



PROGRAMME COORDINATING BOARD

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Provisional agenda item 6.2:

AIDS and Security

Executive summary

Globally, HIV and AIDS have emerged as a threat to national and international security. In regions where AIDS has reached epidemic proportions, it has destroyed the very fabric of what constitutes a state: individuals, families, communities, economic and socio-political institutions and the military and police forces that safeguard these institutions. Mounting evidence suggests that the uniformed services—including peace-keeping personnel—are in many ways at risk to both becoming infected with HIV and serving as transmission agents. This is mainly due to their predominant youth, mobility and a profession that involves lengthy periods away from home in an isolated, often tense environment that encourages risk-taking to relieve loneliness, stress and the buildup of sexual tension. On the other hand, the military service must be seen as a unique means to prevent HIV infection and provide education for a large “captive” audience in a disciplined and highly organized setting. From this viewpoint, the armed forces present an ideal environment for instilling widespread awareness of HIV and AIDS and encouraging safer behaviour among a significant percentage of the sexually active population.

Action required at this meeting

The Programme Coordinating Board is requested to take note of the attached overview highlighting the leading role of the UNAIDS Office on AIDS, Security and Humanitarian Response (SHR) in developing a coordinated and integrated approach to address and respond to HIV infection and AIDS among international peacekeepers and national uniformed services, with emphasis on young recruits.

Introduction

The AIDS epidemic continues to expand, with more new HIV infections and AIDS-related deaths having occurred in 2004 than ever before. By the end of 2004, nearly 40 million people worldwide were living with HIV. As a result of the epidemic, life expectancy has fallen below 40 years in nine African countries. The virus is spreading most rapidly in Asia and Eastern Europe, with especially worrisome expansions in China, Russia and India—some of the world’s most populous countries.

Substantial attention has focused on the epidemic’s impact on national economies, health and education systems, and affected households. Recognizing the implications of the response to AIDS for our world’s future, the Millennium Development Goals (MDGs) call for global action to halt and begin to reverse the epidemic by 2015. In support of the MDGs, the United Nations General Assembly gathered at the first-ever Special Session on HIV/AIDS in 2001, unanimously endorsing a series of concrete, time-bound targets set forth in the Declaration of Commitment on HIV/AIDS.

This background paper examines an aspect of the epidemic that has in recent years begun to generate widespread concern—the epidemic’s potential impact on global and national security and stability. When the Security Council devoted a full-day discussion to the epidemic’s security implications—the first such meeting on a health issue—some questioned the relevance of HIV and AIDS to a body that concerns itself with fundamental issues of war and peace. But as this report explains, such doubts have since dissipated, as a growing body of evidence underscores the importance of addressing HIV infection and AIDS among national uniformed services and international peacekeepers as a critical component of the global response to the epidemic.

Security Council Resolution 1308, adopted in July 2000, officially recognized HIV and AIDS as a security concern, encouraging Member States and the international community to develop long-term strategies for HIV and AIDS education, prevention, confidential voluntary counselling and testing (VCT), and treatment for uniformed personnel as part of preparations for peacekeeping operations. In the Declaration of Commitment, Member States unanimously reinforced the importance of comprehensive HIV and AIDS policies for national uniformed services and international peacekeeping operations.

To ensure implementation of the mandates set forth in Resolution 1308 and the Declaration of Commitment, the Joint United Nations Programme on HIV/AIDS (UNAIDS) created a Humanitarian Unit in July 2000 that was tasked with overseeing and coordinating the UN’s response to HIV infection and AIDS within national uniformed services and international peacekeeping operations. In 2002, the UNAIDS Programme Coordinating Board, the governing body of the Joint Programme, reinforced the Programme’s commitment to HIV-related security issues by directing UNAIDS to coordinate with other relevant agencies in developing and facilitating interventions to address HIV and AIDS in the context of security and stability. Subsequently the unit was renamed the UNAIDS Office of AIDS, Security and Humanitarian Response (SHR), and has ever since developed an extensive programmatic partnership with the UN Department

of Peacekeeping Operations (DPKO) and other UN stakeholders for effectively integrating HIV and AIDS education activities into all UN peacekeeping operations. Furthermore, UNAIDS SHR has provided technical support to 80 countries all over the world through concrete projects that have been complemented by appropriate programmatic tools for facilitating the implementation process.

When analysing the UNAIDS response to the security implications of HIV and AIDS, certain features are especially notable:

- ***Leveraging Limited Resources.*** UNAIDS SHR achievements exemplify what can be obtained in the fight against AIDS with relatively limited resources. For expenditures under US\$ 10 million over a period of five years, UNAIDS now partners with 80 countries in integrating HIV and AIDS information activities into national uniformed services operations. Such partnerships have so far benefited some 25 million people, including personnel of national uniformed services and their close family members. Within the SHR budget, UNAIDS and its UN partners have implemented HIV-related policies and programmes in all 16 UN peacekeeping operations, which collectively deploy more than 62 000 military personnel and civilian police in diverse regions.
- ***National Ownership.*** UNAIDS' work in the field of HIV and AIDS and security builds on strong national ownership of the response. Rather than seeking to impose a single approach to the widely varying needs of individual countries and diverse uniformed services, UNAIDS relies on countries themselves to identify technical assistance requirements and propose ways the UN can assist in integrating HIV and AIDS into uniformed service operations. While UNAIDS SHR has developed a broad range of technical resources and tools, all are intended to be tailored to meet the specific needs of individual countries.
- ***UN Reform in Action.*** While UNAIDS SHR helps drive and coordinate the UN system's activities in the field of HIV and AIDS and security, its efforts reflect the active involvement of a broad array of UN Agencies, including DPKO, UNIFEM and UNAIDS Cosponsors such as UNDP, UNFPA, UNICEF, WHO and UNESCO. To ensure that their efforts are optimally coordinated and make effective use of each agency's comparative advantage, UN stakeholders meet on an ongoing basis to review the system's work in the field and to strategically plan future activities. SHR also closely coordinates its work on HIV and AIDS and security with other key stakeholders, including national militaries in industrialized and developing countries, leading military and security think-tanks, and nongovernmental organizations.
- ***Evidence-Based Response.*** UNAIDS works to collect and disseminate accurate information on both HIV-related trends among uniformed services and the impact of HIV and AIDS interventions. In 2004, UNAIDS SHR, in collaboration with the Council on Foreign Relations, convened a panel of

leading experts to assess available evidence on the impact of HIV and AIDS on uniformed services, with the aim of providing the Security Council with a comprehensive report in mid-2005. Assistance to countries and peacekeeping operations also heavily emphasizes monitoring and evaluation of HIV and AIDS policies and programmes.

HIV and AIDS and Uniformed Services

The fight against HIV and AIDS represents one of the great moral, political and logistical challenges of our era. While causing more than three million deaths annually, AIDS exploits and deepens social weaknesses on every continent—exacerbating poverty, robbing industry and government ministries of vital personnel, and sowing the seeds of social and political instability. In the worst-affected countries in Southern Africa, the epidemic is contributing to the disintegration of basic social, economic and political institutions, erasing decades of progress in human development. Unless the epidemic's expansion is slowed in China, India, Indonesia and Russia, tens of millions of people in Asia and Europe could be living with HIV by the end of the decade.

Given the extraordinary challenge posed by the epidemic, it may not be immediately apparent why focused attention is needed on its impact on uniformed services. However, closer analysis underscores the centrality to the global response of effective implementation of HIV and AIDS programmes among the military, police and international peacekeepers.

A Captive Population. In virtually all countries, the epidemic primarily affects young people and young adults, who disproportionately make up military personnel. Globally, people under 25 account for an estimated one-half of all new infections. While prevention services struggle to reach many young people at risk of infection, uniformed service personnel are subject to disciplined command and communications structures that can facilitate the delivery and reinforcement of prevention education and information.

High-Risk Behaviours. Indeed, there is strong evidence that military personnel are at higher risk of infection than their civilian counterparts. Data from various countries indicate that in peacetime, military personnel are two to five times more likely to have a sexually transmitted infection than the civilian population. In times of conflict, they can be up to 50 times more likely. STIs not only serve as evidence of high-risk sexual behaviour, but also significantly increase the risk of HIV transmission.

There are many reasons why international peacekeepers and other military personnel may have substantially greater HIV transmission risks than civilians. Military missions often uproot personnel from their families and social support networks, resulting in social isolation and day-to-day stress that can cause depression and encourage alcohol and drug abuse. Military outposts are often served by sex workers. Military personnel may also face occupational exposure to the virus from the HIV-infected blood of injured people they are required to handle.

HIV transmission is facilitated among military personnel by many of the same factors that contribute to transmission among young people generally—incorrect or inconsistent condom use, perceptions of invulnerability and substance abuse. A study conducted recently by the Nigerian military found that only 38.6% of military personnel with non-regular partners used condoms, and 4.5% of male respondents reported having sex with other men. A similar study by the Cameroon military found that 78.8% of military personnel surveyed reported having sex in the prior 30 days, with only 21.6% reporting regular condom use. In Bulgaria, between 2.8% and 7.7% of military personnel reported intravenous drug use, and between 1.8% and 8.4% of male respondents reported having sex with another man. A study of Nigerian peacekeepers found that 7% of peacekeepers had contracted HIV after one year of service, 10% after two years, and 15% after three years.

Dynamics of the Epidemic. The increased HIV risks often associated with military service can significantly affect the dynamics of the epidemic in the regions where military personnel are stationed and in the communities to which they return. Where international peacekeepers from a high-prevalence country are deployed to a setting with low prevalence, the overall HIV risk for the population living at the site of the peacekeeping operation may increase. In 2001, 14% of UN peacekeepers were drawn from countries with HIV prevalence over 5%. Nearly one in three (32%) military personnel assigned to the UN's Sierra Leone peacekeeping operation—and 17% of those in the peacekeeping operation in Ethiopia and Eritrea —come from countries with HIV prevalence higher than 5%. But because HIV prevalence tends to be significantly higher among military personnel than among the civilian population, these figures may significantly underestimate the actual rate of infection among certain national forces contributing to UN peacekeeping operations. Conversely, peacekeepers themselves may be exposed to greater risks if they are transferred from a low-prevalence to a higher-prevalence setting.

When they return to their homes or families following their military service, uniformed personnel may inadvertently increase the level of HIV risk in their community. According to one researcher, combatants act as “Trojan horses” when they return to a low-prevalence area and transmit the virus to members of the civilian population.

Social and Political Instability. Although the risks confronted by military personnel would be concerning for any population, their impact can be especially pronounced in the case of national militaries. In many countries where political or social systems are fragile—often because countries are emerging from civil conflicts or seeking to create a new and more open political order—the military plays a vital role in maintaining social and political stability. A national military weakened by the loss of key personnel to HIV-related illness and death can invite internal discord or invasion by a neighbouring country. The future of international peacekeeping operations, which rely on national militaries to contribute well-trained forces in a high state of preparedness, could be jeopardized by the weakening of national militaries in larger countries that often play a prominent role in promoting and maintaining regional stability.

Available evidence indicates that HIV and AIDS are devastating many national militaries. An estimated 60% of armed forces personnel in Zambia were HIV-infected in 1998, while 50% or more of military personnel in Angola, the Democratic Republic of the Congo, Malawi, and Zimbabwe are believed to be living with HIV. Namibia estimates that 33% of its armed forces personnel are HIV-infected.

These figures underscore the critical global need to strengthen HIV prevention and treatment programmes among military personnel. Unless this is rapidly and effectively addressed in these armed forces, militaries throughout Africa will be severely weakened in future years, as armed forces personnel become ill and die. Such a situation will invite intrastate and interstate discord and conflict, with potentially serious ramifications for regional and global security.

Africa is not alone in confronting the need to preserve vital military personnel. The example of South Africa, where HIV prevalence increased from less than 1% to more than 20% in less than a decade, reflects the unpredictable nature of the epidemic's expansion. No country with low HIV prevalence today can afford to be complacent in protecting its uniformed services from the threat posed by HIV and AIDS.

A Critical Opportunity. While this review of available evidence on HIV and AIDS among uniformed personnel has focused on the heightened risk that many of them face, countries should also view their uniformed services as potentially critical agents for change in the response to the epidemic. Military services and civilian police forces are typically among the most respected national institutions, with their personnel often enjoying a high degree of prestige among the general population. By targeting uniformed services with intensive HIV prevention efforts, countries would not only protect personnel themselves from infection, but might also help alter social norms regarding sexual behaviour.

Strong evidence indicates that targeted HIV prevention efforts can significantly alleviate the epidemic's toll among uniformed services. In the late 1980s and early 1990s, Thailand witnessed a rapid growth in HIV infection—in the country as a whole, and in the Royal Thai Army. By 1993, HIV prevalence among Army personnel had reached 4%. For this reason, between 1991 and 1996, the Army implemented a comprehensive programme that emphasized the epidemic's threat to national security. Components of the Army's response included peer education for uniformed service personnel on the risks of HIV transmission, development and implementation of comprehensive policies for addressing HIV and AIDS among the militaries, monitoring the epidemic among the armed forces, and initiation of research and development programmes. The Army's energetic response had a striking impact on the course of the epidemic in the armed forces, as HIV prevalence fell from 4% in 1993 to 0.7% in 2001.

Care and Treatment. Just as many corporations are investing in HIV treatment programmes to preserve essential human capacity, militaries and uniformed services should similarly prioritize the delivery of needed care, treatment and support to personnel who are living with HIV. Emboldened by dramatic declines in the prices of antiretroviral

therapies, the global community has embarked on an unprecedented effort to deliver these therapies to millions of patients in resource-limited settings. While this initiative will entail substantial changes to health-care systems in many parts of the world, national militaries and uniformed services often already have well-developed medical systems. By building on these systems to deliver antiretroviral therapies, countries can accelerate their national scaling-up and learn important lessons that can inform treatment expansion in non-military settings.

UNAIDS Global Initiative on HIV and AIDS and Security: Key Achievements

As previously mentioned, SHR coordinates the UN system's efforts to combat HIV infection in peacekeeping operations, national uniformed services and humanitarian crises. These efforts occur under the umbrella of the UNAIDS Global Initiative on HIV/AIDS and Security. This section of the report will address UNAIDS' work in international peacekeeping operations and national uniformed services.

In coordination with the UN's Department of Peacekeeping Operations, UNAIDS' international security strategy focuses on mitigating the impact of HIV and AIDS in UN peacekeeping operations through the development and implementation of HIV and AIDS prevention and awareness activities within UN peacekeeping missions. Under a Cooperation Framework signed between UNAIDS and DPKO in 2000, UNAIDS has placed a full-time adviser in charge of DPKO HIV and AIDS policy formulation and facilitation of an ongoing and comprehensive response to the disease in any peacekeeping mission. These endeavours are supported by the DPKO Trust Fund established by UNAIDS through contributions received from the Governments of Denmark and the United Kingdom. Together with the Governments of Norway and Ireland, they constitute the major donors to SHR activities. Through such partnerships and the active involvement of UN entities such as UNFPA and UNIFEM, the UN system has placed HIV and AIDS advisers in each of the UN's 16 peacekeeping missions.

UNAIDS' national security strategy primarily provides support to countries for the development and reinforcement of national HIV and AIDS prevention and care strategies and programmes for national militaries. These national efforts benefit from a series of tools developed by UNAIDS SHR and by the active participation of UNAIDS Cosponsors and such partners as Family Health International.

UNAIDS' work on HIV and AIDS and security focuses on the five cross-cutting functions of the UNAIDS Joint Programme:

- Leadership and advocacy for effective action on the epidemic
- Strategic information to guide the efforts of partners
- Tracking, monitoring and evaluation of the epidemic and the response
- Civil society engagement and partnership development

- Technical, financial and political resource mobilization

Below follows a summary of UNAIDS achievements in each of these areas in the field of HIV and AIDS and security. Examples provided are illustrative, as it is beyond the scope of this paper to provide an exhaustive description of the full array of relevant activities undertaken by UNAIDS in the 80 countries and 16 peacekeeping missions.

Leadership and Advocacy. A key first step to addressing HIV and AIDS among uniformed services is official recognition of the epidemic's potential threat to national and global security. Even in the face of rapidly rising rates of HIV infection in the general population, many national militaries initially fail to appreciate the epidemic's potential impact on military morale and preparedness. Even the military in Thailand, one of the world's leaders in integrating HIV and AIDS education into the operations of the armed forces, opted at first to deny the seriousness of the threat, springing to action only when it became clear that infection rates in the military were reaching alarming proportions.

Through extensive advocacy, UNAIDS seeks to promote leadership and national ownership in the response to HIV infection among uniformed services. UNAIDS meets with national civilian and military leaders to promote sound policies and practices on HIV and AIDS in uniformed services. Currently SHR is engaged with concrete projects at different stages of design and implementation in 80 countries. Since December 2003, UNAIDS has entered formal partnership agreements with national ministries in Albania, Brazil, Costa Rica, Croatia, the Dominican Republic, Honduras, India, Kazakhstan, Macedonia, Mongolia, Mozambique, Nicaragua, Panama, Peru, Thailand, Uruguay, and Uzbekistan.

SHR also promotes enhanced regional cooperation to integrate HIV and AIDS prevention activities into the operations of uniformed services. For example, it has worked closely with the Commonwealth of Independent States to implement regional strategies that address HIV and AIDS in uniformed services in the former Soviet Union; it has formalized a partnership with the Commission for Prevention and Control of HIV and AIDS in the Latin American Armed Forces (COPRECO), a coalition of representatives from 14 Latin American countries; it is partnering with NATO in HIV-prevention activities among troops, as well as providing assistance to the African Union for integrating HIV and AIDS prevention into its Peace and Security Council and the protocol of the Stand By Force.

On the international level, a Task Force on Uniformed Services, chaired by UNAIDS and comprising the most prominent stakeholders in the field, has been established since 2002. This Task Force has two aims: to establish a platform of networking and coordination of activities encouraging North-South collaboration between national militaries, and to develop a comprehensive set of technical tools to address HIV and AIDS within uniformed services. The most recent tool developed by this Task Force is a short advocacy film targeting donors and uniformed service commanders simultaneously. The objective of the film is not only to demonstrate the gravity of the problem, but that in

countries where programmes are in place, uniformed services are joining the fight against HIV and AIDS.

UNAIDS and SHR have repeatedly used the global forums of the UN to increase awareness and commitment on HIV-related security issues. In addition to awareness generated by the Security Council Resolution 1308 and the Declaration of Commitment, the Secretary-General has repeatedly emphasized the importance of addressing the epidemic in emergency settings. For example, the Secretary-General's report to the Security Council in 2003 on Liberia noted in a number of different contexts the potential for increased HIV risk in both the conflict and post-conflict stages. In 2003, a day-long session of the UN General Assembly to discuss progress in implementing the Declaration of Commitment served as the forum for UNAIDS to launch its Global Initiative on HIV and AIDS and Security.

As a result of these and other efforts, recent years have witnessed a dramatic increase in global awareness of the security implications of HIV and AIDS. For the first time, the XV International AIDS Conference in Bangkok in 2004 included two sessions dedicated to HIV and AIDS among uniformed services, one of which was organized and sponsored by SHR. Following that, in September 2004, the 35th Congress on International Military Medicine passed a major resolution recognizing the impact of the epidemic on national and regional stability and urging a more aggressive global response.

Strategic Information. Generation and provision of strategic information has been integral to SHR's work. Asked by the Security Council to document the link between AIDS and Security, UNAIDS has launched a global research programme that aims to provide such evidence in a report due in mid-2005.

Furthermore, it has developed and disseminated a broad range of strategic tools and information resources to assist national uniformed services, UN agencies and its many international partners in implementing effective measures to address HIV and AIDS in the context of security and stability.

Assistance to National Programmes Targeting Uniformed Services. In 2003, SHR produced a *Guide for Developing and Implementing HIV/AIDS/STI Programming for Uniformed Services*. The guide addresses the full range of issues that decision-makers need to confront when designing programmes, such as optimal and comprehensive strategies for managing STIs, voluntary counselling and testing, effective prevention and care, stigma and discrimination, and gender issues.

SHR has developed a Peer Education Kit that provides technical support to peer educators among uniformed services and policy-makers who seek to implement prevention education programmes. The kit—which is part of a larger Uniformed Services Tool Kit developed by UNAIDS—provides comprehensive guidance on how to establish, coordinate and evaluate peer education processes. The Uniformed Services Tool Kit has been translated into 10 languages, including Arabic, Chinese and Russian. Building on the experience in peacekeeping operations (see below), UNAIDS has produced a

Uniformed Services awareness card. So far 500 000 cards, translated into 15 languages, have been distributed to several national uniformed services.

An internet-based interactive map entitled "Engaging young men and women in the uniformed services in the fight against HIV/AIDS" has been developed by SHR and is hosted on the UNAIDS web site. This tool was developed to provide a forum for information exchange between civil and military institutions as well as international organizations working in this field. The interactive map provides a database of information, articles and documents addressing HIV and AIDS among uniformed services including peacekeeping operations in different regions and countries around the world.

To promote intercountry and regional exchange, SHR documents and disseminates best practices on national policies, programmes and practices regarding HIV and AIDS and uniformed services. In 2004, UNAIDS released a comprehensive analysis of the Royal Thai Army's integration of HIV and AIDS activities into its operations. The report describes how Thailand came to terms with the growth of HIV infection among armed forces personnel, summarizes the policies implemented, and documents the impact of these measures in helping reduce HIV prevalence in the military. This best practice publication was preceded by two other studies conducted in Ukraine and Eritrea respectively.

International Peacekeeping. A series of tools developed by SHR has facilitated the successful integration of HIV and AIDS prevention and care into all 16 UN peacekeeping operations. In collaboration with UNAIDS, DPKO has developed a standardized generic training module on HIV and AIDS. This "train-the-trainer" module forms part of the standard pre-deployment training by troop-contributing countries, with the aim of ensuring that all peacekeepers have upon entry to a mission a common knowledge and awareness of the basic HIV and AIDS facts. This module can be adapted to local circumstances, as reflected in the experience with the UN peacekeeping operation in Ethiopia and Eritrea (UNMEE), which added to the standard training module issues relating to young people, gender and men who have sex with men.

UNAIDS and DPKO jointly developed another AIDS awareness card, which has so far been distributed to more than 500 000 peacekeeping personnel. The card includes basic information about HIV and AIDS, advice on how to prevent HIV transmission and directions on what to do in case of an emergency. The AIDS awareness card also includes a pocket in which a condom can be held. DPKO and UNAIDS supplement this information tool with condom promotion activities, which are integrated into training programmes offered by the HIV and AIDS policy adviser in each peacekeeping operation. (Commanders of each national contingent are responsible for distribution of condoms in peacekeeping operations.) The availability of voluntary confidential counselling and testing in all peacekeeping operations is considered an integral part of all the interventions.

Best practices in the efforts to prevent HIV infection have been documented and disseminated as well. For example, a Best Practice publication, released in 2003, documents the implementing of HIV and AIDS programmes in the UN peacekeeping operation in Eritrea. The report highlights the mechanisms established to promote coordination of HIV and AIDS activities, analyses how levels of HIV-related knowledge and risk behaviour among peacekeepers were assessed, and further describes the implementation of prevention and care interventions. Not only does experience in Eritrea demonstrate the feasibility of effectively addressing HIV and AIDS even in the midst of conflict, but it offers insights that may be useful in planning HIV and AIDS programmes for other peacekeeping operations.

Where sensitive issues related to HIV in the context of peacekeeping have arisen, UNAIDS has provided leadership in devising effective policy responses. In 2000, members of the Security Council questioned whether HIV screening should be mandated for all UN peacekeepers. In 2001, in conjunction with DPKO, UNAIDS convened an expert panel, chaired by Justice Michael Kirby, the Australian High Court judge. The panel concluded that mandatory HIV testing was not warranted for peacekeepers, but that voluntary counselling and testing should be readily accessible and actively promoted.

Humanitarian Emergencies. UNAIDS SHR has been involved in the UN system's efforts to integrate HIV and AIDS activities into the response to emergencies stemming from armed conflict and national disasters. In 2003, more than 72 countries were identified as unstable, and various conflicts have resulted in more than 42 million refugees and internally displaced people worldwide. The potential impact of such emergencies and the related population mobility on national and regional epidemics can be complex. On the one hand, emergencies can accelerate the spread of HIV and deepen its impact, placing individuals in especially vulnerable circumstances and disrupting care and support networks. In other cases, conflict appears to have served as a brake on the epidemic's expansion, underscoring the need for strong HIV and AIDS programmes during the post-conflict and demobilization period.

UNAIDS and 14 other UN system and international agencies work together on an ongoing basis as part of the Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Situations (IASC). The IASC has published *Guidelines for HIV/AIDS Interventions in Emergency Settings*, which provides comprehensive guidance on appropriate HIV-related programmatic and policy responses to humanitarian emergencies. The guidelines address appropriate coordination mechanisms, prevention of sexual violence and exploitation, nutrition, sanitation, provision of HIV/AIDS prevention services, safety of the blood supply, infection control in health-care practices, and appropriate treatment, care and feeding practices for people living with HIV.

UNAIDS also recognizes that in crisis situations it is often women and children that are most vulnerable. SHR has therefore developed a programme to address gender concerns in conflict and post-conflict zones. SHR, along with UNIFEM and UNFPA, initiated a pilot project on integrating a gender approach within all activities and initiatives in Sierra Leone. The key objective of this initiative is to ensure that gender equality and human

rights are integrated into key policies, programmes and activities that address HIV and AIDS in the context of humanitarian assistance, particularly to minimize and reverse HIV infection rates of UN peacekeepers, national armed forces and the civilian population. Based on the success of this project, SHR is currently developing similar initiatives in Angola and the Democratic Republic of the Congo.

Tracking, Monitoring and Evaluation. In the area of AIDS and security, UNAIDS operates at two distinct levels in tracking, monitoring and evaluation. UNAIDS monitors national responses to HIV and AIDS among uniformed service and peacekeeping personnel, and reports back to such bodies as the UN General Assembly and the UN Security Council. More importantly, UNAIDS SHR is playing a key technical role in building national capacity to track HIV and AIDS and monitor and evaluate policy and programmes put in place to address this epidemic among uniformed service personnel.

To facilitate appropriate tailoring of strategies to the specific needs of national militaries and UN peacekeepers, UNAIDS works with partners to survey the knowledge, attitudes and behaviours of uniformed personnel. This not only facilitates programme planning, but enables UNAIDS and its partners to identify the impact of its efforts. For example, in Ukraine the percentage of uniformed service personnel who said they did not use condoms during sexual intercourse declined from 29.7% to 12.7% following implementation of HIV and AIDS awareness training.

The UNAIDS HIV and AIDS programming guide for uniformed services includes specific guidelines for the monitoring and evaluation of national programmes. In particular, UNAIDS emphasizes the importance of identifying objectively verifiable indicators during the design of national projects. Similar procedures have been implemented to ensure ongoing assessment of the impact of HIV and AIDS interventions in peacekeeping operations. As evaluations of the AIDS awareness card for peacekeepers have indicated that the card should be supplemented with more intensive HIV education, SHR is actively exploring strategies for providing more comprehensive and targeted prevention and awareness training. Globally, UNAIDS SHR has selected and disseminated indicators on HIV and AIDS and security as part of the process of monitoring implementation of the Declaration of Commitment.

Partnership Development. UNAIDS SHR endeavours to complement and support the efforts of civil society partners to integrate HIV and AIDS into the operations of uniformed services. National assistance provided by UNAIDS in Indonesia is closely coordinated with efforts already being undertaken by Family Health International. In India, UNAIDS' efforts to facilitate implementation of sound HIV-related policies and practices in uniformed services in West Bengal are made in concert with the West Bengal State AIDS Prevention and Control Society. In Viet Nam, UNAIDS' extensive assistance to national military and police complements efforts by AusAID, the U.S. Centers for Disease Control and Prevention, Family Health International and the Nordic Assistance to Viet Nam programme.

UNAIDS SHR, recognizing the importance of military-to-military exchange, endeavours where possible to facilitate partnerships among countries to share experiences on addressing HIV and AIDS within uniformed service personnel. In 2004, UNAIDS brought together representatives from nine countries in North Africa and the Middle East in a historic workshop where countries such as Algeria, Djibouti, Iran, Jordan, Lebanon, Morocco, Sudan, the United Arab Emirates and Yemen worked together and with UNAIDS to strengthen their national HIV and AIDS programme for uniformed services.

Resource Mobilization. An important insight into UNAIDS' experience in the field of HIV and AIDS and security is that substantial accomplishments can be achieved in responding to the epidemic among uniformed services with relatively modest investments of financial resources.

Notwithstanding the extraordinary efficiency and cost-effectiveness of the UNAIDS SHR approach, effectively implementing measures to address HIV and AIDS among uniformed services does require financial outlays. Since its establishment, SHR has mobilized approximately US\$ 8 million from extra-budgetary sources to support integration of HIV and AIDS activities in uniformed services operations and humanitarian relief efforts. But as the number of countries seeking UNAIDS' assistance in this area has multiplied since 2000—growing to more than 80 countries as of June 2005—the need to mobilize substantial resources to promote SHR's work becomes a prerequisite for maintaining international security and stability.