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AIDE-MÉMOIRES
Policy Guidelines on
HIV/AIDS Prevention
and Control for
UN Military Planners
and Commanders



UNITED NATIONS
DEPARTMENT OF
PEACEKEEPING
OPERATIONS

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Policy Guidelines on HIV/AIDS Prevention and Control for UN Military Planners and Commanders

February 2000



THE CIVIL MILITARY
ALLIANCE TO COMBAT
HIV AND AIDS



THE UNITED NATIONS
DEPARTMENT
OF PEACEKEEPING
OPERATIONS

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FOREWORD

It is well established that conflict and immediate post-conflict situations create increased risk of HIV transmission among all involved parties. Heightened risk of HIV infection and death from AIDS applies not only to displaced or otherwise disrupted civilian populations that are drawn into conflicts. The lethal threat posed by HIV/AIDS also extends to international peace-keepers and supporting civilian staffs, to political observers, and to humanitarian assistance workers, all seeking to mitigate conflict, restore social order and promote human welfare.

Like other conflict interveners, peace-keepers need to be well briefed both prior to arrival in the field and often thereafter, on HIV prevention and on the implications of the conflict risk environment for their behaviour. Protecting themselves is important, but peace-keepers' mission is also to promote the restoration of security to the families and communities that they serve - including security against HIV and AIDS.

It is therefore essential that military planners and commanders who are preparing for and engaged in peace-keeping operations be fully informed about the requirements of effective HIV prevention within their contingents, and between these units and the civilians among whom they are or soon will be deployed. These *Aide Mémoires* are intended to acquaint non-medical military leaders with five sets of UN-approved policy guidelines on HIV/AIDS prevention and control, which represent accepted "best practices" for confronting the menace of HIV and AIDS in pre-conflict, conflict, and post-conflict settings.

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CHAPTER

1

**GENERAL POLICY GUIDELINES ON
HIV/AIDS PREVENTION AND CONTROL**





Throughout the world, national and multi-national military personnel are among the most susceptible populations to sexually transmitted diseases (STDs), including HIV/AIDS which is universally lethal. HIV/AIDS is 5 to 20 times more likely to occur in the presence of other STDs, and in some countries military STD infections may be 2 to 5 times higher than in civilian society. In foreign deployment situations, military STD infections may quickly equal or exceed those of disrupted local populations whose infection rates may already be high. By the late 1990s, UN monitoring missions and DPKO deployments were underway in unsettled parts of Africa, the Caribbean, Central Asia, Eastern Europe, and the Middle East.

In the growing number of post-Cold War conflicts to which UN and other peace-keeping contingents are deployed, HIV/AIDS poses a deadly threat, not only to those directly involved, but also to future peace and security. Seen in this light, the development of effective HIV/AIDS prevention and control programmes for multi-national peace-keepers and civilian police is of vital and immediate importance.

RECOMMENDED UNDPKO HIV/AIDS INTERVENTIONS BASED ON CURRENT NATIONAL PRACTICE

Unlike quickly developing diseases like malaria and dysentery, HIV/AIDS is not a war-stopper. For this reason, many national military forces were initially slow to initiate HIV/AIDS prevention and mitigation programmes. As the impact of the disease became more apparent, senior military medical officers, planners, and commanders recognized an increasingly urgent need to provide information on how the armed forces can avoid HIV infection, to encourage condom use within their units, to ensure that strict blood-safety procedures are followed, to pay greater



attention to the prevention and treatment of STDs in general, and to accommodate the needs of HIV-positive personnel without sacrificing force readiness. A general set of military and civil-military “best practices” is now emerging within and among national military forces throughout the world, which can also be applied to UN and other multinational peace-keeping forces. These recommendations fall into four categories:

- STD and HIV Prevention Education.
- Condom Promotion and Provision.
- HIV Testing and Counselling.
- HIV/AIDS Costs and Consequences.

STD AND HIV PREVENTION EDUCATION

- Prevention education programmes should be conducted frequently, to reinforce health-promoting behaviours.
- These programmes should pay attention to individual approaches, such as situational prevention practice sessions based on personal STD health-risk assessments. Prevention education should also develop skills-building capacities, particularly regarding condom use and sexual negotiation between women and men.
- Prevention education should be conducted before, during, and after deployment.
- Increasing financial assistance should be extended to formal training and support for STD and HIV prevention educators, so that prevention programmes can become more cost-saving and cost-effective.

CONDOM PROMOTION



- Surveys of training recipients' knowledge, attitudes, beliefs, and practices (KABP) should be conducted in order to adapt condom promotion activities to local social, economic, and cultural conditions and sensitivities.
- Based on these surveys, attention should be focused on the development of operational plans to implement existing condom promotion policies, through individualized training and peer-group education programmes.
- Emphasis should be placed on a wide and proactive, instead of only on a "readily available" and "on request," distribution of condoms, together with education and practice in the correct use of condoms.

HIV TESTING AND COUNSELLING

- Before adopting HIV testing policies, the ethics, goals, and mission-related cost/benefit ratios of such policies should be carefully considered.
- Whenever testing is practiced, pre- and post-test counselling should be conducted on humanitarian grounds and to induce and reinforce health-promoting behaviours. Given this need for counselling to accompany testing, the financial and training-resource costs of counselling may help to determine whether and under what circumstances HIV testing is implemented.

HIV/AIDS COSTS AND CONSEQUENCES

- Success in managing military HIV and AIDS can only be achieved in the context of similar and related advances in civilian society. When planning and implementing military HIV/AIDS policies, care should be taken that



essential operational funding is not placed in jeopardy. This danger can be mitigated through a greater integration of military and civilian HIV/AIDS programmes.

- To this end, STD and HIV/AIDS prevention and control activities of the UNDPKO should be closely coordinated with, and technically supported by, those of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its Collaborating Centre, the Civil-Military Alliance to Combat HIV and AIDS.

BIBLIOGRAPHY

1. *AIDS Prevention in Military Populations*. Proceedings of An African Regional Policy Seminar, Zimbabwe. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, 1995.
2. Rodger Yeager, "Military HIV/AIDS Policy in Eastern and Southern Africa: A Seven-Country Comparison." Occasional Paper Series, No. 1. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, 1996.
3. *Report of the Regional Policy Workshop for Eastern and Southern Africa on AIDS Prevention in the Civil-Military Environment*. Proceedings of a Second African Regional Policy Seminar, Malawi. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, 1996.
4. *Third African Regional Seminar on HIV/AIDS Prevention in Military Populations*. Proceedings of a Third African Regional Policy Seminar, Namibia. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, 1997.



5. *Seminaire Regional Africain Francophone sur la Prevention du VIH/SIDA dans les Forces Armees: Report Final*. Dakar: Civil-Military Alliance to Combat HIV and AIDS, 1997.
6. *Situation Review and Strategic Planning Seminar: STD and HIV/AIDS Prevention in the Armed Forces*. Report of an Anglophone West African Conference, Senegal. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, 1998.
7. CMA/UNAIDS. *Winning the War Against HIV and AIDS: A Handbook on Planning, Monitoring and Evaluation for HIV Prevention and Care in the Military*. Hanover, NH and Geneva: Civil-Military Alliance to Combat HIV and AIDS/Joint United Nations Program on HIV/AIDS, 1999.

CHECKLIST

VULNERABILITY

Spread of HIV virus:

- Initially hidden but increasing infection
- Military personnel among core groups at risk to HIV acquisition and transmission

AIDS-related illness and death:

- Spread of HIV continues with more civilian and military illness and death

Survivors:

- Surviving military dependents left without support

**Immediate security impact:**

- Depletion of force strength
- Loss of command capacity

Long-term potential impact:

- Social, economic and political destabilisation
- Loss of control over national security
- Generalised breakdown of public order

RESPONSES

Spread of HIV virus:

- Behaviour change through information, education and communication programmes encouraging condom use
- Ensuring adequate numbers and quality of appropriately distributed condoms
- Prevention through condom use, blood screening
- Prevention impact assessment by periodic mandatory and/or voluntary testing for HIV and/or other STDs
- Human rights protection: confidentiality of HIV test results and protection of job security until medical discharge from service becomes necessary

AIDS-related illness and death:

- Social and psychological support through pre-test and post-test counselling of military personnel and of their dependents
- Employment and income maintenance: protection of employment security and possibility of advancement in rank until medical discharge is required
- Confidentiality in care and treatment
- Legal protection



- ❑ Provision of continuing medical care of HIV-infected personnel, discharges and their dependents

Survivors:

- ❑ Emergency assistance to dependents of deceased personnel through continuation of military pension and provision of death benefits including expenditures to cover funeral costs
- ❑ Reintegration of survivors within their communities through assistance in relocation of survivors' households and through provision of educational benefits for surviving children
- ❑ Assistance in protection of family property rights

Immediate security impact:

- ❑ HIV impact monitoring and increases in numbers of personnel to maintain military strength and command and control capacity
- ❑ Protection and strengthening of military recruitment pool through STD and HIV prevention-related information, education and communication campaigns targeted toward pre-adolescents and adolescents, and through military recruitment limited to literate school-leavers
- ❑ Strengthening of health and social welfare sectors through increased civil-military collaboration in STD and HIV/AIDS prevention and control

Long-term potential impact:

- ❑ National and international co-operation to reduce adverse effects of HIV/AIDS on people and their communities, through greater civil-military and inter-military information and resource sharing



- ❑ Change in perception at senior military and civilian levels from HIV/AIDS viewed as only an immediate medical crisis to HIV/AIDS recognized as a serious but approachable challenge to national and international security, peace and socio-economic development
- ❑ Increased inter-sectoral commitment to HIV/AIDS prevention and control, moving beyond traditional distinctions among and between military and civilian governmental institutions, and between the public and private sectors, in promoting the common welfare

CHAPTER

2

***POLICY GUIDELINES ON STD AND HIV
PREVENTION EDUCATION***





Militaries around the world generally recognize the importance of STD and HIV prevention education for their personnel and dependents, but current practice suggests considerable room for improvement. One-time or infrequent group briefings and routine distribution of printed materials are the most commonly employed educational methods, although research has shown that continuing, proactive, and individualized approaches are much more conducive to behaviour modification and negotiational skills-building in human sexual relations. Employing training materials adapted to the learning needs of specific target populations, these techniques include one-on-one professional counselling and peer education conducted and periodically reinforced on base and in the field.

Deployment to unsettled areas is an important mission component of all militaries, but forms the very raison d'être of UN peace-keeping forces. In light of the heightened possibility of acquiring HIV and other STDs in such areas, most national military services conduct STD/HIV-prevention briefings before their troops are deployed to other countries. However, a much smaller number of countries provide prevention briefings in the immediate post-deployment period when troops may be at even greater risk of acquiring and transmitting HIV. By not conducting post-deployment briefings, a vital opportunity is lost to limit the spread of the disease at home and also to quantify the magnitude of threat in operational theatres to which peace-keepers may again be deployed. In short, combined pre-deployment and post-deployment STD and HIV education campaigns are critically important to all countries contributing peace-keeping forces, and also to these forces once they are organized. It may also be highly useful to conduct refresher briefings on STD and HIV prevention and on condom use as opportunities arise during deployment.

**RECOMMENDED UNDPKO HIV/AIDS PREVENTION
EDUCATION INTERVENTIONS BASED ON CURRENT
NATIONAL PRACTICE**



- STD and HIV prevention education programmes should be conducted and reinforced periodically (with frequencies depending on length of mission but not to fall below 3 to 4 times per year), to inform and remind peacekeepers of health-promoting behaviours and to maintain the necessary motivation for them to continue practicing these behaviours.
- Prevention education programmes should feature varied and individual approaches, including peer education, role playing in sexual negotiation, personal health-risk assessments, and situational practice sessions. Prevention education should be designed to develop skills-building capacities and commitments, particularly regarding effective condom use and sexual negotiation between women and men.
- STD and HIV prevention education should be emphasized in both pre-deployment and immediate post-deployment situations.
- High priority should be assigned to the preparation of professional STD/HIV prevention educators, and to the publication and dissemination of appropriate prevention-education materials, to make them essential and permanent parts of UN peace-keeping training and operational programmes.

BIBLIOGRAPHY



1. Jenkins PR, Jenkins RA, Temoshok LR, McKee K: "Situational Factors in STD Incidence: A Neglected Area of Inquiry." *IX International Conference on AIDS/STD World Congress*. Berlin, June 1993 [abstract PO-C20-3078].
2. Jenkins PR, Nannis E, Johnson A, McKee K: "STD Behavioral Interventions in the Military: A Study of Short Term Efficacy." *U.S. Centers for Disease Control and Prevention National STD Prevention Conference*, Atlanta, 1966 [abstract].
3. Neije S: "Interpersonal IEC [Information, Education, Communication] as a Long-Term Strategy for the Prevention of STD/HIV/AIDS in the Moroccan Royal Armed Forces." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43398].
4. Olmedo-Drouguett S: "The Armed Forces of Latin America Confront an Expanding Epidemic." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43384].
5. Puta JC: "Enhancing Training Capacities through Regional Military Networking in Countries of Eastern and Southern Africa." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 359/43391].
6. Schneider SJ, et al.: "Sexual Risk Behavior Among Rapid Deployment Personnel." *XI International Conference on AIDS*. Vancouver, July 1996 [abstract MO-D-1708].
7. Soeprapto W, et al.: "HIV and Peacekeeping Operations in Cambodia." *Epidemiol. Infect.* 1991, 107:69-80.

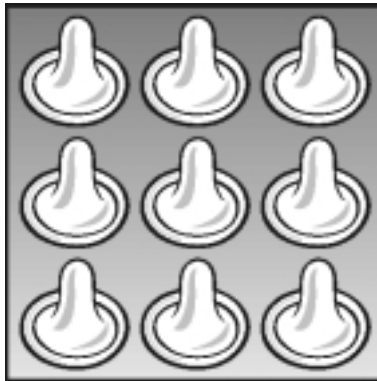


8. Upadhyay P: "HIV/AIDS/STD Education and Prevention for Military Personnel in Nepal." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 60003].
9. Upadhyay P, Bharda R, Bista KP, Erpelding A: "An Innovative Approach for HIV/AIDS and STD Prevention among Nepalese Military." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43393].

CHAPTER

3

***POLICY GUIDELINES ON CONDOM
PROMOTION AND PROVISION***





The effective and consistent use of condoms remains the most powerful weapon in the global struggle against HIV and AIDS, even though condom use varies widely within and among societies. As highly structured formal organizations with well-developed command and control mechanisms, militaries are virtually unique in their capacity for achieving and maintaining standardized patterns of behaviour. Most of the world's militaries recognize these advantages in promoting and providing condoms among their troops, but fewer are fully prepared to maximize condom use, and thus HIV prevention, in their ranks.

Absent in some national militaries are specific plans through which condoms are routinely promoted and provided. This lack of commitment is often paralleled by passive, group-informational, approaches to condom promotion, to inadequate instruction on effective condom use, and to "on-request" distribution methods that are equally indifferent to soldiers' possible disregard of and/or aversion to condoms.

Research has shown that condoms achieve their full potential for HIV prevention only through highly individualized and aggressive approaches to condom promotion and distribution. Since social and cultural factors can heavily influence predispositions toward or against condoms, knowledge-attitude-belief-practice (KABP) surveys of individual military units should precede the development and testing of such approaches. This requirement especially pertains to UN peace-keeping forces, which are drawn from many societies and cultures around the world.

RECOMMENDED UNDPKO HIV/AIDS CONDOM PROMOTION AND PROVISION INTERVENTIONS BASED ON CURRENT NATIONAL PRACTICE



Detailed KABP surveys should be developed and administered to adapt condom promotion activities to the specific socio-economic and cultural characteristics of individual peace-keeping contingents.

Based on the results of these surveys, operational plans for condom promotion and provision, with “hands-on” practice in proper use, should be devised and implemented that focus not only on mass appeals, but also on individual and peer-group approaches to motivation and training in consistent condom use.

Passive, “readily available” and “on request,” systems of condom distribution should be avoided. Instead, emphasis should be placed on a universal and periodic issuing of condoms, together with instructions on proper use, as essential military equipment.

BIBLIOGRAPHY

1. Adeniran O, Adeoye FA, Osibogun AO, Shabi TA: “Occupational Vulnerability to HIV Infection: Implications for Effective Condom Promotion.” *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43396].
2. Carducci A, et al.: “Knowledge, Attitudes, Sexual Behaviours and Public Information in Venezuela and Italy: Survey on Called Up Young People.” *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43390].
3. Ekong E: “Comparison of Knowledge, Attitudes and Practices on HIV/AIDS among the Medical and Infantry Corps of the Nigerian Army.” *12th World AIDS Conference*.



- Conference*. Geneva, June/July 1998 [abstract 43388].
4. Ella ABM: "STDS/AIDS Prevention among Military and Police Personnel in Cameroon." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43394].
 5. Marques MI, Marins JRP, Filho JS, Mendelssohn FR, Chequer PN: "STD and AIDS Prevention in the Brazilian Army." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43392].
 6. Olanrewaju AFA, Adeoye AO, Osibogun TA, Shabi: "Occupational Vulnerability of Soldiers to HIV Infection: Implications for Effective Condom Promotion." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43396].
 7. Samarakoon S: "HIV/AIDS Awareness in the Military of Sri Lanka." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43395].
 8. Sundbaum B: "Military Units - A Male Arena for the Prevention of HIV/STD." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43389].
 9. Tchupo JP, et al.: "The Evaluation of a AIDSCAP (AIDS Control and Prevention) Project of Sexually Transmitted Diseases (STD) and AIDS Prevention among Cameroonian Armed Forces." *12th World AIDS Conference*. Geneva, June/July 1998 [abstract 43386].
 10. UN Global Programme on AIDS. *Condom Programming*. Aide-Memoire for AIDS/STD Programmes, Version 1.7. Geneva: World Health Organization, December 1995.
 11. Weller SC: "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV." *Soc. Sci. Med.* 1993, 36: 1635-44.

CHAPTER

4

***POLICY GUIDELINES ON HIV TESTING
AND COUNSELLING***





For armed services around the world, no other health-related issue is as controversial as the question of testing for HIV. In particular, those opposed to universal testing and screening of recruits and service personnel argue that the procedure is medically inconclusive, overly expensive, and in direct violation of the human right to privacy and protection from adverse discrimination. Advocates maintain that comprehensive testing and screening help to maintain military readiness, help to protect the military's investment in technical and officer training, enable an extension of the length and quality of life for military personnel and those with whom they come in contact, and facilitate epidemiological evaluations of the disease that suggest sound protocols of preventive intervention. In either form of examination, however, the need for pre-test and post-test counselling, regardless of test results, is well established for humanitarian reasons and also as an effective prevention strategy for sexual transmission of HIV.

On medical and human-rights grounds, universal HIV testing is opposed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). On the other hand, the UNDPKO highly recommends that personnel with HIV and/or other STDs should not be deployed. Once in the field, asymptomatic HIV-seropositive UN peace-keepers will not generally be repatriated, but symptomatic AIDS patients will be returned to their home countries. Further to complicate matters, troops selected for overseas deployment and training may be required to undergo HIV screening by the country to which they will be assigned.

Under these circumstances, "best practices" suggest that, in addition to prevention education and condom promotion and provision (as described in separate Aide-Memoires), the UNDPKO should play an active role to ensure voluntary HIV testing and counselling opportunities,



including non-HIV STD treatment, for troops assigned to UN peace-keeping missions.

RECOMMENDED UNDPKO HIV TESTING AND COUNSELLING INTERVENTIONS BASED ON CURRENT NATIONAL PRACTICE

- Except where mandatory HIV testing and screening may be required for specific peace-keeping missions, voluntary (informed-consent) testing opportunities should be encouraged for, and made readily available to, all service men and women who are assigned to UNDPKO duties. In all cases, HIV test results should be held in strictest confidence and employed for medical purposes only, in order to prevent any chance of personal and professional stigmatization and discrimination.
- Where possible, and in all cases by informed consent, confidential pre- and post-test counselling should accompany HIV testing regardless of test results—both on humanitarian grounds and to induce and reinforce health-promoting behaviours. Women should be offered additional information on reproductive and infant feeding options, and on the use of anti-retroviral treatment to reduce risk of vertical (mother-to-child) HIV transmission.

BIBLIOGRAPHY



1. Allen S, Serufilira A, et al.: "Confidential HIV Testing and Condom Promotion in Africa: Impact on HIV and Gonorrhoea Rates." *JAMA* 1992, 268: 3338-42.
2. Campbell CH Jr., et al.: "The Role of HIV Counseling and Testing in the Developing World." *AIDS Educ. Prev.* 1997, 9 (suppl 3): 92-104.
3. De Zoysa I, et al. "Role of HIV Counseling and Testing in Changing Risk Behavior in Developing Countries." *AIDS* 1995, 9 (suppl A): S95-S101.
4. Landis SE, Earp JL, Koch GG: "Impact of HIV Testing and Counseling on Subsequent Sexual Behavior." *AIDS Educ. Prev.* 1992, 4: 61-70.
5. Valdiserri RO: "HIV Counseling and Testing: Its Evolving Role in HIV Prevention." *AIDS Educ. Prev.* 1997, 9 (suppl 3): 2-13.
6. Wolitski RJ, MacGowan RJ, Higgins DL, Jorgensen CM: "The Effects of HIV Counseling and Testing on Risk-Related Practices and Help-Seeking Behavior." *AIDS Educ. Prev.* 1997, 9 (suppl 3): 52-67.
7. UNAIDS. *UNAIDS Policy on HIV Testing and Counselling*. Geneva: Joint United Nations Programme on HIV/AIDS, August 1997.
8. UNAIDS. *AIDS and the Military*. Geneva: Joint United Nations Programme on HIV/AIDS, May 1998.
9. UN Global Programme on AIDS. *HIV/AIDS: Human Rights, Ethics and Law*. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.



10. UN Global Programme on AIDS. *Prevention and Control of STDs: A Public Health Approach*. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.
11. UN Global Programme on AIDS. *Women and AIDS*. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.

CHAPTER

5

***POLICY GUIDELINES ON HIV/AIDS COSTS
AND CONSEQUENCES***





Military HIV/AIDS prevention has gained a new sense of urgency with the increasing deployment of national troop contingents on UN peace-keeping missions. By their very nature, such operations enhance exposure of these troops to disease including HIV and other STDs. This risk is compounded by the role that now may be assigned to peace-keepers, which is not only to avert further conflict by standing between contending forces, but also to promote demobilization and the establishment of institutions to restore peace. Short-term assignments can thus be subtly transformed into lengthy efforts, often conducted in situations where HIV-seroprevalence is already high. The presence of refugees and displaced persons further heightens risk of exposure.

In earlier times, military STD patients were usually cured before returning home. With HIV, both military and civilian populations must deal with a chronic and incurable infection that is easily transmitted from the field to home and vice versa. From the standpoint of countries contributing peace-keeping units, concern may exist that returning troops might bring with them HIV infection which they will then transfer to their families. Host-country leaders may likewise express worry that foreign peace-keepers might spread HIV within their own populations.

UNDPKO policy recommends that

1. training in HIV prevention should be required of all militaries supplying peace-keepers;
2. HIV screening of troops is conducted prior to peace-keeping deployment;
3. troops infected with HIV and/or other STDs should not be deployed;
4. AIDS-symptomatic troops must not be deployed.



In order to fulfill these commitments, national militaries must depend heavily on their own resources, which in many countries may strain their limited budgets. Under these circumstances, mechanisms are required to share the costs of HIV prevention and control between civil and military agencies at all levels of commitment to international peace-keeping.

RECOMMENDATIONS TO SHARE RESPONSIBILITY FOR HIV/AIDS PREVENTION AND CONTROL IN UNDPKO OPERATIONS

- Success in preventing and mitigating the consequences of HIV and AIDS requires substantial civil-military and national-international cooperation.
- When planning and implementing UNDPKO HIV/AIDS policies, care should be taken that the defence budgets of participating countries are not placed in jeopardy. This danger can be avoided through a greater integration of civil and military HIV/AIDS programmes at all levels.
- To this end, UNDPKO efforts to prevent and control HIV/AIDS should be closely coordinated with, and technically supported by, those of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its Collaborating Centre for the Uniformed Services, the Civil-Military Alliance to Combat HIV and AIDS, in the following areas:
 - STD and HIV prevention education;
 - condom promotion and provision;
 - HIV testing and counselling.

BIBLIOGRAPHY



1. CMA. *HIV Prevention and Behavior Change in International Military Populations*. Training Course for UN Peace-Keeping Forces. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, March 1999.
2. CMA/UNAIDS. *Winning the War Against HIV and AIDS: A Handbook on Planning, Monitoring and Evaluation of HIV Prevention and Care Programmes in the Uniformed Services*. Accompanied by its Technical Reference Library (90 documents) on CD-ROM. Hanover, NH and Geneva: Civil-Military Alliance to Combat HIV and AIDS/Joint United Nations Programme on HIV/AIDS, 1999.
3. UNAIDS. *Guidelines for HIV Interventions in Emergency Settings*. Geneva: Joint United Nations Programme on HIV/AIDS, 1996.
4. UNAIDS. *AIDS and the Military*. Geneva: Joint United Nations Programme on HIV/AIDS, May 1998.