



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNHCR • UNICEF • WFP • UNDP • UNFPA
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ON THE FRONT LINE

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



UNAIDS Series: Engaging uniformed
services in the fight against AIDS



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A Canadian soldier returning from patrol, 25 April 2004.
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Acronyms and abbreviations

ACRIS Abducted Children Registration and Information System

AIDS Acquired immune deficiency syndrome

ASEAN Association of South East Asian Nations

AU African Union

CARICOM Caribbean Community

CDC Centers for Disease Control and Prevention

CIS Commonwealth of Independent States

COMEDS Committee of the Chiefs of Military Medical Services

CSIS Center for Strategic and International Studies

DDR Disarmament, demobilisation and reintegration

DPKO UN Department of Peacekeeping Operations

ECOWAS Economic Community of West African States

EDF Eritrean Defence Force

HIV Human immunodeficiency virus

IEC Information, Education and Communication

ILO International Labour Organization

ISDSC Inter-State Defence and Security Committee

LAC COPRECOS Committee for the Prevention and Control of HIV/AIDS in Latin American and Caribbean Uniformed Services

MENA Middle East and North Africa

NATO North Atlantic Treaty Organisation

NGO Non-governmental organisation

NIC National Intelligence Council

PICP Pacific Islands Chief of Police

PSI Population Services International

RAMSI Regional Assistance Mission, Solomon Islands

SADC Southern African Development Community

SANDF South African National Defence Force

SPLM Sudan People's Liberation Movement/Army

STIs Sexually transmitted infections

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP UN Development Programme

UNESCO UN Educational, Scientific and Cultural Organization

UNFPA UN Population Fund

UNHCR UN High Commissioner for Refugees

UNICEF UN Children's Fund

UNIFEM UN Development Fund for Women

UNODC UN Office on Drugs and Crime

USAID United States Agency for International Development

WFP World Food Programme

WHO World Health Organization

Executive summary

Security Council Resolution 1308, adopted in July 2000, requested the United Nations to develop further AIDS prevention and education for all peacekeepers as part of pre-deployment orientation and ongoing training. The resolution also encouraged stronger international cooperation to develop long-term strategies for HIV education and prevention, voluntary testing and counselling, and appropriate treatment for personnel being deployed in international peacekeeping operations. The resolution called on the Joint United Nations Programme on HIV/AIDS (UNAIDS) to strengthen cooperation with Member States, provide support and capture best practices.

In the five years since the adoption of Resolution 1308, UNAIDS, through its Cosponsors, has been supporting Member States to implement the resolution at the international, regional and national level.

- A strong collaboration framework between UNAIDS and the UN Department of Peacekeeping Operations (DPKO) has mainstreamed AIDS responses in all UN peacekeeping missions. Nine major peacekeeping operations have full-time AIDS advisers; smaller missions have AIDS focal points. UNAIDS and DPKO are currently reviewing the HIV testing policy for peacekeepers, following concerns about the potential impact on host communities and the health of deployed HIV-positive personnel. A rights-based approach remains the cornerstone of UNAIDS' guidance to ensure an ethical process for conducting testing, to address the implications of a positive result and to reduce AIDS related stigma and discrimination.
- UNAIDS is working with its Cosponsors and Member States to provide technical support for strategies to address AIDS among uniformed services, including military and civil defence forces. Programmes are being designed and implemented globally – in Sub-Saharan Africa, the Middle East and North Africa, Europe and Central Asia, Latin America and the Caribbean and Asia and the Pacific. The aim is to reduce vulnerability and build the capacity of military and police personnel to be champions in the response to AIDS.
- A range of tools has been developed, including a comprehensive programming guide and peer education kit, to support national programmes. An AIDS Awareness Card strategy includes three distinct cards targeting peacekeepers, uniformed personnel and UN employees with basic information on AIDS prevention. The peacekeeping and uniformed services cards are available in 12 and 13 languages respectively and approximately one million have been distributed.
- In addition to the growing engagement of Member States, leading regional bodies are increasingly acknowledging the need to integrate AIDS into the operations of uniformed services, including the African Union (AU), the Caribbean Community (CARICOM), the Commonwealth of Independent States (CIS) and the North Atlantic Treaty Organisation (NATO). UNAIDS support has also helped revitalise existing AIDS regional forums, such as the Committee for the Prevention and Control of HIV/AIDS in Latin American and Caribbean Uniformed Services (LAC COPRECOS).

Foreword

This report marks the fifth anniversary of the adoption of United Nations Security Council Resolution 1308, which was a watershed in the global response to AIDS. As noted during the discussions in the Security Council in July 2000, we cannot underestimate how important it is and how much it matters how we conceptualize AIDS. Whether it is perceived as merely a medical problem or as a development and security problem dramatically changes how we tackle it. By drawing the world's attention to the security dimensions of the AIDS epidemic, the Security Council has helped transform the way that the world views the disease and has helped to mobilise action to meet an unprecedented common threat.

Five years ago, few defence or interior ministries considered AIDS to be in their purview. In 2005, by contrast, AIDS has been mainstreamed into all UN peacekeeping missions, and many Member States are engaged with UNAIDS and its Cosponsors to develop and implement national AIDS strategies for uniformed services.

Since its inception, UNAIDS has urgently advocated for a strong multisectoral response to AIDS at the national, regional and global level. As this report indicates, the

growing engagement of uniformed services in the AIDS response illustrates the enormous potential for non-health sectors to contribute to efforts to curb the spread of HIV.

Yet much, much more remains to be done. Existing initiatives must be solidified and sustained. Countries that have yet to develop AIDS programmes for uniformed services must be encouraged to do so – not only to strengthen their own national response to the epidemic but also to preserve the viability of future international peacekeeping missions, which depend on troop contributions by Member States. All stakeholders are encouraged to pay particular attention to the recommendations outlined in this report.

Ultimately, of course, the best strategy to minimize the epidemic's security impact is to bring the epidemic itself under control. This is one of the animating visions of the Millennium Development Goals, which calls on the world to take necessary action to halt, and begin to reverse, the global AIDS epidemic by 2015. It is towards this end that UNAIDS is committed.

UNAIDS

Introduction

AIDS is unlike any epidemic in modern history. An estimated 65 million people have been infected in total and more than 25 million people have died worldwide. With almost 5 million new infections and 3 million deaths in 2004 alone, the virus shows no sign of peaking. Because it primarily affects young adults – the backbone of any society – AIDS undermines vital national institutions and weakens the foundations on which national security depends.

Uniformed service personnel are considered one of the high-risk groups for contracting HIV. In countries with high prevalence, AIDS can pose a threat to military readiness and cohesion. As the Namibian deputy Defence Minister has advised, '[AIDS] is inflicting misery in the region and affecting military and security establishments to the core.'

The international community has an overriding stake in minimizing the impact of AIDS on young men and women in the uniformed services. The loss of personnel weakens militaries and civil-defence forces, which has ramifications for national stability and can jeopardise the world's ability to generate future United Nations (UN) and regional peacekeeping missions. At the same time, uniformed personnel are potential agents for change in the response to AIDS. Capitalising on this potential has implications for the individuals within the uniformed services, their families and the wider communities with which they interact.

Security Council Resolution 1308

The United Nations Security Council was among the first to recognize the epidemic's potential impact on national, regional and global security. In January 2000, the Security Council convened an unprecedented session on AIDS and the impact on peace and security in Africa – the first ever session to focus on a health issue.

Six months later, the Security Council discussed the epidemic's security dimensions in relation to UN peacekeeping. During the debate, Canada told the Council that

'there is no question that the AIDS pandemic has reached proportions that pose a clear threat to stability and development.' The United Kingdom underscored the possible link between the epidemic and conflict: 'It is a global crisis which, by creating environments in which political and ethnic tensions can worsen, will contribute to the proliferation of armed conflict.' Regarding the role of peacekeepers, Tunisia noted that 'disputes and crises are fertile ground for the spread of AIDS. Therefore peacekeeping forces can play an important role in awareness-raising and providing means of prevention for themselves and others.' Presiding over the July 2000 session, Jamaica advised that 'issues of peace, security and development are multifaceted, and must be tackled in a holistic manner.'

The fifteen members of the Security Council unanimously adopted Resolution 1308, calling on Member States and the international community to accelerate the development and implementation of long-term strategies for AIDS education and prevention, voluntary testing and counselling, and appropriate treatment for uniformed personnel in preparation for peacekeeping operations. The Security Council asked the UN Secretary-General to ensure pre-deployment orientation and ongoing training on AIDS for all international peacekeepers. The resolution declared that 'the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society' and further stressed that if unchecked, 'it may pose a risk to stability and security'.¹

The HIV/AIDS pandemic constitutes the most immediate challenge to humanity and to the security and stability of our world.

—Nigerian Ambassador to the UN Arthur Mbanefo

Proceedings of the UN Security Council, 19 January 2001

In 2001, the UN General Assembly echoed its strong support for Resolution 1308 at the first-ever Special Session on HIV/AIDS. The Declaration of Commitment on

1 Security Council Resolution 1308 (2000) S/RES/1308.

In the 1980s and early 1990s, Thailand experienced an alarming spread of HIV infection. By 1993, 1 in 25 (4%) new recruits to the Royal Thai Army were HIV-positive, leading national authorities to conclude that the epidemic was undermining military readiness and threatening national security. In response, the Army implemented a comprehensive AIDS response, emphasizing HIV prevention models tailored to the specific needs of military settings. By 2003, HIV prevalence in the Army had declined by more than 75% – to less than 1%.

Source: UNAIDS, HIV/AIDS Prevention and Control, an experience of the Royal Thai Army in Thailand, Case study 3.

HIV/AIDS, unanimously endorsed by Member States, emphasized the need for strong action to curb the spread of HIV among national uniformed services and international peacekeepers.

Urgent action to implement Resolution 1308

UNAIDS has made the implementation of Resolution 1308 a priority, establishing the Office on AIDS, Security and Humanitarian Response. Its activities have benefited from the strong financial support of Denmark, Ireland

and Norway and UNAIDS has galvanized unprecedented global action to address the security aspects of the AIDS epidemic.

This report summarizes progress in the five years since the adoption of Resolution 1308. It explores the importance of responding to the epidemic's security aspects with regard to peacekeeping operations and uniformed services. The report identifies the primary ways that, through its Cosponsors, UNAIDS has been advancing implementation of the resolution and summarizes key actions supported by UNAIDS to strengthen the AIDS response among national uniformed services and international peacekeeping operations.

AIDS and security

The AIDS epidemic, unprecedented in its scale and impact, is both an immediate global emergency and an evolving long-term threat. According to China's Vice-President for health, 'HIV/AIDS prevention and treatment . . . is a strategic issue for social stability, economic development, national prosperity and security.'² In the most affected countries, AIDS can exacerbate socio-economic crises, unravel development gains, challenge human rights and gender relations, change the demographic profiles of nations and undermine governance and human security. As the pace of new infections and AIDS deaths continues to accelerate, 'the AIDS epidemic needs to be recognised [as] one of the most serious threats to our prospects for progress and stability – on a par with such extraordinary threats as nuclear weaponry or global climate change.'³

As noted by the US Center for Strategic and International Studies (CSIS), '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: secure families, communities, economic and political institutions, military and police forces.'⁴ Defining the risk that the epidemic poses to stability and security, however, is challenging as it is difficult to distinguish the impact the epidemic may have from other factors that influence state crises and conflict. AIDS may be both a symptom and a catalyst of crises, creating a self-perpetuating cycle of instability and disease.⁵ Just as AIDS can undermine the foundations of societies, conflict and instability can accelerate the spread of HIV: mass displacements result in the movement of people between high and low prevalence areas. The breakdown of social networks and support mechanisms place women and children at an increased risk of violence or can force them into having sex to gain access to basic needs such as food, water and security. The risk of HIV is further increased when rape is used as a tool of war. At the same time, however, by interrupting trade routes and limiting access to some communities, conflict may in fact reduce the spread of HIV in some areas, and it is the post-conflict phase that sees an increase in vulnerability.

Vulnerability of uniformed services to AIDS

Uniformed services – including police, civil defence forces and military personnel – play a vital role in state security. The nature of their deployment, though, can also mean they are at high risk of contracting and spreading HIV.

In 2001, the Uniformed Services Task Force on AIDS outlined the following factors that may increase the risk of infection among uniformed services:⁶

- Members of the uniformed services are predominantly young men and women, often imbued with a sense of invulnerability.
- Duty schedules and periods of deployment result in separation from families.
- A steady income means service men and women are often considerably better off than those in surrounding communities.
- Host populations can be dependent on the uniformed personnel for food and security etc., which, combined with a perception of privilege and power, can result in unbalanced sexual relationships.
- Service men and women are more likely to have multiple partners and unprotected sex.
- Condom use is often incorrect, inconsistent – or entirely lacking.

2 Mr Gao Qiang, speech made at the HIV/AIDS High-level Meeting of the UN General Assembly, 2003.

3 Dr Piot, Peter, speech given at the London School of Economics, 8 February 2005.

4 Schneider, M. and Moodie, M., The destabilizing impacts of HIV/AIDS, Centre for Strategic and International Studies (CSIS) HIV/AIDS Task Force, May 2002.

5 Singer, P., AIDS and International Security, *Survival* 44 (1) 2002. It is important to note, though, that crisis and conflict are neither a prerequisite for the emergence and spread of HIV nor the inevitable result of a national epidemic.

6 These factors are broad and there are differences and nuances between the various uniformed services and between different nations.

- 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 often have to handle injured people and dead bodies.

A 2001 knowledge, attitude and sexual behaviour survey among 1,600 personnel from the three service arms of the Nigerian Armed Forces found that a large proportion of respondents were aware that condoms can be used as protection against HIV and other sexually transmitted infections (STIs) and 98% knew where to acquire a condom. But, only half claimed to use a condom regularly with their non-regular partners. Over 42% had participated in internal, regional or UN peacekeeping operations and almost half reported having sexual partners during such deployments. The survey found that the longer the time they spent away, the higher the chances that they had sexual partners while on mission.⁷

A 2004 survey among 480 Nigerian navy personnel found that over 32% had had sexual contact with a female sex worker of which 41% had not used a condom during the most recent sexual encounter. 'Group discussants and key informants believed that sex with multiple partners is a tradition that persists in the navy even in the era of AIDS because of the belief that AIDS affects only foreigners, [that] the use of traditional medicine provides protection against HIV infection and [because of] the influence of alcohol.'⁸

Similarly, a 1993 study of some 1,000 personnel from the Royal Thai Army found that over 75% had an accurate understanding of AIDS, but only about 55% consistently used condoms in extra-marital sexual relations. Follow up research found that levels of knowledge remained good but 'attitudes and preventive practices were still not satisfactory, especially among young male personnel.'⁹

In a behavioural study of Cambodian military and police personnel in 2003, almost 35% of military personnel interviewed stated that their first sexual partner was with a sex worker; this was also the case with around 23% of police personnel.¹⁰ In another survey involving more than 2,000 members of the Cameroon military, almost 79% reported having sex in the 30 days prior to the study, 24% reported having sex with a non-regular partner, and only some 21% reported regular condom use.¹¹ In an AIDS behavioural and belief survey of Benin armed forces

personnel, 60% of respondents indicated that they were at high risk of infection.¹²

Vulnerable groups and uniformed services

Uniformed services consist of various sub-groups which present diverse challenges when responding to HIV and AIDS. This may be a result of varying education levels, different national traditions, gender and the type of work undertaken with its accredited rank.

Women

The proportion of women in the uniformed services is on the increase. Depending on definition (administrative positions may be considered part of the military), the statistics of woman within the military range from: under one in a hundred, as in Cambodia; through eight percent, as in the United States; to one in three, as in Eritrea.¹³

The AIDS epidemic is affecting women and girls in increasing numbers. Globally just under half of all people living with HIV are female.¹⁴

Within the ranks, female uniformed personnel are especially vulnerable. As well as being at higher risk of infection for physiological reasons, they are often at a disadvantage in sexual negotiations, including regarding the use of condoms. Spouses, girlfriends and casual partners of uniformed personnel form another risk group, especially during 'rest and relaxation' breaks from service and post-demobilisation. During conflict, women are often the victims of sexual violence and rape, which in some contexts are used as 'tools of war' to intimidate and terrorize populations and force people to flee.

- 7 Adebajo, Dr S.B., Mafeni, Dr J., Moreland, Dr. S., Murray, Dr N., 'Knowledge, Attitudes and Sexual Behaviour Among the Nigerian Military Concerning HIV/AIDS and STDs', September 2002 Armed Forces Programme on AIDS Control, Nigeria.
- 8 Nwokoji, U.A., Ajuwon, A.J., 'Knowledge about AIDS and HIV Risk-related Sexual Behaviour among Nigerian Naval Personnel', June 2004
- 9 UNAIDS, HIV/AIDS Prevention and Control, an experience of the Royal Thai Army in Thailand, Case study 3 Geneva, Switzerland, 2004.
- 10 Cambodian Ministry of Health, Dissemination on Behavioural Surveillance Survey, round VI, 2003.
- 11 US Department of Defense, Proceedings of the DoD HIV/AIDS Programme Review <http://www.nhrc.navy.mil/>
- 12 Department of Defense HIV/AIDS prevention Program Status Report, Benin, May 2003–September 2004. <http://www.nhrc.navy.mil/programs/dhapp>
- 13 Foreman, M.; Healthlink Worldwide/Panos AIDS Programme, Combat AIDS: HIV and the world's armed forces, 2002.
- 14 UNAIDS, AIDS Epidemic Update, December 2004, Geneva, Switzerland

Woman, uniformed services and HIV response

30% of the Eritrean Defence Force (EDF) is female. In recognition of the special needs of women, the force has female peer leaders to talk with female military personnel, has organised peer facilitation groups by gender, promotes and distributes female condoms, and has introduced for male personnel a gender-based approach for HIV prevention.

In Ghana it is widely recognised that wives of military personnel, like their peers, greatly influence the behaviour of their husbands and their families and thus could be mobilized to assist in the HIV prevention effort. Popularly called “Magadzia”, the women leaders representing the wives of service personnel are being trained to facilitate and sensitize the women and children in the garrisons on AIDS.

Studies show that soldiers and men in these situations often no longer feel bound by the social conventions that normally deter rape.¹⁵

The gender component in any national plan for AIDS intervention for uniformed services is of utmost importance and should not only aim to educate uniformed personnel but should work closely with the female population with whom they come in contact.

Children

In 2002, 300,000 child soldiers were estimated to be involved in armed conflict worldwide.¹⁶ Physically vulnerable and easily intimidated, children typically make obedient soldiers. Many are abducted or recruited by force, and are often compelled to follow orders under threat of death. Others are driven to join because of poverty or do so for food or perceived security. Punishments for mistakes or desertion are often very severe. Girl soldiers are particularly at risk of rape, sexual harassment and abuse as well as being involved in combat and other tasks. The Abducted Children Registration and Information System (ACRIS), a database documenting over 26,000 cases of child abduction by the Lords Resistance Army in Uganda, shows that about 20% of those abducted by the rebels are female. Many of these women are forced into marriages with leaders, while others are ‘given’ to senior commanders as rewards and incentives.¹⁷

Orphans and vulnerable children are often drawn to military and police barracks in search of food, shelter and work. A growing problem for many uniformed services is the number of orphans, whose parents were employed

in the uniformed services, being boarded at barracks. UNAIDS advocates for the inclusion of orphans and vulnerable children in the AIDS response undertaken by national military and police forces.

HIV prevalence among the uniformed services

Little reliable information is currently available on levels of HIV infection among uniformed services. Few countries conduct systematic screening and public health surveillance systems are often weak. Where studies have been undertaken, authorities are often reluctant to release the findings, as HIV prevalence could suggest a strategic weakness.

Although data are limited, available evidence suggests that AIDS is a concern for many national uniformed services:

- A 2001 nationwide survey in Ghana detected 6.7% HIV prevalence in the military, significantly higher than the 2.8% estimate of HIV prevalence in the general population.¹⁸
- According to the US Department of Defence, the Cameroonian Armed Forces has not performed force wide HIV testing since 1996. However, a 2002 study by Johns Hopkins University on a sample of personnel found that 9.8% were infected with HIV.¹⁹
- A 2001 surveillance of 1216 Eritrean army personnel indicated an HIV prevalence of 4.6%.²⁰

The armed forces of the Russian Federation do not conduct force wide testing of personnel, but media reports

15 Fact sheet AIDS and Emergency settings; woman and girls – the most vulnerable, <http://www.aidsandemergencies.org/FactsheetWomengirls.pdf>

16 Foreman, M., Healthlink Worldwide/Panos AIDS Programme, Combat AIDS: HIV and the world's armed forces, 2002.

17 *UN Integrated Regional Information Network*, HIV/AIDS an Extra Danger for LRA Child Soldiers, July 31, 2001.

18 Department of Defense HIV/AIDS prevention Program Status Report, Ghana, May 2003–September 2004. <http://www.nhrc.navy.mil/programs/dhapp>

19 Department of Defense HIV/AIDS prevention Program Status Report, Cameroon, May 2003–September 2004. <http://www.nhrc.navy.mil/programs/dhapp>

20 Eritrean Ministry of Health, HIV/AIDS risk groups and risk behaviours identification survey Eritrea, Eritrea, October 2001.

have suggested sharp increases and high rates of HIV among Russian conscripts and recruits. The Ukrainian army registered 400 HIV cases between 1994 and 2002.²¹ These data are only illustrative as there is no routine testing and information is obtained from the testing of recruits, screening for blood donations, and tests administered prior to travel or deployment on special missions.²²

HIV prevalence among uniformed services may differ substantially depending on the setting in which personnel are deployed. For example, the national figure for HIV prevalence among Cambodian police in 2000 was 3.1%. But figures varied considerably between provinces, from 0.7% in Svay Rieng to 10.7% in Koh Kong.²³

The impact of AIDS on uniformed services

Despite the limited official statistics on AIDS in uniformed services, leaders from numerous countries, including several outside Sub-Saharan Africa, have publicly acknowledged the epidemic as a serious problem in the ranks. In 1999, for example, the South African National Defence Force (SANDF) declared HIV to be one of its most important strategic issues,²⁴ while the Malawi Internal Security Minister, addressing the Southern African Police Co-operation Organisation one year later, urged that ‘the silence surrounding the subject of HIV/AIDS within the police services needs to be broken.’²⁵ Cambodia’s 2001 Defence White Paper highlighted the spread of AIDS as a key security concern, stating that ‘[w]ithout immediate and effective measures being taken, this enemy will not only endanger the human resources in society but will cripple the efforts of developing the armed forces’ capability as well.’²⁶ In India, AIDS is the fifth leading medical reason for being “invalided” out of the army and the second most common cause of death in the navy.²⁷

AIDS primarily affects young and middle-aged men and women during their most productive years. Within the uniformed services, these people occupy critical skilled, operational and supervisory roles. The loss of essential personnel compromises combat readiness, undermines morale, and disrupts the continuity of command. In a 2002 report, the US National Intelligence Council (NIC) predicted that AIDS could complicate staffing in the military corps in affected countries.

While uniformed services will undoubtedly undertake efforts to replace and retrain staff to compensate for the loss of HIV-infected personnel, the potential scale of

the epidemic may make it difficult for them to maintain optimal levels of operational effectiveness, particularly in resource-limited settings. High rates of AIDS among young men and women in the general population could also limit their recruitment pool. Even in countries with moderate HIV prevalence, the epidemic could cause increases in the cost of recruitment and training.

High rates of HIV within the uniformed services also have an impact on a state’s civilian population. For instance a 1997 study found a correlation between HIV clusters in northern Namibia and the location of military bases, partly attributed to sexual relations between soldiers and the local population.²⁸ The demobilisation of troops can also present a problem; actual or perceived HIV prevalence among personnel can pose a challenge to reintegration efforts and the willingness of communities to accept ex-combatants. In Sierra Leone, the pre-discharge orientation of ex-combatants initially included a reproductive health component, with an emphasis on HIV and STIs. But the National Committee for Disarmament, Demobilisation and Reintegration dropped this element after six months, reportedly because of financial constraints and complaints by former combatants about the overall time spent in the demobilisation centres.²⁹ Such instances of missed opportunities increase the risk of HIV in post-conflict areas.

21 UNAIDS, HIV/STI Prevention and Care Activities in Military and Peacekeeping Settings in Ukraine, UNAIDS series: Engaging Uniformed Services in the Fight against AIDS, case study 2, March 2004, Geneva Switzerland.

22 Ibid.

23 Family Health International/Cambodia, Strong Fighting: Sexual Behaviour and HIV/AIDS in the Cambodia Uniformed Services, December 2002.

24 Bazergan, R., Intervention and intercourse: HIV/AIDS and peacekeepers, Conflict, Security and Development, vol 3 number 1 April 2003.

25 Cited by Tenthani, R., ‘SADC Police Chiefs Warned to Regard AIDS as a Security Issue’, Pan-African News Agency, July 31 2000.

26 Cited by Bazergan, R., HIV/AIDS: Policies and Programme for blue helmets, Institute for Security Studies (ISS) paper 96, November 2004, Pretoria, South Africa.

27 Singh, M., Armed Forces of India AIDS Control Programme, presentation at Asia Pacific Military Medicine Conference XIII, Bangkok, 11–16 May 2003.

28 Bazergan, R., Editorial, the Conflict, Security and Development Group Bulletin, issue number 7, August–September 2000.

29 Bazergan, R., HIV/AIDS and peacekeeping: a field study of the policies of the United Nations Mission in Sierra Leone, King’s College, London, September 2002.

The impact of AIDS on international peacekeeping

Low- or middle-income countries remain the core troop contributors to UN peacekeeping operations, as well as many regional operations, and high rates of AIDS could undermine force generation for such missions. As CSIS experts have warned, should key African countries, such as South Africa and Nigeria, be unable to provide peacekeepers, contribute to growth and stability in the region, and/or guarantee their own stability, the security of the sub-regions and even the continent could be threatened.³⁰

Although evidence is limited, there is some indication that participation in peacekeeping operations may itself increase the risk of HIV infection among uniformed services. A 1999 study on Nigerian regional peacekeepers in Sierra Leone concluded: '[I]ncidence rates increased from 7 per cent after one year [in the Operation Sandstorm area of Sierra Leone] to 10 per cent after two years, to more than 15 per cent after three years of duty in the operational area, for a cumulative annual risk factor of about 2 percent. During the period under discussion, AIDS became the second-largest ultimate killer of deployed Nigerian soldiers, next to gunshot wounds.'³¹

A study of Indonesian peacekeepers serving with the 1992–93 UN peacekeeping mission in Cambodia concluded

that 11 contracted HIV while deployed in the mission: 'the Indonesian experience is indeed tragic in that the 11 (ultimately fatal) HIV infections far exceeded the only other losses (two non-disease related deaths) sustained by the Indonesian peacekeepers.'³²

The issue has become more heated with accusations that peacekeepers – both regional and serving with the UN – are spreading HIV to host communities. The Cambodian government, for example, attributed the rise of HIV in the country to the presence of the UN peacekeeping mission; welfare groups and NGOs in East Timor and in Kosovo have raised similar concerns regarding UN peacekeepers. But the general absence of reliable baseline data on HIV prevalence in conflict and post-conflict countries makes it difficult to assess the actual impact of the presence of peacekeepers on national epidemics.³³ Rates of HIV among peacekeepers are similarly not known, as the UN does not currently require mandatory testing before, during or after deployment. Many troop-contributing countries have national policies of HIV testing (and excluding HIV-positive personnel from deployment), but do not routinely share test results with the UN. As a result, the prevalence of HIV among peacekeepers has become a matter of much speculation, accusation and counter-accusation.

30 Schneider, M., and Moodie, M., *op. cit.*

31 Yeager, R., cited by Bazergan, R., 2003 *op. cit.*

32 Soeprapto, W., Ertono, S., Hudoyo, H., Mascola, J., Porter, K., Gunawan, S., Corwin, A.L., HIV and peacekeeping operations in Cambodia, *Lancet* 346, 1995.

33 Bazergan, R., 2003 *op. cit.*

The UNAIDS response to Resolution 1308

The UNAIDS Office on AIDS, Security and Humanitarian Response was established in July 2000. In response to Resolution 1308, it coordinates UN efforts to address AIDS in national uniformed services and peacekeeping operations. It provides leadership and advocacy for an integrated approach to AIDS and security, based on partnerships at the global, regional and national level. Three key principles inform the approach:

1. Engaging the uniformed services in the response to AIDS both reduces the vulnerability of personnel and capitalises on their potential to be ‘change agents’ and AIDS champions in their own families, communities and work environments.
2. Efforts to strengthen AIDS responses in the uniformed services will be most effective if they are based on strong, sustainable partnerships with the security forces, national institutions, UN Cosponsors and implementing partners and civil society.
3. Obtaining political commitment at the highest level, from Ministries of Defence and of Interior, is necessary to ensure the success and sustainability of programmes among uniformed services.

India, which ranks third globally in troop contributions to UN peacekeeping operations, signed a partnership agreement with UNAIDS in 2005 to mainstream AIDS awareness and prevention programmes throughout the armed forces.

International and regional security: UNAIDS and the UN Department of Peacekeeping Operations (DPKO) signed a collaboration framework in 2001. Based on this framework, UNAIDS is working with partners both within and beyond the UN system, to ensure the integration of AIDS awareness into the orientation and in-mission training of personnel deployed in UN peace-

keeping operations. In addition, UNAIDS, through its Cosponsors, such as the UN Population Fund (UNFPA), support outreach projects by peacekeeping missions so that vulnerable local communities benefit from programmes. UNAIDS also works at the regional level and is assisting the African Union (AU) in developing appropriate policies and programmes to address AIDS in African stand-by forces.



National Security: UNAIDS assists countries in developing and, through its Cosponsors, implementing AIDS policies and best practices in national militaries, police forces and other uniformed services. UNAIDS strongly advises that such programmes also address the needs of family members, as well as the rights and the needs of vulnerable groups with which uniformed services interact. Overall strategies are guided by the specific requirements identified by national uniformed services. For example, following a UNAIDS-hosted workshop in May 2005, the Ethiopian Defence Force is integrating the HIV-related needs of both orphans and vulnerable children into its AIDS policy and strategic framework.

Uniformed Services in the Middle East and North Africa

In order to adapt strategies to the needs and context of the Middle East and North African region, in 2004 UNAIDS hosted a workshop attended by representatives from the military, police and national AIDS programmes from nine countries (Algeria, Djibouti, Iran, Jordan, Lebanon, Morocco, Yemen, Sudan, the United Arab Emirates). It was the first time that AIDS had been discussed as a security issue in an open forum in the region. To facilitate regional learning, the workshop featured the experience of the South African National Defence Force, which has implemented a comprehensive approach to AIDS policy and programme development for its military. UNAIDS is now assisting many of the countries in assessing their national needs and developing AIDS plans for uniformed services.

Advancing implementation of Resolution 1308: cross-cutting areas

The UNAIDS framework comprises five cross-cutting areas:

- Leadership and advocacy
- Development of partnerships
- Policy and technical support
- Monitoring and evaluation
- Mobilization of financial resources

Leadership and advocacy

Programmes cannot be sustained without consistent leadership. Advocating for leadership at the international, regional and national levels is central to all aspects of the UNAIDS response to AIDS and security.

International and regional leadership and advocacy

Historically, international and regional conferences and forums on AIDS have rarely addressed the security dimension, and military conferences have not considered the impact of AIDS on the uniformed services. Advocacy by UNAIDS has contributed to a sea change in the global understanding of the links between AIDS and security.

At the XV International Conference on AIDS in Bangkok in 2004, UNAIDS, in partnership with the US Department of Defense, sponsored two sessions on AIDS and security – the first time the international conference included

sessions specifically addressing security-related aspects of the epidemic. During the conference, the Thai Minister for Defense spoke out about the need to engage with the uniformed services in the fight against AIDS.

UNAIDS has significantly raised the profile of AIDS and security through active participation in the meetings of the International Congress of Military Medicine in Santiago de Chile, Chile, in 2003; Virginia, USA, 2004 and St Petersburg, Russia, 2005. The forums provide an opportunity to discuss the day-to-day challenges of addressing AIDS within militaries. The Asia Pacific Regional HIV/AIDS Treatment and Care Workshop for the Military, which was held in Bangkok in March 2005 and attended by UNAIDS, resulted in AIDS training for more than 30 military medical personnel from the region.

In 2005, UNAIDS held an unprecedented meeting with the North Atlantic Treaty Organisation (NATO)'s health advisory body, the Committee of the Chiefs of Military Medical Services (COMEDS). UNAIDS is currently working with NATO to provide technical support to the development of an AIDS programme for the Organisation.

Similarly, UNAIDS has been advocating in African regional forums such as the African Union and Southern African Development Community (SADC) for the inclusion of AIDS programmes in strategies for African peacekeepers and standby forces. There have also been advocacy efforts with the Caribbean Community and Common Market (CARICOM), as illustrated in the section on partnerships.

National leadership and advocacy

The General Assembly Declaration of Commitment on HIV/AIDS underlined that 'strong leadership at all levels of society is essential for an effective response to the epidemic' and that such leadership 'involves personal commitment and concrete action.' The leadership of Governments and, in particular, national ministries responsible for uniformed services (Justice, Interior, Defence etc.) is of course crucial and is supported by UNAIDS in several ways: first, by helping to ensure that the AIDS-related needs of uniformed services are taken into account in the formulation and implementation of national AIDS strategic plans. Second, by encouraging officers in positions of authority to actively support implementation of AIDS policies. This aspect is critical for creating an enabling environment, given the command structure of uniformed services.

Through its advocacy with national political leaders and defence ministries, UNAIDS has contributed to the

dramatic increase in recent years in the number of countries that have embarked on comprehensive efforts to address AIDS among national uniformed services.

Many Governments have recognised the importance of formal national commitment in the response to AIDS among uniformed services and have engaged in Partnership Agreements with UNAIDS. While each partnership is specific to the given country, all agreements stress the need for accountability within the relevant command structures in relation to AIDS responses and outline the support that UNAIDS pledges to provide, through its Cosponsors, to meet the needs that have been identified by the uniformed services. To date, UNAIDS has signed such agreements with leaders from Albania, Brazil, Costa Rica, the Dominican Republic, Former Yugoslav Republic of Macedonia, Honduras, India, Kazakhstan, Kyrgyzstan, Nicaragua, Mongolia, Mozambique, Panama, Peru, Thailand and Uruguay.

Development of partnerships

To promote global collaboration and partnership on AIDS and security, UNAIDS chairs the Uniformed Services Task Force, a body that includes national militaries, international donors, leading think tanks and academic centres, philanthropic foundations, and international NGOs. The Task Force seeks to foster partnerships at each level of intervention with national uniformed services and to identify technical tools that may be required.

UNAIDS has actively engaged with regional bodies to heighten awareness and commitment on AIDS and security. For example, UNAIDS supported the African Union in the development of its AIDS strategic plan for 2005–2007, which was finalized in May 2005. This plan, entitled ‘Accelerating Action to Combat a Continental

Under the auspices of the Uniformed Services Task Force, UNAIDS has created an internet database to document the response to AIDS and uniformed services at the regional and national levels. This interactive map entitled ‘Engaging Young Men and Women in the uniformed services in the fight against AIDS’ contains policy and programmatic information, as well as situation reports on the impact of the epidemic on uniformed services. The map also references initiatives by UN peacekeeping operations and the programmes of partner organizations, such as the US Department of Defense, Family Health International and Population Services International.

The Southern African Development Community (SADC) is promoting the sub-regional harmonization of AIDS programmes and policy initiatives through its Inter-State Defence and Security Committee (ISDSC), which includes military representatives from Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. In January 2003, UNAIDS co-sponsored an AIDS Training Seminar with the US Department of Defense for SADC defence representatives.

Emergency’, identifies implementation of comprehensive AIDS programmes for African Union peacekeeping forces and African militaries as one its key strategic priorities. UNAIDS is now working with the African Union Commission on Peace and Security to develop comprehensive policies and programmes to address AIDS in African Stand-by forces.

In 2004, the First Brazilian AIDS Congress concluded by reaffirming its support for the regional platform to prevent HIV among uniformed services. UNAIDS and the Committee for the Prevention and Control of HIV/AIDS in Latin American and Caribbean Uniformed Services (LAC COPRECOS) are now developing a formal partnership. UNAIDS and CARICOM signed such a Partnership Agreement in 2005 to address HIV among uniformed services. During the course of 2005, UNAIDS will be engaging with 21 police forces across the Pacific region through the signing of a Partnership Agreement with the Pacific Islands Chief of Police (PICP) forum.

UNAIDS collaborates with DPKO and other key partners to ensure integration of AIDS in international peacekeeping operations. The collaboration framework with DPKO resulted in the secondment of an AIDS adviser to the Department’s Headquarters in New York. All UN peacekeeping missions now include either a full-time AIDS adviser or, in the case of smaller missions, an AIDS focal point.

Initiatives by UNAIDS are implemented through existing Cosponsor networks in the field, thus increasing the coherence and strategic effectiveness of the UN activities. Cosponsors include: the UN Children’s Fund (UNICEF); the World Food Programme (WFP); the UN Development Programme (UNDP); the UN Population Fund (UNFPA); the UN Office on Drugs and Crime (UNODC); the International Labour Organization (ILO); the UN Educational, Scientific and Cultural Organization (UNESCO); the World Health Organization (WHO);

the UN High Commissioner for Refugees (UNHCR) and the World Bank. An example of collaboration is the joint UNDP–UNAIDS mission to Somaliland in June 2005. As a result, AIDS education programmes are being mainstreamed into the UNDP Rule of Law and Security programme, which aims to build the capacity of the local military, police and custodial staff.

Policy and technical support

Guided by the needs identified by national uniformed services, UNAIDS has developed a set of technical instruments, collectively known as the toolkit for uniformed services. UNAIDS assists national programmers in adapting these tools to meet specific local needs. This toolkit consists of the following components:



Programming guide for uniformed services

Many attempts to address AIDS in the uniformed services have been hampered by a lack of coordination and limited strategic direction.

UNAIDS has developed an HIV/AIDS/STI programming guide to

support the sustainability and effectiveness of initiatives. The guide provides a policy and programming framework for programme managers to develop and then monitor their AIDS response.

Peer education kit for uniformed services

The programming guide is complemented by a peer education kit for uniformed services, a generic training package which contains modules on awareness and prevention, peer education, gender and human rights issues, capacity-building and sustainability. The kit also provides guidance on setting up and evaluating peer education programmes.

Following close consultation with individual uniformed services to adapt the peer education kit to the local



environment, UNAIDS provides support for the publication of a revised version in the national language. Several countries have integrated the modules into the curricula of their training institutions for military and police forces. Similarly, UNAIDS is currently working with regional peacekeeping training institutions to incorporate the kit in to their standard curricula.

UNAIDS case study series on AIDS and uniformed services

UNAIDS promotes the identification, documentation and dissemination of good practices, highlighting approaches that have been successful and that might be transferred or adapted to other settings. The UNAIDS Case Study Series on AIDS and Uniformed Services promotes learning, experience sharing and the empowerment of uniformed services and key partners in responding to AIDS (including people living with HIV, affected communities, civil society, governments, the private sector, donors and international organizations). To date, UNAIDS has published case studies of the programmes in Eritrea (including the peacekeeping mission in Ethiopia and Eritrea), Thailand and Ukraine. UNAIDS is currently working with the South African National Defense Force to document its AIDS programme.

Information, education and communication materials

UNAIDS facilitates the access of uniformed services to simple Information, Education and Communication (IEC) tools that promote and reinforce behaviour change. For example, UNAIDS has produced a poster series targeting young men and women in the uniformed services. In conjunction with Family Health International and the Uniformed Services Task Force, in 2004 UNAIDS launched a short documentary film, which highlights the vulnerability of national security and peacekeeping personnel, but also what can be done to mitigate the epidemic's impact on the uniformed services. UNAIDS has also developed and widely disseminated a series of AIDS awareness cards for peacekeepers, national uniformed services and humanitarian workers.

Monitoring and evaluation

UNAIDS promotes the development of a single national AIDS monitoring and evaluation framework and advocates for the inclusion of the uniformed services in the system.

UNAIDS provides assistance on monitoring and evaluation to uniformed services by assisting in the implementation of surveys to assess knowledge, attitudes, practices and behaviours. UNAIDS is also assisting countries in obtaining reliable information on HIV prevalence among armed forces. A set of indicators has been developed that national programmers can use to evaluate the response to AIDS among uniformed services at three levels:

1. Indicators of national commitment and action, focusing on policy, strategic and financial inputs for HIV prevention, care and support for those who are infected, and efforts to mitigate the social and economic consequences of HIV-related morbidity and mortality.
2. Indicators of national programmes and behaviour, focusing primarily on outputs, coverage and outcomes (e.g. increased knowledge about AIDS or altered behaviour).
3. Indicators of national-level programme impact, measuring the extent to which programme activities have succeeded in reducing the rates of HIV infection.

With technical support from UNAIDS, each country selects indicators that are appropriate for their planned activities.

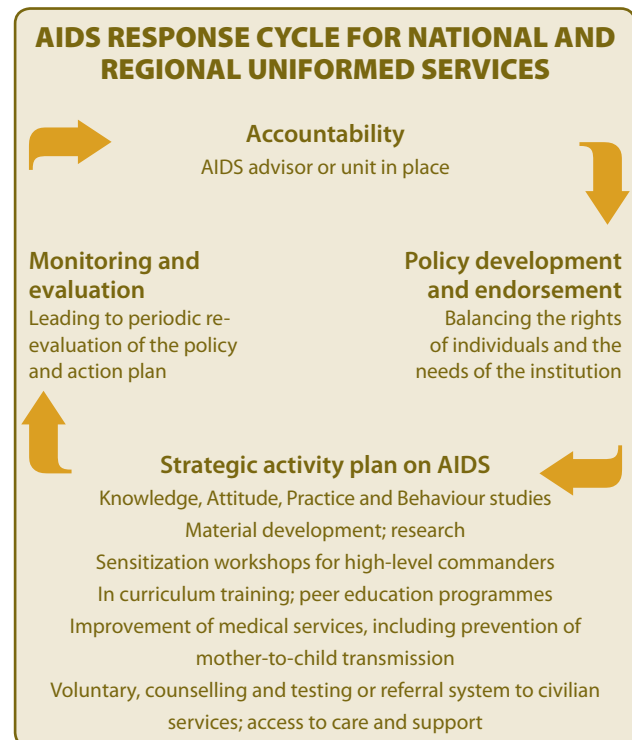
The links between national and regional instability and AIDS have generated much international attention but are often more presumed than demonstrated. In 2004, UNAIDS began collaboration with a number of research institutions in order to examine the evidence and assess current analysis. The aim is to identify knowledge gaps that need to be addressed in order to provide national governments and other stakeholders with the information they need to develop evidence-based policies to address AIDS among uniformed services and in conflict and post-conflict environments.

Mobilization of financial resources

Working through its Cosponsors, UNAIDS provides seed funding to national uniformed services to develop or improve their response to AIDS. This has been made possible through the financial and technical contributions

of donor governments including, but not limited to, Denmark, Ireland and Norway. To ensure the sustainability of initiatives, UNAIDS encourages Governments to mainstream programmes for uniformed services in national strategic plans and include them in national AIDS budgets and requests to other donor funds, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. In all cases, UNAIDS works within existing national, regional and international institutions and frameworks to promote sustainability and national ownership of the programmes.

The UNAIDS Office on AIDS, Security and Humanitarian Response has regionally-based advisers who work closely with UNAIDS Country Coordinators and Cosponsors to assist regional and national security institutions in enhancing the policy, programming, monitoring and evaluation components of their AIDS response in uniformed services. Using the above-noted technical tools, UNAIDS seeks to ensure that AIDS is addressed in a viable and coordinated manner, based on the following programme cycle:



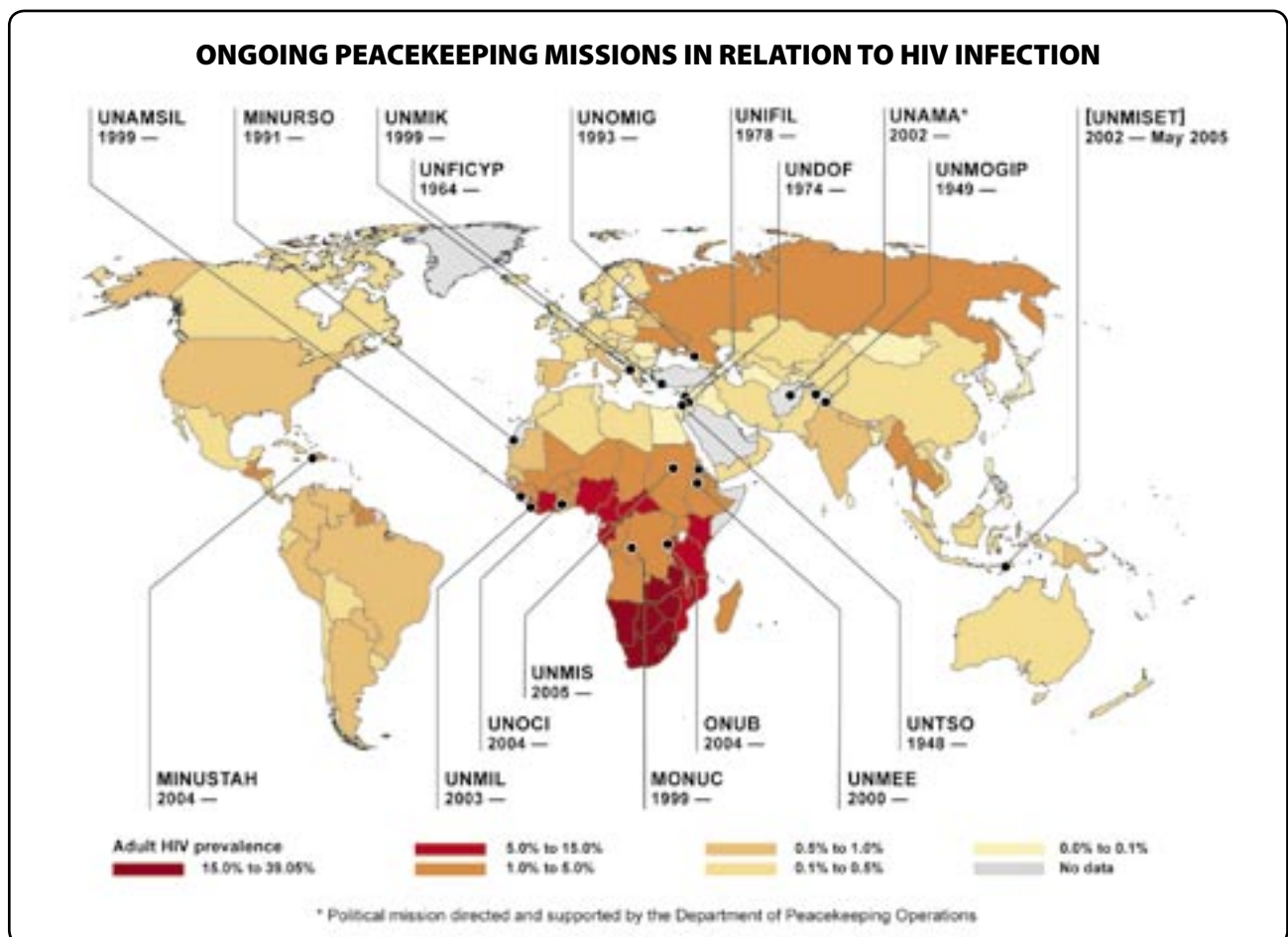
AIDS and UN peacekeeping

The past two years have seen an upsurge in UN peacekeeping operations. New missions were created in Liberia in late 2003, Burundi, Côte d'Ivoire and Haiti in 2004, and in Sudan in 2005; the established operation in the Democratic Republic of the Congo is being expanded to a mandated strength of more than 17,000 uniformed personnel. As of May 2005, 105 countries contribute in excess of 66,000 uniformed peacekeepers –including troops, military observers, and civilian police – to 18 missions in Africa, the Americas, Asia, Europe and the Middle East. Taking into account troop rotations, this

currently amounts to approximately 100,000 uniformed personnel being involved in UN peacekeeping annually and the figure is set to rise with major deployments under way to Sudan.

The movement of peacekeepers between high and low AIDS prevalence areas has focused attention on the risk of personnel either contracting or transmitting HIV.

Guided by the 2001 cooperation framework between UNAIDS and DPKO, UNAIDS supports implementation of Resolution 1308 by providing technical and advisory support to AIDS initiatives in peacekeeping settings.



In the preamble to Resolution 1528 (February 2004), establishing the UN operation in Côte d'Ivoire, the Security Council welcomed and encouraged 'efforts by the United Nations to sensitise peacekeeping personnel in the prevention and control of HIV/AIDS and other communicable diseases in all its peacekeeping missions'. Similar language has been used in the resolutions establishing the missions in Burundi, Haiti and Sudan.

Coordination of AIDS initiatives

One concrete response to Resolution 1308 is the assignment of AIDS advisers, supported by UN Volunteers and national professionals, as standard components of major peacekeeping operations. There are AIDS advisers in nine missions (Burundi, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia-Eritrea, Haiti, Kosovo, Liberia, Sierra Leone and Sudan), with focal points designated in smaller missions. Together the advisers and focal points create a network across all peacekeeping operations, with overall strategy and coordination provided by the seconded UNAIDS adviser at headquarters.

Mission training cells help coordinate specialised training for uniformed personnel; collaboration with civilian and military medical personnel, who are deployed in all sectors of a given mission, further reinforces AIDS programmes. The active engagement of senior personnel within missions is also crucial, including the Special Representative of the Secretary General, the Force Commander, the Police Commissioner and the Chief Military Observer. Making use of the command structure helps to integrate AIDS and counter the tendency for it to be sidelined.

DPKO maintains an AIDS Trust Fund, based on donations raised with UNAIDS from Denmark and the UK. The funds are used to train HIV counsellors, to support collaborative projects for peacekeepers and host communities; and to collect data for analysis, such as knowledge, attitude and practice surveys and mission planning assessments. The fund allows for cross-mission strategies and innovative programmes but missions also need to ensure that sufficient funds are allocated in their budgets for AIDS programmes.

The key components of field initiatives are awareness training, including behaviour change interventions and personal risk assessments, provision of condoms and post-exposure prophylaxis kits, voluntary counselling and testing, outreach to local communities, and monitoring and evaluation. UNAIDS and DPKO have undertaken joint missions to Haiti and Sudan to establish AIDS programmes in advance of the arrival of contingents and to support initiatives with national uniformed services.

Pre-deployment training

UNAIDS and DPKO seek to establish a base level of knowledge and awareness among peacekeepers being deployed. In collaboration with UNAIDS and with input from Member States, DPKO has developed a training module on AIDS for use by troop contributing countries during standard pre-deployment training. UNAIDS also encourages national AIDS strategies with uniformed services to include preparation for peacekeeping missions.

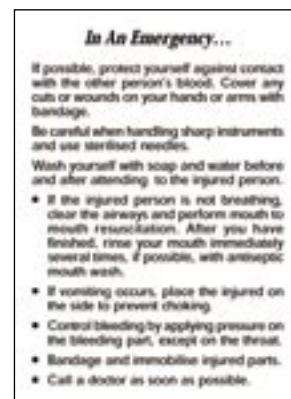
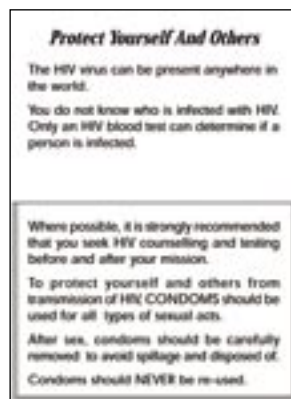
Strengthening pre-deployment training is an ongoing concern, for example, AIDS advisers have assisted with pre-deployment training for Ethiopian and Namibian troops being deployed to Liberia, for AU peacekeepers transferring to the UN mission in Burundi and for military observers and civilian police being deployed to Sudan. The UNAIDS focal point for AIDS and security in Latin America and the Caribbean has been helping Uruguay enhance training programmes for contingents being deployed to Haiti and the Democratic Republic of the Congo and similar assistance is being extended to other contributors in the region.

In-mission training

Within missions, AIDS advisers provide induction and on-going awareness training, keeping step with troop rotations and the arrival of new civilian personnel. For national and international staff, missions distribute the UNAIDS booklet 'AIDS and HIV infection: information for UN employees and their families'. For uniformed peacekeepers, the AIDS awareness card is available in 12 languages: Arabic, Bengali, Chinese, English, French, Hindi, Kiswahili, Nepalese, Portuguese, Russian, Spanish and Urdu. The extraordinary cultural diversity of peacekeepers, combined with the constant rotation of troops, represents a major challenge for the creation of sustainable

AIDS Adviser Colonel Ingrid Schriels provides awareness training to peacekeepers deployed with the United Nations Mission in Haiti





The AIDS awareness card for uniformed peacekeepers is available in 12 languages: Arabic, Bengali, Chinese, English, French, Hindi, Kiswahili, Nepalese, Portuguese, Russian, Spanish and Urdu.

programmes and underscores the vital importance of AIDS initiatives in national uniformed services.³⁴

Missions develop peer education programmes, drawing on the UNAIDS peer education kit, to help break down cultural barriers. The ‘military to military’ approach also creates capacity within contingents to maintain the momentum of awareness-training initiatives.³⁵

The first AIDS adviser was appointed in Sierra Leone in February 2001. Since then, over 20,000 peacekeepers have received awareness training. The mission has collaborated with UNAIDS, the UN Development Fund for Women (UNIFEM) and UNFPA to run AIDS prevention, gender and human rights workshops. In total 280 peacekeepers have been trained as peer educators.

—Source: AIDS adviser in the UN Mission in Sierra Leone.

The mission in Ethiopia and Eritrea operates two-week peer education programmes and has trained some 1,100 peer educators. Mission-specific operational imperatives and challenges may make it difficult to release peacekeepers for similar lengths of time in other missions, necessitating different approaches. The mission in Haiti, for example, has used three-day courses to train over 70 peacekeepers from 16 different troop-contributing countries, with follow-up support and monitoring provided by the mission’s AIDS unit. UNAIDS and DPKO are examining ways to create a network to maintain the capacity of such peer educators once they return home.

Condom promotion and post-exposure prophylaxis kits

A memorandum of understanding between DPKO and UNFPA ensures the availability of high-quality condoms in the mission area. Condom promotion represents one component of a long-term strategy that encourages personnel to adopt safer attitudes and behaviours before, during and after involvement in a peacekeeping operation. Condom availability is a health and safety intervention, not a licence for sexual abuse. UNAIDS and DPKO are working closely to ensure that AIDS training clearly reinforces applicable codes of conduct and educates peacekeepers regarding prohibited behaviours.

All peacekeeping missions have post-exposure prophylaxis kits to reduce the chances of contracting HIV through occupational exposure to the virus, such as through a needle-stick injury, or rape. Missions receive screened blood supplies and peacekeepers are not considered ‘walking blood banks’.

Voluntary counselling and testing

Strengthening the voluntary counselling and testing facilities across missions is a priority as it provides the scope ‘for individuals to make informed and independent decisions to find out their HIV status’, and it is a ‘critical component in influencing behaviour and preventing further transmission.’³⁶ In Liberia, where more than 130

34 Bazergan, R., 2004 op. cit.

35 Ibid.

36 DPKO HIV testing policy, January 2004.



Bangladeshi and Nigerian peacekeepers serving with the United Nations Mission in Liberia hold up their AIDS awareness cards following training sessions in November 2004.

UN personnel visited the mission's two voluntary counselling and testing sites between April and May 2005, the mission is planning to launch a 'roaming' facility to ensure access for all contingents, civilian police, military observers and staff in the sectors.

HIV testing policy

HIV testing in the context of peacekeeping is a complex and controversial issue over which Member States are divided. In a March 2001 letter to the Security Council, Eritrea requested that UN troops being deployed to the mission should be tested for HIV. Eritrea argued that this was not a 'discriminatory practice' targeting the UN but was in line with a 'standard national practice that [had] been in effect since 1993'. Ultimately Eritrea's request was denied, which partly informed its decision not to sign a Status of Forces Agreement.³⁷

Based on guidance from UNAIDS and the World Health Organisation, DPKO's testing policy stipulates that 'the sole medical criterion for the deployment and retention of a peacekeeper is fitness to perform duties during the term of deployment.' In accordance with current medical and human rights guidelines and given the generally long functional capacity of HIV-positive personnel, the policy provides that 'the HIV status of an individual is not in itself considered an indication of fitness for deployment' therefore an HIV test is not required. A thorough pre-deployment medical exam should, though, exclude those showing signs of active disease, including clinical symptoms of AIDS.

Most of the major troop-contributing countries, however, have national mandatory testing policies for

peacekeepers and exclude from deployment those found to be HIV positive. Although the rigour with which such policies are actually implemented varies.

UNAIDS and DPKO are reviewing the current policy to address concerns regarding the potential impact on host nations as well as reported AIDS-related deaths and repatriations from a number of missions. (The quality of pre-deployment medical assessments is also being examined.)

A rights based approach remains the cornerstone of UNAIDS guidance to ensure an ethical process for conducting testing, to address the implications of a positive result and to reduce AIDS related stigma and discrimination. The UNAIDS/WHO policy statement on HIV testing recognises that many countries conduct mandatory testing for pre-recruitment and periodic medical assessments for military personnel, but recommends that 'such testing be conducted only when accompanied by counselling for both HIV-positive and HIV-negative individuals and referral to medical and psychosocial services for those who receive a positive test result.'³⁸

Outreach to local communities

In consultation with their respective country Theme Groups, AIDS advisers also develop outreach projects specifically targeting local communities. For instance, the mission in Liberia has held three 5-day programmes for

³⁷ Bazergan, R., 2004 op. cit.

³⁸ UNAIDS/WHO Policy Statement on HIV Testing, June 2004. See www.unaids.org



UN peacekeeper on duty in Bopolu, Liberia (June 2005), where a knowledge, attitude and practice survey has been piloted.

religious leaders, to encourage faith-based AIDS prevention initiatives, and for the media and civil society organisations. Similarly, the mission in Côte d'Ivoire has teamed up with UNFPA to raise awareness in vulnerable groups and provide training on the diagnosis and management of sexually transmitted infections. In Timor Leste in 2003, a six-week schedule of living testimony by an HIV-positive trainer included a special peer education programme for the Timorese police force and local NGOs. The training of HIV counsellors routinely includes local

In collaboration with the Ministry of Public Health and Population and the Ministry of Justice and Public Security, UNFPA and the UN peacekeeping mission in Haiti, UNAIDS is providing financial and technical assistance to help the Haitian police force develop a comprehensive plan to promote HIV prevention, reproductive health and gender equality. The project also aims to build the long-term capacity of the police to integrate these health concerns into its regular orientation, training and oversight. Activities include peer education, the curricula development for the National Police Academy, voluntary testing and counselling, improved management of STIs and HIV infection, and condom promotion and distribution. The project seeks to reach more than 6,200 members of the national police, as well as 300–400 new recruits every six months.

participants in order to develop national expertise. Peacekeeping missions have also been using their radio broadcasts to disseminate information on HIV prevention and to break down stigma and denial.

The UN Under-Secretary for Peacekeeping Operations, Jean-Marie Guéhenno, has stressed that efforts 'focus not only on how to reduce the risks of HIV transmission, but also how to capitalise on the positive potential of peacekeepers as agents of change'.³⁹ In the Democratic Republic of the Congo, for example, sensitisation projects by peacekeepers have ranged from theatre performances and football matches to high profile events attended by local dignitaries. Across many missions, peacekeepers link up with local groups to mark World AIDS day.

UNAIDS and DPKO are collaborating to mainstream AIDS into mission functions. For example, AIDS is included in a 14 UN entity initiative to create an integrated approach to disarmament, demobilisation and reintegration (DDR) in peacekeeping settings. The UN Mission in Sudan is designing a strategy to help train AIDS 'change agents' as part of the DDR programme. And in Côte d'Ivoire, the AIDS adviser is collaborating with the mission's Rule of Law unit to design a programme for AIDS prevention in prisons.

39 Guéhenno, J.M., statement to the Security Council 17 November 2003 S/PV.4859.

Monitoring and evaluation

In order to assess the impact of interventions, UNAIDS, DPKO and the US Centers for Disease Control and Prevention (CDC) have piloted a knowledge, attitude and practice survey among peacekeepers in Liberia, May–June 2005. Over 650 peacekeepers were interviewed individually, including civilian police, military observers and troops of all ranks.⁴⁰ The initial findings and analysis will be disseminated in late 2005 and will inform the design of future programmes. Lessons learnt from the implementation of the survey will assist with similar evaluations in other peacekeeping missions and surveys with national uniformed services.

DPKO and UNAIDS are also reviewing systems to gather and analyse existing baseline data in missions, such as reported rates of sexually transmitted infections and cases of HIV and AIDS. Current tracking systems in many missions are weak and, as a consequence, vital information is being lost or overlooked. DPKO and UNAIDS are also assessing strategies for identifying best practices in the field, building on the Ethiopia–Eritrea case study, from mission start-ups to the end of mandates. For example, the outgoing AIDS adviser from Timor Leste is drafting lessons learnt on the specific challenges facing programmes during the downsizing phase of operations.

⁴⁰ UNAIDS has previously carried out AIDS awareness surveys among UN staff across agencies through the intranet. It is not possible to do this with uniformed peacekeepers as their access to the internet is more limited.

AIDS programmes among national uniformed services

This section provides an overview of the work of UNAIDS and its Cosponsors to assist national uniformed services in developing and/or integrating AIDS prevention, education and services. Case studies are used to illustrate the broad range of support provided and challenges faced.

Sub-Saharan Africa

In the region that has been hardest hit by AIDS, evidence indicates that HIV prevalence may be high in many national militaries. As the Director of the Economic Commission for Africa underscored at the opening ceremony of the African Development Forum in October 2004, the AIDS-related erosion of armed and civil forces is jeopardizing the security of many African nations. Uniformed services from Sub-Saharan Africa are also key contributors to UN and regional peacekeeping.

With its Cosponsors, UNAIDS is engaging with 29 countries in the region to develop and/or integrate AIDS programmes into the operations of national uniformed services. Regional bodies are also taking up the cause of responding to AIDS among armed and civil forces. For example, the Economic Community of West African States (ECOWAS) has adopted an AIDS action plan for



Police in the Democratic Republic of the Congo supporting an AIDS symposium

uniformed services, while the Southern African Development Community (SADC) has taken steps through its Inter-State Defense and Security Committee to strengthen and harmonize sub-regional AIDS responses. UNAIDS is similarly providing technical support to the AU Commission on Peace and Security to promote effective AIDS measures among uniformed services.

Angola

Following independence in 1975, Angola became engulfed in a civil war, which was brought to a halt only in February 2002 with the signing of the Lusaka Protocol. The last several years have witnessed a broad-scale demobilisation of soldiers throughout the country.

It is estimated that 300,000 Angolans are infected with HIV – roughly 3.9% of the general population.⁴¹ Largely due to the internal armed conflict, the Angolan HIV prevalence appears considerably lower than in neighbouring countries. This suggests that the restricted mobility as a result of the conflict may have slowed the spread of HIV in the country. Recent data from a national seroprevalence study amongst pregnant women receiving antenatal care in the 18 Angolan provinces showed a prevalence of 2.8%. This suggests: (i) there is currently a window of opportunity for Angola to avoid the high prevalence facing other countries in Sub-Saharan Africa; and (ii) Angola may be able to convey concrete hope to other countries that, with strong leadership and a coordinated multi-sectoral response, the epidemic can be controlled.

The study showed that in border provinces HIV prevalence is significantly higher, suggesting that population movements accelerate the rate of spread of the infection across borders and along major corridors. However, national antenatal care coverage has been estimated at less than 40%, so caution is needed in interpreting the results of this survey.

41 UNAIDS, 2004 Report on the Global AIDS Epidemic.

ENGAGING WITH UNIFORMED SERVICES: THE OFFICE OF AIDS, SECURITY AND HUMANITARIAN RESPONSE



Overall HIV prevalence in the Angolan Armed Forces is estimated to be 4.5%, although there are significant regional variations. A November 2003 sero-prevalence survey among army personnel found the highest prevalence (11%) near the border with Namibia, with substantially lower prevalence in other parts of the country – 5% in the capital Luanda and less than 3% in the remote areas of Kuito and Dundo.⁴² In 2000, the military unveiled its AIDS Prevention and Control Programme as a component of the broader national effort. Activities already implemented within the armed forces include an HIV prevalence survey in some provinces, training in HIV counselling and testing, diagnosis of STIs, and a range of prevention strategies, including information, education and communications programmes, blood safety, and the free distribution of condoms. HIV-infected soldiers continue in service unless they are no longer capable of working and soldiers and family members have access to free medical assistance (although antiretroviral therapies are not yet available).

UNAIDS is currently collaborating with UNDP to support the Government's HIV prevention activities in the armed forces and police in the south-western region. The project aims to mobilize and sensitize soldiers and police personnel regarding STI and AIDS, placing emphasis

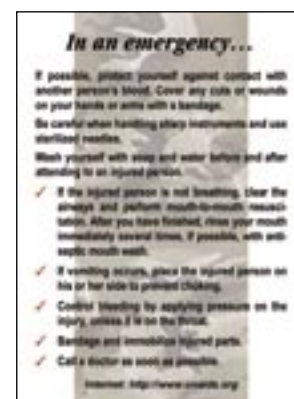
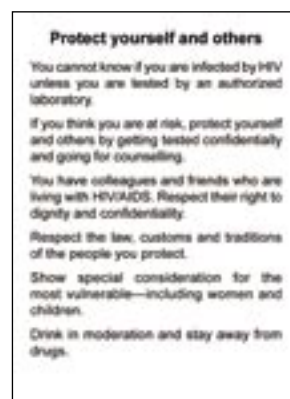
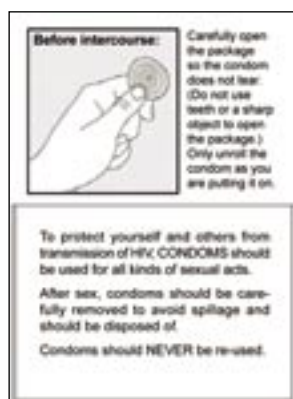
on peace, human rights and gender equality to encourage progressive behaviour change. To strengthen the institutional capacity and support the sustainability of prevention efforts, 50 peer educators within the army and police force will be trained. The project will also strengthen the capacity of health services personnel to manage STIs and will train health personnel in voluntary counselling and testing to facilitate a civil-military centre in one of the provinces. A local baseline survey on knowledge, attitudes, practices and behaviours will be undertaken to reinforce the surveillance system and to measure the impact of interventions.

Mozambique

One of the poorest countries in the world, Mozambique has also been heavily affected by AIDS. In 2004, there were an estimated 1.2 million people living with HIV, representing an overall HIV prevalence of 12.9%.⁴³ The

⁴² Department of Defense HIV/AIDS prevention Program Status Report, Angola, May 2003–September 2004.
<http://www.nhrc.navy.mil/programs/dhapp>

⁴³ www.unaids.org



The AIDS awareness card for uniformed services is available in 13 languages: Armenian, Bahasa Indonesian, English, French, Lithuanian, Mongolian, Nepalese, Romanian, Spanish, Russian, Thai, Uzbek and Vietnamese.

Ministry of the Interior – with a workforce of approximately 25,000 – identifies roughly 180 new infections each year during recruitment drives for 300 new staff. Within the Ministry of National Defence, which employs around 15,000 people, 1,059 cases of STI/HIV/AIDS were reported in 2002. A 1995 study of military personnel in Maputo province found that more than 44% of those surveyed did not use condoms and nearly 70% had a history of one or more sexually transmitted infection.⁴⁴

In February 2004, the Government of Mozambique, represented by the Ministries of National Defence and the Interior, entered into a Partnership Agreement with UNAIDS – a sign of the government’s increasing determination to tackle the country’s severe epidemic. Grounding the partnership in a respect for human rights and a commitment to reduce vulnerability, Mozambique formally recognized that ‘working with uniformed services will contribute greatly to moving ahead the national response to HIV/AIDS’.

UNAIDS is now finalizing its support for a collaborative project with UNDP to assist Mozambique in building institutional AIDS capacity in the Ministries of National Defence and of Interior and in the national de-mining programme. The project will devote particular attention to the training of trainers to facilitate prevention activities for young people, as part of the strategy envisaged by the National Strategic Plan to Combat AIDS (2004–2009).

Rwanda

The Rwandan genocide of 1994, during which an estimated 800,000 people were killed, continues to influence Rwandan society. AIDS is another challenge facing communities.

According to 2003 estimates, infection rates in rural areas – where 83% of the population resides – are between 2 and 4%.⁴⁵

Despite high levels of knowledge regarding AIDS among Rwandan military, focus group discussions conducted in 8 of the 12 brigades in 2001, 2002 and 2003 indicated major barriers to behaviour change, including:

- Low levels of judgment: the limited ability to make favourable decisions regarding sexual practices, including consistent condom use with casual and regular partners, reducing the number of sexual partners and condom negotiation etc.
- Low personal risk perception: inadequate personal risk assessment which makes soldiers feel invincible; men believe that HIV infection rates are not higher among commercial sex workers than among rural women.⁴⁶

The Rwandan Defense Force tests recruits upon entry and excludes those who test HIV-positive, but soldiers who are infected while in service receive free medical treatment and are not automatically decommissioned. Other uniformed services in the country do not have mandatory testing. Rwanda is now engaged in a massive

44 Data from a project proposal submitted to UNAIDS for funding, June 2005, by UNDP, the Ministry of National Defence, Ministry of Interior and the De-mining Programme in Mozambique.

45 www.unaids.org

46 Information from a project proposal submitted to UNAIDS in August 2004 by UNDP, PSI/Rwanda and the Rwandan Department of Defense.

demobilisation effort. 15,000 officers and soldiers are currently involved in the demobilisation process carried out by the World Bank. The process is supposed to be voluntary and the HIV status of individuals is not a determining factor in whether or not an individual is demobilised.

In 1995, the Ministry of Defense established a public health division, with the aim of reducing HIV infection among armed forces personnel. Beginning in 2001, Population Services International (PSI) began assisting the Ministry of Defense in delivering AIDS prevention and education interventions and has subsequently assumed primary responsibility for such efforts, but there are no special provisions for programmes among recruits. The national strategic AIDS plan emphasizes HIV prevention services for high-risk groups, including the armed forces.

UNAIDS is currently collaborating with UNDP, PSI and United States Agency for International Development (USAID) to assist the Rwandan armed forces in integrating AIDS activities. The joint project emphasizes HIV/STI prevention, voluntary testing and counselling, behaviour change communications, peer education training, and the availability of condoms.

Middle East and North Africa

Although the number of infections in the Middle East and North Africa (MENA) region remains low compared with Sub-Saharan Africa and Asia, the epidemic's growth in the region is cause for concern. There were 92,000 new infections in 2004, bringing to 540,000 the total number of people living with the virus in the region.⁴⁷ The Middle East and North Africa component of the UNAIDS initiative with uniformed services was launched in 2004. Seven countries in the region are either currently developing programmes and proposals or have submitted requests for support from UNAIDS.

Sudan

The 2004 signing of a Comprehensive Peace Agreement in Sudan, signalled the end of one of Africa's longest and most intractable wars. During the conflict, over two million people were killed, four million uprooted and some 600,000 forced to seek shelter beyond the country's borders as refugees. The challenges for population resettlement, demobilisation and reconstruction remain huge. And, the crisis in Sudan's western region of Darfur continues.

Sudan has the highest HIV prevalence in the MENA region, with a national adult prevalence of 2.3%.⁴⁸ The rates in the south and east are believed to be higher.

The Sudan National AIDS Control Programme in the north and the creation of the New Sudan National AIDS Council in the south reflect a recent determination by the leadership to address AIDS. The national Multi-sectoral Strategic Framework on AIDS has identified the Ministries of Defence and Interior as key players in the national response – the armed forces number over 100,000 and there are a further 30,000 police personnel. Resource and capacity constraints, however, have meant that there has been only a minimal response among the uniformed services.

The first case of HIV in the Sudanese military was identified in 1990. Data are limited but an ongoing survey has found greater levels of HIV among soldiers near the Ugandan border, while rates in the interior are consistent with civilian communities. On average two cases a week of HIV in the military were identified in Khartoum in 2004, the majority showing clinical signs of AIDS. Behavioural surveys of military personnel indicate low levels of awareness. A 2002 survey found that 24% of military respondents could not name any of the ways that HIV is transmitted, around 31% could name one route, just over 18% could name two routes of transmission, but less than 1% knew all three. Nearly 60% of respondents had never seen a condom, although 43% reported having had sex outside of marriage. To date, no similar surveys have been carried out among police personnel.⁴⁹

In response to concerns raised by the Sudanese government, UNAIDS sponsored an exchange visit to Ethiopia for representatives from the Ministries of Defence and Interior to expose them to a national programme with uniformed services. Due to the large number of uniformed services in Juba, South Sudan, UNAIDS is supporting a Sudanese government AIDS prevention and awareness programme which targets army personnel in this region. Sudan has developed a combined AIDS action plan for the armed and civil forces, linked to the Sudanese National AIDS programme. UNAIDS will be supporting implementation of the plan through a project

47 UNAIDS/WHO AIDS epidemic update, December 2004, Geneva, Switzerland.

48 www.unaids.org

49 Data from a project proposal submitted to UNAIDS in January 2005 by the Sudan National AIDS Programme and the Ministries of Defence and of Interior.

focusing on the creation of an enabling environment and the development of core trainers and peer educators.

The Sudan People's Liberation Movement/Army (SPLM) has developed a Policy Document on HIV/AIDS in April 2001 and the first AIDS strategic plan was drafted in November 2004. Within the framework of this strategic plan, the SPLM has expressed interest in working with UNAIDS and for a needs assessment to address AIDS among its forces. UNAIDS and the National AIDS Control Programme is also collaborating with the UN peacekeeping mission in Sudan in planning for AIDS initiatives in disarmament, demobilisation and reintegration and other outreach projects.

Lebanon

HIV prevalence is still low in Lebanon. The first case was identified in 1984, current estimates place the adult prevalence rates at 0.1%.⁵⁰ The National AIDS Control Programme was established in 1989 and the government has stressed its commitment by giving it a specific budget line since 1994. The 2004–2009 National AIDS Strategic Plan includes a component targeting the uniformed services.

There are around 72,000 personnel in the Lebanese armed forces, including almost 23,000 conscripts, and 13,000 in the internal security forces.⁵¹ A 1995 knowledge attitude behaviour and practice survey among student officers in the Military Academy found low levels of awareness and high risk behaviour patterns, especially with regard to sexual practice.⁵² UNAIDS is currently collaborating with WHO, the Ministers for Health, Interior and Defence to develop a project targeting all security personnel. This will be the first structured AIDS project within the framework of the National Strategic Plan to be implemented by the Lebanese government for the uniformed services. The project aims to develop clear policies and strategies and to implement AIDS and STI programmes. Activities will include peer education, mainstreaming of AIDS into the curriculum and the promotion of voluntary counselling and testing.

Europe and Central Asia

As the Eastern Europe and Central Asia region continues to undergo major political, social and economic changes, it is also suffering a rapid increase in HIV infections. An estimated 1.4 million people were living with the virus



Swedish peacekeepers with the AIDS unit in Liberia

in 2004, a nine-fold increase in just ten years. In Western Europe, thousands of new infections are occurring every year and large numbers of HIV-infected people are not aware of their HIV-status.⁵³ With assistance from UNAIDS, national militaries and regional bodies have made significant moves towards AIDS prevention into the operations of uniformed services. UNAIDS is currently at various levels of engagement with 17 national uniformed services in the region.

Kazakhstan

Located along some of the world's most active heroin trafficking routes, Kazakhstan is home to an expanding epidemic. Although HIV prevalence at 0.25% is still low, the combination of rapid economic and social changes and the prominence of the regional drug trade suggests there is potential for a serious national epidemic.⁵⁴

Since 2000, the government of Kazakhstan has identified the armed forces as an important target for intervention. Kazakhstan's National AIDS Strategy for 2001–2005 identified the Ministries of Internal Affairs and Defence among implementers.

50 www.unaids.org

51 International Institute for Strategic Studies, *Military Balance 2004–2005*. Oxford University Press, 2004.

52 Information from a project proposal submitted to UNAIDS in June 2005 by the World Health Organisation Lebanon, the National AIDS Control Programme and the Ministries of Health, of Defence and of Interior.

53 UNAIDS/WHO AIDS epidemic update, December 2004, Geneva, Switzerland.

54 Ibid.

In 2002, UNAIDS and the Ministry of Defence, in collaboration with UNDP, initiated a joint programme to provide 50,000 uniformed service personnel with peer education, voluntary testing and counselling, condom access, and improved medical services for HIV and STI management and care. The projects achievements include: the development of a comprehensive strategic AIDS plan for the military; the setting up of a sustained condom supply, with approximately 500,000 condoms already distributed; the development and widespread dissemination of HIV prevention and education; the establishment of voluntary testing and counselling facilities, the sensitization of high ranking officials and training of peer educators and health care professionals and the integration of HIV-related topics into the curricula of the country's military schools.⁵⁵

Despite such achievements, the project also highlighted shortcomings that should be addressed. The Ministry of Defence, for example, has yet to allocate sufficient national funds to demonstrate its commitment to a long-term AIDS response. In addition, the strategy of voluntary testing and counselling, based on confidentiality, is undermined by the country's policies of excluding HIV-infected recruits and HIV status being a determining factor for deployment or service in the army. Finally, there is a need for appropriate monitoring and evaluation tools to assess interventions and inform future policies.

The Russian Federation

The most heavily affected country in the region, the Russian Federation has one of the world's fastest growing epidemics. An estimated 860,000 people were living with HIV at the end of 2003. Although HIV infections have been recorded throughout the expanse of the Russian Federation, much of the epidemic is still concentrated in 10 regions. Without effective prevention programmes, though, outbreaks could follow in the rest of the country.⁵⁶

According to the Ministry of Defence, HIV prevalence in the armed forces, at 0.8%, is roughly comparable to the national prevalence. Among reported cases in the military, 95% of infections are detected among recruits.⁵⁷ Military regulations stipulate that HIV-infected recruits are unfit for military service, although HIV-positive contracted personnel are permitted to remain in service until medical examinations, conducted twice a year, indicate that they are too ill to perform their job.

Since 1998, the National Defence Authorities have undertaken a variety of measures to address AIDS in the

army and navy, supported from the outset by technical and financial assistance from UNAIDS. Following a pilot project for HIV/STI prevention in the Moscow military district, the country has initiated a comprehensive prevention and care programme for the military which was developed in conjunction with UNDP. The programme, which is expected to reach an estimated 1.5 million people annually, aims to: integrate HIV prevention into the country's 2,300 military conscription commissions and into routine education and communications activities for military personnel and their families; support HIV peer education; increase the capacity of military health professionals to diagnose and manage HIV infection; provide psychosocial support to HIV-infected patients in military hospitals; and promote regional exchanges regarding HIV prevention and care for uniformed services.

In the first six months of implementation, the Ministry of Defence project has provided AIDS education and training to 16 master trainers and 80 peer educators, which are expected to train a further 8,000 conscripts. Notwithstanding this important progress, the enduring stigma associated with HIV continues to impede efforts to prioritize HIV prevention and care in the uniformed services.⁵⁸ In an effort to address and overcome these and other barriers, UNAIDS and the Ministry of Defence are engaged in discussions aimed at institutionalizing a formal collaboration – this is one of the important outcomes of the 36th International Congress on Military Medicine, held in St Petersburg in June 2005.

Ukraine

Ukraine is facing a new surge of reported HIV infections, with 360,000 people (1.4% of the adult population) living with HIV as of December 2003. Injecting drug use accounts for three-quarters of reported cases but the incidence of infection through sexual transmission is increasing.⁵⁹

55 Final report of the project Strengthening the National Strategic Programmes on HIV/AIDS Prevention in the armed forces of the Republic of Kazakhstan for 2004–2005, submitted to UNAIDS by UNDP Office in Kazakhstan, February 2005 .

56 UNAIDS 2004 Report on Global AIDS epidemic, June 2004.

57 Information from a project proposal, HIV prevention and care for military personnel in the Russian Federation, submitted to UNAIDS by the Russian Ministries of Defence and Health and UNDP Office in Russia, April 2004.

58 First interim report of the UNAIDS supported project on HIV prevention and Care for Military Personnel in the Russian Federation, submitted to UNAIDS by UNDP Office in Russia, June 2005.

59 UNAIDS 2004 Report on Global AIDS epidemic, June 2004.

The armed forces detected the first case of HIV infection in 1987, and 400 of its members tested HIV-positive between 1994 and 2002. The actual rates of HIV in the armed services cannot presently be quantified, however, as the military does not conduct routine HIV screening. The 50,000 individuals recruited into the army annually are aged between 18 and 25 and predominantly come from rural areas, where HIV and STI prevention and education services are largely non-existent.⁶⁰

Viewing the uniformed service as a vulnerable group within the country's rapidly advancing epidemic, the government directed the Ministry of Defence and other responsible ministries to develop sound HIV prevention policies and practices for the armed services. UNAIDS has worked closely with UNFPA to provide extensive technical and financial assistance.

A pilot programme, aimed at institutionalizing a formal education programme for the military, included an assessment of HIV/STI prevalence and the development of training modules and materials for HIV and drug abuse prevention. After an external evaluation found the programme to be highly cost-effective, the country embarked on the second phase with the development of a sustainable, comprehensive HIV prevention programme administered by the Education Department of the Ministry of Defense. This has included a conference to raise AIDS awareness in the armed forces, the development and distribution of a range of AIDS materials (including booklets, posters, and videotapes), and a series of 35 training workshops for a broad range of experts and institutions (including psychologists, education officers, military education institutions, and military training centres for peacekeepers).

Altogether, these activities reached an estimated 350,000 members of the armed services – including 2,400 peacekeepers – at a cost of US\$0.50 per person.⁶¹ An evaluation of the second phase revealed significant positive changes in the behaviour and knowledge levels among military cadets and officers, as well as significant declines in alcohol and drug use. Activities are now integrated into the training curricula of the armed forces and are largely funded through the national budget. The National AIDS Strategy includes HIV prevention among the uniformed services, reflecting the long-term commitment of the government.

The Ukraine project has served as a catalyst for similar activities in other countries, including the development of UNAIDS supported projects in Belarus, Kazakhstan, Moldova and Uzbekistan.

Latin America and the Caribbean

Although HIV prevalence is low in most Latin American countries in comparison to other regions, their national uniformed services have been leaders in addressing AIDS, recognising that there is a window of opportunity. With an average HIV adult prevalence of 2.3%, the Caribbean is the second most affected region in the world.⁶² UNAIDS, through its Cosponsors, is assisting or developing projects with the uniformed services in 17 countries in Latin America and the Caribbean.

The region's response to HIV among uniformed services has been characterized by effective inter-country cooperation. LAC COPRECOS, for example, is a unique regional platform established in 1995 comprising representatives from the Ministries of Interior and of Defence and Surgeon Generals from the police and military of 12 Latin American and Caribbean countries – Argentina, Brazil, Colombia, Chile, the Dominican Republic, Guatemala, Honduras, Panama, Paraguay, Peru, Uruguay and Venezuela. These countries are currently working with UNAIDS to establish AIDS prevention programmes specifically tailored for their national uniformed services and peacekeeping troops. UNAIDS was a signatory to the September 2004 Recife Declaration, which revitalized LAC COPRECOS by acknowledging that the impact of the AIDS pandemic constituted a security risk. UNAIDS is advocating for

The Recife declaration of September 2004 highlighted that the AIDS pandemic affecting Latin American and Caribbean uniformed services constitutes a security risk to those countries. The Declaration sought to strengthen the commitment of governments and military authorities to integrate and coordinate initiatives with the uniformed services and National AIDS programmes. The declaration drew attention to the specific vulnerability of young people in uniform and the lack of central committees for prevention and control in many defence and civil defence services. The declaration underscored the importance of surveillance, including counselling and testing with informed consent.

60 UNAIDS, HIV/STI Prevention and Care Activities in Military and Peacekeeping Settings in Ukraine, case study 2, March 2004, Geneva Switzerland.

61 UNAIDS, HIV/STI Prevention and Care Activities in Military and Peacekeeping Settings in Ukraine, case study 2, March 2004, Geneva Switzerland.

62 UNAIDS/WHO AIDS epidemic update, December 2004, Geneva, Switzerland.

the respective governments of LAC COPRECOS to formally adopt the Recife Declaration and to support the regional body and exchanges between members. A partnership declaration between UNAIDS and LAC COPRECOS is scheduled for late 2005.

Brazil

With 660,000 individuals living with HIV as of December 2003, Brazil accounts for more than a third of all infections in Latin America, with the epidemic dispersed throughout the vast country. The number of AIDS deaths has fallen by two-thirds, primarily as a result of the national policy since 1996 of providing antiretroviral therapy to HIV-infected patients through the public sector.⁶³

The size – almost 310,000 personnel – and mobility of the Brazilian armed forces results in large scale internal movements of people in the country. All three branches of the armed forces maintain well-developed health services, often also providing for the health requirements of the general population in the absence of civilian health services. A Programme of Prevention and Control oversees HIV and STI prevention throughout the armed services.

Annual surveys of young male military personnel between 1996 and 2000 indicate a decline in HIV-related knowledge levels but a notable increase in consistent condom use (from 38% in 1997 to 50% in 2000). Those reporting unprotected sex tended to have initiated sexual activity at an earlier age and had multiple sex partners.⁶⁴

In March 2004, UNAIDS and the Brazilian Ministries of Defence and of Health signed a Partnership Agreement to strengthen HIV prevention efforts for new recruits and young members of the Brazilian military. The project, which is being implemented by UNFPA and local govern-

ment partners, seeks to train peer educators, integrate AIDS prevention into the curricula of military schools and armed forces training, and strengthen the Brazilian military's capacity for planning, monitoring and evaluation of AIDS activities. The UNAIDS toolkit is being translated into Portuguese and specifically tailored for Brazilian uniformed services. To ensure the sustainability of programmes, approval of budgetary allocations is being sought and there are efforts to strengthen the capacity of the military's Department of Health and Social Assistance to oversee AIDS prevention efforts on an ongoing basis.

Nicaragua

Although national HIV prevalence is extremely low in Nicaragua (0.2% of the adult population), the level of infection increased almost three-fold between 1997 and 2002

The Ministry of Governance covers the national police, migration and foreign affairs, prison personnel, fireman, and citizen security, amounting to more than 10,300 uniformed personnel. Information is not available on HIV prevalence or incidence among uniformed personnel, (as the country does not conduct routine HIV testing), however, the medical services report an average of 15 STIs a month and two HIV cases in the national police a year.⁶⁵ The Ministry of Governance is an active member of the National AIDS Commission and has received support from UNFPA for several years, most recently for reproductive health and gender issues.

UNAIDS is currently collaborating with UNFPA, the Global Fund and the national police in assisting the country in designing a new AIDS prevention programme for uniformed personnel. The aim is to develop new training modules and to strengthen AIDS and prevention and education efforts, to enhance care and support and improve surveillance.

In December 2004, the Ministry of Governance launched a new initiative to provide ministry workers with free HIV peer education training. UNAIDS has provided technical advice and guidance for the workshops, which have attracted personnel ranging from the most senior ministry officials to general staff (for example,

The COPRECOS Peru was established in 1992 and was the first Latin American and Caribbean Commission constituted by the police and national armed forces to respond to the AIDS epidemic. Infections in the uniformed services peaked in 1995, with 118 recorded new cases. Numbers then reduced gradually from 101 in 1996 to 100 in 1997, before dropping to 74 in 1998. There were 15 cases recorded in 2004.

In total, between 1986 and 2004, there were 1,012 HIV cases in the uniformed services. The highest number of infections were recorded in the police force (514), followed by the army (214), navy (208) and air force (76).

Data from LAC COPRECOS Magazine, March 2005.

63 UNAIDS/WHO AIDS epidemic update, December 2004, Geneva, Switzerland and project proposal to UNAIDS submitted by the Ministry of Defence and Ministry of Health of Brazil, February 2005.

64 Information from project proposal *ibid*.

65 HIV/AIDS Prevention among Uniformed Services in the Ministry of Governance (MIGOB) of Nicaragua and submitted to UNAIDS/SHR Office on February 2005.

police officers, prison guards, customs guards, immigration personnel, fire fighters, and police academy officials).

In April 2005, the Minister of Governance signed a partnership agreement with UNAIDS, committing the Ministry to strengthening the ongoing AIDS awareness and prevention activities in all institutions and academies that train young men and women in uniform.

Asia and the Pacific

Although most countries in Asia and the Pacific were largely spared during the early stages of the AIDS epidemic in the 1980s, HIV infection is now rapidly spreading in the region. Today, Asia and the Pacific not only have the second largest number of people living with HIV infection, but their share in the global epidemic is growing. One in four new HIV infections last year occurred in Asia, and HIV prevalence increased in East Asia by 24% in 2004 alone, the fastest rate of increase in the world. Although the HIV prevalence rate in the Pacific region is low, at less than 0.1%, data is extremely limited as

there is inadequate surveillance and monitoring capacity. Home to more than one-half of the world's population, Asia and the Pacific will largely determine the future course of the global epidemic.

Despite the AIDS response being inadequate throughout much of the region, the growing threat from the epidemic is spurring greater action to prevent new infections, including in the uniformed services. Through its Cosponsors, UNAIDS is either developing or implementing programmes with 33 countries in the region to integrate AIDS into the operations of uniformed services. In addition, UNAIDS is actively engaging with leading regional bodies, such as the Asia Pacific Leadership Forum on HIV/AIDS and Development, which has included monitoring measures to assess the engagement of uniformed services in the AIDS response. UNAIDS is currently advocating for the Association of South East Asian Nations (ASEAN) Regional Forum to consider AIDS as a security issue.

Pacific Regional Police initiative

Countries in the Pacific region are increasingly engaged in regional and international security oriented initiatives. For instance in Fiji there are growing numbers of police personnel working overseas in peacekeeping and the private security sector, especially in Liberia, Kosovo, Kuwait and Iraq; and Papua New Guinea has personnel serving with the Regional Assistance Mission, Solomon Islands (RAMSI). However, structured and routine training on AIDS education and skills is currently lacking for Pacific police personnel going overseas and in general. The Pacific police are highly regarded in their communities and society looks to them for leadership around social issues, making them ideal candidates to be 'change agents'.

It is within this context UNAIDS began working with the Pacific Islands Chief of Police Forum (PICP) in early 2004. It is an organization of Commissioners, Directors and Police Chiefs across Polynesia, Micronesia and Melanesia, encompassing 21 Pacific countries. However, there is a general lack of AIDS coordinating bodies or national strategic plans in many Pacific islands countries, let alone strategic plans for the police. The 33rd meeting of the PICP adopted a communiqué recognizing AIDS as a security risk in the Pacific region, a step which has resulted in the development of a UNAIDS-supported regional initiative to reach 75,000 police personnel with HIV prevention and education services in the 21 countries.



Indonesian troops at an AIDS workshop in Banda Aceh, May 2005

The main components of the programme include:

- Collection and analysis of baseline data on knowledge, attitudes and behaviour among police personnel.
- The development of workplace policies and practices to prevent the further spread of HIV and to further strengthen the high standing of Pacific police officers;
- Measures, such as post-exposure prophylaxis kits and personal protection kits, to minimise the risk of police personnel contracting HIV during overseas deployments and then returning with the virus to their communities.
- Development and mainstreaming of AIDS training into curricula for recruits and serving personnel.
- Ensuring uniformed services are included in National AIDS Strategic Plans.

In 2005, a partnership agreement is expected to be signed between all 21 Police Commissioners from PICP and UNAIDS. This agreement will provide official endorsement for the Pacific Police initiative and ensure political commitment.

Viet Nam

Evidence suggests that HIV is spreading rapidly in Viet Nam. Between 2001 and 2003, the number of people living with HIV increased by nearly 50%, with 220,000 living with the virus as of December 2003. One in every 75 households in Viet Nam has a family member living with HIV.

Available evidence indicates that HIV infection levels are rising rapidly among new army recruits. Between 1996 and 2001, sentinel surveillance detected a nearly



Vietnamese peer education session held in a dormitory



Awareness raising drama activity in Viet Nam

five-fold increase in HIV prevalence – from 0.067% to 0.32%. Mandatory testing was introduced for recruits in 2001 and, based on the available data, it appears that HIV prevalence among new army recruits is roughly comparable to the overall HIV prevalence in the country's adult population.⁶⁶

In 1990, the Ministry of National Defence created an AIDS prevention committee to address the virus within the armed services. In 2001, in connection with an overall strengthening of the National AIDS Committee, the HIV prevention efforts of the ministry were enhanced and included in broad terms in the 2001–2005 national strategic plan, which assigned the ministry the task of ensuring that 'more than 90% of servants, cadres, officials and workers working in the military areas know about AIDS and have a positive attitude in participating in HIV/AIDS control activities.'

In 2002, UNAIDS began assisting the Army Health Services to develop a comprehensive HIV prevention programme, which has subsequently been approved. Since January 2004, UNAIDS has collaborated with UNDP to provide financial support to the Ministry of National Defence, which aims to increase AIDS awareness and knowledge among new army recruits, create a favourable environment for integration of AIDS into regular operations of the uniformed services, and build sustainable capacity in the uniformed services to mitigate the epidemic's impact.

Condom distribution and promotion are now core components of the HIV prevention programme. New recruits participated in an evaluation of the UNAIDS

⁶⁶ Source: UNAIDS focal point for uniformed services in Asia and the Pacific, based on data compiled by the Vietnamese Military Institute of Hygiene and Epidemiology.

peer education kit, which was revised to meet the specific needs identified and then translated into Vietnamese.

India

India has one of the largest uniformed services, with more than 1.3 million active members in the armed forces.⁶⁷ As of May 2005, it is the third largest contributor of military and police personnel to UN peacekeeping.

In April 2005, India's Minister of Defence signed a Partnership Agreement with UNAIDS committing both parties to work together to reduce the impact of HIV and increase prevention efforts. Under this partnership, UNAIDS will assist the Ministry of Defence, the National Cadet Corps and the National AIDS Control Programme with designing and implementing comprehensive HIV-

programmes in the ranks. Such interventions will form an integral element of the National AIDS Strategic Plan and will complement and scale up ongoing HIV prevention efforts among the armed forces. The programme will include awareness-raising initiatives, peer education training and the integration of AIDS/STI related topics in the curricula of military schools throughout the country. It will also help enhance the capacities of military health professionals to manage and deliver high-quality care as well as support efforts to decrease stigma and discrimination surrounding personnel living with HIV.

The agreement was signed against the backdrop of a joint initiative between UNAIDS, UNDP and the State of West Bengal Border Security Forces that aims to reduce the spread and impact of HIV and AIDS among approximately 100,000 personnel and their family members.

⁶⁷ IISS, *Military Balance 2004–2005*, op. cit. Total active armed forces: 1,325,000; reserves: 535,000. In addition, there are 1,089,700 active paramilitary members.

Challenges of working with uniformed services

While uniformed services represent a high risk group for contracting or spreading HIV, a number of challenges hinder a comprehensive response to AIDS that focuses on this significant target audience.

Leadership: The mobilization of leaders across the ranks is a necessary foundation for the success of AIDS strategies. However, some commanders within the uniformed services are reluctant to acknowledge and address the epidemic, concerned that it may indicate a weakened capacity to maintain national security or reflect badly on the prestige of the force in question. Without such leadership, though, the virus will continue to spread.

Rotation: The rotation of personnel in both peacekeeping and national settings can hamper a consistent response to AIDS as key supportive personnel move on to new assignments. As a result, there is a need for continuous advocacy and the building of new partnerships within the uniformed services.

Inadequate funding: Military, police and other security forces are often overlooked by national and other donor funding plans. Due to the size and geographical dispersion of national security services, large scale funding is required to ensure a sustainable response AIDS.

Technical capacity: The technical response to AIDS within the uniformed services is complex as the design of programmes needs to take into account differing needs, for example, between ranks, gender and the nature of deployment etc. While UNAIDS continues to support and advocate for sector driven responses to AIDS, the general lack of technical capacity within the forces remains a huge challenge to AIDS planning and programming.

Testing: A large number of uniformed services have policies of mandatory testing at various stages, such as recruitment, prior to deployment and on demobilisation. UNAIDS continues to advocate for the establishment of voluntary testing and counselling services or the routine offer of HIV testing by health care providers where treatment is available. The challenge remains to ensure that those who test positive are not automatically refused entry or decommissioned and that care and treatment facilities are made available to them.

Consistent implementation of programmes: While the number of national uniformed services willing to address AIDS has increased, in times of intra- or inter-state conflict AIDS programmes are often discontinued, despite the fact that vulnerability may increase. Such programmes are also often overlooked or sidelined during demobilisation processes.

Conclusion

This report highlights significant progress in implementing Security Council Resolution 1308 in the five years since it was adopted. As experience across the regions has demonstrated, coordination at the international level and multisectoral approaches at the national level are essential to ensure that AIDS initiatives complement one another and can be sustained.

With the support of UNAIDS and other partners, Member States have made significant progress in developing and implementing programmes to address AIDS among uniformed services. The collaboration between UNAIDS and DPKO has mainstreamed AIDS initiatives in UN peacekeeping; and, increasingly, regional organizations, such as the AU and SADC are recognizing the need to address AIDS in regional peacekeeping.

It is vital, however, that we continue to expand and enhance current initiatives. Additional effort is required to ensure that programmes for the uniformed services are mainstreamed into National AIDS Control Programmes and budgeted for accordingly, and that links are created between national programmes and those in peacekeeping missions. Complacency cannot be an option: a low national HIV prevalence today does not preclude a major epidemic tomorrow.

Recommendations

The following set of recommendations suggests actions to strengthen existing initiatives and facilitate the creation of new programmes with the uniformed services. These recommendations seek not only to reduce the vulnerability of uniformed personnel but also to capitalize on their capacity as ‘change agents’ in their communities.

Recommendations for the UN

- UNAIDS should continue to expand its technical support through its Cosponsors. It should seek to strengthen the capacity of regional bodies to engage with AIDS,

in particular by providing technical assistance in collaboration with DPKO and other partners, to regional peacekeeping organizations.

- UNAIDS and DPKO should support the establishment of peer educator networks and links between national AIDS programmes and peacekeeping missions.
- Monitoring and evaluation should be central components of all AIDS programmes in peacekeeping missions. The findings of such surveys should be shared with Member States so that national monitoring systems can benefit and pre-deployment training can be improved.
- UNAIDS, DPKO and other partners should strengthen mechanisms to include HIV awareness and prevention activities among host populations, in particular women and girls.
- Gender and issues of sexual exploitation and abuse should be further strengthened and mainstreamed in all peacekeeping AIDS programmes.
- DPKO should ensure that sufficient funds are allotted to AIDS initiatives in peacekeeping missions. In collaboration with UNAIDS and UN Theme Groups, DPKO should mainstream AIDS in mandated functions, in particular disarmament, demobilisation and reintegration and the restructuring and training of national police forces, across all its operations.

Recommendations for Member States

- Member States should maintain the momentum of strengthening and expanding national programmes targeting the uniformed services, as agreed in the General Assembly Declaration of Commitment on HIV/AIDS.
- Military, police and other security forces are often excluded from national or donor funding plans. Member States should ensure that the uniformed services are included in National AIDS Control Programmes and their needs are reflected in budgets.

The experience we have had during the last five years of working with the uniformed services has shown that with the appropriate focus and perseverance, even relatively small investments (in terms of staffing and financial resources) can make a difference in tackling the serious problems of HIV and AIDS among uniformed services and peacekeeping personnel.

—Ulf Kristoffersson, Director, UNAIDS Office of AIDS, Security and Humanitarian Response

- Member States should include provisions for AIDS responses among uniformed services in regional declarations and instruments concerned with peace and security, including in regional peacekeeping operations and security-sector reform.

Recommendations for the defence and civil defence sectors

- Defence and civil defence forces should ensure that AIDS is addressed as a command responsibility at every level. Clear lines of accountability for programmes and monitoring mechanisms should be in place.
- Defence and civil defence forces need to develop clear policies that consider key issues such as testing protocols, human resources, care and treatment, protection of human rights and the greater involvement of people living with or affected by the virus.
- Defence and civil defence activities should maintain consistent programmes for all personnel but also design initiatives to specifically target young recruits and potential peacekeepers.
- Civil and military cooperation needs to be strengthened so that programmes do not operate in isolation but contribute to and benefit from each other. Similarly, Ministries of Defence and of Interior, where relevant, should collaborate to strengthen initiatives and ensure a consistent approach.
- Defence and civil sectors should also ensure linkages with national AIDS programmes and use their personnel as agents of change in the overall fight against AIDS, including during demobilisation.

Annex

The following countries are at various stages of developing programmes for their uniformed services with support from UNAIDS, from general engagement to fully fledged programmes implemented with Cosponsors.

Sub-Saharan Africa (29)	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Cote d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mozambique, Namibia, Nigeria, Republic of Congo, Rwanda, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe
Middle East and North Africa (7)	Algeria, Iran, Lebanon, Morocco, Somalia, Sudan, United Arab Emirates
Europe and Central Asia (17)	Albania, Armenia, Belarus, Bosnia and Herzegovina, Croatia, Estonia, Former Yugoslav Republic of Macedonia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkey, Ukraine, Uzbekistan
Latin America and the Caribbean (17)	Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Panama, Peru, Trinidad and Tobago, Uruguay, Venezuela
Asia and the Pacific (33)	American Samoa, Australia, Bangladesh, China, Commonwealth of the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, India, Indonesia, Kiribati, Lao PDR, Mongolia, Myanmar, Nauru, New Caledonia, New Zealand, Niue, Pakistan, Palau, Papua New Guinea, Philippines, Republic of Marshall Islands, Samoa, Solomon Islands, Sri Lanka, Thailand, Tonga, Tuvalu, Vanuatu, Viet Nam