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Strengthening the Demining Sector Response to HIV/AIDS in Sub-Saharan Africa

In this article, the author explores how HIV/AIDS affects deminers in the African areas where the disease is most prevalent. He considers how deminers' lifestyles make them especially susceptible to HIV/AIDS and suggests mobile HIV/AIDS programs can effectively combat this growing threat.

by Dr. Martin Chitsama [Demining HIV/AIDS Service Foundation]

Demining began in Sub-Saharan Africa in the early 1990s, incidentally commencing just a decade after the HIV/AIDS pandemic started calling on the human race.¹ According to the 2007 and 2009 *Landmine Monitor Report* and national mine-action centers in Africa, at least 50 national and international demining organizations currently conduct landmine-clearance operations in Sub-Saharan Africa, collectively employing more than 10,000 deminers.² Angola's National Demining Institute alone has a contingent of 4,000 deminers organized into 18 brigades that are demining across the heavily mined southern African country.²

Considering that all the African States Parties to the Ottawa Convention are lagging behind their targets under Article 5 and are continually calling for extensions, deminers in Africa are set to clear landmines on the continent for many more years. As reported in 2009 by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the region is also "more heavily affected by HIV and AIDS than any other region of the



Demining crews always have medical teams onsite. Medics could be trained to run workplace HIV/AIDS advocacy programs.

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world." All in all, "an estimated 22.4 million people are living with HIV in the region—around two thirds of the global total."³ As a result, large numbers of deminers in Africa are at a significant risk of contracting HIV/AIDS for many reasons, including worker mobility and extended separation from spouses.

For a deminer, the work-leave cycle provides for limited family time in a year. There is so much to catch up on when families reunite after long separation periods that the

question of checking on a spouse's HIV status is hardly a priority.

The demining-site remoteness means that deminers are cut off from mainstream public-health campaigns, including HIV/AIDS programs. Health workers fear traveling to suspected-mined regions in Africa, which also leaves deminers isolated in terms of outreach programs. Furthermore, deminers are usually 20 to 49 years old, sexually active and tend to have capital to spend while interacting with war-



Demining Control Points could carry HIV/AIDS-advocacy banners, reaching out to millions of people using roads being cleared of landmines in Africa.

torn communities whose sexually active youths often engage in commercial sex due to limited economic options.

To compound the situation, most demining operators in Sub-Saharan Africa only have informal HIV/AIDS policies, and financial and human resource constraints hamper the transformation of these policies into workplace programs. The inherent risk associated with demining further puts deminers at risk of occupational exposure to HIV transmission when a landmine casualty occurs. All personnel on the demining site are involved if an incident occurs and occupational exposure is probable during the handling of the injured party. Additionally, antiretroviral post-exposure prophylaxis⁴ is largely absent in the demining industry.

Deminers and HIV/AIDS

In May 2002, the Interagency Coalition on AIDS and Development made observations regarding the relationship between deminers and HIV/AIDS risk and recommended that intervention programs be implemented for the sector. The Accelerated Demining Programme in Mozambique claims that while it has lost only one deminer to a mine accident, it has lost 10 to HIV/AIDS.⁵

The labor laws in some countries, such as Mozambique, demonstrate the difficulties that demining companies face regarding HIV tests and can result in demining operators facing legal problems. For instance, in 2005, Mozambican Labour Minister Helena Taipo rejected an appeal by the U.S.-based demining company RONCO Consulting Corporation against a fine imposed for violating Mozambique's ban on compulsory HIV tests. In June 2005, the Labour Ministry discovered

that when selecting Mozambican sappers to go on a demining mission to Afghanistan, RONCO required them to take HIV tests. Similarly, ArmorGroup was fined in Mozambique for allegedly hiring deminers destined for Cyprus on the basis of HIV results. In addition, Zimbabwe's Southern Africa Demining Services Agency had to compensate deminers loaned to BACTEC International for South Lebanon operations in 2002 when the deminers were denied deployment on the basis of HIV tests.

The Solution

The World Health Organization, UNAIDS and the United Nations Population Fund recommend the implementation of mobile HIV/AIDS services targeting hard-to-reach populations, including deminers. The mobile-service efficacy for hard-to-reach populations has been demonstrated by the Uganda Program for Human and Holistic Development, the success of voluntary counseling and testing in the United States Agency for International Development's outreach services in Ethiopia, New Start Centres in Zimbabwe, and through the *Journal of Acquired Immune Deficiency Syndrome's* report on increased voluntary counseling and testing uptake in mobile clinics as compared to "stand alone" clinics in Nairobi, Kenya. Similarly, the Tanzanian Military reports success stories for its four mobile HIV clinics established with the U. S. Military HIV Research Program in 25 camps along Tanzania's Lake Zone.⁶

Feasibility and Benefits of Mobile HIV/AIDS Programs for Deminers

Having worked with thousands of deminers as a medical doctor from 1998 to the present, I have inter-

acted with deminers in Luena and Menongue (Angola); Shilalo (Eritrea); Mukumbura (Mozambique); Garowe and Hargeisa (Somalia); Ed Damazin, Juba and Rumbek (Sudan); and the Gonarezhou National Park and the Zambezi Basin (Zimbabwe). I recommend implementing mobile HIV/AIDS programs for deminers for the following reasons:

- Deminers have easy access to medics at their work-sites, which would allow the medics to be trained and become part of the HIV/AIDS healthcare team.
- Demining operators will benefit from getting tested: Negative HIV deminers will want to preserve their statuses, and positive deminers will be anxious to enter into antiretroviral treatment programs.
- Circumcision is of particular interest, and if presented properly, this practice will benefit deminers and their spouses significantly. Circumcision benefits are well-documented, and instituting Kenya's Raila Odinga-inspired male circumcision program⁷ to the demining setting would immensely benefit deminers.⁸
- All Sub-Saharan African states have national and regional HIV/AIDS policies, but these policies are sometimes contradictory. Forming national/regional protocols for hiring and managing deminers is practical.
- The United Nations International Mine Action Standards *IMAS 10.409* already provides for the updating of HIV lists during demining operations making it easy for the United Nations to contact deminers and provide comprehensive HIV/AIDS programs for them.

Call for Mobile HIV/AIDS Services for Deminers

Motivated by the success stories of mobile HIV/AIDS services programs targeting hard-to-reach groups and the feasibility of an HIV/AIDS program for deminers, a group comprised of demining experts and medical doctors who had worked in demining for the past decade formed an initiative called The Demining HIV/AIDS Service Foundation in 2009. The Foundation, a nonprofit trust based in South Africa, was specifically created to mitigate the HIV/AIDS pandemic in Sub-Saharan Africa's demining sector.

The Foundation is calling the mine-action community to partner with it in building up and implementing

the following programs for deminers and landmine-impacted communities in Sub-Saharan Africa:

- An HIV/AIDS risk-assessment profile for deminers
- An HIV/AIDS educational program for deminers and program managers
- Mobile Voluntary HIV/AIDS counseling and testing programs for deminers
- Delivery of mobile male circumcision services for deminers in Sub-Saharan Africa
- Delivery of antiretroviral treatment and care for deminers in Sub-Saharan Africa

see endnotes page 82

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