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Report to the Chairman, Committee on International Relations, House of Representatives

December 2001

U.N. PEACEKEEPING

United Nations Faces Challenges in Responding to the Impact of HIV/AIDS on Peacekeeping Operations

GAO-02-194

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
DOD	Department of Defense
DPKO	Department of Peacekeeping Operations
FHI	Family Health International
HIV	Human Immunodeficiency Virus
OCHA	Office of the Coordinator for Humanitarian Affairs
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	U.S. Agency for International Development
WFP	World Food Programme
WHO	World Health Organiztion

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United States General Accounting Office
Washington, D.C. 20548

December 12, 2001

The Honorable Henry J. Hyde
Chairman, Committee on International Relations
House of Representatives

Dear Mr. Chairman:

In July 2000, the United Nations Security Council passed a resolution expressing serious concern that the increased risk of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in conflict situations could adversely affect peacekeeping missions. The Security Council resolution noted that an environment of conflict and instability produces large movements of people and reduced access to medical care, which increases the risk of HIV transmission. The resolution expressly encouraged member states to provide HIV prevention training to peacekeeping personnel, including those troops who may be HIV positive. In January 2001, the U.S. Ambassador to the United Nations expressed concern that the United Nations had not yet initiated an adequate response to the Security Council's concerns and, in particular, the risk of transmission between peacekeepers and civilian populations.

Given the importance of U.N. peacekeeping efforts to U.S. foreign policy goals and the approximately $700 million contributed to the United Nations by the United States for these efforts in fiscal year 2001, you expressed concern that HIV/AIDS infection could undermine the effectiveness of U.N. peacekeeping operations. This report responds to your request that we examine U.N. efforts to mitigate the potential impact of HIV/AIDS on its peacekeeping missions. In this report, we (1) analyze U.N. policies and guidance on the use and deployment of peacekeepers with HIV, (2) examine the data available on HIV/AIDS prevalence rates among peacekeepers, (3) assess actions the United Nations is taking to limit the spread of HIV/AIDS among peacekeepers, and (4) examine the actions the United Nations is taking to limit the impact of HIV/AIDS on civilians affected by armed conflict, including groups who may come into contact with peacekeepers.

As part of our review, we analyzed documents and interviewed key officials from the U.N. Department of Peacekeeping Operations, the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the United Nations Children's Fund, the U.N. Population Fund, and other U.N. agencies. We also obtained perspectives on U.N. policies and activities

from officials of the State Department and the Department of Defense. In addition, we researched and reviewed the limited data available on HIV prevalence rates for the uniformed services. Appendix I provides a more detailed description of our scope and methodology.

Results in Brief

The U.N. Department of Peacekeeping Operations' policies and guidance discourage, but do not preclude, countries from sending individuals who are HIV-positive on peacekeeping missions. The Department discourages the deployment of members of uniformed forces with HIV for a number of reasons, including the concern that peacekeepers could potentially become a source of HIV infection for local populations. This concern is consistent with the U.N. peacekeeper's code of conduct to do no harm. The Department's policy does not preclude deployment of individuals with HIV, which is consistent with U.N. policy that opposes discrimination against HIV-infected individuals.

The number of HIV-positive peacekeepers is unknown because (1) the United Nations opposes mandatory HIV testing and therefore collects no information on prevalence rates, and (2) the countries that contribute peacekeepers either do not test or do not share test results with the United Nations. Without data on the HIV status of peacekeepers, the Department of Peacekeeping Operations is unable to determine if countries are following its recommendation that HIV-infected individuals should not become U.N. peacekeepers. Despite the absence of data, U.N. and U.S. government officials have expressed concern that peacekeepers may contract or transmit the virus during peacekeeping operations. According to U.N. officials, this concern is based on the belief that peacekeepers tend to be sexually active, engage in risky behaviors, and are likely to have contact with commercial sex workers, who are known to have high rates of HIV/AIDS.

The United Nations has taken a number of actions to reduce the potential spread of HIV/AIDS during peacekeeping operations, but it faces immediate and long-term challenges to its initiatives. The Department of Peacekeeping Operations and the Joint United Nations Programme on HIV/AIDS developed an HIV/AIDS awareness card for peacekeepers to carry in their uniform pocket. The Department included HIV/AIDS awareness in its peacekeeping train-the-trainer program and has provided contingents with five condoms per peacekeeper per week. However, it is not clear whether all U.N. contingents will adopt the awareness card as a permanent part of their uniform or whether current HIV/AIDS awareness

and prevention training is adequately sensitive to the cultural differences of contingents under U.N. command. In addition, the United Nations will be unable to evaluate the effectiveness of its initiatives because it does not collect baseline data on peacekeeping troops' knowledge and awareness of HIV/AIDS or their sexual behavior.

The U.N.'s effort to provide HIV/AIDS assistance to civilians affected by conflict also faces difficulties. Although the United Nations has begun to address the spread of HIV/AIDS among civilians affected by conflict, U.N. officials stated that it has not given adequate priority to this effort and has had difficulty obtaining funding for HIV prevention activities. Furthermore, the United Nations has taken little action to assist civilian populations specifically at risk of HIV transmission from U.N. peacekeepers.

This report makes recommendations to improve the U.N.'s ability (1) to measure the effectiveness of activities aimed at reducing risky behaviors among peacekeepers and (2) to identify which contingents are at highest risk of transmitting or contracting sexually transmitted infections, including HIV, at each mission.

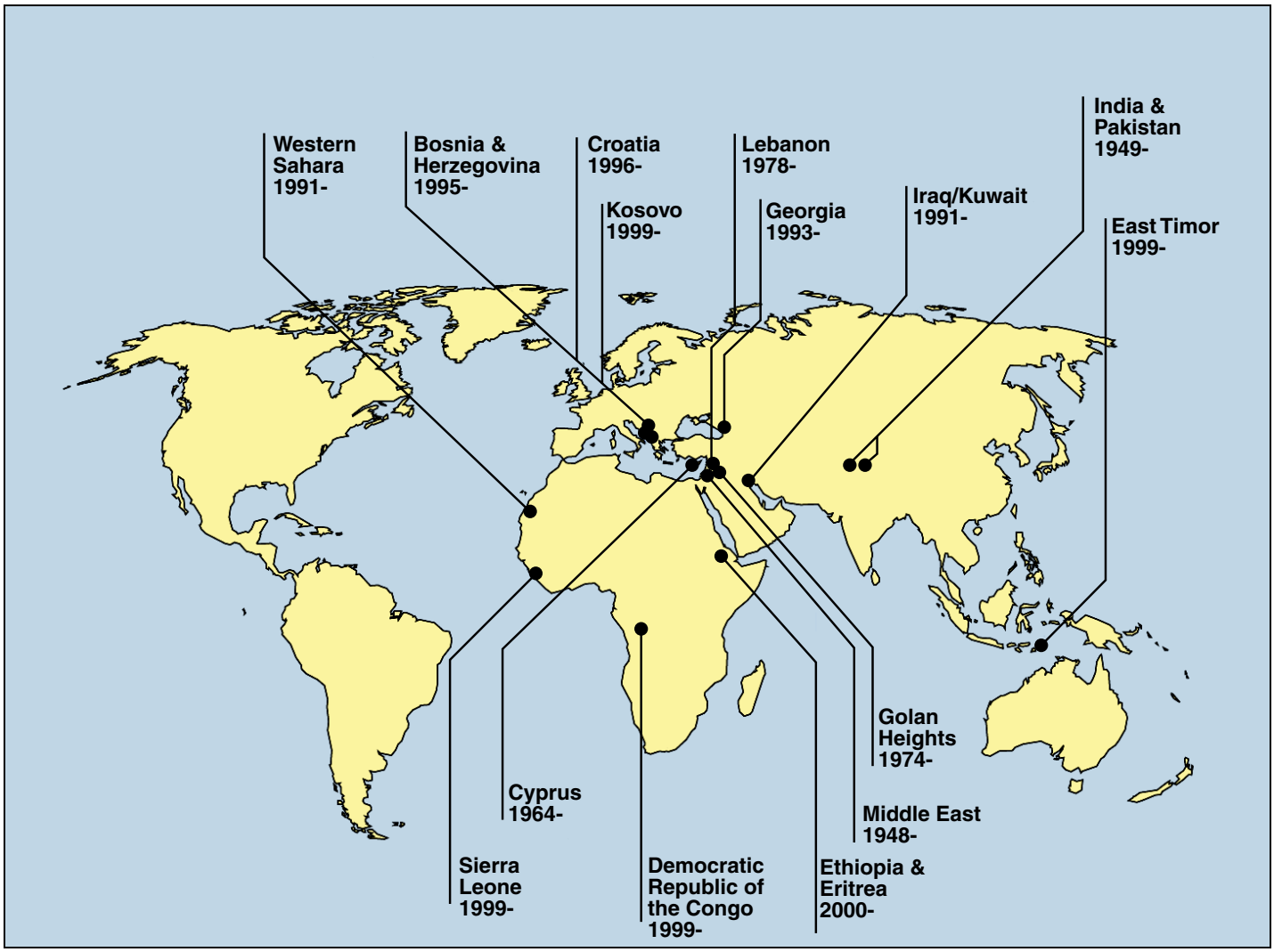
We received comments on a draft of this report from the U.S. Department of Defense (DOD), the U.S. Department of State, and the Joint United Nations Programme on HIV/AIDS (UNAIDS). DOD officials stated that the report accurately assesses the current situation with regard to HIV prevalence among U.N. peacekeepers and that they agreed with our recommendations. The Department of State summarized actions it is undertaking to respond to HIV/AIDS in conflict situations. UNAIDS agreed with our recommendations, however, they disagreed with our characterization of the U.N.'s overall effort to address HIV/AIDS in emergencies as inconsistent. Although UNAIDS considers meetings with its cosponsors that addressed vulnerable populations as demonstrating consistency in the U.N.'s approach, few concrete actions have been taken to date.

Background

The U.N. Department of Peacekeeping Operations (DPKO) serves as the operational arm of the U.N. Secretary General for all U.N. peacekeeping operations and is responsible for conducting, managing, directing, planning, and preparing those operations. DPKO is currently operating 15 peacekeeping missions, as shown in figure 1, at a budgeted cost of approximately $2.7 billion for 2001. As of September 2001, 88 countries were contributing 46,957 military and civilian police personnel, and

countries are reimbursed about $1,000 per peacekeeper per month for contributing to these missions. (See app. II for a list of the countries contributing U.N. peacekeepers as of September 2001.) The United States currently contributes 732 peacekeepers and pays for 25 percent of the total cost of peacekeeping operations. Three U.N. peacekeeping missions are in sub-Saharan Africa, where more than 25.3 million people have HIV/AIDS.

Figure 1: Ongoing U.N. Peacekeeping Missions



Source: U.N. Department of Public Information, Aug. 2001.

We recently reported that several challenges hinder the ability of the international community to address the growing HIV/AIDS pandemic, including limited funding for programs, cultural impediments to program effectiveness, and weak national health care systems.[1] Conflicts exacerbate these challenges because the organizations that deliver HIV/AIDS prevention and awareness programs are unable to function normally. In these situations, vulnerable populations–including refugees, internally displaced persons, orphans, ex-combatants, commercial sex workers, and war-affected local civilians–face increased risk of exposure to HIV.[2] Refugees, internally displaced persons, and orphans are particularly vulnerable to HIV infection because they are at high risk of sexual violence and exploitation and because they may use sex as a commodity to survive. Peacekeeping missions bring peacekeepers in close proximity to these populations.

In resolution 1308, passed in July 2000, the U.N. Security Council recognized that in conditions of conflict, violence, and instability there is increased risk of exposure to HIV. Resolution 1308 encouraged U.N. agencies to take action with member states to develop strategies to mitigate the spread of HIV/AIDS in peacekeeping missions. In addition, the resolution directed the Secretary General to take additional steps to develop and provide training to peacekeepers on HIV/AIDS awareness.

Department of Peacekeeping's Policy Discourages but Does Not Preclude Deployment of HIV-Positive Peacekeepers

DPKO recommends that countries contributing to U.N. peacekeeping operations should not send HIV-positive individuals on peacekeeping missions for three reasons. First, medical treatment available during the peacekeeping mission may not be adequate to meet the special requirements of peacekeepers with HIV. Second, peacekeepers may have to undergo predeployment vaccinations and may be exposed to diseases during deployment, both of which pose additional risks to their health. Third, the presence of HIV-positive peacekeepers poses the risk of

[1]See *Global Health: U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact* (GAO-01-449, Mar. 23, 2001).

[2]A refugee is a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, lives outside the country of his or her nationality. Internally displaced persons are those forced to flee their homes because of armed conflict and persecution but who remain in their own country.

transmission to medical personnel, fellow peacekeepers, and the civilian population.

DPKO officials point to the third factor as weighing heavily in their recommendation not to deploy HIV-positive individuals. The U.N. Code of Conduct for Peacekeepers, although it does not address specific sexual conduct, states that peacekeepers should do no physical, sexual, or psychological harm. To minimize the risk of spreading HIV to the local population in the peacekeeping zone, DPKO officials recommend that individuals with HIV not be sent on peacekeeping missions.

While DPKO policy recommends against deploying individuals with HIV, its policy also states that those who do not show clinical manifestations of AIDS are not precluded from peacekeeping service. Therefore, DPKO policy is consistent with the overall policy of the United Nations, which has gone on record in several documents expressing its concern for the human rights of individuals with HIV/AIDS and taking a stand against discrimination against such individuals. Specifically, the General Assembly in a December 1991 resolution (Res. A/RES/46/203) urged U.N. member states to avoid taking discriminatory action against individuals with HIV in employment. In addition, the United Nations has stated that, in general, a public health exception to the principle of nondiscrimination, even in the case of HIV/AIDS, is seldom a legitimate basis for restrictions on human rights. U.N. guidelines state that mandatory testing or registration for HIV status is not justified on public health grounds.[3] Finally, the U.N.'s personnel policy states that (1) the only medical criterion for recruitment is fitness to work; (2) HIV infection does not, in itself, constitute a lack of fitness to work; (3) there will be no HIV screening of candidates for recruitment; and (4) there should be no obligation on the part of the employee to inform the employer about his or her HIV/AIDS status.

The United Nations Does Not Know How Many Peacekeepers Have HIV

The United Nations does not know how many peacekeepers have HIV/AIDS because it opposes mandatory HIV testing before, during, or after deployment to a peacekeeping mission and because contributing countries either do not test or do not share test results with the United Nations. Officials remain concerned that peacekeepers with the infection may be deployed on peacekeeping operations, especially the approximately 14

[3]See *HIV/AIDS and Human Rights: International Guidelines* (New York and Geneva: United Nations, 1998).

percent of peacekeepers that come from countries with high HIV/AIDS prevalence rates, such as Nigeria and Kenya. Even if they are not infected before deployment, peacekeepers—like other military personnel—are likely to engage in behaviors such as unsafe sexual practices that increase the risk of contracting and spreading HIV.

The United Nations Does Not Collect Data on the HIV Status of Peacekeepers

The United Nations opposes mandatory testing of peacekeepers for HIV before, during, or after deployment to a peacekeeping operation. It therefore does not know whether countries are sending HIV-positive individuals to peacekeeping operations or how many individuals with HIV or AIDS make up its peacekeeping forces. As a result, while the media have reported a handful of cases of peacekeepers spreading or contracting HIV, there is little direct information on the extent of HIV transmission in peacekeeping operations. (See app. III for a description of the information available.) Furthermore, because the United Nations opposes mandatory testing[4] and because contributing countries retain control over their own forces, DPKO cannot direct countries to test or keep data on HIV prevalence among their peacekeeping forces.

HIV testing policies vary widely among contributing countries.[5] Some contributing countries do not test their personnel for HIV and have no data to share with the United Nations. For example, according to DPKO and the Department of Defense (DOD), the United Kingdom, the Netherlands, and Nigeria, among other countries, do not screen military personnel for HIV. Also, Zambia's military, which at one time conducted testing and screening for HIV, is no longer financially able to do so. Together, these four countries account for about 11 percent of current peacekeeping forces.

Some militaries test their troops intermittently and may test peacekeepers before, during, or after a peacekeeping operation. However, data from these tests are not always shared with the United Nations. For example, according to DOD, South Africa has conducted HIV testing of its rapid deployment force used for peacekeeping operations, although it is unknown if any of these individuals were precluded from peacekeeping

[4]The Executive Director of UNAIDS has requested an expert panel to revisit the issue of the U.N. policy on HIV testing in the context of peacekeeping operations, which will result in the publication of an updated policy and a report to the U.N. Secretary General.

[5]We were unable to determine the testing policies of all 88 contributing countries.

service. According to a member of the UNAIDS Steering Committee on HIV/AIDS and Security, countries may consider this information vital to national security because it could be considered a strategic weakness. In addition, countries might not release this information because doing so may jeopardize both their standing as peacekeeping contributors and the revenue they receive in return for their participation. On the other hand, an HIV/AIDS expert at DOD, who works closely with militaries, stated that even those countries that test may not know the HIV/AIDS prevalence rates of their militaries because they do not capture, store, or analyze the data that result from the tests.

Some Peacekeepers Come From Countries With High HIV Prevalence Rates

Although the United Nations does not know how many peacekeepers have HIV, many come from countries with relatively high HIV prevalence among the general population, leading to expectations of high prevalence among the military, including peacekeepers. UNAIDS estimates that military personnel are two to five times more likely than civilians to contract a sexually transmitted infection, including HIV. In addition, according to the National Intelligence Council, HIV prevalence in African militaries is considerably higher than that of the general population. For example, the Council estimates that between 10 and 20 percent of Nigeria's military is HIV-positive, compared to a 5-percent prevalence rate for the general population. Nigeria is the largest African contributor to U.N. peacekeeping operations.

More than 14 percent of peacekeepers come from countries where the adult HIV prevalence rate is greater than 5 percent (see table 1). According to public health experts, prevalence levels this high make it significantly more likely that uninfected persons in the population will be exposed to the infection. The higher the prevalence rate in a population, the more rapidly the infection will spread. The situation is most pronounced in Sierra Leone, where 32 percent of peacekeepers originate from countries with HIV prevalence rates greater than 5 percent.

Table 1: Contribution Levels to U.N. Peacekeeping Operations From Countries With HIV/AIDS Prevalence Greater Than 5 Percent

U.N. peacekeeping operation	Total number of peacekeepers as of Sept. 2001	Number of peacekeepers from countries with prevalence greater than 5 percent	Percentage of peacekeepers from countries with prevalence greater than 5 percent
Sierra Leone	16,630	5,267	32%
Ethiopia and Eritrea	3,920	674	17
East Timor	9,562	335	4
Kosovo	4,305	213	5
Democratic Republic of Congo	2,393	185	8
Western Sahara	258	16	6
Iraq/Kuwait	1,097	8	<1
Bosnia/Herzegovina	1,672	7	<1
Croatia	26	2	8
Lebanon	4,470	0	0
Cyprus	1,272	0	0
Golan Heights	1,036	0	0
Middle East	153	0	0
Georgia	106	0	0
India and Pakistan	45	0	0
Total	**46,945[a]**	**6,707**	**14%**

[a]This total does not include the 12 peacekeepers remaining at the completed operation in Guatemala.

Sources: *UNAIDS Report on the Global HIV/AIDS Epidemic*, June 2000; *DPKO's Monthly Summary of Military and Civilian Police Contribution to United Nations Operations for Sept. 30, 2001*.

Conditions Are Conducive to the Spread of HIV/AIDS in Peacekeeping Operations

Peacekeepers operate in an environment where exposure to HIV is more likely. Because peacekeepers often have money to spend, commercial sex workers, known to have high rates of HIV infection, migrate to areas where peacekeepers are deployed. For example, in Ethiopia, where a U.N. peacekeeping operation is ongoing, sex workers were found to have HIV prevalence rates exceeding 70 percent. In addition to the presence of commercial sex workers, peacekeeping operations are surrounded by populations of orphans, internally displaced persons, and refugees. According to UNAIDS, these populations may have sold sex to survive and

may have been the victims of rape or sexual violence during the conflict preceding the peacekeeping operation.

According to DPKO, there has been only one confirmed case of a member of a peacekeeping mission transmitting the HIV infection. At the same time, there have been a number of media reports of peacekeepers contracting HIV while on a peacekeeping mission. However, very few have been confirmed. According to DPKO, two Bangladeshi peacekeepers contracted the infection in Cambodia in 1993 and one in Mozambique in 1994. In addition, a medical study in 1995 found that 10 Uruguayan peacekeepers had contracted HIV while on a U.N. peacekeeping mission in Cambodia.[6]

Despite the absence of data, U.N. and U.S. government officials have expressed concern that peacekeepers may be transmitting or contracting the virus during peacekeeping operations. Surveys of military personnel indicate that many do not practice safe sex. For example, according to the U.N. Population Fund, a study of the Ukrainian military showed that only 10 percent of the officers surveyed practiced safe sexual behavior—that is, consistent condom use and one faithful partner—while 28 percent of the officers surveyed reported having multiple sexual partners. In addition, according to DOD, on a 2000 training operation in South America, about 30 percent of U.S. sailors reported having sexual contact while in ports of call, with about 15 percent of this group saying they did not always use a condom. In addition, according to UNAIDS, 45 percent of Dutch peacekeepers in Cambodia had sexual relations with commercial sex workers or members of the local population over a 5-month period in 1993, with approximately 11 percent of that group saying they did not always use condoms.

U.N. Efforts to Address the Impact of HIV/AIDS on Peacekeepers Face Challenges

The United Nations has initiated a number of activities to address the impact of HIV/AIDS on the health of peacekeepers. However, these prevention efforts face immediate obstacles that may impact their implementation. In addition, the long-term success of U.N. efforts will be difficult to ascertain due to the lack of baseline data on the knowledge and awareness of HIV/AIDS or on the sexual behavior of the contingents that make up its uniformed forces.

[6]"Multiple Introductions of HIV-1 subtype E into the Western Hemisphere," *The Lancet*, Vol. 346, No. 8984 (Nov. 11, 1995), pp. 1197-98.

Implementation of U.N. Efforts Faces Immediate Obstacles

DPKO has focused its HIV/AIDS efforts on three interventions: (1) development and distribution of an HIV/AIDS awareness card, (2) training in HIV/AIDS prevention, and (3) the distribution of condoms. However, it is unclear if all contingents are implementing DPKO's interventions, there are gaps in DPKO's HIV/AIDS training curriculum, and not all contingents may make condoms readily available to peacekeepers under their command.

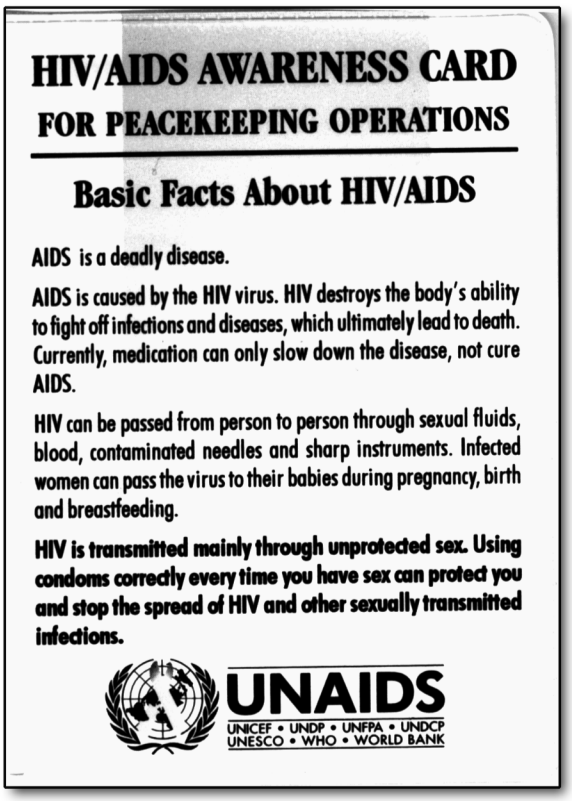
DPKO Begins Distribution of HIV/AIDS Awareness Card

Figure 2 displays the HIV/AIDS awareness card for peacekeepers. Developed jointly with UNAIDS, as of September 1, 2001, the card was available in English, French, and Russian. The awareness card includes facts about the disease and contains a pocket for a condom. The card states that AIDS is a deadly disease caused by the HIV virus and describes methods of protection against the disease. The back of the card provides a code of conduct calling for pride, respect, and consideration for law, customs, and traditions. The card also states that peacekeepers should limit alcohol use and avoid illegal drugs because they impair judgment and can lead people to take risks they may not otherwise take.

By September 2001, DPKO had distributed 15,000 HIV/AIDS awareness cards to peacekeeping contingents in Sierra Leone. According to DPKO, the official responsible for HIV/AIDS activities in Sierra Leone gave the contingents a lecture on HIV awareness when the cards were delivered to each contingent. DPKO leaves it up to contingents to include a condom with the card. DPKO plans to distribute the HIV/AIDS awareness card to U.N. peacekeeping operations in Ethiopia/Eritrea, Congo, East Timor, and Kosovo. In addition to being written in English, French, and Russian, the card is expected to be produced in Kiswahili, Arabic, Hindi, Bengali, Urdu, Spanish, and Portuguese. These represent the primary languages of 90 percent of the nationalities serving in peacekeeping operations worldwide. Since the contributing countries are responsible for the conduct of their forces, DPKO officials stated they are not certain if all peacekeepers will carry the card.

Figure 2: HIV/AIDS Awareness Card for U.N. Peacekeepers

Front



HIV/AIDS AWARENESS CARD

FOR PEACEKEEPING OPERATIONS

Basic Facts About HIV/AIDS

AIDS is a deadly disease.

AIDS is caused by the HIV virus. HIV destroys the body's ability to fight off infections and diseases, which ultimately lead to death. Currently, medication can only slow down the disease, not cure AIDS.

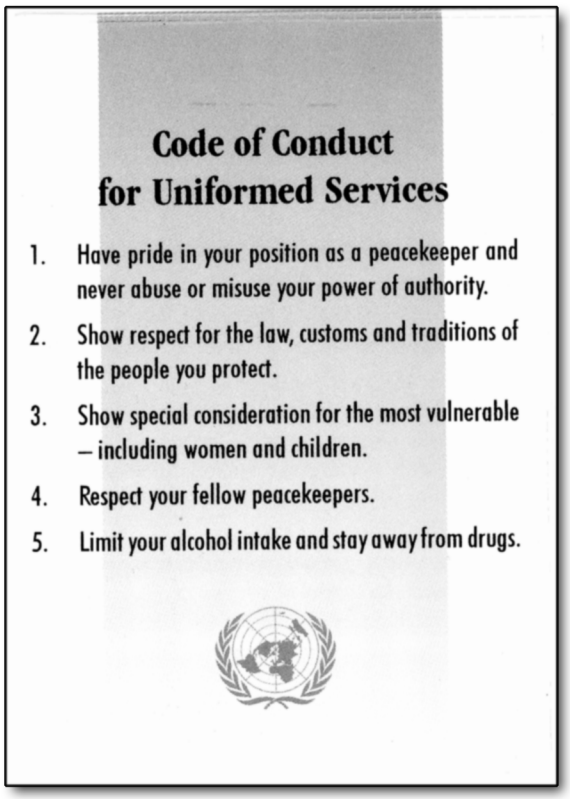
HIV can be passed from person to person through sexual fluids, blood, contaminated needles and sharp instruments. Infected women can pass the virus to their babies during pregnancy, birth and breastfeeding.

HIV is transmitted mainly through unprotected sex. Using condoms correctly every time you have sex can protect you and stop the spread of HIV and other sexually transmitted infections.

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

Back



Code of Conduct
for Uniformed Services

1. Have pride in your position as a peacekeeper and never abuse or misuse your power of authority.
2. Show respect for the law, customs and traditions of the people you protect.
3. Show special consideration for the most vulnerable – including women and children.
4. Respect your fellow peacekeepers.
5. Limit your alcohol intake and stay away from drugs.

Inside

Protect Yourself And Others

The HIV virus can be present anywhere in the world.

You do not know who is infected with HIV. Only an HIV blood test can determine if a person is infected.

If you feel you are at risk, it is strongly recommended that you seek HIV counselling and testing at the earliest.

To protect yourself and others from transmission of HIV, **CONDOMS** should be used for all types of sexual acts.

After sex, condoms should be carefully removed to avoid spillage and disposed of.

Condoms should NEVER be re-used.

In An Emergency…

If possible, protect yourself against contact with the other person's blood. Cover any cuts or wounds on your hands or arms with bandage.

Be careful when handling sharp instruments and use sterilised needles.

Wash yourself with soap and water before and after attending to the injured person.

- If the injured person is not breathing, clear the airways and perform mouth to mouth resuscitation. After you have finished, rinse your mouth immediately several times, if possible, with antiseptic mouth wash.
- If vomiting occurs, place the injured on the side to prevent choking.
- Control bleeding by applying pressure on the bleeding part, except on the throat.
- Bandage and immobilise injured parts.
- Call a doctor as soon as possible.

Pocket

Gaps in Curriculum Challenge the Effectiveness of DPKO's HIV/AIDS Prevention Training

As part of its train-the-trainer program, DPKO provides senior officers from contributing countries with an intensive 2- to 3-week peacekeeper training program.[7] The HIV/AIDS training is comprised of several modules on the impact of HIV on the military; the link between HIV, other sexually transmitted infections, and substance abuse; HIV risk assessment; prevention strategies; and behavior change. The contributing countries are responsible for ensuring that peacekeepers receive training before and after deployment.

Effective implementation of DPKO's HIV/AIDS training faces some immediate obstacles. First, the curriculum was developed in the United States and does not address issues specific to some cultures. For example, cultural practices in some parts of sub-Saharan Africa, such as social acceptance of multiple sex partners for males and females, increase the rates of sexually transmitted infections, including HIV/AIDS. Therefore, according to the U.S. Agency for International Development (USAID), training should be adopted to specifically address the risky behaviors unique to peacekeepers in question. Second, although gender issues are broadly addressed in the train-the-trainer program, according to the U.N. Development Fund for Women, the current HIV/AIDS training curriculum does not adequately address gender issues necessary to sensitize peacekeepers to respect girls and women rather than viewing them as sexual commodities. Third, according to UNAIDS, the training is too technical and requires trainers to have a medical background. In addition, HIV training competes with other training priorities, such as land mine awareness. Finally, because DPKO does not routinely monitor whether the contingents provide the training, it does not know whether peacekeepers received the training before and after being sent to the mission.

Unclear Whether All Contingents Make Condoms Readily Available to Peacekeepers

DPKO provides contingents with five condoms per troop per week. DPKO procures condoms for peacekeepers primarily from the U.N. Population Fund, delivers them to the commanders of each contingent, and makes them available in bathrooms, nightclubs, and other venues frequented by peacekeepers. DPKO relies on the commanders of each contingent to distribute the condoms to their contingents.

However, universal distribution of condoms to all peacekeepers faces religious and cultural obstacles. According to DPKO, commanders from

[7]The training also includes U.N. policies for peacekeeping, land mine awareness, demobilization, and the cultural dynamics of the country in which the mission will operate.

south Asia and the Middle East object to making condoms readily available to their uniformed forces because sex with prostitutes outside of marriage is against their religious beliefs and would indicate tacit approval of such behavior. In addition, because DPKO does not routinely monitor condom distribution, it does not know whether peacekeepers have access to condoms.

Success of U.N. Efforts Will Be Difficult to Determine

The long-term effectiveness of the awareness card, HIV prevention training, and condom distribution will be difficult to determine. UNAIDS and DPKO have not collected baseline data on troop knowledge and awareness of HIV/AIDS or sexual behavior. Baseline data are essential to evaluating the impact of interventions such as the HIV/AIDS awareness cards and training on peacekeeper knowledge and behavior. For example, U.N. officials recognized that the awareness card has not been tested or proven to be an effective HIV/AIDS intervention. In spite of this, U.N. officials agreed to get the cards to the field as soon as possible in Sierra Leone, recognizing that the time spent pretesting and gathering data would delay the rollout. According to USAID, surveys of sexual behavior are needed for measuring condom use, which is expected to increase as a result of successful HIV awareness and training and serves as a proxy for estimating HIV transmission. Officials at DPKO stated that they are in discussions with the U.S. Centers for Disease Control and DOD on the development of a data collection instrument to gather baseline data on HIV/AIDS knowledge and sexual behavior of peacekeepers.

U.N.'s Effort to Provide HIV/AIDS Assistance to Civilians Affected by Conflict Faces Difficulties

The United Nations has begun to address the spread of HIV/AIDS among civilians affected by armed conflict[8]; however, according to U.N. officials, it does not give adequate priority to this effort and faces challenges obtaining funding. Furthermore, the United Nations has taken little action to target populations specifically at risk of HIV transmission from peacekeepers.

[8]In June 2001, as part of the U.N. General Assembly Special Session on HIV/AIDS, the General Assembly adopted without reservation the Declaration of Commitment on HIV/AIDS, which included specific targets and deadlines for addressing HIV/AIDS in conflict situations.

U.N.'s Effort to Address HIV/AIDS in Emergencies Is Inconsistent and Faces Funding Obstacles

Although U.N. agencies are implementing programs to provide HIV/AIDS education and care to populations affected by armed conflict, according to U.N. officials, the United Nations has not consistently given these programs priority and faces challenges in funding them. For example, the U.N. Children's Fund's (UNICEF) has trained young people in post-conflict situations to be peer educators on HIV/AIDS, and the U.N. Population Fund has provided condoms and reproductive health kits in emergency situations (see app. IV for other efforts). According to U.N. officials, U.N. agencies that supply emergency assistance have not traditionally focused on HIV/AIDS and have been reluctant to address HIV/AIDS because they have not always viewed it as part of their mandate. U.N. officials also report that U.N. agencies have not consistently included HIV/AIDS programs in their appeals for funding in complex emergencies. In addition, U.N. officials report that due to a lack of cooperation, different U.N. agencies work on small-scale, ad hoc projects that tend to cover similar areas while leaving program gaps in other areas. In regard to funding, participants at the 2001 Inter-Agency Task Team on HIV/AIDS and Children in Conflict[9] noted that HIV/AIDS programs have been underfunded because of a lack of response from U.N. member states.

The United Nations Has Taken Little Action to Assist Populations at Risk of Contracting HIV From Peacekeepers

Efforts to assist civilian populations at risk of contracting HIV from peacekeepers are a subset of the U.N.'s overall effort to address populations affected by armed conflict. While the United Nations has recognized the importance of assisting groups that might be at risk of HIV transmission from peacekeepers, to date it has taken little action. At the Expert Strategy Meeting on HIV/AIDS and peacekeeping in December 2000,[10] delegates noted an urgent need to provide appropriate information and services to populations affected by peacekeeping operations. In response, DPKO now participates in some country-level HIV/AIDS theme groups[11] even though there is no written policy requiring this participation.

[9]In August 2001, the Inter-Agency Task Team, composed of U.N. agencies and nongovernmental organizations, met to discuss how to best ensure that children in situations of conflict receive appropriate HIV/AIDS prevention, care, and support.

[10]In response to Resolution 1308, the UNAIDS Secretariat convened an Expert Strategy Meeting in Sweden in December 2000 to address the issue of HIV/AIDS and peacekeeping.

[11]UNAIDS' 132 country-level theme groups are UNAIDS' primary mechanism at the country level to coordinate the U.N. response to HIV/AIDS and support host countries' efforts against HIV/AIDS (see GAO-01-625, p. 13).

UNAIDS has agreed to help fund personnel to serve as HIV/AIDS policy officers in each of the five largest peacekeeping operations.[12] However, DPKO has only appointed a focal point in Sierra Leone, and DPKO and UNAIDS are still discussing whether this focal point will become the HIV officer for that operation.

Conclusions

The United Nations recognizes that HIV/AIDS is a security issue that threatens the effectiveness of U.N. peacekeeping missions. DPKO policy, which discourages but does not preclude countries from sending individuals with HIV on peacekeeping missions, underscores the tension between the U.N.'s peacekeeping policy and increased concern about the threat of HIV/AIDS. Legitimate concerns have been raised regarding both the stigmatization of peacekeepers who may have HIV/AIDS and the potential risk that they could transmit the disease to local populations. Because of the U.N's opposition to mandatory HIV-testing and contributing countries' wide variance in testing potential peacekeepers for HIV, DPKO has no knowledge of the HIV/AIDS prevalence rates among its contingents. Without this information, DPKO will find it difficult to focus interventions on the peacekeepers at highest risk of transmitting HIV. In fact, without routine monitoring of how the contingents implement DPKO's efforts, DPKO does not know if peacekeepers receive training or have access to condoms.

Recommendations for Executive Action

To improve the United Nation's ability to (1) measure the effectiveness of activities aimed at reducing risky behaviors among peacekeepers and (2) identify which contingents are at highest risk of transmitting or contracting sexually transmitted infections, including HIV, at each mission, we recommend to the Secretary of State and the U.S. Permanent Representative to the United Nations that they request the U.N. Secretary General and the Executive Director of UNAIDS to

- develop and conduct behavior surveys of U.N. peacekeeping contingents to gather baseline and follow-up data on peacekeepers' knowledge and awareness of HIV/AIDS and their sexual behavior; and

[12]UNAIDS established terms of reference for the post of HIV/AIDS Policy Officer in 2001. The policy officers' primary focus is to develop and implement a comprehensive mission strategy with DPKO to reduce the likelihood of HIV transmission to and by U.N. peacekeeping staff while deployed and upon repatriation.

- analyze information gathered from these surveys to measure the effectiveness of their efforts and to identify which contingents are at highest risk of transmitting or contracting sexually transmitted infections, including HIV, at each mission to better target resources.

Agency Comments

We received oral comments from DOD and written comments from the Department of State and UNAIDS. The written comments from the Department of State and UNAIDS are reprinted in appendixes V and VI. In addition, the Department of State and UNAIDS provided technical comments to update or clarify key information. We incorporated these comments where appropriate.

DOD officials stated that the report was well written and that it accurately assessed the current situation with regard to HIV prevalence among U.N. peacekeepers. DOD agreed with our recommendations.

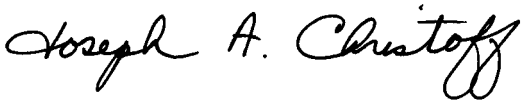
The Department of State stated that it will continue to consult with U.N. agencies involved in HIV/AIDS programs and peacekeeping operations to encourage programs to raise the level of HIV/AIDS awareness and reduce risky behaviors among U.N. peacekeepers, as well as efforts to measure the effectiveness of programs. The Department of State also said it would continue to encourage U.N. efforts to address the spread of HIV/AIDS among target populations in situations of violence and instability. The Department of State did not comment on our recommendations.

UNAIDS agreed with our recommendation that behavioral surveys should be carried out to gather baseline and follow-up data on U.N. peacekeepers' knowledge and awareness of HIV/AIDS and their sexual behavior. UNAIDS disagreed with our characterization that the U.N.'s overall effort to address HIV/AIDS in emergencies is inconsistent. In their letter, UNAIDS lists a number of meetings in which concerns for vulnerable populations and peacekeeping are addressed. According to UNAIDS, these collaborative efforts demonstrate a consistency of approach that is contrary to our finding. While collaborative meetings are an important first step in efforts to assist vulnerable populations, U.N. agencies have undertaken few concrete actions to address this emerging problem. We found that that there has been a lack of consistency in U.N. actions to help vulnerable populations because emergency assistance agencies have tended not to include HIV/AIDS programs in their requests for funds and generally do not view HIV/AIDS prevention as part of their mandates.

We are sending copies of this report to interested congressional committees, the Secretary of State, the Secretary of Defense, the Secretary General of the United Nations, the Executive Director of UNAIDS, and other interested parties. We will also make copies available to other parties upon request.

If you or your staff have any questions concerning this report, please call me at (202) 512-8979. Other GAO contacts and staff acknowledgments are listed in appendix VIII.

Sincerely Yours,



Joseph A. Christoff, Director
International Affairs and Trade

Objectives, Scope, and Methodology

At the request of the Chairman of the House Committee on International Relations, we (1) analyzed U.N. policies and guidance on the use and deployment of peacekeepers with HIV; (2) examined the data available on HIV prevalence rates among peacekeepers; (3) assessed actions the United Nations is taking to limit the spread of HIV/AIDS among peacekeepers; and (4) examined the actions the United Nations is taking to limit the impact of HIV/AIDS on civilians affected by armed conflict, including groups who may come in contact with peacekeepers.

In analyzing U.N. policies and guidance on the use and deployment of peacekeepers with HIV, we interviewed officials from the U.N. Department of Peacekeeping Operations (DPKO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Department of State, and the Department of Defense (DOD). We also questioned these officials concerning the context in which the policies were formulated and DPKO's intent in issuing the policies. Additionally, we examined U.N. documents such as DPKO's medical manual to determine the precise wording of the policies and guidance, as well as U.N. Security Council Resolutions and U.N. General Assembly Resolutions regarding the U.N.'s general policies on the rights of HIV-positive individuals in employment situations.

In examining the data available on HIV prevalence among U.N. peacekeepers, we interviewed officials from DPKO, UNAIDS, USAID, DOD, and other officials to identify whether data collection is being conducted among peacekeepers. We also asked these officials to identify and discuss any other data sources, including medical research and academic studies. We conducted searches for reports of HIV transmission to and from peacekeepers, and we attempted to verify the validity of these reports through discussions with U.N. officials. To determine HIV/AIDS prevalence among populations that may be chosen for U.N. peacekeeping duty, we examined the data available on HIV/AIDS prevalence among uniformed forces and civilian adult populations for countries that contribute peacekeepers. This included collecting and analyzing information in the U.S. Census Bureau's HIV/AIDS Surveillance Data Base, June 2000; UNAIDS' report on the global HIV/AIDS epidemic, June 2000; and DPKO's monthly summary of troop contributors. For our review of the risk factors that peacekeepers face during peacekeeping operations, we examined documents from UNAIDS, the Civil-Military Alliance to Combat HIV/AIDS, the International Crisis Group, and the National Intelligence Council. We also asked officials at DPKO, UNAIDS, DOD, Family Health International, and others to identify and discuss these risk factors.

In assessing the actions the United Nations is taking to limit the spread of HIV/AIDS among peacekeepers, we reviewed DPKO program documents, including the HIV/AIDS Awareness Card. We also reviewed documentation from UNAIDS, including best practice studies. In addition, we spoke with senior officials at DPKO and UNAIDS about the development and implementation of the HIV/AIDS Awareness Card and other initiatives. In our review of DPKO's HIV prevention training, we examined the DPKO training manual and held discussions with DPKO's senior medical advisor and the Director of the Civil Military Alliance who developed the HIV/AIDS curriculum. We also discussed the current training with senior officials at the U.N. Population Fund, the U.N. Development Fund for Women, and the U.S. Naval Health Research Center responsible for HIV/AIDS prevention training of foreign military personnel. With USAID contractors from the Measure Demographic and Health Survey and Family Health International (FHI), we discussed the use of sexual behavior surveys for measuring the progress of HIV/AIDS prevention efforts to reduce risky behaviors and how information about condom use can be used as a proxy indicator for estimating risk of HIV transmission.

In examining the actions the United Nations is taking to limit the impact of HIV/AIDS on civilians affected by armed conflict, we interviewed officials from DPKO, the U.N. Children's Fund, the World Health Organization, the U.N. Population Fund, the U.N. Coordinator for Humanitarian Affairs, the World Food Programme, and several other U.N. agencies to assess the effectiveness of U.N. efforts to provide HIV/AIDS assistance in conflict and to determine the extent to which the United Nations has addressed groups at risk of contracting HIV/AIDS from peacekeepers. We also reviewed documents from U.N. interagency meetings that analyzed U.N. efforts to limit the impact of HIV/AIDS on civilians affected by conflict. To obtain information on U.N. agency programs and activities in combating HIV/AIDS, we examined the U.N. System Strategic Plan for HIV/AIDS, 2001-2005, and various U.N. Consolidated Interagency Appeals.

We conducted our fieldwork in Washington, D.C.; New York, N.Y.; and Geneva, Switzerland. We performed our work from April 2001 through November 2001 in accordance with generally accepted government auditing standards.

U.N. Peacekeepers by Country, September 2001

Country	Total number of peacekeepers	Country	Total number of peacekeepers
Bangladesh	6,048	China	111
Pakistan	5,552	South Africa	104
Nigeria	3,446	Brazil	101
India	2,852	Denmark	101
Jordan	2,728	Zimbabwe	84
Ghana	2,116	Gambia	74
Kenya	2,080	Netherlands	74
Australia	1,580	Norway	73
Ukraine	1,538	Benin	55
Portugal	1,134	Indonesia	54
Poland	1,035	Chile	51
Zambia	871	Czech Republic	47
Fiji Islands	849	Samoa	40
Guinea	795	Malawi	37
Thailand	789	Switzerland	35
Philippines	763	Sri Lanka	34
U.S.A.	732	Japan	30
United Kingdom	688	Niger	26
France	673	Tanzania	24
Ireland	670	Vanuatu	24
New Zealand	668	Bosnia/Herzegovina	22
Senegal	641	Cameroon	22
Morocco	617	Belgium	20
Slovak Republic	610	Algeria	19
Argentina	581	Greece	19
Austria	511	Slovenia	19
Uruguay	491	Croatia	15
Germany	473	Mozambique	15
Republic of Korea	471	Paraguay	13
Finland	356	Honduras	12
Russian Federation	334	Namibia	12
Nepal	329	Bolivia	11
Canada	317	Burkina Faso	11
Italy	308	Lithuania	9
Egypt	264	Mali	8
Tunisia	257	Peru	6

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Country	Total number of peacekeepers	Country	Total number of peacekeepers
Malaysia	232	Iceland	5
Spain	191	Kyrgyzstan	4
Turkey	185	Venezuela	4
Singapore	173	El Salvador	3
Hungary	161	Cape Verde	2
Bulgaria	150	Estonia	2
Sweden	145	Albania	1
Romania	119	Côte d' Ivoire	1
Total			**46,957**

Source: *DPKO's Monthly Summary of Military and Civilian Police Contribution to United Nations Operations for Sept. 30, 2001*.

Information Available on U.N. Peacekeeping Forces and HIV/AIDS

Concern	Confirmed cases	Other evidence	Estimates
Peacekeepers with HIV being deployed	Six HIV cases in East Timor and six in Kosovo were confirmed; it is unclear if peacekeepers were deployed with HIV or if they contracted the infection while on deployment.	Data on HIV prevalence for samples of uniformed forces in three contributing countries show HIV prevalence above 5 percent.	Defense Intelligence Agency estimates 10-20 percent prevalence for the Nigerian military, 15-30 percent for the Tanzanian military, and 10-20 percent for the military in Côte d'Ivoire.
		Contributing countries' HIV testing policies vary for uniformed forces being sent to peacekeeping operations.	Sexually transmitted infection rates are estimated to be two to five times higher among military personnel than in civilian populations, suggesting higher HIV rates as well.
		Fourteen percent of peacekeepers come from countries with high civilian prevalence.	
Peacekeepers spreading HIV while on deployment	DPKO confirmed that one civilian member of a peacekeeping mission spread the infection while on deployment.	The rapid spread of HIV/AIDS in Cambodia coincided with the U.N. peacekeeping mission.	None
		Increased rates of HIV infection in East Timor conincided with the presence of U.N. peacekeepers.	
		Rates of sexually transmitted infections, which increase the risk of contracting HIV 5 to 20 times, are thought to be high among war-affected populations.	
Peacekeepers contracting HIV while on deployment	Ten Uruguayan peacekeepers in Cambodia tested negative prior to deployment and positive upon return to Uruguay.	Prevalence rates are high among samples of prostitutes in three countries where peacekeeping operations are ongoing: 27 percent in Sierra Leone; 29 percent in Congo; 73 percent in Ethiopia.	None
	DPKO confirmed that two Bangladeshi peacekeepers contracted HIV in Cambodia and one in Mozambique.	HIV/AIDS prevalence among a sample of war-affected local populations in Sierra Leone was found to be 16 percent in 1995, although rates in the sample prior to the conflict are not known.	
Peacekeepers spreading HIV to their family or community upon return	None	None	None

Source: GAO analysis of U.S. Census Bureau's June 2000 HIV/AIDS Surveillance Data Base; interviews with DPKO, U.N., and U.S. officials; and U.N. documentation.

HIV/AIDS Activities of U.N. Agencies

Agency	Mission	Role in emergencies	HIV/AIDS priorities	Funding for HIV/AIDS activities	Selected planned & ongoing emergency HIV/AIDS programs
U.N. High Commissioner for Refugees (UNHCR)	Leads and coordinates international action for the worldwide protection of refugees and the resolution of refugee problems.	Provides shelter, food, water, medicine, and other basic necessities to refugees and other displaced persons.	Supports programs to prevent and care for HIV/AIDS and sexually transmitted infections in refugee settings; provides technical assistance to partners.	UNHCR reports facing budgetary constraints that may limit its capacity to address HIV/AIDS among its beneficiaries.	Disseminates information on HIV/AIDS. Implemented an HIV/AIDS education program for young refugees in southern Africa, in cooperation with other agencies.
United Nations Children's Fund (UNICEF)	Advocates for children's rights to help meet their basic needs and to expand their opportunities to reach their full potential.	Provides humanitarian assistance and protection to children in emergencies.	Develops and supports actions to reduce the vulnerability of children at high risk of HIV/AIDS, including those affected by conflict. Ensures protection and support for orphans and children in families vulnerable due to HIV/AIDS.	$600 million projected for 2001-2005.	Training adolescent refugees to be peer HIV/AIDS educators. Developing a training module for peacekeepers on gender and child protection.
United Nations Development Programme (UNDP)	Helps to eradicate poverty through sustainable human development activities.	Provides logistic, communications, and other support for international relief agencies and focuses on the relief- to-development transition.	Supports the U.N. response to HIV/AIDS through advocacy, capacity building, and training.	$600 million projected for 2001-2005.	
World Food Programme (WFP)	Leads the fight against global hunger through food distribution in emergencies and helps support social and economic development.	Meets the food needs of vulnerable populations.	Attempts to mitigate HIV/AIDS' impact on food security by improving the longer-term food security of families and groups affected by HIV/AIDS.	No information available.	Makes its logistics services and food distribution sites available for HIV/AIDS prevention activities by other U.N. agencies. Requires its truck drivers in Ethiopia to take 2-month HIV-prevention course.

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Agency	Mission	Role in emergencies	HIV/AIDS priorities	Funding for HIV/AIDS activities	Selected planned & ongoing emergency HIV/AIDS programs
World Health Organization (WHO)	Attempts to ensure that all people obtain the highest attainable level of health.	Mobilizes expertise and resources for rapid response. Gives high priority to assisting vulnerable groups, such as commercial sex workers and persons in emergency situations.	Aims to strengthen the health sector's response to HIV/AIDS and to provide technical assistance to countries to improve their HIV/AIDS prevention and care interventions.	$146 million projected for 2002-2003.	Developing a project for HIV/AIDS assistance to refugees, internally displaced persons, and returnees from Angola, Democratic Republic of Congo, and Sierra Leone. Producing a basic supply package for HIV/AIDS assistance in emergencies.
U.N. Fund for Population Activities (UNFPA)	Aims to ensure universal access to high-quality reproductive health services to all couples and individuals by 2015.	Provides reproductive health kits, trains service providers to diagnose and treat sexually transmitted infections, and conducts information activities.	Advocates for HIV prevention and the integration of HIV prevention into national reproductive health programs. Aims to strengthen its emergency HIV/AIDS activities.	$254 million projected for 2001-2005.	Provided health kits and technical support in Bosnia, East Timor, Eritrea, Ethiopia, Kosovo. Provided training on HIV/AIDS prevention and care for health providers working with Eritrean refugees in Sudan.
Office of the Coordinator for Humanitarian Affairs (OCHA)	Coordinates the international humanitarian response in complex emergencies, supports the humanitarian community in policy development, and advocates on humanitarian issues.	Monitoring/early warning, contingency planning, interagency needs assessment, field coordination, and development of interagency funding appeals.	Advocates for the inclusion of HIV/AIDS programs into U.N. emergency appeals for funding.	No information available.	Provided training for other U.N. agencies on incorporating HIV/AIDS and other factors into U.N. emergency appeals.

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Agency	Mission	Role in emergencies	HIV/AIDS priorities	Funding for HIV/AIDS activities	Selected planned & ongoing emergency HIV/AIDS programs
Joint United Nations Programme on HIV/AIDS (UNAIDS)	Supports HIV/AIDS prevention and care, helps reduce the vulnerability of individuals and communities, and assists in alleviating the pandemic's impact.		Provides strategic guidance to the U.N. system on HIV/AIDS, mobilizes partners and resources, and assists partners in information activities. UNAIDS' 132 country-level "theme groups" on HIV/AIDS coordinate the U.N. response to HIV/AIDS at the country level.	$305 million projected for 2001-2005.	Created a humanitarian unit to address HIV/AIDS and security issues, including peacekeeping. Funded a study to be conducted by the U.N. Children's Fund to improve HIV/AIDS interventions for children in conflict. Together with DPKO, plans to deploy five high-level HIV/AIDS officers to five peacekeeping operations.
United Nations Development Fund for Women (UNIFEM)	Promotes women's human rights, economic security, and political participation; promotes U.N. efforts to support women's empowerment and to incorporate gender into U.N. policies and programs.	Advocates for increased gender sensitivity in U.N. programs operating in complex emergencies.	Attempts to increase understanding of the links between human rights, gender, and HIV/AIDS. Advocates for a revised code of conduct for peacekeepers and for greater gender awareness in peacekeeper HIV/AIDS training.	$8 million projected for 2001-2005. Fifty percent of UNIFEM's HIV/AIDS resources are assigned to programs in Africa.	Produced a joint manual on gender, human rights, and HIV/AIDS. Plans to deploy a gender adviser in Sierra Leone, in conjunction with UNAIDS. Developing a guide for women on negotiating safer sex.

Source: GAO analysis of U.N. documents.

Comments From the Department of State

United States Department of State

Chief Financial Officer

Washington, D.C. 20520-7427

NOV 28 2001

Dear Ms. Westin:

We appreciate the opportunity to review your draft report, "U.N. PEACEKEEPING: United Nations Faces Challenges in Responding to the Impact of HIV/AIDS on Peacekeeping Operations," GAO-02-194, GAO Job Code 320046.

The Department's comments are enclosed for incorporation, along with this letter, as an appendix to the GAO final report. Technical comments were provided to your staff separately.

If you have any questions regarding this response, please contact Roberta Newell, Deputy Director, Office of Peacekeeping, Bureau of International Organization, on (202) 736-7788.

Sincerely,

James L. Millette
Acting

Enclosure:

As stated.

cc: GAO/IAT - Mr. Christoff
State/OIG - Mr. Atkins
State/IO/PHO - Mr. Imbrie

Ms. Susan S. Westin,
Managing Director,
International Affairs and Trade,
U.S. General Accounting Office.

Department of State Comments on GAO Draft Report
U.N. PEACEKEEPING: United Nations Faces Challenges in Responding to the Impact of HIV/AIDs on Peacekeeping Operations
(GAO-02-194 HIV/AIDS and U.N. Peacekeeping)

The Department of State will continue to consult with U.N. agencies involved in HIV/AIDs programs and peacekeeping operations. The United States Mission to the United Nations will continue to encourage U.N. programs aimed at raising the level of HIV/AIDs awareness and reducing risky behaviors among U.N. peacekeepers, as well as efforts to measure the effectiveness of programs already in place.

The Department of State will continue to encourage efforts the U.N. has undertaken to address the spread of HIV/AIDs among target populations at risk of HIV transmission in situations of violence and instability.

We will provide technical comments and corrections separately to GAO staff.

Comments From UNAIDS

Telephone line:

Reference: HMN/PDC

Mr Joseph A Christoff
Director
International Affairs and Trade
U.S. General Accounting
Washington DC 20548

27 November 2001

Dear Mr Christoff,

Thank you for the opportunity to comment on the Draft GAO Report to the Chairman, Committee on International Relations, House of Representatives. We commend you and your team on this thorough report addressing HIV/AIDS and peacekeeping, an area which has been given high priority by UNAIDS during this past year.

We understand that the UN Department of Peacekeeping Operations (DPKO) will be responding directly to you on the major findings and recommendations contained within the report with respect to UN policies and guidance on the use and deployment of peacekeepers with HIV, the data available on HIV prevalence rates among peacekeepers, and the actions the United Nations is taking to limit the spread of HIV among peacekeepers and civilians affected by armed conflict, including groups who may come into contact with peacekeepers. Therefore, we will limit our comments to actions the United Nations has taken to help assure that its overall efforts are consistent and to highlight several areas of direct UNAIDS collaboration with DPKO. In addition, we have attached the technical comments of the UNAIDS secretariat to the draft GAO report.

1. Actions the United Nations has taken to help assure that its overall efforts are consistent.

While we would agree with the report finding that the overall effort of the UN to address HIV/AIDS in peacekeeping operations has faced funding obstacles, we would disagree that those overall efforts continue to be inconsistent. We would also note that the significant efforts undertaken over the course of the last 18 months to make these efforts more consistent have included a focus on action to assist populations specifically at risk for contracting HIV from peacekeepers. These efforts have included:

- **UNAIDS-DPKO Cooperation Framework.** As a follow up to UN Security Council Resolution 1308, the UNAIDS Secretariat organised an Expert Strategy Meeting to address HIV/AIDS in Peacekeeping Operations in December 2000. Participants included experts from

cc: Mark Pedersen, DPKO
Christen Halle, DPKO

relevant UNAIDS Cosponsors and partners, donor governments, and from military, medical and civil society. This meeting focused on three main groups affected by UN Peacekeeping operations, including uniformed peacekeepers, humanitarian workers and **vulnerable populations**. It resulted in a set of recommendations addressing each group and has led to several initiatives within and between UNAIDS and DPKO in several specific areas of cooperation including training, code of conduct, testing, civilian and military cooperation, resource information and best practice material, in addition to the overall objective of integrating an HIV/AIDS policy within DPKO.

- **UNAIDS Steering Committee on HIV/AIDS and Security.** Following the meeting in December 2000, the UNAIDS Secretariat initiated a multi-agency Steering Committee on HIV/AIDS and Security to examine issues relating to HIV/AIDS and security, notably international security, of which DPKO has been an active member.

- **UN System Strategic Plan on HIV/AIDS.** The UNAIDS Secretariat has assisted DPKO in elaborating its plans within the UN Strategic Plan on HIV/AIDS in order to better involve and integrate the HIV-related efforts of the Department with those of other UN partners most relevant to the special circumstances that the DPKO operates within.

- **UNAIDS Expert Panel on HIV Testing in UN Peacekeeping Operations.** The UNAIDS Executive Director informed the Security Council in January 2001 that he would convene, in collaboration with DPKO, an expert panel to address the issue of HIV Testing in UN peacekeeping operations. A preparatory meeting was held in June to identify and outline key issues. The formal meeting scheduled to take place on 17-18 September 2001 in New York was postponed due to the terrorist attacks in the USA. The UNAIDS Expert Panel on HIV Testing in UN Peacekeeping Operations will be convened in Bangkok on 28-30 November 2001. The Panel will be chaired by an Australian High Court judge and will include representation from the US Centre for Disease Control, military officials from peacekeeping-contributing countries and other military, medical and legal experts in this area.

2. **Areas of direct UNAIDS collaboration with DPKO efforts to limit the spread of HIV among peacekeepers and to limit the impact of HIV/AIDS on civilians affected by armed contact, including groups who may come into contact with peacekeepers**

A major focus of UNAIDS collaboration with DPKO – as expressed in the Cooperation Framework – is at country level. UNAIDS and DPKO agreed to focus cooperation and efforts initially within the five main UN peacekeeping missions currently in operation. These include UNMEE (Ethiopia/Eritrea), UNAMSIL (Sierra Leone), MONUC (Democratic Republic of Congo), UNMIK (Kosovo) and UNTAET (East Timor). Highlights of UNAIDS and DPKO cooperation efforts within these five main UN peacekeeping missions are outlined in Annex 1. UNAIDS has also been encouraging UN Theme Groups on HIV/AIDS to include the UN peacekeeping operation in each relevant country. So far this has been accomplished with UNMEE, UNAMSIL, MONUC, UNMIK and UNMIBH.

Joint United Nations Programme on HIV/AIDS • 20, avenue Appia • CH-1211 Geneva 27 • Switzerland
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In addition, examples of specific areas of collaboration at country and global level include:

- **Financing collaborative action.** Through funds raised by UNAIDS, a trust fund of $500,000 is currently being established in DPKO. These funds will be used to (i) support operational budgets of HIV/AIDS Policy Officer posts; and (ii) organise workshops with relevant medical and training staff of DPKO on ways to respond to HIV/AIDS.

- **HIV/AIDS Policy Officers.** DPKO has agreed to establish an HIV/AIDS Policy Officer to the Special Representative of the Secretary-General (SRSG) initially within each major UN peacekeeping operation, including UNAMSIL (Sierra Leone), UNMEE (Ethiopia/Eritrea), MONUC (Democratic Republic of Congo), UNMIK (Kosovo) and UNTAET (East Timor). Recruitment is ongoing.

- **Awareness Training.** As part of the global awareness strategy for uniformed services developed by the UNAIDS Secretariat, an HIV/AIDS Awareness Card for Peacekeeping Operations was created together with DPKO. The Awareness Card is part of UNAIDS' prevention strategy to increase awareness of HIV/AIDS amongst peacekeepers, but also national uniformed services. As of October 2001, the cards have been produced and distributed in English, French and Russian. They are currently being produced in Kiswahili, Urdu, Bengali, Arabic, Spanish, Portuguese and Hindi, covering approximately 90% of the nationalities serving in peacekeeping operations world-wide.

- **Integrated Gender Approach.** As a follow up to UN Security Council Resolution 1325, an important section dealing with integrating a gender approach in the training for peacekeepers was outlined in the Cooperation Framework signed between UNAIDS and UNIFEM in May 2001. As a follow up to this agreement and the joint mission to Sierra Leone, which included UNIFEM, an HIV/AIDS Gender Advisor is being recruited by UNIFEM and financed by UNAIDS in order to respond to the needs of women affected by HIV/AIDS and conflict, including peacekeeping operations. This joint project is also being envisaged in other conflict areas.

In closing I would add that we are in general agreement with your concluding recommendations that behavioral survey of UN peacekeeping contingents should be carried out to gather baseline and follow-up data on the HIV/AIDS knowledge and awareness and sexual behavior of UN peacekeepers; and that this information should be analysed and used to measure the effectiveness of current efforts and to better target further efforts. We will be following up directly with the DPKO to determine where UNAIDS might be assistance to them in their efforts in this regard.

Again, thank you for the opportunity to comment on your draft report. I hope this and the attached information will be helpful to your finalising the report. If there is any further information or clarifications we can offer, please don't hesitate to call on us.

Yours sincerely,

Jim Sherry
Director
Programme Coordination and
Development Group

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ANNEX 1:

Highlights of UNAIDS and DPKO cooperation efforts within the five main UN peacekeeping missions currently in operation.

UNMEE (Ethiopia/Eritrea)
Since January 2001, and in follow up to a joint mission in October 2000, UNAIDS has supported UNMEE in responding to HIV/AIDS in the following ways:

1. Formal establishment of the UNMEE HIV/AIDS Task Force on 26 January 2001, with representatives from all main contingents, UNMEE FHQ, as well as UNAIDS, NACP/MOH and the EDF (Eritrean Defence Force) Health Service.
2. All four sessions of the HIV/AIDS Awareness training for over 100 UNMEE HQ staff (February-March 2001) were facilitated by UNAIDS.
3. Following request by UNAIDS Eritrea, the UNAIDS Humanitarian Office fielded a four-week technical assistance mission to Eritrea on HIV and Military Populations to assist with (i) the launching of the 2nd Phase of the EDF Project "Accelerating Prevention Activities and Developing Care and Support Programmes in the Eritrean Defense Force" (UNAIDS PAF) and (ii) the formulation and implementation of a comprehensive HIV/AIDS programme for UNMEE. The mission, which effectively took place from 15 April to 13 May 2001, helped devise a strategy to develop UNMEE HIV/AIDS programme.
4. Following suggestion by UNAIDS Eritrea, UNMEE participated in the Planning & Consensus Workshop for the launching of the 2nd Phase of the EDF Project held in Asmara from 8 to 10 May 2001.
5. UNAIDS provided technical assistance for the organization and facilitation of a planning workshop on 15 June, attended by representatives from each contingent and UNMEE FHQ, and subsequently for drafting the UNMEE HIV/AIDS programme. The UNMEE HIV/AIDS Programme developed during this planning workshop was formally approved by UNMEE HIV/AIDS Task Force during its meeting of 10 July.
6. Following the approval of the Programme, 13 representatives of UNMEE various contingents and FHQ participated in the Training of Trainers on Peer Facilitation organized by the Eritrean Defense Force during the period 23 to 28 July 2001, with the support and technical assistance of UNAIDS (including a financial contribution of US$3,300 from UNAIDS Humanitarian Unit) and Family Health International (FHI). Following this initial training of trainers, peer leadership training is ongoing in INDBAT, JORBAT, KENBAT and the Bangladesh COY.
7. UNAIDS drafted the Terms of Reference for UNMEE HIV/AIDS Task Force which were approved in August.
8. Following request from UNAIDS, participation of UNMEE in the planning and implementation of World AIDS Day activities, as well as in the funding of activities (contribution of US$6,500 through its quick impact fund).
9. Improvement by UNMEE of its condom distribution system.
10. Through UNAIDS, organization and facilitation of a Training of Trainers Workshop on Peer Leadership for the Ethiopian Armed Forces (EAF) and UNMEE staff in Addis Ababa (October 2001).
11. In November, UNAIDS drafted a Statement by the UNMEE HIV/AIDS Task Force on HIV/AIDS concerning the Availability of Voluntary Counseling and Testing (VCT) Services in the Mission Area.
12. UNAIDS is in the process of developing a Best Practice Collection on HIV Prevention and Care in Military and Peacekeeping Situations using Eritrea as a case study.

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UNAMSIL (Sierra Leone)

1. The UNAIDS Secretariat initiated a joint UN mission to Sierra Leone (UNAMSIL) in February 2001 including representatives from the UNAIDS Secretariat, DPKO Medical Unit, UNFPA and UNIFEM which resulted in a work plan to address HIV/AIDS within the Mission and in relation to the host population including national entities and civil society groups.
2. In follow up to this, UNAIDS through UNIFEM has recruited an HIV/AIDS Gender Advisor in Sierra Leone for an initial two years to work with women and girls affected by the conflict in the region.
3. As part of the overall strategy to increase awareness within peacekeeping personnel, the HIV/AIDS Awareness Card is currently being tested in UNAMSIL and coordinated by the appointed HIV/AIDS focal point in the mission

UNTAET (East Timor)

1. UNAIDS undertook a field mission to UNTAET (East Timor) in November 2000 which resulted in recommendations and follow up actions within the mission and the relevant entities in the region.
2. Follow up to these recommendations have been partially met with the ongoing collaboration between UNAIDS and DPKO at the policy level in order to increase awareness and response within each missions.

MONUC (Democratic Republic of Congo)

1. Following the visit of the UNAIDS Executive Director to the Democratic Republic of Congo (DRC) in August 2001, a UNAIDS mission was undertaken to follow up outstanding issues including the role of MONUC in addressing HIV/AIDS within its mission.
2. MONUC has recently been included in the UN Theme Group on HIV/AIDS in DRC.
3. A joint mission is planned for the DRC before the end of the year.

UNMIK (Kosovo) / UNMIBH (Bosnia I Herzegovina)

1. A joint in-country mission with representatives from UNAIDS, UNFPA, UNICEF and DPKO was undertaken in UNMIK and UNMIBH in November 2001 with the objective of identifying ways to coordinate efforts in order to respond to HIV/AIDS within the UN operations and in relation to the host population which the UN missions are administering at different levels.
2. The work plan in follow up to this mission is currently being developed.

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