Strategic Management of HIV/AIDS-Affected Personnel in Confined Work Places and Environs: Focus on Staff of the Namibian Security Forces

by
Asemota[1],O. Olufunmilola and Earle S. Taylor

Abstract

This paper assesses the management of HIV/AIDS in the Namibian Security Force from policy environment and work assignments levels. An attempt is made to characterize the security force members in terms of how operational and strategic policy directives impact their lives, behaviour patterns and relationships in both pre and post-HIV/AIDS conditions. Special attention is directed on the effect of location of the security forces, especially in resettlements and informal communal settings. The paper concludes with strategic policy recommendations for management of HIV/AIDS-infected and affected security force personnel for optimum performance and quality of life.

Introduction and Background Information

Namibian Security Force personnel was chosen as the focus of this exploratory research paper because of the high incidence of HIV/AIDS infection in the Country and the importance of the security sector to the health and stability of the Namibian nation. ILO 2003 study projects that by 2020 Namibia's workforce will have the highest reduction in the SADC region, (See Table 1).

Table 1: ILO Laborforce Projection, 2020

SADC Countries	%age reduction of laborforce due to HIV/AIDS	SADC Countries	%age reduction of laborforce due to HIV/AIDS
Namibia	22%	South Africa	17%
Botswana	21%	Kenya	15%
Zimbabwe	21%	Malawi	13%
Mozambique	19%	Uganda	12%

Source: ILO 203 Study and Namibia Vision 2030, NPC

Security Force assignments in any country generally cover a wide range of work-related activities and services and equally such personnel are subject to high mobility, locational, health and other personal risks to themselves and families (UNAIDS 1998).

By comparison, Namibia is not a poor country but poverty is rife among the masses as illustrated respectively in Chart 1, and Tables 1 and 2. Notwithstanding, Security Force personnel enjoys a comparative economic status as well as influence in the communities they serve. As such they become vulnerable as they are more exposed to HIV/AIDS than most others, based on their closed and confined environments and that fact that they are required to be away from their families for long periods of time.

In order for the Force and its members to function effectively under such work situations, the application of strategic management principles is critical to ensure optimum performance of the Security Forces. This status has to be achieved through adequate staff training, HIV/AIDs and health-care awareness programmes, strategic management of HIV/AIDS-infected and affected personnel in addition to the traditional functions of discipline, physical and mental readiness.

---

[1] Asemota Olufunmilola is a PhD Candidate and Senior Lecturer in Strategic Management, Polytechnic of Namibia

2 Earle Taylor is Professor of Strategic Management and Public Policy, University of Namibia

Chart 1: Performance of the Namibia Economy, 1990-2000

Namibia's GDP & GNI @ Current Prices, 1990-2000
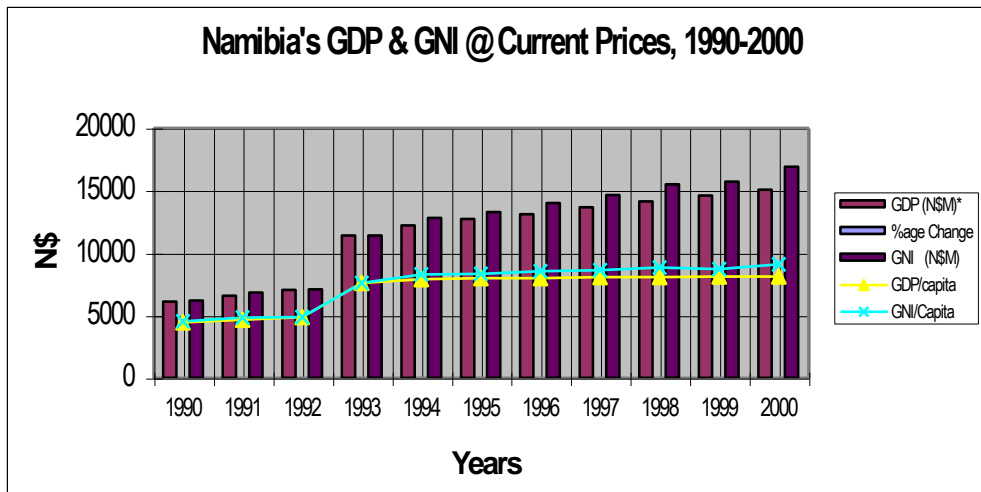
Source: Central Bureau of Statistics, NPC, Namibia

Table 2: Gini Coefficient (GC) of Selected Countries (2006)

Countries	GC	Countries	GC	Countries	GC	Countries	GC
Cameroon	.44	Mozambique	.39	Ghana	.30	Tanzania	.38
Chile	.57	Namibia	.70	Kenya	.44	Uganda	.43
Cote d'Ivoire	.45	Rwanda	.28	Lesotho	.63	USA	.45
Ethiopia	.30	South Africa	.59	Mauritius	.37	Zambia	.52
Germany	.28	Sweden	.25	Malaysia	.49	Zimbabwe	.56
Source: CIA Database, 2006							

Methodology

The research design is based on extensive review of relevant literature on the impact of HIV/AIDS in Namibia and generally, and specifically on the management of HIV/AIDS in the security and uniformed forces in Namibia. Coefficient of variation, scaling techniques and Gini coefficient were used for modelling the impacts of HIV/AIDS. Use of the Gini coefficient techniques was especially important for its (a) anonymity, (b) scale independence, (c) population independence and (d) transferability (Wikipedia, 2006), all of which conceal the immediate sensitivity and concerns of HIV/AIDS to research initiatives in the security forces and the implications for uniformed personnel in Namibia. Literature search was used to assemble institutional data; sample survey was used to collate general HIV data and personal interviews were conducted to obtain sensitive personal information.

Nature of work and Policy environment of Security Force Personnel

The security forces, especially the military are tasked with the major responsibility for the safety and security of Namibian residents and the safeguarding of Namibian territory against external and internal attacks as well as to perform peacetime operations. Those serving in the military and their families are drawn from all regions and sectors of the country and typically serve in several regions and places during the period of service (Groennings 1997). The nature of the job placement predisposes them to the risk of contracting the HIV and AIDS.

The rising incidence and pervasive influence of HIV/AIDS in the country and Sub region and its general adverse effect on the Namibian population as a whole and in particular the special adverse effect on Namibia's Security Forces represent a major concern for government as employers. Equally, due to

the high mobility of such security forces within and outside Namibia, the issue is also of major concern to the international community, as a whole.

From various reports and studies conducted thus far, (USAIDS/AIDSCAP (1997), and UNAIDS 1998)) the impact of HIV is greatest when persons live, work and play in groups, and are especially vulnerable, when far away from home, and family members. This scenario is quite typical for persons employed in the security forces. According to Carroll (2004), Van Beelen (2003), and Groennings (1997), security personnel are vulnerable because they operate predominantly away from home for long periods and also, away from their regular sexual partners. Consequently, they go often in search of sex for recreation to relieve loneliness and stress associated with the job. Similarly, their occupation encourages risk taking, thereby giving them a higher than normal vulnerability and exposing them directly to alcohol, blood contact, drugs and commercial sex workers (Jackson, 2002).

Further, various other contributing factors as reported by Van Beelen (2003) include high levels of military sexual activities, high availability of commercial sex around military camps and deployment of security personnel from their homes (environmental risk-behaviour) for some time. This period of severance (may be short or long) tend to predispose the personnel to engage in indiscriminate sexual activities, unprotected sex especially (no use of condom) with 'sex tourists' and street workers (Farley, 1998). Undoubtedly, the wars in Africa are a contributing factor in the rapid spread of the virus. Equally important, is the civil conflict and large-scale military conscription and deployment to areas with high HIV prevalence. These high risk situations have tended to trigger HIV epidemics beyond normal exposure levels (Fleshman, 2001) amongst the security personnel. Because of the unique position that the security personnel occupy, the issue of mandatory testing was welcomed with much criticism (UNAIDS, 1998). It has been argued that mandatory testing is a violation of individual rights which cannot be justified by military-specific demands.

Mandatory testing for the military was first established in the USA in 1985, and by 1995, according to a survey carried out by UNAIDS and the civil-Military Alliance to combat HIV and AIDS, HIV testing was done by 93 percent of reporting militaries (UNAIDS 1998). The purpose of HIV/AIDS policy formulation is to provide guidelines to security personnel to manage situations involving members who have, or are perceived to be at risk of acquiring Human Immune Deficiency Virus (HIV) infection or related condition and Acquired Immune Deficiency Syndrome (CT.gov 2004). Policy issues considered in the military are non-discrimination, pre-employment screening, confidentiality, information and education (N'daba & Hodges-Aeberhard, 1998). Not much literature or information is available in Namibia on the issue of mandatory HIV/AIDS testing of security force members, and where some testing is done the information is stored under privilege and confidentiality (Ndinga-Muvumba: 2006).

Gender mix in security forces

Despite the fact that women have been welcomed into the security forces in Namibia like most other countries, the overall of women in management and governance is still low (Iglitzin, 1976). Discriminatory behaviours still abound either through rules or practices and are sanctioned or enforced by higher authorities. Old traditions and ingrained practices continue to govern male and female relationship both in the workplace as it is on the home-front. However, if affected parties are not well informed or managed their status well, they too are likely to become infected by the other parties that are infected.

Impact of HIV/AIDS on the Security Forces

HIV/AIDS epidemic has become a global concern impacting health, socio-economic capacity and quality of life of persons of all races, professions and gender. This impact is becoming more and more pervasive and critical with an estimated 20 percent infection rate in the active population on the African continent, and in particular 22.3 percent infection rate in Namibia (Bureau of African Affairs 2006). According to UNAIDS (May 2002) the disease is having devastating impact on business. It was also reported that in Southern Africa, 20 percent of the economically vibrant population in the age group of 15- 45 years old are infected with HIV (UNAIDS, May 2002).

Despite the awareness and containment programmes instituted by government and non-governmental organisations against the spread of HIV/AIDS, the pandemic has continued to claim lives on a daily basis. As explained by Groennings (1997), the HIV/AIDS pandemic poses a strategic threat to affected soldiers and has resulted in loss of skilled manpower and senior leadership among many of the world's armed forces. Furthermore, he attributed this threat to that fact that, HIV sero-prevalence of 20 to 40 percent was reported amongst some militaries in eastern and southern Africa, and over 50 percent in countries where the virus has been present for more than 10 years.

Management of the Short and Long Term impacts of HIV/AIDS

Research of HIV infections by geographic region reveals that the highest concentration of the epidemic is in Sub-Sahara Africa, which accounts for approximately 70 percent of all HIV infections worldwide (National AIDS Committee, 2001).

As reported by Lisk (1998) there should be policies regulating the management of HIV/AIDS in the workplace, which must be supported by top management. Policies that allow for support and care of infected employees without discrimination and stigmatization. Consequently, work conditions should be designed to accommodate asymptomatic workers (Jackson 2002). The management strategies adopted by security forces in Namibia, especially the military, is prevention, through awareness and educative programmes, care and support, treatment/wellness programmes and counselling (Malima 1997, Shivute 1998, Shivute 2004, Nghimtina, 2001, Nghimtina 2003, Simunja 2001, Shalli 2002, and Mwange 2003). The issue of job redesign should be examined by policy makers in order to reduce high rates of disintegration of traditional family system and other attendant consequences. UNAIDS (1998) believes that voluntary testing accompanied by counselling has a vital role within a comprehensive range of measures for HIV/AIDS prevention and support.

Since HIV/AIDS epidemic struck in Namibia, government and non-governmental organisations have been in the fore front of fighting the disease (Ministry of Health and Social Services, (MOHSS 1999, MOHSS 2001, and UNAIDS 2002). In its bid to stem the spread of HIV/AIDS epidemic, Edwards (2004), reports that the Namibian government launched National AIDS Control Programme (NACP) in 1990. The aims of NACP are to among others, conduct epidemiological surveillance, raise public awareness through educational programmes and the establishment of Voluntary Counselling and Testing (VCT). Also included in its objectives are the management of STI and other opportunistic infections. Cohen (2004) indicates that many countries have recognised the need to adopt multi-sectoral and multidimensional approaches in managing the disease. Thus, Medium Term Plans with National Strategies and Policy frameworks have become important instruments for the design and implementation of country responses to HIV/AIDS.
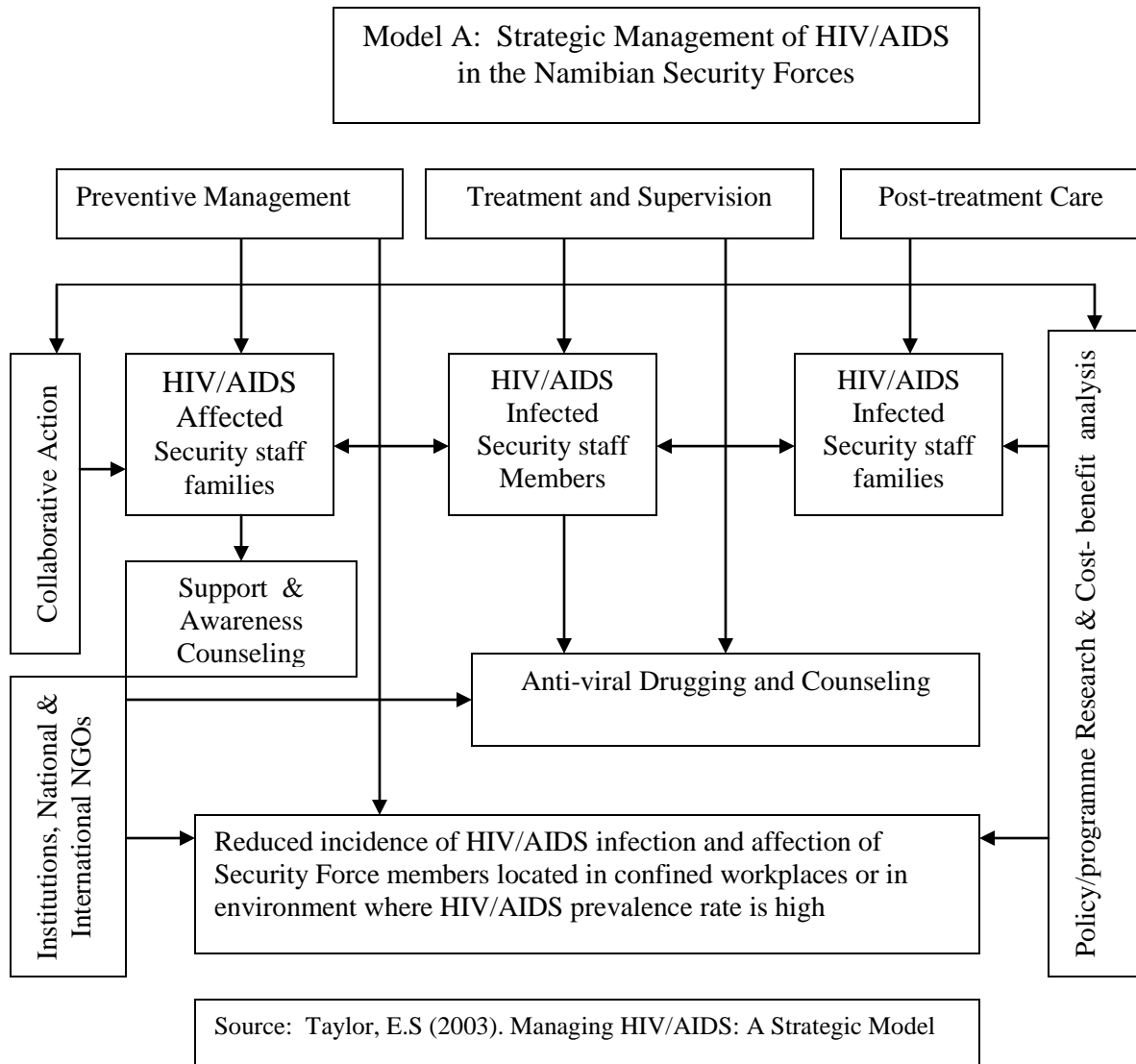
To reduce HIV/AIDS infections below the epidemic threshold, the Government of Namibia has to adopt a multi-sectoral strategic approach in managing the disease (The National Strategic Plan on HIV/AIDS, 2004). According to The National Strategic Plan on HIV/AIDS Medium Term Plan (MTP111: 2004-2009, 2004), the National Aids Control Programme: 1990-1999, was followed by MTP 11 (1999-2004) because of the continuous spread of the disease. The third MTP was established to consolidate access to treatment with Anti-retroviral medicines and also to ensure the mainstreaming of HIV/AIDS in all sectors. The MTP111 has become the "road map" designed by the Namibian government, to fight the scourge of HIV/AIDS epidemic in the society.

Consequently, the Ministry of Defence (MOD), under the multi-sectoral strategic approach, came up with Military Action Prevention Programme (MAPP), (Nghimtina, 2003). The major objectives are to: prevent HIV and sexually transmitted infections (STI) among service members through the use of male and female condoms, reduce HIV/AIDS infections, strengthen counselling, treatment therapy, care and support services for both infected and affected members, (MTP 111: 2004-2009, 2004). It is also to monitor, assess and evaluate the effectiveness of programme activities for future planning.

To date the management of the Namibian Security Forces has placed more emphasis on the treatment of HIV/AIDs, with less emphasis on prevention and post-infection care. Thus, the approach sees the HIV/AIDS pandemic mainly in terms of Health-care whereas Taylor:2005 suggest that while the

health-care approach might be adequate in the short term, it is an inadequate basis for a long term solution to the HIV/AIDS pandemic. Taylor argues that a strategic approach is necessary for any long run solution and which, inter alia, should take into account the country's economic capacity, political commitment measured by budget allocation, the socio-economic capacity of citizens, measured by the level of inequity in income distribution (Gini coefficient) and specific contribution of the international/donor sector. Taylor argues that HIV/AIDS is more than a medical and health problem, and as such require a multi-modal strategic response that links individual, family, institutional, sectoral, national and regional initiatives in a coordinated and integrated approach.

Based on systematic analysis of the HIV/AIDS incidence and the differential approach currently being practiced in the Namibian Security Forces a new management approach has been proposed to reflect both the urgency and the need to balance financial allocations on three levels: personal, institutional and collaborative for both short and long term solutions (see model A shown below.)

Model A: Strategic Management of HIV/AIDS in the Namibian Security Forces

Preventive Management	Treatment and Supervision	Post-treatment Care

Collaborative Action

Institutions, National & International NGOs

HIV/AIDS Affected Security staff families

HIV/AIDS Infected Security staff Members

HIV/AIDS Infected Security staff families

Policy/programme Research & Cost-benefit analysis

Support & Awareness Counseling

Anti-viral Drugging and Counseling

Reduced incidence of HIV/AIDS infection and affection of Security Force members located in confined workplaces or in environment where HIV/AIDS prevalence rate is high

Source: Taylor, E.S (2003). Managing HIV/AIDS: A Strategic Model

Conclusion

The need for Namibia to have a stable and competent Security Force is not a luxury in a world where the complexion of crime and citizens' security needs and expectations have moved multifold over the last decade. The high prevalence rate of HIV/AIDS infection and affection in the Namibian Security force heightens the magnitude of the challenge to HIV/AIDS management in this very important service sector. At the same time it must be recognized that Government's resources are limited although extra demands are placed on public funds because of the low and persistent inequity in personal income and purchasing capacity among the poor and most vulnerable groups in the Namibian society. Thus, public funds have to be strategically managed in order to address HIV/AIDS concerns and the many other pressing socio-economic and development issues. Recurring low budget allocation to the Security Forces necessitates the application of strategic management principles in combating the HIV/AIDS pandemic to which Security force members are particularly exposed due to the nature of their work and the confined work environments and social conditions in which they operate.

It is therefore fair to conclude that HIV/AIDS is not just a Health care problem but is an issue that cuts across socio-economic barriers, demography and sectors, and accordingly demand short, long term and multimodal responses. Given the low economic capacity, expressed by Namibia's per capita GDP and Gini Coefficients, the role of collaborators, especially International donors becomes critical for treatment, research and information exchange, at least in the short term. The long term resolution requires strategic management of domestic resources and initiatives which should include individuals and institutions.

Given the above facts, the paper puts forward three recommendations for policy consideration, namely: (1) That HIV/AIDS management in the Security forces be mandated to engage strategic management principles of clear focus, targeting, problem and resource prioritisation, coordination and harmonization of initiatives, efficient data collection, processing and sharing and regular impact assessments and reporting; (2) That greater effort is made through research and other means at the national level to understand and communicate the root causes and effects of the HIV/AIDS pandemic and to keep these findings high on the public consciousness through strategic education and public awareness programmes and (3) That consideration be given to adopt the strategic HIV/AIDS management model in the Namibia Security Force as presented and discussed under Model A.

References

Cohen, D. (2004). "Strengthening National Capacity For HIV/AIDS Strategic Planning". (26)

CT Military Department Policy HIV/AIDS (2004). (sited 04/14/2004)

Edwards, L. (2004). HIV/AIDS, Poverty and Patriarchy: A Gendered Perspective. Research Report presented at !Nara Training Centre, Windhoek

Farley, M., Baral, I., Kiremire, M. and Sezgin, U. (1998). "Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder" Journal of Feminism & Psychology, 8 (4): 405-426

Fleshman, M. (2001). "Drug price plunge energizes AIDS fight AIDS prevention in the ranks". Africa Recovery 15 (1-2), 16

Flood, D. (2002). "Absenteeism". http://hr.monster.ie/articles/absenteeism/ (sited 02/11/2006)

Groennings, S. (1997). "Civil-Military Collaboration." The HIV/AIDS Prevention and Control SYNOPSIS Series

Hutchinson, S, J. Pulerwitz, E. Esu-Williams and R. Stewart. (2003). HIV/AIDS Workplace Programs: Mobilising Managers, crafting Policies, Educating Workers-Workplace Studies in Africa and Asia, Horizon Report in SAfAIDS News 3, 12 (2) 9-11

Jackson, H. (2002). AIDS Africa: Continent in Crisis, SAfAIDS: Avondale, Zimbabwe

Lisk, F. (1998). AIDS: A Threat to Decent Work, ILO Programme on HIV/AIDS and the World of Work, Geneva

Madava, T. (Ed.) (2003). SAfAIDS News 3, Southern Africa HIV/AIDS Information Dissemination Service, Harare, Zimbabwe

Malima, P. (1997). "Military Steps up HIV/AIDS Awareness Campaign". Namibian Defence Force Journal, (6) 5. February-April

N'Daba L., J. Hodges-Aeberhard (1998). "HIV/AIDS and employment", International Labour office, Geneva

Ministry of Health & Social Services (1999) The National Strategic plan on HIV/AIDS in Namibia 1999-2004, National Archive, Windhoek

Ministry of Health & Social Services. (2001). Report of the 2000 HIV Sentinel Sero Survey, Directorate of primary Health Care and Nursing services, National AIDS Co-ordination Programme, Windhoek: April

Ministry of Health & social Services. (2003). Report of the 2002 National HIV sentinel survey: Crude HIV prevalence ratio in pregnant women, Bi-annual surveys 1992-2002, Namibia National AIDS Co-ordination Programme, Windhoek

Mwange, V. (2003). "HIV/AIDS Awareness in the NDF" Namibian Defence Force Journal, 12 (15), January-March

Namibia Vision 2030 (2004). NPC, Office of the President, Namibia

Namibian HIV/AIDS Charter of Rights. (2000)

Namibia-Security Information: http://www.iss.co.za/AF/profiles/Namibia/SecInfo.html

N'Daba, L. & J. Hodges-Aeberhard. (1998). HIV/AIDS and employment, International Labour office, Geneva

Ndinga-Muvumba, A. (2006). "Africa's New Security Agenda: HIV/AIDS, the AU and SADC". Paper presented at the SADC Conference on HIV/AIDS and Militaries in Southern Africa, Windhoek 9-10 February, 2006

Nghimtina, E. (2001). "Soldiers Health Cannot Be Compromised". Namibian Defence Force Journal, 11 (8), November-January

Nghimtina, E. (2003). "Launching of the Military Action and Prevention Programme". Namibian Defence Force Journal, 12 (15), January-March

Otaala, B. (2000). Impact of HIV/AIDS on the University of Namibia and the University's Response, University of Namibia: September

Shalli, M. (2001). "Army Commander Suggests On How to Improve Health In The Force." Namibian Defence Force Journal 12, November-January

Shivute, M. (1998). "Graduation of NDF HIV/AIDS Counsellors". Namibian

Defence Force Journal, 10 (3). 9-10.August –October

Shivute, M. (2004). "Home Based Care A Service Rendered To People Living With HIV/AIDS." Namibian Defence Force Journal 16, (19), July-September

Simunja, V. (2001). "The Effect of HIV/AIDS on the Military". Namibian Defence Force Journal 12 (11), August-October

Steven, M. (2004). "The Dangers of Presenteeism". http://www.workindex.com/editorial/hre/hre0411-13asp (sited 02/11/2006)

Taylor, E.S. (2003). Strategic Management Model for HIV/AIDS Management: In The Real Battle for Life A Paper Presented at the 4th UNAM Annual Research Symposium, UNAM Northern Campus. 2003

The Foundation for Professional development and the Southern African Clinician Society. (2004). HIV/AIDS in the Workplace (2nd Ed): 345-355

The National Strategic Plan on HIV/AIDS (2004). Third Medium Term Plan (MTP111-2004-2009)

AIDS. (1998). AIDS and the military: UNAIDS point of view, May 43. UNAIDS. (2000). AIDS & Men who have sex with Men: UNAIDS Campaign, Geneva: May

UNAIDS. (2000). Action against AIDS in the workplace: The Africa Region, Geneva: June

UNAIDS (2002). "National AIDS Counsels: Monitoring and Evaluation Operations Manual", Joint United Nations Programme on HIV/AIDS, Geneva: March

UNAIDS and WHO. (2003). AIDS Epidemic Update, Geneva: December

Van Beelen, N. (2003). HIV/AIDS and the military: Fighting the war against HIV/STIs, Sexual Health Exchange 2003/2, Southern Africa AIDS Information Dissemination Service (SAfAIDS) and the Royal Tropical Institute (KIT), Zimbabwe http://www.acoem.org/health_productivity/elements.asp

Wikipedia. (2006). "Gini Coefficient." htpp://en.wikipedia.org/wiki/Gini_coeffecient (sited 02/01/2006)