AIDS CONTROL IN THE ARMED FORCES: AN OVERVIEW

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ABSTRACT

Prevention of the spread of HIV/AIDS is a global challenge. The spread of the disease in the armed forces would have disastrous consequences for the security of any country. In order to contain its spread in the Indian army, armed forces medical services have implemented a comprehensive HIV/AIDS control system that provides an integrated, preventive, promotive and curative services (or its troops. The measures include policy formulations, IEC activities, surveillance, training, coordination and research. These efforts are aimed to bring about behavioural changes to prevent HIV infection at the individual level, as well as to build capacity at the macro level to deal with the multifaceted challenges of this deadly disease. As an outcome of these strategies, the Indian army has managed to keep the prevalence of the infection at a low level among its personnel.

Keywords: HIV/AIDS, Armed forces, IEC measures, AIDS education, Surveillance.

The HIV/AIDS pandemic continues its expansion across the globe with approximately 10,000 new infections occurring every year. UNAIDS and WHO recently projected that globally there were more than 40 million persons living with HIV or AIDS at the end of the year 2001V The first case in India was detected in 1986, since than prevalence of HIV has been reported from all states and Union territories. It is estimated that there were almost 3.86 million people living with HIV/AIDS in India at the close of the last millennium. The spread of this epidemic is showing disturbing trends in that it is spreading from urban to rural areas and from individuals practicing high-risk behaviour to the general population, especially, the unsuspecting spouses.

Evolution of AIDS Control in the Armed Forces

The Armed Forces have the advantage of having a hierarchical and comprehensive health care delivery system that provides integrated preventive, promotive and curative services under the aegis of the Director General Armed Forces Medical Services (DGAFMS). While he is the medical advisor to the Defence Minister, his subordinate executive medical officers serve as advisors to the respective non-medical commanders at all levels. It is envisaged that once commanders (senior non medical officers who command officers and soldiers in war and peace at all levels in a pyramidal system of accountability) are convinced of the need to control HIV/AIDS among soldiers, the service ethos and exemplary-cum-legendary discipline of the Indian Armed Forces will

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ensure success of a well-planned IEC strategy. To that extent one must admit that we have an inherent advantage over our civilian counterparts engaged in AIDS control. It was decided to exploit this to our advantage while executing the IEC strategy for AIDS control. The aim is to achieve desired behavioural changes making use of the state of the art techniques of Behavioural Change Communication (BCC).

Accordingly, the DGAFMS in 1992, formed a central Armed Forces AIDS Control Organisation (ACO) in the Department of PSM, AFMC, Pune, as the Central agency to plan and devise a comprehensive strategy of disease surveillance, prevention and control of HIV infection in the Armed Forces. The Prof. And HOD of PSM was appointed as the ex-officio Chairman, Heads of Department of Microbiology, Medicine, Dermatology, Transfusion Medicine and Psychiatry at AFMC are the members and the epidemiology trained PSM specialist officer posted in PSM Dept as its member secretary

AIDS Control Organisation (ACO) in the Armed Forces

ACO has been entrusted with the following functions:

(a) Policy Formulation: Development of draft policies on all aspects of prevention and control of HIV infection including surveillance, testing, disinfection, treatment and disposal procedures.

(b) IEC Activities: It includes development of IEC strategies, advocacy plans and various types of prototype health educational materials for use in Armed Forces. This also entails implementation, monitoring and evaluation of IEC activities. Besides, ACO is responsible for development of training material and curriculum for various categories of medical and paramedical personnel.

(c) Surveillance: Maintaining a computerized surveillance system of HIV infection in the Armed Forces and publishing periodic surveillance reports.

(d) Training: Training of Command Nodal Officers and Officer In Charge (OIC) IEC nodes through workshops, visits and consultations.

(e) Coordination: Liaison with and coordination of blood safety and blood banking services.

(f) Research: Research activities related to HIV/AIDS prevention in the Armed Forces.

The Armed Forces has various Commands which function as a cohesive system controlling subordinate headquarters and units during war and peace. At the Command level a Command IEC cell (CIEC) was created. The Senior Adviser (PSM) posted at every Command Headquarters is designated as the Command Nodal Officer for the conduct of IEC activities. In all major military stations we have an existing Station Health Organisation (SHO) that is commanded by a specialist in PSM. His responsibility is to provide comprehensive health care to the military station. He is also the adviser on health matters to the local senior executive medical officer (SEMO) of the station who in turn is the medical and health adviser to the local non-medical commander. These SHO's were designated IEC Nodes for implementation of all IEC activities at the grass root level. They form the backbone of our AIDS control programme. The commanding Officers (COs)/OICs of 52 SHOs were designated as Officers in charge (OICs) nodes and were to provide the technical support to the Command Nodal Officers. These OIC nodes were equipped with communication and database management equipment and trained by ACO to become effective centers to carryout activities. Their job responsibilities entailed the following:
I. The OIC IEC node under directions of nodal officer will plan an IEC strategy and conduct health educational activities among the target population. The population will include not only permanent/static formations/units, but also all the lodger formations/units under War Establishment (WE).

II. OIC node should work in close liaison with the Station commander and the Senior Executive Medical Officer (SEMO) to organize the IEC activities.

III. In each station in consultation with SEMO he should incorporate other PSM specialists in the station/other specialist medical/dental/nursing officers and other suitable paramedical and non-medical personnel to form an "IEC team" and train them as "resource persons".

IV. Identify the target population viz. recruits, cadets, soldiers, etc in his designated area.

V. To plan advocacy efforts through interpersonal communication. They will enlist cooperation and support of Formation/Unit commanders and ladies' organizations such as Army Wives' Welfare Association (AWWA), Air Force Wives' Welfare Association (AFWWA) and Navy Wives' Welfare Association (NWWA) to mobilize people's involvement in the IEC activities. They will develop & implement innovative approaches to involve the community of wives of all ranks, religious teachers in military units and Non-governmental organizations (NGOs).

VI. Creation of IEC resource within all units and train them as Peer Group Educators (PGEs) who are capable of conducting IEC activities as a priority task for IEC nodes.

VII. Participate in the behaviour surveillance surveys and other surveys in coordination with ACO.

VIII. To develop liaison with State and District level AIDS control societies so that they can help in conducting sessions in Armed Forces units locally.

IX. To liaise with NGO's involved in AIDS Control in their area.

X. Translate material developed by HQ ACO into local/ regimental languages of the station.

XI. The OIC node must plan in advance and observe the World AIDS day on 01 Dec. every year effectively. HIV/AIDS related educational activities such as exhibitions/workshops/panel discussions/seminars should be organized on all important occasions that arise in the station/units. All the venues of Formation Commander's conference, unit raising days, melas, etc should be exploited to plan an IEC activity. Suitable health educational material may be distributed on such occasions.

XII. Special IEC efforts/arrangements will be made by the respective/nearby IEC nodes at all transit camps/sainik aramghahs/Traffic Check Posts and other suitable locations in consultation with Command Nodal Officer.
XIII. HIV/AIDS education of adolescent school children in school settings and NCC cadets in NCC camps should be undertaken.

XIV. OIC Nodes will submit a quarterly report (in triplicate) on activities conducted, which will be forwarded to the HQ ACO by the Command Nodal Officers for onward submission to Office of the DGAFMS.

The IEC Kit

After a lot of research and painstaking efforts, ACO has developed a range of IEC products as an IEC kit. These are culture specific, customized and tailor-made to suit the Armed Forces. They have been developed keeping in view particular target groups. To facilitate use, codes have been given to these IEC products. OIC Nodes are required to choose, a particular item for use as per the situation and the forum in which they are interacting. The following material has been developed and has been supplied by HQ ACO to IEC nodes.

Compact disc on HIV/AIDS (ACO-1): This is an informative package of HIV/AIDS for commanders. It consists of two parts, viz., an interactive session and session of question answer on modes of transmission, administrative procedures and blood safety. This will be handy for Commanders. They can be given the CD at the end of a meeting or an advocacy session so that it serves as a ready reckoner for them. The Nodal Officers/OIC Nodes/SEMOs will hand it over to Senior Commander and Unit Commanders personally during interactions. A feedback is requested after a Jay -r a few days. These are also recommended to be placed at unit libraries, station computer dubs/ computer training institutions so that even the junior leaders have access to it. Efforts are being made to ensure that a CD is available wherever a computer is placed.

Hand book on HIV/AIDS for Commanders (ACO-2, ACO-2 Hindi): OIC nodes interact regularly with Comm.indets. This book titled “Fighting HIV/AIDS on a war footing” contains all the information required by the Commanders to prevent HIV/AIDS in the Armed Forces. It is written using military glossary and will assist commanders in updating their knowledge about AIDS. The Hindi version is recommended for use by Junior Commissioned Officers (JCOs)/Non-commissioned Officers (NCOs). It is handed over to Senior Commanders and Unit Commanders by the Nodal Officers/OIC Nodes/SEMOs/SMOs personally during interactions or mailed through DO letters. A feedback is requested after a day or a few days. We also recommend placing this Handbook at unit libraries so that the junior leaders can have access to it.

Handbook on HIV/AIDS for Medical, Dental and Nursing Officers (ACO-3): This is a scientific document meant to update the knowledge of MOs, dental and nursing officers. After having gone through this, the concerned officers would be in a position to understand the epidemiology of the disease and can assist the IEC team in their activities. These are distributed to all the above categories of officers posted to local medical/non-medical units during interpersonal meetings by OIC nodes. This will help enlist their cooperation in the IEC effort.

Handbook on HIV/AIDS for Paramedics (ACO-4): This is a brief compilation about the HIV/AIDS problem and the prevention programme in the Armed Forces. It also includes procedures for testing, notification and surveillance of HIV infection in the services. This is useful for education of our paramedicals like Nursing Assistants, Lab Assistants, Senior Technical Assistants, etc. as well
as a ready reference for them while imparting health education to the community. The scale of distribution is one per paramedical staff. It is given to the paramedicals at the end of the training session to be conducted for them, in small batches in each station by the EC Node.

**Colour Laminated Posters (ACO-5.1-5.8, ACO-5.1-5.8 H):** A set of eight posters both in English and Hindi has been prepared. These are illustrative posters depicting our concerns, causes, preventive measures and desirable positive attitudes to achieve reduction of disease burden in the Armed Forces setting. The scale of distribution is one set per strength of a military sub-unit such as a Coy/ Sqn/ Bty or a minor unit. OIC nodes distribute the same and ensure that these are displayed at recreation rooms/common rooms, dinning halls, etc. Proper utilization of the posters by having permanent display in unit lines is insisted upon.

**Video Film for Health Education (ACO-6 H):** A 30-minute video film-highlighting preventive measures against HIV/AIDS has been developed in Hindi. This is screened to troops and families at unit level meeting as well as prior to conducting training sessions/group discussions.

**OHP Slides (ACO-7H), and 35 mm Slides (ACO-8 H):** It is ensured that all medical units and training establishment RMOs are issued a set each. These are for use by Nodal Officer, SEMOs and OIC Nodes and RMOs/MOs for conducting a variety of IEC sessions such as panel discussions, seminars, focus group discussions. They can also be effectively used during World Health Day/World AIDS day campaigns. Commanding Officers' hospitals can also use them during discharge parades by making persons awaiting the discharge to attend a brief slide show taken by a STA/Hospital attendant/other paramedical staff.

**Flipbook for Health Education (ACO-9, ACO-9 H):** This flipbook illustratively depicts all aspects of prevention of HIV / AIDS. It is meant for use by Peer Group Educators (PGEs) while conducting Small Group Discussions and personal counseling. During training sessions for potential "Resource Persons" and "Peer Group Educators" the use of this flip chart book is demonstrated so that it works as a handy tool for them while educating soldiers and their families. All trained PGE's are monitored for effective use of their flipbook.

**Folders (9" X 15") for Personnel (ACO-10 H), Hand Bills for Personnel (ACO-11, ACO-11 H):** These have been developed exclusively for Armed Forces personnel. It illustratively describes in simple language the modes of transmission of AIDS, a brief on unsafe sexual practices, preventive measures and the methodology of correct use of condoms. This is distributed to personnel during health education sessions. They are also distributed during pay parade, Sainik Sammelans, etc. so that everybody has access to this information. This is attached to the movement order/leave certificate of personnel so that they deliberate on them at leisure.

**Folders (9" X 11") for Personnel and Families (ACO-12 H), Handbills for Personnel and Families (ACO-13, ACO-13 H):** Developed both in English and Hindi, illustratively describe in simple language the modes of transmission of AIDS and preventive measures. This is distributed at Family Welfare, Ladies Clubs, and health educational sessions for wives of service personnel as well as to clientele in appropriate health care settings.

**Handbook on HIV/ AIDS for Personnel and Families (ACO-14H):** Developed in Hindi, this book explains in brief the problem of HIV, modes of transmission and preventive measures against...
AIDS/HIV. It is distributed during lectures, talks and discussions with potential peer group educators.

*Manual on Biomedical Waste Management and Hospital Infection Control (ACO-15)*: This contains graphic details on biosafety, disinfection and sterilization procedures. This will be of assistance in proper disposal of biomedical waste. Besides, it has details on management of biomedical waste and post-exposure prophylaxis of Health Care Workers against HIV. This is distributed to all hospitals and other health care establishments in the area of responsibility of the OIC node.

**Other Measures**

*HIV Surveillance:* OIC nodes develop close liaison with the specialists and MOs at the local Military Hospital and the Laboratory and with a view to find out confirmed or suspected cases of HIV. They take part in the generation and processing of HIV data in their area. All forms generated are checked for accuracy of data. For this, they have a proactive policy so that no case is missed. Such data is then epidemiologically analysed to find out the source of infection, so that preventive/EC strategies in the Station could be suitably strengthened and then passed on to HQ ACO so that OIC nodes contribute actively to the Armed Forces AIDS surveillance system. At all stages due concern for unit and individual confidentiality is maintained as occurrence of HIV in a unit is always a sensitive matter and units/individuals detest probing, unless they are taken into confidence.

*Promotion of Condom Usage:* There is an attempt to make condoms available in plenty in all Armed Forces units and other settings. Condoms are procured locally from civil sources. OIC Nodes sary out an initial survey in their stations to assess the availability of condoms at all times. Sources of supply are identified and bottlenecks in the supply chain removed. This entails regular liaison with local health authorities and NGOs. Feasibility of procuring and installing condom vending machines in area frequented by troops like Transit Camps, Sainik Aramgans, Movement Contrc Offices (MCOs) etc is being explored.

*Prevention of HIV/AIDS Transmission in Health Care Settings:* Resources required for achieving this objective and ensuring observance of universal precautions and safe disposal of biomedical wastes in all health care institutions are specifically being earmarked for this activity from the existing Armed Forces medical stores organizations. This is primarily the responsibility of the SEMOs. The OIC Nodes are to maintain close liaison with the SEMO and to assist them in conducting educational sessions for the paramedical personnel.

**Monitoring and Evaluation**

Effective and continual communication with Command Nodal Officers and ACO is very essential for the success of the project and this is maintained through all available channels of communication. The activities of the IEC Nodes are constantly monitored. They are sending a quarterly report on their activities, on the uniform protocol sent by HQ ACO, to Command Nodal Officers. This is further compiled by the Command Nodal Officers and forwarded to HQ ACO.

Besides, Command Nodal Officers periodically visit the IEC Nodes to monitor the progress of IEC activities in the station. They conduct Focal Group Discussions during these visits.
to evaluate progress. HQ ACO is also doing monitoring in the form of visits by Chairman and faculty members of ACO in consultation with the service HQs/Command/Formation HQs.

CONCLUSION

The Armed Forces Medical Services have embarked on AIDS control by creating an IEC infrastructure, developing IEC materials and activities with the intent of reaching out to whole of the Armed Forces and their families. These efforts are aimed at bringing about behavioural change to prevent HIV infection at the individual level, as well as capacity building at the macro level to deal with the multifaceted challenges of this deadly disease. The prevalence of HIV / AIDS in the Armed Forces is therefore being contained at a low level by effective implementation of this strategy.

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Aerospace Control Officers contribute to air operations by providing air traffic control services and air weapons control. Aerospace Control Officers are responsible for the conduct of aerospace surveillance, warning, and control of airborne objects throughout Canadian airspace.

Aerospace control officer. In the Canadian forces. CAPTAIN SHANNON ARCHER: I'm Captain Shannon Archer from Moose Jaw, Saskatchewan. The DART for example, we were in Haiti, where we set up an airfield and brought in aid. AEC Officers also serve as Air Battle Managers in air defence and air operations command centres all over the world both on the ground, and in the air onboard command and control aircraft called AWACS. The US Armed Forces function within the American system of civil-military relations and serve under the civilian control of the President, the Commander in Chief. The US Armed Forces embody the highest values and standards of American society and the profession of arms. This doctrine will be followed except when, in the judgment of the commander, exceptional circumstances dictate otherwise. To ensure the Armed Forces achieve their fullest potential, all US military leaders shall incorporate the doctrine and philosophy of this publication into their efforts to develop leaders and train forces for joint and multinational operations. JFCs shall incorporate the guidelines and philosophies of this doctrine as fundamental precepts while conducting interagency coordination.