positive.

For many African armed forces however, the costs of managing this disease are beyond their administrative and financial capacity.

With lives, security and peace at stake, is this a war African defence forces are winning?

Although effective prevention, support and care programmes may minimise the impact, African armed forces will not win unless there is a major shift in the sexual behaviour of troops. It does not appear as if education and prevention programmes are having any significant impact.

Furthermore, to win this battle, it is necessary to first break the silence and stigma surrounding HIV/AIDS. It is the secretiveness of this virus that makes it the most deadly killer known to mankind. ^{LB}

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