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

Martin Chitsama
Demining HIV/Aids Partnership

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Conclusion

One key conclusion from this program indicates that further research and development is necessary to improve the ability of manually detecting minimum-metal mines at greater depths. The program encountered many physical and philosophical challenges; however, it was an enormous success. This pilot phase will undoubtedly inform future projects about the technical, environmental and logistical challenges associated with clearance in the Falkland Islands, and will provide more accurate planning data for follow-on phases. see endnotes page

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Additionally, antiretroviral post-exposure prophylaxis is probable during the handling of the injured party. Admittedly if an incident occurs and 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 prophylaxis 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. 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, ARmeGroup 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 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 International Development’s outreach services in Ethiopia, New Start Centres in Zimbabwe, and through the United Nations Population Fund recommend the implementation of 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 prevented properly, this practice will benefit deminers and their spouses significantly. Circumcision benefits are well-documented, and instituting Kenya’s Raila Odinga-inspired male circumcision program to the demining setting would immensely benefit deminers.
- 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 JMAS 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

The author is grateful for the advice he received from Robert Kingsley of the Demining HIV/AIDS Service Foundation; LifeWorks (South Africa), the U.S. Centers for Disease Control; Cal Knagle of RONCO Consulting Corporation; Andy Smith of nolandmines.com; Trevor Thompson of Security Devices; Temba Kanganga of Southern Africa Demining Services Agency; Barry Vermeulen, Steve du Preez and Thinus Putter of Vanguard Demining Services Angola; and Johannes Van der Meer of the World Bank, and his wife, Hendrina Chitsama.

Martin Chitsama is a medical doctor who holds Bachelor of Medicine and Bachelor of Surgery degrees and Executive HIV/AIDS Project Management qualifications. For the past 10 years, he has been Medical Advisor to demining operations in Eritrea, Mozambique, Somalia, Sudan and Zimbabwe. He also has experience in field operations with several international companies. Dr. Chitsama is currently a Senior Medical Advisor for Vanguard Demining Services in Angola.