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

Martin Chitsama
Demining HIV/AIDS Partnership

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By the end of the program, all mine signs were removed from the cleared sites, but the fences remained around the former minefields at Surf Bay and Sapper Hill. The fences remained in place not to mark the areas as unsafe, but to prevent unnecessary damage during the environmental remediation period and to allow proper monitoring of the regeneration process.

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

Dr. Martin Chitsama, 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.

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. 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. Angelo’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.

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 world.” All in all, “an estimated 22.4 million people are living with HIV in the region—around two thirds of the global total.” 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-professional networks.

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by Dr. Martin Chitsama (Demining HIV/AIDS Service Foundation)
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.6

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, 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.

Acted with deminers in Luena and Menongue (Angola), Shilalo (Eritrea), Mukumbura (Mozambique), Garowe and Hargeisa (Somalia), Ed Damaxim, Juba and Rumbe (Sudan), and the Gonorobou 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 program to the demining setting would immensely benefit deminers.5
- 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 African’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 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 Keagle of RONCO Consulting Corporation; Andy Smith of nolandmines.com; Trevar 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 Wee of the World Bank, and his wife, Hendrina Chitsama.

The Journal of Acquired Immune Deficiency Syndrome’s advocacy banners, reaching out to millions of people using roads being cleared of landmines in Africa.

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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.4

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-