

ON THE FRONT LINE

A review of policies and programmes to address HIV/AIDS
among peacekeepers and uniformed services ■ ■ ■ ■



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UNAIDS Series:

Engaging uniformed services in the fight against HIV/AIDS

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ACRONYMS

APMMC	Asia Pacific Military Medicine Conference
AFRIMS	Armed Forces Research Institute of Medical Sciences (Thailand)
AU	African Union
CHGA	Commission on HIV/AIDS and Governance in Africa
COPRECOS	Commission on AIDS control and Prevention in Latin American and the Caribbean Armed Forces
CSIS	Centre for Strategic and International Studies
ECOWAS	Economic Commission for West African States
FHI	Family Health International
GAO	United States General Accounting Office
GIPA	Greater involvement of people living with HIV/AIDS
ICG	International Crisis Group
IEC	Information, education and communication
ILO	International Labour Organization
IOM	International Organization for Migration
KAP	Knowledge, Attitudes and Practices
MONUC	UN Mission in the Democratic Republic of the Congo
NATO	North Atlantic Treaty Organisation
NEPAD	New Partnership for Africa's Development
NIC	United States National Intelligence Council
PSI	Population Services International
SADC	Southern African Development Community
SANDF	South African National Defence Force
STIs	Sexually transmitted infections
SRSG	Special Representative of the United Nations Secretary-General
TCC	Troop-contributing countries
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAIDS SHR	UNAIDS Office on AIDS, Security and Humanitarian Response
UNAMSIL	United Nations Mission in Sierra Leone
UNDP	United Nations Development Programme
UNDPKO	United Nations Department of Peacekeeping Operations
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNMEE	United Nations Mission in Ethiopia and Eritrea
UNMISSET	United Nations Mission in East Timor
US DOD	United States Department of Defense
VCT	Voluntary counselling and testing
WHO SEARO	World Health Organization for Southern and Eastern Asia Regional Office



FOREWORD

The fight against HIV/AIDS received a major boost when, in 2000, the United Nations Security Council recognized HIV/AIDS as a threat to human and global security, and called upon the international community to develop programmes aimed at addressing HIV/AIDS among peacekeepers.

However, while it may be valuable to have United Nations HIV/AIDS prevention and education programmes within peacekeeping missions, a more sustainable approach would be for national uniformed services to integrate HIV/AIDS within their existing programmes, as part of an overarching national HIV/AIDS strategy. This approach was endorsed in 2001, when the UN General Assembly Special Session on HIV/AIDS adopted the Declaration of Commitment on HIV/AIDS, whereby Member States committed themselves to developing policies and programmes targeting the uniformed services.

On the front line: A review of policies and programmes to address HIV/AIDS among

peacekeepers and uniformed services is a desk review of policies and programmes being undertaken to address HIV/AIDS among the uniformed services around the world. It provides an overview of the actions taken by the UNAIDS Office on AIDS, Security and Humanitarian Response (SHR) to support countries in meeting their commitments.

It is evident that, while great strides have been made in addressing HIV/AIDS among the uniformed services, a lot more work needs to be done to successfully mitigate the impact of the epidemic on national and international security. In this respect, we urge all stakeholders involved in the fight against HIV/AIDS to pay particular attention to the recommendations outlined in this review.



Ulf Kristoffersson

Director, UNAIDS Office on AIDS, Security and Humanitarian Response (SHR)

EXECUTIVE SUMMARY

In 2000, the United Nations Security Council recognized HIV/AIDS as a threat to international and national security, with serious implications for individuals, communities and States. It also acknowledged the particular susceptibility of peacekeeping personnel to both contracting the virus and transmitting it to the wider population.

In June 2001, the United Nations General Assembly adopted the Declaration of Commitment on HIV/AIDS, whereby Member States committed themselves to developing and/or strengthening national programmes targeting the uniformed services to address HIV/AIDS awareness, prevention, care and treatment.

In response to the UN Security Council and the Declaration of Commitment on HIV/AIDS, the UNAIDS Office on AIDS, Security and Humanitarian Response (SHR), formerly known as the Humanitarian Unit, created the Global Initiative on HIV/AIDS and Security, in partnership with its Cosponsors and other partners, including the UN Department for Peacekeeping Operations (DPKO), to respond to HIV/AIDS among uniformed services worldwide.

This initiative focuses on mitigating the impact of HIV/AIDS in three core areas:

- International security, with the focus on supporting HIV/AIDS interventions within United Nations peacekeeping operations.
- National security, targeting uniformed services with particular emphasis on young recruits, future peacekeepers and demobilizing personnel.
- Humanitarian response, which focuses on vulnerable populations in crisis settings and humanitarian workers.

As part of its national security initiative, UNAIDS SHR, in collaboration with UN Theme Groups, is providing support to countries for the development and/or strengthening of national responses targeting national uniformed services and, in particular, young recruits, demobilized personnel and peacekeepers. Approximately 45 countries worldwide are currently supported through the Initiative on HIV/AIDS and Security.

Although much progress has been made in the response to HIV/AIDS among peacekeepers and national uniformed services, the epidemic continues to grow, affecting national, regional and even international security. The current efforts of the international community, Member States, partners and uniformed service personnel must be strengthened in the face of this growing challenge.

INTRODUCTION

Men and women in the uniformed services, including defence and civil defence personnel as well as peacekeepers, are at the forefront of maintaining stability, both within States and between them. Today, these same men and women find themselves on a new front line—that of the HIV/AIDS epidemic.

Members of the uniformed services are vulnerable to both contracting HIV and transmitting it but they are also potential agents for change in the fight against HIV/AIDS. This has significant implications for individuals within the uniformed services as well as for the communities with which they interact.

HIV/AIDS and the Security Council

“We debated at first whether we ought to be debating the issue (HIV/AIDS) as a security threat, or whether the Security Council, the highest international body legitimising international involvement across borders, should even address the issue at all. I know that many countries [...], going back to the historic roots of the United Nations, had doubts about it. But I think we should all look back on the last year and [...] say it was worth it.”

- Richard Holbrooke, former US Ambassador speaking at a UN Security Council Debate, 19 January 2001

In recognition of the increasing threat posed by HIV/AIDS to international and national security, the United Nations Security Council adopted Resolution 1308 in July 2000.

This resolution encouraged Member States and the international community, including UNAIDS, to develop long-term strategies for HIV/AIDS education, prevention, confidential voluntary counselling and testing (VCT) and for the treatment of uniformed personnel, as part of the

overall preparation for participation in peacekeeping operations.

The Security Council asked the UN Secretary-General to ensure that training was provided to peacekeeping personnel on issues related to HIV prevention. It also asked the UN Secretary-General to provide both pre-deployment orientation and ongoing training for peacekeepers on issues pertaining to HIV/AIDS.

At the national level, the Security Council encouraged Member States to increase cooperation among their relevant national bodies to assist in the creation and execution of policies for HIV prevention, VCT and treatment in the deployment of international peacekeeping operations.

The adoption of Resolution 1308 was significant in that it represented the first time that the United Nations Security Council debated a health issue and it laid the foundation for numerous subsequent discussions on HIV/AIDS by the Security Council.

This Resolution was reinforced in June 2001, when the United Nations General Assembly Special Session on HIV/AIDS unanimously adopted the Declaration of Commitment on HIV/AIDS.

Through this Declaration, Member States committed themselves to:

... developing national strategies to address HIV/AIDS prevention, care and awareness among national uniformed services, as well as guidelines to be used by personnel involved in international peacekeeping operations, including pre-deployment orientation.

In response, the UNAIDS Office on AIDS, Security and Humanitarian Response (SHR) established the Global Initiative on HIV/AIDS and Security. Through this Initiative, UNAIDS has been the leading advocate for a coordinated

United Nations response involving UN bodies such as the United Nations Department of Peacekeeping Operations (DPKO) and other UNAIDS partners, in collaboration with regional and national entities, to develop and/or strengthen the response to HIV/AIDS among uniformed services.

This report examines the extent to which the United Nations and Member States have responded to Security Council Resolution 1308 and the Declaration of Commitment on HIV/AIDS, with particular reference to activities being undertaken by UNAIDS SHR in support of its Global Initiative on HIV/AIDS and Security.

This report explores the theoretical arguments concerning HIV/AIDS as a security issue and the implications for peacekeeping operations and uniformed services. It provides an overview of the Global Initiative on HIV/AIDS and Security and of the efforts of UNAIDS to coordinate the response of the United Nations to integrate HIV/AIDS into peacekeeping operations. It examines the activities undertaken by UNAIDS to support the development and strengthening of national and regional responses to the epidemic. It concludes by making recommendations that can be undertaken to strengthen existing programmes.

HIV/AIDS AND SECURITY

Globally, there are an estimated 42 million men, women and children living with HIV¹. Besides being a humanitarian disaster, the illness and death of millions of people caused by HIV/AIDS is expected to have profound implications for security and stability in high prevalence regions of the world. As noted by the Centre for Strategic and International Studies (CSIS) in the United States,

HIV/AIDS affects the institutions that guarantee national security and safeguard the international system as a whole [...] HIV/AIDS can be so pervasive that it assaults, as surely as prolonged conflict, the essence of the nation state: to secure families, communities, economic and political institutions, military and police forces².

Two decades after HIV/AIDS became recognized globally, these dynamics are only now beginning to be felt and appreciated.

HIV/AIDS increases poverty and vulnerability, widens the gap between rich and poor and undermines the credibility and operational effectiveness of States. These dynamics, singularly or in combination, exacerbate and, in some settings, provoke social volatility and political polarization, with the State increasingly seen as 'part of the problem rather than the solution'³. It is also argued that the spread of HIV/AIDS within the ruling elites and middle classes of developing countries may intensify the struggle for political power to control scarce state resources⁴.

Such instability and insecurity can lead to conflict, which, in turn, is likely to result in a loss of livelihoods, the disintegration of families, the collapse of health services, and a dramatic increase in rape and prostitution—ideal conditions for the spread of HIV and other infectious diseases⁵. In this way, AIDS may fuel a self-perpetuating cycle of conflict and disease.

Vulnerability of uniformed services to HIV/AIDS

HIV within the military is predominantly transmitted through unsafe sexual behaviour. Members of the uniformed services live and work in a range of environments where the circumstances of their recruitment, their rank and their posting may predispose them to contracting HIV.

The Uniformed Services Task Force on HIV/AIDS at their meeting in Ghana in 2001 identified the following factors, which predispose members of the uniformed services to contracting or transmitting HIV:

- Members of the uniformed services are predominantly young men and women who see themselves as invulnerable.
- Duty schedules and periods of deployment result in separation from families.
- With a steady income, service men and women are often considerably better off than those in surrounding communities.
- Host populations are dependent on the military for food, etc.
- Uniformed service personnel are often perceived by civilians as being privileged and in positions of power or authority.
- Service men and women are more likely to have multiple partners and unprotected sex.
- Condom use is incorrect or inconsistent.
- Mistaken beliefs and ignorance are widespread.
- Service personnel tend to abuse alcohol and other substances.
- Razors and skin-piercing instruments used in tattooing and scarification are often shared.

- Personnel must often handle injured and dead bodies.

Service personnel have ample opportunities for sex and are, given many of the above-mentioned factors, more likely to pursue such opportunities.

Behavioural research undertaken among members of the uniformed services indicates that there are high levels of awareness about HIV/AIDS but that this has not resulted in behavioural modification.

A survey of Knowledge, Attitudes and Practices (KAP) undertaken among 3,141 personnel of the Nigerian Military found that 95% of the respondents knew about HIV/AIDS and 86.4% were familiar with the symptoms of sexually transmitted infections (STIs). In terms of sexual behaviour, only 12.8% of respondents reported having regular partners and always using condoms. Of those reporting sex with non-regular partners, 38.6% reported condom usage. A large proportion of the respondents did not respond to questions relating to commercial sex (42.2%), and, of those who did respond, only 5.3% reported having had sexual contact with sex workers. The study also found that 4.5% of the male respondents reported having sex with other men⁶.

A study undertaken among 2029 members of the Cameroon Military indicated that 78.8% reported having sex in the 30 days prior to the study, 24.2% reported having had sex with a non-regular partner, and only 21.6% reported regular condom usage⁷.

In Bulgaria, a study undertaken in 1998 – 1999 among 4182 members of the military found that 6–22% of participants reported having had more than three sexual partners in the 12 months preceding the survey. Between 2.8% and 7.7% reported intravenous drug use and 1.8–8.4% reported a sexual experience with another male. Less than one third (18–35.2%) of respondents reported using condoms regularly⁸.

To date, no behavioural studies have been undertaken among UN peacekeepers. However, UNAIDS estimated in 1998 that just under half (45%) of Dutch navy and marine personnel serving in the 1992–93 United Nations Transitional Authority in Cambodia (UNCTAG) had sexual contact with sex workers or members of the local community during their five-month tour of duty⁹.

Research conducted among 653 Nigerian peacekeepers shows that just under half (48%) reported having had sex during their tour of duty. Interestingly, the research also showed that, while soldiers of all ranks reported having had sex, the likelihood of having had a sexual encounter was higher among more senior officers¹⁰.

HIV/AIDS prevalence and the uniformed services

Data on HIV prevalence among uniformed services are limited, as prevalence studies are seldom conducted. Where prevalence studies have been undertaken, authorities are reluctant to release data that could suggest strategic weaknesses within their services.

The existing literature suggests that the prevalence of HIV among uniformed services is higher than in the general population. The most commonly cited data on prevalence among the uniformed services are those of the United States National Intelligence Council (NIC), published in 2000. It has been speculated, for example, that in certain sub-Saharan African countries, where HIV prevalence levels have been high for more than a decade, infection rates in national militaries could be as high as 60% (see Table 1).

These figures are in line with estimates published by the NIC in 1999, which put prevalence at 10% in the Eritrean military, 10–20% in the militaries of Nigeria and Côte d'Ivoire, 10–25% in that of the Republic of the Congo, and 40–60% in the militaries of Angola and the Democratic Republic of the Congo¹¹.

The methodology used to collect these data, however, has been questioned and, where official data are available, they are seldom subject to independent verification.

The South African National Defence Force (SANDF) estimates HIV prevalence within its

Table 1: Estimated HIV prevalence rates in general adult populations and among armed forces personnel for selected southern African countries¹²

Country	2001 population size (millions)	Proportion of adult population HIV-positive (2002)	Size of armed forces (2001)	Proportion of armed forces personnel estimated HIV+ for year indicated
Angola	13.5	5.5	113,000	50 (1999)
Botswana	1.6	38.8	7,800	33 (1999)
DRC	52.5	4.9	31,000	50 (1999)
Lesotho	2.1	31.0	2,000	40 (1999)
Malawi	11.6	15.0	10,800	50 (1999)
Namibia	1.8	22.5	8,000	16 (1996)
South Africa	43.8	20.1	90,500	23 (2001)
Swaziland	0.9	33.4	3,000	48 (1997)
Zambia	10.7	21.5	21,500	60 (1998)
Zimbabwe	12.9	33.7	36,000	55 (1999)

own ranks to be 17%. This is based on a prevalence study undertaken by the SANDF in 2000¹³. A prevalence study undertaken in Cameroon indicated prevalence to be 9.8%. Namibia estimates that 33% of its 15,000 members are living with HIV¹⁴.

The Belarusian army reported that, in the period 1998–2001, 87 Belarusian citizens and 8 foreigners serving in the army were living with HIV. The Ukrainian military registered about 400 HIV cases in the military in the period 1994–2002¹⁵. The Russian military reported 260 new cases of HIV in the first half of 2000¹⁶.

According to the Armed Forces Research Institute of Medical Sciences (AFRIMS) of the Royal Thai Army (RTA) HIV prevalence among the uniformed services decreased from a peak of 3.6% in 1993 to 0.7% in 2001¹⁷. According to the World Health Organization Southern and East Asian Regional Office (WHO SEARO), HIV-

sentinel surveys undertaken in Myanmar indicated prevalence rates among members of the uniformed services to be in the region of 1.4% in 2000. The Cambodia Military estimates that in 1995, HIV prevalence was in the region of 8%. A recent report by the World Watch Institute estimates that currently HIV prevalence among the Cambodian uniformed services is in the region of 12–17%¹⁸.

In Brazil, Chile and Venezuela, prevalence rates among military personnel are estimated to be less than 1%¹⁹.

HIV prevalence data among UN peacekeepers are unknown, mainly because the UN does not require mandatory testing either before, during or after deployment to a peacekeeping mission, and because contributing countries either do not test or do not share test results with the United Nations.

Table 2: Contribution levels to UN Peacekeeping Operations from Countries with HIV/AIDS Prevalence Greater Than Five Percent.

UN Peacekeeping Operation	Total number of peacekeepers as of September 2001	No. peacekeepers from countries with prevalence greater than 5 %	% of peacekeepers from countries with prevalence greater than 5 %
Sierra Leone	16,630	5,267	32
Ethiopia and Eritrea	3,920	674	17
East Timor	9,562	335	4
Kosovo	4,305	213	5
Democratic Republic of Congo	2,393	185	8
Western Sahara	258	16	6
Iraq/Kuwait	1,097	8	<1
Bosnia/Herzegovina	1,672	7	<1
Croatia	26	2	8
Lebanon	4,470	0	0
Cyprus	1,272	0	0
Golan Heights	1,036	0	0
Middle East	153	0	0
Georgia	106	0	0
India and Pakistan	45	0	0
Total	45,945	6,707	14%

To demonstrate the potential prevalence among peacekeepers, the US General Accounting Office (GAO) tabulated contributions to peacekeeping operations by nations with HIV/AIDS prevalence greater than 5% in 2001. From these tabulations, the authors demonstrated that, in 2001, approximately 14% of peacekeepers were drawn from countries where prevalence in the general population was estimated to be over 5%. Given that HIV/AIDS prevalence is believed to be two-to-five times higher in military than in civilian populations²⁰, this suggests that prevalence in these contributing forces may be well over 10%.

In a field study on HIV/AIDS in the UN Mission in Sierra Leone (UNAMSIL), Roxanne Bazergan argues that such figures provide some indication of potential prevalence but that they do not take into account countries which have a policy of pre-deployment testing, and which exclude soldiers found to be HIV-positive from deployment in peacekeeping operations²¹. For example, Nigeria had an adult prevalence of 5.8% and contributed over 3,000 soldiers to UNAMSIL in 2001, but it has a pre-deployment screening policy that should have prevented most HIV-positive soldiers from being deployed²².

The impact of HIV/AIDS on security

HIV/AIDS affects primarily young and middle-aged adults during their most productive years. It is this same age group that forms the basis of the uniformed services that are responsible for the maintenance of the security and stability of States. Consequently, the weakening of the uniformed services by a high disease burden may jeopardize national and international security.

In this regard, Jane's World Armies argues:

Lots and lots of people in their late twenties are contracting AIDS [sic]. And that has a tremendous knock-on effect inside the organization, because you are losing leaders, non-

commissioned officers and technicians—the people you can afford least to lose²³.

In a research study on HIV/AIDS and armed forces in Africa, Alex de Waal argues that high levels of HIV have a negative impact on the military, for the following reasons:

- They reduce the combat effectiveness, readiness and deployment of troops, which may be ascribed to increased absenteeism, sick leave, early retirement, bereavement, funeral leave and leave to care for dependents.
- They reduce morale and discipline, owing to a loss of cohesion and the disruption of schedules, loss of respected personnel and merging of units in response to such personnel losses.
- They reduce the quality of human resources and training, owing to reductions in performance, levels of skill, institutional memory and experience of military personnel, which may result in a leadership vacuum, with young and inexperienced personnel brought in to replace the sick and dying²⁴.

The security imperatives of the uniformed services mean that militaries are likely to make every effort to try to replace and retrain staff²⁵, but the potential scale of the epidemic may make it difficult for militaries to maintain optimal levels of operational effectiveness, particularly in resource-limited settings.

Weakened uniformed services are less likely to be able to maintain stability and security within States. In weak States with divided societies, opposition groups may exploit the situation by instigating civil unrest or toppling the ruling elite²⁶. In some cases, militaries themselves may become a threat to law and order²⁷.

Foreign threats to a country's national security may be aggravated by the security vacuum left by weakened uniformed services. The International Crisis Group (ICG) argues that 'even the percep-



tion that a neighbour's military is suffering from an AIDS epidemic, suggesting a tactical advantage, may trigger wars²⁸.

The IGC further argues that disruption and conflict in individual States has potential cross-border consequences for neighbouring States, including economic dislocation, refugee flows and the spread of violence across borders. In addition, while unlikely to lead to invasion and war, the weakening of large powers is, argues the IGC, likely to result in increased turbulence and minor violence within the international system. The larger the country, the greater the potential is for destabilization in the international arena²⁹. ICG also notes that what happens in China, India and Russia, for example, has an enormous impact on the international system.

The impact of HIV/AIDS on the strategic planning of UN missions

In a letter to the UN Security Council in 2001, the Eritrean Government requested mandatory HIV testing of troops deployed in the United Nations Mission in Ethiopia and Eritrea (UNMEE). The refusal of this request was cited as the reason for Eritrea not signing the Status of Forces Agreement. This document outlines the legalities of such deployments, including issues around the immunity of peacekeepers and their freedom of movement.

Such concerns have also been a factor in European missions, where it has been reported that the Croatian Government tried to keep African peacekeepers out of the country in the 1990s, due to the fear that they could serve as vectors for the transmission of HIV.

Source: R Bazergan, 2003

HIV/AIDS may also create disincentives to end conflicts. Soldiers coming from communities with low prevalence levels have been shown to

often facilitate the spread of HIV in their communities after they return from duty.

As one researcher put it, returning combatants act as 'Trojan horses' when they enter a low-prevalence area and transmit the virus to members of the civilian population surrounding military bases³⁰.

With this in mind, some analysts have reported that concern over the return of potentially highly infected troops is one reason the Rwandan Government has been slow to end its involvement in the Democratic Republic of the Congo³¹.

The focus on uniformed services was prompted not only by the special nature of the profession which exposes defence and civil defence personnel to risky behaviour leading to higher incidences of sexual infections, but also by their prominent role as guarantors of security, without which, society is threatened.

Statement by Ulf Kristoffersson ECOSOC Humanitarian Segment, HIV/AIDS Humanitarian Panel: New York, 15 July 2002

The epidemic may also complicate attempts at post-conflict reconstruction and recovery in countries with high HIV-prevalence rates. Efforts at demobilizing and reintegrating combatants may be threatened by combatants returning to villages and families heavily affected by the virus, and by the breakdown of government, police and civil society³². The failure to rebuild and reintegrate post-conflict societies could lead to increased vulnerability and further violence and conflict.

Such dislocation and unrest, combined with the inability to respond to, or prevent, conflict have implications that extend beyond particular countries, and may jeopardize the stability of entire subregions. The CSIS argues that, should African powerhouses such as South Africa and Nigeria be unable to furnish peacekeepers, contribute to growth and stability in the region and/or guarantee their own stability, the security of the continent, or at least that of entire sub regions, could be threatened³³. Such is the alarm with which CSIS

and others view the impact of the epidemic that they have urged US President George W. Bush to view the epidemic in Africa and in the other 'new wave' countries as a major threat to American security interests worldwide.

As will be demonstrated in the next section, the UNAIDS Global Initiative on HIV/AIDS and Security has been mobilizing the international community and Member States to respond to the epidemic among uniformed services through the development and implementation of awareness and prevention programmes and through the support of an institutional and command response to HIV/AIDS among uniformed services, including peacekeepers.

THE UNAIDS GLOBAL INITIATIVE ON HIV/AIDS AND SECURITY

The UNAIDS Office on AIDS, Security and Humanitarian Response (SHR), formerly known as the Humanitarian Unit, was established in July 2000. It is responsible for coordinating the United Nations efforts to combat the impact of HIV/AIDS among peacekeeping operations, national uniformed services and in humanitarian crises by providing leadership and advocacy for an effective response based on key partnerships.

To achieve this, UNAIDS SHR created the Global Initiative on HIV/AIDS and Security, which focuses on developing strategic responses in three key areas, as illustrated in Figure 1.

The international security strategy focuses on mitigating the impact of HIV/AIDS in UN peacekeeping operations through the development and implementation of HIV/AIDS prevention and awareness activities within UN peacekeep-

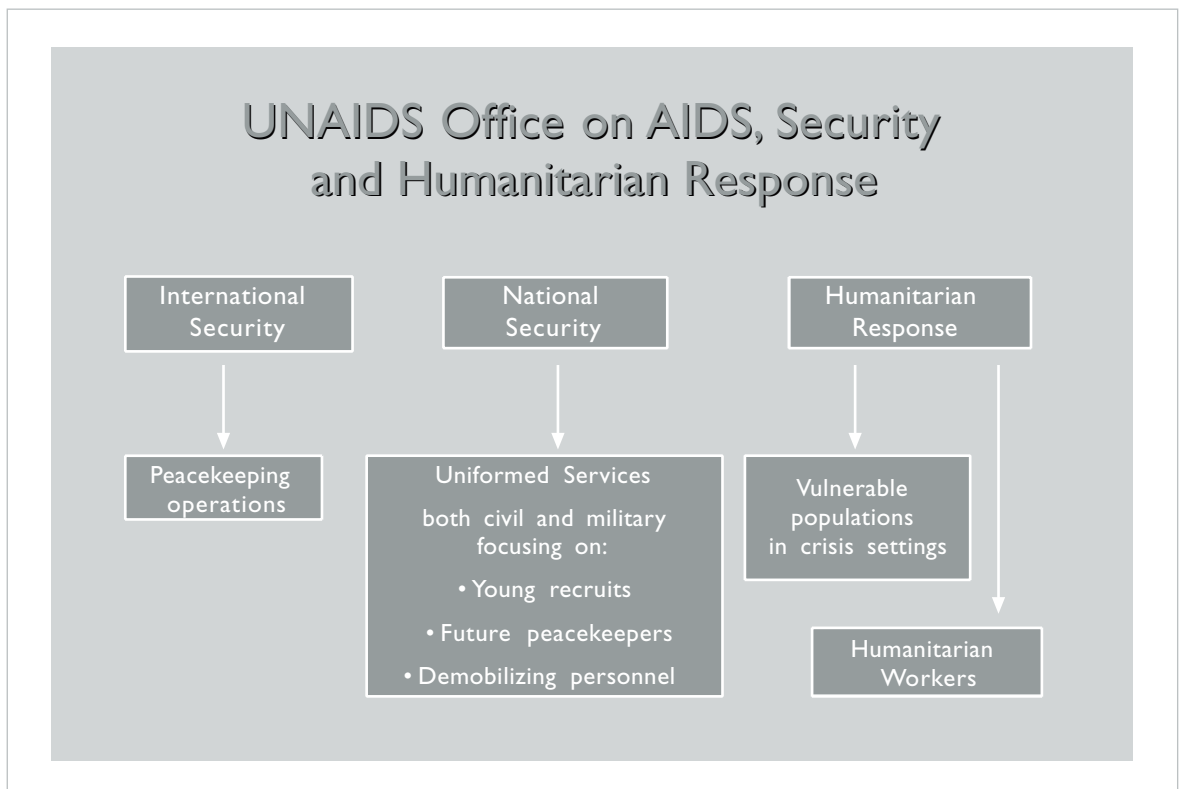


Figure 1



ing missions. This programme is being undertaken in cooperation with the United Nations Department of Peacekeeping Operations (DPKO) and Cosponsors of UNAIDS, notably the United Nations Population Fund (UNFPA).

The national security strategy of the Global Initiative focuses primarily on providing support to countries for the development and/or strengthening of national HIV/AIDS prevention and awareness programmes targeting national militaries—focusing particularly on young recruits, demobilization of personnel and future peacekeepers.

The following section of this report provides an overview of the work undertaken to date by UNAIDS SHR in support of international and national security in the context of HIV/AIDS.

INTERNATIONAL SECURITY: PEACEKEEPING AND HIV/AIDS

As the main body through which a collective response to conflict can be organized, the United Nations is at the forefront of multilateral peacekeeping efforts. As of 31 May 2003, there were 34,947 peacekeepers deployed in 15 United Nations peacekeeping operations worldwide³⁴.

Peacekeeping operations are characterized by a high-risk environment, wherein personnel are vulnerable to contracting STIs, including HIV. However, they also present an opportunity to engage peacekeepers as agents of change, both in terms of their personal behaviour and in conducting HIV/AIDS awareness and education among the host population.

The United Nations Department of Peacekeeping Operations (DPKO) is primarily responsible for overseeing HIV/AIDS awareness and prevention activities within UN peacekeeping missions.

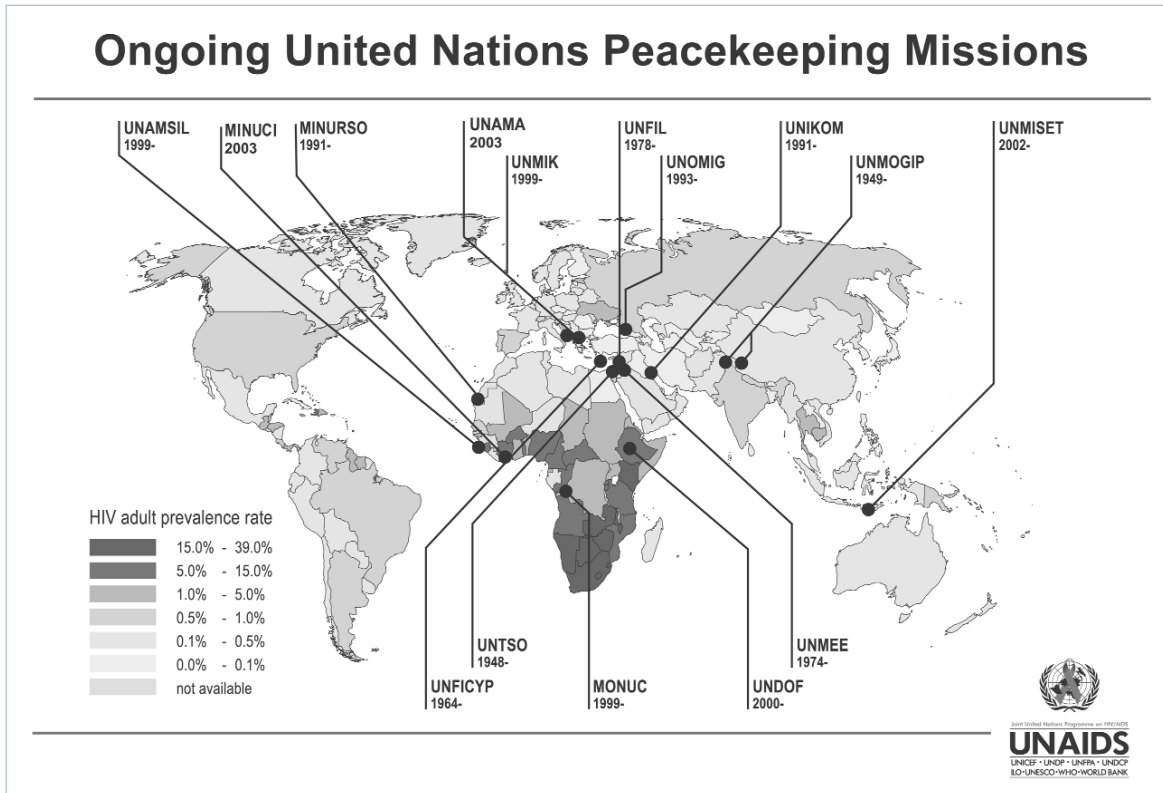


Figure 2 (source: www.unaids.org)

In January 2001, UNAIDS and DPKO signed a Cooperation Framework in order to ensure an ongoing and comprehensive response to HIV/AIDS in any UN peacekeeping operations.

UNAIDS has raised funds from both the Danish and Norwegian governments to support HIV/AIDS activities of DPKO at Headquarters and within each mission. An HIV/AIDS Trust Fund has now been established to continue this support. This Trust Fund is under the administration of DPKO but in technical consultation with UNAIDS. The resources of the Trust Fund are used in four main programme areas³⁵:

- Voluntary confidential counselling and testing centres in mission areas;
- Collaborative local projects that address the interaction between peacekeepers and vulnerable groups;
- Training workshops for HIV/AIDS Policy Advisors and focal points that aim to maintain the standard of knowledge and training capabilities; and
- Data collection including 'knowledge, attitude and practice' surveys, programme assessments, and fact-finding missions.

Coordination of HIV/AIDS initiatives in peacekeeping operations

UNAIDS SHR has supported the recruitment of HIV/AIDS Policy Advisors both at DPKO Headquarters and in selected UN missions. These advisors are tasked with developing a coordinated HIV/AIDS policy for each mission and facilitating the development and implementation of a comprehensive HIV/AIDS programme for each mission.

As of June 2003, HIV/AIDS Policy Advisors, supported by UN Volunteers, have been placed within four UN peacekeeping missions – UNAMSIL (Sierra Leone); UNMEE (Ethiopia and

Eritrea); MONUC (Democratic Republic of the Congo) and UNMISSET (East Timor). An additional five UN missions have been identified to include HIV/AIDS Policy Advisors for 2003-2004. UNAIDS and DPKO work closely to provide ongoing support to these HIV/AIDS Policy Advisor and to strengthen the capacity of each mission to address HIV/AIDS.

The Policy Advisor is attached, and reports directly to, the Special Representative of the United Nations Secretary General (SRSG). He or she is responsible for coordinating HIV/AIDS initiatives. The main activities undertaken by the Policy Adviser include:

- HIV/AIDS awareness and prevention training for peacekeepers upon induction, including the use and dissemination of the HIV/AIDS Awareness Card;
- condom promotion and distribution;
- dissemination of information, education and communication materials; and
- ensuring linkages with a host country and partners engaged in national HIV/AIDS response.

To ensure that UN peacekeeping operations benefit and contribute to the national HIV/AIDS response in the host country, every UN mission participates in the UN Theme Group (UNTG) on HIV/AIDS. The UNTG comprises UNAIDS Cosponsors and partners, NGOs, civil society and government bodies and is responsible for providing assistance to countries in their development and implementation of national strategies in response to the epidemic.

HIV/AIDS awareness and prevention

I. Training

The DPKO Training and Evaluation Service, in conjunction with the Medical Support Section, has developed a standardized generic training



Training of peacekeepers

HIV/AIDS prevention training is integrated into DPKO's 'training-the-trainer' programme provided prior to deployment. Training is provided upon induction and in the field by the HIV/AIDS Policy Advisors.

In Ethiopia and Eritrea, the UN peacekeeping mission has trained national troops from both countries as well as its own international peacekeepers to instruct fellow soldiers and civilians on ways to prevent HIV transmission.

UNAIDS SHR recently supported Finland by providing pre-deployment training on HIV/AIDS with a special focus on gender issues to the Finnish contingent assigned to the UN Mission in Ethiopia and Eritrea (UNMEE).

module on HIV/AIDS. This 'training-the-trainer' module forms part of the standard pre-deployment training undertaken by troop-contributing countries (TCCs).

The intention is that all peacekeepers entering a mission should have a common knowledge and awareness of HIV/AIDS-related facts. Further pre-deployment training is offered by DPKO at the request of TCCs.

The DPKO's 'training-the-trainer' programme has been criticized for not being culturally- and gen-

der-sensitive, although, as commentators have pointed out, it would be impossible for DPKO to develop tailor-made training programmes for all 88 troop-contributing countries³⁶.

Within peacekeeping missions, the Policy Advisor provides training to all peacekeepers upon induction. However, a constraint experienced in the development and implementation of these training programmes is the lack of familiarity with the national HIV/AIDS policies and programmes of troop-contributing countries and the inability of the policy advisors to keep in step with troop rotations (six-monthly rotations, on average). This may result in all peacekeepers not being effectively reached within the training programme. This is why it is crucially important to ensure that national uniformed services receive adequate training at home, prior to being deployed.

2. Information, education and communication

The HIV/AIDS Awareness Card for Peacekeeping Operations, developed jointly by UNAIDS and DPKO, is a practical tool and forms part of the HIV/AIDS awareness training for peacekeepers provided by the Policy Advisor.

The plastic card, containing an inner condom pocket, outlines basic facts about HIV/AIDS as well as relevant codes of conduct pertaining to peacekeeping personnel. The cards are distrib-

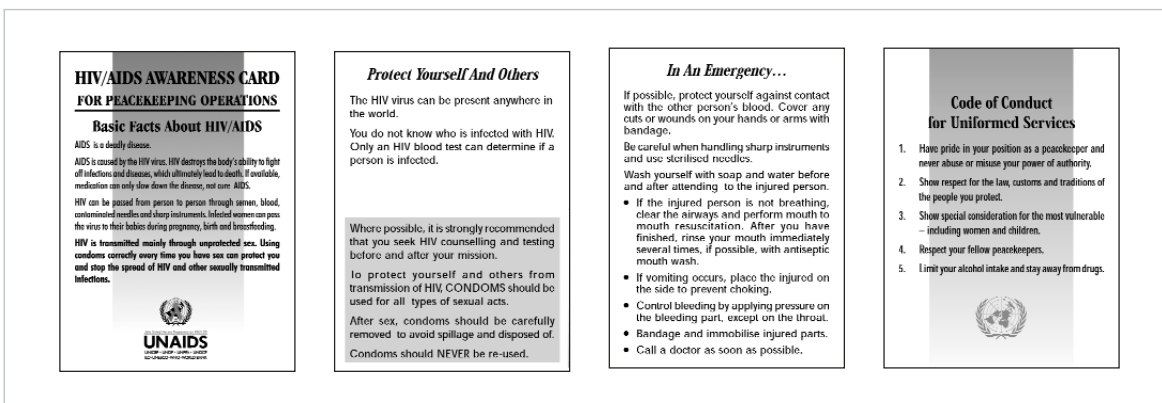


Fig.3 HIV/AIDS Awareness Card for Peacekeeping Operations

The HIV/AIDS Awareness Card

This card is distributed to all peacekeepers upon deployment. The card provides basic facts about HIV/AIDS, a code of conduct and includes a pouch where condoms can be stored.

The cards are available in 10 languages, covering 90% of the nationalities serving in peacekeeping operations. These include: English, French, Russian, Arabic, Bengali, Hindi, Kiswahili, Portuguese, Spanish and Urdu. UNAIDS is currently in the process of producing the card in Chinese as China is now becoming an important troop-contributing country.

By September 2001, DPKO and UNAIDS had distributed 15,000 awareness cards to peacekeeping contingents in **Sierra Leone**. Two thousand Russian awareness cards have been provided to peacekeepers in **Ukraine**. Awareness cards have also been provided to the **Russian Federal Police Peacekeeping Training Centre** and to the **Bangladesh Armed Forces** to be distributed as part of their pre-departure HIV-training programmes.

uted on an ongoing basis to all major UN peacekeeping operations.

A post-intervention KAP survey was undertaken among peacekeepers in Eritrea to measure the impact of HIV/AIDS awareness training and the cards. According to Ulf Kristoffersson, UNAIDS SHR Director, this study highlighted the need for more comprehensive and targeted HIV/AIDS prevention and awareness training among international peacekeepers³⁷.

UNAIDS SHR, in consultation with the HIV/AIDS Policy Advisors at both DPKO Headquarters and in mission areas, is currently exploring ways in which systematic evaluations of the impact of HIV/AIDS activities can take place at mission level. This would measure the impact and use of the HIV/AIDS awareness training, including the card.

In addition to the plastic awareness card, the UN distributes information education and communication (IEC) materials such as booklets and posters to peacekeeping forces. This material, however, is seldom available in the native languages of troops, and there are problems with the distribution of the publications, with some contingents not receiving the booklets systematically.

3. Condom provision and promotion

In UN peacekeeping missions, condoms are procured through the DPKO Headquarters procurement office, upon request of the medical unit of the mission. At the mission level, condoms are supplied by the United Nations to the commanders of each contingent, who are responsible for distribution.

Mechanisms for distribution appear to vary. In some circumstances, condoms are placed in bathrooms and nightclubs frequented by peacekeeping personnel, or are distributed to troops on a weekly basis without an individual request having to be made.

In other instances, troops must request condoms from their commanders. It has been argued that this approach makes condoms considerably less accessible, as embarrassment and the negative attitudes of some commanders may make troops less inclined to approach their commanding officers.

Condom promotion activities are integrated into the training programmes offered by the HIV/AIDS Policy Advisor but condoms are not systematically provided, owing to the cultural sensitivities of certain troop-contributing countries regarding condom usage.

Certain countries, for a variety of reasons, refuse to supply condoms to their peacekeepers. Such reasons include the association of condoms with family planning activities, cultural norms, values and the belief that the provision of condoms may encourage sexual liaisons³⁸.

Establishing guidelines on HIV testing and peacekeeping operations

UNAIDS, together with DPKO, has provided global leadership in developing and establishing policy guidelines in relation to HIV testing and peacekeeping.

UNAIDS Executive Director, Dr Peter Piot, together with DPKO, initiated an Expert Panel on HIV Testing and UN Peacekeeping Operations in November 2001. Key conclusions from this panel include the following:

- HIV status is not an appropriate indicator for recruitment, deployment or retention of peacekeepers.
- The risk of transmission through blood transfusions or direct contact with blood during peacekeeping operations is small.
- Prevention education is still the best means of avoiding transmission with sexual partners.

According to the panel, countries' policies with regard to testing peacekeepers prior to deployment vary:

- Most countries require mandatory testing prior to deployment (e.g. Zambia).
- Others (e.g. Cambodia) require informed mandatory testing, where the tests are concluded once the person has been informed and has consented to testing.
- Some encourage voluntary counselling and testing (VCT).
- A few require no testing (e.g. Denmark and UK), but may provide VCT.

Countries' policies with regard to testing of peacekeepers upon post-deployment is unclear, although it would appear that the majority of countries do not conduct post-deployment testing.

HIV testing policy

The United Nations does not prescribe mandatory testing prior to deployment. The UN's personnel policy states that the only criterion for recruitment is fitness to work. According to the policy of the DPKO Medical Services Division, the individual fitness of all potential peacekeepers must be determined by a thorough pre-deployment medical examination. However, the HIV status of an individual is not in itself considered an indication of fitness for deployment in a peacekeeping mission, and so an HIV test is not required. According to UN policy, employees are not obligated to inform their employer of their serostatus³⁹.

This is consistent with UN General Assembly Resolution Res.A/RES/24/203 of 1991, which urges Member States to avoid employment practices that discriminate against individuals with HIV.

In recognition of the unique environment in which peacekeeping missions operate, UNAIDS, together with DPKO, convened an Expert Panel on HIV testing and UN peacekeeping operations⁴⁰ in November 2001. The outcome of this Panel reinforced the UN's personnel policy, stating that fitness to perform and not HIV status should be the determining factor for the recruitment, deployment and retention of peacekeepers.

DPKO nevertheless recommends that countries should not send HIV-positive individuals on peacekeeping missions, owing to the following facts:

- Available medical treatment may not be adequate to meet the requirements of those living with HIV.
- Peacekeepers may have to undergo pre-deployment vaccinations and may be exposed to diseases during deployment, which pose additional risks to their health.
- HIV-positive personnel risk transmitting HIV to medical personnel, fellow peacekeepers and the civilian population⁴¹.

At the mission level, information on the availability of testing facilities within individual missions is limited. Reports by UNMEE and UNAMSIL highlight shortages in the availability of test kits, and inadequate counselling services. However through the DPKO/UNAIDS HIV/AIDS Trust Fund the issue of testing and counselling is currently being addressed at mission level.

In both missions, various interpretations of the protocol regarding permission to test have been reported—for example, voluntary testing can be conducted with the permission of the commanding officer upon clinical suspicion. Where tests are requested by peacekeepers, pre-test counselling is often not carried out, owing to the assumption that the request indicates an awareness of both HIV/AIDS and implications of the test.

A lack of confidentiality and discriminatory practices serve as a disincentive to personnel seeking VCT. In some instances, medical officers are expected to inform their commanding officers if a soldier in their care is found to be HIV-positive. In such instances, peacekeepers found to be HIV-positive are demobilized and repatriated. There is also a lack of care and support for peacekeepers living with HIV.

Regional peacekeeping operations

Peacekeeping is not conducted solely by the United Nations. Increasingly, non-UN entities such as the North Atlantic Treaty Organisation (NATO), the Organisation for Security and Cooperation in Europe, the African Union (AU) and the Economic Community of West African States (ECOWAS) are assuming the responsibility for international and regional peacekeeping operations⁴².

Information on the programmes of regional entities engaged in peacekeeping activities is limited. The experiences of UNAIDS and DPKO in this regard should serve as a best practice for programmes and policies in regional operations.

NATIONAL SECURITY: STRENGTHENING THE NATIONAL RESPONSE

UNAIDS SHR provides support to countries and regional entities for the development and/or strengthening of national HIV/AIDS programmes targeting uniformed services. The main objectives of this support include the following:

- Preventing HIV transmission among uniformed services by raising awareness through the promotion of peer education, condom provision and distribution, and care and support services.
- Involving uniformed services as advocates in the fight against HIV/AIDS by ensuring that they are provided with the relevant tools to contribute to the national response to HIV/AIDS.

This strategy includes a special focus on young recruits, out-posted personnel and demobilized personnel due to their particular vulnerability and the environment in which they operate.

Among the Uniformed services, young recruits are particularly important in view of their potential role as future leaders and decision makers. The behaviour of young recruits and the information they receive determine the quality of life for millions of people. This is particularly the case among the youth in the uniformed services who have to contend with loneliness and other challenges away from families and familiar cultural norms.

**Ulf Kristoffersson presentation entitled
“HIV/AIDS as a Threat to Global Security”
Yale University, November 2002**

Young recruits. Young people are at the centre of the HIV/AIDS epidemic. This is particularly the case for young recruits in defence and civil defence forces, who face new and chal-

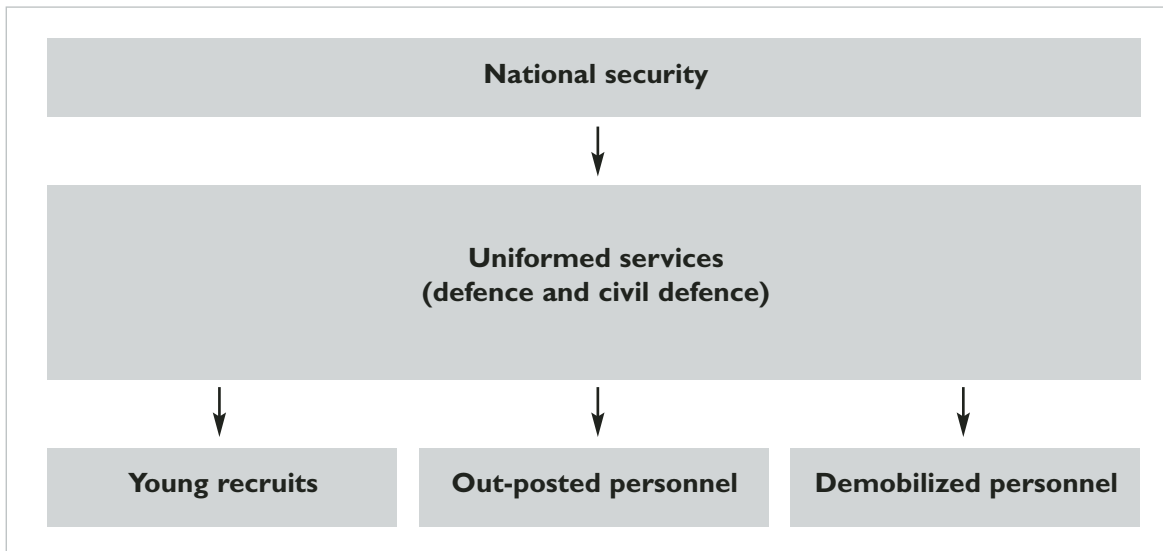


Figure 4: National security: UNAIDS Initiative on HIV/AIDS and Security

lenging environments in which they are often detached from their community and families, are increasingly mobile and are influenced strongly by both their professional ethos and training. In recognition of this, the strategic response being undertaken by UNAIDS SHR aims to particularly benefit young recruits through peer-education training.

To this end, UNAIDS SHR has developed a Peer Education Kit for Uniformed Services, which provides technical support to peer educators, including guidance on overcoming barriers linked to gender issues and human rights.

Out-posted personnel. Personnel that are sent to participate in peacekeeping operations or border posts are at increased risk of HIV infection owing to long absences from home. A study of Nigerian peacekeepers found that 7% of peacekeepers contracted HIV after one year of duty; this figure rose to 10% after two years and to 15% after three years ⁴³.

Demobilized personnel. Former combatants, in particular, have large amounts of disposable income, while psychological effects of long absences from home may expose them to sexual infections that often result from several sexu-

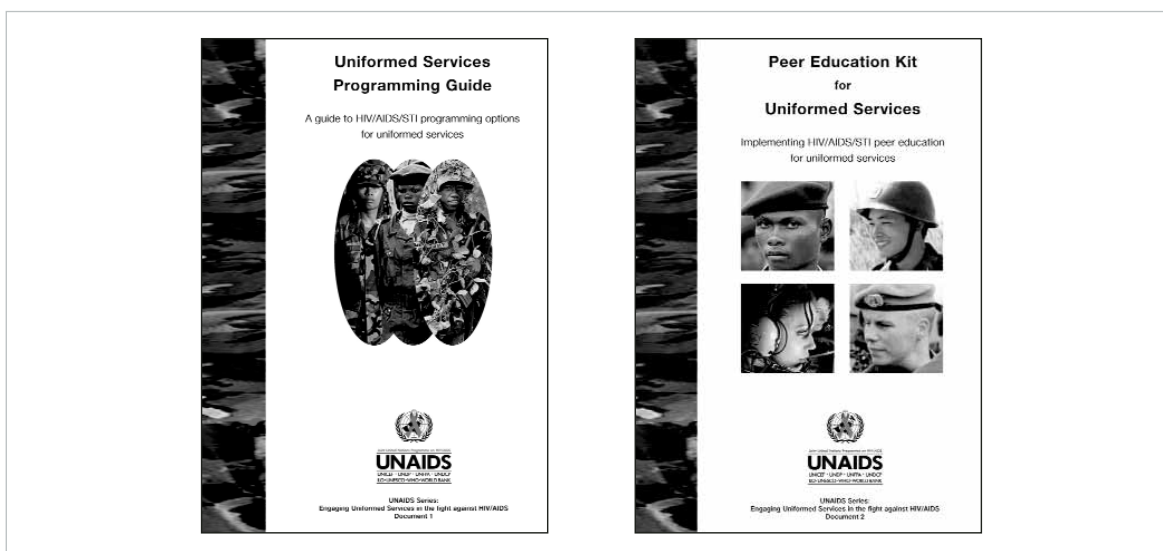


Figure 5: UNAIDS provides technical support to univormed services in the form of practical programming guides.

al encounters, including coerced and/or commercial sex.

Research has shown that many national outfits may have endeavored to address HIV/AIDS amongst its ranks however it is often through uncoordinated or unsustainable activities with little impact. In recognition of this, UNAIDS SHR has developed an STI/HIV/AIDS programming guide to address a real need within national uniformed services. This guide provides a programming framework which programme managers within national services can use when developing their own HIV/AIDS programme.

This document is complemented by a Peer Education Kit for Uniformed services which includes a generic training package that focuses on awareness and prevention, training through peer education, gender and human rights issues, capacity-building and sustainability. In addition, support is provided to countries to adapt the HIV/AIDS Awareness Cards for Uniformed Services to meet their unique environments and needs. The local adaptation of SHR materials is emphasized to ensure national ownership and capacity development (see Figure 5). To strengthen a coordinated UN response in support of national uniformed services,

UNAIDS SHR has developed a comprehensive set of practical tools for provision to UNAIDS field staff, Theme Groups and other UN partners. This includes a guidance note for the development of project proposals for consideration by UNAIDS SHR in support of programmes targeting the uniformed services on HIV/AIDS.

In addition, UNAIDS regional advisors have been appointed to provide technical assistance to countries and to advocate regional declarations and institutions to respond to HIV/AIDS among uniformed services.

UNAIDS SHR has prioritized 45 countries to support in 2002–2003, of which 21 are currently being provided with technical assistance (see Figure 6).

In an effort to provide a forum to facilitate the sharing of information on HIV/AIDS policies and programmes within national uniformed services and peacekeeping missions worldwide, UNAIDS has developed an internet based interactive map which provides a dynamic and comprehensive data base of information, articles and documents which pertain to addressing HIV/AIDS among uniformed services in countries around the world.



Fig.6 (source: www.unaids.org)

The following section provides a region-by-region overview of HIV/AIDS responses among uniformed services, with particular emphasis on advocacy, country responses supported by UNAIDS SHR and other stakeholders in follow-up to the global call for action as expressed in the Declaration of Commitment on HIV/AIDS.

Sub-Saharan Africa

A number of countries in sub-Saharan Africa have developed national programmes aimed at preventing HIV among uniformed services. In most instances, these programmes form part of the overall national response to HIV/AIDS, as outlined in their national strategies on HIV/AIDS.

UNAIDS SHR is currently involved in the following 14 countries in sub-Saharan Africa:

- **Angola:** The Angolan Armed Forces have developed a project proposal to mobilize a rotating team of HIV/AIDS trainers to undertake awareness and prevention activities with demobilized soldiers in remote areas of the country.
- **Burundi:** UNAIDS is supporting the initiative by the Burundi Government to merge the efforts of the armed forces, police and immigration officers in the prevention of HIV, particularly among young recruits.
- **The Republic of the Congo:** UNAIDS is supporting HIV/AIDS peer-education training in barracks outside headquarters and in remote areas.
- **The Central African Republic:** A project has been developed for peer-education training among young recruits, including condom promotion and improved VCT facilities within the armed forces.
- **The Democratic Republic of the Congo:** UNAIDS is supporting HIV/AIDS prevention and care activities in the military

base of Kamina, which has received limited support because of its remote location and difficult access.

- **Eritrea:** Through the support of Population Services International (PSI), plans have been made for the marketing and management of VCT facilities in military barracks across the country.

South African Development Community Declaration on HIV/AIDS

We [...] declare the following priority areas requiring our urgent attention and action: 1) Prevention and Social Mobilisation by: [...] Putting in place national strategies to address the spread of HIV among national uniformed services, including the armed forces, and considering ways of using personnel from these services to strengthen awareness and prevention initiatives.

SADC Heads of State and Governments Summit on HIV/AIDS, July 2003

- **Malawi:** UNAIDS is assisting the Malawi Armed Forces in integrating a comprehensive HIV/AIDS training course into the curriculum of the Defence College and in the different units of the armed forces.
- **Kenya, the United Republic of Tanzania and Uganda:** Following a workshop for East Africa organized by UNAIDS, the armed forces of the three countries are in the process of developing programmes for peer-education training aimed at young recruits, with the objective of turning them into agents for change.
- **Nigeria:** Plans are under way to support the Nigerian army with special HIV/AIDS training of future peacekeepers engaged in regional and UN operations.
- **Rwanda:** A project on HIV/AIDS peer-education training for young recruits is being finalized for possible support from UNAIDS.

Strengthening the African response

The Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases

was adopted by African Leaders on 27 April 2001. In this declaration, African leaders expressed their concern at the rapid spread of HIV on the African continent. This declaration, however, does not explicitly encourage countries to implement policies and programmes aimed at mitigating the impact of HIV/AIDS amongst uniformed services.

The New Partnership for Africa's Development (NEPAD)

is the African Union's economic and social plan for the revival of the African continent, in partnership with the developed world. NEPAD provides the outline for a number of initiatives that will guide Africa's development in the next decades.

The draft NEPAD working document on health devotes much attention to HIV/AIDS but does not prioritize the integration of HIV/AIDS prevention, care and support into programmes targeting uniformed services. According to the NEPAD Secretariat, however, HIV/AIDS is one of the priority areas to be addressed in the Peace and Security Strategy Initiative. This Initiative was tabled before the meeting of the African Union in Maputo on 12–14 July 2003.

- **Swaziland and Lesotho:** Discussions have been held to support Swaziland and Lesotho with impact mitigation of HIV/AIDS within their armed forces.

In July 2003, UNAIDS SHR held a workshop for East Africa with representatives from the armed forces of Kenya, the United Republic of Tanzania and Uganda. The meeting resulted in the establishment of a subregional forum, comprising representatives from the armed forces of the three countries, as well as the development of country-specific proposals that are currently being

finalized by each country. This subregional approach will be replicated in different parts of Africa in order to provide adequate support and to facilitate information sharing among neighbouring countries.

In one of the strongest political statements yet made on the issue of HIV/AIDS and uniformed services, the Southern African Development Community (SADC) recently adopted a Declaration on HIV/AIDS whereby Member States agreed to develop national strategies to address the spread of HIV among national uniformed services, including the armed forces, and to consider ways of using personnel from these services to strengthen awareness and prevention initiatives⁴⁴.

This emphasis on uniformed services came as a result of a SADC Inter-State Defence Committee meeting on HIV/AIDS in January 2003, which was supported by the United States Department of Defence (US DOD) and UNAIDS SHR⁴⁵. During this meeting, the members of the Defence Committee recommended the following:

- The regional harmonization of HIV/AIDS policy and programmes within the defence sector;
- Enlisting the cooperation of both Defence Chiefs of Staff and National AIDS Councils/Commissions in the fight against HIV/AIDS in the uniformed services to ensure that they: (i) demonstrate their commitment to fighting HIV/AIDS; (ii) develop HIV/AIDS programmes for uniformed services; and (iii) develop workplace-based policies based on the ILO Code of Practice on HIV/AIDS and the World of Work; and
- Review of existing HIV/AIDS training programmes being undertaken by countries so as to inform the development of a regional training programme to be provided by the Regional Military Health Centre, established in South Africa with the assistance of the United States.

In addition to the work being undertaken by UNAIDS SHR in sub-Saharan Africa, the US Department of Defence allocated US\$14 million in 2002 for HIV prevention education within African armed forces⁴⁶. Under this programme, the US is providing support to Angola, Botswana, Cameroon, the Democratic Republic of the Congo, Ethiopia, Eritrea, Ghana, Nigeria, Namibia, South Africa, Swaziland and the United Republic of Tanzania. In the majority of instances, these programmes focus on⁴⁷:

- prevalence surveillance;
- behavioural surveillance, including KAP surveys;
- the development of training materials on HIV/AIDS for use by trainers;
- training-of-trainers programmes;
- peer education, including training of peer educators, condom promotion, and demonstrations on condom use;
- the development of IEC materials including brochures and leaflets;
- entertainment-education ('edutainment') materials, including films and videos for use in peer-education sessions;
- syndromic management of sexually transmitted infections (STIs) and HIV/AIDS, through the training of medical personnel; and
- voluntary counselling and testing, including the development of IEC materials to promote VCT, training of medical personnel, provision of technical equipment, including rapid tests, the establishment of VCT centres and the strengthening of existing VCT centres.

The United Nations Economic Commission of Africa (ECA) has established a new Commission on HIV/AIDS and Governance in Africa (CHGA), which aims to study the links between

HIV/AIDS and governance in various sectors, including the military. In partnership with UNAIDS SHR, CHGA is currently engaged in a two-year study aimed at investigating the security implications of HIV/AIDS for Africa. The CHGA Task Force on Peace and Security aims to establish data-collection and advocacy tools so that national security institutions can be sustained despite high levels of HIV. The research will address issues of HIV/AIDS in demobilization, peacekeeping and post-conflict reconstruction⁴⁸.

Eastern Europe and Central Asia⁴⁹

Many countries in Eastern Europe and Central Asia are implementing programmes to address HIV/AIDS among their uniformed services as part of their national HIV/AIDS strategies. Countries being supported by UNAIDS and other donor agencies in this region include the following:

- **Belarus:** UNAIDS is assisting in the strengthening of training capacity for HIV/STI prevention in the Belarusian Army by supporting the activities of the military academy for the prevention of HIV and STIs. This programme forms part of the State programme for the prevention of HIV infection for 2001–2005.
- **Bosnia and Herzegovina:** In collaboration with civil society partners, UNAIDS has, between 2002 and 2003, been involved in training-of-trainers programmes to build the HIV/AIDS-education capacity of the military and police forces in the country.
- **Estonia:** In 2002–2003, the US DOD has been providing financial support for an HIV-prevention programme among recruits of the Estonian Defence Forces. This project forms part of the State programme for HIV prevention in Estonia.
- **Kazakhstan:** UNAIDS is supporting a project aimed at strengthening HIV-prevention activities in the armed forces. This pro-

gramme forms part of the Strategic Programme on HIV/AIDS Prevention in the Armed Forces for 2002–2005, which falls under the overall National Strategic Framework on HIV/AIDS.

- **Moldova:** UNAIDS has assisted Moldova in developing an HIV/STI-prevention education system in the armed forces. Under the project 120 military educational specialists will be trained between 2002 and 2004, with the aim of targeting 12,000 service men and woman annually.
- **Ukraine:** With support from UNFPA and UNAIDS, Ukraine initiated a project in 1999 that aimed to develop training and educational materials and to integrate HIV/STI prevention into the curricula of both the Military Humanitarian Institute and the Kharkiv Tank Forces Institute. Over 20,000 servicemen have been trained over a two-year period.

The project has since been extended until the beginning of 2004 and a proposal has been submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to extend the project further. The project has been documented as a best practice by UNAIDS, and Belarus, Kazakhstan and Moldova are currently considering developing similar projects, with support from UNAIDS.

Asia

UNAIDS SHR is advocating effective HIV/AIDS interventions within national uniformed services in Asia by targeting high-ranking military and police personnel across the region.

UNAIDS SHR participated in the 13th Annual Asia Pacific Military Medicine Conference (APMMC), held in Bangkok on 11–16 May 2003. The conference was co-hosted by the US Army Pacific and the Royal Thai Army. It provided military representatives from several countries with the opportunity to share experiences on the development and implementation of national HIV/AIDS policies and interventions that target national uniformed services.

Through support from the World Bank, UNAIDS SHR organized a distance-learning seminar on HIV/AIDS and uniformed services in May 2002. The seminar took the form of a videoconference, which was used to share best practices and to generate discussion on HIV/AIDS interventions with the uniformed services. Participating countries included Cambodia, East Timor, the Lao People's Democratic Republic, the Philippines, Thailand and Viet Nam.

UNAIDS SHR is providing support to a number of countries in strengthening their national responses to HIV/AIDS. These include the following:

KARTU INFORMASI HIV/AIDS UNTUK TNI DAN POLRI
Fakta mengenai HIV/AIDS
 AIDS merupakan penyakit yang dapat berakibat kematian tetapi dapat diobati.
 AIDS disebabkan oleh virus HIV. Virus ini masuk ke dalam tubuh melalui darah, air liur, dan cairan tubuh lainnya yang mengandung virus HIV pada bagian-bagian tertentu.
 HIV dapat ditularkan melalui cairan darah, air liur, dan cairan tubuh lainnya yang mengandung virus HIV pada bagian-bagian tertentu.
 HIV ditularkan terutama melalui hubungan seksual tidak aman. Penggunaan kondom dengan benar setiap kali berhubungan seks, dapat melindungi anda dan orang lain dari penularan serta menghambat penyebaran HIV dan infeksi melalui seksual lainnya.

Sebelum berhubungan seks:
 Buka kemasan kondom dengan hati-hati sehingga kondom tidak sobek. (Jangan membuka kemasan dengan gigi atau benda tajam) Jangan lepas gulungan kondom sebelum dipasang di penis.
 Untuk melindungi diri anda dan orang lain dari penularan HIV, KONDOM harus selalu dipakai dalam semua jenis hubungan seks.
 Setelah berhubungan, kondom harus dilepas dengan hati-hati agar cairan di dalamnya tidak tumpah, lalu buanglah pada tempatnya.
 Kondom TIDAK BOLEH dipakai berulang.

Lindungi Diri Anda dan Orang Lain
 Apakah seseorang terinfeksi HIV atau tidak, tak dapat diketahui oleh siapapun, kecuali yang bersangkutan menjalani pemeriksaan di lab yang mampu memeriksa.
 Jika merasa diri anda beresiko, lindungi diri anda dan orang lain dengan melakukan pemeriksaan lab yang tepat dan bersifat rahasia, disertai dengan konseling.
 Hormatilah hak atas kerahasiaan dan martabat kolega dan teman anda yang hidup dengan HIV/AIDS.
 Hormatilah hukum, adat istiadat dan tradisi masyarakat yang anda lindungi dan layani.
 Tunjukkanlah perhatian khusus kepada anggota masyarakat yang paling lemah – termasuk perempuan dan anak-anak.
 Batasi konsumsi alkohol anda dan jauhilah narkoba.

Dalam Keadaan Darurat...
 Apabila mungkin, lindungi diri anda dari bersentuhan dengan darah orang lain. Tutuplah luka-luka di tangan atau lengan anda dengan balutan.
 Berhati-hatilah saat anda memakai alat-alat tajam dan gunakanlah jarum suntik yang sudah disterilisasi.
 Bersihkanlah diri anda dengan air dan sabun sebelum dan sesudah menolong orang yang terluka.
 ✓ Apabila yang terluka tidak bernafas, pastikan kerongkongan bersih dan lakukan resusitasi. Setelah itu, segeralah berkumur beberapa kali. Bila memungkinkan, gunakan pencuci mulut antisepik.
 ✓ Apabila yang terluka muntah-muntah, meringkan badannya agar tidak tersedak.
 ✓ Kurangi pendarahan dengan mekanik bagian yang berdarah. Kecuali bagian kerongkongan.
 ✓ Balut bagian yang terluka dan difiksasi agar tidak banyak bergerak.
 ✓ Hubungi dokter secepatnya.
 Internet: <http://www.unaids.org>

Fig.7 HIV/AIDS Awareness Card for Peacekeeping Operations in Bahasa

- **Cambodia:** UNAIDS is working with the International Organization for Migration (IOM) to develop an HIV/AIDS education module for demobilizing personnel of the Cambodian military.
- **Indonesia:** UNAIDS is working with Family Health International (FHI) to disseminate the HIV/AIDS Awareness Card among the national uniformed services in Indonesia. The card is being produced in Bahasa, the main language in Indonesia. (Fig. 7: illustration of card in Bahasa)
- **India:** UNAIDS is working with UNDP and the West Bengal State AIDS Prevention and Control Society on a project to reduce HIV/AIDS-related vulnerability among the uniformed services. This focuses on young recruits and border guards.
- **LAO PDR:** UNAIDS is working through UNDP to strengthen and expand the HIV/AIDS awareness and education activities targeting the national military and police in three provinces of LAO PDR.
- **Myanmar:** UNAIDS is working in partnership with the Myanmar Ministry of Home Affairs, to increase the awareness on HIV/AIDS prevention among uniformed services particularly among the police personnel and their families. The target groups are new police recruits (both officers and other ranks), police personnel in border areas and their families, as well as high ranking police officers and educators.
- **Philippines:** UNAIDS is working together with a national foundation on a project for ST/HIV/AIDS prevention through peer education among men and women in uniform. This project targets incoming police cadets, young police officers and new recruits of the army. A number of police and armed forces instructors and leaders from various training centers will also be trained as trainers on HIV/AIDS.
- **Sri Lanka and Viet Nam:** UNAIDS is working through both international and local NGOs to develop and implement HIV/AIDS peer education programmes for young army recruits and police cadets.
- **Thailand:** As in Indonesia, UNAIDS is working with FHI, as well as AFRIMS, to distribute the HIV/AIDS Awareness Card to the Royal Thai Army. UNAIDS is also supporting the development of a case study documenting the valuable experiences of the Royal Thai Army in providing HIV-prevention education to its personnel.

Steps have recently been taken to strengthen the UNAIDS Secretariat in the Pacific, and UNAIDS SHR is aiming to establish initiatives with national uniformed services in Fiji and Papua New Guinea during the course of 2003.

Latin America and the Caribbean

The commission on AIDS Control and Prevention in Latin American and Caribbean Armed Forces (COPRECOS) is central to the HIV/AIDS response among armed forces in the region.

A subgroup on HIV/AIDS in uniformed services was organized during the 2nd Forum on HIV/AIDS and STs in Latin America and the Caribbean, held in April 2003. During this forum, participating countries expressed an interest in developing programmes that targeted the military in the region.

UNAIDS has subsequently appointed a Regional Programme Adviser for HIV/AIDS-related activities among uniformed services in Latin America and the Caribbean to support countries in this endeavour.

In Latin America, UNAIDS SHR is working with Argentina, Chile and Uruguay to develop a coordinated, integrated approach to address and respond to HIV/AIDS among uniformed services, targeting young recruits.

Several countries in Latin America have instituted prevention and education programmes to address HIV/AIDS in the military as part of their overall national response to the epidemic.

- **Bolivia:** The 'Sentry of the Health' project highlights HIV awareness as part of a broader health-awareness programme. Under this programme, young recruits receive training in a wide range of health-related topics, including HIV/AIDS. The training takes the form of modules that incorporate the use of audiovisual materials, theatre, partner dramatizations and active teaching techniques. Upon demobilization, young recruits return to their communities where they share the acquired knowledge with family and friends.
- **Brazil:** The armed forces of Brazil provide STI/HIV-prevention education, information and training. This includes the use of educational videos, publications and other awareness-raising material. A KAP survey is also undertaken biannually to determine the efficacy of the programme. HIV-prevention education is undertaken with personnel deployed in peacekeeping missions, and condoms are distributed.
- **Uruguay:** HIV-prevention education is undertaken with military units and in peacekeeping missions. The programme includes the provision of HIV-related information, as well as the limited distribution of condoms. It forms part of the overall national HIV/AIDS programme.
- **Paraguay:** The Paraguayan Government, with support from UNFPA, has agreed to develop a sexual-and-reproductive-health programme for the uniformed services.
- **Peru:** Since 1992, the Ministries of Defense and Interior of Peru have been developing HIV/AIDS policies and programmes that are being implemented through COPRECOS. The HIV/AIDS Prevention and Control Committee of the Armed Forces and National Police of Peru has established a pro-

gramme that includes workshops, publications, videos and national distribution of condoms. Together with UNFPA, COPRECOS is currently developing a sexual and reproductive health programme for both the Armed Forces and the National Police of Peru.

- **Venezuela:** With support from UNFPA, the Venezuela Armed Forces are developing a sexual-and-reproductive-health programme that addresses HIV/AIDS, gender and violence.

CONCLUSION

The United Nations has implemented a coordinated response to Security Council Resolution 1308 and the Declaration of Commitment on HIV/AIDS, especially with regard to developing and supporting prevention interventions both within peacekeeping missions and among national uniformed services.

Peacekeeping is, however, increasingly being undertaken by other non-UN entities such as NATO, the AU, ECOWAS and others. To date, it would appear that very few such entities have attempted to put in place policies, procedures and infrastructure to address HIV within their peacekeeping operations. The activities of DPKO and UNAIDS can serve as a best practice in this regard but it is imperative that the United Nations evaluate its current response to ensure that it meets the needs of the peacekeepers participating in its operations.

As Thailand's national response to HIV/AIDS teaches us, the sharing of information regarding the HIV/AIDS situation, as well as policies and programmes, is essential to ensure that initiatives complement one another. Activities undertaken as part of peacekeeping operations, in particular, need to dovetail with national policies and programmes in order to ensure that they reinforce one another.

With the support of UNAIDS and other partners, Member States have made significant

progress in developing and/or implementing policies and programmes to address HIV/AIDS among their uniformed services. However, it is vital that we continue to expand and enhance current efforts since the loss of personnel, skills and experience within the uniformed services jeopardizes national, regional and, potentially, global security.

RECOMMENDATIONS

In recognition of the progress made so far in the response to HIV/AIDS among peacekeepers and national uniformed services, the following set of recommendations suggest actions that could further strengthen the response at all levels.

Recommendations for the international community

- UNAIDS must continue to expand its Global Initiative on HIV/AIDS and Security. In this regard UNAIDS should endeavour to share its experiences with other regional peacekeeping structures such as ECOWAS, AU and NATO in an effort to strengthen the capacity to address HIV/AIDS within these structures.
- UNAIDS and DPKO should continue to share information through its interactive world map and other forums on HIV/AIDS policies and programmes to ensure that training and prevention efforts undertaken at a national level and during peacekeeping missions are suited to the needs of each national outfit and peacekeeping contingent.
- Monitoring and evaluation systems should be instituted to gauge the impact of HIV/AIDS interventions being undertaken with peacekeepers so as to guide the development of future interventions.
- DPKO and UNAIDS should explore mechanisms to include HIV awareness and prevention activities among host populations, sex workers and, in particular, women and girls.

Recommendations for Member States

- Member States must ensure the development, strengthening and expansion of national programmes targeting the uniformed services, as agreed in the Declaration of Commitment on HIV/AIDS.
- Member States must include provisions for HIV/AIDS responses among uniformed services in regional declarations and instruments concerned with peace and security, including in regional peacekeeping operations.

Recommendations for the defence and civil defence sectors

- The defence and civil defence sectors should ensure that HIV/AIDS is addressed as a command responsibility at all levels, especially in high-prevalence countries where the impact of HIV/AIDS on national security is particularly significant.
- A policy on HIV/AIDS, highlighting key issues such as testing, human resources, and the greater involvement of people living with or affected by HIV/AIDS should be adopted by defence and civil defence sectors.
- HIV/AIDS must be incorporated into core defence and civil defence activities by establishing an institutionalized and sustainable structure that should: (i) be multisectoral as opposed to health-centred; (ii) target young recruits as the main beneficiaries; and (iii) allow for control mechanisms to be monitored by the command structure. It is imperative that such a structure be allocated its own budget line.
- Strengthen civil and military cooperation by ensuring that efforts are not made in isolation but contribute to, and benefit from, each other.
- Defence and civil defence sectors should: (i) ensure linkages with national HIV/AIDS responses; and (ii) use its personnel as agents

for change in the overall fight against HIV/AIDS, including during the demobilization process.

- Defence and civil defence institutions need to take into consideration both the ILO Code of Conduct on HIV/AIDS and the World of Work and national codes governing the world of work in the development of national recruitment and labour policies, especially as these pertain to HIV testing.

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HIV/AIDS Awareness Card for men and women in the uniformed services.

**HIV/AIDS AWARENESS CARD
FOR UNIFORMED SERVICES**

Basic facts about HIV/AIDS

AIDS is a deadly but preventable disease.

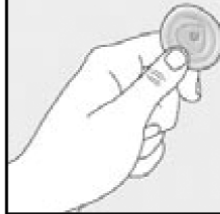
AIDS is caused by HIV. This virus can destroy the body's ability to fight off infections and diseases, which can ultimately lead to death. Currently, medication can only slow down the disease, not cure AIDS.

HIV can be passed from person to person through sexual fluids, blood, and the use of contaminated needles and sharp instruments. Infected women can pass the virus to their babies during pregnancy, birth and breastfeeding.

HIV is mainly transmitted through unprotected sex. Using condoms correctly every time you have sex can protect you and others and stop the spread of HIV and other sexually transmitted infections.



Before intercourse:



Carefully open the package so the condom does not tear. (Do not use teeth or a sharp object to open the package.) Only unroll the condom as you are putting it on.

To protect yourself and others from transmission of HIV, CONDOMS should be used for all kinds of sexual acts.

After sex, condoms should be carefully removed to avoid spillage and should be disposed of.

Condoms should NEVER be re-used.

Protect yourself and others

You cannot know if you are infected by HIV unless you are tested by an authorized laboratory.

If you think you are at risk, protect yourself and others by getting tested confidentially and going for counselling.

You have colleagues and friends who are living with HIV/AIDS. Respect their right to dignity and confidentiality.

Respect the law, customs and traditions of the people you protect.

Show special consideration for the most vulnerable—including women and children.

Drink in moderation and stay away from drugs.

In an emergency...

If possible, protect yourself against contact with another person's blood. Cover any cuts or wounds on your hands or arms with a bandage.

Be careful when handling sharp instruments and use sterilized needles.

Wash yourself with soap and water before and after attending to an injured person.

- ✓ If the injured person is not breathing, clear the airways and perform mouth-to-mouth resuscitation. After you have finished, rinse your mouth immediately several times, if possible, with anti-septic mouth wash.
- ✓ If vomiting occurs, place the injured person on his or her side to prevent choking.
- ✓ Control bleeding by applying pressure on the injury, unless it is on the throat.
- ✓ Bandage and immobilize injured parts.
- ✓ Call a doctor as soon as possible.

Internet: <http://www.unaids.org>



Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK

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