

## Mapping the Future of HIV/AIDS, Security and Conflict in Africa

Concept Note for the Joint Academic/NGO Seminar

King's College London, December 6 2005

**Justice Africa** was founded in 1999 in London, building upon a well-established track record of achievement by its directors. It works with a network of organizations based in different countries in Africa, initiating and supporting civil society activities for human rights, democracy, and peace in Africa. Justice Africa launched the African Civil Society Governance and AIDS Initiative (GAIN) in 2003, a network of organisations from across Africa collaborating on issues related to HIV/AIDS and governance, and has made distinctive and innovative intellectual and policy contribution to the African and global debate on HIV/AIDS and governance. GAIN brings together treatment activists with democracy and governance advocates in a coalition to address the challenges of ensuring that democracy, human rights and good governance are sustained during the HIV/AIDS epidemic and governments' responses to it.

**The International Policy Institute (IPI)** is a research department which brings together expertise within KCL's School of Social Science and Public Policy. It is one of the departments of the School. The IPI encompasses eight research units and is designed to be capable of facilitating cross-departmental research both within the School of Social Science and Public Policy and with other Schools in King's College London. It is tasked to engage in multi-disciplinary research in the general area of public policy analysis. It is designed to offer an organisational umbrella for a number of research units with research staff being used flexibly between units and drawing also, where appropriate, on staff from other departments in the School and the College. It is based on the principle of creating clusters of King's researchers to undertake particular research projects, from the very immediate (a matter of weeks) to longer-term projects (up to three years).

**LSEAIDS** is a research group of the London School of Economics, and brings together long-established capabilities in HIV/ AIDS research among LSE faculty into an active group of engaged policy-oriented researchers. LSEAIDS works closely with other researchers across the University of London, and other universities, as well as with DFID and various international bodies. The goals of LSEAIDS are to:

- Understand the social, economic and historical roots of the epidemic
- Understand how the epidemic affects social, economic and environmental futures
- Develop practical policy responses in relation to prevention, treatment and care, and impact mitigation
- Offer policy research and training to business, government, international and civil society organisations.

## Mapping the Future of HIV/AIDS, Security and Conflict in Africa:

*“Macroparasitism leading to the development of powerful military and political organisation...has its counterpart in the biological defences human populations create when exposed to the microparasitism of bacteria and viruses. In other words, warfare and disease are connected by more than rhetoric and the pestilences that have so often marched with and in the wake of armies”<sup>1</sup>*  
William H McNeill, ‘Plagues and Peoples’ (1976)

### Framing the Debate: An Activist and Academic Case

This is an issues paper, not a solutions paper. It is intended to present the various viewpoints surrounding the issues of HIV/AIDS, security and conflict in Africa, not to proselytise on behalf of any of them. It recognises, in fact, that some valid and strenuous intellectual resistance exists to presenting these issues as inter-related, and that there is research indicating that HIV/AIDS can cause violence to decrease as well as research that it causes an increase. An *ipso facto* relationship between violence and HIV/AIDS has not been posited, and this paper does not intend to do so. It recognises, however, the very real possibility that such a link may remain unprovable either way. It is, moreover, the complex inter-relationship between HIV/AIDS and violence in Africa that is investigated here, and presented as an important field of enquiry and action.

The 2001 Declaration of Commitment that resulted from the United Nations General Assembly Special Session on HIV/AIDS (UNGASS)<sup>2</sup> made an explicit acknowledgement of HIV/AIDS as a threat to international security, much in the same way the Security Council did the year before in their adoption of Resolution 1308<sup>3</sup>. This has represented a major step forward in international security policy planning from preoccupation with the actions of states and towards the consideration of the actions of individuals and groups. HIV/AIDS, in this respect, has given real meaning to a phrase often hindered by overuse: Complex Political Emergency. The difficulty with which this phrase is used, and the criticism it receives, is exposed by HIV/AIDS, which both shows the need for human security agendas, whilst also making state security ever more important. Its use to describe the politics of HIV/AIDS and conflict perhaps needs better refining to *Complex Human Emergency*; one that does not feature just political, social, or economic characteristics, but instead an interconnected, and self-reinforcing mixture of each.

Modern warfare challenges the limits and space of the African state, and this is mirrored by the impact that HIV/AIDS has on societies. As such, HIV/AIDS and conflict can be seen to be complexly interconnected in many African nations, and the vectors by which one is spread and communicated, figuratively and literally, offers a guide to parallel trends in the other. This seminar will put forward the case that both academic and activist awareness of these issues are needed to secure Africa’s future

Price-Smith (2001)<sup>4</sup> shows that emerging and re-emerging infectious diseases remain significant obstacles to political stability and economic development; because they kill more than conflict does, at least within a Hobbesian, realist, conception of international relations, that sees security and the maintenance of international order as about preventing the loss of

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1: McNeill (1976); pp.58

2: ‘Declaration of Commitment on HIV/AIDS’; United Nations Department of Public Information and UNAIDS (2001)

3: UNSCRES:1308; accessed at <http://www.un.org/Docs/scres/2000/sc2000.htm>

4: Andrew T Price-Smith, ‘Disease and International Development’ in Price-Smith [ed.] (2001); pp.117-144

life. Emerging concepts such as ‘micro-security’, a phrase coined by Sara Glasgow and Dennis Pirages (2001)<sup>5</sup>, remind us that the large-scale demographic shifts in the world, while well documented, are creating epidemiological division between those who have gained from globalisation, and those who have lost out. Rapid population growth in developing nations, accompanied by deteriorating economic circumstances, is exacerbating those features of globalisation that depress the human development of many, and both HIV/AIDS and conflict are prominent among these.

The concept of ‘human security’ attracts criticism from political realists, who contend that the security of the state is the major dynamic in international politics (and how and why individuals suffer is immaterial compared to the fact that they invariably do). Liberals also attack the term, and argue that the term is a catch-all phrase that describes those issues of conflict and security that don’t directly threaten the basis of the state, and so fail to wean orthodox analysis away from its dependence on the state as the prime actor in international relations. Two important contemporary trends in international relations are therefore the shift in the development community away from the focus on economic growth and towards poverty reduction, and the shift in the security community away from the state and towards the individual. It is within this emerging international situation that the issue of HIV/AIDS is being framed as a policy issue.<sup>6</sup>

Gebretsadkan (2004)<sup>7</sup> recognises the danger of HIV/AIDS being labelled solely as a human security concern, and so urges analyses that encourage HIV/AIDS to be one of the principle issues addressed when national security agendas are conceived. This would conventionally include assessments of the effect of HIV/AIDS on combat readiness within armed and security forces, but we could also expand this to include, more broadly, the effect of HIV/AIDS in creating political and social strife that could lead, especially in weak states, to the generation of violent conflict.

Several features of post-modern warfare- or ‘New Warfare’, as defined by Mary Kaldor<sup>8</sup> as a process of global and societal dislocation, no longer confined to the state, and with power struggles framed within the arenas of nationalism, tribalism or communalism- facilitate the spread of HIV/AIDS:

- Use of rape and sexual exploitation as a weapon of war; a particular feature of insurgent warfare, designed as a strategic tool.
- Migration, which needs to be seen distinctly as foreign refuge, internal displacement, and voluntary migration. Both foreign refuge and internal displacement are forced, but only refugees are protected under international law by the UNHCR.
- Abduction of minors, and forcing, particularly girls and young women, into sexual slavery by combatants, as seen for example in Uganda, Liberia and Sierra Leone.
- The breakdown in epidemiological surveillance and community VCT services in areas of conflict that form the backbone of planning HIV/AIDS services by governments and international groups.
- Growth of an informal war economy, whereby formal economic collapse (brought on by conflict) gives rise to an informal economy of raw goods controlled by combatants. These informal networks are unregulated, and can lead to communication chains that will mirror patterns of HIV infectivity elsewhere, but rarely with appropriate surveillance.

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5: Sara Glasgow and Dennis Pirages, ‘Microsecurity’, in Price-Smith [ed.] (2001); pp.203

6: ECOWAS; www.ecowas.int

7: These are enumerated in the ‘Synthesis of Workshop Deliberations’ on Security and Development, a Global Policy Project workshop, New Dehli, India 25-26 January 2004

8: Gebretsadkan (2004); pp.6-7

9: Kaldor (2001); pp.70

- Increased use of drugs by combatants, an effect that grows when access to and control of narcotics becomes a feature of the informal war economy.
- Behaviour of peacekeepers and humanitarian workers towards refugee and displaced populations, as demonstrated by the scandal among UN and humanitarian workers in West Africa in March 2002.
- Deliberate destruction of infrastructure or property in a systematic way that is intended to render land uninhabitable, and therefore displacing a population, as defined by Article 2(c) of the United Nations Convention on Genocide.
- Increased commercial sex work as a survival strategy, with significant increases for this to become a major component of an informal war economy.

A theory linking HIV/AIDS and conflict would work something like this. A high burden of HIV/AIDS in a society leads to increased demand for health and social services over the medium to long term, This could be accompanied by a commensurate decline in public revenues due to lower productivity, increased formal and informal health expenditure, and a contraction of the skilled workforce. High-income nations were largely able to avoid such a situation in the early to mid-1980s due to massive public education campaigns and expensive intervention strategies to contain the epidemic within small groups, and then spend money on costly treatment regimes for these groups out of generous public funds.

Low-income nations were unable to afford, or have the public and private infrastructure to sustain, such education campaigns and treatment strategies; or, at least, faced costs so prohibitive in doing so that the risks of HIV/AIDS in the 1980s were judged so small that obfuscation and myths of cultural-immunity became easier public responses. As such, the HIV/AIDS epidemic became generalised within populations, public education strategies faced enormous tasks, intervention demands exceeded many times what governments were able to meet, and may have added to cycles of under-development, in the same way violent conflict has.<sup>9</sup>

Armed conflict could exacerbate HIV/AIDS in vulnerable societies by creating an increase in both forced and voluntary population movements, public resources being redirected to military expenditure, and declining public revenues leading to a de-prioritisation of HIV/AIDS prevention programmes. Further, it can exacerbate sexual exploitation and an increase in associated risky behaviour (including drug use, as in Liberia and Sierra Leone), erosion of public health infrastructure, and the suspension of the monitoring programmes necessary to plan HIV/AIDS control strategies. As Elbe (2002)<sup>10</sup> shows, conflict makes the collection of corroborating surveillance evidence difficult, but the anecdotal evidence- from Uganda especially, but latterly in West Africa too- shows that AIDS follows the same geographical vectors as conflict.

In this respect HIV/AIDS deserves categorisation under violence more than it does under disease. The capacity with which it can destroy both physical and social infrastructure, and prevent its reconstruction, is more akin to the processes of war than to other endemic diseases such as cholera, malaria and TB, which are fast acting on the individual, but much slower to act upon societies.

Categorization as violence is necessary, but is by no means easy. Attempts to promote new conceptions of security meet heavy, and often valid, academic resistance. The extent to which human security is still seen as a 'soft issue' is indicative of the strength of realist accounts of international relations and security studies, and the intellectual insistence that the state remains the only instrument of power that is objectively observable, is an argument which still has merit.

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10: Elbe (2001); pp.178

## Why HIV/AIDS, Security and Conflict?

There are several reasons that can be put forward supporting the case that HIV/AIDS, security and conflict are related. First, from a disciplinary point of view, AIDS intersects with several issues of classic concern to international scholars; most particularly international immigration and war.<sup>11</sup> To promote HIV/AIDS as a social concern, therefore, and to devolve it from the sole preserve of medical science, it is necessary to fully consider the range of intellectual disciplines that can contribute to the better understanding of the issue. Political scientists and international relations specialists can engage, therefore, with HIV/AIDS through analyses of power and social change; and these will lead naturally to considerations of conflict, security and war.

Secondly, HIV/AIDS and biological security is a dynamic of biological and epidemiological change, which can not be divorced from social change. As Sarah Glasgow and Dennis Pirages contend, people are still ecologically interdependent with the environments in which they live, no matter the level of technical innovation. Rapid ecological change can affect humans as much as any other organism. Globalisation has mixed-up the co-evolution of humans and microbes creating “major discontinuities in biological evolutionary process”<sup>12</sup> This has enormous implications for violence and conflict as (albeit extreme) examples of social change, if we are to posit the theory that social change, as an important factor in maintaining the ecological balance between humans, microbes and the wider environment, will have a commensurate effect upon that very ecological balance.

Thirdly, it has never been possible to argue with absolute confidence that biological threats have been generally eliminated as major threats to people and societies; and this is especially true with the onset and rapid spread of HIV/AIDS. Price-Smith<sup>13</sup> reminds us of the presence and danger of emerging and re-emerging infectious diseases (ERID), pathogen-induced human illnesses that have recently increased their incidence, transmissibility, lethality or range, or those newly identified pathogenic threats.

Fourthly, these threats have, and have had, diverse social effects, yet are a under-recognised (but present) danger to societies, and to the state itself, which may experience major difficulties in employing the adaptive strategies necessary to contain these threats; especially in circumstances of massive social change and upheaval, of which violent conflict would certainly apply. In a draft paper on incorporating HIV/AIDS guidelines into the Common Security and Defence Policy of the African Union Standby Force, Gebretsadkan argues that “The combined effect of the impacts of HIV/AIDS, conflicts and poverty has the capacity to make state structures ineffective. Because of this effect, either as a result of the direct impact on society at large (social and economic degradation) HIV/AIDS is a national, and regional security threat.”<sup>14</sup>

Fifthly, military and uniformed service populations are understood to be particularly vulnerable to infection with HIV, and are a particularly effective vector of transmission for the virus. It is estimated (although it needs to be stated that these estimates are based on a limited and widely varying data-base) that military personnel are between two and three times more likely to have a sexually-transmitted infection than the general population of their nation.<sup>15</sup> Exposure to distinctive military sexual cultures, as well as cultures of sexual abuse, rape or contractual sex, or acceptable drug-use, and a concentration of disposable income

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11: Boone and Batsell (2001) articulate this

12: Glasgow and Pirages, ‘Microsecurity’ in Price-Smith (2001); pp.196

13: Price-Smith, ‘Ghosts of Kigali: Infectious Disease and Global Stability at the Turn of the Century’ in Price-Smith (2001), pp.169

14: Gebretsadkan (2004); pp.7

15: Gruber (2005); pp.42

among a group of young men often living outside of their home communities, puts soldiers and military personnel at greater vulnerability to HIV and other sexually-transmitted diseases.

### The Development Case

The activist's case that is being made in this paper is that while academic divisions are necessary in order to conceptualise and analyse the problem of HIV/AIDS, HIV/AIDS remains the example *par excellence* of an issue that needs multidisciplinary analysis, as it has effects that are felt across the spectrum of political, economic and social relations. As Boone and Batsell (2001) state "AIDS becomes a security issue because it eats away at political and military establishments, frays the social fabric, and can so debilitate national economies that political order is undermined."<sup>16</sup>

A number of characteristics particular to HIV mark it out as individually important. It is not contagious but proactively transmissible. That is, it requires human action (or negligence) to be transmitted. As a slowly developing virus, with a very long incubation period, the effects of disability and sickness and eventually death are protracted and acutely socially traumatic. As Tony Barnett points out "[t]his micro-level characteristic means that at the macro level the amplitude of the epidemic curve is very long, and the morbidity/mortality pattern is concentrated in the mature adult cohorts- those who normally produce, those who normally care and those who normally remember and teach."<sup>17</sup>

While HIV can be said to be a 'special' case, it is by no means unique as a pathogenical influence on development and security. Biology interacts with history, and shapes human development.<sup>18</sup> On the individual level, disease reduces productivity through morbidity and mortality, and will have differing social effects based on the virulence of the disease and its' symptoms, and the ease with which it spreads. HIV can be said to have both exceptionally high virulence and resilience.

Two particular development issues are relevant here. Firstly, while differing interpretations of the meaning of HIV/AIDS' effect on notions of security and human security exist, what is more definable is the link between a healthy state and a successfully developing state. As Bloom and Canning states "[d]evelopment specialists have long recognised health as a worthy moral and social goal, but compelling evidence now indicates that good health is also a fundamental cornerstone of national economic growth and poverty reduction."<sup>19</sup> Again, if we are to take national development, economic growth and poverty reduction as both causes and symptoms of a lack of violence and conflict, a focus upon reducing the national health burden, and eliminating endemic disease can be seen as crucial developmental and peace-building tasks.

Secondly, this is not just a national issue, but an international one. Aside from the obvious implications of violence and conflict spreading across international frontiers (and examples in Africa are numerous: Sudan/Chad, Sudan/Uganda, Liberia/Sierra Leone, Côte d'Ivoire/Guinea, Rwanda/Burundi/Congo, to name just a few) African development is not solely an international issue. Both Western governments and NGOs contribute substantially to developmental efforts in Africa, and are inextricably link to their success or failure. DFID, for example, has particular views on African peace and security and the link to development. These will be couched in the terms that most appeal to the priorities of this particular institution. For DFID, this is within the particular mandate of achieving the Millennium

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16: Boone and Batsell (2001); pp.147

17: Tony Barnett, 'HIV/AIDS is not just about HIV/AIDS' in Follér and Thörn (2005); pp.56

18: See McNeil, 'Plagues and Peoples' (1976)

19: Bloom and Canning (2004); pp.57

Development Goals<sup>20</sup>, which may or may not have specific effects on addressing the security concerns of HIV/AIDS. It will take some time to measure what these effects might be. The development case for realising the security challenges of HIV needs to be put as loudly, therefore, in London and Washington as they it is in Abuja and Addis Ababa.

### The Security Case

As Timothy Docking of the United States Institute of Peace argues, the relationship of peace and security to HIV/AIDS is too complex to put into simple terms of cause and effect, so must be seen as an 'AIDS-conflict continuum' where AIDS has evolved a complex inter-relationship with political violence, and political violence and instability can encourage the socio-environmental conditions favourable to HIV/AIDS.<sup>21</sup> Robert Ostergard Jr<sup>22</sup> puts forward the case that HIV/AIDS constitutes a threat to state security in Africa; but in order to successfully address it, two fundamental issues regarding the nature of national security and security studies need to be resolved: 1) What is to be the long-term future of the security studies field? 2) What constitutes national security and threats to it?

Several issues need to be addressed. One crucial issue is the effect of high HIV prevalence rates upon operational ability in African militaries. There are a number of direct ways in which the effects of HIV/AIDS on African militaries can be directly measured, as seen by Stefan Elbe.<sup>23</sup> Firstly, increased need for resources for the recruitment and training of soldiers to replace those who may be sick, those who have prematurely retired or been medically discharged, or those who have died from AIDS. This can be directly measured through analyses of African military budgets. Secondly, abnormal staffing decisions based upon shrinking pools of new recruits and deaths among officers; and especially high or abnormal costs incurred in the replacement or training of specialist personnel, including medics. Thirdly, increased absenteeism, chronic illness and medical confinement effects both operational effectiveness and general morale. The normal psycho-social effects, too, of seeing colleagues and friends fall sick and die applies as much to soldiers as they do to civilians. Fourthly, new political and legal challenges emerge from HIV/AIDS for civil-military relations. As well as the potential for being seen as responsible for the spread of HIV/AIDS, militaries may also be perceived as being unable to effectively protect civilian populations, and will therefore lack credibility, and find it difficult to promote the idea of a benign force whose purpose is to protect the people.

Another crucial issue is that of refugees and displaced persons. As Laurie Garrett points out, every day one million people cross an international frontier, and 'microbial hitch-hikers' take a ride with each one.<sup>24</sup> As such, 'microsecurity' is of growing, and potentially great, significance to security analyses. The displacement crisis is arguably the greatest, and certainly the most visible, short-term threat to peace and security in the several African regions; notably West Africa. In addition, the position of refugees and Internally Displaced Persons in driving both HIV/AIDS and in fuelling the social enmity that leads to conflict is central to understanding HIV/AIDS and violence in that particular sub-region, and has important implications elsewhere in Africa.<sup>25</sup>

Much social and epidemiological evidence indicates that within African communities migrants are generally at a higher risk of infection with HIV than non-migrants. Salama and Dondero, however, point out that this data, whilst routinely collected, is rarely disaggregated

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20: DFID (2005): 'Why we need to work more effectively in fragile states'

21: Docking (2002)

22: Ostergard (2002); pp.333

23: Elbe 'The Changing Landscape of War in Africa'; pp.165

24: Laurie Garrett 'The Return of Infectious Disease' in Price-Smith (2001); pp.185

25: Roderick (2005): Governance, Violence and AIDS in West Africa; [www.justiceafrica.org](http://www.justiceafrica.org)

for voluntary and forced migration, for which violence and conflict can be a major motivating factor.<sup>26</sup> Instead, they propose the hypothesis that vulnerability to infection with HIV is not determined by the origin or the destination of the migrant, but instead by the social disruption caused by the particular type of migration. They disaggregate, therefore, three separate patterns that have marked the relationship between migration and HIV transmission in Africa.

- Type A. Where HIV prevalence among forced migrants is lower than the host, such as Somalis in Ethiopia.
- Type B. Where HIV prevalence among forced migrants is higher than the host, such as Rwandans in Tanzania
- Type C: Where forced migrants are thought to have differing levels of HIV due to the various effects of war, relative to host, such as Sierra Leoneans in Guinea.

UNAIDS reports that at the end of the Sierra Leonean civil war 250,000 refugees and IDP's were recorded to have been waiting to return home to zones of infrastructural and agricultural collapse.<sup>27</sup> In addition to this 25,000 have fled Liberia to Sierra Leone and Guinea who were largely intermixed with this population. Basic surveillance of this population took place while it remained displaced, but little record has been made of the health situation among the returning population. The extent of this displacement prompted UNAIDS in 1998 to advocate for sub-regional dialogue on HIV/AIDS. Deteriorating security situations in Liberia and Côte d'Ivoire, however, seem to have overshadowed this agenda.

Internally displaced persons are of greater concern than international refugees because they have no specific protection in international law, remaining wholly dependent on the jurisdiction of the nation in which they are displaced, and are not included in the mandate of the UNHCR. While refugees may provoke hostility among host populations, IDPs don't even have the protection of crossing international borders, thereby escaping the particular political and social forces that led to their displacement.

Within refugee camps and displaced populations, abuse can be prevalent. Judy Benjamin of the Women's Commission for Refugee Women and Children notes that: "...Male food distributors cheat women on their food allocations and demand sexual favors [sic.] in exchange for entitlements of food. Male hegemony prevails in camps through the UN system of appointing men leaders and decision-makers. Even though a few women leaders may attend meetings, the power is decidedly in the hands of men. The gender imbalance—significantly fewer women employed by the UN and NGOs—perpetuates the disempowerment of refugee and displaced women and provides few opportunities for their voices to be heard."<sup>28</sup> Sexual exploitation, therefore, extends beyond physical abuse in displaced populations, and covers the whole gamut of gender-based discrimination that causes women and girls vulnerable to lose their ability to negotiate sex and avoid HIV/AIDS. It is one of the most visceral and destructive processes to emerge out of modern warfare, and its' effects remain in psychological, social and physical form even after disputes are resolved and conflicts end.

### Peacebuilding

Building peace will often require little less than the complete social and economic transformation of the societies involved. Peacebuilding in Germany, Austria and Japan following 1945 involved massive external capital investment and comprehensive political and economic reform under foreign occupation. A similar process is occurring today in Iraq. Peacebuilding in Uganda, following the victory of the NRA in 1986 involved the fusing of a

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26: Salama and Dondero (2001); pp.5-15

27: UNAIDS, [www.unaids.org](http://www.unaids.org) (2004)

28: Judy Benjamin of the Women's Commission for Refugee Women and Children; [www.wcrwc.org](http://www.wcrwc.org)



new nationalism with a one-party system in an idiosyncratic 'Movement' style of government that rejected 'failed' multi-partyism. In Rwanda, the huge social and psychological damage inflicted was confronted through a process of national catharsis in the Gacaca, or citizens, courts. A more official, and public, version of national healing was attempted in South Africa under the aegis of the Truth and Reconciliation Commission.

The first priority of peacebuilding, regardless of method, is to prevent a relapse into conflict; and this depends on several factors. Social activists and social scientists will, necessarily, focus on those social factors that would promote a successful post-conflict transition to peace. Forman<sup>29</sup> makes a qualitative assessment of the factors needed to achieve socio-economic well-being in post-conflict environments, and lists these as:

- Managing resource disputes effectively
- Engaging the private sector in reconstruction
- Targeting economic conditionality
- Combating HIV/AIDS
- Establishing a legal regulatory framework
- Re-establishing trade

What are the general priorities for peacebuilding in zones of conflict and of high HIV-prevalence? Several general factors can be suggested:

- Peacekeepers (which include civilian uniformed and non-uniformed personnel) should be seen as explicitly at risk, and particularly vulnerable to HIV-infection, as potential spread of HIV from host to contributing nations can undermine international relations and the integrity of peacekeeping operations.
- Ex-combatants and refugees should be encouraged to re-integrate into their home regions as soon as possible after the cessation of violence. Resources and political incentives therefore need to be introduced for this purpose.
- The socio-economic security of ex-combatants must be considered, with programmes and resources directed to ensuring that jobs are available for the demobilised.
- Specific programmes for child combatants should be established catering for both the physical and psychological welfare of such combatants.
- International aid directed to post-conflict environments should include specific allocations for the treatment and containment of the spread of HIV/AIDS
- Further integration of UNHCR, WHO and UNAIDS programmes, resources and personnel into peacekeeping and observer missions (and to extend these agencies' national programmes into regional peacekeeping operations.)
- Refugees and displaced populations should be seen as at particular vulnerability from HIV. Testing services are generally limited in refugee populations, and extending these is essential. It needs to also be recognised that vulnerability for refugees doesn't end when war does
- Rebuilding of health and education infrastructure is critical, both as a physical contribution to post-conflict reconstruction, but also as an opportunity to re-position HIV/AIDS as a priority for public expenditure.

The issue of peacekeepers is especially pertinent here, as peacekeepers are understood both to be efficient vectors of transfer for HIV, and because public perception of them as such undermines the credibility of peacekeepers as benevolent interventionists, and also the

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29: Forman (2002); pp.127. It is interesting that an author such as Forman would include 'combating HIV/AIDS in post-conflict settings'. This assessment was published in the Washington Quarterly, which is within the mainstream of American foreign policy publications. Combating HIV is the sole deviation from a realist, security-led analysis that elevates economic growth above general 'human-security' agendas. Forman herself is an army scholar, and the journal this is taken from is directed towards American foreign-policy makers. It is one indicator that HIV/AIDS is no longer a peripheral issue, but well within the security mainstream.

integrity of peacekeeping missions and of the international peacekeeping system. For these reasons, the United Nations recommends that HIV-positive personnel are not sent on peacekeeping missions. This is very difficult, as it is not enforced; and indeed in many parts of the world, not least in Africa, and particularly West Africa, UN and regionally-mandated peacekeeping missions will involve militaries and host nations with high HIV-prevalence levels. Indeed, Bazergan and Easterbrook (2003) report that 32% of UNAMSIL peacekeepers in Sierra Leone, 17% of peacekeepers in Eritrea and Ethiopia, and 8% of those in the DRC mission originated from nations with national adult prevalence of above 5%.<sup>30</sup>

With regards to this, and since the implementation of Resolution 1308, UNAIDS has been concentrating on four issues and challenges:

- Mainstreaming issue for peacekeepers in coordination with the DPKO
- Technical support to militaries
- Training materials and programmes deployed
- Supporting regional efforts on armed forces

A criticism can be made that this is too UN and armed-forces based.<sup>31</sup> While this is a valid criticism- as it looks at the international response to AIDS and security, rather than how to prevent HIV from spreading in conflict zones to start with- it remains the major method, and major means, to monitor how effectively HIV/AIDS is being tackled as a security issue.

### Monitoring

HIV/AIDS figures, like all statistics, rarely give the full picture. HIV prevalence rates within a population, collected and released by UNAIDS or other groups, will only be as accurate as the raw data collected, and the methodology used to collect it. Prevalence needs to be monitored by surveillance of particular groups (cohorts) within a fixed location over a fixed time, and then extrapolated for a whole population. In a high-income nation, with a good health infrastructure, prevalence can be measured effectively as the majority of HIV-positive persons will be registered by public health systems, and accurate studies can be deployed to estimate the numbers of those who fail to be monitored.

A low-income nation, with a poor or degraded health infrastructure, or one that is unable to be fully utilised due to the presence of conflict, is less able to measure seropositivity or undertake effective censuses or demographic studies. In areas of conflict or social strife, this information is all the more important. As Schwardtlander et. al. (2001) point out, -“HIV surveillance in high-risk groups should be the cornerstone of the surveillance system in a majority of countries worldwide. Even in generalised HIV epidemics, surveillance in hard-to-reach populations continues to be important to monitor the success of interventions targeted at these groups. Indeed, if no impact is being made where the risk is highest, the interventions are unlikely to have a wider impact on the general population.”<sup>32</sup> Populations forced into migration, at risk of sexual exploitation, or forced into sexual trafficking, inhabitants of zones of conflict, and combatants themselves, therefore rate as critically vulnerable to the effects of HIV/AIDS. They are also ,crucially, least covered by the surveillance systems on which HIV/AIDS prevention and treatment regimes can be planned.

Good quality cohort-study data such as that collected in Uganda or Senegal, that has been collected consistently well, is the exception in African nations, not the norm; and even these good examples are based on inconsistent coverage. The areas north and west of Kampala, for example, are some of the best-surveyed areas on the continent. HIV/AIDS monitoring in

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30: Bazergan and Easterbrook (2003); pp. 278

31: See UNAIDS figures in

32: Schwardtlander et. al. (2001); pp.1

northern Uganda, however, has been much affected by the civil insurgency since early 2002, and is no better monitored than surrounding conflict zones in Sudan and Congo.

The importance of good monitoring cannot be overstated. Beyond the scientific arguments for performing such activities well, they are necessary in providing accurate mapping of the epidemic so that policy-makers know how to distribute resources, and appropriately plan for changes in the infection rate. As a long-wave disaster, such rational planning is crucial if governmental services are to be maintained, and good governance- based on pluralism- and the protection of human rights is to be guaranteed. More than this, though, is the need to provide good information on epidemics consistently, year after year, for the types of rational planning activities necessary for successful HIV/AIDS interventions to be attempted.

Failure to effectively monitor epidemics is storing up trouble for the future. Successful interventions- such as in Uganda or Senegal- were built upon good surveillance that started in the late-1980s and still continues. Failure to record the pattern of the epidemic in a society, or obfuscation in releasing unfavourable data, makes planning impossible for a disease that is fast moving and protracted. As HIV/AIDS continues to prove, it takes a very long time for an epidemic to 'level-off' in a society (if this actually happens at all); progress is usually forwards or backwards. Failure to adequately monitor populations precludes a society's ability to even know in which direction it is moving.

Again, several priorities can be suggested for maximising successful monitoring and surveillance in areas of conflict:

- Possibly the single most important act relating to HIV/AIDS and its impact on conflict and violence is the re-institution of epidemiological surveillance and monitoring systems in post-conflict environments to accurately track and plan for the epidemic.
- Good surveillance is a resource and time-intensive activity. A nation or community will thus need investment in general medical and physical infrastructure in order for accurate data to be collected.
- Because it is a resource and time-intensive activity, international aid needs to make a priority of establishing a surveillance infrastructure in post-conflict environments, as part of a comprehensive AIDS-control strategy.
- Cohort analysis needs to be made, and antenatal clinic data collected. Again this is very time and resource-intensive, but has been the basis of successful surveillance operations in Uganda and Senegal.
- Post-conflict surveillance systems need to be designed to be sensitive enough to allow for increased internal population movements, and other societal instability.
- Similarly, such systems need to extend beyond international frontiers on a regional basis, and systems of cross-border data transfer need to be established.
- Combatants should be tested for HIV when demobilised. This is important as not only will this be a high-risk population but testing before demobilisation will be far easier than after.

An important point to note is that data, in itself, is not enough. Given the difficult treatment of HIV/AIDS, and the poisonous politics that often surrounds it, can be used for as much harm as good. As Gruber points out, what is needed is *disaggregated data* or that which distinguishes between different groups, especially on the basis of age and gender.<sup>33</sup> Gendered data is especially important, and particularly poorly collected, but is essential in assessing and monitoring the real social impacts of HIV/AIDS and war. It is this level of rigour in analysis of the situation that can lead to proper planning for HIV control in zones of conflict, and the deployment of appropriate strategies and long-term programmes.

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33: Gruber; 2005; pp.14

## Gender

Women and girls form one of the most vulnerable groups in conflict environments, and the presence of HIV/AIDS has only added to this vulnerability. As well as often forming the largest part of civilian populations in conflict environments, women are doubly disadvantaged- socially and biologically- by HIV/AIDS. Although sexual violence is defined as a war crime by the Geneva Convention of 1949 and Additional Protocols of 1977, it is still one of the most visible and widespread acts of violence in conflict settings, and one of the most important issues apparent in the spread of HIV/AIDS.

Several international instruments specifically address sexual and gender-based violence, including the Convention on the Elimination of All Forms of Discrimination against Women (1981); the UN Declaration of the Elimination of Violence Against Women (1993); the Beijing Declaration and Platform for Action (1995); and the Rome Statute of the International Criminal Court (1998). In addition, United Nation's Security Council Resolution 1325 (2000) obliges states to bear responsibility to end impunity for crimes against humanity, of which rape and organised sexual violence are explicitly mentioned.<sup>34</sup> Despite these international protections, women still find themselves at heightened vulnerability of contracting HIV in conflict environments. A dangerous social complex has emerged in many areas where women are increasingly disempowered in sexual decision-making, whilst being at heightened vulnerability of contracting HIV and other sexually-transmitted infections. In all, it is estimated that only one-third of women aged 15-24 in sub-Saharan Africa fully understand how to avoid HIV<sup>35</sup>. In post-conflict Sierra Leone, 40-50,000 women have reported sexual violence at the hands of armed combatants.<sup>36</sup>

Ulf Kristofferson, Humanitarian Coordinator of UNAIDS makes three recommendations to improve the position of women in conflict environments, and to protect them from the dangers of HIV/AIDS<sup>37</sup>. First, women need to be empowered. That is, women and girls need the legal and social protections necessary to make their own life choices and to negotiate sex. This starts with the equal rights to property, education, employment and political participation. Second, rather than just focusing on what women need to do, soldiers need to be trained in HIV protection, both for themselves and for civilian populations. International law on this point needs to be enforced, and obligations on soldiers and peacekeepers should be incorporated in military academy programmes. Third, international commitment- which has not been reticent on this point- needs to be enforced by prioritising gender and sexual-based violence within domestic and international law, and by considering the protection of foreign civilian populations as a priority in the deployment of armed forces.

The priorities for reducing the burden of HIV/AIDS and gender in conflict environments can be seen as:

- International standards regarding the protection of women and girls as non-combatants must be upheld, and applied in a way so as to reduce the burden of HIV/AIDS. These standards need to include reducing and reporting rape and sexual abuse, the establishment of justice for victims, and of medical and psychological victim support services.
- Refugees and displaced populations should be seen as particular vulnerable to HIV, and women and girls as even more so as they typically comprise up to 70% of such populations. Testing services are generally limited in refugee populations, so extending these is essential. It also needs to be recognised that vulnerability for refugees doesn't end when war does.

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34: UN Special Measures for Protection from Sexual Exploitation and Abuse (2003)

35: UNAIDS

36: Egeland (2005)

37: Kristofferson (2000); pp.4-5

- Transforming socio-cultural norms empowering women and girls will both prevent HIV/AIDS, and lessen the gender burden of violence and conflict. These can best be achieved through equal access to education, and civil support of women's programmes.
- Rebuilding family and community structures and support systems post-conflict. This is a difficult task, but again relies on civil society engagement and the return of combatants to civilian life.
- Designing effective services and facilities for women in peaceful environments, including community services and confidential clinic services. This can aid the support structure in case of the outbreak of violence, as well as acting as a peace-building activity in its' own right.
- Working with formal and traditional legal systems to comply with international and local legal standards for the protection of women and girls. Gacaca courts were one example of a local solution to mass-violence and the process of justice and reconciliation.
- Monitoring and documenting incidents of sexual and gender-based violence allows for the development of retribution into justice, and dissuades from a culture of impunity existing in times of conflict.
- The abduction of minors, and forcing, particularly of girls and young women, into sexual slavery by combatants, as seen for example in Uganda, Liberia and Sierra Leone, needs sincere international efforts in prevention and reduction.

A sea change in the understanding of HIV and the position of women in the HIV/AIDS pandemic has occurred in recent years, with the protection of and prevention of the spread of HIV/AIDS in women as one of the top international priorities. However it remains a critical issue, and one that is fuelled by violence and conflict as Forman (1999) says "The recognition that it is men who spread the epidemic to women was underemphasised until the late 1990s. Women were the focus of attention from moralists and policymakers alike, and AIDS prevention strategies were aimed at them even when they were intended to alter men's behaviour. That women cannot be expected to control the sexual behaviour of men, and if the epidemic is to directly addressed, has become a major theme for the new millennium."<sup>38</sup>

## Law

The implementation of international and domestic legal standards in zones of conflict is a contentious issue, and becomes more so when HIV/AIDS is introduced as an issue. As the International Red Cross points out, international and domestic law still applies in zones of conflict, and means that,

- States have obligations to teach the rules of war to armed forces and the general public, and must prevent and punish violations of humanitarian law.
- They must enact laws to punish serious violations of war crimes, under the terms of Geneva conventions and the International Convention on Genocide.
- They must protect Red Cross and Red Crescent operations explicitly under law, and by convention other humanitarian efforts.
- They should establish and abide by the decisions of tribunals to punish acts of war crimes, such as in Rwanda, Yugoslavia, and under the terms of the ICC.<sup>39</sup>

We know, however, that states are not the only actors in international relations and international law, which is why specific protections are needed in international law to protect and prosecute individuals- this was the guiding rationale for the establishment of the International Criminal Court. However, the ICC is only the first step. Only 27 out of 56 African nations have signed up to the convention, and the African state where individual prosecutions for war crimes are presently most apparent and justified- Sudan- is not a signatory.

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38: Foreman, 'Men, Sex and HIV' in Foreman [ed.], (1999)

39: 'What is International Humanitarian Law?', ICRC (2004)

How then can international and domestic law help to reduce HIV/AIDS? There are two major targets to meet. Firstly, the establishment in international law of the individual right to life as applied to biological security, rather than just freedom from the threat of violence. Secondly, the obligation on soldiers, peacekeepers and all uniformed services of the need to reduce the spread of HIV. Can protection from HIV be seen as a human right? Jenny Kuper believes that it can be argued as such, but one of the major problems in arguing this is that the moral issues, the political issues and the jurisprudence issues surrounding HIV/AIDS are at once complex, interrelated, and not readily agreed upon.<sup>40</sup> Kuper shows that it can be argued that if a right to development exists (and this is by no means uncontroversial), this would transfer a human right to a legal obligation. The problem lies in the distinction between legal rights, human rights as legal rights, and the concept of human rights. It is important to note, therefore, that an intellectual case can be made to say that not all human rights are legal rights, and not all legal rights are human rights. It is difficult, therefore, to define the specific legal position of AIDS, and the obligations in place in relation to it on individuals or the state. A moral claim—such as to development—when transferred to a legal right can shape policy; but a general human rights framework is often necessary in order to explicitly enumerate obligations to prevent the spread of HIV/AIDS.

One area in which this issue comes alive is that of mandatory testing for peacekeepers, which has been floated as an idea to control the spread of the epidemic. This proposal has gained some support, but the body of opinion that informed the 2001 UN Expert Panel on the Testing of Peacekeepers has largely concluded that this is incompatible with international law. The Canadian HIV/AIDS Policy and Law Review of December 2002 states that as HIV-positivity does not, in itself, determine physical and mental capacity to serve in armed forces, it should only be used to determine incapacitation on the advice of a physician.<sup>41</sup> This, understandably, hardly encourages African militaries to undertake more testing and treatment of their soldiers than is necessary. The African Union, to date has been reluctant to introduce mandatory guidelines.<sup>42</sup>

The specific recommendations on HIV/AIDS and conflict related to law would include:

- Instances of deliberate spreading of AIDS as a war crime being brought to international prosecution under Article Two of the International Genocide Convention (which would also include the deliberate destruction or targeting of medical infrastructure as a military tactic.)
- Constitutional reform during post-conflict reconstruction needs to take the opportunity to include provisions for the legal protection and representation of people living with AIDS.
- A right to health and protection from infectious disease should be seen as an important objective in the development of international law, and as a priority for encouraging nations to incorporate this in domestic law.
- International and domestic human rights regimes should make a priority of the prevention of the spread of HIV/AIDS, just as the specific rights of women and children have been delineated and incorporated
- International law relating to combatants and soldiers should also apply to domestic law enforcers, as actors that need to be considered in the spread of HIV/AIDS.
- The maintenance, and protection of, drug-supplies and pharmaceutical-assistance as international aid or donations needs to be seen as a responsibility of combatants and peacekeepers.

International law is both an obstacle to be overcome and an instrument in the reduction of HIV/AIDS. To date, the record is rather mixed. International law is making slow progress in reducing conflict and reducing cultures of impunity surrounding these who commit war

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40: Kuper 2004

41: Canadian HIV/AIDS Policy and Law Review, 7/2 (2002)

42: See Gebretsadkan (2004) for details of how this has been attempted

crimes. But the use of international law to promote improvements in people's lives, for example in promoting public health, has been slow. David P. Fidler attacks the fact that despite the WHO being mandated to enforce international law in relation to public health, it has been markedly restrained in doing so. International health regulations have only been introduced for plague, yellow fever and cholera, and as such the WHO can not invoke legal instruments to prevent the spread, or even the failure to record information on, HIV/AIDS.<sup>43</sup>

### Confronting a Complex Human Emergency

This paper has demonstrated that HIV/AIDS is a contributing factor to the complexity of security and conflict in Africa. While there is no causal link between HIV/AIDS and violence, it is a legitimate factor for analysis, in much the same way as democracy or poverty are too. More than this is the versatility with which HIV/AIDS affects each of the features that arise from complex human emergencies, among which are forced migration, peacekeeping, food management and rapid social change, but to name a few. The adaptability of the epidemic makes research into the social and political epidemiology of HIV/AIDS crucial. It also requires HIV/AIDS to be devolved from healthcare, and better analysed within the social sciences.

This paper is just a demonstration of the need to see HIV/AIDS through the prism of social science, and to start incorporating it into agendas that promote conflict-resolution and development. Only some of the issues related to security and HIV/AIDS have been touched on here, and the analysis has been interdisciplinary. One of the key developments that needs to be further encouraged is disciplinary analysis that will approach the arguments from different analytical schools. One of the key disciplinary points to make is that 'human-security' analysis- and whether or not this is the best framework from which to approach HIV/AIDS- can be attacked as legitimising a narrow, realist, conception of international relations that will provoke inevitable reaction. This overlooks a key African reality that the personal matters in politics; and a solely human security approach fails to recognise that so often across Africa it has been the personal that has been the difference between failure and success, with individual charisma and leadership, rather than political system, being the crucial factor. HIV/AIDS would certainly bear this out.<sup>44</sup>

This paper puts forward the conclusion that HIV/AIDS is beginning to break down the distinctions between violence and disease in various African contexts. The capacity with which it can destroy both physical and social infrastructure, and prevent its reconstruction, is as akin to the processes of war than it is to other endemic diseases such as cholera, malaria and TB, which are fast acting on the individual, but much slower to act upon societies.

Categorization as violence is necessary, but by no means easy. Attempts to promote new conceptions of security meet heavy, and often valid, academic resistance. The extent to which human security is still seen as a 'soft issue' is indicative of the strength of realist accounts of international relations and security studies. The intellectual insistence that the state remains the only instrument of power that is objectively observable is an argument which still has merit. To move the debate on by saying that HIV/AIDS needs special attention as an issue related to, but distinct from, human security fails to recognise the intellectual difficulties that this will face, and could result in HIV/AIDS failing to be seriously considered as an issue for research by social science.

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43: Fidler (1996). pp.69

44: See Ostergard and Barcelo in Patterson (2005) for a more fluent exposition of this.

## Selected African Indicators

Countries	HIK Conflict Barometer (1)	UNAIDS: Adult Prevalence % (2)	Freedom in the World 2005 (3)	Human Development Index (4)
Angola	3	3.9	5.5	160
Botswana	2	37.3	2	131
Burundi	4	6	5	169
CAR	3	13.5	5.5	171
Chad	2	4.8	5.5	173
Comores	1	n/a	4	132
Congo-Brazzaville	3	4.9	4.5	142
Cote d'Ivoire	4	7	6	163
DRC	2,1,4	4.2	6	167
Equatorial Guinea	1,2	n/a	6.5	121
Ethiopia	2,4,1	4.4	5	170
Guinea-Bissau	2	n/a	4	172
Guinea	1	3.2	5.5	156
Kenya	3	6.7	3	154
Liberia	4	5.9	4.5	n/a
Madagascar	3	1.7	3	146
Mauretania	1	0.6	5.5	152
Mauritius	1	n/a	1	65
Namibia	1	21.3	2.5	125
Niger	1,3	1.2	3	177
Nigeria	1,4,2	5.4	4	158
Rwanda	2,1	5.1	5.5	159
Sao Tome -Principe	1	n/a	2	126
Senegal	3	0.8	2.5	157
Sierra Leone	2	n/a	3.5	176
Somalia	4	n/a	6.5	n/a
South Africa	1	21.5	1.5	120
Sudan	2,5,3	2.3	7	141
Swaziland	1,3	38.3	6	147
Tanzania	1	8.8	3.5	164
Togo	2,4	4.1	5.5	143
Uganda	3	4.1	4.5	144
Zimbabwe	n/a	24.6	6.5	145

(1) Conflicts ranked on a scale from 1 - 5 according to state of violence: non-violent conflicts: 1= latent, 2= low intensity, manifest; violent conflicts: 3= medium intensity, crisis, 4= high intensity, severe crisis, 5= high intensity, war. As measured by the Heidelberg Institute on International Conflict Research 2004 (HIK)

(2) HIV/AIDS prevalence rates amongst adults aged 15-49 from UNAIDS

(3) Rating developed by Freedom House, using a matrix measuring several political rights and civil liberties on an aggregate scale from 1 - 7: 1.0-2.5= free, 3.0-5.0= partly free, 5.5-7.0= not free.

(4) Human Development Index 2005 as developed by UNDP, measuring life expectancy at birth, adult literacy rates



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Written by Alastair Roderick, Justice Africa  
Research assistance by Margunn Indreboe  
[alastair@justiceafrica.org](mailto:alastair@justiceafrica.org)