

As a “captive population” that travels internationally and regularly interacts with local populations, the military provides an extremely efficient infrastructure in which to spread information transnationally, promoting behaviour change among its forces as well as to the surrounding populations.



RYAN BEILER/IMPACT VISUALS

AIDSCAP'S CIVIL-MILITARY PROJECT ON HIV/AIDS CENTERED ITS HIV PREVENTION OUTREACH ON MEMBERS OF THE MILITARY SUCH AS THIS HONDURAN SOLDIER HOLDING AN M-16 RIFLE.

THE CIVIL-MILITARY PROJECT ON HIV/AIDS: AN INTERNATIONAL JOINT VENTURE FOR HIV/AIDS PREVENTION

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INTRODUCTION

Military personnel are at least twice as likely as their general population counterparts to be infected with a sexually transmitted infection (STI), even in peacetime.¹ Why are they so vulnerable, and what are the factors putting them at greater risk than others? While there are no absolute answers to explain the behaviour of each and every individual, several factors make military personnel highly vulnerable to STIs, including HIV. They tend to be young, sexually active men who are garrisoned away from home. Freed from the strictures of their normal social environments, they may engage in risk behaviours they would not practice in their home communities. In many areas where military personnel are stationed, commercial sex is readily available. Moreover, the military environment promotes a feeling of invincibility, inviting risk behaviour based on aggression and an action orientation, as well as “military readiness,” or the need to be ready for life-endangering attack.

At the same time, military bases are vigilant about regimenting strict protocol and procedures that promote rigidity in attitudes, preferences and actions while personnel are on the job. Sex can provide a release from these stressful working conditions and from the loneliness

of being away from home. Likewise, time off duty also can prove to be stressful when there is pressure from military peers to acquire an STI to prove one’s manhood. Tragically, this type of orientation and practice can have deadly consequences when the sexually transmitted infection acquired is HIV. Despite this risk, an environment providing an open invitation to “work hard, play hard” can be too much to resist, especially where heavy peer pressure and loneliness collide.

The reality of high-risk sexual behaviours for the men and women who practice them is that HIV transmission is as much as ten times more likely to occur in the presence of an untreated sexually transmitted infection. When military personnel are deployed to areas that are already socially disrupted, this overall instability, combined with easy access to commercial sex, promotes even riskier behaviour than normal: during wartime, the risk to military personnel of acquiring an STI can be 100 times that of civilians in a normal setting.² Moreover, when local residents or troops themselves are infected with HIV, the presence of military personnel who have multiple sex partners and frequently engage in commercial sex can enable HIV infection to run quickly through existing

sexual networks in communities, multiplying the infection rate exponentially.

Thus, the conditions that enable HIV to become endemic in such settings make civilians and the military equally vulnerable to infection. Further, when HIV-positive troops return home to their wives or other sex partners on leave or after they have been discharged, they carry HIV with them. If these individuals don't adopt safer sex practices, the virus also can be spread into their home communities.

Origins of the Civil-Military Project

Because of the explosive HIV/AIDS pandemic growth during the 1980s, a number of military and civilian leaders decided by the early 1990s that the response of armed forces around the world had been inadequate. The military had long been documented as a population playing a significant role in the spread of STIs, yet military commanders were resistant to dealing with the implications of the new pandemic. Sexual behaviour, gay issues, condom use, religious mores, gender sensitivity and HIV testing and screening were all controversial issues by the late 1980s. If each of these issues was not handled appropriately through clear and enforceable policy within the overall military "command and control" structure, even greater controversy could be provoked, threatening the future career paths of even the most seasoned military "top brass."

To further complicate the situation, most countries lacked epidemiological data and surveillance systems to show how widespread HIV prevalence was within the ranks of the military. With resources already spread too thinly and no existing collaboration and informa-

tion exchange between armed forces and civilian national AIDS control programmes, no clear solution was in sight.

As early as 1992, however, a number of civilians and high-ranking military officers from countries in several regions of the world began to recognize the increasing threat of the HIV epidemic in the civil-military context. Their early discussions were given sharper focus by a survey of NATO countries on policies and practices related to HIV testing, management of people living with AIDS, medico-legal aspects of the epidemic and current HIV seroprevalence. The outcome of that survey was presented at the IXth International Conference on AIDS in Berlin, Germany, in August 1993. Delegates from 27 nations met in a satellite seminar of the conference at the invitation of the United Nations Development Programme (UNDP) and several U.S. government agencies to discuss HIV/AIDS-related issues specific to the military. This meeting proved to be momentous in making participants aware of their mutual goals and of the need to work together to help stem the spread of HIV in the ranks of the military and in the communities where troops were deployed. A consensus statement emerged from the seminar that has continued to provide direction for the civil-military initiative.

Some of those who had attended the Berlin seminar met a second time in Marrakech, Morocco, during the VIIIth International Conference on AIDS and STDs in Africa (ICASA) in December 1993. This "international interest group," as they called themselves at that time, began to lay plans for more concerted action in the military sector. The group met again in June 1994 at the XXXth International

Congress on Military Medicine in Augsburg, Germany, where they initiated a proposal to formally establish the Civil-Military Alliance to Combat HIV and AIDS. The following November, the steering committee of the alliance held its first meeting in Washington, DC, USA.

Forming the Joint Venture To continue and expand the civil-military focused activities and provide more of a management structure to implement the ambitious plans of the new group, the United States Agency for International Development (USAID) funded Family Health International's (FHI's) AIDS Control and Prevention (AIDSCAP) Project to manage the initiative through the Civil-Military Project on HIV/AIDS. The project was in essence a joint venture designed in conjunction with several founders of the newly formed Civil-Military Alliance to Combat HIV and AIDS, based at various agencies in the United States, Europe and Africa. In addition, the Project's organizers targeted several key policy-makers in sub-Saharan Africa and Europe and at the U.S. Department of Defence to help build international awareness of this new initiative.

The worldwide network of individuals forming the Civil-Military Alliance became the main informal implementing body of the Civil-Military Project on HIV/AIDS in various countries. Through AIDSCAP funding, one half-time staff director was appointed to help guide the project's activities toward meeting its objectives and to provide a networking bridge with the alliance.

By providing access to its membership for Civil-Military Project activities and information dissemination, the alliance's global network served as the main platform to help meet the

Civil-Military Project's mandate: to collect, analyze, share and disseminate information on HIV-prevention methods; foster civilian-military collaboration to stem the spread of the HIV/AIDS pandemic; discuss possible collaborative prevention and care scenarios; and, develop additional civilian-military networking opportunities on HIV/AIDS-related issues.

The synergy between the project's mandate and avid transnational interest in the new alliance enabled this joint venture to grow much more quickly than anyone had expected. Fortunately, this rapid growth was based partly on the excitement and commitment of various individuals representing both the civilian and military realms from six key countries: Belgium, Chile, Italy, Uganda, the United Kingdom and the United States. Yet it was also based on the international recognition of the urgent need for militaries to take a much more active role in promoting HIV prevention in their forces, especially in HIV hot spots in east and southern Africa and South-East Asia. Likewise, people who had firsthand knowledge of the effects of military cantonment on their communities were extremely concerned that HIV-prevention awareness and behaviour change start to occur among forces both in their own countries and worldwide.

PROJECT DESCRIPTION AND ACTIVITIES

The Civil-Military Project on HIV/AIDS focused on three main activities in conjunction with the alliance during the project's three-year life span: (1) organizing training workshops and small conferences for civilian and military populations; (2) publishing a newsletter focusing on the need for HIV prevention in the military and the status

of project activities; and, (3) operating a resource centre to compile and maintain information on HIV/AIDS-related issues, salient issues involving military populations and background resource information relating to events and activities sponsored by the project.

Training and Networking Seminars The project held a number of training seminars on HIV prevention. A five-day training seminar brought together military and civilian delegations from seven sub-Saharan African countries—Botswana, Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe—in Harare, Zimbabwe, in June 1995. With substantial organizational assistance from the Economic Development Institute of the World Bank, the seminar was coordinated by part-time Civil-Military Project staff and alliance members with AIDSCAP assistance on site.

In September 1995, a five-day training seminar for senior civilian and military delegates from Bangladesh, India, Indonesia, Malaysia, Nepal and Thailand was held in Cha Am, Thailand, with substantial sponsorship by the World Bank, along with assistance from the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Department of Peacekeeping Operations (UNDPKO) and U.S. Department of Defence staff. Convening this seminar just prior to the Third International Conference on AIDS in Asia and the Pacific (ICAAP) in Chiang Mai, Thailand, made it possible for a large number of international participants to attend both the seminar and two panels on “AIDS Prevention in Military Populations” at the Chiang Mai conference.

The Civil-Military Project on HIV/AIDS held its first seminar in Latin America in

November 1995 in Santiago, Chile, with representatives from civilian and military groups from Argentina, Bolivia, Brazil, Chile, Honduras and Peru. This two-day seminar was organized around the Tenth Latin American Congress on Sexually Transmitted Diseases and the IV Pan American Conference on AIDS. And in December 1995 a series of more informal symposia was held throughout one day in Kampala, Uganda, during the IXth International Conference on AIDS and STIs in Africa (ICASA). These symposia focused on issues of commonality in preventing the spread of HIV in civilian and military populations in sub-Saharan Africa.

At the request of the Minister of Defence of Malawi, one of the countries in sub-Saharan Africa hardest hit by AIDS and with the fewest resources, the Civil-Military Project, the alliance, UNAIDS and UNDPKO jointly sponsored a special policy seminar on HIV/AIDS and the military for 13 countries in east and southern Africa held in Mangochi, Malawi, in April 1996. The participating countries were Botswana, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Uganda, South Africa, Zambia and Zimbabwe. To build on both the need and the opportunity, the project partners planned visits by Malawian participants to countries with greater experience in implementing HIV/AIDS-prevention programmes in military populations, including Uganda, Zambia and Zimbabwe.

One realization this seminar and earlier ones served to highlight was the lack of policy presentation skills by most of the military participants. Military secrecy was such that there was little formal policy exchange between military and civilians on social, behavioural

and health-related issues, and there was no existing forum for advocacy addressing joint interests. Thus, the seminars underscored the need to strategically use the opportunity the Civil-Military Project provided for this type of exchange. They also demonstrated that the civilian sector could actively help military leaders influence national and international policy by providing prevention materials and initiating the training-of-trainers skills transfer that was lacking in many militaries at the time.

In February 1996 the Civil-Military Project supported a seminar focusing on HIV in the military for North Atlantic Treaty Organization (NATO) and Partnership for Peace countries, which was held in Brussels, Belgium. The following July a special roundtable session on “HIV/AIDS in the Armed Forces” was held at the XIth International Conference on AIDS in Vancouver, Canada. Five of the six presenters at the Vancouver roundtable had participated in previous Civil-Military Project seminars and were affiliated with the Civil-Military Alliance. In addition, the roundtable session was co-chaired by the director of the Civil-Military Project on HIV/AIDS who was also the alliance’s international co-chair for 1996–97, presenting an advantageous opportunity to spread information about the Civil-Military Project and the alliance to representatives of the regions not involved so far.

Returning to sub-Saharan Africa, the Civil-Military Project sponsored the “Third African Regional Seminar on HIV/AIDS Prevention in Military Populations,” held in Windhoek, Namibia, for 15 English-speaking countries in the region over five days in March 1997. Participants in the seminar included civilians and military members representing

Angola, Botswana, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The participants committed themselves to establishing a sustainable mechanism to promote information exchange, facilitate technical and training collaboration and support cooperation. Their objective was to build on their established sense of community through coordination and networking, with a minimum of infrastructure. Among the initiatives they approved for the following two-year period was the appointment of a part-time regional coordinator from their experienced alliance ranks. Zambia agreed to initially host the regional coordinator’s office.

In September 1997 the Civil-Military Project held two small seminars on HIV/AIDS in the military for audiences in the United States. The first, held in Washington, DC, focused on military policy. The second seminar was held in New York City for donor agencies and private foundations to present the known status of HIV/AIDS in military populations and the achievements of the Civil-Military Project as well as next steps for the alliance after the project ended. As its final event the following month, the Civil-Military Project and the alliance cosponsored a special panel on HIV/AIDS and the military at the International Congress on Military Medicine in Beijing, China.

Overall the seminars described above hosted more than 660 participants from over 40 countries. In addition, more than 1,000 civilian and military observers attended the various seminars and coordinated events. Among the participants in the seminars were surgeons general, cabinet-level government ministers, army generals, medical commanders, military

SIDEBAR 1

An illustrative example of the results of just one of the Civil-Military Project's seminars is shown by some excerpts from the conclusions and recommendations formulated by the participants in the civil-military "AIDS Prevention in Military Populations" seminar held in Harare, Zimbabwe, in 1995. Excerpted from the *Observations and Common Findings* section are two key points:

1. "The continuing progression of the HIV epidemic in the world and in our own countries is a matter of real concern and demands our vigorous attention. Of particular concern is the impact of the epidemic that we are witnessing in our armed forces, their families and their communities. This concerns the prevalence of sexually transmitted diseases (STDs) as well as infection with HIV and the number of cases of AIDS.
2. We recognize the vulnerability of women and youth to HIV/AIDS infections and we feel that measures should be taken to address this situation. We affirm the importance of empowering women and youth, in the military and in the civil society, to be able to make choices about sex and sexuality in HIV and STD prevention."

From the *Conclusions and Recommendations* section are the following salient excerpts:

1. "We believe that our inter-country cooperation should include both civil-military working relationships, as well as military-to-military cooperation. Specifically, we recommend the relevant institutions in our countries to:

a exchange policy documentation, field operational manuals, standard operating procedures, medical manuals, and other relevant documentation related to STDs and HIV in military populations; and

b generate and exchange learning and training materials, training processes and programmes, and train-the-trainer manuals that deal with STDs and HIV prevention, counselling and care."

And, from *The Way Forward* section, these excerpts further underscore the need for collaborative approaches and support the reason for initiating the project itself:

1. "We believe these recommendations can make an essential contribution to the challenge our nations face in the fight against AIDS. Our national military readiness and our common well being depend on this.
2. Furthermore, as neighboring countries in a region so hard hit by the epidemic, we cannot continue to "go it alone," and believe that inter-country initiatives are now appropriate."

These excerpts highlight the considerable importance given by the participants to the civil-military initiative, why it was embraced so readily and why participants continued its fundamental organizing principle so sustainably by establishing their own regional mechanism to continue the project's mandate after it ended in 1997.

nurses, heads of national AIDS programmes and leaders and members of nongovernmental organizations (NGOs) and local community-based organizations (CBOs) where the events were held.

Publications and Resource Center More than 26,000 copies of 12 quarterly Civil-Military Project newsletters (including three issues in French and two in Spanish) were published and disseminated worldwide, reaching more than 105,000 readers. Among the printed materials disseminated at the seminars were HIV/AIDS-prevention programme guidelines and manuals; programme assessment and evaluation tools; a methodology to measure the cost of interventions; guidelines on coordinating inputs from donor and cooperating agencies; and, a position paper to guide policy dialogue on civil-military collaboration for HIV/AIDS prevention and mitigation in sub-Saharan Africa.

In addition, the Civil-Military project developed a questionnaire that was disseminated, with additional support provided by UNAIDS and members of the military in Belgium, Italy and the United States, to project seminar attendees and to members of the Civil-Military Alliance in 120 countries around the world. Analysis of the results of the responses to the 40 questions provided the basis for a global summary report disseminated within the January 1997 project newsletter. Some 42 per cent of the countries queried responded to the survey, with 98 per cent of them reporting that they had an HIV-prevention education programme of some kind and 88 per cent reporting that they had developed formal prevention policies. However, only 56 per cent said their programmes consisted of more than annual educational sessions and

only 54 per cent responded that they had a focus on individual education, which generally proves to be more effective and produces longer-lasting results.

Among the many recommendations resulting from the survey are the following, which focus specifically on civil-military cooperation:

- Inclusion of the military as an integrated sector within national AIDS prevention programmes. Sharing of existing national health care funding and facilities, epidemiological data, and HIV-prevention materials and techniques.
- Adoption of a long-term multisectoral approach to HIV prevention and counselling and to AIDS care, within and between the military and civilian sectors, stressing the importance of defining the disease not only as an immediate medical emergency, but also as a permanent but surmountable challenge to national security and socioeconomic development. In particular, strengthening the first line of defence against the disease by ensuring the dependable availability and accessibility of condoms to all members of society, both civilian and military, together with an inculcation of young adolescents into a common culture of consistent condom use.
- Greater attention paid to HIV/AIDS mitigation in civil-military relations through a careful coordination of the employment and staged release into society of HIV-positive military personnel, with life-extending alterations of public beliefs, values, attitudes and patterns of behaviour within as well as outside socially accepted norms concerning HIV and other STIs.

Proceedings from each workshop also were published and disseminated to targeted military and civilian audiences around the world. In addition, materials from the Civil-Military Project's Resource Centre were exchanged with individual researchers, planners, trainers and policy-makers in North America, Africa, Asia, Latin America and the Caribbean.

Another realization that gradually emerged over the project's first two years was that the materials and techniques used in the seminar presentations were largely transferable to other contained populations, such as prisoners, seafarers and stevedores (port workers), and other transportation workers, including commercial pilots, truckers and bus drivers. Since that time, some of the project's materials have been adapted for use with these other groups.

THE EFFICIENCY OF MOBILIZING THE MILITARY

As a "captive population" that travels internationally and regularly interacts with local populations, the military provides an extremely efficient infrastructure in which to spread information transnationally, promoting behaviour change among its forces as well as to the surrounding populations. Moreover, military commanders actively try to protect their troops in order to maintain the overall strength of their fighting force. Indeed, it is the responsibility of the military leadership to make its forces aware of the existing situation on the ground, militarily and societally, wherever they will be deployed. Consequently, the military sector provides a sophisticated and dynamic information-dissemination channel, including air drops

and ground supply networks when ground forces are deployed, that could be highly effective internationally if it were used to transmit HIV/AIDS-prevention and care information and methods to local populations.

Building on Existing Resources The Civil-Military Project's implementers used the convening capacity of the regional and global AIDS conference as a platform for organizing specific civil-military events. This saved project funds because most participants travelled to the civil-military events through their organization's or country's sponsorship for the main conference. It also allowed project events to draw participants who normally would not have been able to attend a seminar organized by a group with no prior track record of international significance.

In sub-Saharan Africa, which was the main geographical focus of project efforts because it is the global epicentre of HIV prevalence and because its military groups lacked adequate training in HIV/AIDS prevention, the Civil-Military Project organizers took a regional approach to planning events. In maximizing the reach of limited seminar resources by inviting participants from several different countries, the project not only saved significant money, but also facilitated cross-fertilization among the civilian and military sectors. Indeed, the project used seasoned military, NGO and United Nations agency staff to make all the presentations in the seminars. No new or additional presenters were hired to supplant the existing expertise among associated Civil-Military Project implementers and alliance members.

OVERALL EFFECTIVENESS OF THE INITIATIVE

The Civil-Military Project on HIV/AIDS was funded initially to carry out activities only in sub-Saharan Africa. However, because the project was building on broader international relationships among military and civilian decision-makers that had been established by representatives from several regions at the first seminar in Berlin in 1993, it was determined in 1995 that project efforts would be expanded, where possible, to include workshops and networking meetings in other regions. What's more, the dissemination of the newsletter supported by the project since its inception was already global. From then on, the regions where project-funded activities could take place included Asia, Latin America and the Caribbean, and Europe as well as Africa.

A great advantage of the Civil-Military Project on HIV/AIDS was that it was inclusive rather than exclusive in its approach to involving civilians and the military, women and men, nongovernmental organization as well as government agency representatives, members of local community groups where events were held, people living with HIV/AIDS (PLHA), and potential donors who might help expand the project's efforts or make funds available for additional outreach activities. This embracing of communities helped the project gain momentum and gave it exposure to some national- and community-level public- and private-sector gatekeepers who would not have been aware of the initiative otherwise.

Promoting Healthy Lifestyles Given the growing recognition of the need for civilians and military to work together

on HIV/AIDS prevention, more countries have expressed interest in becoming involved with civil-military activities and in using the approaches and materials crafted during the life of the project. As HIV prevalence continues to rise in many non-industrialized countries, increasing attention is being paid to the groups at highest risk of becoming infected with or transmitting the virus. Members of the military who do not practice safe sex fall into both categories. In addition, even more policy-makers, nationally and internationally, are becoming concerned with the behaviour of military personnel, their involvement in the spread of HIV into some formerly low-prevalence rural areas, and the need to maintain the overall health of members of the military to safeguard national defence readiness as well as regional security.

Nevertheless, the most important aspect of the work done through the Civil-Military Project was the promotion of healthier life-styles for both military and civilian populations, as well as humane treatment for all PLHA. The information and strategies transferred through this project were the only information that some individuals attending civil-military events had received on HIV prevention. Clearly, there is a need to disseminate HIV-prevention information as widely as possible and to continue to keep both populations in touch with state-of-the-art prevention and care practices and human-rights issues.

Three HIV/AIDS prevention strategies presented during seminar discussions that remain relevant to military populations include:

1. “Safe zones,” whereby military garrisons would work with local nongovernmental or community-based organizations to launch local behaviour-change communication campaigns promoting STI/HIV-prevention behaviours upon which existing community norms could be remodelled.
2. One hundred per cent condom-only brothels, the world’s most successful national initiative to date, first formulated for one province in Thailand and then made a national mandate enforced by the Thai government in the late 1980s. Based on this initiative, Thailand was the first country in the world to show falling HIV prevalence, among its military conscripts in 1993.
3. A military code of conduct based on healthy behaviour and fundamental human rights and equity promoted by the project’s organizers and civilian and military presenters. Fundamental to the safe zone and 100 per cent condom strategies the Civil-Military Project endorsed, this code builds on the positive aspects of individual responsibility the military employs.

Monitoring and Evaluating Project Progress

While the project’s evaluation strategy did not involve utilizing outcome data, FHI did use monthly process indicator forms to monitor the project’s progress. Among the indicators used were the creation and ongoing functioning of the project’s resource centre, numbers of newsletters published and disseminated, numbers of HIV/AIDS prevention materials packets produced and disseminated at conferences, and the number of regional workshops held. By the end of the three-year project, all the initial target

numbers for these indicators had actually been tripled or quadrupled by the project’s implementers, with some additional funding assistance provided by UNAIDS and the World Bank. Yet despite this assistance, there had been no expectation that the project would achieve such extraordinary success.

An indicator of the Civil-Military Project’s success is that the activities in which the Civil-Military Alliance is involved in 1999 are still expanding, as well as the groups to which it is reaching out. Seafarers, who have been mentioned as having much in common with military because of their international mobility, attitudes and tendency to engage in risky behaviours, are another population to whom the Civil-Military Alliance has promoted the need for HIV-prevention initiatives internationally.

ETHICAL SOUNDNESS OF PROJECT DESIGN AND IMPLEMENTATION

The voluntary participation of government agencies as well as militaries in the Civil-Military Project on HIV/AIDS made it a free and open forum for expressing diverse views, discussing strategies, plans and constraints under equitable conditions, and addressing conflicts and unresolved issues in a sympathetic and positive setting among peers. Many of the issues surrounding HIV prevention are complicated and, likewise, many of the issues surrounding military planning and behaviour are complex. Providing an open forum for dialogue in which progress can be made on these issues through an approach of solidarity was a cornerstone of this project, which credits the members of the Civil-Military Alliance for mandating this principle.

Moreover, the Civil-Military Project on

HIV/AIDS started with a basic human-rights orientation. The organizers acted as role models for participants by displaying non-accusatory attitudes and highlighting shared responsibility. When conflicts arose or a need for confidentiality was expressed in small working groups, these requests were respected and honoured. Efforts were made to enable all participants to express their views and to reach group consensus on any determinations and recommendations.

Presentations during workshops were made by experts in each field who were at least basically familiar with the living and working conditions of the participants. Individual viewpoints were considered valid because they were based on actual life and work experience rather than indoctrination in unrealistic and unattainable modes of behaviour.

Maintaining Confidentiality Project organizers respected the need for militaries to keep information on HIV prevalence and incidence in their forces secret for reasons of national security. Since much information regarding military capability and readiness is considered secret for security reasons, there was an understanding among the project's organizers that some questions were "off limits" and would be divisive rather than collaborative to pursue through group discussion. While this issue was never explicitly discussed, all workshop participants seemed to understand and support the need for complete openness where possible, yet respected the military need to restrict some statistical information on the extent of HIV/AIDS in their forces.

Although the project's organizers and the individuals in charge of civil-military workshops were as responsive as possible to the media

requests they received, at the same time respect for the project's working process, the necessarily low profile of some workshop participants and the military need for sensitivity to national and regional security were maintained. Local workshop organizers scheduled a few media interviews and proactively educated local media representatives in advance on any sensitive issues they were expected to pursue.

A confrontation on such issues occurred only once, outside the actual workshop setting, when a member of the media tried to use the convening of a civil-military group to prod the release of information that might lead to a front-page story in a newspaper. This situation occurred during the first seminar jointly organized by the World Bank in conjunction with the Civil-Military Project on HIV/AIDS, the Civil-Military Alliance and the World Health Organization (WHO) in Harare, Zimbabwe, in June 1995. At that time, a journalist who had barged into the workshop environs was accorded an interview afterwards with a delegated workshop participant, which seemed satisfactory. There was even national television coverage of the convening of the Harare workshop, showcasing the participation by military and civilian representatives from seven east and southern African nations.

Unfortunately, since then, controversy over military confidentiality in regard to HIV-prevalence information appearing in the news media has intensified. On 1 April 1999, the *New York Times* ran a piece mentioning the launch of a new daily newspaper in Harare, *the Daily News*. The report said, "Its publication comes after a number of journalists for independent weeklies were arrested, and some reportedly tortured,

for reports about Zimbabwe's military readiness.”³ Based on press accounts of high HIV prevalence in Zimbabwe's military, the debate over confidentiality of military HIV/AIDS statistics has gained increasing international attention.

Gender Bias in the Military Another issue that has a long history in militaries in nearly every country is gender bias. Because women have not been given the same status or the same staffing, advancement and training opportunities as men in the military culture, the Civil-Military Project's leadership made special efforts to involve women in planning and implementing project activities. Moreover, because sexual transmission of HIV is a sensitive issue for both women and men—whether they are members of civilian or military populations—the involvement of women in various levels of the project was proactively sought.

Women maintained oversight responsibility for the project itself on behalf of Family Health International (FHI), the organization supervising the Civil-Military Project's implementation. The individual who directly supervised the project for FHI was also involved in planning seminar activities, and one or more women were invited to be presenters or co-chairs in the seminars held in various regions. In addition, participation by women in the seminars was openly sought, and the number of women participating as well as observing was tracked in the monthly process indicator forms as part of the project's ongoing monitoring and evaluation. What's more, strategies were devised to address the topics discussed in a gender-sensitive manner.

Overcoming Stigma The Civil-Military project made special efforts to deal with all the issues surrounding HIV infection sensitively. Each workshop participant's HIV status was unknown, unless an individual chose to make his or her status known to the group as a whole. This did occur once during the Civil-Military Workshop held during the IX International Conference on AIDS and STD in Africa (ICASA) in Kampala, when a civilian woman disclosed her HIV-positive status. However, this level of personal openness was rare.

The *modus operandi* during workshop sessions supported the need for HIV-positive military members in most countries to keep their status secret as long as possible to maintain employment equity and full benefits as well as receive humane interpersonal treatment. Unfortunately, despite some progress made on human-rights issues in some countries, as of 1999 the stigma and inequity associated with being HIV-positive remain more or less universal worldwide.

An excerpt from an article in *SafAIDS News* in March 1999 sums up the degree to which stigma surrounding AIDS continues in sub-Saharan Africa, despite the region having the highest HIV prevalence in the world: “...AIDS has remained a symbol of stigma frequently evoked in the continent's ethnic, racial and religious conflicts, perpetuating the notion that AIDS defines the ‘other.’” Because of this ongoing inequity and its threat to a truly civil society, the Civil-Military Alliance and many AIDS projects underway around the world are actively attempting to change social norms to defeat stigma everywhere it exists.

Involving Local Communities The Civil-Military Project on HIV/AIDS workshop held in Kampala in 1995 was the first effort by the project to broadly include any interested participants in workshop events and discussions, many of whom were from local Ugandan communities. Somewhat to the organizers' surprise, the first time this wide-open approach was taken in a conference forum with strong local community representation, the events proved to be greatly popular and, thus, unusually successful. Very sensitive and open attitudes were expressed generally, and especially towards one woman living with HIV, who was particularly courageous in discussing her status with such a diverse international group, including representatives from many African, European and North American countries.

The civilians attending the civil-military sessions in Kampala put great emphasis on the need to share as much information as possible between civilian and military groups in the region and to actively open dialogue and coordinate HIV-prevention-related events in the future. Most of all, they stressed the need to continue the new network and, where possible, to include local community members in any future events or workshops held in sub-Saharan African countries.

An unusually warm relationship quickly arose among members of both the military and civilian groups during the day of events in Kampala. In fact, the mood of the events was almost one of jocularly despite discussion on such a serious topic. Perhaps this togetherness was rooted in the fact that this was the first time an open session for both military and civilian populations was held at an international AIDS conference in Africa. Whatever the reason, while this workshop

did not disseminate an enormous amount of technically specific information on HIV-prevention methods and model programmes, it certainly produced a momentum among participants and project personnel to maintain the new openness and involve local civilian populations in the initiative as widely as possible.

To continue the momentum fomented in Kampala, the Civil-Military Project made greater efforts to involve local NGOs and community-based organizations (where they were active) in activities surrounding any civil-military workshops and events, if not in each and every specific workshop activity.

Promoting Voluntary HIV Counselling and Testing Another attitudinal norm priority among project organizers and alliance members was to promote HIV counselling along with HIV testing where HIV testing was part of an HIV-related programme in a military population. A representative of the U.S. armed forces who made presentations at most of the Civil-Military Project workshops in sub-Saharan Africa and South-East Asia put particularly strong emphasis on the importance of this aspect of HIV programming.

The Civil-Military Project supported the stance that all military and civilian populations should be aware of the need for health-seeking and prevention-related behaviour, regardless of the results of each individual's HIV test. Quality pre- and post-test counselling is essential to help individuals understand the implications of knowing one's HIV status—positive or negative—and act responsibly in the future. Given the current lack of appropriate care for PLHA in most countries of the world,

the need for individual counselling before and after HIV testing for members of sexually active age groups, whether they are members of military or civilian populations, cannot be underscored enough.

RELEVANCE OF THE PROJECT TO HIV/AIDS PREVENTION

The Civil-Military Project on HIV/AIDS initially targeted sub-Saharan Africa in 1994 for its activities. At the time 66 per cent of all adult (ages 15 to 49) HIV infections, 73 per cent of the total reported AIDS cases and 74 per cent of the total AIDS deaths reported in the world had occurred in this region. Strikingly, the female-to-male ratio of HIV infections at that time was 1:0.87, showing that more women than men were infected with HIV in sub-Saharan Africa.

An example from Zimbabwe illustrated the need to focus on HIV prevention among military populations: 10 to 20 per cent of Zimbabwean civilians were infected with HIV, while some 50 per cent of Zimbabwean soldiers were estimated to be HIV-positive. In Congo, AIDS was identified as the cause of 34 per cent of military deaths and the probable cause in another 35 per cent. However, the Civil-Military Project organizers felt there was a need to reach out to all communities—civilian and military—and to as many populations as possible in designing and implementing an effective civil-military initiative.

The Aftermath of the Rwandan Conflict

The year the Civil-Military Alliance and the Civil-Military Project emerged, 1994, was the same year the world witnessed the disintegration of the government and civil society in Rwanda, with widespread genocide and hundreds of

thousands of refugees crossing borders into then-Zaire, Tanzania and Uganda. Members of the military and others in Rwanda formed militia groups, raping and decimating the remaining local populations in many parts of the country.

Before the rampant violence broke out in Rwanda, Hutus were charging that they were afraid that Tutsis would infect them with HIV. Clearly, HIV/AIDS was a major national issue prior to the outbreak of hostilities. At one military camp in Rwanda, 70 per cent of the soldiers reported being more afraid of HIV than of war. This fear was hardly groundless: pre-war estimates of HIV infection among Rwandan soldiers varied from 45 per cent to 60 per cent, with even higher rates among officers. Rwanda was a hot spot for HIV transmission during this period of anarchy, which continued sporadically into 1995. Moreover, during the period of civil strife in Rwanda, there were reports that rape had become a weapon of war. Women often were told that they were about to be infected with HIV before they were raped by Rwandan soldiers.

Based on Family Health International's firsthand knowledge of the high prevalence of HIV in Rwanda through its work in the country before the carnage, the first HIV/AIDS prevention project specifically designed for refugee camps was initiated by FHI's AIDSCAP Project, in collaboration with CARE International, Population Services International and John Snow, Inc., in the Ngara camps in northwestern Tanzania in August 1994. Hundreds of thousands of Rwandan refugees, including former soldiers in the Rwandan Army, resided in these camps, which sprang up over a matter of a few weeks in a former nature reserve just over the Tanzanian border. Reports suggest that former soldiers

who had become refugees helped spread HIV in the refugee camps, where there were also a considerable number of reports of violence against women.

When a new government was fully established in Rwanda in 1995, HIV/AIDS was recognized as a significant public health problem in the country. Subsequently, FHI's AIDSCAP Project, which had launched the Civil-Military Project on HIV/AIDS several months earlier, was the first external NGO invited back into Rwanda to work. According to Rwanda's new health minister, even though the fighting had stopped, in March 1995 nearly 2 million Rwandan refugees remained in refugee camps, where rape as well as forced marriage continued, further continuing the spread of HIV.

Learning from Angola Another country in sub-Saharan Africa, Angola, provided an historic global lesson in HIV vulnerability to and transmission by members of the military. In 1992, the WHO warned that the 150,000 demobilizing military personnel in Angola could spread HIV when they returned home to their families and workplaces. Indeed, the WHO's prediction proved to be true: HIV/AIDS was reported to be the second most prevalent disease among Cuban soldiers who returned home after serving in Angola. In 1995, the WHO surmised that after 20 years of fighting in Angola, thousands of soon-to-be demobilized government and UNITA rebel troops as well as aid workers were at risk of being infected with HIV. According to the Washington, DC-based Centre for Strategic and International Studies (CSIS) at that time, "the infection rate is so high among African soldiers that they have a greater risk of dying from

AIDS than from warfare. It is estimated that at least 100,000 Angolan and rebel troops—half of the fighting force—are infected with HIV."

Leadership by Uganda Thus, in 1994 the need to target military personnel for HIV/AIDS-prevention awareness in countries surrounding Rwanda that were undergoing stress due to refugee influx, as well as other countries in Africa, was urgent. Taking on the cloak of African leadership, the Minister of Defence in Uganda became an exemplary role model as the first African military policy-maker to focus the attention of other African militaries on taking action against the spread of HIV/AIDS. While his stance was based partly on courage and genuine humanitarian goals, it was also based on the reality in the Ugandan military: 75 per cent of Ugandan soldiers who died within one year of leaving military service died from AIDS-related illness.

Despite Uganda's strong national leadership and the outspokenness of both its defence minister and president about HIV/AIDS in their country, three years later the country was having problems with the way some military personnel were treating fellow staff found to be infected with HIV. One day in January 1997, when 1,000 military recruits were assembled at the Mbarara Military Training Wing, the names of the 114 HIV-positive recruits—including 21 of the 27 women recruits—were read out in front of the whole group as being "medically unfit to join the army," based on blood samples taken four months before. A leading Kampala newspaper, *New Vision*, wrote in an editorial later that month, "Even as army recruits, these young people have relatives and friends, and

as human beings they deserve sympathy and respect...it is one thing to be diagnosed HIV positive and completely another not to be a useful member of society even when not serving in the army.”

Joint Venture Rationale: Protecting the Health of Communities The Civil-Military Alliance and Civil-Military Project’s organizing strategy of including military and civilian population representatives in all its activities was initiated basically because there had been no prior effort to bring together these populations, both suffering the effects of an intensifying global pandemic. There was a strong recognition by individuals in some militaries and government ministries as well as in civil society that more could be achieved by mobilizing the two communities to approach the HIV transmission issue in tandem than through separate initiatives. Such collaboration would also focus the attention of the military on protecting the health of the local communities in which they were residing, thus increasing the viability and sustainability of community prevention efforts.

In many countries, members of the military serve as role models for boys and young men in the community. Therefore, by actively promoting safer sex practices, the military can also promote community norms for safer sex and other HIV-prevention behaviours. The result will be lasting positive health and behavioural effects for the military and their families and for local populations, and even subsequent generations in areas of military deployment as well as home residence.

As sex partners who can be infected by members of the military, civilian women need to be respected and treated with the human

dignity each individual deserves. Many women living in the communities surrounding military bases either work at the bases or regularly mingle, including sexually, with military personnel garrisoned in the area. Sometimes these sexual contacts are a means of personal or familial survival. If the women become HIV-positive, their children can be infected with HIV through mother-to-child transmission or be orphaned when their mother dies from AIDS or AIDS-related illness.

Women who are sexually active with members of the military deserve to be given the opportunity to establish and maintain relationships where safer sex is the norm. Communities, as well, have a stake in protecting their members from life-threatening illness and the risk of HIV exposure through sexual, blood or other routes of transmission that can be avoided through the practice of responsible preventive behaviours.

The rationale for involving both the civilian and military sectors in Civil-Military Project activities was to actively share, through the mutual training opportunities the seminars provided, as much HIV/STI transmission and prevention information and materials as possible. The seminars would be used as a multiplier mechanism through the training of trainers in technical and programmatic strategies for HIV prevention and in advocating appropriate HIV/AIDS/STI policy approaches, depending on which area seemed more urgent and useful to each audience. In fact, it was found that the participants in seminars generally needed both types of information to further disseminate to different audiences for the purposes of individual prevention or policy making.

Forming New Strategic Alliances In order to reach out to as many relevant international agencies as possible, the Civil-Military Project and alliance members proactively sought collaboration with the UNDPKO in 1995. Within its peacekeeping policy requirements, UNDPKO recommends that all militaries supplying United Nations peacekeepers train these troops in HIV/AIDS prevention, that voluntary or mandatory HIV screening be employed prior to deployment, and that military personnel infected with STIs, including HIV, should not be deployed. UNDPKO, to which many sub-Saharan African nations supplies troops, supported several of the project's seminars by sending medical staff presenters who shared their materials and statistics with participants.

Ensuring Primary Prevention The majority of members of the military are heterosexual men, a population generally underserved by HIV-prevention interventions to date. Most of the HIV/AIDS-related attention to military populations has been devoted to policies and testing, whether voluntary or mandatory. While policy and testing are important, especially to the military where physical health is a principal prerequisite for service, these issues do not encompass the overarching need for individual awareness of appropriate measures for primary prevention of STI, including HIV infection. Testing assists in focusing individual efforts on secondary prevention (transmitting STI/HIV to others), but there is an urgent need for all military personnel to incorporate safer sex practices into their daily behaviour for the purpose of primary prevention of STIs, including HIV.

Based on the experience of the Civil-Military Project, the project's implementers recommend the following five key strategies to reduce vulnerability to HIV/AIDS among civilian and military populations:

1. Foster a positive social environment conducive to value change so that changes in sexual behaviour can result.
2. Make a serious attempt to stabilize HIV infection rates and offer to support HIV-positive individuals and their dependents.
3. Minimize the short-term psychological, social, economic and political effects of the HIV/AIDS pandemic on individuals, communities and civilian and military institutions.
4. Counter long-term reductions in standards of living, productive capacities and civil order.
5. Design innovative yet realistic programmes that contain adequate funding provision to maximize their impact on both military and civilian populations.

SUSTAINABILITY OF CIVIL-MILITARY COLLABORATION

After the first two years of successful networking by the Civil-Military Project, a number of additional donors started to provide funds for the civil-military activities the project was convening. The newly organized Joint United Nations Programme on HIV/AIDS (UNAIDS) began to provide funding in 1995 to enable a larger number of sub-Saharan African countries to be represented in project seminars and other events in the region, as well as to allow some

attention to be devoted to other regions, including Asia and Eastern Europe. UNAIDS also provided the expertise (half-time) of one of its Geneva-based physicians to assist the project and the alliance in meeting their mandate as capably as possible. Further more, UNAIDS provided funding for a multi-country francophone African civil-military seminar to take place in the October 1997 after the Civil-Military Project had ended.

Subsequently, under the auspices of the expanded Civil-Military Alliance to Combat HIV and AIDS, the Ford Foundation in the United States began funding some related civil-military activities, and UNAIDS increased its support to the alliance substantially. In addition, the European Union has funded some alliance activities. Perhaps most impressively, on the basis of its leadership and its successful collaboration with UNAIDS, the Civil-Military Alliance was awarded the status of a United Nations Collaborating Centre in 1998.

Several countries have started their own national versions of the Civil-Military Alliance. These include Zambia, which formed an alliance managed by one of the regular presenters at Civil-Military Project workshops in Africa, a female colonel in the Zambian Army. This alliance was based on joint interest reached through consensus in the last Civil-Military Project-supported seminar held in sub-Saharan Africa in 1997. The following year, the colonel gave a presentation entitled “Enhancing training capacities through regional military networking in countries of eastern and southern Africa,” at the XIIth International AIDS

Conference in Geneva, Switzerland, primarily focused on the accomplishments and legacy of the Civil-Military Project on HIV/AIDS. South Africa has also formed its own national alliance, using the networking approach of the Civil-Military Alliance and the activities of the Civil-Military Project on HIV/AIDS as models.

In the United States, USAID, which supported the Civil-Military Project activities and funded research performed by the alliance, continues to focus on military populations as critically important to solidifying progress on international HIV/AIDS prevention behaviour as a normative practice worldwide.

Finally, FHI continues to informally support the activities of the Civil-Military Alliance to Combat HIV and AIDS. During its implementation of the USAID-funded AIDSTECH Project (1987-1991), FHI worked directly with the armed forces in Ghana, starting in 1989. During its subsequent AIDSCAP Project (1991-1997), which launched the Civil-Military Project on HIV/AIDS as a global dissemination vehicle, FHI also worked with the Rwanda Patriotic Army after the war ended and with the Zimbabwe National Army and Airforce of Zimbabwe. FHI is again working directly with the armed forces in Ghana through its five-year USAID-supported Implementing AIDS Prevention and Care (IMPACT) Project, also funded by USAID, which was formed in 1997 a few months after the Civil-Military Project on HIV/AIDS ended.

It is hoped that these individual country efforts as well as the global efforts continuing through the Civil-Military Alliance will coalesce into even more productive interaction among civilian and military populations and lead to

mutual recognition of the commonality of all HIV-prevention efforts: to save lives and improve the well-being of all populations. In mid-1999, the urgency of these international multidisciplinary civil-military joint ventures cannot be emphasized enough. In 1994, the year the Civil-Military Project began, the projected number of HIV infections by the year 2000 was 40 million. That number was surpassed before the end of 1998: in December of that year, UNAIDS estimated that a cumulative total of 47 million people had been infected with HIV. In mid-1999 it is estimated that by the end of the 2000, well over 50 million people will have been infected with HIV since the pandemic began. Clearly much greater and more coordinated attention to HIV/AIDS prevention is needed from all sectors, civilian and military alike.

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