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# The Threat of HIV/AIDS to the South African Armed Forces

High levels of HIV/AIDS infection impact upon the South African National Defence Force's ability to recruit new personnel and deploy troops.

By Lindy Heinecken for ISN

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As a chronic disease, HIV/AIDS has wide ramifications for the armed forces in countries where the epidemic is most prevalent. Indeed, every soldier infected by HIV/AIDS erodes the capacity of the military to execute their mandate. This is of particular concern for those armed forces with high infection rates, such as South Africa. Although exact figures for the South African National Defence Force is not available, it is safe to assume that HIV rates are higher than the current 17 per cent national average for the ages 15-49, based not only on the demographics of the SANDF, but also the nature of military work which makes it 'a vulnerable organization'. To substantiate this claim, a comparison of death statistics show a higher proportion of deaths for corresponding age categories in the SANDF than in broader society – an these are not war related. Although the SANDF claims that infection rates are lower than national average, this is disputed and general estimates place infection rates anywhere between 19-24 per cent.

This has raised many concerns, given South Africa's hegemony in the region and reliance upon the country to be a major troop contributing country to peace operations. To assess the impact of this disease on the SANDF this article examines how high infection rates in broader society affect the ability of the armed forces to recruit suitable members. It also looks at the challenges this disease poses for force preparation, discussed with reference to the effect this has on training and capacity deficits. Finally, the effect on force employment especially for peacekeeping missions is indicated, before outlining the impact this disease has on force sustainment. The latter refers to the ability of the military to sustain both personnel and functions due to the rising costs of dealing with large numbers of people infected and affected by this disease.

## Recruitment

One way to analyze the potential impact of HIV/AIDS on the military is to establish how this affects the generic processes to create, train, deploy and maintain an effective military force. To create an effective force one needs to start with acquiring suitable candidates or recruits. As with most armed forces, the SANDF selects individuals based on a wide range of criteria including character traits, educational qualifications, physical, mental and overall health profile. In terms of their medical profile,

recruits found medically or psychologically unfit are not recruited. Until recently, this meant that persons testing HIV-positive were not enlisted, but this is no longer the case.

At present recruitment does not pose a major challenge in terms of actual numbers seeking a job in the military, but rather in terms of 'quality' and the 'quantity that can be recruited' due to budgetary restraints. In terms of quality, what is evident is that the cohort of suitable young recruits that meet the specified health assessment standards are declining. So too is the general level of education. Besides the problems with the general education system in South Africa a growing cohort of young people are AIDS orphans. This means that an increasing number of youths either not have had the opportunity to complete their formal schooling, or have a disrupted education. As the military recruits mainly from the lower classes, this is becoming a major challenge. Although the SANDF has no shortage at present in terms of the quantity of applicants, it does struggle to recruit members with the necessary mathematical skills for certain specialized posts, and this is likely to worsen.

The SANDF faces another challenge in terms of recruitment. Up until recently HIV status was used as a criterion for recruitment and when tested positive, persons were not accepted into the SANDF. A recent court ruling, however, has overturned this implying that HIV status cannot be used as a criterion for recruitment. The challenge this now poses for the SANDF is that it needs to review its current force design and assess what posts should be filled by military personnel with a specific medical classification. Hence, recruitment has long-term implications for force design, force preparation and force employment. This is complicated by the fact that the SANDF does not have a sufficiently large budget to take in adequate number of recruits to feed into the prepare forces component.

### **Meeting obligations**

This is a major problem as the SANDF has insufficient personnel to meet current obligations. Organizations affected by HIV/AIDS should in fact recruit additional members to educate, train and develop in order to cope with attrition and fill gaps when members are ill. In terms of force preparation, members should ideally also be more multi-skilled in order to take over the tasks of others. Currently, gaps in the SANDF are filled either by assigning these duties to another member in the unit (over and above his/her normal duties) or letting the task stand over until the "sick" member returns -- or the vacant post is filled. Besides the obvious implications for military leadership and continuity of command, this has posed serious problems for force employment.

The SANDF faces many challenges in ensuring that there are sufficient adequately trained soldiers to meet its rising operational commitments. South Africa supports the current United Nations recommendation to deploy only medically fit soldiers -- and this, until recently, included an HIV-negative status. The argument against deploying HIV-positive soldiers on peacekeeping missions stems from the following. First, medical treatment available during peacekeeping missions is often inadequate to meet the special requirements of peacekeepers with HIV. Second, peacekeepers have to undergo deployment vaccinations which may compromise their health and thirdly, they may be exposed to diseases during deployment that pose additional risks. Fourthly, the presence of HIV-positive peacekeepers poses the risk of transmission to medical personnel, fellow peacekeepers and the civilian population. None of these issues have anything to do with whether HIV-positive soldiers are able to serve in such operations, but whether it is fair to HIV-positive soldiers themselves, and sound organizational judgement to do so.

With the high HIV-prevalence rate within its ranks, the SANDF grapples with the challenge of ensuring sufficient personnel for deployment. Unlike business, the military cannot readily recruit personnel from the civilian labor market to fill gaps left by 'unplanned' attrition due to deaths, sickness, medical discharge or resignations. Particularly for the army -- which carries the main brunt of peace

operations -- this means that personnel have to be supplied from a variety of units prior to deployment; often there is not sufficient time to create formed 'cohesive units'. Consequently, units are made up by fragments of other units due to health and welfare reasons, resulting in troops working under commanders they do not know. Since 2009, however, there has been a slacking on health criteria in terms of deployment and HIV-positive members.

Due to a court judgement in 2009, the SANDF's policy on HIV/AIDS was amended and has allowed for the selective deployment of asymptomatic (not presenting symptoms of disease or other medical conditions) HIV-positive persons. To qualify for deployment, HIV-positive soldiers must have a CD4 count higher than 350, an undetectable viral load and be on anti-retrovirals (ARVs). The SANDF claims that they now have a better understanding of this disease, which makes it safe to deploy such members. This has boosted the number of troops now available for internal and external deployments.

In most cases, however, members who are HIV-positive are assigned to non-combat or support posts. Complicating the placement of HIV-compromised persons in support posts is the reductions in the number of posts available as many have been civilianized, rationalized or outsourced and are already overstaffed. Then of course, such members need to be re-trained for these support posts and predictably operate below the necessary capacity if they are not in good health. Even though the provision of ARVs has improved the health of many, the long-term implications are daunting in terms of the costs of keeping the force healthy. Rising health costs imply that funds are diverted away from force preparation, force employment and other critical maintenance and support functions.

The SANDF spends an enormous amount of money on preventive programs and ARVs as well as on drugs for the treatment of opportunistic infections of HIV/AIDS. These costs are covered from the defense budget of the South African Military Health Services and a conditional grant from the National Treasury. For the financial year 2011/2012 this amounted to R48 million and has placed health support in the SANDF under enormous strain. Severe shortages in equipment and personnel are being experienced and few in any funds are available to upgrade infrastructure to provide the necessary medical support to the SANDF. From this it is apparent that the entire organizational and operational capacity and effectiveness of the military is being detrimentally affected by HIV/AIDS.

## **Erosion**

If we reflect on what we know about the epidemic in South Africa and among other armed forces in the region, it is clear that this disease has severe security implications. HIV/AIDS affects not only the ability of armed forces to defend their nations and maintain civil order, but to provide fit, healthy and qualified personnel for peace operations. Simply put, if a quarter of one's military is affected, one can crudely say that one loses a fourth of one's capacity and capability. Unfortunately, because this disease continues to be clouded in secrecy, the extent of how and where it is eroding institutional capacity is unclear. Consequently, this lack of knowledge or 'intelligence' is as disabling as the lack of intelligence for operational success, but is without doubt affecting South Africa's role as a troop contributing country to peace operations in the region.

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For additional reading on this topic please see:

[South Africa's Health Policy and HIV](#)

[A Mountain to Climb](#)

[The Transformation of the South African Security Sector](#)

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Editor's note:

This article is an updated account of the present status pertaining to HIV/AIDS in the SANDF. For a more detailed discussion on some of the issues raised here refer to the articles 'The Potential Impact of HIV/AIDS on the South African Armed Forces: Some evidence from outside and within', published in African Security Review, 18(2), 2009, pp 60-77.

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