The third session of the workshop was introduced by SANDF Colonel Andre Loubser who stressed, as is made clear in his paper accompanying this report, that he expressed personal opinions and only employed data already in the public domain. Loubser indicated that the correct starting point was to match capacity to need. He thus maintained that it was imperative for the military to ensure that it possessed the capacity to fulfil its mandate. The military’s mandate in South Africa is closely tied to the state’s intentions of establishing South Africa as a regional power, and expectations have been raised regionally and internationally for South Africa – with its perceived legitimacy and economic capacity – to fulfil this role. Yet, the military also has an HIV/AIDS epidemic to contend with, and for this reason the SANDF does health assessments of all new recruits to ensure a healthy deployable force. An HIV test is one of the criteria, as are all other medical conditions that can incapacitate an individual to deploy. This policy is not entirely consistent with the human rights-based approach currently employed in South Africa. However, once an existing member of the SANDF tests positive for HIV, this is managed like any other chronic disease.

The challenges facing the Southern African Development Community (SADC) include the development of effective governance and the creation of a collective security management system in Southern Africa. The creation of the African Union (AU) has underscored various positive opportunities and challenges, but the African continent remains hampered by instability, food insecurity and a poor health capacity, with most governments having neither the will nor the physical capacity effectively to address the HIV/AIDS epidemic.

However, the internal security situation in South Africa is relatively stable, even though the persistence of corruption, crime, right-wing extremism, unemployment, HIV/AIDS, and perceived problems with transformation, land redistribution, border control and service delivery remain causes for concern.

With South Africa committed to strengthening regional peace and security, the South African government dedicated itself to the planning and execution of peace missions. In this regard, the SANDF would be involved in security projection and intervention in order to facilitate regional conflict resolution. Yet reports in the media (including that subsequent to the workshop, which reported the findings of the Engelbrecht Commission, reproduced below) have projected an HIV infection rate in the SANDF of between 40% and 90%, although a Comprehensive Health Assessment exercise in
The SANDF units placed the HIV infection rate in the region of 17 to 20%. The assessment also revealed, ominously, that the greatest rate of infection was prevalent among those members aged 25 to 33, thus comprising the rank groups Lieutenant to Lieutenant-Colonel in the officer’s grouping and Sergeant to Warrant Officer in the NCO grouping. According to the British All Party Parliamentary Group, approximately 25% of middle management in the SANDF is infected.[1]

The implications for deployment and budgetary considerations are painfully obvious and, unless a new approach to the policy for manning force levels in the SANDF is adopted, the financial burden needed to address the HIV/AIDS epidemic in the military is simply unsustainable. In discussion it was argued that if the SANDF will only be capable of deploying one brigade within five years – a calculation made by analysts by combining the profile of HIV/AIDS infections with the reductions in the overall scale of the military establishment – this will have many implications outside the country, including in regional contexts where South African forces might be expected to take a leading role; for the ambitions of the AU to take on greater responsibilities, for example in the way that it is seeking to address the Darfur crisis in Sudan; for non-regional states that may otherwise have to pick up the short-fall; and hence for the ambitions of the UN to broaden the base of international crisis prevention, peace enforcement and peacekeeping. Moreover, Loubser observed, the implications of exposing HIV-infected individuals to health threats during operational deployment abroad and the resultant strain on logistical services are grave.

The current SANDF policy for the management of HIV/AIDS is principally focused on education and prevention, measures against the discrimination and victimisation of people living with HIV/AIDS, the care and support of those affected and infected, as well as monitoring, surveillance, research and coordination, and intersectoral cooperation. Thus the SANDF disseminates information in HIV/AIDS workplace programmes and mass awareness programmes. As a preventive approach, the SANDF is also engaged in the Masibambisane (Beyond Awareness) campaign to inform, encourage and educate members of the SANDF on HIV/AIDS. It draws on the assistance and expertise of external partners in intervention programmes in the SANDF, and has included HIV/AIDS education and training in the military as part of its mainstream curriculum. Complete sexual abstinence is considered to be an unachievable goal, and hence the most effective intervention method that the SANDF could employ would be to advocate sober, safe sexual practices. The frank speaking of President Museveni of Uganda with his officers was mentioned and commended in discussion. Abstinence should be seen as a bonus – and this is also the focus of another intervention programme implemented by the Chaplaincy. The SANDF is currently also engaged in Project Phidisa, a clinical research project focused on the management and treatment of HIV infection among uniformed members of the SANDF and their dependants. Although it is important to keep soldiers healthy, it is essential to the national mission to guarantee that the competence of the security function of the state is conducted reliably by healthy soldiers. This forces a confrontation with the difficult issues of prioritisation, but Loubser was clear in his mind what the priority should be, uncomfortable though this may be. Although the
human rights of individuals should be considered, the needs of the state must be
given the appropriate weight in this instance.

The SANDF is the state organ used by the government of South Africa to conduct its
internal and external security operations. Hence the first priority of the SANDF is to
maintain its ability to fulfil this task. HIV/AIDS impacts significantly on this primary
responsibility of the SANDF, and thus it is imperative that a strategic approach
should be adopted to address HIV/AIDS in a holistic manner in order to ensure that
the self-supporting combat-readiness of the military is safeguarded. The emphasis in
the management of HIV/AIDS should be geared towards prevention, and the young
officer and NCO (new recruits) should be the primary targets for a mandatory
informal and formal preventive training programme. Moreover, life skills training
should also be incorporated into this training programme, which in itself should be of
a continuous nature and geared to changing attitudes and not only to education. While
recognizing the sensitivity of the suggestion (which was extensively and soberly
debated by workshop participants) this long-term policy might also be supplemented
by a short-term policy in which skilled persons could be drawn into – or most likely
be drawn back into – the SANDF. This policy should be geared towards the primary
operational needs of the organization and might force a delay in the process of
making the organisation more representative of South African society. Pragmatism in
addressing the security functions of the state is essential. In short, the unprecedented
challenge to manage HIV/AIDS in the military requires a bold and unique approach.

In the face of the debilitating effects of HIV/AIDS in the military, the workshop
reviewed all options. In particular, it debated the value of making more
comprehensive use of private military companies. Yet, the use of these companies
was rejected partly due to the fact that there is no legal basis for using them.
Maintaining centralised command and control was considered to be operationally
very difficult in such a scenario. The more extensive use of retrenched personnel
would be a better and more cost-effective option and could best be achieved through
temporary or reserve re-enlistments.

The workshop extensively debated the question of the human rights of serving
soldiers. It was observed that all soldiers, when joining up for military service, agree
to forego certain liberties, but that in return they expect adequate protection from the
authorities that owe them and their families a special duty of care, as signing up for
military service does not entail the abrogation of all civil liberties. A specific contract,
however, could be signed for specific occasions, because the maintenance of
command and control remains essential.

The question of the speed with which the SANDF can match the “colours” of the
“rainbow nation” in contrast with simply having the personnel who can “do the job”
is a difficult one. Overall, workshop participants declined to see these as mutually
exclusive choices. Either end of the spectrum, exclusively, is in fact unacceptable.
Other parts of the SANDF are far less involved in HIV/AIDS issues, especially the
navy and the air force. The obvious question that needs to be asked is therefore the
one with which Loubser began: “what exactly is the SANDF needed for?” Regional
tasks will definitely feature prominently in any answer to this question. This triggers a further question: “what type of a country is South Africa?” It is in fact geopolitically and culturally a Western country, but one that has a moral and geopolitical leadership role in its region by virtue both of its transformation into a genuinely multicultural society and because of its unquestioned economic predominance.

[1] Subsequent to the Mabula workshop, the following article was published in the press, providing more up-to-date information that serves to underscore the point being made.


The combat readiness of the South African National Defence Force (SANDF) is under threat, with the latest results of an Aids project showing that an overwhelming 89 percent of those soldiers who volunteered for testing were HIV-positive. The SANDF is also losing at least 400 000 working days a year because of the disease. This was disclosed at a five-day conference held in Richards Bay this week. Sixteen African countries attended the conference, which was a collaboration between the SANDF and the United States. The aim is to establish the rate of infection and the effects of anti-retroviral treatment on South Africa's military forces. In the first six months of the project 1 089 soldiers volunteered to be tested, of whom 947 were found to be HIV-positive. The average age of the sample was 34, and 60 percent of volunteers were married. South Africa cannot test soldiers without their permission. Rear-Admiral JG Engelbrecht said infected soldiers in the early stages of the disease were absent for an average of 20 days a year. This increased to 45 days for soldiers displaying symptoms, and a minimum of 120 days for those with full-blown Aids. Conservatively, 18 940 days will be lost by the 947 soldiers identified on the programme. The SANDF’s official figure for HIV/AIDS-infected soldiers stands at 23 percent, but Aids specialists have set a more realistic figure of 40 percent, or about 28 000, infected. With the figure of 23 percent infection, 338 000 days are lost. However, if the figure is closer to 40 percent then the number of working days lost each year rises to a staggering 560 000 days. With the SANDF in the process of downgrading its troop levels - the army has reduced its complement from 100 000 to 70 000 - its future looks bleak. Engelbrecht said the government had to decide whether to remove the infected soldiers from combat roles, or whether to remove them when they became too ill to function. South Africa cannot test soldiers without their permission, except those who accept postings to United Nations missions. The SANDF expects 50 000 soldiers to be tested for HIV during the next five years. Those who test positive will be able to enrol in a programme called Project Phidisa at six army sites around the country. The first tests were carried out on January 19 at No 1 Military Hospital, Pretoria, and at the military base in Mtubatuba. SANDF members infected with HIV/AIDS received their ARV drugs for the first time on February 2. Four additional sites will be opened at No 2 and No 3 Military Hospitals,
in Phalaborwa and Umtata, before the end of this year. The Phidisa project was partly prompted by the cabinet's decision on August 8 last year to provide comprehensive health care for people with HIV and Aids. The project's medication budget for this year alone is more than R2-million and it covers only members on the programme. According to Phidisa's data management co-ordination and operations centre director, Colonel Jabulani Msimang, the project's budget for the rest of the year is more than R4 million. While the Phidisa project will be used in researching the effects and effectiveness of anti-retroviral drugs, it also paints a clearer, if stark, picture of the extent of Aids in the armed forces. With South Africa increasingly becoming involved in peacekeeping efforts in the rest of Africa, the risk of exposure to the disease is also increasing. There are 3 000 South Africans doing duty in the Democratic Republic of Congo and other parts of Africa. The UN requires soldiers to be tested before they are deployed on UN missions, effectively sending only healthy soldiers out of the country. This week's conference painted a very bleak picture of the fighting fitness of the SANDF and highlighted the urgent need for intervention before the army itself succumbs to the country's greatest enemy - Aids.