

Civil-Military Alliance to Combat HIV and AIDS



Volume 2, Number 3

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Training Aid Infold	

INFOLD INSIDE

Training Aid for Police and Armed Forces Personnel

The Alliance Training Aid, published with this issue, gives Commanders and Medical Officers a useful, practical guide that can be photocopied for all troops. The document can be used in briefing soldiers and police. Written in straight forward language it is addressed to the ordinary recruit. Originally produced by the United Nations for troops and police serving on UN missions (Currently over 20,000 in such areas as Croatia, Angola, Western Sahara, Lebanon and others).

CALENDAR 1996-97

October 3-5 **Massachusetts, USA**
2nd International Conference on Health & Human Rights Contact: François-Xavier Bagnoud Center for Health and Human Rights, 8 Story Street, Cambridge, MA 02138 USA. TEL: 1-61 7-496-4292 FAX: 1-61 7-496-4380 e-mail: fxbcenter@igc.apc.org

July 13-19 1997 **Cuidad, MEXICO**
First Regional Congress of Psychology for Professionals in the Americas Contact: Antolina Ortiz Moore, Apat-tado Postal No. 41-756 MEXICO, D.F. 11001 Mexico. FAX 525-598-2342 e-mail: Congreso@datasys.com.mx

NEXT ISSUE

World Survey and Policy Report

The October, 1996 *Alliance Newsletter* will carry the results of a worldwide survey of military policies on HIV from over 50 nations. The report will be a policy brief useful to military leaders.

Vancouver, Canada

Emerging Military AIDS Issues Recognized at World Conference

Norman Miller

Prostitution, child soldiers, the "garrison town" and the impact of HIV on military establishments, are issues of concern surrounding Military AIDS and were important topics discussed at the International AIDS Conference held July 7-11, 1996 in Vancouver. Military commanders and medical officers were given a wide range of AIDS prevention techniques and were warned of these new and emerging problems.

The Civil-Military Alliance organized a major panel that presented many of these issues and held two satellite meetings for policy-planning and training. Some of the findings useful to military commanders and medical officers include the following:

- "Garrison Towns" in many developing nations are places of high risk and high transmission of HIV. Like mining communities, they can be "bachelor towns," replete with conditions that encourage HIV transmission. These include bar and brothel establishments near military bases, high alcohol consumption by soldiers, unsanitary off-base living conditions, depression and loneliness experienced by young soldiers, separation from family and few recreation facilities. Policy questions for military leaders center on how to first analyze the HIV and health hazards in these special communities and thereafter to set local policies that address the issues.

- The "Child Soldier" phenomenon, most recently seen in Liberia with 20,000 youths engaged in military activities — often as roving, armed bands of lawless guerrilla fighters — was cited as a major contemporary problem because many adolescents are sexually active. The rise of "child soldier" units, often under the command of an older corporal or sergeant has been seen in Uganda, Rwanda, Somalia, Zaire and elsewhere.

- Prostitution in the civil-military context was noted as a major problem that as yet has not received adequate attention. In spite of the fact that commercial sex workers and military and police personnel are the two leading population groups worldwide in the transmission of HIV, relatively little attention has been given these groups.

- Impact on the military includes the loss of personnel, a "hollowing out" of manpower, the politically explosive situation wherein large numbers of HIV positive troops are demobilized to return to their village areas, (often with access to firearms), the demoralizing situation in many militaries that

Alliance Leadership and Organization

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Alliance Activities

Latin America Moves Toward Global Leadership

Sven Groennings

Alliance leadership and planning. Latin America is moving into a position of global leadership in the Alliance. General Sergio Olmedo, Chile, has been nominated as co-chair for the next two years, with General Raffaele D'Amelio, Italy. They will assume their positions at a brief Alliance ceremony to be held during the Beijing conference of International Congress on Military Medicine in October.

Nominated to be co-chairs for Latin America are Colonel Juan Alva, Peru, the founder of COPRECOS, and Dr. Blanca Campos, Chile, who is Vice President and President Elect of ULACETS. Thus the Civil-Military Alliance will have well established leadership in both the military and civilian sectors.

During the World AIDS Conference held in Vancouver in July of this year, a planning session hosted by the Alliance on program development in Latin America, was joined by representatives of international funding agencies. An early priority is the preparation of a comprehensive, very practical policy-and-issues paper that can be used in seminars to be held in 1997 and 1998. The Pan American Health Organization (PAHO) will host a review-and-drafting session on September 16. A second such session will be hosted by the United Nations Department of Peacekeeping Operations.

Plans are developing for a 1997 seminar in Honduras which will be co-sponsored by the Alliance, UNAIDS and PAHO. The Alliance will have panel discussion as part of the program of the ULACETS conference, 11th Latin American Congress on STDs/5th Pan American Conference on AIDS, to be held in Puerto Rico in November /December 1997.

Chile adopts COPRECOS integrated planning model for its armed services

Chile has become the sixth Latin American country to establish a COPRECOS (Committee for the Prevention and Control of HIV/ AIDS in the Armed Forces). The COPRECOS model for integrated planning was initiated by Peru, which also includes its national police. COPRECOS has been adopted, with some variations, by Bolivia, Brazil, Dominican Republic and Honduras.

Chile's COPRECOS is holding monthly meetings. Its executive secretariat will assemble epidemiological information and coordinate joint actions. The

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Malawi: Regional Policy Workshop on AIDS Prevention in a Civil-Military Environment

MANGOCHI, MALAWI, 23-26 APRIL 1996

Malawi's First Vice President and Minister of Defence, the Right Honourable Justin C. Malewezi, delivered the opening address to the policy workshop. Excerpts:

The AIDS epidemic in Malawi has brought with it a number of complications which compel us to review our current practices of disease prevention and social security. The spread of the AIDS epidemic will have significant effects on the composition of our national population figures and on the social and economic structure of the country. AIDS is likely to make an important difference to demographic variables, including mortality, life expectancy and infant survival. There certainly will be a reduction in some of the gains made in increased child survival and life expectancy. Overall, life expectancy could be reduced from the expected 51 years to 44 years by the year 2000. The World Bank estimates that AIDS has already raised the infant mortality rate in Malawi by about 20 per cent. The number of AIDS orphans estimated at 300,000 now will put severe stress on communities in their ability to maintain them.

The impact of AIDS in the military has been causing concern worldwide for some time now. The concern about HIV in military units has intensified as more countries reveal the extent of the disease in their armed forces. Prevalence rates in many armies of the developing world, especially in Africa, are exceptionally high, particularly among highly trained officers in flying and armored units.

Indeed, the ultimate effects of HIV extend well beyond its lethal impact as a viral disease. These effects include:

a. Militaries encounter unique problems with regard to AIDS. The armed forces bear the responsibility of defending society and its interests against domestic disorders and external threats. When the military is weakened, so too is the security of the country it is intended to defend.

b. All infections that have the potential for transmission through blood and other body fluids pose a serious risk to military populations, particularly during training exercises and armed engagements.

c. Armed forces with low levels of HIV infection may, when need arises, train and fight alongside forces with high HIV prevalence and rely on medical support from such forces.

d. A problem exists in providing medical support for those who are in the later stages of HIV infection. Medical healthcare systems may already be ill-equipped to care for long-term illnesses. This constraint, combined with fears of new transmissions, has resulted in policies by some governments to exclude HIV-infected persons from military service in their countries.

The AIDS affliction has no respect for ranks. Consequently, the incidence of AIDS is manifest among the other ranks as well as among the officers. Since the number of officers is smaller, reduction of these numbers has a more devastating effect in that the effectiveness of command is covered. A by-product of this pattern is that many soldiers and officers are lost which may in turn lead to instability.

Typically, the military significance of any disease is measured in terms of its potential for rendering large numbers of field troops unfit for combat. For some reason, authorities seem to rate HIV as a lower health-care priority than other well-established diseases such as malaria and diarrhoea. A possible explanation for this could be that many

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Emerging Military AIDS Issues Recognized

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fail to provide adequate counseling and advice to infected soldiers were all sited as important issues for commanders to consider.

. **New and Emerging Diseases.** HIV/ AIDS is seen as only one of the new and emerging diseases of concern to the world health community. TB, Ebola, Marburg, Rat Fever and others. A key issue for commanders and medical officers is to find ways to be alert to HIV and other emerging diseases, to be able to bring surveillance mechanisms to bear and to be prepared to cooperate quickly with international agencies such as the WHO when outbreaks occur.

Many of the issues discussed in the Civil-Military Alliance meetings carried implications for new policies to be drafted and new applied, practical research to be done to gain insights on how commanders can proceed in the struggle against HIV/ AIDS. Two of the key solutions lay in first giving commanders access to visiting mobile teams that can bring international or regional specialists to assist in setting up training and prevention programs. Second, to focus new local-level research on such topics as the "Garrison Towns" wherein applied research can lead to suggestions on how social and behavioral change can assist governments in fighting HIV. □

Malawi Regional Policy Workshop

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militaries have been reluctant to admit experiencing a serious problem with HIV/ AIDS. Disease among troop populations forms a sensitive intelligence issue, and military forces are understandably unwilling to openly reveal such weaknesses. This problem is reinforced by the difficulties inherent in applying rational policy decisions to problems associated with personal behaviours, such as sexual activity which is often done in secret and in darkness.

In Malawi, for a long time, the official line of policy was to deny the existence of AIDS. This official denial has been costly to the country. It has made Malawi, one of the poorest nations of the world, to carry the heaviest burden of AIDS, including 318,000 estimated cases by December, 1995. Activities in AIDS prevention are now urgent. The new Government of Malawi is committed to AIDS prevention, and new policies emphasize grassroots health care and population programs.

In January this year, the Malawi Army with the assistance of the UNDP, the European Union and the Civil Military Alliance organized a Policy Seminar on AIDS in the Malawi Army. This seminar was a true milestone for the participants, and a number of recommendations were made for inclusion in the Malawi Army Regulations. Some of these recommendations were:

- a. That there should be no restrictions on marriage for officers and men after basic training.
- b. That the Malawi Army appoint an officer as an AIDS Coordinator on a full time basis.
- c. That condoms be made readily available and distributed as part of a soldier's kit, and not placed in toilets only.
- d. That those proceeding on foreign courses for periods exceeding 12 months be tested for HIV.
- e. That a pilot who develops suspected AIDS-related illnesses be screened, and those found to be HIV-positive be

grounded and assigned other duties on recommendations from the Medical Officer.

- f. That there shall be no mandatory screening for promotion but annual physical check-ups will be mandatory for both officers and men as per regulations.
- g. That AIDS be treated as any other incurable chronic disease, with no referral abroad for AIDS-related illnesses.
- h. That home-based care be established and encouraged on a voluntary basis.
- i. That a comprehensive counseling and education system with an emphasis on peer counseling be established.
- j. That the normal tour of duty be three months renewable, and those attached to other units be allowed to visit their families during weekends.
- k. That those proceeding on courses of at least one year duration be accompanied by their spouses.
- l. That there be an effective management of STDs to reduce the incidence of HIV / AIDS.
- m. That AIDS awareness lessons be included in the curriculum in all training programs at the Armed Forces College.

With the assistance of the National AIDS Secretariat, the newly appointed Malawi Army AIDS Coordinator and his deputy are drawing up a program of events in all barracks. Efforts are also being made to visit countries with more experience on AIDS prevention such as Uganda, Zambia and Zimbabwe.

We have a challenge on our hands. We do not want to repeat the errors of history by failing to perceive the impact of AIDS. We all must work hard to control the spread of AIDS. Experiences and problems must be shared. There must be continuity in our programs since they are not one step affairs. We need to ensure a continuity in the financial support which enables countries like Malawi to effectively mobilize their own human and institutional resources. □

Latin America Moves Toward Global Leadership

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Committee's objectives include establishing and maintaining relations with other Latin American COPRECOs organizations and collaboration with civilian organizations in Chile.

Dominican Republic National Conference

A recent national conference provided a major opportunity for the civilian and military sectors in the Dominican Republic to meet. The conference, whose theme was "AIDS: A Challenge to Development," was held in Santo Domingo, July 24-27, 1996. It included high-ranking officers from the military and the national police as well as representatives of private sector and public institutions. The conference co-sponsors were

AIDSCAP/ US AID and the Dominican armed forces.

One of the workshops was on "The Role of the Armed Forces in Preventing AIDS." Speakers addressed the prevention of HIV/AIDS as a high-priority military mission and both the epidemiology and the care of those infected. Among the workshop conclusions: (1) more information about the pandemic, both within the military services and at the global level, should be provided to military staff; and (2) there should be energetic action toward modifying the behavior of the troops: recovering moral values, strengthening the institution of marriage and promoting correct condom use. Follow-up workshops are planned to review HIV/AIDS policies in the military and to strengthen prevention programs. □