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## HIV/AIDS and POLICE<sup>1</sup>

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### Summary

Police play a complex and interlinked role with the communities they serve and the occurrence of HIV/AIDS adds an extra layer of complexity to that relationship. 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 been drawn are speculative and based on anecdotal evidence. Furthermore, out of all the uniformed forces, the police are the forgotten force with to-date much of the 'security sector' research derived solely from the activity of military forces. Where the literature refers to the police as part of uniformed actors, they are quickly forgotten in the substance of the research. Consequently much of the evidence and debate surrounding uniformed actors is based solely on facts and figures taken from the world's armies.

The vast majority of literature on HIV/AIDS and uniformed services can be distilled into three categories. Firstly, the effects of HIV/AIDS on a nation state and its institutions both with regard to the macroeconomic effects and also to the security of a nation. Secondly, the effect uniformed actors have on the spread of HIV/AIDS amongst the civilian population. Finally, the literature looks at the effect of on HIV/AIDS on the functionality and effectiveness of uniformed actors. Other areas including specific studies on gender issues within HIV/AIDS and police, implications for wider security sector reform (SSR) programmes, and the effects of policing policies and practices on the spread of HIV/AIDS all form part of a significant gap in the research.

This paper is broken down into five sections:

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- The attitudes of the police to HIV/AIDS;
- Risks and vulnerabilities of police to HIV/AIDS;
- The impact of HIV/AIDS on functional and specialist areas across the police services;
- The impact of police policies and attitudes on vulnerable groups and people living with HIV and AIDS (PLWHA)
- The current police responses to the disease from an operational and programmatic perspective.

Based on data gathered from interviews held in support of the research for this paper, it is clear that there is further information, which is perhaps inaccessible, stored away in ministries, police forces, donor organisations and NGOs around the world. This information concerns both the prevalence of HIV/AIDS within police forces and the impact of HIV/AIDS on police forces. However, one of the biggest challenges in researching this area and in encouraging action amongst police forces and governments is the stigma of HIV/AIDS within a police force and the general population. This has fostered a clandestine approach and a climate of fear about the admission that HIV/AIDS is an organisational problem. In some respects, this has hindered access to information for this and many other studies.<sup>2</sup> Counteracting and successfully dealing with this secrecy is a fundamental first step in dealing with the multilayered problems of HIV/AIDS and the police.

This paper assesses the most current literature, reports and studies specifically on HIV/AIDS and the police. There is more information accessible regarding “uniformed actors” but on scratching the surface of such data it tends to be solely about the military with only nominal reference to the police. The vast majority of the literature is concentrated on Africa with only minimal information available on Latin America, the Caribbean and Asia. Although this paper takes a global perspective, the result has been necessarily skewed to reflect the predominance of literature from Sub-Saharan Africa.

## **The Attitudes, Risks and Vulnerabilities of Police to HIV/AIDS**

In assessing the attitudes, risk and vulnerabilities of the police it is necessary to look both at the police force but also at the nation which the force seeks to serve. This section will examine the attitudes, risks and vulnerabilities within the police to HIV/AIDS – as well as the attitudes, risks and vulnerabilities of the institutions and population of a state to HIV/AIDS - and the corresponding impact this has on the police.

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<sup>2</sup> Pharoah, R., “Not Business as Usual: Public Sector Responses to HIV/AIDS in Southern Africa”, ISS 2003, p.107

## Attitudes

It is widely accepted that globally HIV/AIDS affected people suffer discrimination and stigma directed towards them and the condition.<sup>3</sup> Four factors are said to contribute to this stigma: Firstly that HIV/AIDS is life threatening and that people are therefore afraid of the disease and those carrying it; secondly, that the infection is associated with behaviours – such as sex between men and drug use – that are already stigmatised in societies; that people with the infection are often held responsible for it and its spread; and finally that HIV/AIDS affects young people and therefore the impact is amplified because of the reduced productivity and the effect on their dependants.<sup>4</sup>

A study of HIV/AIDS in India 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>5</sup> Yet, 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>6</sup> This is corroborated in the findings of Pharoah<sup>7</sup> in her study of the Malawian justice system, where the attitudes of the police force to HIV/AIDS have been identified as key to creating effective programmes to deal with the problems and challenges which the disease creates.

A wide ranging study on HIV/AIDS in India undertaken by the UNDP<sup>8</sup> identified that around 20% of those individuals studied identified themselves as being embarrassed about their HIV-positive status. Their reaction was to try and keep their status a secret or avoid sharing this information with others. The study found that around 10% of women and 1% of men were disowned by their family on discovering their status. More encouraging was the discovery that approximately 55 – 60% of both men and women recorded that their family had been supportive upon revealing their HIV/AIDS status. Only 6 - 11% stated that they were verbally or physically abused. It was interesting to note that this study highlighted that the reaction was different between men and women and between those in rural and urban areas.<sup>9</sup> It was found that women are more likely to be discriminated against than men. The impact of stigma, in studies such as this carried out amongst the general population (rather than the police *per se*), resulted in delayed testing for HIV/AIDS, and a preference amongst HIV/AIDS victims to avoid testing for the disease until they are forced to do so by a long period of illness. The study found that

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<sup>3</sup> This includes both those suffering from the virus but also their family and friends.

<sup>4</sup> Pradhan, B, et. al. Socio Economic Impacts of HIV/AIDS in India, NACO, NCAER and UNDP, 2006

<sup>5</sup> *Ibid.* p.154.

<sup>6</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>7</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>8</sup> Pradhan, B, *Op. Cit.* Chapter 8.

<sup>9</sup> *Ibid.*

a greater number of men preferred to wait as long as possible before testing, whereas women were more likely to undertake voluntary testing.<sup>10</sup>

Within the workplace the study found that 74% of employees did not disclose their HIV/AIDS status<sup>11</sup>, a phenomenon explained by three reasons: social discrimination, lower prestige and fear of losing their job. Of the 26% who did disclose it, 10.3% reported discrimination by their employer. This discrimination took the form of forced retirement, forced resignation, unequal access to benefits and promotion opportunities.<sup>12</sup>

The reasoning given for the stigmatisation of HIV/AIDS differs according to societal context. For example the epidemic in Africa is driven largely by unsafe practice in heterosexual relations whereas in Latin America, it is reported that the highest infection levels are amongst men who have sex with men (MSM) and it is this activity which is driving the epidemic.<sup>13</sup> In the Caribbean the epidemic is driven by heterosexual intercourse and more specifically by the sex worker community.<sup>14</sup> Asia's epidemic on the other hand is driven by drug users.<sup>15</sup> As a result of these trends, different cultures and nations may have different perceptions of HIV/AIDS sufferers and therefore the stigma which is attached to a sufferer may differ.

Knowledge, Attitude and Practice (KAP) surveys are an important tool for analysing how a police force views HIV/AIDS and how it 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.

For example, UNAIDS piloted a KAP study of Uniformed Peacekeepers in Liberia<sup>16</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 the HIV virus, 51% of respondents considered themselves to be at no risk, 37% considered themselves to be at low risk, over 10%

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<sup>10</sup> *Ibid.*, p.137.

<sup>12</sup> *Ibid.*, pp.143- 144.

<sup>13</sup> ILO/UNAIDS Meeting on AIDS and World of Work in Latin America and Caribbean Meeting report Brasilia 6 May 2006. p 2.

<sup>14</sup> *Ibid.* p.2.

<sup>15</sup> Cohen, John, "Asia and Africa: On Different Trajectories" Science Magazine, 25 June 2004, Vol. 302, no. 5679, pp.1932-1938 p.1932.

<sup>16</sup> <http://www.peacekeepingbestpractices.unlb.org/pbpu/view/viewdocument.aspx?id=2&docid=734> (Accessed 27 August 2007)

considered themselves to be at high risk and around 2% did not know. The levels of self-perceived risk varied within and among peacekeeping contingents, military observers and police officers.

A case study by Pharoah on the Malawi Police Service (MPS) revealed that the National Statistics Office in Malawi had undertaken a survey of attitudes in 2004 to HIV/AIDS within the police.<sup>17</sup> This survey is unpublished therefore only limited information is available about its findings. Pharoah reports that the survey found that over half 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>18</sup>

Pharoah recorded that although the MPS 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>19</sup> Pharoah identified that the primary problem for the MPS and other government institutions is that they remained in denial that HIV/AIDS is an organisational problem. As a result, the management structures continue to view HIV/AIDS as either an external problem or a health problem at an individual level.<sup>20</sup>

Despite these KAP surveys there remains a significant gap in the research on public attitudes and reactions to a police force with a high prevalence of HIV/AIDS within that force. This is an important area for future empirical research to identify the attitudes of the police towards these vulnerable groups.<sup>21</sup> A wider study in India aimed at the whole community rather than just the police found that “the community’s perception about the infection also influences the family’s response to the affected individual”.<sup>22</sup> This raises the question about whether stigma and discrimination by the police and the community reinforces each other and how this would impact on any programme designed to alleviate stigma towards HIV/AIDS sufferers. The case study by Pharoah of the MPS also found that there was a significant amount of stigma and discrimination towards HIV/AIDS sufferers within the police and it was suggested that – if mandatory testing was introduced - this might impact on the number of recruits prepared to join the police

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<sup>17</sup> Malawi Police Service Internal Climate Study, unpublished report, Crime and Justice Statistical Division, NSO, October 2004.

<sup>18</sup> Pharoah, Robyn, “NOT BUSINESS AS USUAL: Public Sector Responses to HIV/AIDS in Southern Africa”, ISS, June 2005 p.90

<sup>19</sup> *Ibid.* p.82

<sup>20</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>21</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-fae0-41e6-b3d8-be5d74c7a558.html> (Accessed 30 July 2007).

<sup>22</sup> Pradhan, B, *Op. Cit.* p.142.

force.<sup>23</sup> Apart from such anecdotal evidence, this paper 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>24</sup>

Due to the close interface between police and society, the police can be seen as an important link between groups often ostracised from the communities such as sex workers, migrants and drug users. These groups are also the groups who are vulnerable to HIV/AIDS. The current research available provides sketchy evidence that policing policies and attitudes can increase the stigma of HIV/AIDS. For example, the case study in India<sup>25</sup> provides an example of police moving roadside food vendors from their plots where they are known to have HIV/AIDS. Furthermore, there is anecdotal evidence of the effect of stigma and discrimination surrounding police crackdowns on prostitutes as part of an HIV/AIDS prevention programme.<sup>26</sup>

The attitudes and public perceptions of a police force<sup>27</sup> are important and could impact on specific work within the community. The work which could be most affected are 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 by aiming to resolve problems together. The impact of the policies and policing is therefore very dependent on the relationship between the police and the community. The activities may be negatively impacted if there is a stigma and discrimination against the police within the community or if HIV/AIDS is seen to make the police ineffective by reducing their capacity. Furthermore, where there is a high turnover of staff, there is also a perceived decline in the effectiveness of police activities which has a subsequent adverse impact on the continuity of the relationships between the police and citizens.

## Risks and Vulnerabilities of Police Forces

Many existing studies<sup>28</sup> comment on the fact that police forces have a higher than average incidence of HIV/AIDS than the rest of the population. As the UNAIDS states; “Uniformed services including defense and civil defense forces, are a highly vulnerable group to sexually transmitted infections (STIs) mainly due to their work environment

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<sup>23</sup> Pharoah, R, *Op. Cit.* p.104.

<sup>24</sup> See section of this paper on functionality and specialist functions of the police.

<sup>25</sup> Pradham *et al.* p.145

<sup>26</sup> See <http://news.bbc.co.uk/1/hi/world/africa/852920.stm> (Accessed 27 July 2007)

<sup>27</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-fae0-41e6-b3d8-be5d74c7a558.html> (Accessed 30 July 2007)

<sup>28</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.



mobility, age and other facilitating factors that expose them to higher risk of HIV/AIDS infection.”<sup>29</sup>

Many studies point to a number of factors such as age, mobility, relative wealth, risk taking, machismo, corruption, occupational hazards, use of sex workers, as creating a higher than average prevalence of HIV/AIDS within police forces.<sup>30</sup> In studies such as that undertaken in the MPS by Pharoah, it is admitted that the police force “conforms to many of these trends.”<sup>31</sup> However, there is also a growing body of work which questions the reliability of this accepted wisdom.<sup>32</sup> For example, McInnes argues that the prevalence rates which showed a higher incidence than the local population appeared to be taken from “limited evidence in the 1990s”<sup>33</sup> which may no longer hold true. It is argued that some of the stereotypes of uniformed actors such as “highly mobile men with money to burn”<sup>34</sup> are in fact far from stereotypical (especially when looking at police forces rather than the military) when many are poorly paid and quite immobile for long periods of time. Data on the prevalence of HIV/AIDS within the police is argued to be patchy and, to a certain extent, contradictory. For example, a 2000 survey of the Ethiopian police reported an infection rate of 7%, whereas in 2004 a survey of the wives of police personnel revealed an infection rate of almost 30%.<sup>35</sup> Similarly, the rate of infection may be different across the regions of a country. For example, the Kwazulu Natal region in South Africa is recorded as having a higher prevalence of HIV/AIDS at around 40% of the population, which is considerably higher than the rest of South Africa.<sup>36</sup> This higher prevalence may be reflective of police in that area but not in other areas of the country.

Occupational exposure is also identified as increasing police vulnerability to HIV/AIDS virus, despite the fact that the few studies which tackle this issue identify that the majority of police are at a very low risk of catching HIV/AIDS from occupational health risks.<sup>37</sup> However, the caveat to this finding is that the risk depends on the type of work undertaken and the location of work. This occupational health risk can be drastically reduced by simple low cost measures and procedures; one such example is wearing protective clothing and latex gloves when dealing with body fluids. This paper has found that the only universally accepted indicator of prevalence of HIV/AIDS is age, both in terms of the age at which infection is caught and then the age at which the sufferer is

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<sup>29</sup> UNAIDS: *Ibid.*

<sup>30</sup> See for example *Meini, Bruno*, Op Cit. See also Garrett, Laurie, “HIV/AIDS and National security: Where are the Links?” Council on Foreign Relations, p.9.

<sup>31</sup> Pharoah, R, *Op. Cit.* p.89.

<sup>32</sup> Garrett, Laurie, *Op.Cit.* p.25. See also McInnis, C, *Op. Cit.* p.320.

<sup>33</sup> McInnes, C, *Op.Cit.* p.320.

<sup>34</sup> *Ibid.* p. 321.

<sup>35</sup> Garrett, Laurie *Ibid.* p.27.

<sup>36</sup> See Avert South Africa HIV/AIDS Statistics Available <http://www.avert.org/safricastats.htm> (accessed 30 July 2007)

<sup>37</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.

most likely to die without treatment. UNAIDS records that the highest rate of new infection is amongst 15 to 24 year olds<sup>38</sup> and that it is also generally higher in young women than young men.<sup>39</sup>

Automatic assumptions that uniformed actors have a higher than average level of infection, are potentially dangerous and add to a climate of fear and secrecy. Institutions could potentially feel singled out for blame or negative attention; thus becoming scared of admitting and dealing with the problem.<sup>40</sup> Instead it is advocated that a more nuanced approach be taken to gauging the prevalence of HIV/AIDS within the police. It is suggested that prevalence is actually dependant within forces on a number of variables including rank, deployment patterns, culture and age.<sup>41</sup> It could be concluded that there is relatively little in-depth data showing prevalence rates in different police forces across the world that are sufficiently detailed to show the difference between prevalence across genders, new recruits, ranks, rural and urban-based police, operational and civilians within the police force.

It is difficult to separate the vulnerability of society to the impact of HIV/AIDS from the specific vulnerabilities of a police force to HIV/AIDS. However, Pharoah and Meini<sup>42</sup> identify some organisational factors within the police that could mean HIV/AIDS has a disproportionately negative impact on the police as an organisation. The hierarchical structure of the police can create a lack of information sharing vertically within the organisation and therefore can lead to a loss of institutional memory. This can potentially become a severe problem when there is a high turnover of staff due to the incidence of HIV/AIDS. Police services often provide generous levels of compassionate paid leave and sick leave, funeral benefits, generous pensions or life insurance. Collectively these perks can mean that the police could be more adversely affected as result of HIV/AIDS than private businesses.

The potential consequences of these extra costs is that the budget for the police force will be stretched with less money available for regular training, investment, infrastructure, and equipment.

## **The impact of HIV/AIDS on functional and specialist areas across the police services**

Hard data on the prevalence of HIV/AIDS is in short supply due to a lack of testing and recording not only of HIV/AIDS status but because of an absence of sickness and leave

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<sup>38</sup> UNAIDS Epidemic Updater 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)

<sup>39</sup> HIV/AIDS and World of Work, *Op. Cit.* p.2.

<sup>40</sup> Garrett, Laurie *Op.Cit.* p.25.

<sup>41</sup> Netherlands MFA HIV/AIDS , Security and Democracy p.5. See [http://programs.ssrc.org/HIV/AIDS/publications/hague2005/seminar\\_report.pdf](http://programs.ssrc.org/HIV/AIDS/publications/hague2005/seminar_report.pdf) (Accessed 30 July 2007)

<sup>42</sup> Pharoah, R. *Op. Cit.* p. 92 and Meini, B, *Op. Cit.* p.11.



record-taking.<sup>43</sup> Furthermore, where such records exist they are often inaccessible because of fears about the reaction to HIV/AIDS figures within and outside the police force. It is therefore difficult, if not impossible in many instances, for researchers and organisations to identify the scale of the impact which HIV/AIDS is having on their institution and their ability to render public services.

However, despite this lack of data, the consequences and impacts of HIV/AIDS are widely acknowledged amongst the private sector to encompass the following:

HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience.<sup>44</sup>

Pharoah reflects these impacts in the study of the MPS by observing 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>45</sup> The most direct impact of HIV/AIDS is the loss of staff due to absenteeism, sick/compassionate leave or death. Schonteich adds the following comments about the extent to which the South African Police Service (SAPS) is impacted by HIV/AIDS:

There has been a significant increase in the proportion of employees who have left the Department of Safety and Security because of death or on account of ill health. In 1998/99, 1,848 employees per 100,000 left the department because of death or as a result of being discharged on ill health. By 2000/01 this had increased to 2,179 per 100,000 employees – an increase of 18% over three years.<sup>46</sup>

How this loss of personnel impacts on the operations of a police force is a more complex question. The composition of police forces is often reflective of their society, in that they have a mix of men, women, race and ethnicity. Many police forces strive to create a police force representative of society both on the basis of ethnicity and gender. However, for historical and socio-political reasons, this often does not occur and often as seen in South Africa, a police force has greater proportion of one race or ethnicity amongst certain ranks than others.

In January 2003 almost two-thirds (62%) of all functional police personnel in the SAPS were black, a quarter (25 %) white, 9 % coloured and 4% Indian. Among commissioned officers the proportions were as follows: white (48%), black (38%), coloured (8%) and Indian (6%).<sup>47</sup>

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<sup>43</sup> Pharoah, R, p.91.

<sup>44</sup> An ILO Code of Practice on HIV/AIDS and the World of Work, International Labour Office , Geneva, 2001, p.iii.

<sup>45</sup> Pharoah, R., Not Business as Usual, *Op. Cit.* p. 82

<sup>46</sup> Schonteich, M, A Bleak Outlook, *Op.Cit.* p.2.

<sup>47</sup> *Ibid.* p.3.

HIV/AIDS also affects different proportions of the populations by background, wealth and also often by race. For example in South Africa, “it is expected that HIV/AIDS prevalence will peak at 3.2% (in 2011) for whites, at 4.8% (2010) for Asians, at 6% (2010) for coloureds and at 19.5% (2006) for blacks.”<sup>48</sup> It is therefore possible to conclude that HIV/AIDS could impact to a greater or lesser extent on different ranks. For example one might conclude that the NCOs will be disproportionately affected in South Africa where the ethnic profile of the NCO ranks is predominantly black. Consequently, duties undertaken by NCOs and the rank and file would most likely be more affected than management positions and duties.<sup>49</sup> In Malawi, where the police force is homogeneous across race and rank, there was little difference between the death rates of senior, middle and frontline staff (although there were no deaths recorded of executive staff).<sup>50</sup> As a result, where one rank is disproportionately affected by HIV/AIDS, there will be a knock-on effect on the functions and duties carried out by that rank. For example the lower ranks of police often undertake patrolling duties, which is physically demanding work and therefore potentially a function of the police at risk of being specifically impacted by HIV/AIDS. A study on The Zambian Wildlife Authority (ZAWA) discovered that officers who participated in the study:

[...] spent 62.8 days on patrol in their last year of service (a 68% decrease), 96.8 days on patrol in their second to last year of services (a 51% decrease) and 123.7 days on patrol in their third to last year of service (a 37% decrease). For each employee who died, ZAWA lost an additional 111 person days for management, funeral attendance, vacancy, and recruitment and training of a replacement, resulting in a total productivity loss per death of 2.0 person years.<sup>51</sup>

However it can also be argued that the impact of HIV/AIDS will be manageable because within police services it is often the lower ranks which undertake the more physically demanding work and as these ranks require less training they can be more easily replaced. Furthermore, the pyramidal structure of a police force - which works on the basis of having more people waiting to promote than there are places available - means that the higher ranks which need greater training will be less affected.<sup>52</sup> Furthermore, physically demanding jobs such as patrolling can be reserved for those who are physically fit, with those less fit being left to undertake desk-based or more sedentary duties. This approach was taken in the private sector companies studied in Uganda.<sup>53</sup> That said, these arguments do not take into account the increased costs of training extra

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<sup>48</sup> *Ibid*, p.2.

<sup>49</sup> In making such assumptions one must also look at the structure of an organisation, where 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>50</sup> Pharoah, R., *Op.Cit.* p. 95.

<sup>51</sup> Rosen, S., *et al. Op. Cit.* p.2.

<sup>52</sup> McInnes, C., *Op. Cit.*, p.321.

<sup>53</sup> Feeley, F. *Op Cit.*, p.20.

recruits or that the pool of potential candidates for promotion is reduced and therefore ignoring the potential negative longer term impacts of having to promote “second best”.

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. In Zambia and Sudan, and many other countries around the world, a specialist function of the police is to provide police prosecutors who are police with advanced training to prosecute lesser criminal charges within the magistrates’ or lower courts. A study within Zambia<sup>54</sup> looked at the judicial system including the police prosecutors. Police prosecutors are promoted from the ranks of ordinary police officers and their average age is 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 implies that police prosecutors are dying soon after training and promotion unable to fulfil the 10 to 20 year of services which is normally expected.<sup>55</sup> It should be noted however, that this study was unable to identify whether HIV/AIDS was the actual cause for death or retirement on grounds of sickness – although the early death rate following chronic illness would potentially point to a causal link. The illness of police prosecutors was shown to contribute to delays within the legal system, when cases are adjourned or delayed. Thus, the loss of experienced prosecutors impacted both on due process and potentially on access to a fair trial.

Currently there is insufficient evidence to draw any general conclusions about the impacts of HIV/AIDS on different ranks and therefore the impact on specific duties. Based on the evidence above it is most likely to be case specific and vary from police force to police force. However, this does highlight the need for greater analysis of prevalence rates within different ranks to give an accurate picture of the impact which HIV/AIDS might have on the functionality of police work.

Finally the impact of HIV/AIDS on gender is important. It is known that on average women are at greater risk of transmitting HIV/AIDS for biological and sociological reasons.<sup>56</sup> Similarly it is known that women often form a small minority of the members of police forces around the world. Taken that police 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 further impact on the ability of a police force to deal with these issues. It is important therefore to assess the impact of the loss of police women due to HIV/AIDS. This paper 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 little data available about HIV/AIDS in police forces as broken down by gender.

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<sup>54</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>55</sup> *Ibid.*, p.14.

<sup>56</sup> See <http://www.avert.org/women.htm> (Accessed 30 July 2007)

## The Impact of Police Policies and Attitudes on Vulnerable Groups and People Living with HIV and AIDS (PLWHA)

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 Commercial Sex Workers (CSW), street children, trafficked women, migrants, Intravenous Drug Users (IDU), and MSM and the interaction of the police with these groups. As part of crime prevention programmes the police often have day-to-day contact with vulnerable and high risk communities such as CSW, migrants and drug users. These groups are often stigmatised<sup>57</sup> and ostracised by society and often beyond the reach of the community, social services and the help available. As a result of the day-to-day contact with these groups, the police can act as a vital conduit between these vulnerable groups and the services and education opportunities available. The policies, practices and attitudes of the police to these groups as regards their HIV/AIDS status and their education about HIV/AIDS can have an effect, both positively and negatively, on the spread of HIV/AIDS and the treatment of sufferers amongst these communities. The way in which the police are viewed to be treating these groups may also have a further effect on how the wider community views and treats these sections of society.

A study of policing and drug enforcement<sup>58</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 risky behaviour associated with CSW and IDUs and HIV/AIDS. These vulnerable groups may become more withdrawn from communities in their efforts to avoid the police and less likely to seek help further increasing the risk. Finally, police policies may cause movements of drug users to unaffected communities or have the effect of creating “no go area” drug ghettos. Evidence of this sort of policing policy is present in India<sup>59</sup> where street food vendors who are known HIV/AIDS sufferers are moved on from wealthy neighbourhoods. These sorts of actions may increase the levels of stigma and misconceptions about the disease and also undermine the ability of an HIV/AIDS sufferer or their family to gain support and sustain themselves.

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. It is imperative to understand how police actions and policies can affect the rate of crime and well as the concentration and spread of HIV/AIDS amongst vulnerable sections of the communities.

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<sup>57</sup>Pradhan, B, *et. al Op. Cit.*

<sup>58</sup> Kerr, Thomas, *et. al.* 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>59</sup> Pradham *et al. Op. Cit.* p.145

The 2005 IDU study on policing and drug enforcement<sup>60</sup> identifies alternatives to traditional enforcement approaches which can avoid negative efforts on health issues such as HIV/AIDS. 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 KAP studies as mentioned 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 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.”<sup>61</sup> The main recommendations of the report suggest that IDUs 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>62</sup> and Ghana<sup>63</sup> can only be viewed as further stigmatizing these groups, 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. This evidence is corroborated by the International Committee on the Rights of Sex Workers in Europe that considers that the attitudes of the police to supporting health programmes and policies are fundamental to the success of such programmes.<sup>64</sup>

## Police Responses to the Disease from an Operational and Programmatic Perspective

This final section of the paper will analyse the police responses to the impacts of HIV/AIDS on the police forces. In researching this paper, 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

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<sup>60</sup> Kerr, Thomas *et.al.* *Op. Cit.*

<sup>61</sup> “Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights in Thailand,” Human Rights Watch Organisation 2003.

<sup>62</sup> See <http://news.bbc.co.uk/1/hi/world/africa/852920.stm> (Accessed 22 August 2007)

<sup>63</sup> See <http://www.aegis.com/news/ads/2001/AD012085.html> (Accessed 22 August 2007)

<sup>64</sup> see <http://news.bbc.co.uk/1/hi/world/europe/6178793.stm> (Accessed 22 August 2007)

the pool of knowledge.

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 of HIV/AIDS 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 HIV/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 MPS. The key objectives of this programme include reducing the incidence of HIV/AIDS; improving the quality of life for those infected with and affected by the virus, and mitigating the impact of HIV/AIDS at all levels of Malawian society.

Although this was intended to be a comprehensive cross-government programme to tackle HIV/AIDS issues, the MPS programme is one of the few formal strategies committed to paper across the Malawian governmental institutions. The programme also benefits from considerable support at the executive and managerial echelons of the organisation 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 non-specific 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>65</sup>

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>66</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, management continues to perceive HIV/AIDS as an individual health issue which is therefore not of wider concern to the police force. This affects the policies dealing with the impacts of HIV/AIDS such as a continued reliance on retraining and replacing staff, which is expensive, time consuming and currently beyond

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<sup>65</sup> Pharoah, R, *Op Cit.* p.141.

<sup>66</sup> Pharoah, R. *Op Cit.*



the capacity of the MPS rather than seeking alternative strategies, including job sharing or the re-distribution of duties.

In Myanmar<sup>67</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 at government and top levels of the police force.<sup>68</sup> Without top level buy-in as witnessed and criticised in the SAPS programme any programme will be implemented in an *ad hoc* way and its sustainability will be questionable.<sup>69</sup>

## 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 stigmatisation 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 four 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
- Evaluate the potential impact of the policies and practices to ensure that they have long term sustainability<sup>70</sup>.

Each of the policies on gender issues, sickness, and 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 should 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

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<sup>67</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>68</sup> *Ibid* .p8.

<sup>69</sup> Meini, Bruno, *Op. Cit.* p. 13.

<sup>70</sup> UNAIDS: Business Response to HIV/AIDS *Op. Cit.* p.22.

indirect costs of the impact of untreated HIV/AIDS.<sup>71</sup> However, these studies have highlighted that the costs in different companies can vary greatly and thus the costs of providing the drugs in different police forces will vary according to market price in the country, levels of prevalence and the basis upon 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, remain under strict budgetary control, have limited sources of revenue, and cannot opt out of providing the same services which are provided by private companies. Therefore certain issues related to the impact of HIV/AIDS in the public sector will not currently be 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 to deal with those who are already suffering from the virus.

## Conclusion

UNAIDS states 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/AIDS infection. Simultaneously, uniformed services also offer a unique opportunity for HIV/AIDS awareness and training with a large ‘captive audience’ in disciplined and highly organized setting. At the same time uniformed services including armed forces and police are often perceived as role models in their society. Among male population groups studied, military and police generally report higher levels of HIV/AIDS infection than the national average in many countries.<sup>72</sup>

Based on the research available on the relationship between HIV/AIDS and the uniformed security services, much of what is assumed above to be making the police forces vulnerable and susceptible to HIV/AIDS is as yet unproven and speculative. This is partly due to a lack of systematic data collection and the reluctance to share such information by police forces and governments around the world. This secrecy fostered by the stigmatism of HIV/AIDS appears to be the greatest barrier in getting access to the facts and figures about HIV/AIDS and therefore hinders the analysis of the impacts of HIV/AIDS on police. As such, it is imperative that policies and practices are put in place by donors and host nations that deal directly with the stigma of HIV/AIDS. This is of particular importance as the relationship between the police and the community they serve plays an important confidence-building role in transitional states and environments

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<sup>71</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

<sup>72</sup> Available <http://www.aidsandemergencies.org/FactsheetUniformedservices.pdf>, (Accessed 27 July 2007)

where broader donor-funded SSR programmes are prolific and where small steps towards confidence-building can be crucial in terms of overall progress in SSR programmes. Furthermore best practice on employment and operational issues needs to be amalgamated amongst a range of stakeholders including international organisations, national and international NGOs, the media and academic researchers, as well as national governments and police forces. This data sharing will better inform legal and policy frameworks which will impact on how the workplace handles HIV/AIDS.

The literature gap also extends to research which investigates the effects of HIV/AIDS on the justice sector as a whole, taking into account the impacts of HIV/AIDS on the police, the judicial system and prisons. Research in this area should be prioritized as the justice sector plays a crucial role in promoting a more effective approach to the rule of law and providing important access to justice for a population which in turn impacts directly on efforts to create a secure and stable environment necessary for sustainable development.

Mainstreaming of gender issues connected to HIV/AIDS issues has been highlighted as an area where there is both a lack of research and understanding within regional and international organisations and also within police forces around the world. At the same time as HIV/AIDS issues within SSR stands as a nascent but emerging area of research, gender mainstreaming is gaining a higher profile across a broad range of SSR programmes . Thus, an opportunity exists to progress the agenda with regard to HIV/AIDS and police issues within high level organisations such as the UN and EU as both take steps forward in their evolving their SSR policies.