

# **Umbutto Swaziland Defence Force (USDF), HIV/AIDS Policy,**

Available at: <http://www.gov.sz/home.asp?pid=2296>

## **PREVENTION OF HUMAN IMMUNE DEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), CARE AND SUPPORT FOR THE INFECTED AND AFFECTED IN THE USDF**

### Reference

A: The Government of Swaziland Policy Document on HIV/AIDS and STD Prevention and Control.

B: ISDSC Report on the Policy Seminar on Comprehensive Approach to Prevention, Care, Legal and Human Rights Elements for a Defence Force

### **INTRODUCTION**

1. The Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), commonly referred to as HIV/AIDS, is the most devastating epidemic in human history. In sub-saharan Africa most HIV transmission occurs through sexual intercourse, with unsafe blood transfusions and unsafe injections accounting for a small fraction. Sexual behaviour is the most important factor influencing the spread of HIV in Africa and that behaviour varies greatly across cultures, age groups, socio-economic class and gender.

2. In Swaziland, the first case of AIDS was reported in 1987 and since that time the disease has spread rapidly through the Swazi population. Several factors such as the increasing practice of multiple sexual partnership, a high rate of other Sexually Transmitted Diseases, rapid urbanisation and a migrant labour force, breakdown of traditional norms, poverty, and the lack of decision-making power in reproductive health issues are attributed to contributing to the rapid spread of HIV in Swaziland.

3. In 1999, the disease had reached crisis level, and was officially declared by the King and the Government "a disaster of national proportion deserving priority status". In recognising the

broad implications of HIV/AIDS on all sectors of the Swazi society, Government mobilised all sectors to contribute towards the fight against HIV/AIDS.

4. The military is a rather peculiar and special sector with singular occupational requirements, more especially men and women who are fit to fight. The fitness should be ascertained at recruitment and maintained. Military training is designed to mould individuals into tough soldiers who can endure extremely stressful conditions during their tour of duty. The high level of HIV/AIDS in the military can undermine its overall mission preparedness and, thus, increase the risk of insecurity.

5. During the 21<sup>st</sup> Session of the SADC Inter-State Defence and Security Committee, the Defence Sub Committee encouraged individual member states to develop comprehensive military specific HIV/AIDS policies, appropriate to individual country's military and civilian populations.

6. The USDF Leadership recognise the fact that several aspects of the military environment put its armed forces personnel at risk, including the fact that most soldiers are in the age group at risk of HIV infection (18 – 24 years), as well as the ethos of risk-taking that characterises the military. Yet, one of the most important factors that increase the risk of infection is the practise of posting personnel away from their own communities and families.

7. During the launching of the HIV/AIDS awareness campaign in 2001, the Commander USDF, Major General Sobantu Dlamini expressed the need to contain and reduce the transmission of HIV/AIDS and STIs among USDF personnel and their families through prevention programmes. Further, during the launching of the World AIDS Day in 2002, he observed that in terms of equity, the important step in defending against HIV/AIDS is to create a non-stigmatisation and non-discriminatory environment in the USDF and the provision of care and support to personnel and family members living with HIV/AIDS.

## **PROBLEM STATEMENT**

8. The high HIV/AIDS risk behaviour within the USDF jeopardises its personnel and their families. The USDF is experiencing a rise in HIV/AIDS related illness and deaths and this has adverse effects on the overall mission preparedness of the Defence Force and may eventually lead to insecurity in the country if the epidemic is not averted with the speed it deserves. The most

potent way to avert the devastating impact of HIV/AIDS is to act before the epidemic spins out of control. Changing the perception and behaviour of USDF personnel can drastically reduce the impact of the epidemic bearing in mind that there is no medication readily available for this scourge in the USDF.

## **AIM**

9. To provide guidelines on reducing the transmission of HIV/AIDS and give appropriate care and support to those infected and affected through effective management in co-operation and collaboration with Government and non-governmental organisations.

## **SCOPE**

10. This policy covers:
- a. Goals and Objectives.
  - b. Management of the HIV/AIDS Programme.
  - c. AIDS and Human Rights.
  - d. Prevention.
  - e. Voluntary Counselling and Confidential Testing.
  - f. Care and Support for Personnel Living with HIV/AIDS.
  - g. Monitoring and Evaluation.

## **GOALS AND OBJECTIVES**

11. **Main Goal.** The main goal is to give guidelines on the prevention of HIV/AIDS, and ensure provision of care and support to the infected and affected USDF personnel.

12. **Specific Objectives.** These are:

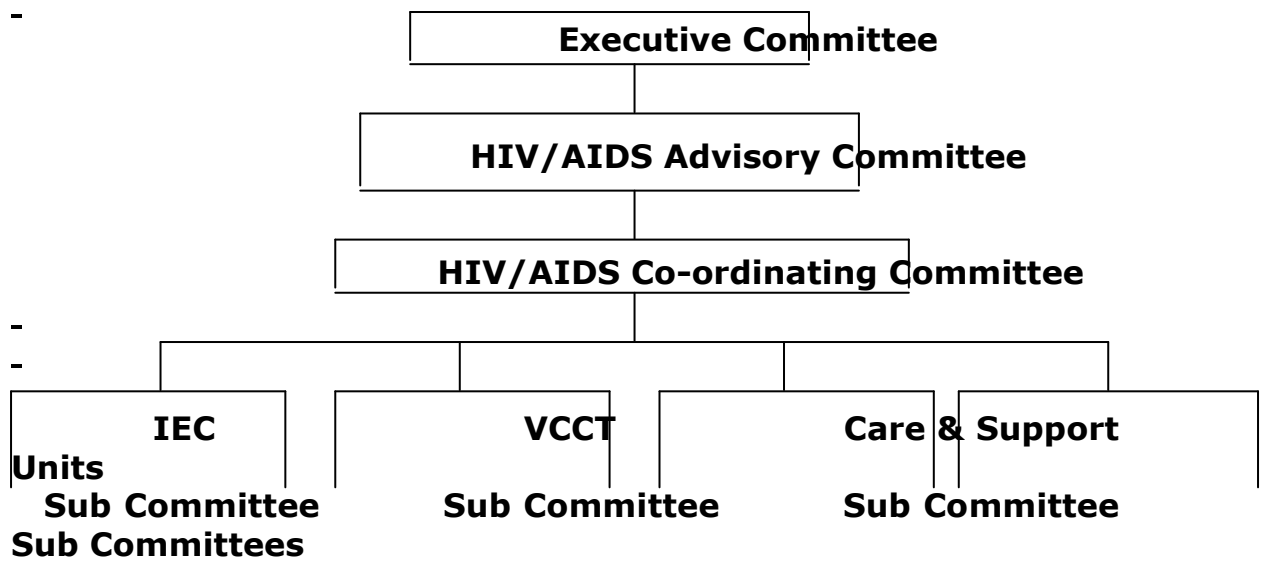
- a. To increase the capacity of the USDF in protecting its personnel against HIV/AIDS and STIs.
- b. To improve management of HIV/AIDS programmes in the USDF.
- c. To safeguard the human rights of USDF personnel living with HIV/AIDS.

- d. To ensure that USDF personnel have access to appropriate information, education and communication (IEC) programmes on HIV/AIDS and STIs.
- e. To provide comprehensive health care and social support for USDF members living with HIV/AIDS.
- f. To monitor the implementation and effects of HIV/AIDS programmes in the USDF.

**MANAGEMENT OF HIV/AIDS PROGRAMMES IN THE USDF**

13. The USDF HIV/AIDS Programme Management Structure comprises the Executive Committee, the HIV/AIDS Advisory Committee; the HIV/AIDS Co-ordinating Committee, the Information, Education and Communication Sub Committee, the Voluntary Counselling and Confidential Testing Sub Committee, the Care and Support Sub Committee and the Unit Level HIV/AIDS Sub Committees.

14. **Organisational Structure.**



15. **The Executive Committee.** This Committee acts as the supreme body for the management and execution of the HIV/AIDS Programme. Its function is the strategic direction and general superintendence of the HIV/AIDS campaign. It comprises the Commander USDF, the Principal Secretary for Defence, the Deputy Commander USDF, the Formation Commander and the Under Secretary.

16. **The HIV/AIDS Advisory Committee.** The HIV/AIDS Advisory Committee is chaired by the USDF Head Nurse. Membership comprises

Commanding Officers, the Chairperson HIV/AIDS Co-ordinating Committee, the Director Policy and Planning, the Director Legal Services, the Chief Chaplain, and any co-opted member. This Committee will function as a consultative, decision-making, monitoring and evaluation body for HIV/AIDS management in the USDF. Specifically, the functions of this Committee include:

- a. Advising the Executive Committee on the strategy, policy formulation and management of HIV/AIDS in the USDF.
- b. Design and monitoring of HIV Awareness Programme.
- c. Approval of the HIV/AIDS Programme in consonance with national health policies and programmes.
- d. Environmental analysis of the HIV/AIDS epidemic.

17. **The HIV/AIDS Co-ordinating Committee.** The HIV/AIDS Co-ordinating Committee is chaired by the Chief of Personnel, designated as the Programme Manager. Its membership comprises the Chairpersons IEC, VCCT, Care and Support and Units HIV/AIDS Sub Committees and any co-opted members. This Committee is responsible for directing, co-ordinating and monitoring specific focus areas of the HIV Programme. Its functions include the following:

- a. Directing and co-ordinating specific focus areas according to the approved HIV/AIDS Programme.
- b. Monitoring and evaluation of specific focus areas of the HIV/AIDS Programme and making reports to the Advisory Committee.
- c. Co-ordinate the overall HIV/AIDS Training Programme and provide support to Sub Committees in achieving their goals.
- d. Managing the HIV programme with continuous appraisal of the scientific advances, international and domestic opinion, and concurrence with national policies and programmes.

18. **The IEC Sub Committee.**

- a. **Composition.** This Committee will comprise an appointed chairperson and IEC Team Leaders from Units and Sub units.

b. **Functions.** These include:

i. Develop and after approval implement the USDF HIV/AIDS Awareness Programme.

ii.

iii. Provide information and education on the prevention of HIV/AIDS and STDs/STIs.

iv. Provide direction and support to all personnel involved in HIV education in the USDF.

v. Co-ordinate the provision and management of HIV Master Trainer education and supervise Peer Education on psycho-social and medical management aspects at all levels as part of the HIV/AIDS Workplace Programme.

vi. Continuously improve the utilisation of IEC material such as posters, pamphlets, bulletins, broadcasts, drama shows, and videos.

vii. Co-ordinate the promotion and distribution of condoms.

viii. Ensure HIV/AIDS education is included and implemented in Unit training syllabi.

19. **The VCCT Sub Committee.** This Sub Committee is chaired by a Senior Counsellor. Its main role is co-ordinating counselling on high-risk behaviour through trained Peer Educators, pre- and post counselling. Other responsibilities are covered in Table 2 of this policy.

20. **The Care and Support Sub Committee.** This Sub Committee comprises a Chairperson and the Leaders of Units Care-Givers. Its roles include the co-ordination of the training of care-givers and the support required for the personnel living with HIV/AIDS. Other functions are covered in the subsequent Care and Support para.

21. **The Units HIV/AIDS Sub Committees.** These Sub Committees are established in all USDF units for the implementation of the HIV/AIDS

Workplace Programme. They are chaired by Commanding Officers and Sub Unit Commanders. Their roles can be summarised as follows:

- a. Co-ordinating the implementation of the USDF HIV Workplace Programme.
- b. Evaluation and report on every HIV/AIDS specific focus programme.
- c. Feedback to the other Sub Committees on expected results of the HIV Workplace Programme.
- d. Cost-effective utilisation of all resources for the USDF HIV/AIDS Programme.

## **AIDS AND HUMAN RIGHTS**

22. Safeguarding human rights will enable USDF personnel to avoid infection or, if already infected, to cope more successfully with the effects of HIV/AIDS. Human rights that relate critically to reducing vulnerability to HIV/AIDS and mitigating the impact of the epidemic are found in existing human rights instruments.

23. The USDF must respect, protect and fulfil human rights. More specifically, the most relevant human rights principles for protecting the dignity of people infected and affected by HIV/AIDS, as well as preventing the spread of infection, include; non-discrimination; the right to health; the right to equality between men and women; the rights of children; the right to privacy; the right to education and information; the right to work; the right to marry and found a family; the right to social security, assistance and welfare.

24. The USDF will employ rights principles, norms and standards in order to win ground-breaking victory on this area.

25. The USDF must adopt the key human rights principles and the HIV/AIDS-related action at Table 1 below.

**Table 1: Key Human Rights Principles and Related Action**

<b>Key Human Rights Principles</b>	<b>HIV/AIDS Related Action</b>
(a)	(b)
The right to the highest attainable standard of physical and mental health	Ensure that HIV-prevention tools and services (such as treatment for sexually transmitted infections, provision of male and female condoms and voluntary confidential

	counselling and testing) are available, together with drugs for opportunistic infections, pain and suffering. Ensure the provision of necessary health infrastructure and personnel.
The right to information and education	Provide information and education relating to sexual health and HIV prevention.
The right to work	Ensure that USDF personnel living with HIV/AIDS continue to perform the tasks they have been trained for. They should be deployed within Swaziland and not discharged until they fail to meet performance standards.
The right to privacy	Ensure that counselling and testing are voluntary, and that HIV test results are confidential.
The right to share in scientific advances and their benefits	Ensure wider access to basic pain prophylaxis and antibiotics for the treatment of sexually transmitted infections and HIV-related conditions, as well as to HIV/AIDS-related treatment and therapies.