

# AIDS, Security and Conflict Initiative



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## The Police and HIV/AIDS: A Literature Review

Hilary Pearce

*Centre of Security Sector Management (CSSM) at  
Cranfield University, UK*



## **About the Author**

Hilary Pearce studied law at Newcastle-upon Tyne University before undertaking the Bar Vocational Course at the Inns of Court School of Law in London, where she qualified as a Barrister. She is a member of Middle Temple and was admitted to the Bar in 2000. She has since worked in London and Amsterdam specialising in international arbitration and litigation. Hilary Pearce then decided to follow her interest in post-conflict and development environments and undertook an MSc in Global Security at Cranfield University. She is now a lecturer at Cranfield University and is programme manager in justice and public security. She undertakes a broad range of contracts for a number of governments and multinational organisations within the arena of justice and public security.

## **About ASCI**

The AIDS, Security and Conflict Initiative (ASCI) officially launched in September 2006. ASCI is a global research initiative to inform policy and programming by strengthening the evidence base and addressing critical gaps in knowledge across several thematic areas:

1. HIV/AIDS in uniformed services, including military, peacekeeping and policing
2. HIV/AIDS, humanitarian crises and post-conflict transitions
3. HIV/AIDS, fragile and crisis states
4. Cross-cutting issues of gender, data collection & measurement, and media representation

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## Executive Summary

The relationships between HIV/AIDS, the police and the community which they serve are numerous and complex. All aspects of these relationships are under-researched. There is a lack of solid data and empirical research about HIV/AIDS and the police, its impacts and the lessons which have so far been identified. The vast majority of conclusions which have so far been drawn about HIV/AIDS and the police are speculative and based on anecdotal evidence. As a result of the stigma attached to HIV/AIDS, researchers are often denied access to state security forces and/or the reports remained unpublished. Furthermore, police services have been reluctant to allow researchers to conduct research. Thus a wealth of information remains locked up within the government institutions, police forces and bilateral and multilateral donor organisations.

Amongst all the uniformed forces the police are the forgotten force with to-date much of the research derived solely from military forces. Where the literature mentions police as part of uniformed actors, they are quickly forgotten in the substance of the research. As a result, much of the evidence and argument aimed at all uniformed actors is based solely on facts and figures taken from the world's armies.

The lack of research and analysis in this area also directly impacts on research relating to the broader security sector reform and transformation issues, particularly with regard to rule of law. Efforts must be made to extend the more generic findings within this body of knowledge in order to unpack the debate on HIV/AIDS and the police. Seminal studies in this area will help inform the more prominent strands of research which must be taken forward. At the moment, the range of available statistics and specific country studies appear to be based on ad hoc information requirements which do not support broader analysis. This has repercussions for studies and projects aimed at informing a 'bigger picture', or addressing strategic-level concerns.

This research has identified a number of important areas concerning the relationship between HIV/AIDS and the Police:

- Police forces are as vulnerable to HIV/AIDS as the civilian population. However, the lack of research available does not identify how vulnerable the police are, or exactly why they are thought to be vulnerable;
- Patterns of vulnerability are dependent within forces on a number of variables: rank, deployment patterns, culture and age
- Police forces play a critical role in the rule of law and national security of a nation. Impacts on the performance of the police can potentially have far-reaching impacts on a society. We need to better understand how HIV/AIDS affects the police and their specialist functions;
- We need to understand the role police play in how a society and a state deal with HIV/AIDS. How the police relate to vulnerable groups, sex workers, IDU etc.

- How police policies can impact negatively and positively on the stigmatisation of HIV/AIDS and ultimately on the spread of HIV/AIDS;
- HIV/AIDS in relation to the police must be considered within donor programmes and policies. Currently, the issue appears to be treated as an ‘afterthought’, or not at all;
- Research has identified that civilian police contingents in peacekeeping operations need special consideration; and
- The stigmatisation and the secrecy fostered by HIV/AIDS appears to be the greatest barrier in getting access to governments and police forces to help them to acknowledge and deal with HIV/AIDS and its impacts. As such, further research and analysis in this area should be prioritised.

This paper will overview a wealth of specific research work (both generic and specific to the security sector) to frame the development of the intellectual debate on HIV/AIDS and the police thus far. It will also look at more specific issues related to the police and to the security sector in order to highlight the key areas discussed at the micro level but from which broader conclusions and recommendations could be drawn. Finally, the paper will present a number of recommendations for further discussion and research.

## 1. Overview

Research about HIV/AIDS and its impacts on the police and also the broader area of the security of a nation started in the late 1990s and into 2000 with some apocalyptic predictions about the causal links between HIV/AIDS the impacts on the police of growing attrition, loss of personnel and compounded by an increased demand for law enforcement through a collapsing nation state. One study concluded that:

*“HIV/AIDS is undermining education and health systems, economic growth, micro enterprises, policing, military capabilities, political legitimacy, family structures, and overall cohesion. Where a pandemic undermines the stability of already weakened states, it adds to their vulnerability to extremists and terrorists who will seek to corrupt or coerce them into providing converts cover or cooperation”<sup>1</sup>*

Notwithstanding these theories and arguments, a more nuanced approach is now taken by many researchers and scholars in this field signifying an overall shift in the thinking with regard to the impact of HIV/AIDS on the security and governmental institutions involved. Much of the previously “accepted wisdom” is now being dismissed or substantially refined<sup>2</sup>. This paradigm shift started with the more advanced body of work which has been undertaken with regard to the military and HIV/AIDS. Business and the private sector have also been pioneers in analysing how the impacts of HIV/AIDS can be managed. Although the findings of this growing body of empirical based research can give some comfort in the hope that similar findings may be discovered with regard to the police force, there can not be a substitute for police focused and specific empirical research which recognises the different role they play within society.

This paper is divided into three sections which collectively examine the impacts of HIV/AIDS on police, police responses and finally the linkages between police and groups within societies vulnerable to HIV/AIDS and those already living with HIV/AIDS.

## 2. Impacts of HIV/AIDS on Police Forces

This section will give a brief overview of the arguments and issues surrounding the impacts of HIV/AIDS on the operational effectiveness of the police. It will address some of the specific impacts on the police in addition to exploring the following areas: the prevalence and pattern of HIV/AIDS within the police; Knowledge, Attitude and Practice surveys, institutional impacts and gender issues.

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<sup>1</sup> Schneider, M., and Moodie, M., “The Destabilising Impacts of HIV/AIDS” CSIS May 2002. See also [http://www.unaids.org/en/Issues/Impact\\_HIV/default.asp](http://www.unaids.org/en/Issues/Impact_HIV/default.asp) (Accessed 30 July 2007); Fourie P., & Schonteich, M., “Africa’s New Security Threat: HIV/AIDS and human security in Southern Africa” African security Review Vol. 10 No. 4, 2001; ICG, HIV/AIDS as a Security Issue, Issues Report N°1, 19 June 2001 p.1; UNICEF, “Africa’s Orphaned Generations”, New York, 2003, UNICEF Press, 2003; Meini Bruno, “HIV/AIS implications for Law Enforcement Public Safety and Policing in South Africa”, International Police Executive Symposium Working Paper No.4. 2007, p.2; UNAIDS/WHO, AIDS Epidemic Update December, Geneva 2005, pp20-24; Price, Smith, A., & Daly, J., “Downward Spiral: HIV/AIDS, State Capacity, and Political Conflict in Zimbabwe”, Peacework No. 53, July 2004, USIP, p. 40.

<sup>2</sup> The shift in the paradigm is particularly evident is the shift in thinking witnessed in the publications of ISS and the changing in opinions and findings of research from Schonteich through to the more refined conclusions of Pharoah. McInnes, C., HIV/AIDS and Security International Affairs 82, 2 (2006) p.326. See also Whiteside, A., De Waal, A., and GebreTensae, T “AIDS, Security and the Military in Africa: A Sober Appraisal”, African Affairs 18, January 2006.

## 2.1 HIV/AIDS Prevalence in the Police

In most studies<sup>3</sup> that deal with the problem of HIV/AIDS and the security sector, there remains an underlying assumption that uniformed services including the police have a higher than average incidence of HIV/AIDS. UNAIDS has observed that:

*“Uniformed Services including defense and civil defense forces, are a highly vulnerable group to sexually transmitted infections (STIs) mainly due to their work, environment mobility, age and other facilitating factors that expose them to higher risk of HIV infection.....Among male population groups studied, military and police generally report higher levels of HIV/AIDS infection than the national average in many countries.”<sup>4</sup>*

Whilst some research on the subject<sup>5</sup> has found this “accepted wisdom” to be true, other studies have found the prevalence to be no higher than in the civilian population. This is also reflected in the findings in the research undertaken within the military<sup>6</sup>. Similar hard data examining the prevalence of HIV/AIDS within a police force is scarce. This is primarily due to a lack of systematic testing and recording of HIV/AIDS status data by police forces. Where this information is not available, estimates based on absence, sickness and leave are also difficult to attain again due to inaccurate or unreliable recording methods<sup>7</sup>. Where figures do exist they are often drawn from a very small sample or survey and over a limited time period. Moreover, figures which do exist are often rendered inaccessible due to fears about the reaction to HIV/AIDS within and outside the police force<sup>8</sup>. It is therefore difficult - if not impossible in many instances - for analysts and for the police forces to identify the prevalence of the virus within a force and consequently analyse the impact which HIV/AIDS is having on the institution and its ability to deliver public services.

## 2.2 Patterns of Infection

Many studies point at similar factors to explain the patterns and increased risk of exposure to HIV/AIDS. These are generally based on criteria such as age, mobility, relative wealth, risk taking, machismo, corruption, occupational hazards, and use of sex workers<sup>9</sup>. In studies such as that undertaken on the Malawian Police Service (MPS), it was observed that the police force “conforms to many of these trends”<sup>10</sup>. However, there is also a significant body of thought which questions the reliability of this wisdom<sup>11</sup>. Many studies describe stereotypes of uniformed actors

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<sup>3</sup> Schneider & Moodie, *Op.Cit.* p.2. See also UNAIDS; HIV/AIDS and Uniformed Services, See <http://www.aidsandemergencies.org/FactsheetUniformedservices.pdf> (Accessed 30 July 2007); ICG, HIV/AIDS as a Security Issue, ICG working Papers pp20-21.

<sup>4</sup> UNAIDS: *Ibid.*

<sup>5</sup> Pharoah, Robyn, “NOT BUSINESS AS USUAL: Public Sector Responses to HIV/AIDS in Southern Africa”, ISS, June 2005, p.89; See also Garrett, Laurie, *Op Cit.* p.27, The South African Police Services Five Year Strategic Plan to combat HIV/AIDS: 2000-2005 cited in Schonteich, M., “A Bleak Outlook”, *Op. Cit.* p.2; and BBC news.

[http://news.bbc.co.uk/1/hi/world/south\\_asia/3857267.stm](http://news.bbc.co.uk/1/hi/world/south_asia/3857267.stm) (Accessed 27 July 2007)

<sup>6</sup> Whiteside, A, De Waal, A and GebreTensae, T *Op. Cit.*

<sup>7</sup> Pharoah, R, *Op. Cit.* p.91.

<sup>8</sup> Whiteside, A, De Waal, A and GebreTensae, T. *Op. Cit.* p.2.

<sup>9</sup> See for example *Meini, Bruno*, and *Op.Cit.* See also Garrett, Laurie, “HIV and National security: Where are the Links?” Council on Foreign Relations, p.9.

<sup>10</sup> Pharoah, R, *Op. Cit.* p.89. See also Garrett, Laurie, *Op Cit.* p.27, See also Government of South Africa, “The South African Police Services Five Year Strategic Plan to combat HIV/AIDS: 2000-2005” cited in Schonteich, M., “A Bleak Outlook”, A Bleak outlook HIV/AIDS and the South African Police Service”, SA Crime Quarterly No. 5 September 2003, p.2; and BBC News [http://news.bbc.co.uk/1/hi/world/south\\_asia/3857267.stm](http://news.bbc.co.uk/1/hi/world/south_asia/3857267.stm) (Accessed 27 July 2007)

<sup>11</sup> Garrett, L. *Op.Cit.* p.25. See also McInnis, C, *Op. Cit.* p.320.

as “highly mobile men with money to burn”<sup>12</sup> when in fact this is often far from true with many being poorly paid and immobile for long periods of time.

The data relating to the patterns of HIV/AIDS within the police remains patchy and, to a certain extent, contradictory.<sup>13</sup> Generalizations about the prevalence across an entire police force can be misleading as areas of a country may also be affected at different rates. For example, the Kwazulu Natal region in South Africa is recorded as having a higher prevalence of HIV/AIDS at around 40 per cent of the population, which is higher than the rest of South Africa.<sup>14</sup> It is now generally accepted that a more nuanced approach is required for gauging the prevalence of HIV/AIDS within the uniformed services<sup>15</sup> and that that prevalence within forces is dependant on a number of variables including rank, deployment patterns, culture and age<sup>16</sup>. Assumptions that uniformed actors have a higher than the average level of infection is potentially dangerous, and adds to a climate of fear and secrecy. Institutions could potentially feel singled out for such negative attention, thus becoming afraid of admitting to and dealing with the problem.<sup>17</sup>

Occupational exposure is often identified as increasing police vulnerability to the HIV/AIDS virus. However the few studies which have conducted empirical research on this issue identify that the majority of police are at a low risk of catching HIV/AIDS from occupational health risks<sup>18</sup>. However, the caveat to this finding is that the risk depends on the type of work undertaken and the location of the work. Thus, whilst posing as perhaps a secondary risk, studies have also shown that occupational health risks can be drastically reduced by simple low cost measures and procedures<sup>19</sup>. However it has been identified<sup>20</sup> that using the issue of occupational exposure to the HIV virus is a potential entry point for researchers and donor organisations wishing work with police institutions.

### **2.3 Knowledge, Attitude and Practice Surveys**

Knowledge, Attitude and Practice (KAP) surveys are an important tool for analysing how a police force views HIV/AIDS and deals with the risks of contracting the disease. UNAIDS has conducted a number of KAP surveys however few have been specifically aimed at the police. Where surveys have been carried out internally by police forces they are often subject to the same confidentiality or sensitivity issues as noted above. It is therefore difficult to take away any generalisations about the results of KAP surveys, each being case specific and each survey posing slightly different questions.

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<sup>12</sup> McInnis, C., *Ibid.* p. 321.

<sup>13</sup> See for example, Garrett, Laurie *Op. Cit.* p.27.

<sup>14</sup> See Avert South Africa HIV/AIDS Statistics Available <http://www.avert.org/safricastats.htm> (accessed 30 July 2007)

<sup>15</sup> Whiteside, A, De Waal, A and GebreTensae, T, *Op. Cit.* p.2.

<sup>16</sup> Clingendael Institute & Netherlands MFA “HIV/AIDS, Security and Democracy: Seminar report” 2005, p.5. See [http://programs.ssrc.org/HIV/publications/hague2005/seminar\\_report.pdf](http://programs.ssrc.org/HIV/publications/hague2005/seminar_report.pdf) (Accessed 30 July 2007); UNAIDS Epidemic Update 2006, chapter 2, Available [http://data.unaids.org/pub/GlobalReport/2006/2006\\_GR\\_CH02\\_en.pdf](http://data.unaids.org/pub/GlobalReport/2006/2006_GR_CH02_en.pdf) (Accessed 27 July 2007); HIV/AIDS and World of Work, *Op. Cit.* p.2.

<sup>17</sup> Garrett Laurie *Op.Cit.* p.25.

<sup>18</sup> Hoffman, E., *et al.* “Occupational Exposure to Human Immunodeficiency Virus (HIV)-infected Blood in Denver, Colorado, Police Officers”; *American Journal of Epidemiology*, Vol. 139, No. 9. pp. 910-917. See also Sonder, G, *et. al.* “Occupational exposure to bloodborne viruses in the Amsterdam Police Force”, 2000-2003. *American Journal of Preventative Medicine*, 2005 Feb. 28(2) pp.169-74.

<sup>19</sup> *Ibid.*

<sup>20</sup> AIDS, Security and Conflict Initiative, ‘Meeting Report on Global Consultation on Police and HIV/AIDS’, 3-4 September 2007, The Hague, The Netherlands

For example, UNAIDS piloted a KAP study of Uniformed Peacekeepers in Liberia<sup>21</sup> which assessed the range of attitudes and sexual practices of peacekeepers (including the police) during deployment in order to evaluate the impact of mission awareness strategies and to assist in the design of appropriate and targeted interventions. Conclusions from the study noted the wide-ranging differences in pre-deployment training. Only 51% of respondents were considered to have a comprehensive knowledge of HIV/AIDS and its transmission and prevention. Misconceptions about how to prevent the spread were noted and inconsistent use of condoms was identified as a grave problem. In terms of their own personal risk of contracting HIV virus, 51% of respondents considered themselves to be at no risk, 37% considered themselves to be at low risk, over 10% considered themselves to be at high risk and around 2% did not know. The levels of self-perceived risk varied within and among contingents, military observers and police officers.

A case study by Pharoah revealed that the National Statistics Office in Malawi had undertaken a survey of attitudes in 2004 to HIV/AIDS within the police<sup>22</sup>. This survey is unpublished therefore only limited information is available about its findings. Pharoah reports that the survey found that over half (55%) of the respondents felt that characteristics of their job made them susceptible to HIV/AIDS; 61% reported knowing someone in the service who had died of AIDS; and virtually all felt that HIV/AIDS was negatively affecting the performance of the police service.<sup>23</sup>

Pharoah recorded that although the Malawian Police Service was only one of three institutions to have a “HIV/AIDS programme” in place, and while efforts to raise awareness about HIV/AIDS have reached most personnel, the programme has yet to adequately address stigma and discrimination or tackle the complex issue of behavioural change.<sup>24</sup> Pharoah identified that the primary problem for the Malawi Police Service and other government institutions is that they remained in denial that HIV/AIDS is an organisational problem. Rather the management structures continue to view HIV/AIDS as either an external problem or a problem at an individual level.<sup>25</sup>

The fact that HIV/AIDS affected people<sup>26</sup> suffer discrimination and stigma directed towards them and the disease. Four factors<sup>27</sup> are commonly said to contribute to this stigma:

- HIV/AIDS is life threatening and therefore people are scared of the disease and those carrying it;
- The infection is associated with behaviours – such as sex between men and drug use – which are already stigmatised in societies;
- People with the infection are often held responsible for it and its spread; and
- HIV/AIDS affects young people and therefore the impact is amplified because of the reduced productivity and the effect on their dependants.

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<sup>21</sup> <http://www.peacekeepingbestpractices.unlb.org/pbpu/view/viewdocument.aspx?id=2&docid=734> (Accessed 27 August 2007)

<sup>22</sup> Malawi Police Service Internal Climate Study, unpublished report, Crime and Justice Statistical Division, NSO, October 2004.

<sup>23</sup> Pharoah, Robyn, “NOT BUSINESS AS USUAL: Public Sector Responses to HIV/AIDS in Southern Africa”, ISS, June 2005 p.90

<sup>24</sup> *Ibid.* p.82

<sup>25</sup> *Ibid.* p.82 and p. 106, See also MaSSAJ, ISS, & The Malawi Institute of Management (MIM) “HIV/AIDS and Attrition: Assessing The Impact On The Safety, Security & Access To Justice Sector In Malawi And Developing Appropriate Mitigation Strategies 2003 p.1

<sup>26</sup> This includes both those suffering from the virus but also their family and friends.

<sup>27</sup> Pradhan, B, et. al. Socio Economic Impacts of HIV/AIDS in India, NACO, NCAER and UNDP, 2006

A broad-based study in India analysing the whole community rather than just the police<sup>28</sup> has identified that the stigma attached to HIV/AIDS within the workplace had the following effects: 74 per cent of employees did not disclose their HIV/AIDS status due to social discrimination, lower prestige and fear of losing their job. This discrimination took the form of forced retirement, forced resignation, unequal access to benefits and promotion opportunities.<sup>29</sup> The study also found that the majority of those who have a negative attitude towards HIV/AIDS sufferers are predominately misinformed or have misconceptions about the disease and also its methods of transmission.<sup>30</sup> Stigma and discrimination form an enormous barrier to effective and accurate detection of the disease and also the ability to convey information and provide support to sufferers of HIV/AIDS<sup>31</sup>. In her study of the Malawian Justice System, the findings of Pharoah<sup>32</sup> indicate that these phenomena outlined above also apply to the policing institution.

Finally, little - if any - research has been undertaken on the public attitudes and reaction to a police force where there is a high prevalence of HIV/AIDS within that force. The study in India found that “the community’s perception of the infection also influences the family’s response to the affected individual”.<sup>33</sup> This raises the question about whether stigma and discrimination by the police and the community reinforces each other and the impact this has on a programme designed to alleviate stigma towards HIV/AIDS sufferers. This study was unable to identify any research which sought to comprehensively measure the impact of the community perceptions of police forces with HIV/AIDS on their operational policing activities<sup>34</sup>.

#### ***2.4 Institutional Impacts***

The direct impacts of HIV/AIDS on the workplace have been described as “affecting the most productive segment of the labour force and reducing earnings, and imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience.”<sup>35</sup> Pharoah reflects these impacts in the study of the Malawian Police Service by noting that “AIDS-related attrition is aggravating existing staff shortages, resulting in work not being done or other, often already overburdened staff, having to take on additional responsibilities. Attrition may also be absorbing an increasingly large proportion of the police’s operating budget”<sup>36</sup> In addition to these categories Elbe<sup>37</sup> speculates that HIV/AIDS will impact negatively on the relationships of uniformed forces with the civilian populations.

The specifics of how this loss of personnel impacts on a police force is a more complex question. As identified above there is very little data showing the patterns of prevalence within police forces across ranks, age, deployment patterns. However, it is accepted that this will have an

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<sup>28</sup> *Ibid.* Chapter 8.

<sup>29</sup> *Ibid.*, pp.143- 144.

<sup>30</sup> Pradhan, B, *et. al. Op Cit.* p154.

<sup>31</sup> *Ibid.* see also HIV/AIDS and the World of Work in Latin America and the Caribbean: opportunities and Challenges: ILO /UNAIDS Conference Report May 2006. See also UNAIDS: “The Business Response to HIV/AIDS: Impact and Lessons Learned”, Geneva and London 2000, p.10.

<sup>32</sup> Pharoah, R, *Op. Cit.*, p. 106, and MaSSAJ, ISS, & The Malawi Institute of Management (MIM) “HIV/AIDS and Attrition: Assessing The Impact On The Safety, Security & Access To Justice Sector In Malawi And Developing Appropriate Mitigation Strategies 2003 p. 1.

<sup>33</sup> Pradhan, B, *Op. Cit.* p.142.

<sup>34</sup> See section of this paper on functionality and specialist functions of the police.

<sup>35</sup> An ILO Code of Practice on HIV/AIDS and the World of Work, International Labour Office, Geneva, 2001, p.iii.

<sup>36</sup> Pharoah, R, “Not Business as Usual”, *Op. Cit.* p. 82, See also Schonteich, M, “A Bleak Outlook”, *Op.Cit.* p.2

<sup>37</sup> Elbe, S. “Strategic Implications of HIV/AIDS,” Adelphi Paper, No. 357. p.23.

effect on the prevalence of HIV/AIDS within sections of a police force and thus an institutional impact. Under the ASCI programme a related research project (led by CSSM, Cranfield University) is underway which seeks to explore the impact of AIDS on the operational effectiveness of the military. This is also a complex research question with many dimensions. The study intends to develop an analytical framework which can be used in conjunction with an institutional audit to highlight critical AIDS impact areas on the military and related gaps in policy and procedures.

The impacts of HIV/AIDS on different ranks and position can also be dependant on the ethnic make-up of a police force. In the South Africa Police Service, Black personnel are disproportionately represented in the lower ranks and Whites and Asians over-represented in management and executive positions. Within the South African population as a whole, the Black population maintains a higher prevalence of HIV/AIDS than any other ethnic group. Consequently it is argued that duties undertaken by NCOs and the rank and file would most likely be more affected than management positions and duties<sup>38</sup>. In contrast, in Malawi where the police force is homogenised across race and rank it has been found that there was little difference between the death rates of senior, middle and frontline staff.<sup>39</sup>

Where one rank is disproportionately affected by HIV/AIDS there is a knock-on effect on the functions and duties carried out by that rank. Ordinary constables often undertake patrolling duties. This is physically demanding work and potentially a function of the police which risks being impacted by HIV/AIDS. A study on The Zambian Wildlife Authority (ZAWA) discovered that officers who participated in the research showed a significant decrease in the days spent on patrol in their final years of service and that large numbers of days were lost across the whole institution for “management, funeral attendance, vacancy, and recruitment and the training of replacements,” resulting in a considerable decrease in productivity<sup>40</sup>

Specialist and technical staff such as handwriting experts, court liaison, or police prosecutorial services that require specialist (sometimes foreign) training are also identified to be particularly at risk due to the length of time taken in training for these posts. A study within Zambia<sup>41</sup> looked at the judicial system including the police prosecutors. Police prosecutors are promoted from the ranks of ordinary police officers with an average age between 30-40 years old. It was identified that the median age for leaving work or dying due to chronic illness was 31.5 years, which suggests that these police prosecutors are dying soon after training and promotion rendering them unable to fulfil the 10-20 years of service which is normally expected.<sup>42</sup> The illness of police prosecutors was shown to contribute to delays within the legal system, when cases are adjourned or delayed. This has a direct impact on the overall delivery of rule of law.

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<sup>38</sup>The study also found that other factors must be taken into consideration such as the structure of an organisation, whether they are understaffed or over staffed, In the case of SAPS as a result of the post- apartheid transformation of the SAPS the police force is currently top heavy. For further discussion see Schonteich, A Bleak Outlook. *Op. Cit.*

<sup>39</sup> Pharoah, R., *Op.Cit.* p. 95.

<sup>40</sup> Rosen S et al. “Care and Treatment to extend the working lives of HIV – positive employees: calculating the benefits to business. South African Journal of Science; 96(6): 1-5, 2000 June. p.2. A similar type of study undertaken on a KwaZulu-Natal sugar mill found that in the two years prior to HIV-positive employees taking retirement on account of ill health, an average of almost 28 days were lost in each year as a result of sick-leave, hospitalisation and clinic visits. See Schonteich, M., *Op.Cit.* . p.4.

<sup>41</sup> Feeley, F et al. “The impact of HIV/AIDS on the judicial system in the Republic of Zambia” Centre for International Health and Development, Boston University 26 February 2006.

<sup>42</sup> *Ibid.*, p.14.

Pharoah and Meini<sup>43</sup> identify that organisational factors within the police could mean that the police are particularly vulnerable to the negative impacts of HIV/AIDS. The hierarchical structure of the police may mean that there is a lack of information-sharing and therefore a greater loss of institutional memory. The police force is a structure where one promotes through the ranks. However, increasing the pool of potential recruits to counteract the effects of HIV/AIDS especially in the higher ranks is almost impossible. The counterargument is that uniformed services will be less affected by a thinning of staff as result of the pyramidal structure which works on the basis of having more people waiting to promote than there are places available.<sup>44</sup> That said, these arguments do not take into account the costs of extra training or the reduced pool of potential candidates for promotion and, therefore, the longer-term impacts of having to promote the “second best”.

The loss of workers and productive time cannot be separated from other impacts such as loss of morale and increased costs. Health care costs, paid sick leave and funeral costs also add to the financial burden in dealing with HIV/AIDS.<sup>45</sup> The police forces may be particularly at risk of these impacts because of the generous provision of such benefits. The obvious impact of these increased costs is that the budget for the police force will be stretched with less money available for regular training, investment, infrastructure, and equipment.

Staff morale becomes negatively impacted when police become overburdened and suffer stress as a result of being asked to take on jobs for which they are not qualified or sufficiently experienced. Pharoah identifies that MPS staff shortages had “resulted in work not being done or [...] often overburdened staff having to take on additional responsibilities”. This finding is supported by the self-administered questionnaires in which over three-quarters (76%) of respondents reported having to do additional work owing to the illness or absence of colleagues.<sup>46</sup> Furthermore she identifies that “poor and declining conditions of service make it difficult to attract optimally qualified people to the civil service and lower morale.”<sup>47</sup>

The attitudes and public perceptions of a police force<sup>48</sup> are very important and could impact on specific work within the community. Particularly affected could be community policing strategies where policing policies are area-based and proactive in addressing the root causes of crime. In this sort of work the police force seeks to have close ties with the community and assists in resolving problems together. The impact of the policies and policing is therefore very dependent on the relationship between the policing and the community. Furthermore community-based approaches to policing serve as an important aspect of more contemporary approaches to broader security sector reform (SSR) and as such could adversely impact and hinder such programmes. How HIV/AIDS impacts on SSR projects within the justice system remains an under-researched area.

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<sup>43</sup> Pharoah, R. *Op. Cit.* p. 92 and Meini, B, *Op. Cit.* p.11.

<sup>44</sup> McInnes, C., *Op. Cit.*, p.321.

<sup>45</sup> In Zambia, government AIDS spending rose from US\$1.7 million in 1990 to US\$12.9 by 1995, and is expected to rise to US\$21 million by 2005. Zimbabwe spends almost half of its health budget on treating AIDS patients.<sup>48</sup> This was expected to rise to almost two-thirds by 2005. Pharoah, R, *Op.Cit.* p.95 and p.88.

<sup>46</sup> Pharoah, R, *Op.Cit.* p.95.

<sup>47</sup> *Ibid.* p.88.

<sup>48</sup> See for example <http://news.bbc.co.uk/1/hi/world/europe/6178793>  
<http://www.guardian.co.uk/elsewhere/journalist/story/0,7792,1231602,00.html.stm> and  
<http://www.ukgaynews.org.uk/Archive/07/July/1501.htm> <http://www.rferl.org/featuresarticle/2004/11/cb7a89f2-fac0-41c6-b3d8-be5d74c7a558.html> (Accessed 30 July 2007)

## ***2.5 Gender Issues***

The impact of HIV/AIDS on women and gender issues within the police force is important. It is known that on average women are at greater risk of catching HIV/AIDS for biological and sociological reasons<sup>49</sup>. Equally it is known that women often form a small minority of the members of police forces around the world. Taken that women are required to undertake some specialist duties within police forces, such as dealing with rape victims, dealing with domestic violence issues, prostitution and also issues concerning children – then the impact of a reduced number of women could severely impact on the ability of a police force to deal with these issues. It is important to assess the impact of the loss of police women due to HIV/AIDS. This study has not uncovered any research or assessments of the impact of HIV/AIDS on women and their duties. Indeed, it is noteworthy that there is even less data available about HIV/AIDS in police forces which are broken down by gender.

## **3. Police Responses**

This section will analyse the police responses to the impacts of HIV/AIDS on the police which have been examined in the section above. During this study, it has only been possible to access relatively limited data on this subject. In addition, some data that has been accessed cannot be quoted due to host government restrictions. Therefore other case studies which look at HIV/AIDS in the private sector have also been used to extend on the pool of knowledge.

### ***3.1 Extent to which the Police are Incorporated into National HIV/AIDS Programmes and Policies***

Countries such as Malawi, Botswana and South Africa have instituted national HIV/AIDS programmes across all government institutions. These programmes revolve around a series of policies aiming to prevent the spread through education about health care, dissemination of information to de-stigmatize the disease, access to voluntary testing, counselling programmes for those who are already infected and potentially the provision of subsidised or free antiretroviral drugs. There are also some programmes relating to the gaps in policies and practices aimed at reducing the impact of AIDS on the operations and productivity of the government departments.

For example, the Malawi government instituted a programmatic response to HIV/AIDS through the “National HIV/AIDS Strategic Framework” (2000–2004) and followed up by the National Policy on HIV/AIDS, which was launched in February 2004. The responses combined to create a framework to deal technically and administratively with HIV/AIDS across all governmental institutions including the Malawian Police Services (MPS). The key objectives of this programme include reducing the incidence of HIV; improving the quality of life for those infected with and affected by the virus, and migrating the impact of HIV/AIDS at all levels of Malawian society.

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<sup>49</sup> See <http://www.avert.org/women.htm> (Accessed 30 July 2007)

Although this was intended to be a comprehensive cross-government programme to tackle HIV issues, the MPS programme is one of the few formal strategies committed to paper across the Malawian governmental institutions. The MPS programme also benefits from considerable support at the executive and managerial echelons of organization which is reported as being key to its success. However, the programme has encountered many problems which have hindered its effectiveness including the poor dissemination of the document and a lack of clarity about the responsibilities for driving the policy and programme forwards. The policy documents drafted are cited as being too generic and unspecific about the activities and responsibilities. This has resulted in a lack of clarity in the policy and the actions to be taken; hence the implementation of the programme has suffered.<sup>50</sup>

Pharoah records that the MPS do not have sufficient infrastructure to train increasing numbers of recruits or retrain them where there is a gap in knowledge or specialisation. This highlights the importance that - in pan-governmental programmes - each government institution will have different requirements and face different issues with regards to HIV/AIDS and that these must be taken into account when programming policies.

Barks-Ruggles of the Brookings Institute has looked at the key elements of a holistic government and donor-supported approach to tackling HIV/AIDS. They highlight the following:

- Expand prevention programs dramatically to protect those who are not HIV positive.
- Institute short-term, repeatable training courses that improve worker efficiency and morale to help prevent further declines in productivity.
- Reorganize and simplify work schedules to economize scarce organizational talent. This task may require specialized technical assistance.
- Scale back governments development agendas. Currently, governments are grossly overburdened with ambitious donor-driven initiatives, such as sector development, poverty reduction, growth, and—ironically—“scaled up” HIV/AIDS programs. By failing to match such initiatives to existing capacity, they are pre-programmed to fail.
- Expand support by donor agencies for technical assistance to stabilize the operations of key organizations (e.g. finance, justice, health and education ministries).<sup>51</sup>

Although there are examples of the police incorporated into national policies and programmes, the police are often forgotten as part of the uniformed services and the attention of national policies is more often focussed on the military or peacekeeping troops. There are also a few disappointing examples where, although the country may be publicly acknowledging and dealing with HIV/AIDS issues across the nation, as a whole the police are used to carrying out discriminatory policies against vulnerable groups with HIV/AIDS such as sex workers and drug users.<sup>52</sup> Effective national policies should involve a range of stakeholders across the media, health private sector as well as government institutions like the police.

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<sup>50</sup> Pharoah, R, *Op Cit.* p.141.

<sup>51</sup> Barks-Ruggles *et al.* “The economic impact of HIV/AIDS in South Africa”, The Brookings Institute Conference Report No. 9, September 2001 Available <http://www.brook.edu/printme.vbs?page=/comm/conferencereport/cr09.htm> (Accessed 31 July 2007)

<sup>52</sup> See section 4 of this paper.

### ***3.2 Organisational Culture, Training and Sensitization***

Training and sensitization at all levels and ranks of staff is identified as one of the key areas in achieving success of a programme not least to try and de-stigmatise the disease especially where it may affect one rank more than others. Furthermore, education amongst the top executives is imperative to create buy-in and responsibility for pursuing and furthering a programme. Pharoah<sup>53</sup> notes that the national policy in Malawi has not yet achieved getting the executive management within the police to see HIV/AIDS as an organisational problem. Rather they continue to perceive it as an individual health issue which is therefore not of wider concern to the police force. This has had a knock-on effect on the policies dealing with the impacts of HIV/AIDS such as a continued reliance on policies such as retraining and replacing staff. This is expensive, time consuming and currently beyond the capacity of the MPS rather than seeking alternative strategies, including job sharing or the re-distribution of duties.

Within the HIV/AIDS programme aimed at the South African Police Service (SAPS) there are also concerns that the SAPS programme has not been properly implemented due to a lack of buy-in at the top level<sup>54</sup>. Furthermore, the education programme is not sufficiently rigorous with up to 50% of commanders having never attended training and a similar number considering HIV/AIDS as not being their responsibility. That said, there is counter anecdotal evidence that the policies aimed at building awareness and capacity to deal with HIV/AIDS at all levels - and to prevent HIV spreading - is being effectively implemented.<sup>55</sup>

In Myanmar<sup>56</sup> work undertaken with the police aiming to reduce the HIV/AIDS spread has recorded that one of the biggest challenges, and possibly one of the greatest successes in Myanmar, has been the increased openness to talk about and deal with HIV/AIDS in the government and within the police force itself.<sup>57</sup>

At the other end of the scale of education, it is often noted that peer educators are important and a particularly effective method of providing on-the-spot information and counselling to individuals in an easy-to-access and non-intimidating environment. This was noted specifically in the work undertaken with the Ugandan military<sup>58</sup>. The International Labour Organisation's (ILO) code of conduct supports this method of training<sup>59</sup>. However it should be noted that for peer education to work, the educators must be seen to be impartial and the policies of the institution must support free and anonymous access to an educator. For example in the Ugandan military, although peer educators are employed within each battalion, if a soldier tests positive for HIV/AIDS he is required to leave the army "which would appear not only to stigmatize the individual but also be counter-productive in terms of controlling the spread of the disease"<sup>60</sup> and in encouraging soldiers to approach the peer educator for help and advice. There are also significant economic disbenefits to testing and disclosure for soldiers and police.

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<sup>53</sup> Pharoah, R. *Op Cit.*

<sup>54</sup> Meini, Bruno, *Op. Cit.* p. 13.

<sup>55</sup> *Ibid.*

<sup>56</sup> *Ibid* p.11, See also Myanmar police Operational Framework to Effective Interventions for Reducing HIV Infection from Injecting Drug Use", Joint Program for HIV/AIDS, Myanmar, 2003-2005, 6 July 2004.

<sup>57</sup> *Ibid* p.8.

<sup>58</sup> HIV/AIDS as a security Issue in Africa: Lessons from Uganda ICHG Issues report number 3, 16 April 2004, p.8.

<sup>59</sup> ILO Code of Practice on HIV/AIDS and the World of Work, International Labour Office, Geneva, 2001,, p.10.

<sup>60</sup> ICG, "HIV/AIDS as a Security Issue in Africa: Lessons from Uganda", *Op. Cit.* p.9

### 3.3 Policies

The way in which policies - such as gender, medical benefits, human resource issues (e.g. time off; sickness) - and also policies on testing and counselling are administered can have a critical impact on the success of a programme in tackling the stigmatization and discrimination, and in creating an open environment in which people are willing to take up advice and services offered. As noted in several of the studies cited above businesses and institutions across the globe appear to be taking a more open and proactive approach to dealing with HIV/AIDS. UNAIDS and others have started amalgamating lessons identified from these more advanced programmes and policies. In this context, UNAIDS has identified three elements which must be attended to before a policy response in the workplace can take place:

- Identify the factors that influence HIV/AIDS transmission in terms of organizational structure / activities – risks such as age, job, and travel involved;
- Examine existing workplace practices and policies – highlighting both good and bad practice;
- Establish the real and/or potential impact of HIV/AIDS on the company and its workforce, and
- The potential impact of the policies and practices to ensure they have long term sustainability<sup>61</sup>.

Each of the policies on gender issues, sickness, medical benefits - to name a few - should be formulated within the case specific context of each police force and institution. The policies should always aim to break down stigmatisation of the issues at hand but also consider the capacity and capabilities of an institution. For example the provision of access to free or subsidised antiretroviral drugs as part of an institutional HIV/AIDS scheme is a contentious issue. Antiretroviral drugs are perceived as prohibitively expensive and well beyond a normal organizational budget provision for all employees who need them. This may indeed be the case although various studies undertaken in business have indicated that the drugs in fact cost less than the direct and indirect costs of the impact of untreated HIV/AIDS.<sup>62</sup> However, these studies have highlighted that the costs in different companies can vary greatly and therefore it can be assumed that costs of providing the drugs in different police forces will vary according to market price in the country, levels of prevalence and the basis of which the drugs are provided. . Furthermore, public services such as police cannot alter their business practices as easily as private businesses; they operate within tight government legislation, are under strict budgetary control, they have limited sources of revenue and cannot opt out of providing services, which private companies are at liberty to do. Therefore issues will arise within the public sector which are not currently seen as issues within the private sector. An increased appreciation of the “real” costs of HIV/AIDS to the police could galvanise action on providing drugs and other programmes to stem the spread of HIV/AIDS and also deal with those who are already suffering from the virus.

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<sup>61</sup> UNAIDS: Business Response to HIV/AIDS *Op. Cit.* p.22.

<sup>62</sup> Rosen S et al. “Care and Treatment to extend the working lives of HIV – positive employees: calculating the benefits to business. South African Journal of Science; 96(6): 1-5, 2000 June. See also Feely, F., “The impact of HIV/AIDS on productivity and Labour Costs in Two Ugandan Companies”, Centre for International Health and Development, Boston University of Public Health November 2004. The Business Response to HIV/AIDS: Impact and Lessons learned Geneva and London 2000, p.21

### ***3.4 Gender***

Sexual and gender based violence (SGBV) can be both a means of spreading HIV/AIDS amongst the female population but can also be linked to the discrimination and stigmatisation often suffered by those connected or living with HIV and AIDS. Police forces can be contributors to SGBV as both users and controllers of Commercial Sex Workers (CSW). It is important that policing policies and practices are scrutinised to ensure that they do not contribute to SGBV negatively and that approaches are developed to tackle these negative impacts. Furthermore, police women take on specialised roles within police forces often undertaking duties connected with SGBV. Women police officers can therefore potentially play a vital role in providing access to HIV/AIDS information, especially for women. Similarly if HIV/AIDS affects female police officers this may have a knock-on effect on these specialised jobs and therefore specific policies and practices should be adopted to limit the impact on these gender based roles within a police force. Therefore time and resources need to be allocated to create gender sensitive policies and strict and coherent policies dealing with SGBV and HIV/AIDS.

These policies must also look beyond the employees themselves both to their families, their wider families and to the society which the police serve. Police women may play different roles within their families and have additional pressures to become carers for sick relatives, which may need to be eased by extra time off or a change in working hours.

### ***3.5 Discrimination/Stigmatization of People Living with HIV and AIDS***

The pervasiveness of stigma and discrimination has been noted in all studies as concerning<sup>63</sup> and as a fundamental issue which needs to be tackled, without which programmes and policies aimed at dealing with HIV/AIDS will falter. Stigma surrounding HIV/AIDS arises because HIV/AIDS is life-threatening and people are afraid of passing it on. In addition, the infection is associated with behaviour which is seen as morally unacceptable. Such behaviour includes drug use, sex between men, and use of sex workers. Furthermore, within the police HIV/AIDS is stigmatised due to fear of those infected admitting that they are potentially less effective and unable to efficiently police the communities they serve.

Stigma also has an impact on research and the implementation of programmes. Stigma and the associated levels of discrimination create a fear of admitting to having the disease and also discouraging people from voluntary testing. HIV- positive status of individuals - and the prevalence within a force - therefore becomes an open secret which prevents open, honest and frank discussions about the problems, challenges, impacts and solutions to HIV/AIDS and the surrounding issues. The ILO policy advises that people are less likely to undertake voluntary testing if a positive result culminates in dismissal or curtailment of promotion, particularly when the symptoms of HIV/AIDS may not be apparent for several years.<sup>64</sup>

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<sup>63</sup> Pradham *et al* , Socio economic Impact of HIV and AIDS in India, UNDP 2006 see Chapter 8. See also Pharoah, R., p.98. See also Meini Bruno, "HIV/AIDS implications for Law Enforcement Public Safety and Policing in South Africa", International Police Executive Symposium Working Paper No.4. 2007, p.14.

<sup>64</sup> *Ibid* p9.

#### 4. The Impact of Police Policies and Attitudes on Vulnerable Groups and People Living with HIV and AIDS

This section aims to look at the attitudes of the police and the impact this has on vulnerable, high-risk and stigmatized groups such as CSW, street children, trafficked women, migrants, Intravenous Drug Users (IDU), and Men who have sex with Men (MSM) and the interaction of the police with these groups. Within these vulnerable groups there are likely to be varying levels of HIV/AIDS infection depending on a wide range of factors including poverty levels and the background HIV prevalence across the society and local communities where these groups live, travel and work.

Police play a complex and important role within a society and its communities. Although the primary role of the police is to deal with crime, there are many other complementary roles that are undertaken within the broad context of “crime-prevention”. These include diverting potential young offenders away from the criminal-justice system and also helping people in danger or at risk. Crime prevention roles and associated police service tactics mean that the police can become the eyes and ears of local communities. As part of their crime prevention programmes the police often have day-to-day contact with vulnerable and high risk communities such as sex workers, migrants and drug users. These groups are often stigmatised<sup>65</sup> and subsequently ostracised from society and well out of reach of the services and help available. As a result of the day-to-day contact of the police they can potentially act as a vital conduit between these groups and the services, education opportunities and help available to these oft forgotten groups. The policies, practices and attitudes of the police to these groups as regards their HIV/AIDS status and their education about HIV/AIDS could potentially have an effect, both positively and negatively, on the spread of HIV/AIDS and the treatment of sufferers amongst these communities. Furthermore, how the police are seen to treat these groups may also have a knock on effect as to how the wider community view and treat these sections of society.

A study of policing and drug enforcement<sup>66</sup> has emphatically concluded that traditional policing policies including arresting and prosecuting drug dealers and users, and continually moving drug users from their squatter areas can have serious side effects on health issues. These include the disruption in the provision of health care including programmes such as providing clean needles and condoms thus increasing the risk behaviour associated with IDUs and HIV/AIDS. The IDUs may become more withdrawn from communities and less likely to seek help further increasing the risk. The IDUs will also actively seek to avoid contact with the police. Finally, police policies may cause movements of drug users to unaffected communities or have the effect of creating more “no go area” drug ghettos. Evidence of this sort of policing policy is evident in India<sup>67</sup> where street food vendors who are known sufferers are moved on from wealthy neighbourhoods, potentially this can remove their livelihood and income. These sorts of actions may increase the levels of stigma and misconceptions about the disease and also undermine the ability of an HIV sufferer or their family to gain support and sustain themselves.

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<sup>65</sup>Pradhan, B, *et. al Op. Cit.*

<sup>66</sup> Kerr, Thomas, Will Small, and Evan Wood. 2005. "The public health and social impacts of drug market enforcement: A review of the evidence." *International Journal of Drug Policy* 16: 210-20.

<sup>67</sup> Pradham *et al. Op. Cit.*p.145

There is a lack of research and understanding about the effects of police actions aimed at creating crime-free zones in city centres or wealthy neighbourhoods and the potential side effects that these sorts of policies may have in driving HIV/AIDS sufferers underground or into ghettos. It is imperative to understand how this affects the rate of crime and the concentration and spread of HIV/AIDS amongst sections of the communities.

The IDU study on policing and drug enforcement identifies alternatives to traditional enforcement approaches which can have substantially improved effects on health. These include modifying policing practices to a more nuanced community policing approach involving fostering partnerships between policing and public health agencies, education and access to programmes aimed at making drugs use safer and ultimately setting up treatment programmes to help stop drug addiction. These sorts of policies include education aimed at the police themselves to help deal with their attitudes and any possible discrimination on their part towards these communities. This is where Knowledge, Attitude and Practice (KAP) studies as mentioned in section 3 above can play an important role in monitoring and assessing the police work.

A report on the violent 2003 police crackdown on drug users in Thailand<sup>68</sup> corroborates these findings stating that “Thailand’s fight against human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), for which it has received international praise, has been severely undermined by a climate of fear that has driven injection drug users, in particular, underground.” The main recommendations of the report suggest that IDU should not be penalised for identifying themselves either as HIV-positive or as drug users and that police should be the subject of basic training on referring known drug users to treatment centres and other HIV/AIDS prevention services available either through the government or NGOs.

Similarly policing policies aimed at cracking down on prostitutes as an aim to reduce the spread of HIV/AIDS as seen in Malawi<sup>69</sup> and Ghana<sup>70</sup> can only be viewed as further stigmatizing these groups, again removing their livelihoods and incomes, ostracising them and driving them underground, where both seeking and providing help and advice about HIV/AIDS becomes increasingly difficult. The Netherlands’ has possibly one of the most advanced policies on protecting its prostitutes, including safe areas where they can conduct business and CC-TV, monitored streets. It is reported by the International Committee on the Rights of Sex Workers in Europe that the attitudes of the police to supporting these programmes and policies are incredibly important to the success of the programmes.<sup>71</sup>

Police are sometimes identified as potentially fulfilling a role of educators to the wider community about HIV/AIDS. Though undoubtedly a limited role does exist for the police, care should be taken not to over burden police with a responsibility for which they are not properly equipped. Nor should the police be unduly distracted from their core mission of dealing with crime and their supporting crime prevention roles. Instead it is suggested that police should view themselves more as an information service assisting HIV sufferers and vulnerable groups to access support from the appropriate bodies such as social service type organisations, NGOs/charities and community volunteer groups.

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<sup>68</sup> “Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights in Thailand,” Human Rights Watch Organisation 2003.

<sup>69</sup> See <http://news.bbc.co.uk/1/hi/world/africa/852920.stm> (Accessed 22 August 2007)

<sup>70</sup> See <http://www.aegis.com/news/ads/2001/AD012085.html> (Accessed 22 August 2007)

<sup>71</sup> See <http://news.bbc.co.uk/1/hi/world/europe/6178793.stm> (Accessed 22 August 2007)

There appears to be very little research to identify how the stigma and discrimination by the police has a knock on effect within the community and society at large. One can only speculate that press articles reporting how the police have dealt with these groups and their connection with HIV/AIDS will further stigmatize and ostracise these groups within communities. However there is some anecdotal evidence to show that good media and press coverage about HIV/AIDS sufferers can help to de-stigmatize and reintegrate such groups.<sup>72</sup>

A Human Rights Watch report about violence towards men who have sex with men, reports that “Jamaica’s growing HIV/AIDS epidemic is unfolding in the context of widespread violence and discrimination against people living with and at high risk of HIV/AIDS, especially men who have sex with men. Myths about HIV/AIDS persist. Many Jamaicans believe that HIV/AIDS is a disease of homosexuals and sex workers whose “moral impurity” makes them vulnerable to it, or that HIV is transmitted by casual contact. Pervasive and virulent homophobia, coupled with fear of the disease, impedes access to HIV/AIDS prevention information, condoms, and health care.”<sup>73</sup> It is recommended that anti discrimination laws be put in place and they must be upheld by the law enforcement agencies. Further that tackling the stigma and discrimination and providing a successful programme requires coordination with Social Services and other Support Agencies and the police.

In addressing police policies it is important to consider how HIV- positive status is best confirmed and how the information and data on individuals is gathered, handled, stored and used in the fight against AIDS and crime. This raises questions about whether voluntary testing should be offered by the police, whether the police should be privy to the results. The ILO guidelines<sup>74</sup> emphatically state that HIV-positive status should to be a matter of utmost confidentiality with only the victim able to authorise that their status is revealed. However anonymous statistics can be used (to establish hot spots, education, treatment and policy gaps) and in this way voluntary testing can provide important accurate statistical information which can potentially identify trends and linkages between police, HIV, vulnerable groups and crime.

A further layer of complexity is added when police are part of a peacekeeping mission. Peacekeeping missions are often seen as contributing to the problem of the spread of HIV/AIDS in their areas of responsibility. One study notes not only the importance of education about HIV/AIDS within peacekeeping forces but also the need to reinforce this with programmes and policies aimed at the vulnerable groups around them. An ISS study on Sierra Leone notes:

*“Projects that involve local women’s groups not only reach the most vulnerable but also strengthen training for peacekeepers, as the testimonies of local women provide a different perspective on HIV/AIDS and the broader issue of sexual exploitation.”<sup>75</sup>*

Finally the role of HIV/AIDS in prisons must be considered as an important area with regard to the issues and groups highlighted above. Many of the groups mentioned will be committing

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<sup>72</sup> See <http://www.irinnews.org/report.aspx?reportid=52368> (Accessed 22 August 2007)

<sup>73</sup> Human Rights Watch “Hated to Death: Homophobia, Violence, and Jamaica’s HIV/AIDS Epidemic, Available <http://hrw.org/reports/2004/jamaica1104/index.htm> (Accessed 22 August 2007)

<sup>74</sup> ILO Code of Practice on HIV/AIDS and the World of Work, International Labour Office, Geneva, 2001.

<sup>75</sup> Bazergan, R, ISS Paper 96, “HIV/AIDS policies for Blue Helmets”, Available <http://www.issafrica.org/pubs/papers/96/96.pdf> p.10.

criminal acts such as prostitution, drugs trafficking, illegal migrants and working in the black or grey markets. This puts them not only at a high risk of contracting the HIV virus but these marginalised groups are also at a higher risk of being incarcerated. Thus these marginalised groups are disproportionately represented in prisons. This creates a link where those who are at high risk of incarceration are also at greater risk of contracting the HIV virus prior to incarceration<sup>76</sup>. Prisons are seen as a high risk environment for contracting the virus as a result of high risk sexual practices and IDU practices prior to imprisonment and also within prisons. An ISS study on prisons noted that prisoners were often ill educated, possibly illiterate with little access to health care and health care information<sup>77</sup>. Further the ISS study comments on the reported low use of condoms<sup>78</sup> in other studies about the low use of and also the problems of released prisoners spreading the virus in the wider community.

#### ***4.1 International Issues***

International institutions, governments, regional bodies and NGOs are increasingly recognising the importance of HIV/AIDS and its potential effects on the broader spectrum of development programmes. However, there remains a lack of integration at the policy and programme level between this broader development agenda and HIV/AIDS. Further work needs to seek to improve the level of integration and mainstream HIV/AIDS. This involves seeking ways to break down the barriers between institutions and government departments often created by separate donor/institutional agendas, and competition for limited resources and funding.

The international community needs to pay particular attention to police who are members of peacekeeping missions. Amongst military peacekeepers there has been a backlash against their presence and stigma attached to the peacekeepers in places such as Cambodia and Sierra Leone. In both these cases the peacekeepers were widely blamed for rapidly exacerbating the spread of HIV/AIDS. This had a considerable impact on the stigma attached to these groups and this has influenced the attitudes of the local populations towards them<sup>79</sup>. Police forces are potentially also at an increased risk and may be seen as a threat to the community in spreading the disease. This could have a negative impact on the operational effectiveness, the capacity and credibility of the forces and knock-on consequences on the ability to maintain or foster the rule of law within a fragile environment.

Bodies such as the UN and NATO, alongside police force contributing countries need to better understand their role and responsibilities with regards to HIV/AIDS issues. Further work needs to be undertaken to ensure that there is consistency in education by governments to their own peacekeepers in the pre-deployment phase and the on-going education in theatre.

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<sup>76</sup> Goyer, K, "HIV/Aids in Prison, Problems, Policies and Potential" ISS Monograph 79, February 2003. p.1.

<sup>77</sup> *Ibid.*

<sup>78</sup> *Ibid.*

<sup>79</sup> Schneider & Moodie *Op Cit.* p.8. see also Bratt, "Blue Condoms: The Use of International Peacekeepers in the fight against HIV/AIDS; Journal of International Peacekeeping Vol.9., No. 3. Autumn 2002 pp.67-87 p.69 & p.75.

## **Conclusion**

In conclusion this paper finds that the impact of HIV/AIDS on the police and the role of national police forces in the fight against HIV/AIDS is a much neglected area of research. This lack of information extends even to the most basic and fundamental issues such as the levels of prevalence of HIV/AIDS and the vulnerability of police forces to HIV/AIDS. This highlights that much research remains to be done and much data remains to be collected and collated. Further that previous research which has created “accepted wisdoms” needs to be revisited and replaced with more nuanced and case specific approaches.

Other bodies of research such as those concerning the military and private sector businesses and the respective linkages with HIV/AIDS are much more advanced in their understanding of the linkages between these businesses/institutions and HIV/AIDS. Although much can be drawn from these studies, they can not substitute for empirical research focused on the police. This police specific research is imperative to plan and effect better intervention strategies in the future. The stigmatism and the secrecy fostered by HIV/AIDS appears to be the greatest barrier in getting access to governments and police forces to help them to acknowledge and deal with HIV/AIDS and its impacts. As such, further research and analysis in this area should be prioritised.

## **Areas for Further Research**

### **Impacts on the Police**

- Police forces are as vulnerable to HIV/AIDS as the civilian population. It is imperative to better understand the prevalence rates and patterns of infection. This data needs to be collected and broken down by rank, deployment patterns, age, and gender.
- Research needs to be undertaken to further the understanding of occupational risks to HIV/AIDS
- Police forces play a critical role in the rule of law and national security of a nation. We need to better understand how HIV/AIDS affects the police and their specialist functions;
- How does HIV/AIDS impact specifically on policewomen and their specific duties? How does HIV/AIDS specifically impact on practices and policies aimed at women within the wider community?
- How can HIV/AIDS issues in relation to the police be better mainstreamed within donor programmes and policies.
- The stigmatism and the secrecy fostered by HIV/AIDS appears to be the greatest barrier in getting access to governments and police forces to help them to acknowledge and deal with HIV/AIDS and its impacts. As such, further research and analysis in this area should be prioritised.

## **Police Responses**

- How do national police policies fit within a pan government initiative to tackle HIV/AIDS? How does tackling HIV/AIDS within the police differ from other governmental institutions?
- Which work place policies can be deemed good practice and where it is necessary to find alternative practices and policies?
- How important is institutional culture, and how can it be changed to provide the best platform for HIV/AIDS policies and programmes?
- How can the fears of stigma and discrimination be deal with to allow the access to data necessary for impact on research and the implementation of programmes?
- Do we need to compile best practices for police services in responding to the impacts of HIV/AIDS.

## **Police and Vulnerable Groups**

- HIV/AIDS and Crime - What are the connections between AIDS and crime within the different vulnerable groups?
- To what extent does (proactive) policing further stigmatise PLWHA?
- Do HIV/AIDS infected people seek to actively avoid making contact with the Police?
- Communications – Is there any evidence to support the view that the Police are in a strong position to support PLWHA through advice, information, treatment and care services? This role might be better left to social service type organisations and NGOs/charities and community volunteer groups.
- Maintaining Crime-free zones – Is there any evidence to suggest that police actions drive AIDS victims out of prosperous localities into poor ghettos, in order to maintain a relatively crime free environment for the better off who have a louder voice and more money/power than the vulnerable. Does this concentrate the epidemic more in the poorer communities
- Capacity to Survive - To what extent do draconian policing policies of vulnerable groups reduce the capacity of these groups/families to survive and sustain themselves?
- Coordination with Social Services and other Support Agencies – Has an assessment been done on the levels of coordination/cooperation between the police and the social services agencies in support of AIDS affected vulnerable groups?
- HIV Testing – How do the Police know that an individual may be HIV+? Do they have the capacity to offer voluntary testing? Should they?
- A Statistics Database – Should one be maintained, how can a society identify the problems and challenges unless there is accurate information? How should build a database and how should it be maintained?