HIV/AIDS and Regional Security in Africa

Principles for Incorporating HIV/AIDS into the
Common African Security and Defense Policy and
Establishing HIV/AIDS Guidelines for the African
Standby Force

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1. Overview

The issue of HIV/AIDS and security in Africa has been troubling for policy makers and intellectuals alike. The viability and proper functioning of states may be seriously threatened by the combined impact and interaction of perpetual conflicts, endemic poverty and infectious diseases like HIV/AIDS. As a result of the combined stress of those factors and the process unleashed by them, a “fundamental reconceptualization of the standard definition of national security”\(^1\) is required. Africa has got more than its fair share of all of them. The stress exerted upon society in general, and the governance structures in particular, is huge. The combined effect of these processes have negatively aggravated already fragile state and social structures. In the interaction of conflicts, poverty and disease, HIV/AIDS is the catalyst that exacerbates the impact of each and the negative interaction and impact of all of them upon society and government structures.

HIV/AIDS poses a serious regional security threat to the whole of Africa and especially to Sub-Saharan Africa. At a time when the African Union is mandated with the task of providing stability and helping create conducive environments for economic development, the threat of the pandemic on regional security and economic development should attract the attention it deserves. The threat posed by HIV/AIDS to both continental security and economic development warrants the highest attention from the AU, the

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\(^1\) Susan Peterson “Epidemic Diseases & national security” security studies 12, no.2 (winter 2002/3) published by Frank case London. Page 44

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This paper advocates for a stronger incorporation of the threat of HIV/AIDS as a regional security issue in the Common Defense and Security Policy (CDSP) of the African Union. In addition to this, it outlines alternative policy options for national security institutions in Africa in general and the African Standby Force (ASF) in particular. Once discussed and endorsed, those policy options would serve as strategic guidelines to incorporate the fight against the pandemic in African peacekeeping. Based on these policies, a set of tool kits could be developed to help mainstream the HIV/AIDS fight into the core activities of the armed forces.

The paper is structured in the following manner:

1. The paper discusses the general issue of HIV/AIDS and national security. This includes the following subsections: a conceptual analysis; an assessment of empirical evidence; an overview of the international perception and response to the relationship of the pandemic with international, regional and national security; and a discussion of the situation in Africa, and a reiteration of the necessity of incorporating HIV/AIDS as a regional security threat.

2. It continues to discuss alternative policy options both to mitigate the spread and limit the impact of the pandemic on national security, with special reference to the CDSP.

3. Finally, the paper concludes by identifying the preferred policies for the ASF and suggesting the way forward.

2. HIV/AIDS and National Security

2.1 Conceptual Issues

2.1.1 General Considerations

There have always been controversies as to what constitutes a national security threat both at the conceptual and theoretical level and at the level of concrete policies for particular countries. The way national interest is defined, by whom and how, which is the basis for national security threat analysis, and how the perceived national interest is under threat, has mainly been the source of controversies. Currently, in addition to the long standing and “conventional” approaches of defining national interest, and through it national security threats, there is a new approach of defining national and regional security based on the consideration of the overall well-being of the individual. This definition of national, regional and international security, which is pushed primarily by
the UN and its institutions, with its human rights approach as a cardinal element of defining the issue, is presenting itself as a distinct approach. It will be beyond the scope of this paper to discuss the two approaches. But it is worthwhile to indicate where and how the HIV/AIDS pandemic falls in the whole controversy of national, regional and international security.

In the state-centric, traditional approach to national and international security, which focuses on the physical threats to the state, national and international security is mainly perceived to be any threat to the existence and proper functioning of the state. The dominant political group usually defines the national interest of the state at a particular time, and any threat to this interest is perceived to be a national security threat. States that operate in an anarchic international system are forced to uphold their interests by constant friction and conflict against other states. The bargaining position of states in this international system with no superior authority and in a situation of self-help will depend upon the perceived or actual power of the states themselves. This process of bargaining could some times be violent. That means war making becomes a natural extension of the foreign policy of states. In this approach the national security threat is usually perceived to emanate from other states. The perception of national security threat in this approach is external, a threat that comes from outside the recognized territory of the state. At times when there is an internal dissent it is usually attributed to external influence and hence the main form of creating a national security threat and challenging it was accepted to be mainly militaristic.

In other words the balance of power, (hegemonic or other wise) which mainly manifests itself in the form of military power, is the main ingredient in the creation of a stable equilibrium. According to this approach, whenever the existing status-quo of the balance of power is disturbed in one way or the other, there will be conflicts and wars to create another new equilibrium among the states themselves, based on a new balance of power. Of course, it is acknowledged that the measure of state power is not military power alone. Economic, diplomatic and political powers do play an important role; either by creating the military power; or by their own right. But ultimately the concentrated expression of state power is the military capabilities of the state.

In this paradigm the proper functioning of the state apparatus in general, and the military structure in particular, is conceived to be a cardinal element of national security to safeguard the national interest of the state. Any force that undermines the proper functioning of the state, and especially any threat that undermines the military power of the state, is a danger to national security. A process that undermines the military power of the state is a process that will eventually change the balance of power and hence become a cause for destabilization. The HIV/AIDS pandemic is capable of initiating a process whereby, if not checked, it could change the balance of power by its impact of morbidity and mortality in the armed forces.

In the other broader definition of national security that encompasses human security as its main component, the wellbeing of the individual is taken to be an essential component of
national security. “The concept of security has for too long been interpreted narrowly as security of territory from external aggression, or as protection of national interests in foreign policy, or as global security from the threat of a nuclear holocaust. It has been related more to nation states than to people. Forgotten were the legitimate concerns of ordinary people who sought security in their daily lives. For many of them, security symbolized protection from the threat of disease and hunger, unemployment, crime, social conflict, political repression and environmental hazard.” This is a very broad definition of national security. In this paradigm the state is obliged to provide the necessary security to its citizens from any insecurity, either natural or man made. Citizens have the right to demand protection from those kinds of natural calamities of an epidemic nature. “Evidence supports the view that the most secured states are those that are able to provide the greatest human security to their populations. Weak states are those that either do not or cannot provide human security” In fact, the human security dimension of national security makes those scholars argue in favour of assisting states in their capacity to enhance human security as a means of conflict prevention mechanism within states themselves.

2.1.2 Security and the African Union

When we discuss regional security in the context of the African Union, there are some fundamental considerations that we need to take onboard. First, we are not discussing national security as it applies to one state. Regardless of their historical evolution at present there are several sovereign states within Africa. We are discussing regional security arrangement in this context. This fact will have fundamental and far-reaching implications as to how the regional security arrangement will be perceived and negotiated among individual states and how they accept the regional arrangement. Obviously, there is a long way to go before achieving a well-integrated regional security apparatus in place.

The second important aspect is the shift in recent times from interstate to intrastate conflict. The nature of conflict has changed predominantly from wars or conflicts between states to conflicts within the states themselves. This is crucial, especially when seen in conjunction with Susan Peterson’s analysis: “epidemic diseases and outbreak of military conflicts”. She identifies three possible paths (balance of power, foreign policy conflict, and socio-economic effects), in which epidemic diseases could cause an outbreak of military conflicts. Out of those three paths the third, the socio-economic effect, causes the greatest threat to national and international security. By causing severe economic/ political/social effects, it could produce domestic instability, and civil wars. The shift in the nature of conflicts caused by global political developments, and the effect

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3 Connie Peck: “The role of regional organizations in preventing and resolving conflicts”; in the “Turbulent Peace; The challenge of managing international conflicts”; by Chester A Crocker, Osler Hampson, Pamela Aall United States Institute of Peace press Washington DC.page 583.
4 Susan Peterson Ibid page 43-75.
of infectious diseases like HIV/AIDS, are brought together to have a devastatingly negative effect on national and international security. Under such circumstances it is tempting to ask what the implications would be for regional security arrangements such as the AU.

The third point is that the debate should not only focus on national or regional security, but should focus on national or regional security in relation to HIV/AIDS. This is a pandemic that knows no state boundaries, but at the same time is not regarded as a conventional security issue. Because of these facts there are important questions such as: How does the pandemic impact on national and regional security? What does the transnational nature of the disease mean to regional security arrangements? A number of other questions will need to be raised and analyzed.

For our discussions in this paper, I will leave the implications of the first consideration, which obviously will be the primary concern of the highest leadership both in the AU and the national leaders all over Africa, until such time that they can be analyzed separately. However, I would like to mention that how far states are willing to take the regional security arrangement seriously, how far are they willing to yield some part of their sovereignty to the continental organization; will determine the evolution and the nature of the regional security arrangement. I will discuss the second point to an extent that will enable me to establish the shift in the nature of conflicts and, what this would imply to the regional security arrangement in Africa. Of course, the main focus of the paper will be on the third issue, which is HIV/AIDS and security. I will start with the change in the nature of conflicts.

It is widely recognized and substantiated by empirical data that in recent history the nature of conflicts and security threats to states have changed. According to a research by Holsti, the number of interstate wars have declined significantly. We have reached a stage where wars between states, like the Ethiopian-Eritrean war, are seen as an exception rather than the norm. In fact, their research finding indicates that changes in the nature of conflicts are a persistent trend. These findings have been corroborated by other researchers. They say, “In the aftermath of the cold war, however conflicts have been largely within states rather than between states. The latest data by Peter Wallensteen and Margaretha Sollenberg, who analyze conflicts since the end of the cold war show that 94 percent of the 108 conflicts around the world were intrastate in nature.”

Hugh Miall et al subscribe to the change in the nature of conflicts and substantiate it with what they think is the explanation for the new phenomenon. They argue that “the dissolution of the Soviet Union brought to a close the long period in which a single international conflict dominated the international system. Instead, internal conflicts,

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6 Connie Peck: “the role of regional organizations in preventing and resolving conflicts”; in the “Turbulent Peace; The challenge of managing international conflicts”; by Chester A Crocker, Osler Hampson, Pamela Aall United States Institute of Peace press Washington DC.page 564
ethnic conflicts, conflicts over secession and power struggle within countries became the norm. These reflected not so much struggles between competing centers of power of the kind that had characterized international conflicts for most of the 350 years since the peace of Westphalia, but the fragmentation and break down of state structures, economies and whole societies. At their extreme, in parts of Africa, the new wars witnessed the return of mercenary armies and unpaid militias which preyed on civilian populations in a manner reminiscent of medieval times”. It is evident that the nature of conflicts has changed and this is a persistent pattern. This pattern is meant to stay.

This new pattern of conflicts, which is prevalent all over the world and significantly visible in the African continent, would have important implications for peace and security in general and regional security arrangements in particular. Any regional security arrangement in Africa has to take this into consideration. The main focus of regional security arrangements used to be on wars between states, now it is going to be on internal conflicts. Many post cold war conflicts are internal conflicts involving unconventional forces dispersed in many parts of the country, in some instances directed against civilian populations. “International conflicts were conducted between sovereign states; internal conflicts reflect breakdown in states which implies the disappearance of the structures through which internal power balances are organized and the appearance of ‘holes’ in the international fabric of sovereign states” More over the causes of those internal conflicts are complex and multifaceted, where the effects of infectious diseases could be a significant contributor.

Those changes in the nature of conflicts brought about by international political developments demand a different approach to the definition and identification of national interest and national security. The identification of national interests and the definition of threats to national security will be as divisive as the intensity and pervasiveness of the internal conflicts themselves. A national security threat to the incumbent would be perceived as a national hero or national interest to the insurgent. A one-time insurgency could be changed into a national political leadership, and in this process change both the national security interests of the state and the definition of the national security threat at the same time. This process will have its own implications in the continental security arrangement. For example how far will state allow the African Standby Force interfere in their “internal affair”, that is a conflict situation within the state.

There are hardly any differences between the genocide in Rwanda and the conflicts in Sierra Leone, the DRC or Darfur. It is very difficult to justify intervention by the ASF in cases like Rwanda, but stay away in the DRC or the Darfur. The line of demarcation is at least blurred. A number of questions are being discussed and debated in relation to this. However, at this stage it is clear that the state-centric conventional approach to the identification of national interests and the definition of national security threats alone is not enough to address the issue comprehensively as it is politically demanded. At this

8 Ibid Page 16.
stage it is clear that the state-centric conventional approach to the identification of national interests, and based on this the definition of national security threats, are not enough to address the issue comprehensively as is politically demanded.

At the same time the new approach of human security begs to be incorporated into the process of national interest identification and through it to the definition of national security threats. In this context, either as a result of its direct impact on the uniformed services in general and the armed forces in particular (mortality and morbidity) or its’ indirect impact on society at large (social and economic) HIV/AIDS is accepted as a national, regional and international security threat (to be elaborated later). The impacts of HIV/AIDS are such that multifaceted socio-economic problems are created, and at the same time, by weakening the state structure, exacerbate those problems. HIV/AIDS then becomes a national security threat. In addition to this, HIV/AIDS is a transnational phenomenon in the sense of its coverage, impact, and the requirements of fighting the disease. Because of the catastrophic consequences of the pandemic and its transnational nature, this could be an opportunity to weld strong regional cooperation as well. Moreover the issue of HIV/AIDS and its impact on national/regional security could be viewed as an issue at the cross roads of the two approaches to national security, and hence could help mobilize support from both corners.

At this juncture it is important to note the change in the nature of conflicts, which has been described earlier. The intrastate nature of most conflicts in Africa, which are conducted by irregular, unconventional forces, which sometimes fail to discriminate between civilians and combatants, can exacerbate the social, economic and political situation. Conflicts contribute negatively to the socio-economic development of societies. HIV/AIDS flourishes in a conflict and exacerbates it. In addition to this, HIV/AIDS doesn’t respect the sovereign territory of states. It is a transnational infectious disease, which requires the cooperation of all international forces. It is a perfect candidate to be identified as a regional security threat to the whole continent.

It is in recognition of the prevailing situation that the Draft Framework for a common African defense and security policy (CDSP), which at this stage could be termed as the highest political and legal document towards the establishment of the Common Defense and Security Doctrine and the African Standby Force defined the security imperatives as “ensuring the common security of Africa involves working on the basis of a definition which encompasses both the traditional, state-centric notion of the survival of the state and its protection by military means from external aggression, as well as the non-military notion which is informed by the new international environment and the high incidence of intra-state conflict.”

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The impact of HIV/AIDS on state structures, including the state security structures, and the regional and international implications of these impact are catastrophic enough to constitute a national, regional and international security threat. In 1998 out of the 53.9 million deaths worldwide, 13.3 million were caused by infectious diseases. This accounts for 25% of the total figure. The figures for Africa and South East Asia were 45%. According to the estimates of World Health Organization (WHO), three diseases alone, (AIDS, TB and Malaria) have claimed 150 million lives, many times the approximately 23 million deaths from wars in the period between. 1945-1993\textsuperscript{11}. These facts clearly testify to the magnitude of the problem. If a problem of such a magnitude is not a security challenge what else could be? HIV/AIDS could affect the state structure to such an extent as to make it ineffective to govern and deliver services, and the military structure combat worthy. In so doing it will deepen the socio-economic problems and aggravate the already untenable economic and humanitarian crisis in Africa. The social and economic impacts of the pandemic are weighty enough to identify it as a national and regional security threat. At this stage, it is important and convincing to clearly put HIV/AIDS as a national and regional security issue; but a lot needs to be done to solidly establish the relationship of HIV/AIDS and national/regional security both at the conceptual and empirical level. Conceptually defining national/regional interests and the dangers to those identified fundamental interests and elaborating on the nature of the threat posed by epidemic diseases like HIV/AIDS needs to be addressed. Empirically, based on primary data and research, it has to be established how the epidemic and its impacts manifests themselves to undermine national/regional security. Next we will briefly explore international perception and responses to the relationship of HIV/AIDS and security.

2.2 Empirical Issues

The debate on HIV/AIDS and peace and security has been characterized mostly by speculation and the examination of plausible linkages, with a slender grounding in hard data. This is partly because military establishments have been reluctant to allow evidence to be collected, or to release that evidence when it is available, and partly because of the inherent difficulties in trying to establish empirical links between an epidemic (itself inadequately measured and understood) and national security, which is hard to reduce to quantitative measures. However, it has become a ‘baseline assumption’ that HIV/AIDS poses a threat to security.\textsuperscript{12}

UNAIDS is well aware of the lack of data. In his presentation to the Security Council from November 2003, UNAIDS Executive Director Peter Piot said, “We are still hampered by a lack of reliable data on the spread of HIV among peacekeepers and in

\textsuperscript{11} Susan Peterson ibid page 47. From WHO “removing obstacles to healthy development, report on infectious diseases” (Geneva WHO 1999).
conflict-ridden countries. UNAIDS is therefore ensuring that we have better baseline measures and the capacity to measure progress against them".

Most of the literature on the subject appears to consist of a recycling of the same data, often without attending to its original provenance and reliability. For example, the oft-cited claim that HIV prevalence among soldiers is two-to-five times higher than in the general population may have been true in certain countries at an early stage of the epidemic, but does not appear to hold more widely. More current data indicate HIV prevalence in the South African National Defense Force of 17%, slightly lower than the estimated prevalence among the general population. However, there have still been interesting and useful general analyses of the possible linkages between HIV/AIDS and security.

Evidence-backed claims have been made that conflict increases HIV/AIDS and vice versa, that soldiers including peacekeepers are an especially high-risk group, and that HIV/AIDS increases the risk of crime. Some of the problems of addressing HIV/AIDS in armies and in complex emergencies have been analyzed. However, the data on which these arguments are drawn from a few studies, and are sometimes old and misleading. Empirical studies are just beginning to emerge, which on the whole appear to show that the effects of conflict on HIV prevalence are complex and unclear. For example, data on conflict and HIV/AIDS in the Democratic Republic of Congo is inconclusive, and there is no clear evidence for an increase in HIV prevalence in

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Tigray, northern Ethiopia, consequent on the Ethio-Eritrean war, including the deployment of an army of more than 250,000 men in the region.  

The absence of firm data showing either military service or conflict increasing HIV prevalence, or that a high prevalence of HIV increases the risk of conflict, is no cause for complacency. First, even ‘low’ rates of HIV can, if prolonged over a decade or so, inflict enormous damage on an institution such as an army. Second, the statistics do not tell the full story. The loss of a key individual, with unique experience or special skills, can be far more damaging to an institution than the loss of large numbers of junior personnel. Third, the damage done to formal security institutions such as armies is only one mechanism whereby HIV/AIDS impacts upon national security. Fourth, the perception of a crisis can in some ways be as damaging as a crisis itself, and the international consensus that HIV/AIDS is already a serious threat to international security entails taking it seriously. Last, the evidence does not indicate that there are no connection between HIV/AIDS and security, but rather that the linkages between the two are complicated and not well understood. It would be irresponsible to ignore the issue because it remains ‘not proven.’

2.3. International Perception and Responses:

2.3.1. US National Intelligence Estimate.

In the year 2000 the United States National Intelligence Council (NIE) published a report on the threat of global infectious diseases and its implication for the United States. In this important initiative by the intelligence community to consider the national security dimension of a “non-traditional threat” the council concluded infectious diseases in general and HIV/AIDS in particular as a threat to US national security and international stability. The threat was analyzed based on its impact on:

A. US civilian population,
B. US military forces deployed overseas,
C. US interests abroad.

It was indicated in the report that emerging and re-emerging infectious diseases, will continue to kill at least 170,000 Americans annually.  

This is a substantial number. In addition to this the U.S. National Intelligence Council report discusses the impact of the pandemic on US military forces deployed overseas and US interests abroad and concludes that it is a National security threat to the US. In this regard HIV/AIDS earned the distinction of being the first disease that was acknowledged as a U.S. national security threat.

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The section of the National Intelligence Council’s report on the economic, social and political impact predicts that “the persistent infectious disease burden is likely to aggravate and in some cases, may even provoke economic decay, social fragmentation and political destabilization of the hardest hit countries in the developing world.” The report predicted a demographic upheaval as HIV/AIDS and associated disease reduce human life expectancy by as much as 30 years and kill as many as a quarter of their populations over a decade or less in some of the hardest hit countries in Sub-Saharan Africa. Nearly 42 million children in 27 countries will lose one or both parents to AIDS by 2010. 19 of the hardest hit countries will be in Sub-Saharan Africa. “Infectious diseases are likely to slow socioeconomic development in the hardest hit developing and former communist countries and regions. This will challenge democratic development and transition and possibly contribute to humanitarian emergencies and civil conflicts.” The intelligence estimate recognized that the HIV/AIDS pandemic represents a threat to regional and international stability.

The intelligence estimate was not confined to socioeconomic challenges and problems alone. It analyzed the political and security implications primarily for developing countries among which Sub-Saharan African countries are found. It went on to say “The severe social and economic impact of infectious disease is likely to intensify the struggle for political power to control scarce resources” Moreover “The infectious diseases burden will weaken the military capabilities of some countries; as well as international peacekeeping efforts; as their armies and recruitment pools experience HIV infection rates ranging from 10 to 60 percent. The cost will be highest among officers and the more modernized militaries in Sub-Saharan Africa.” This intelligence report, which is presumably based on concrete facts have clearly indicated the national, regional and international security threat posed by the spread of the pandemic. The African continent is at the center of this problem, and hence considering the security implications of the pandemic and identifying HIV/AIDS as a regional security threat is consistent with the mandate and responsibilities of the AU and the new security arrangement.

### 2.3.2. UN Security Council Resolution

Up until now the United Nations (UN) and its agencies have been at the forefront in the fight against HIV/AIDS. The level of resources involved, and the attention given to the pandemic, together with the legitimacy and credibility of the UN, gives it the necessary authority and power to lead the worldwide effort to curb the spread and the impacts of the pandemic. It is also true to say that the UN currently shapes the strategic environment under which the struggle to mitigate the spread and the impacts of HIV/AIDS is waged, both intellectually and materially.

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26 Ibid page 9-10.
27 Ibid page 9-10
28 Ibid page 10.
Some of the most important milestones of the engagement of the UN in shaping the landscape in the fight against HIV/AIDS include:

In January 2000 the United Nations Security Council (UNSC) held its first ever session to examine HIV/AIDS as a security concern, the first occasion in which the UNSC had specifically discussed a disease. Prior to this meeting to examine the potential for HIV/AIDS as a threat to peace and security, the epidemic had primarily been considered a public health issue at the international level. By July 2000 the UNSC adopted Resolution 1308 highlighting the potential threat that the epidemic poses for international security, particularly in conflict and peacekeeping settings, and encouraged a series of efforts to respond to HIV/AIDS in this context. The January 2000 meeting combined with the July 2000 resolution formally gave the UN system the mandate to take action, while encouraging measures to be taken in this regard. Subsequently, in October of 2000, the UNSC passed Resolution 1325 on the impact of armed conflict on women, which initiated activities in the UN system to integrate a gender component with HIV/AIDS activities aimed at the uniformed services and peacekeeping forces.

These initial steps taken by the UNSC solidly established the linkage between HIV/AIDS and peace and security while catalyzing the UN system by establishing the necessary political and legal framework to take action to address HIV/AIDS in the uniformed services and peacekeeping forces. By taking on these issues the UNSC drew a great deal of attention in the international community to what had previously been a widely overlooked characterization of the HIV/AIDS challenge. For example, after the passage of UNSC Resolution 1308 many heads of state at the Millennium Summit highlighted HIV/AIDS, and HIV/AIDS was placed in the mainstream of multilateral development efforts in the G-8 meeting in Okinawa, in the European Commission, and among bilateral donors, and was placed on the agenda of the Organization for African Unity Summit in Nigeria in April 2001. Furthermore, UN Member States took note of HIV/AIDS as an issue of growing urgency and many revamped their national HIV/AIDS plans, sought more central decision making on HIV/AIDS issues, and have attempted to mobilize governmental resources to combat the problem.

The UNSC revisited the issue of HIV/AIDS as a security issue in its 4859th meeting, on 17 November 2003. The focus of this meeting was principally on the impact of the disease on UN peacekeeping operations. In the intervening three years since the previous debate, the UNDPKO had developed standards and mechanisms for minimizing the risk of peacekeepers both contracting HIV and passing it on to the civilian population in places where they were stationed, and UNAIDS had established its Office on Security and Humanitarian Response, to deal specifically with the uniformed services. But the debate at the UNSC ranged more widely, and the Council resolved to revisit the issue on an annual basis, and requested more detailed information from the Secretary General on which it could base its deliberations. It is probable that the UNSC will demand solid evidence based on research before adopting any further resolutions on the subject. In the

meantime, the issue of HIV/AIDS including its social, economic and political impact has also seized the UN General Assembly.

2.3.3. UNGASS Declaration of Commitment

The Declaration of Commitment on HIV/AIDS, adopted by the UN General Assembly Special Session (UNGASS) on HIV/AIDS on 27 June 2001, among other things, called on all UN agencies, regional and international organizations, as well as NGOs to: “...ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into the guidelines designed for use by defense personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel.”\(^{30}\) In addition to this, the UNGASS Declaration committed member states to have national strategies to address and respond to the spread of HIV/AIDS by 2003. The specific aim is to “...have in place national strategies to address the spread of HIV/AIDS among national uniformed services, where this is required, including armed forces and civil defense forces, and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities, including participation in emergency, humanitarian, disaster relief and rehabilitation assistance”.\(^{31}\) The UNGASS Declaration of Commitment to HIV/AIDS reinforced the UNSC resolutions by reiterating to both UN agencies and the international community the importance of HIV/AIDS strategies aimed at the uniformed services, civil defense forces, and peacekeepers, and by strengthening the political and legal framework within the UN system for carrying out the mandate. Additionally, the UNGASS Declaration gave these efforts greater legitimacy by going beyond the narrow endorsement from the UNSC’s limited membership to include an endorsement by the all-inclusive membership of the UN General Assembly (UNGA). Together, the UNSC resolutions and the UNGASS Declaration set the UN system in motion to address HIV/AIDS challenges in the uniformed services. Both the UNSC resolution (resolution1308) and the UNGASS declaration of June 2001 set the international agenda on the relationship of HIV/AIDS and security.

2.3.4. Other UN agencies:

Based on the decisions of the UNSC, the Joint UN Program on HIV/AIDS, known as UNAIDS, was established as a partnership of UN agencies. Since its establishment UNAIDS has undertaken several initiatives to address the HIV/AIDS pandemic. UNAIDS addresses all components of the HIV/AIDS pandemic while explicitly recognizing the relationship between HIV/AIDS and security in its work, including the challenges related to militaries and peacekeeping operations.\(^{32}\) In general, UNAIDS provides strategic guidance to the UN system on HIV/AIDS, mobilizes partners and


\(^{31}\) Ibid.

resources, assists partners with informational activities and has established 132 country-level “theme groups” to coordinate the UN’s response to HIV/AIDS at the country level. In its effort to respond to UNSC Resolution 1308, the UNAIDS Secretariat organized an Expert Strategy Meeting which met in December 2000 to address HIV/AIDS in peacekeeping operations. The meeting resulted in a set of recommendations and has led to several areas of cooperation between UNAIDS and the UN Department of Peacekeeping Operations (DPKO) on training, code of conduct, testing, civilian-military cooperation, resource information and best practice sharing to strengthen the overall policy objective of integrating HIV/AIDS policy within DPKO. Subsequently, early in 2001, UNAIDS convened, in collaboration with DPKO, an expert panel to address issues related to HIV testing in peacekeeping operations. These activities were largely catalyzed by the Security Council taking HIV/AIDS as a security issue.

The UNGASS held in June 2001, further catalyzed the UNAIDS Secretariat which, in response, established the UNAIDS initiative on HIV/AIDS and Security to focus on three key areas outlined by the UNGASS Declaration:

1. Community security, including vulnerable populations affected by conflict;
2. National security, including defense and civil defense personnel; and
3. International security, including peacekeeping operations.\(^33\)

Today UNAIDS, through co-sponsors and implementing partners, actively supports HIV/AIDS awareness activities in the uniformed services in approximately 40 countries including Sub-Saharan Africa.\(^34\) UNAIDS has also developed a strategic action plan on HIV/AIDS interventions among the uniformed services and is currently developing a generic training package to provide relevant ministries and implementing partners with materials to support educational interventions in the uniformed services.\(^35\) The UNAIDS humanitarian unit targets national uniformed services with a focus on youth and new recruits as well as out-posted personnel, especially future peacekeeping and demobilized personnel. By and large, UNAIDS has taken on a leadership and coordinating role on HIV/AIDS and security within the UN system by encouraging cooperative efforts between UN agencies. In doing so, UNAIDS encourages other UN agencies to integrate policies and procedures into their work that are sensitive to HIV/AIDS and security related issues in addition to sponsoring activities to strengthen capacities to address HIV/AIDS in the context of security and stability.

The other branch of the UN that deals with HIV/AIDS and security is the UN Department of Peacekeeping Operations (DPKO). This department serves as the operational arm of the UN Secretary-General for all UN peacekeeping operations and is responsible for conducting, managing, directing, planning, and preparing for those operations. Because of its mandate, the DPKO has taken the issue of HIV/AIDS and security as one of its important tasks and in this regard has focused it efforts on three interventions:

\(^{34}\) UNAIDS Fact Sheet No. 3, “HIV/AIDS and Uniformed Services”, July 2002, p. 3.
\(^{35}\) Ibid., p. 3.
1. Development and distribution of HIV/AIDS awareness cards;  
2. Curriculum development and training in HIV/AIDS prevention; and  
3. Distribution of condoms.  

To carry out these interventions, DPKO has established partnerships with UN agencies, national governments, and NGOs.

In response to UNSC Resolution 1308, UNAIDS and DPKO signed a Cooperative Framework Agreement on 19 January 2001. The UNAIDS-DPKO Cooperative Framework has catalyzed collaboration on numerous initiatives. In response to the Experts Strategy Group convened by UNAIDS and participated in by DPKO, DPKO now participates in some country-level HIV/AIDS Theme Groups. In addition, UNAIDS has agreed to assist with funding to post Policy Officers to the Special Representatives of the Secretary-General (SRSG) in all major UN peacekeeping operations to coordinate and implement with DPKO a comprehensive HIV/AIDS policy for each mission. The two organizations have also jointly produced and distributed an Awareness Card as an HIV/AIDS teaching and awareness-raising tool for peacekeepers, which has been translated into ten languages.

The UNSC Resolution 1308 specifically recognized the importance of incorporating prevention and awareness raising into DPKO’s training of peacekeepers as did the Special Committee on Peacekeeping Operations in its report of 20 March 2000 and subsequent reports to the UNGA. To these ends, the Training and Evaluation service of DPKO has developed a training module on medical issues for senior level national trainers, which generally lasts for 2 to 3 days. Regional sessions have been carried out in at least Zimbabwe, South Africa, Kenya, and Ghana.

Additional HIV/AIDS training materials have been developed jointly with the Civil-Military Alliance to Combat HIV/AIDS (CMA) and consist of several modules that address various aspects of HIV/AIDS risks and prevention strategies. DPKO provides an intensive 2 to 3 week peacekeeper “train the trainer” program for senior officers of troop

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37 Ibid., p. 16.  
42 Ibid., p. 4.
contributing nations program, which among other issues, includes HIV/AIDS awareness training. The Medical Support Unit of DPKO, which was reactivated in response to the UNSC Resolution 1308, in conjunction with WHO, prepared and distributed to all uniformed and civilian personnel an HIV/AIDS awareness message to commemorate HIV/AIDS Awareness Day and UN medical personnel receive detailed guidelines for all matter related HIV/AIDS in their training as well as in the *Medical Support Manual for United Nations Peacekeeping Operations*. Furthermore, all budgets for new peacekeeping missions now include provisions for HIV/AIDS training and education programs. In addition, DPKO distributes five condoms per troop per week. Condom supplies are procured from the UN Population Fund and delivered by DPKO to the commanders of each contingent who DPKO relies on to ensure they are distributed to the peacekeepers.

In General the United Nations with its various agencies has contributed to the HIV/AIDS and security issue through:

- Advocacy and awareness raising of the issue and fully embracing the security elements of the pandemic.
- Setting the tone and platform on which the intersection of HIV/AIDS and security has been introduced and is perceived at an international level.
- Shaping the strategic framework for conceptually dealing with the problem in armies and peacekeeping settings and at the same time setting the agenda on the relationship of HIV/AIDS and national security in national governments.
- Establishing the political and legal framework to take action to address HIV/AIDS in the uniformed services and peacekeeping services and addressing the HIV/AIDS challenge in peacekeeping operations.
- Availing technical expertise to deal with the issues including training services, medical services, and production of educational materials.

While these achievements are important and fundamental, a lot remains to be done in reinforcing the fight against the pandemic and possibly reconceptualizing the approaches so far. In this regard it is clearly evident, that the way HIV/AIDS and security is perceived in the UN system is primarily influenced by institutional mandate in combination with the overall understanding of the problem and the way armies are structured and operate. Based on the information currently available a particular UN narrative is evident. While the potential for HIV/AIDS to pose a threat to peace and security is well understood, the UN policy and program outlook suggests that the pandemic is primarily a public health issue affecting the uniformed services with a

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44 Op cit., p. 5.
particular emphasis on peacekeepers. This is expressed through noted UN activities which encompass a range of training services on medical issues in conjunction with HIV/AIDS prevention and awareness raising, testing, development of best practice material on health education and behavior change, assessment of HIV/AIDS prevalence rates among peacekeepers and distribution of condoms to peacekeepers. An innovative program to engage peacekeepers as agents of change through training and awareness raising and information dissemination strategies is also framed within a health model.

The main points of engagement and intervention with African militaries are their health services. This particular entry point has the clear effect of determining both the strategic direction and outcome of the interventions. Seemingly absent is the involvement of the military command structure as the target and owner of HIV/AIDS interventions, or systemic approaches which stress the mainstreaming of HIV/AIDS programs in militaries with core activities such as training, deployment, operational readiness and human resource planning.

Even though some resources have been allocated towards projects to evaluate the impact of interventions to prevent HIV transmission in African militaries and peacekeeping missions, much more work needs to be done in this area as well as to gather data on HIV prevalence in these populations. Without this information it is difficult to target the military and peacekeeping populations in most need, or understand the transmission patterns and facilitators of transmission that preventive measures should be targeted at. The current paucity of accumulated data is partly due to national security sensitivities. While numerous UN agencies have embraced the security components of the HIV/AIDS pandemic to a greater or lesser degree, actual programs “on the ground”, with budgets attached to them, need to be scaled-up. Much of the work within the UN system on issues of HIV/AIDS and security has taken the shape of consultative meetings that typically result in recommendations on how to move forward on improving the response, but very seldom initiate the programs to do so.

2.4. HIV/AIDS and African Security:

Africa is a continent ravaged by the combined interactions of disease, especially HIV/AIDS, poverty and conflict that negatively reinforce each other. Of these negative factors, HIV/AIDS is the most pervasive for the catalytic role it plays in aggravating the degenerating process of social, economic and governance structures. While the HIV/AIDS pandemic has progressed in Eastern Europe, South America, South East Asia, and the Caribbean/Central American region, the epicenter of the pandemic remains Sub-Saharan Africa and especially Southern Africa. According to UNAIDS, today an average of ten to twenty percent of the African adult civilian population is infected by HIV/AIDS. This rate may be higher in the uniformed services. The same sources estimated, at the end of 2001, that about 40 million people were living with HIV/AIDS (70% of them in Africa south of the Sahara.) There are 11-13.2 million orphans’ worldwide and 95% of
them live in Africa. This is expected to rise to 40 million in the year 2020. This bleak picture of decreased life expectancy and increased infant and child mortality is significant. It is very difficult to speculate what the long-term impacts of a huge number of orphans and children growing without the adequate support of their parents could be. The implications of these facts are far reaching, especially when seen in the background of economic destitution, lack of the support of social structures and perpetual conflicts.

With such strikingly high prevalence rates, the HIV/AIDS pandemic poses an unprecedented threat to the economic development and social stability of Africa as a whole. Africa is home to endemic poverty, African states are models for bad governance, the social and economic infrastructures are very poor, compounding the problems of service delivery, and it is a continent still home to multiple forms of conflict. Unless fought vigorously and with a massive national and international mobilization of know-how and resources, HIV/AIDS has the capacity to exacerbate all the problems individually, and create a negatively reinforcing process of economic underdevelopment, social and political degeneration. Despite the pervasive and wide spread impacts of the pandemic the reaction of governments, the most important social organization to deal with such a pandemic, has been generally poor and inadequate to the demands of the situation.

It is not only HIV/AIDS alone that is troubling Africans. Between 1995-1997, out of the 44 major armed conflicts world wide, with a cumulative total of 1000 or more conflict related deaths since fighting begun, fifteen (34%) were in Africa. In those armed conflicts, with the exception of Afghanistan and Cambodia (two countries with extremely high causalities), the highest causalities were in Africa, Sudan and Rwanda, with more than 1.5 million and 800,000 causalities respectively. In the other conflicts in Africa the causalities are in hundreds and tens of thousands. In fact the continent is categorized as a “war zone.” In other research by Wallensteen and Sollenberg, between the years 1989-1998, the percentage of armed conflicts in Africa was 41% of the world total. Conflicts are so pervasive, that it is argued Africa is one of the regions where peacekeeping is most urgently needed.

The combined effect of the impacts of HIV/AIDS, conflict and poverty has the capacity to make state structures ineffective. Because of this effect, either as a result of the direct impact of HIV/AIDS on the uniformed services in general and the armed forces in particular (mortality and morbidity) or its’ indirect impact on society at large (social and economic degradation), HIV/AIDS is a national, and regional security threat. It is in this context that the draft framework for the African Common Defense and Security Policy (ACDSP), encapsulates the situation when it defines security and the environment under

46 UNAIDS. http://unaids.org/
which African security has to be enhanced. The document elaborates the situation. “Ensuring the common defense of Africa involves working on the basis of a definition which encompasses both the traditional, military and state-centric notion of the use of the armed forces of the state to protect its national sovereignty and territorial integrity, as well as the less traditional, non military aspects which relate to the protection of the people’s political, cultural, social and economic values and ways of life”.

The role of governments and regional institutions in the fight against the pandemic, both at the early stages of prevention and at later stages of managing the impacts of AIDS can’t be over emphasized. In countries where National leaders are committed to the fight and solicit sustainable political commitment at all levels of society; encouraging signs are exhibited like in Uganda, where the pandemic picked but was controlled. And there are cases such as Senegal and Philippines, where early interventions by the national leadership, helped to mitigate the spread of the pandemic. At the same time, the opinions held by the South African President, and the policy direction that emanated from his opinions has contributed towards a delayed aggressive intervention in the campaign against HIV/AIDS in South Africa. These are important indicators of what national leadership and massive and sustainable national mobilization could do for the fight against the pandemic. Unless Africans both at the level of national leadership and grassroots, mobilize their know-how, their resources and fight the pandemic in a persistent and sustainable manner, the meager social and economic achievements that have been made over a long period of time, will be wiped out by the impacts of the pandemic.

In the face of the pervasiveness of both armed conflicts and HIV/AIDS, and the interaction between them, the impact this interaction could have on economic development and stability in Africa, the response of national governments and regional organizations like the AU to the situation is inadequate and unorganized. The international community, through its decision on the UN Security Council and the UN general assembly and various agencies, has created the necessary strategic environment for national governments and regional organization to pick the agenda and pursue it as aggressively as possible. But the situation in the ground demands a lot more attention and aggressive leadership. In this regard there was an attempt to push the agenda of HIV/AIDS and Peace and Security, in the general approach of HIV/AIDS and Governance in Africa under the Commission for HIV/AIDS and Governance in Africa (CHAGA) organized under the UNECA, but it could not take off. The AU with its new mandate and primary task of focusing in political and security issues in Africa is hoped to be the appropriate home for an initiative that tackles the interaction of HIV/AIDS peace and security.

At this time, when the African Union is engaged in the establishment of the African Union Peace and Security Council (PSC) and the African Standby Force (ASF), the issue of the interaction of HIV/AIDS and peace and security does have special significance. As indicated earlier in this paper, Africa does have more than its share of armed conflicts and the spread of the pandemic. Conflicts create a favorable situation for the spread of HIV/AIDS and undermine economic development. Poverty again exacerbates the spread of HIV/AIDS and creates a fertile ground for conflict. A large number of orphans living in extremely destitute economic circumstances is a ready clientele for insurrectionary forces. In this situation, HIV/AIDS is the catalyst that ignites and speeds up the negative reinforcement of the combined process.

HIV/AIDS, besides being recognized as an international, regional and national security threat by the UNSC, the UNGASS and the US National Intelligence Council, is one of the most devastating epidemic diseases on the African continent. Because of its negative impact on social, economic and political developments, and its destabilizing potential, HIV/AIDS ought to be considered a regional security threat to the African continent and have to be dealt with accordingly. Obviously, this recognition starts by incorporating the threat HIV/AIDS poses as a central element in the common defense and security doctrine of the African Union. In the effort to fight the pandemic in general, and its security implications in particular, the focus should start with the armed forces and then gradually spread to larger security issues.

3. Strategic Policy Options for the African Union

3.1. Why focus on the military?

The national defense forces of a country, and the defense establishment in general, are one of the most important institutions of governance. It is responsible for the maintenance of peace and stability within the country, which is a prerequisite for economic development and social order. If this national institution is rendered ineffective, the whole viability of the state is questionable. What is happening in Sub-Saharan Africa at present because of HIV/AIDS is making key institutions of governance useless in terms of accomplishing their mission. The interaction between poverty, HIV/AIDS and conflict is a high-risk environment for HIV/AIDS. Africa is the epicenter of all of these combined. Their interaction creates a vicious cycle of negative reinforcement and a spiraling downward degeneration of societies and states. This process has to stop. An effective HIV/AIDS intervention in the armed forces, in states where they have a properly functioning military establishment, could help towards this effort.

The prevalence rate of the pandemic in the military is higher than it is in the civilian population. At the same time, the military with its hierarchical organization, very high discipline, and captive audience could be a good starter for an effective HIV/AIDS program. In addition to this, in countries where the military is effective and highly regarded, because of its competence, is a major role model for youngsters who are the
target group in the fight against the disease. In credible military institutions, having an effective HIV/AIDS intervention program could make the national defense establishment an important asset in the fight against the pandemic. Not utilizing it properly would be not only wastage of a valuable weapon, but also ultimately a source of negative influence.

On the other hand, if the military establishment is not effective in its mission, with low morale and army indiscipline, it becomes a major source of the problem. Since they own the means and power of coercion they will use their authority to do what ever they want including procure sex. By so doing they become active agents in spreading the virus. In both cases, one thing is clearly visible, that is the role of the military either in mitigating the impact and the spread of the disease or in spreading it, is more than its actual number. It can be seen as a multiplier of the disease or an agent of change in the fight against HIV/AIDS depending upon the nature of the institution and what kind of program is in place.

3.2. Why Adopt a Command-Centered Approach?

To optimize outcomes in the fight against HIV/AIDS in armies, it is important to recognize the distinct and yet interconnected relationship between health-centered and command centered approaches - the two approaches are not incompatible. Therefore appropriate HIV/AIDS mitigation strategies should incorporate and expand on important health, prevention, education, behavior change and treatment activities currently practiced by national armies, in combination with strategies that deal with systemic issues, such as mainstreaming HIV/AIDS across all aspects of the core activities of the armed forces. Acknowledgement of the mutually reinforcing roles of defense health departments, which deal with the critical health aspects of HIV/AIDS, and are at the same time a pivotal arm of the army command, with the remaining army institution, is equally important. Experience demonstrates that harmonization of the health centered approaches and the command centered approaches, in the fight against HIV/AIDS leads to a synergy that adds value to mitigation efforts through accelerated results and effective use of critical human and budgetary resources.

An effective command-centered approach will require the development and utilization of the required instruments for monitoring HIV prevalence in the army as a whole, as well as the HIV status of all individuals in the armed forces. It will also require that decisions on recruitment and discharge, promotion and assignment, be undertaken on the basis of this information. This entails adopting an approach to HIV testing that generates routine data on the status of all individuals in the armed forces, and allows the command to make the appropriate decisions based on this information. This may conflict with the standard approach of voluntary counseling and testing and individual privacy, but it lies at the heart of the command-centered approach. In this regard we should note that the debate on voluntary versus mandatory testing in armed forces has been quietly but decisively

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decided in favor of mandatory testing. Every African army that has the capacity to undertake mandatory testing does so.

3.3 Addressing Broader Aspects of the Security Threat

It is probable that the major threat to African peace and security posed by the HIV/AIDS epidemic comes not from the impact of the disease on national armed forces and other uniformed services, but from its implications for human security in the broadest sense. It is now accepted that HIV/AIDS will have major adverse implications for each of the following:

- Economic growth and poverty reduction, including socio-economic income equality.
- Gender equity.
- Child survival, including increased malnutrition and spread of infectious diseases.
- Educational achievement, through several mechanisms: the loss of teachers to the disease, the non-attendance of children because they are needed at home to care for the sick, and the non-enrolment of children orphaned by AIDS.
- Decreased food security, possibly associated with increased distress migration and worsening unemployment.
- An increase in crime associated with the demographic changes in the population (i.e. an increasing proportion of young men), and a decline in law enforcement and judicial capacity.
- Decline in the quality of local government and other national institutions associated with loss of human resources.
- Threat to the functioning of civil society and democratic institutions.

As yet, there are no rigorous studies that investigate precisely how all these different negative impacts will play out. In all cases, HIV/AIDS should not be seen as a stand-alone threat, but as a factor that combines with other problems, often making them worse.

Given our current limited state of knowledge about the wider impacts of the HIV/AIDS epidemic on governance and development, it is wise just to acknowledge these possibilities as threats to national security in the CDSP. It is also advisable to initiate a research program at the AU, utilizing the expertise of AU member states and in particular senior military officers and security and governance advisors, to investigate how these different factors may combine to cause threats to national and regional security. It may be necessary to use innovative means to conduct this research, such as scenario exercises, given the lack of empirical data and the difficulty and slow speed with which such data can be generated.


4.1 General Considerations and Military Doctrine
Because of the threat HIV/AIDS poses to national and regional security, it is essential to incorporate it into the common defense and security policy (CDSP) of the African Union. The CDSP is presumed to be the most fundamental guide for African states’ conduct of their defense and security policies, and for the creation and operation of the African Standby Force (ASF). The doctrine is the ultimate guide to where the political objectives, the purposes of the establishment of the force, and the military operational guidelines will be set. Ideally, all other military operational guidelines and directives would get their political content and guidance from the fundamental directions established in the doctrine. Military doctrine is the highest fusion of the political objective and the military mission. It is an explanation of the will of the political leadership of what needs to be done militarily when the need arises. Military doctrine is the political definition of the military task under a given political situation.

Under the current circumstances of the establishment of the ASF, it is explicitly indicated that the military doctrine of the ASF will be the military doctrine developed by the UN, but complemented by specific African conditions. “As in other areas of African capability, the meeting endorses the recommendation of the second ACDS (African Chiefs of Defense Staff) meeting that peacekeeping doctrine used by the ASF should be consistent with doctrine produced and used by the UN, and complemented by African specificity. In this respect, the meeting notes that the UN has almost completed a multidimensional peacekeeping handbook, with publication slated for August 2003 at the latest, which will serve as the base document for all UN peacekeeping doctrine. Doctrine for the ASF should be based on this UN Document when it enters into circulation and use.”

The doctrine produced by the UN and the complementary aspect reflecting African realities has not been made public yet so it is not clear how much the document has incorporated the HIV/AIDS issue into the doctrine.

In the draft framework for the AU’s CDSP, which could be seen as a precursor of the common defense and security doctrine, HIV/AIDS has been clearly indicated as a factor that could endanger insecurity. This is a very important realization, especially when seen in conjunction with the expressed view of the current director of peace and security, Ambassador Sam Ibok, on the discussion on the draft declaration on the CDSP, where he indicated that this “should be considered as a work-in-progress.” This means as the work progresses into the future and more conceptual and empirical data is collected and analyzed, the position of the relationship of HIV/AIDS and national/regional security will be better established than it is presently awarded.

As it stands now, the ASF is established by contributing troops from member countries. Since the process is at its initial stages there are lots of unanswered questions. But at this juncture there is an important issue of approach that needs to be raised. How shall the AU, and specifically the ASF arrangement, approach issues of policy on HIV/AIDS and security? Shall the AU seek harmonization of policies by approaching it as an extension of national policies; or approach it as an independent entity and influence troop

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contributing countries from above, from the AU, or a combination of both? Ideally, the best possible scenario is that the AU leads by putting a set of policies and guidelines that help to mitigate the spread and impacts of the pandemic and push those policies to be implemented both at national armed forces and at the ASF arrangement. When the policies and guidelines are implemented, especially at national defense institutions, what happens in the ASF will be an extension of what happens in the troop contributing countries. In this regard, the assumption in this paper is that the policies and guidelines discussed here will be treated as an extension of what needs to be followed by national military institutions.

The best practice to mitigate the spread and impact of HIV/AIDS is to bring about behavioral change. To bring behavioral change, several combinations of activity have to be attempted. In addition to the regular sensitizations and indoctrination, there have to be clear policies and Standard Operating Procedures (SOP). Those policies and SOP have to be inculcated in the institution by rigorous training and regular monitoring of their implementation. With regard to HIV/AIDS and behavioral change, the approaches are the same; indoctrination, sensitization; clear policies, mainstreamed SOP’s and consistent monitoring are the main tools.

Preparing for war (or peace-support operation (PSO)) and conducting war (or PSO) are the two major tasks of armed forces. Preparation for a perceived upcoming war is a long process of creating the necessary skills, temperament, unity of thought and action and the desired behavior. In this regard, national armed forces will have the relative advantage of uniformity of thought, organizational infrastructure, cultural homogeneity, political background and the necessary amount of time. National militaries could use the combination of both the whole edifices of their training programs, and the implementation of their policies, rules and procedures to shape the behavior of the whole institution over a long period of time. Both the training and the day to day monitoring of the implementation of policies are linked in the sense that soldiers are trained not only in military technical skills alone, but also in the policies and rules of the military as well. At the same time, the implementation of the policies are monitored on daily basis either at times of peace or war.

Since the ASF is a force created by member countries contributing troops for the purposes of peacekeeping activities in the continent, the major part of the training is conducted by troop contributing countries themselves. The arrangement for ASF does not give the necessary amount of time and resources to conduct training at such a level to bring troops from different countries and backgrounds into a homogenous entity. This would mean one of the major parts of influencing outcome, the behavior of troops through training, is severely limited. In this regard the ASF arrangement would depend upon the training in the troop contributing countries, but lead the process by formulating policies and SOPs and monitor their implementation in the training centers of the national armed forces. The other instrument of influencing behavior is a set of policies, rules and procedures. In this regard, for the ASF to influence behavior there has to be a strongly organized set of policies and rules in place and implemented rigorously. The significance
of policies and rules in shaping behavior on troops deployed for peacekeeping purposes has to be seen from this background. What, therefore, is the situation with regard to HIV/AIDS and national security in the armed forces in Africa?

Over the years, it has been evident that there was a broadening of the discourse on HIV/AIDS and security in national defense forces across Africa. However, the nature of the discourse lacks strong national ownership both in terms of resources and concepts. Since the research and activities initiated so far are predominantly shaped by international stakeholders, (UN and USG agencies), the result is an overwhelming focus on public health approaches. Command-centered and systemic approaches are visibly absent in discussions. The HIV/AIDS pandemic cannot be left to health professionals alone. Understanding has to be made of the far-reaching strategic implications of the HIV/AIDS pandemic and its potential to destabilize states if unchecked. To check the destabilizing effects of the pandemic, in addition to the public health approach, the entire command structure of the armed forces of a country should have a program of its own, parallel with the program of medical departments. Workable programs could include various components and approaches aimed at jointly enabling national security institutions to remain viable and to effectively discharge their responsibilities in the face of the pandemic. The most important activities that have to be undertaken through command structures, that could not be wholly addressed by the medical department alone include:

1. Policies on mandatory and voluntary testing.
2. Policies on the administration and management of anti-retroviral treatment and the rights of people living with HIV and AIDS.
3. Policies on human resources management and development.
4. Policies on budgeting.
5. Policies on the rights of soldiers’ dependants and the associated civilian population.
6. Development of toolkits (SOPs) to mainstream the fight against HIV/AIDS with the core activities of the armed forces.
7. Creation of a monitoring structure for the implementation of those activities.

In light of what has been discussed, it is clear that there is an urgent need to have an integrated AU-wide HIV/AIDS policy that could serve as a guiding principle to the ASF and to national armed forces. This policy would include each of the issues mentioned above.

Adoption of an integrated policy framework in the AU in general and the African Standby Force in particular is an important step towards the creation of the momentum and ownership required to move HIV/AIDS programs and make them sustainable in African armed forces.

4.2. Policy on Testing:
The issue of voluntary versus mandatory testing is a highly controversial one. The policy of mandatory testing inherently discriminates against people with the HIV virus and is a violation of human rights, specifically the confidentiality and privacy of the individual tested. The policy of voluntary counseling and testing (VCT) which is currently regarded as the best practice available, stresses awareness creation and sensitization activities and then through this the promotion of voluntary testing. The policy of VCT leaves the whole discretion of the implementation of the policy to the will and conviction of officers and soldiers themselves. Thus far, this has proved ineffective in ensuring that significant numbers of individuals volunteer for testing.

In light of the seriousness of the pandemic and the threat posed by it, African governments are faced with the dilemma of either putting in place a policy of mandatory testing with all the consequences of the alleged abuse of human rights, or relying on voluntary measures that remain ineffective.

Based on the information available, few armies have succeeded in achieving universal VCT, and in most cases only a minority of soldiers volunteer. In practice, this means that armies are deploying substantial numbers of soldiers who are living with HIV/AIDS to various duty stations including peacekeeping missions. The individual’s right to privacy and confidentiality is considered to override the right of his potential sex partners to be protected from HIV. Given that a uniformed servant of the state is, ipso facto, acting on behalf of the state, there is a state obligation to ensure that every such individual does no harm. Transmitting HIV indubitably counts as ‘harm’. The question of how the state should implement its human rights obligations to ensure that its uniformed servants do not transmit HIV, adds a new dimension to the debate on mandatory versus voluntary testing.

Currently, every African military that has the capacity to do so is implementing mandatory testing. However the procedures are not standardized. Increasingly there is a call for routine testing in civilian life. Routine testing consists of including an HIV test in every medical checkup, except when the patient specifically asks for it not to be done. For example, Botswana has now introduced the principle of routine testing for HIV, followed by informing the individual of his or her status, and counseling.

Under those circumstances, it is very clear that African governments and institutions engaged in policy formulation are in a dilemma of, either having a policy of mandatory testing for HIV, or continuing to agitate and sensitize for VCT with the expectation that the number of people who test voluntarily will ultimately increase significantly. In all cases, there are problems in implementing either policy option consistently. Here are some of the most important problems associated with the alternative policy choices.

4.2.1. Mandatory Testing

First, what do we mean by mandatory testing for HIV? It would mean testing of all recruits before accepting them into the institution and periodic testing of serving soldiers
for HIV. This would result in the rejection of new recruits with HIV and managing serving soldiers with the virus. The management of serving soldiers with the virus could extend from allowing them to stay and work in the institution (under certain conditions), up to discharging them from the institution. For the policy of mandatory testing to be effective the chain of activities, like testing, counseling, care including free provisioning of anti-retrovirals (ARVs), has to be complete. Otherwise mandatory testing with out the provision of free ARVs will not be effective. The management of ARVs within and outside armed forces demands huge financial and material resources, and could be a daunting task by itself. On the other hand, not doing it could mean leaving the impacts and consequences of this deadly pandemic to the discretion of individual soldiers. The stakes are very high. Besides the difficulty of having a clear and unambiguous policy, especially in the administration and management of ARVs, to implement this policy it requires huge capabilities and resources. In the context of the ASF it would mean testing designated troops from troop contributing countries and rejecting those who are HIV positive. But how about those who are infected later? What shall the ASF do to them? Send them back to their country? Or take the responsibility of treating them? The alternatives are not simple.

There are several advantages of the policy of mandatory testing coupled with the free provisioning of ARVs. Obviously the effectiveness of the policy would be greatly enhanced when implemented at the level of all troop contributing countries, rather than the AU and the ASF alone. It is difficult to envision the implementation of such a policy at the level of the AU and the ASF alone, without considering its impact or effect on the national armed forces of the troop contributing countries. Moreover, the positive effects of the policy would be neutralized if there is an attempt to implement the policy at the AU level only by disregarding the national armed forces. So as described earlier, the policy discussions will base their assumptions on national armed forces.

All policy alternatives are very much interrelated. One cannot imagine mandatory testing for HIV/AIDS without the free provisioning of ARVs to at least some of those tested positive. Armies may choose to provide ARVs only to those who have long-term contracts, and to discharge recent recruits to be cared for by the civilian health system. At the same time, human resource management policies would be greatly influenced by the policy choices. The human resource policies (recruitment, training promotion, retirement, organizational structure, incentives) will be different in the policy of mandatory testing than in the policy of VCT. Here are some of the major advantages and disadvantages of the policy options.

4.2.2. Advantages:

A/ It will enhance the fight against HIV/AIDS to a great extent. It will help centralize the fight against the pandemic by taking away the decision making process from the discretion of individual soldiers and officers to the top-level decision making body. It will facilitate data management and makes it easier to monitor the epidemic and make the necessary decisions with respect to mainstreaming HIV/AIDS programming. This has
tremendous implications for decision making in the fight against the pandemic and human resources management.

B/ If this policy is implemented and consistently supported by other policies like the policy of prevention and human resources policies (to be elaborated later), it can greatly enhance the mitigation of the spread of the pandemic in those who are not infected yet and extend the life of those who are infected. The life of skilled manpower (commanders, staff officers, military technical personnel, with whatever experience and institutional knowledge) will be prolonged, the institution will be rescued from collapse because of this ravaging epidemic, and it will be operationally functional.

C/ The morale and discipline of the armed forces, which is an essential element in the accomplishment of the tasks entrusted to them, will be kept high. Morale and discipline will not falter due to the impact of the pandemic. The integrity of the institution and the quality of command will not be compromised. Those are very important ingredients in the effectiveness and efficiency of the forces and the institution.

D/ The policy when implemented would give life and hope to families and society at large. This takes the fight against the pandemic into a higher and more promising plain, not in the particular institution alone but in society at large.

E/ Contributes in reducing and possibly eliminating stigmatization, which is one of the main obstacles in the fight against the pandemic.

4.2.3. Disadvantages

A/ Delimiting the boundaries of the policy, (where does it stop; does it include new recruits as well as serving soldiers; does it include civilian contractors and support staff; who does it include or exclude within the family), is a problem. It could create political problems, in the sense that the civilian population (civil servants, and other members of the society) are not incorporated into the program. It might be perceived as a special privilege for the armed forces, because it is common knowledge that there is scarcity of resources to provide ARVs for the general population. This particular problem will be more pronounced in national armed forces than in institutions like the AU and the ASF under the AU. In a national context this could develop into a political problem. Ultimately this will affect the ASF whose forces are the troops contributed from the national armies.

B/ The human rights issue will be another problem. Currently all UN agencies consider any sort of discrimination on grounds of health, including HIV/AIDS a violation of basic human rights. Because of this mandatory testing is not acceptable. In light of this, it will at least be a challenge to constitute mandatory testing in the ASF within the AU.
C/ Scarcity of resources, logistical capabilities, and know-how is another problem. At present generic ARVs (the lowest priced ARVs available) costs around $25-$30 a month, or $300-$360 a year, for one person. This is the cost of the pills alone. When one adds the cost of infrastructure and overhead, it is going to very high. Leaving the controversies on the use of generic ARVs aside for the time being, even if countries in Africa and The AU is allowed to use generic ARVs it is obvious the cost is more than the per capita income of most African countries. In addition to this, counseling demands a lot of resources and logistical capabilities. The budgetary implications of this policy are huge. This was a major problem in Ethiopia for example.

D/ Implementation of the policy. Administration of ARV’s for people related to the armed forces could be a problem. This problem is magnified in the national armed forces. What do you do with demobilized soldiers and retired service men/woman men and women? How do you administer the drugs to the immediate family (spouse, kids, mother, and father) of the soldiers, in the face of a polygamous culture, divorce and remarriage in Africa? How does one control corruption related with the administration of drugs? Problems that are recurrent and difficult to solve would ultimately affect the ASF, because the sources of troops for the ASF are the troop contributing countries. In addition to this, how can the AU manage the provisioning of ARV’s within the ASF while they are in service and when they are out of service?

4.2.4. Voluntary Counseling and Testing

The alternative to mandatory testing is voluntary testing. If this policy option were to be effective, it would presuppose an intensified and effective program of sensitization within the ranks. The policy of VCT, without the provisioning of ARVs, (when found out to be positive,) has proven itself ineffective. In the prevailing situation of high levels of stigmatization, people don’t want to voluntarily tested and face the compounded problem of living with the virus and the stigmatization that surrounds the epidemic. In fact it is under a policy of VCT in most African militaries that HIV/AIDS is spreading like wild fire, and especially in the armed forces. In any case the major advantages and disadvantages of the policy are:

4.2.5. Advantages

A/ There would not be any problem in the form of policy ambiguity. The policy is clear: anybody who volunteers gets tested, but anybody that doesn’t won’t. There is no problem in the administration or management of ARVs, because there shall not necessarily be a policy of free provision. Or if decided upon, ARVs will be provided for those tested and found to be positive.

B/ There is no human rights issue with regard to discrimination on the grounds of health, confidentiality and privacy of the individual.
C/ The scarcity of resources problem would be moot, since there will not be any program of free issuing of ARVs as a mandatory program. The budgetary implication of the policy is low when compared with the mandatory policy alternative.

4.2.6. Disadvantages:

A/ The fight against the pandemic would be negatively affected. The final decision of testing will be at the discretion of individual soldiers and officers. The top leadership of the government or institution (like the AU) will try to influence decisions by sensitization. The effectiveness of sensitization does have its own limitations. VCT, especially if not accompanied by free provisioning of ARVs would be ineffective. Data acquisition and management will be very difficult, which will of course affect both the fight against the pandemic and human resources development and management.

B/ Other policies that could help the prevention of the spread of the epidemic and the extension of the lives of several soldiers and officers will be negatively affected. Policies based on prevention will be better served when managed using accurate and timely data to monitor the spread of the epidemic and coupled with some incentives to stay negative. At the same time, the provisioning of ARVs by itself does help not only in the extension of the lives of those who are positive, but in containing the spread of the pandemic. The timely and accurate data itself is an essential prerequisite for effective human resources management as well.

C/ Without mandatory testing and free provisioning of ARVs, the spread of HIV/AIDS will remain rampant, and this will affect the morale and discipline of armed forces. The cost of low morale and indiscipline is ineffectiveness in performance and inefficiency in resources utilization. An army unit with a quarter of its force infected with HIV, an epidemic with no cure or vaccine in sight, could not be expected to have high morale and discipline. At the same time its readiness is obviously compromised.

D/ In addition, not providing ARVs could be a cause for corruption and indiscipline in the armed forces. Commanders and staff officers will use whatever means under their power to get ARVs for themselves and their relatives, including corruption. There are lots of stories with regard to corrupt practices of soldiers and officers in the war in the DRC.

4.3. Policy on Treatment

To a significant extent, the policy on the provision of treatment (ARVs) depends on the policy adopted towards mandatory or voluntary testing. However, there are still important decisions to be taken on the treatment issue. These include:

A/ The conformity of the military policy on technical aspects of treatment provision with the national policy. Clearly it is preferable if a single policy is adopted on clinical management, drug procurement, handling of opportunistic infections, etc. However,
specific considerations relating to serving military officers may dictate that the army follows, in some cases at least, its own clinical policies.

B/ The provision of additional assistance to individuals receiving treatment. ARVs are effective only if given in a situation that includes a wider package of counseling, nutritional support, clean water, clinical management, and a healthy lifestyle. These are all considerations that directly impact upon the provision of treatment for serving soldiers, who will not be able to obtain these additional requirements if they are on active service.

C/ Is treatment to be extended to all individuals tested by the military, or only to selected subsets? For example, which of the following should be entitled to treatment by the military health service:

- Recruits who are tested positive in their initial medical examination, who are then not accepted into military service.
- Recent recruits who have served for a short period of time in the army (up to 3 or 4 years) who test positive.
- Members of paramilitary forces.
- Veterans who have been discharged from the military, either after testing positive, or who were tested positive after discharge.
- Staff of civilian support institutions (e.g. ministry of defense) and contractors.
- Family members of soldiers, including the wives/partners of soldiers who are HIV positive and pregnant.
- The residents of communities near to army garrisons and barracks, some of whom will be sexual partners of soldiers, and who are at risk of transmitting HIV to soldiers or receiving HIV from soldiers.

Decisions on each of these categories will depend critically on wider government policy. Where the military’s HIV policy is more progressive than the general national policy, problems will arise. This is especially the case where the army is providing ARVs and the national health service is not. Is it ethical to discharge HIV positive recruits back into the community, where it is unlikely that they will receive treatment? Is it advantageous for the army to provide treatment for actual and potential sexual partners of its soldiers, in order to minimize the risk of HIV to its members? In providing privileged access to ARVs for its members, is the army discouraging retirement from the army and return to civilian life?

These dilemmas will become particularly acute in the case of the ASF when it is deployed as a peacekeeping force. The ASF will be held to the highest standards for HIV/AIDS treatment. But insofar as it is likely to be deployed in situations of conflict and the collapse of state services, the surrounding civilian population will probably not have access to adequate health services including ARVs. While this situation increases the importance of a good HIV policy in the ASF, it also accentuates disparities between the ASF and the host population.
4.4. Policy on Human Resources Management and Development

Human resources management and development, which includes recruitment, training, promotion, retirement, organizational structuring, and incentives, is a major preoccupation of the top leadership of any military institution. Armies deal mainly with humans, they recruit, train, arm, motivate and indoctrinate them, organize, deploy and monitor them. This is a continuous process not only in the sense that it is repetitive, but also because it develops higher and more sophisticated level of training, education, skill acquisition and higher levels of performance. This is generally known as human resources management and development. The higher and more sophisticated the level of know-how and skill, the more expensive it is to acquire and hence replace it. Let alone at extraordinary times like the outbreak of the HIV/AIDS epidemic, even at ordinary times, managing and developing human resources is one of the most important tasks for a military. This acquires special significance when it comes to adopting a policy on an outbreak of a deadly epidemic like HIV/AIDS, which warrants extraordinary efforts. It is difficult to cover all policy issues related to human resources management and development in one paper. The purpose of the discussion in this paper is not to give ready-made policy answers but to raise questions and establish the necessity of revisiting the human resources management in the face of the pandemic in the armed forces.

Generally, human resources management policies will be informed by the policy options of mandatory versus voluntary counseling and testing. Accordingly, there could be two directions in the development of the human resources policies. One would be a set of policy options developed on the assumption of mandatory testing and the free provisioning of ARVs. The other would be a set of policy options on the traditional model, which would be developed on the assumption of VCT. In choosing the policy options the issue of human rights is prominent.

If there is a policy of mandatory testing then human resources management polices would follow the mandatory testing policy consistently. This would mean new recruits into national armed forces would be discriminated against on the basis of their HIV status. That is not the end of the story. Soldiers and officers could contract the virus after they join the institutions and hence there has to be a consistent periodic check up. All other human resources policies would be informed by the result of the periodic check ups. This would mean, for example, training, especially that which involves long term and high investment training, in Command and staff, in specialized units, high skill training like in technical training centers, training for units in the air force, training in foreign countries etc would be discriminating against those living with HIV. Not only training but; promotion in the army which usually is accompanied by training and good health conditions; would be discriminatory. In the policy of mandatory testing there is very high possibility of an early retirement for people with HIV/AIDS.

Because of the wider positive effects of the policy of mandatory testing and provisioning of ARVs to extend the life of those infected by the virus, the impact of the pandemic on
the organizational structure of the institution would be less severe than what it would be under the policy of VCT. Revisiting the organizational structure would be required to see the impact of the pandemic on the proper functioning of the institution. There could be a situation where the organization would be required to function by skeletal manpower and a contingency arrangement might be needed.

Another aspect that has to be taken into consideration in the human resources development is; rewarding those with desired behavior and punishing those with undesired behavior. In national armies this is done based on clearly spelled out rules and regulations that govern the human resources management and development which includes periodic promotions, demotions and dismissal from the institution. When it is implemented in a clear, consistent and transparent manner it is a powerful weapon of influence. How could this be used to influence behavior? The kind of rules that could be incorporated as policies in the troop contributing countries themselves, and in the rules and procedures of the ASF need to be addressed. At this point when we discuss the human resources management policy implications of mandatory testing there are certain issues that come into the picture. Besides the disincentives of discriminating against the pandemic, there needs to be an incentive to encourage remaining negative. Of course the promotions and training opportunities for those who remain negative are strong incentives, but it would be advisable if some other additional incentives could be included.?

If the policy of VCT is followed consistently as it is advocated by UN institutions, and no discrimination on health grounds is allowed, then the policy options for human resources management would be different to that based on mandatory testing. New recruits will not be discriminated against on the basis of their HIV status. Once in the institution, discrimination on health grounds for training, promotion, retirement will not be allowed. But usually there are health requirements for any military task.

Assuming there is no free provisioning of ARVs in this policy, and the overall data is poor and outdated, and people remain ignorant of their status, then activities to control the spread of the epidemic will remain largely ineffective. There could be change instigated by the sensitization activities, which are part of the VCT program; but the change will be very slow and inadequate. This would mean the prevention activities will be less effective in this policy. The impact of the pandemic on the organizational structure of the institution would be severe. The institution could be forced by the impact of the pandemic to function on skeletal manpower and forced to restructure itself to respond to the “hollowing-out effect” of the pandemic.

The policy of free provisioning of ARVs could be made part of the VCT program. This seems to be a very good policy option, but unless properly thought and refined there could be serious problems in implementation. It is clear that a VCT program with no free provisioning of ARVs will not have any significant effect. If this option is followed, it will improve the data management and serve as an incentive for people to be tested. Since there are no clearly spelled out policies on promotion, training, retirement with other
incentives and disincentives, the effect of the policy will not be clearly pronounced. The policy deals only with those who voluntarily get tested, and even then besides supplying them with ARVs; what would be the policy on promotion, training, and retirement for those found positive? In fact the human resources management and development would be based on unclear, improvised procedures and directives generated by commanders at various levels because of the objective necessity (the pandemic,) created on the ground. This could be a source of mismanaging the human resources and potentially could create other problems as well. A VCT program with free provisioning of ARVs to those found positive, and seriously worked out rules and regulation of human resources management under the circumstances described, could have the benefits of enhancing the fight against the pandemic without violating the human rights.

4.5. Policy on Budgeting

In recent years, many African armies have found that a majority of patients admitted to military hospitals are suffering from HIV-related diseases. This is posing a considerable burden on the military health budget. The forced retirement of HIV positive soldiers on health grounds is also increasing the budget. The increased recruitment and training needs also cost money. If armies are to institute policies of comprehensive testing and ARV provision, this will increase budgets still further, though money will also be saved through lower rates of hospitalization and pensioning. Also, if mandatory testing is introduced along with a mainstreamed human resource policy, it is likely that rates of HIV in the military will be contained, and therefore costs will be kept down.

Should these increased costs fall entirely on the defense budget? There are arguments for and against. The best argument in favor is that, by controlling the budget, the armed forces control the policy and its implementation, and are able to monitor its effectiveness. This is particularly important if the national policy is less progressive and effective, compared to the military policy. In such circumstances, it may also be possible for the army medical corps to apply for international funding (e.g. from the Global Fund or US Government) to finance its programs.

On the other hand, if the military takes on the entire costs of HIV/AIDS programs, testing all the individuals of concern to it and treating all those found to be HIV positive, then the burden on the defense budget could be unsustainable. If countries are adopting and implementing policies of universal treatment provision, funded through international donors, then it makes sense for all civilians to be treated in civilian medical facilities.

Once again, the dilemma is particularly acute in the case of the ASF, because it is likely to be deployed in locations where the civil medical facilities are poor or non-existent. In these circumstances, the best option is the maximalist option of providing HIV/AIDS prevention, treatment and care to all individuals of concern to the military. In order for this to be workable, health programming needs to be a substantial and well-funded part of ASF activities and deployment.
4.6. Policy on Dependents and Military Orphans

Many aspects of policy on military dependants and associated civilian populations have been dealt with in the section on treatment, above. One additional question needs to be addressed, namely the issue of military orphans. In many armies, the institution provides lifetime care for individuals, including schools for children, housing, retirement and recreational benefits, etc. A problem that is arising in many cases is what to do with the children of soldiers who have died of AIDS. Quite often, these children are double orphans because their mothers have died too. Sending these children away to civilian relatives or orphanages is not always an easy option, because the only environment they have ever known is the army garrison, and their relatives may be overburdened already, and the orphanages unable to cope. The armed forces have a basic duty of care to these unfortunate children.

The best option is for armed forces to establish separate, autonomous institutions to provide for children orphaned by AIDS, within the context of garrisons and the adjacent towns. These institutions should receive funding from the department of social welfare and international donors as well as support from the army itself.

4.7. Mainstreaming HI/AIDS

Mainstreaming HIV/AIDS into the core activities of the armed forces in general and the ASF in particular would mean to re-conceptualize the core activities in light of the impact of the pandemic on the nature of the core activities themselves. Mainstreaming HIV/AIDS in the national military establishments and the ASF across core activities would mean to integrate, and not simply to put an “add on” to the main function of peacekeeping. This could be properly addressed by the appropriate command structure. Mainstreaming HIV/AIDS into the core activities of the Africa Standby Force means re-conceptualizing the core activities of the force in the face of the pandemic. This would mean among many things, reconsidering how the army trains, reorganizes itself, deploys its units, plans its operations, conducts its civic and political indoctrination activities, provides its services to its members, and interacts with the civilian population. Mainstreaming shall not mean limiting actions to public health oriented HIV/AIDS awareness and sensitization programs in the armed forces. Nor should it mean limiting action to the creation of a “conducive” environment for the medical department to perform its tasks, but should encompass planning ones activities with HIV/AIDS mitigation activities embedded as an inseparable, integrated part of the core activities. Mainstreaming means planning and executing ones own task with a clear grasp and understanding of the impact of the pandemic on the nature of the task assigned, and on how the task ought to be executed to have a diminished effect of both the spreading and impact of the pandemic.

There is a very strong link between the policy options discussed earlier and mainstreaming. The policies lay the ground, set the environment, and decide the strategic setting for mainstreaming to take place. Once this has been decided upon, tool kits have
to be developed based on the policy choices to help commanders and staff officers integrate their assigned tasks with the fight against the pandemic. These tool kits or Standard Operating Procedures could include guidance to all the core activities of the armed forces, like training, deployment of troops, civil military relations, logistical activities, etc. The SOPs would be informed by the policies and enumerate how the core activities should be carried out to have the maximum positive effect in the fight against the pandemic. In this regard, the preparation of tools kits that will enable the mainstreaming of HIV/AIDS and core military activities is fundamental and necessary.\textsuperscript{54}


In this paper I have tried to elaborate on the nature and seriousness of HIV/AIDS in the national and regional security of Africa and its impact on social and economic development and the stability of societies. I have discussed the major policy options. I assumed there is nothing to cure, and these options are included in the policy alternatives of mandatory testing versus VCT. In this section I will elaborate on some issues in the alternative policies, but more importantly I would like to suggest the way forward.

1. In the African context of peace and security, and the impact of the pandemic, HIV/AIDS should be incorporated into the Common Defense and Security Policy of Africa in the strongest terms possible. This is the highest guidance for the ASF for all its engagements, including HIV/AIDS. It will not be the first time to identify HIV/AIDS as a regional security threat. It has already been identified. It requires added attention and focus when the AU and the ASF identify the pandemic as a regional security threat. To this effect reinvigorating the debate on the issue of regional security, initiating research on solidly establishing the relationship of the impacts of the disease on national and regional security would be extremely helpful to push the agenda forward.

2. The disadvantages, or rather the problems, of having mandatory testing as a policy are significant. But they are not insurmountable. Most of the problems are either political (special treatment to the armed forces, human rights) or administrative and logistical. With a concerted effort and efficient management of available resources, the problems could be managed. The recent commitment of the US government, to allocate 15 billion dollars for the fight against HIV/AIDS is a very strong and clear indication of the support available. With this kind of commitments from donors like the US, tackling the problems will be relatively easier. On the other hand the advantages of the policy are fundamental to the nature of the institution, (survival and proper functioning of the institution) and the fight against the epidemic.

\textsuperscript{54} Tsadkan Gebretensae “Armed forces and HIV/AIDS in Africa; background paper; report to the Peace and Security Task Team in the commission for HIV/AIDS and Governance in Africa; under the UN-ECA.Sep.2003. (See what the response so far in this regard.)
3. Alternatively, if there is no policy on mandatory testing and free provisioning of ARVs, the survival and proper functioning of the national security institutions is at stake. There is a very high possibility of the collapse of the national security institutions, which are the central pillars of governance. The policy will enable the government to preserve national defense institutions and through it preserve peace and stability, which is a precondition to fight the pandemic and poverty, in an organized and orderly manner by mobilizing whatever resource, is available from within or from donors outside the country. The disadvantages of not having the policy in place and implementing it consistently are far more strategic when compared with having it and managing some of the problems mentioned earlier.

4. Properly functioning national defense establishments are known for their hierarchical nature and having a captive audience. This means the possibility of implementing this policy and getting relatively good results are very high. The program as is envisioned will be complete (testing, counseling, taking care of people with the virus). This will have a synergetic effect of reinforcing each other. The positive results achieved will help influence the youth in general, the target group in the fight against the pandemic. The provisioning of ARV will have the effect of reinforcing the prevention activities. The data collected from testing will facilitate the planned intervention, at various stages of the pandemic. It will make monitoring of the whole process relatively easier.

5. There is a clear need to revisit the human resources management and development policies. This has to be consistent and in conformity with the policy choice on HIV/AIDS testing. Based on the policy of HIV/AIDS testing and the human resource management, there is a need to re-conceptualize and mainstream HIV/AIDS mitigation activities with the core activities of the armed forces. To this effect the developments of tool kits and incorporating those into the SOPs of the armed forces is essential.

6. Governments could expand the experience gained into the larger context of society and use it effectively in the fight against HIV/AIDS. The armed forces and the institutions of national defense after having gained the experience could be used as agents of change in society. This will hopefully create its own momentum and contribute in breaking the vicious cycle of poverty, conflicts, instability and HIV/AIDS.

7. There will definitely be different alternative approaches and ideas of how to respond to the interaction of HIV/AIDS and security. Encouraging research and debate will greatly enhance the process and better refine the alternatives, and aid understanding of the problems.

8. There is a need to coordinate and define roles between the various stakeholders in the fight against the pandemic. It is obvious that the fight against HIV/AIDS is an
international effort in all its aspects. At the same time it is at the national level and below that the effectiveness of the programs can be ascertained. Clear definition and allocation of tasks among the international, regional and national actors is required.