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# Global Survey of Military HIV/AIDS Policies and Programs

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*This position paper on Civil-Military Collaboration for HIV/AIDS Prevention and Mitigation in Africa, is in three parts. The first, to establish the current reality in military AIDS prevention, is a report on a world-wide survey of policies in place today in military prevention programs,*

*Part XI addresses policy issues in current military medical practices, and is presented as a series of questions, key facts, and specific military issues. These include testing, foreign military training, peacekeeping and issues of AIDS care in militaries.*

*Part III discusses emerging HIV/AIDS policy trends in African militaries, particularly around such issues as the spread of the HIV virus, AIDS illness and death, survivors, long-term care and the overall security impact.*

### **Part I**

In 1995/96, a survey was jointly carried out by the Joint UN Programme on HIV/AIDS (UNAIDS) and the non-governmental Civil-Military Alliance to Combat HIV and AIDS, concerning policy issues of HIV/AIDS in the world's armed forces. Because of a lively interest in **such** issues from a variety of military and health perspectives, because of the seriousness of the AIDS situation in certain militaries, and also because of a general lack of reliable information on military HIV/AIDS policy responses, UNAIDS and the Alliance decided that an initial survey was in order to determine the present state of the art in military HIV/AIDS policy and to provide an empirical basis for further policy recommendation and development.

The resulting 40-item questionnaire (titled "HIV/AIDS Prevention, Testing, and Care in Current Military Medical Practice") was intended to gather data on current military approaches to HIV/AIDS prevention, testing, and care. It was sent to the militaries of 120 countries, including all members of the International Committee on Military Medicine (ICMM), to be completed by senior medical officers responsible for the HIV/AIDS specialty area. Respondents were also asked, if possible, to indicate the number of HIV-positive recruits and/ or the HIV prevalence rate among recruits in each year since testing was begun, the number of HIV-positive persons among currently active personnel and/or the prevalence rate among active-duty personnel, and the cumulative number of AIDS cases diagnosed among active-duty personnel to date. Individual country returns were kept strictly confidential, although some data were aggregated by world region. In addition to the analysis presented here, survey results have been discussed in a variety of venues, including the 32nd International Congress on Military Medicine held in Beijing, China, in October 1996.

Interpreting these data requires considerable caution because of the open-ended nature of many questions, because of a fairly limited number of country requests (120 of nearly 200, or 60 percent) and first-run returns (50 of 120, or 42 percent), and because of an uneven distribution of responses by survey question and by world region (30 percent from Africa,

24 percent from industrial members of NATO, 18 percent from Non-NATO European countries, 16 percent from the Asia/Pacific region, and 12 percent from the Americas excluding the United States and Canada). Nevertheless, several regional and world trends, strengths, and weaknesses emerge in military policy responses to the HIV/ AIDS pandemic, in the vital areas of HIV prevention education, condom promotion, testing and counseling, and care for persons with AIDS.

## HIV Prevention Education

It is clear that militaries throughout the world recognize the importance of HIV prevention education for their personnel and dependents. Fully 98 percent of responding countries report programs to provide such education and 88 percent have developed formal policies along these lines. At nearly 90 percent, group briefings and the distribution of printed materials are the most commonly employed methods of prevention education, and in 85 percent of reported cases these briefings are mandatory. On the other hand, only 56 percent of respondents indicate educational sessions conducted more often than annually, and only 54 percent report a focus on individual education in their militaries. Given the established significance of continuing, individualized information, education, and communication (IEC) inputs to consciousness raising and permanent behavior change in the difficult area of HIV prevention, these results suggest considerable room for improvement. Indeed, recent U.S. military research suggests individual STD health risk assessments and situational prevention practice sessions are even more effective and produce longer-lasting results than standard individual counseling (Jenkins et al., 1996).

In another example of both strength and weakness in military HIV prevention education, 86 percent of reporting militaries conduct prevention briefings before their troops are deployed to other countries, but only 54 percent follow up with post-deployment briefings. The potential for spread of HIV infection by troops entering and returning from peace-keeping and other assignments in unsettled areas presents a threat to all societies. The development and implementation of effective pre- and post-deployment HIV IEC campaigns are therefore critically important to all militaries sending troops beyond their own borders.

As might be expected from a budgetary standpoint, mandatory prevention briefings together with pre- and post-deployment briefing sessions are positively associated with countries' growth in gross domestic product (GDP). Conversely, regular briefings occur less often in Africa and Asia than in other regions, and pre-deployment briefings are less frequently held in Africa than anywhere else. Fortunately for the sustainability and probable future extension of military HIV prevention education, 79 percent of reporting militaries already have formal training programs for HIV prevention educators (with 49 percent using civilian trainers, which

represents a significant example of civil-military cooperation in HIV prevention), and more than 70 percent offer trainer training programs at least annually. These programs tend to appear most often in militaries that are strongly committed to condom promotion, and also to gathering as much information as possible before condom policy development and HIV testing through knowledge-attitude-behavior-practice (KABP) surveys of recruits and serving personnel.

## Condom Promotion

The effective and regular use of condoms remains humanity's most powerful weapon in the global war against HIV and AIDS. As hierarchically structured formal organizations with well-developed command and control mechanisms over a wide range of behaviors, militaries are virtually unique in their capacity for sustained, and thus habit-creating, condom promotion. Most militaries participating in the survey fully appreciate this advantage, but some are more able than others to use it. While 80 percent have policies to promote condom use, only 55 percent report written plans to operationalize these policies. Fifty-four percent conducted KABP surveys before adopting condom promotion plans, and 91 percent of these used KABP survey results in plan development.

Types of promotion methods are similar to those employed in prevention education, with 87 percent of responses limited to written materials and group briefings. Of 12 respondents reporting "other methods to promote condoms," only one mentioned use of peer education, one individual advice, and one confidential appeals. This lack of frequency suggests the same weakness in condom promotion policy as encountered in prevention education.

Three-quarters of survey militaries report designated personnel at various command levels as responsible for condom procurement, but in only one of three cases are condoms routinely issued. Except for the 18 percent not distributing condoms at all, the remainder offer them, mostly free of charge, "on request." Only 63 percent provide specific instructions on the proper use of these devices.

As in the case of prevention education, correlations in military condom promotion appear along policy, socio-economic, and regional lines. Written plans for the promotion and provision of condoms are positively associated with free distribution and instructions for use, although condom-use instructions are also inversely associated with countries' military budgets as percentages of GDP. In terms of full-blown AIDS cases, however, militaries in high-incidence countries are strongly associated with written condom plans, KABP surveys before plan implementation, operationalized means to provide condoms, designated individuals responsible for condom distribution, free distribution, and instructions for use. Perhaps most notably, specific condom

provision policies are most common among African militaries, whose ranks remain the most heavily devastated by HIV and AIDS. In condom promotion, available resources and policy appear to coincide with magnitude of need.

## Testing and Counseling

Among armed forces around the world, no other sexually related health issue has emerged as controversial as the issue of testing for HIV infection. A host of medical, legal, and human-rights questions are involved in the decision to test, including who is to be tested, how often, with what expected results, and with what consequences for those tested. There is likewise a substantial economic cost factor associated with HIV testing. In the U.S. Army, for example, it is estimated that the average laboratory cost per HIV infection detected is US\$5,290 (Brown, Brundage, Tomlinson, and Burke, 1996, p. 119); and this figure does not account for additional costs in terms of time away from duty while being tested and time spent by medical, laboratory, and administrative personnel in conducting tests, determining their results, contacting and counseling patients about these results, follow-up testing of those who may have had contact with HIV-infected personnel, and managing the epidemiological data base thus created.<sup>1</sup> Non-economic costs may also arise. In countries with high HIV positivity rates, testing accompanied by refusal of service to HIV-positive personnel and/or prospects may compromise military restaffing, already complicated by AIDS deaths, and recruitment, in that stigmatization of those rejected before or after enlistment may reduce the number of potential volunteers.

In the past, only a few militaries adopted universal testing and screening policies for HIV. However, the mounting treatment costs, organizational dislocations, and threats to mission fulfillment created by HIV are now prompting military leaders in heavily affected countries to rethink the merits of universal testing in a variety of policy configurations. The present survey offers a cross-section view of this ongoing process.

In one manner or another, HIV testing is conducted in 86 percent of reporting militaries, although only 62 percent have developed declared testing policies. Mandatory tests are conducted by 73 percent, 30 percent of which are anonymous and 25 percent with results reported to persons (presumably commanders and spouses) other than military medical personnel. Where testing is required, the most frequently mentioned test settings are at recruitment (66 percent of responses), before deployment (55 percent), before separation from active duty (38 percent), periodically (31 percent), and before new assignment (26 percent). Possibly motivated by budgetary constraints in the less-developed majority

of survey countries, a periodic test rate of only 31 percent casts doubt on the ability of military testing programs in these countries to achieve their stated goals; rejection of recruits (79 percent of responses), restriction of duties (79 percent), and exclusion from overseas service (88 percent).

Pre-test as well as post-test counseling is generally considered a necessary part of effective and humane examination for HIV. It has also been found that a combination of testing and counseling is better able to reduce risky behavior patterns than is testing alone. The problem is that counseling is logistically and financially more difficult in mandatory testing situations. Among survey militaries practicing mandatory testing, pre-test counseling is offered in only 63 percent of reporting cases. On the other hand, counseling is provided in 86 percent of militaries which have opted for voluntary testing. Regardless of their scope of work, military counselors appear to be highly qualified for their duties, including physicians (98 percent of responses), nurses (29 percent), trained lay counselors (26 percent), and other professionals such as psychologists and chaplains (21 percent).

Bearing important implications for further policy development, some of the most striking distinctions between militaries in the world's richest and poorest countries appear in the area of HIV testing and counseling. In particular, mandatory testing is practiced in only a minority of NATO and non-NATO European survey militaries. In 1994 these countries experienced an average incidence rate of new AIDS cases in the range of 4.17 per 100,000 population, as compared with an average incidence of 37.9 per 100,000 for Africa south of the Sahara (Bernard, 1996). As noted, pre-test counseling is positively associated with voluntary testing. Conversely, mandatory testing is positively associated with militaries in countries with high population growth rates, low life expectancies, and low military budgets. Mandatory tests are reported by a majority of African survey militaries and in all responses from Asia and Latin America. Militaries in countries with high AIDS incidences are also associated with rejection of recruits refusing to be tested, counseling before testing, nurses instead of physicians providing counseling, and consequences for troops testing HIV-positive, including restriction of duties and eventual discharge. Among survey countries in general, there is also a positive association of high AIDS incidence with population growth and, not surprisingly, a negative association of AIDS with life expectancy. These correlations suggest that, like the civilian governments of which they are parts and whatever the intent of mandatory testing, militaries with the least available resources are struggling to cope with HIV/AIDS in societies with some of the pandemic's highest rates of incidence, prevalence, morbidity, and mortality.

1. Of course, in countries with high HIV incidences, the cost per case detected will decline although, because of the need for confirmatory tests of those suspected of being HIV positive, the cost per individual sample will rise.

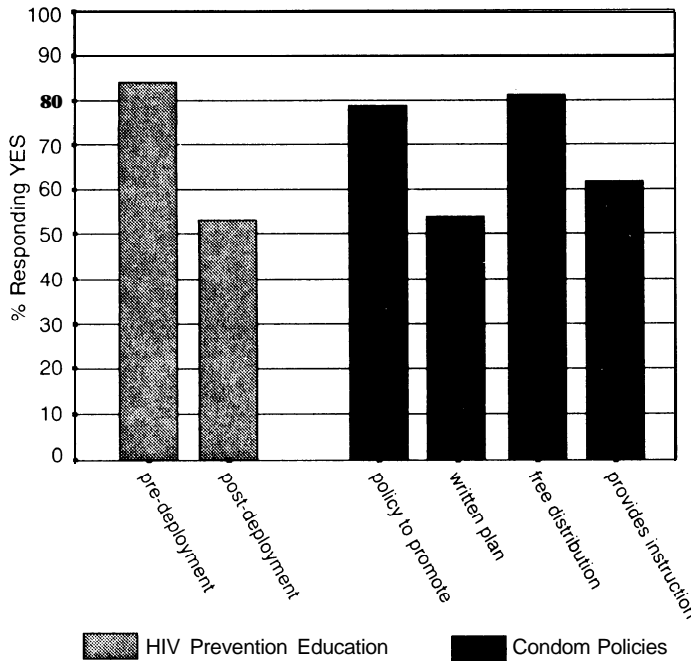
## Care for Persons with AIDS

As in the case of HIV testing and counseling, care for AIDS patients presents a set of issues that differentiate militaries in industrial and non-industrial societies. While few would question the value of providing the best possible care for military AIDS patients and their dependents in both sets of countries, this goal may not be so easily realized or even justified in the latter as in

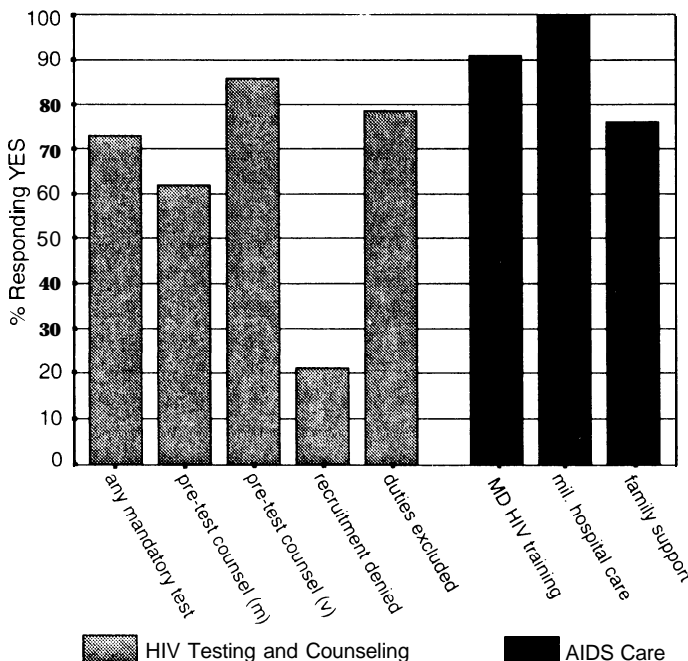
the former. Basically, and as in other spheres of life, should the armed forces and their families be treated as a privileged "protected class" in impoverished societies that are themselves heavily threatened by HIV/AIDS and other maladies attendant to poverty?

This dilemma notwithstanding, survey results reveal that high priority is assigned by armed forces in all world regions to providing the maximum possible care and support for military AIDS patients and their families. All respondents report care for AIDS patients in their military hospitals, and 92 percent specifically train medical officers to treat the disease. Although 73 percent may discharge personnel with HIV or AIDS, 75 percent of these use service-extending medical criteria of job performance and only 25 percent rely solely on an HIV test or risk factor. A further 46 percent offer additional home care. Before and after discharge from service, 75 percent of reporting militaries provide counseling and support to the families of military AIDS patients.

**Figure 1:** Highlights of survey responses to questions regarding HIV prevention education and condom promotion policies.



**Figure 2:** Highlights of survey responses to questions regarding HIV testing and counseling policies and provision of AIDS care. Pre-test counseling policies were distinguished for mandatory testing (m) and voluntary testing (v.). Abbreviations: MD, physician; mil., military.



In order to fulfill this commitment, Third World militaries must depend almost entirely on their own resources, which in all likelihood severely distorts their defense budgets and, together with military readiness considerations, inclines them to favor pre-recruitment testing and screening. Home care provision is positively associated with ready supply of condoms and pre-HIV test counseling, both occurring more frequently in industrial countries. Provision of care for military AIDS patients in civilian medical facilities occurs least frequently in Africa and Latin America. Arguably, to enable such care to be provided, and in the relative absence of civilian care alternatives, African militaries tend to retain their personnel despite their meager medical budgets. In answer to the question: "When a diagnosis of AIDS or other HIV-related illness is made, are there consequences in relation to the person's status?" Africa reported more "no" responses than any other region.

## Discussion and Recommendations

In spite of the limited nature of the data presented and discussed in this paper, certain conclusions and recommendations can be offered to help guide future policy development in military HIV /AIDS policy around the world. Taken as a whole, these findings strongly argue for greater civil-military and cross-national collaboration and resource sharing in reducing the effects of a universally fatal disease that is reaching or has already reached pandemic proportions in all sectors of human society.

## **Prevention Education**

- Prevention education programs should be conducted more frequently, so as to reinforce health-promoting behaviors to the maximum degree attainable.
- These programs should pay greater attention to individualized, innovative approaches to information, education, and communication (IEC) such as situational prevention practice sessions based on personal STD health-risk assessments.
- In all countries, these approaches should be employed in post-deployment as well as pre-deployment situations.
- Sustainability should be afforded to formal training programs for HIV-prevention educators, particularly in militaries that are as yet less than fully committed to condom promotion.

## **Condom Promotion**

- More knowledge-attitude-behavior-practice (KABP) surveys should be conducted in order to adapt condom promotion activities to local social, economic, and cultural conditions and thereby to maximize their effectiveness.
- Based on such surveys, greater attention should be focused on the development of formally operationalized plans to implement existing condom-promotion policies in highly individualized training and peer education settings.
- More emphasis should be placed on a wider and proactive (instead of only “on request”) distribution of condoms, either free or through cost-effective “social marketing” mechanisms, together with informative and persuasive instructions for use.

## **Testing and Counseling**

- Before adopting voluntary and/ or mandatory testing policies, the goals and anticipated cost/benefit ratios of such policies should be carefully considered. Are tests intended to yield surveillance data for future efforts at HIV prevention, to further behavioral deterrence, to exclude HIV cases from service, to identify cases for counseling and later care? Each of these objectives may demand different testing conditions and/or schedules, not all of which have to be mandatory and/or periodic. The implications of testing, especially mandatory testing, should be estimated for military recruitment and restaffing, for compliance with host country requirements in deployment and foreign-training situations, for protecting blood supplies, and for mission fulfill-

ment in certain assignments requiring high performance standards.

- The basic need for counseling may help to determine whether HIV testing is voluntary or mandatory. Where testing is practiced, pre- and post-test counseling should always also be conducted to induce and reinforce health-promoting behaviors regardless of past or future test results. Past experience is mixed on the behavioral effects of testing alone, but testing and counseling together do tend to reduce practices placing one at risk of HIV.

## **Care for Persons with AIDS**

- When planning and implementing military AIDS care programs in Third World settings, essential defense spending may be placed in jeopardy. Active duty, discharged, and medically retired beneficiaries of these programs may also become a favored class in the larger societies of which they are part. Both dangers can be mitigated through a greater integration of military and civilian AIDS care. This will ease the financial burden placed on military resources and broaden the ability of militaries to offer long-term care, including that which is home based.

## **Civil-Military Cooperation**

- However measured in terms of these and other approaches to military medical practice, success in combating military HIV and AIDS can only be achieved in the context of similar and related advances in civilian society. In order for civil-military collaboration to be strengthened, several further initiatives are now emerging in national policies and in international fora (for example, “AIDS Prevention in Military Populations” and “Report of The Regional Policy Workshop for Eastern and Southern Africa”) which undergird the survey findings and recommendations reported in this paper. It is appropriate that the discussion should conclude with a summary of these initiatives and a final recommendation that they be widely and strongly supported.
- Inclusion of the military as an integrated sector within national HIV / AIDS prevention programs. Sharing of existing health care funding and facilities, epidemiological data, and HIV prevention materials and techniques.
- At the national level, improvement of civil-military institutional linkages and cooperative strategies in HIV prevention.
- Improved regional and global communication among militaries in HIV prevention, in an overall setting of improved South-South, North-

## Part II

### HIV/AIDS Prevention and Care in Current Military Medical Practice Outline of Policy Issues

#### Overall Policy Questions

- South, and South-North information and resource sharing.
- Adoption of a joint civil/military commitment toward a "banalization" of HIV/AIDS, toward depoliticizing the disease within and between civilian and military populations.
  - Adoption of a *long-term* multi-sectoral approach to HIV prevention and counseling, and to AIDS care, in and between the military and civilian sectors, stressing the importance of defining the disease not only as an immediate medical emergency, but also as a permanent but surmountable challenge to national security and socio-economic development. In particular, strengthening of the first line of defense against the disease by ensuring the dependable availability and accessibility of condoms to all members of society, both civilian and military, together with an inculcation of early adolescents into a common culture of consistent condom use.
  - At the level of formal organizations, greater inter-sectoral cooperation in HIV/AIDS policy development and implementation, which moves far beyond traditional ministerial divisions in government and beyond accustomed distinctions between public versus private, civilian versus military, and national versus international institutions in promoting the common welfare.
  - Greater attention paid to AIDS *mitigation* in civil-military relations, through a careful coordination of the employment and staged release into society of HIV-positive military personnel with life-extending alterations of public beliefs, values, attitudes, and patterns of behavior, in as well as outside socially accepted norms, concerning HIV/AIDS and other STDs.

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- Is HIV/AIDS a military-relevant disease to the extent of threatening mission fulfillment? If so, in which militaries is this threat the greatest and why? Why is it not a threat to mission fulfillment in all militaries?
- Is military HIV/AIDS of sufficient magnitude to pose a threat to civil order? If so, in which countries is this threat the greatest and why?
- Are current military and civilian HIV/AIDS behavioral research, education, and prevention programs effectively designed, targeted, funded, managed, monitored, and evaluated? If so, how? If not, why?
- Are military and civilian HIV/AIDS programs linked at the agenda-setting, formulation, adoption, implementation, and/or evaluation stages of policy development? If so, how? If not, why?
- How most effectively should such programs be configured, within and among countries, in the future? What are the priority informational, cost, funding-source and managerial requirements of such programs?

#### Pertinent Facts

- Exceptionally high rates of HIV seroprevalence in African and other militaries, not only among highly trained officers but also in the enlisted ranks. African militaries currently report seropositivity averaging between 20 and 40 percent, with up to 60 percent in countries where the virus has been present for over 10 years. African militaries rank among the continent's three core transmitting groupings, the other two being commercial transport workers and sex workers.
- Military personnel are inherently susceptible to HIV/AIDS. They are generally young and sexually active. They are often away from home and their regular sexual partners, and are governed more by peer pressure than accustomed social practices. They are both informally and intentionally imbued with feelings of invincibility and an inclination toward risk-taking. They are usually surrounded by ready opportunities for casual sex and are therefore more vulnerable than civilians to HIV infection. (Women military personnel, moreover, may be especially vulnerable in that they are often subject to sex

under duress and to outright rape.) They are subject to deployments in unsettled areas where STDs of all types may abound, and face the possibility of infection through wounding and contaminated blood—a contingency exacerbated by a frequent lack of HIV testing and monitoring equipment, especially under field conditions. Further, HIV transmission is five to 20 times more likely to occur in the presence of other STDs, and during peacetime military STD infection rates are between two and five times greater than civilian rates. During wartime deployments, military risk increases to as much as 100 times that for civilians at home (Kingma, 1995, pp. 3-4).

- Military medical systems are usually self-contained and dissociated from civilian medical systems. Unlike civilian systems, they are also specialized in dealing with immediate threats to unit readiness and are generally not well-equipped to address long-term illnesses. In addition, military commanders are usually most concerned with medical problems that could serve as immediate “war stoppers.” Except in militaries with very high rates of seropositivity, HIV is not a “war stopper,” although it may become a “war starter,” a “war perpetuator,” and an “ultimate war-outcome determinant.” One such scenario involves the possible use of HIV as an actual weapon of ethno-religious conflict, as reported from Rwanda and Bosnia.

#### Specific Military Issues

- Screening and Testing A host of medical, legal, and human-rights questions surrounds the issue of military testing and screening for HIV. Who is to be tested—all recruits, all personnel, only those slated for special assignments? Under what terms—voluntary or mandatory? How often? With what follow-up and consequences? There are also substantial cost factors involved in terms of money, time, and available military recruits and personnel.
- Foreign Military Training For the officer corps of African and other militaries heavily affected by HIV / AIDS, foreign military training assumes ever-greater importance in maintaining or regaining ready strength. Most countries offering such training require that those selected be certified as HIV-seronegative. This means that candidates must either be screened before departure or sent only to countries which may have no firm testing requirement. In addition to its negative effects on staffing, screening can lead to the submission of false test results by ambitious trainee candidates.
- Peacekeeping. HIV / AIDS presents a particular

problem for peacekeeping operations, as troops with low levels of HIV and other STD infections enter areas with high rates of infection and vice versa. Formerly, at least since World War II, military STD cases were usually cured before the troops returned home. With HIV, however, both military and civilian populations must cope with a chronic and incurable disease transmitted to and from the field. This risk is compounded by the role now often assigned to peacekeeping missions, which is not only to separate contending forces, but also to help effect demobilizations and create institutions to maintain the peace. In other words, short-term peacekeeping assignments may be subtly transformed into lengthy peacemaking operations, often in situations where STD and HIV prevalence is high. The presence of refugees and displaced persons further encourages these diseases. In one potentially catastrophic situation for peacemakers, by late 1994 there were about 22 million of these uprooted people in Africa, most located in eastern and central parts of the continent destabilized by internecine civil / military violence.

Political factors can further heighten risk for peacekeepers. Although the UN Department of Peace-Keeping Operations (DPKO) urges that troops infected with HIV and /or other STDs should not be deployed, several contingents deployed in the 1980s and early 1990s were not screened before departure. At that time, the U.S. and other governments that practice systematic HIV testing of troops did not raise the issue with the UN because of a concern that multilateral peacekeeping participation might otherwise be compromised.

- Mandated Reductions in Force. Structural adjustment and economic reform policies, often demanded as conditionalities by international lenders and donors, usually include military downsizing and reductions in defense spending. In addition to the possible budgetary impact of these policies on military medical services, immediate and large-scale reductions in force can enhance transmission of HIV from military to civilian populations and from more-infected urban locations to less-infected rural areas, where, in Africa, HIV seroprevalence is steadily rising.
- AIDS Care. Should special AIDS clinics be established for military personnel and their families? At what point should AIDS patients be discharged and sent home, and with what consequences for the wider civilian population? Should full medical, economic, legal, and educational benefits be provided for discharged personnel, their dependents, and their survivors, and if so, for how long?

## Part III

### **Emerging HIV/AIDS Policy Trends in African Militaries**

#### Spread of the HIV Virus

- Behavior change through information, education, and communication programs, some targeted toward specific rank classifications, encouraging condom use and limited numbers of sexual partners, and ensuring adequate numbers, quality, and distribution of condoms.
- Prevention through comprehensive blood screening.
- Prevention and prevention-impact assessment through voluntary and / or mandatory screening and testing for HIV and other STDs, either generally or according to status, rank, and/or assignment. Linkage of testing and counseling services for military personnel and their partners.
- Human and civil rights protection through confidentiality of HIV test results, prevention of discrimination against HIV-seropositive personnel, and maintenance of job security (in some cases requiring reassignment) and possibility of advancement in rank for asymptomatic HIV patients.

#### AIDS-Related Illness and Death

- Medical, psychological, and social support through AIDS-mitigating pre-test and post-test counseling of military and military dependents.
- Employment and income maintenance; protection of employment and income until medical discharge, with benefits, becomes necessary.
- Provision of continuing medical care of HIV-infected personnel, AIDS discharges, and their dependents.

#### Survivors

- Emergency assistance to dependents of deceased personnel through temporary continuation of military salary and provision of death benefits

including expenditures to cover funeral costs.

- Reintegration of survivors into their communities through assistance in relocation of households and through provision of educational benefits for surviving children.
- Assistance in protection of spousal property rights.

#### Immediate Civil/Military Security Impact

- HIV impact monitoring; recruitment and training of replacement personnel to maintain necessary force strength and command / control capacity.
- Protection and strengthening of military recruitment pool through HIV prevention-related information, education, and communication programs aimed at pre-adolescents and adolescents, and through recruitment limited to literate school-leavers.
- Strengthening of health and social welfare sectors through increased domestic and donor-assisted civil/ military cooperation in HIV prevention.

#### Long-Term Potential Impact on Civil/Military Security and National Development

- National and international actions to reduce the adverse security effects of the HIV/AIDS pandemic through greater information and resource sharing among militaries, and between researchers and policy makers.
- Efforts to promote HIV/ AIDS mitigation through changed perceptions at senior military and civilian levels, from viewing the pandemic only as an immediate medical and political crisis to HIV/AIDS treated as a serious but not insurmountable challenge to national and international security, peace, and socio-economic development.
- Increased intersectoral and international cooperation in all aspects of HIV prevention and AIDS mitigation; for example, by encouraging greater military as well as civilian collaboration with national and international non-governmental organizations (NGOs) working in these areas.

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