

Impact of HIV/ AIDS on International Peace and Security

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Statement by Mr. Nawaf Salam, Permanent Representative of Lebanon

First, I wish to thank you, Mr. President, for organizing today's debate and for honouring us with your presence. Allow me also to welcome the President of Nigeria, the Deputy President of South Africa and the Minister for Foreign Affairs of France. We also thank Secretary-General Ban Ki-moon and Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS, for their comprehensive briefings.

Globally, a significant proportion of people living with HIV/AIDS — between 8 and 10 per cent — are affected by conflict, humanitarian crises and displacement. The relationship between the prevalence of HIV and conflict is a complex and dynamic one that varies from one conflict to another. A better understanding of that relationship is crucial for the development of effective and efficient strategies to reduce the risk of infection in conflict and post-conflict settings. Many factors in those settings may increase a population's vulnerability to HIV. Massive and uncontrollable migration, the collapse of health services, the decline of literacy and access to basic prevention information increase a population's vulnerability to HIV in times of war. Conflict-related sexual violence in particular accelerates HIV transmission, and often becomes an automatic death sentence for victims who too often have little or no access to health care.

Through resolution 1308 (2000), the Security Council expressed its commitment to addressing HIV as a devastating public health threat. Other milestone resolutions followed on the issues of sexual violence, the protection of civilians and other cross-cutting matters, further enhancing our collective response to this epidemic in the context of conflicts. However, more than 10 years since the adoption of resolution 1308 (2000), many challenges persist. Allow me to make a few brief comments in that regard.

First, in order to more fully understand the complex factors that impact on HIV/AIDS in conflicts, more data needs to be compiled within the United Nations system, and programmatic experiences and best practices need to be shared to help guide policy decisions, advocacy and programming in conflict and post-conflict societies. Close coordination with local and national AIDS initiatives is essential in order to avoid the duplication of efforts.

Secondly, it is essential to mainstream HIV/AIDS prevention and care policies in conflict prevention, peacekeeping operations and humanitarian responses to conflicts. Peacekeepers can play a decisive role as advocates for awareness and prevention of HIV transmission, and need to be adequately equipped, trained and mandated to fulfil that goal. Their practices should be aligned with the ultimate goal of a universal standard for HIV and AIDS prevention, treatment and care.

Thirdly, the international community should maintain sustained attention in conflict societies with high HIV prevalence, even beyond the life span of a peacekeeping mission. Post-conflict transitions in particular are a period of heightened vulnerability to HIV transmission. The international community should assist national Governments during this period to strengthen State capacity in the health sector and the delivery of basic service. Support should be provided to national Governments in formulating their policies to respond to HIV during post-conflict transitions, especially in the context of disarmament, demobilization and reintegration and security sector reform. It is also important during this period to foster community resilience, engage civil society and base the response to the epidemic on a framework of participation and inclusiveness.

Finally, the health and lives of ordinary individuals should be at the centre of our attention in our endeavours to respond to HIV/AIDS in conflicts. No efforts should be spared to preserve human lives and dignity.