

**Pugwash Meeting no. 297**  
**Threats without enemies: the security aspects of HIV/AIDS**  
**A second exploratory workshop**  
**Limpopo, South Africa, 25 - 28 June 2004**

**HIV/AIDS and the Military Environment – A Perspective[\*]**

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**INTRODUCTION**

Before contemplating the influence of the debilitating phenomenon of HIV and AIDS on the South African National Defence Force (SANDF), the internal and foreign policies of the South African government need to be examined, in order to determine the expectations and the mandate given to the force.

The internal security situation in South Africa is relatively stable and there are no indications that this will change in the short to medium term. Crime, corruption, the threat of international terrorism, border controls, transformation, the redistribution of land, political intolerance, concerns about safety in rural areas, high unemployment, inadequate health care, service delivery and HIV/AIDS remain important domestic security, political and social issues in South Africa. HIV/AIDS remains a contentious issue and coping with the pandemic poses a challenge to government and society. HIV/AIDS is expected to pose significant economic costs to business over time, although the macro-economic impact is expected to be limited to a gross domestic product (GDP) growth rate reduction of about 0.3 % to 0.4 % per year.

The emphasis of foreign policy has been aggressively emblazoned by the State in its quest to establish South Africa as a regional power. This has been aided by the country's strategic geographical position together with its economic capacity and legitimacy in Africa and the rest of the world. An expectation has therefore been created in Southern African states and other countries having a strategic interest in the region for South Africa to fulfill that role.

The regional security situation in Southern Africa has improved since 2001 with the exception of Zimbabwe, which shows increasing signs of economic, political and social collapse that will negatively impact on the Southern African region. Swaziland is also reason for concern due to the monarchy's resistance to democracy and intolerance of opposition.

The sub-continent is hampered by instability, a poor health status and critical food insecurity resulting in the persistence of volatility and armed conflict. The health situation in the Southern African Development Community (SADC) region is deteriorating and other factors, such as poor economic conditions and the fact that most governments have neither the capacity nor the will to address the HIV/AIDS pandemic has caused the health infrastructure to deteriorate at an alarming rate. This has had the effect of lowering the Human Development Index. The incidence of diseases such as malaria, tuberculosis and cholera is on the increase, while diseases such as sleeping sickness and river blindness are re-emerging.

The security situation in Southern, Central and East Africa will remain the key to South Africa's security agenda. In this regard Angola, the DRC, Burundi, Zimbabwe, Swaziland, Lesotho, Rwanda, Kenya and the Ivory Coast are considered priorities. The challenges faced by SADC can be seen as the enhancement of effective governance and the creation of collective security management. The transition of the Organisation for African Unity (OAU) to the African Union (AU) has created a range of opportunities and challenges, particularly the establishment of the AU Peace and Security Council (PSC).

**THE ROLE OF THE SANDF IN SOUTHERN AFRICAN SECURITY**

Being committed to regional peace and security and to the strengthening of regional security arrangements, the South African government has embarked on a process of planning and executing peace missions. As a result, it is expected that there will be an increasing demand on South Africa to participate in conflict resolution, including international security projection and participation in international peace missions. The uncertain environment, as well as emerging new threat patterns, should place a premium on effective early warning and associated rapid and flexible response capabilities.

Given regional co-operation and strategic alliances, the SANDF could make a major contribution towards security projection and intervention in critical circumstances. The SANDF's deployments in Burundi and the DRC have fostered the image of the SANDF as a force that can be relied upon, thus opening possibilities for future cooperation and the development of strategic military partnerships. It can therefore be concluded that the SANDF will continue to participate in UN mandated peacekeeping missions.

## **THE SANDF AND THE AIDS PANDEMIC**

South Africa was the last country in the Southern African region to be infected by HIV and speculation in media reports in the past rated the infection status in the military to be between 40 % to 90 % in some military units. A published Comprehensive Health Assessment exercise in units frequently deployed by the SA Army placed the HIV infection rate in the region of 20 %, a rate in parity with that of the civilian population.

It was also indicated, however, that the greatest prevalence of HIV/AIDS was found amongst the 25 to 33 year age bracket, with more than half being in the permanent full-time force. When considering that this comprises the mean middle-management, in the rank groups Lieutenant to Lieutenant-Colonel in the Officers' grouping and Sergeant to Warrant Officer in the Other Ranks' grouping, the implications with respect to Force Preparation and Application (deployment) as well as budgetary considerations, become obvious. It can be implied that the financial burden in addressing the situation of staffing, training, deployment and the treatment of those infected, is unsustainable unless the policy for the manning of force levels in the SANDF is overhauled. The implication of the possible deployment of HIV-compromised SANDF members has disadvantages with respect to the exposure of these members to foreign epidemiological phenomenon. Indications are that operational deployment, the strain on logistical services and the need for contingency planning for the evacuation of such personnel should the need arise, is not viable. Conventional schools of thought on operational preparedness according to the philosophy for the execution of operations in line with the government's foreign policy for Southern Africa will, of necessity, have to be revisited. Although contentious, it should be accepted that present force levels would not meet the requirements for the future.

Conventional recruiting cannot meet the essential skills requirement of a self-supporting force for external deployment. This should be considered as a matter of urgency if the SANDF hopes to be able to fulfill expectations, as created by the intent of the government's external policy. A policy of containment is also required to optimally utilize the available manpower for use both externally and internally, and to employ resources in the most cost effective manner, without detracting from the spirit of government policy.

## **THE POLICY FOR THE MANAGEMENT OF HIV/AIDS IN THE SANDF**

The SANDF Policy for the management of HIV and AIDS is directed at education and prevention; prevention of discrimination and victimization; care and support of those affected and infected; monitoring, surveillance and research; and coordination and inter-sectoral cooperation. The aim is to reduce the transmission of HIV/AIDS and to provide appropriate treatment, care and support for those infected and affected through sound management, cooperation and coordination within the SANDF as well as collaboration with other government departments and organizations like the Civil Military Alliance to Combat HIV and AIDS, and non-governmental organisations. For the

purpose of this paper only the education and preventative aspects will be addressed. Education with respect to HIV and AIDS is done both by the making information available as well as by formal training. Information is disseminated by means of the following:

**HIV/AIDS Workplace Programmes.** The essential components of these programmes are the provision of information and education on the prevention of HIV/AIDS and Sexually Transmitted Infections (STI), condom promotion and the distribution and counseling on high-risk behaviour through trained peer educators.

**Mass Awareness Programmes.** This is to inform members and employees of the SANDF on the management of HIV/AIDS, including current policy and strategy; to provide information on HIV/AIDS prevention; to normalize HIV/AIDS in the SANDF; to obtain a level of awareness that reaches beyond mere knowledge of the disease to an actual change in behaviour; and to guarantee a commitment to the HIV/AIDS programme. Posters, pamphlets, broadcasts, bulletins, military publications, industrial theatre and videos are also used for this purpose. Education is addressed with Target Specific Education, where relevant information on HIV/AIDS is provided during specifically identified health care visits such as antenatal clinics, mother and baby clinics, birth control clinics, consultations for STIs, requests for HIV testing and TB clinics, and peer education at grass roots level.

## **HIV/AIDS CAMPAIGNS**

The MASIBAMBISANE (Beyond Awareness) Campaign is targeted at a preventative approach to HIV/AIDS and has as objectives:

The promotion of the SANDF (DOD) HIV/AIDS management approach, both internally and externally, in order to ensure its own forces' and the population/community's support towards the SANDF.

To visibly promote the successful intervention of the SANDF HIV/AIDS Programme.

To gauge the external support of the SANDF HIV/AIDS Programme through public reaction.

To foster the knowledge that HIV/AIDS prevention is the responsibility of each and every member of the SANDF and that future generations have a right to a HIV/AIDS free society.

To inform members of their risk of infection and to educate them on measures to reduce that risk through appropriate preventative measures and a change in their behaviour.

To communicate to members of the SANDF that HIV/AIDS is a disease that can be effectively managed by appropriate care and support and that such care and support mechanisms are available through the SA Military Health Services.

To inform members of the SANDF of the impact of HIV/AIDS infection and the plight of those who are infected and affected.

To encourage members of the SANDF to divulge their status through shared confidentiality and to encourage and support those who are infected and affected.

To gain the support of every member of the SANDF in the fight against HIV/AIDS and to support efforts to assist those who are infected and affected.

PROJECT PHIDISA is a clinical research project focused on the management and treatment of HIV infection in the uniformed members of the SANDF and their dependants. This is a project in which participation is entirely voluntary and is/ will be provided at six sites, namely, Pretoria, Mtubatuba (Kwazulu Natal), Cape Town, Bloemfontein, Umtata and Phalaborwa. The objectives of the project are to:

Provide anti-retroviral treatment to members of the SANDF and any of their dependants that are HIV positive.

Empower the SA Military Health Services to conduct clinical research on HIV and the impact

thereof on Force Preparedness.

## **A PERSPECTIVE FOR APPLICATION**

The SANDF is the organ by which the government of South Africa will conduct security operations in the pursuit of its internal and external policy. Accordingly, all the internal policy of the SANDF should be geared to the attainment of governmental objectives. Accepting the fact that HIV/AIDS is/will have a major influence in the realization of these objectives, it is imperative that a strategic approach be taken to address HIV/AIDS. Any approach needs to ensure that the management and treatment of HIV/AIDS is seen as a partial objective, the other part being to guarantee a combat ready force for conducting external and internal operations and ensuring that the SANDF is totally self-supporting. On the latter it must be mentioned that with the current trend of involving civil society in the day-to-day service delivery of the SANDF, it is in danger of losing its status of being self-supporting.

It is accepted that the emphasis for the management of HIV/AIDS should be geared to prevention. In order for the SANDF to ensure its long term viability and to fulfill its mandate, it is postulated that the main focus of that emphasis should be directed towards the group(s) that will, potentially, fill the void of the projected loss of skilled members in the middle management ranks of the SANDF. This implies that young Officers and Non-commissioned Officers should be targeted for the preventative programme and that this programme should be mandatory in both formal and informal training for these groups. Furthermore elements of Life Skills Training should also be mandatory for these groups. This training should be of a continuous nature and not be a once-off formative course. Due to the contentious nature of such training, the presentation thereof should be well researched and 'user-friendly'. The aim is not only to educate, but also to change attitudes. The above-mentioned is a long-term policy that should be supplemented by a short term policy geared towards equipping the SANDF with those skills required for the execution of government policy. Due to attrition a large pool of skilled persons, which could readily be available for this purpose, is now found outside the organization.

Utilizing such persons will, however, require a change to present policy, which should be geared to the needs of the organization and not to the current focus of making it more representative. Regarding infected members of middle management, a policy of containment is not economically viable for the SANDF. This should take place within the confines of the present governmental HIV/AIDS policy, which makes anti-retroviral drugs available to infected persons. It should also be accepted that this group are not viable candidates for progress to higher applications, and would not ensure continuity in command, control and leadership. It is to be noted that the aforementioned is a personal opinion and does not reflect official opinion.

## **CONCLUSION**

The SANDF faces a challenge in its management of HIV/AIDS that requires an approach that is both unique and bold. If the courage to take action is not mustered, the results will be far-reaching for the capacity and capability of this force to fulfill its commitments.

*For the preparation of this paper the opinions of the under-mentioned, as published in numerous papers and articles, were used for certain information: Lindy Heinecken, Centre for Military Studies, University of Stellenbosch; Heinrich Matthee, Centre for Military Studies; MILMED publication of the SA Military Health Service. Appreciation is expressed for those contributions.*

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*\* The views expressed in this paper are those of the author and do not necessarily reflect the views of the Centre for International Political Studies (CIPS)*