

HIV/AIDS, security and conflict: What do we know? Where do we go from here?

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In the ten years since the Security Council's first resolution on HIV/AIDS, much has been learned about the dynamics linking HIV and AIDS, conflict and insecurity. Assessing progress made over the past decade in responding to these dynamics enables us to identify new opportunities for prevention and response.

The articles in this collection together with the findings from the AIDS, Security and Conflict Initiative (ASCI) consolidate a growing body of social science, public health, policy and operational research that challenges earlier assumptions about the interactive effects of HIV/AIDS and insecurity. Contributing authors draw attention to the social factors associated with forced displacement and migration and their central role in shaping HIV exposure risks. Collectively, they reflect an important shift in emphasis from behavioural analyses of HIV transmission risks to a focus on the structural factors that shape individual behaviour. As demonstrated throughout this collection, risks vary across peacekeeping environments, camp settings,

border areas and in regions with higher and lower HIV prevalence.

Important new pathways for HIV prevention and response are identified in the context of humanitarian and recovery initiatives relating to disarmament, demobilisation and reintegration, with respect to uniformed services, and sexual violence prevention and response. New challenges have also been identified. Despite dramatically increased access to HIV prevention, care and treatment, particularly in refugee camps, demand continues to outpace access and availability among those displaced by conflict as well as in resettlement and return areas.

The gendered nature of conflict-related poverty exacerbates risks

for women who head households, for women who serve in or are associated with armed forces and groups and, notably, among women without any means of support or legal claims to marital property and assets. With little in the way of alternative livelihoods, many women and girls are forced into high-risk survival and transactional sex and early marriage. Others fall prey to illicit trafficking and sexual slavery. Responding to the range of social and physiological risk factors associated with sexual violence and exploitation in crises and fragile states will require far greater investment in emergency reproductive health care and STI prevention. It will also require gender-sensitive security risk assessments and response among displaced communities, along borders and in return areas and peacekeeping environments.

Some of the greatest gaps in conflict-related HIV prevention and care relate to the uniformed services including the police, military,

navy and the correctional system. Significant advances have been made in pre- and post-deployment prevention, counselling, testing, care and treatment for military personnel, their families and other dependents. But similar investments have yet to be made among police, a group at far greater risk of transmission and with far greater potential to serve as agents of change within the communities they serve.

It is a bitter irony that the countries with the highest HIV prevalence in sub-Saharan Africa are not among those considered the most 'fragile' by current indices of good governance and economic development. This has obscured the urgency of need and related resource gaps, especially at local levels of governance. Even where well thought out, evidence-based programmes have been developed by governments, humanitarian or development agencies, far too many donors simply do not understand the need for comprehensive HIV programming in humanitarian and recovery settings or are under the false impression that it just cannot be done. The evidence does not bear this out. Much greater investment in HIV prevention and response in situations of crisis, displacement and fragility can facilitate recovery and reduce the disproportionate risks faced by women and girls.

Growing recognition of these new challenges and better understanding of the dynamics linking HIV/AIDS, conflict and security suggest a new agenda for action. From our perspective, this agenda calls for a greatly accelerated and more nuanced response that takes into account the following:

- the role of sexual violence and exploitation in HIV transmission, and therefore the need to align HIV and sexual violence prevention policies and programmes
- the way in which gender shapes migration and displacement patterns (forced by conflict or climate change or economic crisis), individual risk acquisition, care burdens and access to prevention, care and treatment
- the mismatch between resources, availability and access to HIV



Condom distribution in the Ethiopian military.

prevention, treatment and care in regions most affected by conflict and HIV, particularly in sub-Saharan Africa

- whether and how the gap between humanitarian funding and recovery mechanisms has resulted in discontinuities in prevention and care for affected populations
- the dynamics of health system recovery in post-conflict reconstruction and the degree to which this shapes the impact of displacement on HIV risk transmission and on access to prevention and care
- the need for renewed attention to the care burdens disproportionately assumed by women and girls, especially in situations with limited access to treatment and weak health care infrastructure
- the real and potential role of uniformed services – and particularly the police – as agents of change and, in some cases, as a 'core group' of HIV transmission
- the dynamics of risk among non-state armed forces, including militias, rebel groups and those associated with them, both during conflicts and afterwards in demobilisation processes.

When the Security Council turns its attention to HIV/AIDS in 2011, it is our hope that serious consideration will be given to the fivefold challenges of:

- aligning sexual violence prevention and response and HIV prevention and response
- post-deployment HIV prevention, treatment and care for uniformed services personnel and their families and dependents
- ensuring continuity of access to HIV prevention, care and treatment during recovery and post-conflict transitions
- strengthening regional approaches to HIV prevention and aligning policies across countries contributing troops for peace keeping
- the role of uniformed services – and especially police – in HIV prevention and response.

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