



Issue Brief on *HIV/AIDS*

"Wars and armed conflicts generate fertile conditions for the spread of HIV. Rape inside or outside refugee camps has doubtless played a part in spreading the virus" - UNAIDS 1998

"Many mainstream prevention strategies are untenable; for example those based on the 'ABC' approach - abstain, be faithful, use a condom. Where sexual violence is widespread, abstinence, or insisting on condom use is not a realistic option for women and girls." – UN Secretary-General Kofi Annan, International Women's Day 2004

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Introduction

During armed conflicts, civilians and combatants suffer torture, wounds and injuries requiring medical treatment. If they are exposed to infected blood, or if they receive medical care with contaminated instruments or get transfusions of unscreened blood, then their risks are magnified. In many war zones, the damage to health systems results in inability to maintain even basic 'universal precautions' of sterilizing instruments or cleaning hospital linen. Equipment and supplies for screening blood may be destroyed or unavailable at the same time that the need for transfusions increases dramatically. Sexual violence and exploitation, all too common in conflict and post-conflict settings, contributes to transmission as well. Rape by an infected man directly exposes women to the virus, and the abrasions or tearing of vaginal tissues which may result increase the risk of infection dramatically. Tragically and most cruelly, in some conflicts (such as Rwanda), the planned and purposeful HIV infection of women has been a tool of ethnic warfare. Even as conflicts subside, extremely difficult economic and social conditions often leave many people unemployed and unable to resume their normal community or family lives. Where AIDS and opportunistic infections are already a problem, women bear the largest burden of care for family members.



Defining Terms

HIV/AIDS: Acquired immune deficiency syndrome (AIDS) is the name of the fatal clinical condition that results from infection with the human immunodeficiency virus (HIV), which progressively damages the body's ability to protect itself from disease organisms. Thus, many AIDS deaths result from pneumonia, tuberculosis or diarrhoea; death is not caused by HIV itself but by one or more of these infections. HIV-1 and HIV-2 are two similar viruses, both of which gradually erode the body's immune system. HIV-1 is found throughout the world; it has higher infection rates, currently doubling in about 5.7 years. The World Health Organization (WHO) estimates that, in the year 2000, 30 million to 40 million people will be infected with HIV-1, half of whom will be in sub-Saharan Africa. The incidence of mother-infant transmission is 10 to 30 percent and many infants develop symptoms after four months. HIV-2 is found primarily, although not exclusively, in West Africa and has a doubling rate of 31 years; it is rarely passed on from mother to infant.

Mother to Child Transmission (MTCT): MTCT is the passing of the HIV virus from mother to child during breastfeeding or as a result of blood exchange during pregnancy childbirth. According to the WHO, 15-30 per cent of mothers will transmit the virus to their children during pregnancy or childbirth and 10 to 20 per cent will transmit the virus through breastfeeding.

Fact Sheet

- On 10 January 2000 the United Nations Security Council held an Open Session on the HIV/AIDS in Africa, and in so doing recognized the pandemic as a threat to international peace and security. U.S. Vice President Al Gore opened the meeting by asserting that "we tend to think of a threat to security in terms of war and peace, yet no one can doubt that the havoc wreaked and the toll extracted by HIV/AIDS do threaten our security. ... We now know that the number of people who will die of AIDS in the first decade of the 21st century will rival the number that died in all the wars in all the decades of the 20th century."¹
- In passing resolution 1308 (2000) on 17 July 2000, the Security Council, bearing in mind its primary responsibility for the maintenance of international peace and security, and emphasizing the important roles of the General Assembly and the Economic and Social Council in addressing the social and economic factors that lead to the spread of HIV/AIDS, inter alia, recognized that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, and stressed that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security.²
- HIV/AIDS is a human security issue. In fact, a negative synergy exists between HIV/AIDS and gender inequality, HIV/AIDS and poverty and HIV/AIDS and conflict. HIV/AIDS destabilizes society at all levels and the presence of conflict and violence hasten this destabilization.³
- The use of rape as a weapon and the perception of rape as bounty spreads HIV/AIDS during wartime.⁴ For example, an association of Rwandan genocide widows found that two-thirds of its members who had been raped by Hutu militiamen were HIV positive.⁵



- Medical conditions that arise from rape, such as fistulas, incontinence, internal bleeding and tearing of genitalia, render women more vulnerable to infection. The presence of other STIs leave women more likely to contract HIV after exposure to an infected partner.⁶
- When health infrastructure is destroyed by fighting, women have less access to pre- and post-exposure prophylactics. Health care providers are unable to care for rape victims, mitigate the damage done and, thus, lessen the chance of infection from future encounters.⁷
- The breakdown of traditional family and kinship supports that often accompany armed conflict leave women and girls vulnerable to attack and HIV infection, especially when women and girls are displaced from their homes.⁸
- The scarcity of basic needs during conflict and displacement and the lack of economic opportunities for women render women and girls more likely to engage in sex in exchange for survival. Women and girls have less bargaining power over sexual encounters when their very survival may be at stake.⁹
- Military and peacekeeping forces can spread HIV/AIDS to areas previously unaffected. The power differential between armed personnel and local populations render women and girls vulnerable to abuse that can lead to HIV infection.¹⁰ Ninety percent of peacekeepers from South Africa screened in April 2001 were found to be HIV positive. Combatants in DR Congo are estimated to have a sixty percent sero-positive rate.¹¹
- In post-conflict situations, the presence of relatively affluent international staff may lead to an increase in commercial sex, which can lead to an increase in HIV infection. For example, in Phnom Penh, Cambodia, the number of sex workers increased from 6,000 to 20,000 during the first year of UNTAC (1992-1993). Cambodia has the highest rates of HIV infection in South East Asia.¹²
- Women share a disproportionate burden of AIDS care. UNAIDS estimates that having an AIDS patient in the home can absorb 1/3 of all household labour, the majority of the labour being done by the women. This redistribution of labour leads to a decline in household income. Schooling for girl children is the first expense to be eliminated. This is leading to a decline in school participation throughout the world.¹³
- Girls are more likely to be taken out of school to tend for sick relatives than are boys. When conflict disrupts education, the compounding affects for girls result in a wider gender gap in education, thus adversely affecting future generations of women.¹⁴

Treaties and Institutions

UN Special Session on HIV/AIDS: On 25 -27 June 2001, Heads of State and Representatives of Governments met at the United Nations General Assembly Special Session dedicated to HIV/AIDS. The meeting was a historic landmark, highlighting the fact that, in only 20 years, the HIV/AIDS pandemic has caused untold suffering and death worldwide, destroying entire communities, undoing development gains, and posing a serious threat to whole continents, as is



currently the case for Africa. But the UN Special Session also served to remind the world that there is hope. We now know that, with sufficient will and resources, communities and countries can turn this epidemic around. However, the situation is urgent. As the slogan of the meeting indicated, it is a 'global crisis' requiring 'global action'. At the meeting, Heads of State and Representatives of Governments issued the [Declaration of Commitment on HIV/AIDS](#).

[UNAIDS](#) is the Joint United Nations Programme on HIV/AIDS, bringing together United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank. UNAIDS, is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

World Health Organization: [Gender and HIV Framework](#): HIV infection is the most devastating new disease to have emerged in recent history. Although, worldwide, approximately as many women as men suffer from HIV, this aggregate figure conceals marked differences in the implications of the disease for men and women. Some of these result from biological differences in sex between men and women, but more result from socially defined gender differences.

1. Women are probably more susceptible than men to infection from HIV in any given heterosexual encounter, due to biological factors – the greater area of mucous membrane exposed during sex in women than in men; the greater quantity of fluids transferred from men to women; the higher viral content of male sexual fluids; and the microtears that can occur in vaginal (or rectal) tissue from sexual penetration. Young women may be especially susceptible to infection.
2. Gender norms may also have an impact on HIV transmission. For example, in many places, gender norms allow men to have more sexual partners than women, and encourage older men to have sexual relations with much younger women. In combination with the biological factors cited above, this means that, in most places where heterosexual sex is the main mode of HIV transmission, infection rates are much higher among young women than among young men.
3. Forced sex, which all too many women (and some men) experience at some point in their lives, can make HIV transmission even more likely, since it may result in more trauma and tissue tearing.
4. Women may remain ignorant of the facts of sexuality and HIV/AIDS because they are not “supposed” to be sexually knowledgeable, while men may remain ignorant because they are “supposed” to be sexually all-knowing.
5. Women may want their partners to use condoms (or to abstain from sex altogether), but often lack the power to make them do so.
6. Women (who are often more socially, economically and physically vulnerable than men) may be unwilling to learn and/or share their HIV status for fear of violence and/or abandonment if the results turn out positive.
7. Female family members already do the majority of caretaking for those afflicted with HIV, and for those negatively affected by the disease in other ways, such as



AIDS orphans. Healthcare systems (perhaps especially those undergoing reforms to lower costs) may add to this burden by depending more and more on such unremunerated caretaking, on the assumption that this is a role that women "naturally" fill.

8. Prevention of mother-to-child-transmission (PMTCT) efforts may fail if they focus narrowly on women and their biological role in passing along the illness. Beyond their roles as fathers, many men may effectively control both family finances and their wives' ability to use health care. Failure to engage men may thus leave women unable to participate in PMTCT programs even if they, themselves, are convinced. Furthermore, PMTCT programs that treat women only as the bearers of children, and not as individuals who are themselves deserving of treatment, risk both violating women's human rights and failing to attract as many participants as possible.

Tools and Checklists

- UNIFEM [HIV/AIDS portal](#) has a series of training modules and checklists on Gender, HIV/AIDS and Human Rights
- UNAIDS has developed the [Gender and HIV Modules](#), which are six easy to use modules for development workers, community leaders and activists. Tools include a checklist, a best-practices guide and four other modules designed to teach actors how to integrate gender into any HIV prevention and management work
- UNAIDS has designed a set of [seven fact sheets](#) on Gender and HIV for policy makers, development workers and the media.
- The Women's Commission on Refugee Women and Children produced "[Refugees and AIDS: What Should The Humanitarian Community Do?](#)"

UNIFEM Action

UNIFEM began working on the intersection between HIV/AIDS and gender when the gender dimensions of the pandemic remained unrecognized in mainstream analysis and advocacy. UNIFEM has continued to support research and advocacy that strengthen awareness of the intersections between HIV/AIDS, gender and conflict. UNIFEM supports projects in post-conflict regions such as Cambodia and Sierra Leone and has participated in major international conferences, such as the 2002 International AIDS Conference in Barcelona. UNIFEM has produced the following resources on Gender and HIV:

- "[Turning the Tide: CEDAW and the Gender Dimensions of the HIV/AIDS Pandemic](#)" examines HIV in the contexts of current human rights framework
- UNIFEM's [Gender and HIV portal](#) is a comprehensive information source dealing with gender and HIV/AIDS



UN Resources

- On 8 March 2004, the United Nations celebrated [International Women's Day](#), the theme of which was Women and HIV/AIDS. The Secretary-General and a high-level panel addressed member states drawing attention to the nexus between gender inequality and the spread of HIV/AIDS.
- [UNAIDS](#) began opening the dialogue to discuss HIV/AIDS in the context of human security. In addition to providing extensive toolboxes and learning modules (see below) on gender and HIV, women and HIV and men and HIV, UNAIDS has disseminated a series of best-practice case studies. On HIV and conflict, UNAIDS is working towards integrating HIV/AIDS education, with a gender component, into all the training of all peacekeeping personnel. UNAIDS is helping states articulate and refine strategies to combat HIV infection at the regional and national level. UNAIDS signed a Cooperation Framework with UNIFEM in May 2001 to ensure all UNAIDS activities in conflict zones had appropriate gender analysis. In February 2001, delegates from UNAIDS, UNIFEM, DPKO and UNFPA traveled to Sierra Leone to analyze the issue of HIV/AIDS in the context of peacekeeping. As a result of that mission, UNAIDS currently funds a [Gender and HIV/AIDS](#) advisor post in Sierra Leone. UNAIDS has produced a [map](#) contrasting location of UN peacekeeping forces and sero-positive rates. On 2 February 2004, UNAIDS launched The Global Coalition on Women and AIDS. The coalition will focus on preventing new HIV infections among women and girls, promoting equal access to HIV care and treatment, accelerating microbicides research, protecting women's property and inheritance rights and reducing violence against women.
- [UNFPA](#) is strengthening the capacity of women's organizations to deal with the pandemic in a gender-responsive manner. UNFPA recently provided support to newly trained Sierra Leonean police in the creation and capacitation of an HIV/AIDS focal point to coordinate voluntary testing of police forces.
- [UNICEF](#) supports actions that reduce girls' vulnerability in situations of conflict. UNICEF focuses HIV prevention efforts on adolescents through life-skills training and on prevention of Mother to Child Transmission. UNICEF also supports AIDS orphans. The UNICEF map highlighting the percentage of infected young women is available by clicking [here](#).
- [WFP](#) operates food aid programmes that benefit HIV/AIDS sufferers and caregivers, especially as hunger can prompt women and girls to engage in risky sexual behavior in order to survive. Recognizing that women are the main guarantors of food security in sub-Saharan Africa, WFP targets programmes that increase women's access to food aid and provide children with adequate nutrition in school.
- **World Bank** website on HIV/AIDS: http://www1.worldbank.org/hiv_aids
- **WHO's** website on [Gender and HIV](#) provides facts about gender and HIV transmission and tools for analysis.
WHO's website on [HIV infection](#).
WHO's website on [Gender](#)

▪ Recognizing the importance of countering the spread of HIV/AIDS in peace keeping operations in order to reduce the risk of peacekeepers contracting or transmitting HIV/AIDS while on mission, the [Department of Peace Keeping Operations \(DPKO\)](#) has developed pre-deployment



training modules on HIV/AIDS that include: HIV/AIDS specific training, HIV/AIDS awareness cards and AIDS advisors. The Department of Peace Keeping Operations has also reaffirmed its "zero tolerance" stance regarding sexual abuse and exploitation by peacekeeping personnel. DPKO has placed HIV/AIDS advisers in four peacekeeping missions and plans are underway for six more advisers to be engaged in field operations.

- **Security Council:**
- **28 November 2005 (S/2005/740):** Report of the Secretary-General on the protection of civilians in armed conflict. This present fifth report on the protection of civilians in armed conflict is submitted pursuant to the request of the President of the Security Council contained in his statement of 14 December 2004 (S/PRST/2204/46). In this report the Secretary-General notes that sexual violence, particularly against women and girls, is frequently used as a deliberate method of warfare. This report further indicates that this disturbing phenomenon has become even more horrifying in recent years, especially when rape is used as a weapon. Particularly in situations of displacement, societal breakdown and the breakdown of law and order compound the risks that civilians face and contribute to an overall increase in the incidence of sexual violence. This has been evidenced in numerous conflict situations in recent years, including the Democratic Republic of the Congo, in the Darfur region of the Sudan and northern Uganda. While violence directed against civilians in armed conflict causes many brutal deaths, even greater numbers of civilians suffer non-fatal injuries, physical disabilities, mental health problems, reproductive health problems or sexually transmitted diseases, including HIV/AIDS, as a result of violence inflicted upon them.
- **18 July 2005 (S/PRST/2005/33):** Statement by the President of the Security Council. In this statement, the President of the Security Council asserts that the Council's recognition of the important role United Nations peacekeeping personnel can play in the response to HIV/AIDS, particularly for vulnerable communities in a post-conflict environment. Further, the Council welcomes the action taken by the Secretary-General and the United Nations peacekeeping missions to integrate HIV/AIDS awareness in their mandated activities and outreach projects for vulnerable communities, and urges them to pay particular attention to the gender dimensions of HIV/AIDS.
- **19 May 2005 (S/2005/328):** Fourth report of the Secretary-General on the United Nations Operation in Burundi. According to this report, the number of Burundians living with HIV/AIDS is estimated at 390,000, of whom about 190,000 are women. Responding to this, the implementation of the Burundi strategic HIV/AIDS plan will continue to require United Nations assistance, especially in human resources and capacity-building at the local and national levels.
- **11 February 2005 (S/2005/86):** Progress report of the Secretary-General on ways to combat subregional and cross-border problems in West Africa. According to this report, the Secretary-General emphasizes that special attention should be given to women combatants, whether they are fighters or "support staff" (cooks, "wives", load carriers etc.) The Secretary-General additionally notes that girls are particularly vulnerable to certain types of crimes such as rape, sexual exploitation or forced marriage, which often result in pregnancy, and sexually transmitted diseases, including HIV/AIDS.
- **31 January 2005 (S/2005/57):** Report of the Secretary-General on the Sudan. In this report, the Secretary-General notes that as part of the peace support mission in the Sudan, a gender action plan specifically targeted to the Darfur emergency would also be implemented and would focus on prevention and response measures to address the high rate of reported incidents of sexual and gender-based violence. Included within this plan would be an additional emphasis on HIV prevention. Further, the HIV/AIDS unit would provide ongoing HIV/AIDS awareness and sensitization programmes for uniformed and civilians peacekeepers



in all the sectors. The peace support mission would also collaborate closely with the Joint United Nations Programme on HIV/AIDS and other United Nations agencies, non-governmental organization and civil society-based organizations in outreach projects for vulnerable populations and would provide technical support to the national AIDS control programme.

- On 17 November 2003, the Security Council held an Open Session on HIV/AIDS and International Peacekeeping Operations.
- [1325](#) (31 October 2000): The Security Council requests the Secretary-General, *inter alia*, to provide training guidelines and materials on the protection, right and the particular needs of women, as well as on the importance of involving women in all peacekeeping and peace-building measures, invites Member States to incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel.
- [1308](#) (17 July 2000): Concerned with the pandemic worldwide and in African in particularly, the Security Council recognizes the pandemic is exacerbated by conditions of instability, which increase the risk of expose to disease through displacement, uncertainty and diminished access to care. Stressing that the HIV/AIDS pandemic may pose a threat to international peace and security and recognizing the need to incorporate HIV/AIDS awareness skills in all aspects of DPKO training, the Security Council expresses concern at the damaging impact of HIV/AIDS on peacekeeping personnel. The Security Council requests the Secretary-General to take further steps towards the training of peacekeeping personnel in HIV/AIDS awareness. The Security Council encourages member states to increase cooperation with each other and with UNAIDS. The Security Council expresses keen interest in discussions among UN bodies, member states and industry on access to treatment and care.
- **Secretary-General Statements:**
- Statement on the Role of Women in the Fight Against AIDS and Famine in Africa 12 December 2002.
- Statement on the Global Fight Against AIDS: 20 July 2001
- The Secretary-General's Statement on [International Women's Day](#): 8 March 2004
- [All Secretary-General Statements and Press Releases on HIV/AIDS](#)
- **The President of the Security Council**

[28 June 2001](#): The President reiterated the Security Council's position that the HIV/AIDS pandemic is exacerbated by conflict and instability. The Security Council welcomed the cooperation framework **signed between UNAIDS and UNIFEM, expressing their intention to work together on the implementation of Resolutions 1325 and 1308.**

Recommendations

The Independent Experts Recommend:

1. All HIV/AIDS programmes and funding in conflict situations to address the disproportionate disease burden carried by women. Mandatory gender analysis and specific strategies for meeting the needs of women and girls should seek to prevent infection and increase access to treatment, care and support.

Explanation of the Recommendation: The social responsibility of caring for the ill or disabled adds heavily to the workload of women in conflict and post-conflict situations. In every society



women bear the brunt of the burden of caring for those who are ill. The bulk of this work is unpaid and uncounted labour, which is often not calculated when programming and funding decisions are being taken. Because the care economy is robbing women of adequate resources, education, and other opportunities, this recommendation suggests that deliberately and automatically conducting gender analysis of HIV/AIDS programmes could reveal and help lighten the costs and dangers of the care economy to women.

Entities Responsible: Government and NGO programmes and private foundations, United Nations HIV theme groups in individual countries, UNAIDS where operational, IASC reference group on HIV and emergencies.

Ideas for Implementation: Assess the funding criteria of The Global Fund to Fight AIDS, TB and Malaria. Include as part of funding criteria a minimum requirement to demonstrate how actions taken will incorporate gender. More research is needed on the links between HIV and sexual violence and exploitation, domestic violence, violations against orphans and children.

2. HIV/AIDS awareness and prevention programmes to be implemented during conflict and in post-conflict situations, with care and support provided whenever there is access to affected populations. National governments, national and international NGOs and UN agencies should incorporate HIV/AIDS prevention in to all humanitarian assistance. Donors should strongly support these interventions.

Explanation of the Recommendation: HIV prevention materials are not a luxury to be enjoyed only in times of peace. If food and other humanitarian aid is allowed access, health services and equipment that prevent HIV/AIDS should be included, and is recognized as part of the Minimum Initial Services Package. Even in settings where HIV prevention programmes have been well established and where women have reached a level of equality, the onset of war can severely disrupt such programmes, causing a breakdown in access to health information, including HIV/AIDS prevention, counselling information dissemination. This results in damage to health infrastructure, lack of access to services and shortages of supplies such as STI treatment drugs or condoms. This lack of services, combined with poverty, can severely limit women's abilities to control their exposure to HIV.

Entities Responsible: National governments, Donor governments, UNAIDS, UNHCR, UNICEF, UNFPA, WHO, UNIFEM, NGOs

Ideas for Implementation: With sufficient resources, basic HIV prevention can be provided in emergency situations and expanded as conflicts are settled and access to populations increases. Basic prevention includes protection against sexual violence, provision of HIV information, ensuring universal precautions and a safe blood supply as well as providing female and male condoms. Expanded programmes require treatment of STIs, targeted education and communication initiatives, VCT, treatment of opportunistic infections and prevention of mother-to-child transmission through prophylaxis. Care and support of those with AIDS is also important, including provision of good nutrition.

3. Vulnerability assessments to be carried out in each humanitarian situation to determine links between conflict, displacement and gender. Information and data collection should be strengthened in order to document this relationship and guide appropriate responses. Governments and agencies should work together to document vulnerabilities.

Explanation of the Recommendation: Women are not vulnerable by virtue of their nature or biology. Rather, women are rendered vulnerable by conditions, environments and situations. This



recommendation is suggesting that the tools used to assess who needs what in a humanitarian emergency, whether they be mission visits, forms to fill out to demonstrate criteria of need or other measures, should be publicly available data generated through exchange between governments and humanitarian agencies.

Entities Responsible: All operational UN Agencies, particularly OCHA due to its coordination and information providing function, Conflict affected countries, Donor countries

Ideas for Implementation: OCHA's Consolidated Appeals Process (CAPS) should include a minimum requirement to demonstrate how actions taken will incorporate gender and deliver much needed assistance to women and men equally as part of funding criteria. UN country teams, humanitarian agencies and NGOs should collect information and disaggregated data by sex where possible to supply realistic planning information for delivering for women and men equally according to needs.

4. Clear guidelines for HIV/AIDS prevention in peacekeeping operations. All troop-contributing countries should make available voluntary and confidential HIV/AIDS testing for their peacekeeping personnel. Counselling and testing should be provided for all contingent forces and civilian personnel in emergency and peace operations before and during deployment on a regular basis. HIV prevention as well as gender training should be provided in all missions to all personnel.

Explanation of the Recommendation: Peacekeeping forces can also have an impact on HIV transmission. These forces are composed of a variety of national troop contingents who have widely varying levels of knowledge about HIV as well as different patterns of interaction with the local population. Such forces can become a part of the problem or part of the solution, depending on their training and their behaviours. DPKO cannot require testing of military personnel contributed for service with the United Nations, as this is determined by the national policies of each contributing country. A UNAIDS panel of experts has unanimously agreed that HIV/AIDS testing should be voluntary. The UN has decided to accept this policy recommendation and does not require testing for civilian staff going to serve in a peacekeeping mission. While the testing policies of contingents may vary, it is increasingly becoming a national requirement for troops contributed for service with the UN. In addition to testing prior to deployment, some troop contributors also test their troops upon their return home.

Entities Responsible: UNAIDS HIV and Security Steering Committee. DPKO, Troop and civilian personnel contributing countries

Ideas for Implementation: Survey of national military policies from troop contributing countries on HIV/AIDS, on issues like testing of troops before, during and after deployment. Preliminary surveys indicate a huge weakness in HIV/AIDS prevention and peer counseling which have to be integral to all demobilization of peacekeeping forces when troops and personnel return home and families in their home country are also at risk. DNA testing to assert paternity should be used to hold peacekeepers and international personnel who father children while on mission. UN agencies, particularly DPKO, have committed resources toward behavioral change programmes and initiatives, but further research and longitudinal studies are needed to analyze and determine what works in efforts to prevent HIV AIDS for the peacekeeping personnel, host population as well as families and communities at home.

5. The Inter-Agency Standing Committee (IASC) Reference Group on HIV/AIDS in Emergency Settings to develop clear policy guidelines for HIV prevention and care in humanitarian situations and application of these guidelines to be supported by national authorities, humanitarian agencies and donors.



Explanation of the Recommendation: The IASC is the Inter-Agency Standing Committee for Humanitarian Affairs, which brings together most relevant agencies involved in humanitarian response. This reference group is collecting experience, knowledge and best practices and is finalizing basic guidance for incorporation of HIV prevention, care and support in humanitarian situations. These guidelines can then be shared and adapted by all governments and agencies as needed. These will include minimum requirements for universal precautions, blood safety, HIV prevention information and supplies.

Entities Responsible: Those UN agencies, funds and programmes that work on humanitarian issues through the IASC.

Ideas for Implementation: In order for the IASC to be more proactively involved and informed on gender issues it should admit entities with gender expertise. Improved documentation and understanding of the implications of population displacement both on displaced and on their host communities.

6. The Global Fund to Fight AIDS, TB, Malaria to make special provisions for support of HIV/AIDS programmes in conflict situations, including in countries without the government capacity to manage the application process. In such cases, NGOs and UN agencies should be eligible to submit proposals. Further we encourage the systematic consideration of gender issues in all programme funding.

Explanation of the Recommendation: The Global Fund to Fight AIDS, TB and Malaria was created as a public-private partnership in 2001 to combat these diseases in heavily affected poor nations. A trust fund that provides grants for prevention, treatment and care, it has so far only attracted about \$2 billion of the estimated \$7 billion required to cover needs. It was designed to promote multi-sectoral planning and to provide flexible and quick support for projects proposed by governments, and has already disbursed a first tranche of funds of almost \$400 million for dozens of projects.²³ However, the process shows preference for developed health systems and only two 'conflict' countries received support for programmes in the first tranche. Countries in conflict (or without governments at all) are likely to lack the institutions, human resources and skills to develop proposals and submit applications to the Fund. According to requirements, proposals must be submitted based on government and civil society collaboration on a coherent national plan of action to address the three diseases, and on established mechanisms for the management and monitoring of funds and activities

Entities Responsible: Global Fund to Fight AIDS, TB and Malaria, Donor governments, NGOs

Ideas for Implementation: The funding criteria for the Global Fund to Fight AIDS, TB and Malaria should review guidelines, and include some sort of optional protocol, to enable countries in conflict to get access to funds. Some of the current criteria are difficult for countries at war to fulfill, often barring countries in emergency situations to accessing the funds. UNIFEM and other relevant UN agencies should support the IASC Gender Working Group in reviewing proposals to ensure that question of "how" and "who" include women and gender adequately.

7. Institutions and organizations to address HIV prevention in conflict situations. In particular, the New Partnerships for Africa's Development (NEPAD) should take a leadership role in that region.

Explanation of the Recommendation: This recommendation affirms the responsibility of regional organizations to also help with the fight against HIV/AIDS. Their role can be particularly strong in support HIV preventive efforts in coordinating regional responses to forced migrants and refugees.



Entities Responsible: African Union, European Union, ECOWAS, OSCE, ECLAC, ESCAP, ECA, ECE, ESCWA

Ideas for Implementation: Regional organizations and initiatives such as NEPAD should play a strong advocacy role in HIV prevention, care and support through statements and educational materials. Regional organizations should include data on rates of HIV infection and deaths from AIDS as part of early warning and information frameworks. Disclosing data such as this would help inform HIV/AIDS prevention strategies that regional organizations implement.

8. The development and enforcement of codes of conduct for all UN and international NGO staff to protect against abuse and exploitation of women and girls. All such staff should receive training prevention of sexual and gender-based violence, as well as reproductive health information, including STI and HIV/AIDS prevent.

Explanation of the Recommendation: The UN's currently ambiguous policies in regulating interaction between UN peacekeeping (and civilian) personnel and the local female population should be updated, in particular with respect to: sexual relations with women in the host community, marriage with local women during the term of duty, cohabitation with local women in premises, including live-in employees (e.g. maids), financial and legal responsibility for children parented by peacekeepers, prostitution off and on duty, and minimum age of sexual consent. All staff need training on these issues, as well as a reasonably detailed code of conduct so that the standard of behaviour is understood and followed.

Entities Responsible: Secretary-General, Troop contributing countries, Host countries, DPKO, IASC Task Force on the Protection from Sexual Exploitation and Abuse in Humanitarian Crises.

Ideas for Implementation: Clear disciplinary measures should be developed on the part of governments to cover violations committed by troop contributing countries. The UN Secretary-General should ensure that the services of an ombudsperson is available to implement any disciplinary measures resulting from a code of conduct for international civil servants. DNA testing should be used to assert paternity to ensure responsibility is taken by peacekeepers and international personnel for children fathered while on mission. All troops and civilian personnel under the jurisdiction of national governments, and international civil servants under the protection of standards developed for UN staff, should sign an undertaking to uphold codes of conduct when they commence service. UNIFEM, OSAGI, DAW and Inter-Agency Working Group on Gender to advocate the establishment of codes of conduct. UNIFEM, OSAGI, DAW and Inter-Agency Working Group on Gender to provide technical assistance to the development of codes of conduct.

UNAIDS Secretariat recommends:

1. Empowering women in order to reduce vulnerability to HIV infection
2. Training soldiers and peacekeepers in gender sensitive approaches to conduct with regards to HIV/AIDS, women and girls
3. Strengthening international commitment.

The Secretary General Recommends in his 2002 Study, [Women, Peace and Security](#):

1. Increase the capacities of women and girls affected by armed conflict to protect themselves from the risk of HIV/AIDS, principally through protection from sexual violence, abuse and exploitation, access to treatment and the provision of health care services, including sexual and



reproductive health, and through HIV/AIDS prevention education that promotes gender equality within a culture- and gender-sensitive framework.

2. Restore and strengthen safe access to education for girls and adolescent girls as a priority component of all humanitarian assistance, ensuring that the core curriculum includes gender-sensitive training on life skills, family life education, landmine awareness, HIV/AIDS and other STI prevention, human rights, peace education as well as psychological support.

Endnotes

¹ UN Press Release SC/6781. 10 January 2000.

<http://www.un.org/News/Press/docs/2000/20000110.sc6781.doc.html>

² UN Press Release SC/7086. 28 June 2001. <http://www.un.org/News/Press/docs/2001/sc7086.doc.htm>

³ Kristoffersson, Ulf. "HIV/AIDS as a Human Security Issue: A Gender Perspective." Expert Group Meeting on The HIV/AIDS Pandemic and its Gender Implications. Windhoek, Namibia. 13-17 November 2000

www.un.org/womenwatch/daw/csw/hivaids/kristoffersson.htm

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