

AIDS, Security and Conflict Initiative (ASCI)

Outline of Research and Policy Agenda and Plan of Action

Overview

This is a preliminary outline for a research and policy agenda and architecture for the AIDS, Security and Conflict Initiative (ASCI) sponsored by the Netherlands Government and co-hosted by the Clingendael Institute, the Social Science Research Council (SSRC) and Harvard University Global Equity Initiative. The ASCI research and policy program reflects the issues discussed at the expert seminar and policy conference convened in The Hague on 2-4 May 2005, sponsored by the Netherlands Government and UNAIDS. The suggested architecture and plan of action reflect the proposal made by the Minister of Foreign Affairs of the Netherlands at the policy conference on 4 May. The initiative aims to be inclusive of and complementary to existing research activities on these topics. This document reflects numerous consultations with individual experts, policymakers and research institutions.

The AIDS, Security and Conflict Initiative is a collaborative research and policy venture that aims to synthesize existing knowledge, develop the evidence base, and identify appropriate policies and programs in the field of HIV/AIDS, security and conflict. Its outcomes will contribute to mitigating the adverse impact of HIV/AIDS on national and international security and conflict, refining HIV/AIDS policies and programs relevant to security institutions and concerns, and sustaining HIV/AIDS programs during complex emergencies, state crises and post-conflict periods so as to help prevent HIV transmission in these circumstances.

Over an 18 month period beginning in late 2005, the ASCI will review, synthesize and sponsor research and policy engagement. It will do this in the manner of a decentralized learning initiative, with a joint secretariat at Clingendael and the SSRC, and a network of affiliated research institutions spread across the different continents, each focusing on a special area of expertise. Acknowledging the scarcity of expertise in this field and the extent to which concerned institutions and experts are already working in some of the focus areas, the emphasis of ASCI will be to build upon what is already in process, bring the researchers and policy experts together for meetings and exercises that can advance collective knowledge, commission research to fill the gaps, and synthesize what is known. The outcomes will include state of the art research and a state-of-the-art report with appropriate recommendations.

Support will be solicited from governmental partners to fund the secretariat and its functions including communications, meetings, new research and the report. Donors will also be encouraged to network their existing research partners into the ASCI. A fully

budgeted plan of action will be prepared during the preparatory phase, which is due to conclude in October.

The Challenge of AIDS, Security and Conflict

The global pandemic of HIV/AIDS is not only the greatest health disaster of our era but there are good reasons to fear that it also poses a threat to national and international security. The AIDS, Security and Conflict Initiative addresses this concern in its full range and complexity.

In January 2000, the UN Security Council took the unprecedented step of placing a disease—HIV/AIDS—on its agenda. Focusing on the threat that AIDS posed to international peacekeeping, the Security Council adopted Resolution 1308 in July that year. Meanwhile, the catastrophic falls in life expectancy in southern African countries, plus expectations that the epidemic would lead to the economic contraction, social crisis and the hollowing out of institutions essential for governance, spawned a number of analyses that postulated direct links between HIV/AIDS, instability, conflict and even state collapse. Six months ago, the Report of the High-Level Panel on Challenges, Threats and Change clearly articulated the challenge:

Despite all we know about the human toll of HIV/AIDS—the numbers of infections, the deaths, the children who are orphaned—we are left to guess what the long-term effect of the pandemic will be on the States most affected by the disease. While HIV/AIDS depletes the capacity of States and economies in Africa faster than it can be replenished, we do not know the cumulative effects of loss of government officials, skilled health professionals, teachers, service providers, caregivers, police, soldiers and peacekeepers. In the absence of good research into these questions, we cannot begin to develop a strategy for countering the long-term effects of HIV/AIDS on governance and State stability.¹

When the AIDS-security nexus was debated at the highest international levels five years ago, the evidence base was largely limited to HIV prevalence in certain militaries and peacekeeping forces. Today, the efforts of research institutes and international agencies have meant that more empirical data are available on a much wider range of issues. Although still weak and incomplete, this evidence allows us to draw preliminary conclusions and specify further research and policy directions. The evidence obliges us to be much more precise about the factors contributing to HIV transmission in the military and during conflict, the ways in which the epidemic contributes to state crises, and how best to integrate HIV/AIDS policies and programs into emergency responses, security sector reform, and post-conflict rehabilitation. Some accepted wisdoms can be challenged and some new fields opened up.

Research and policy stand at a critical cusp. A focused effort over an eighteen-month period can synthesize what is known, develop the evidence base, examine policies and

¹ 'A More Secure World: Our Shared Responsibility,' Report of the UN Secretary General's High-Level Panel on Challenges Threats and Change, December 2004, para. 66.

policy options. The result will be to move the field from concern and conjecture into well-grounded policies and programs that can grapple with many of the major issues in the field, and thereby help to resolve them.

The detailed research and policy agenda falls under the following six major headings, representing a mixture of empirical inquiry into the status of the epidemic and policy analysis.

1. Levels and patterns of HIV in national armies and uniformed services and peacekeeping forces.
2. Implications of HIV/AIDS for national and multi-lateral security institutions and policies
3. Determinants of HIV in conflict and post-conflict situations.
4. Refining the gender analysis of AIDS, security and conflict.
5. Integrating HIV/AIDS policies and programmes into security sector reforms, conflict prevention and emergency responses, including grassroots and cross-national initiatives.
6. HIV/AIDS and fragile states.

The research and policy programme will be led by designated institutions representing various geographical regions, in coordination with a small secretariat joint hosted by Clingendael and SSRC. Much of the research activities are already ongoing and the task of the ASCI is to amplify and extend that research, synthesize it, initiate discussions across the different research areas, and extract policy and programme recommendations, with a particular focus on international cooperation. In several cases it will be necessary to initiate original research as well. The secretariat will be responsible for synthesizing the research and policy outcomes into a final report.

1. Levels and Patterns of HIV in National Armies and Uniformed Services and Peacekeeping Forces

This research theme will seek to identify the different patterns of HIV infection found among armies and uniformed services. Is the level of HIV prevalence in armed forces predictable? For example, is it consistently ‘two-to-five times that found in the civilian population’? Or is it highly variable? If the latter is generally correct, what factors determine the level and pattern of HIV infection in an army, police force or other uniformed service? How does it relate to factors, including its age profile and rank structure, its culture, deployment and discipline? How does it depend upon the level and type of epidemic in the population (notably, whether it is concentrated or generalized, heterosexual or driven by MSM or injecting drug users)? How is HIV infection level associated with the measures mounted in response by the appropriate authorities?

A research agenda will be developed in partnership with existing research institutions along with national armies and police forces. This will focus upon disaggregating the patterns of HIV infection found in uniformed services, and identifying the relevant factors that determine the patterns of vulnerability to HIV. This will allow the clustering

of armies, police forces and peacekeepers into specific ‘clusters’ and the framing of policy and programme recommendations relevant to each.

An integral element of this component should also be identifying levels of HIV among civilian populations in close contact with the uniformed services (disaggregated by sex and age), including recruits, sex workers, displaced civilians in conflict areas, and the national populations of countries hosting peacekeeping missions.

2. Implications of HIV/AIDS for National and Multi-lateral Security Institutions and Policies

Armies and police forces facing an epidemic of HIV/AIDS report that they are confronted with a number of key choices. How are they to adapt human resource management strategies? How should they prioritize budgetary expenditure (and should they to shift the burden of treatment and care to the civilian sector)? Should they provide treatment, and if so, how far are they to extend the ambit of social responsibility? Should they consider adopting harm-reduction measures with respect to IDUs? Are they to institute mandatory testing? The testing issue is particularly important and controversial. Most armies are adopting policies of mandatory testing, and those that have not yet done so are considering it, despite legal challenges. Such a policy brings with it a host of other considerations: it is expensive and resource-intensive and raises important issues of how to handle those who test positive.

In the same way, security sector reform is simultaneously impacted by HIV/AIDS and has implications for HIV transmission. Important policy and programme choices need to be made in the context of such initiatives.

The agenda that arises is one of documenting the policies adopted by different armies, police forces, regional organizations undertaking peacekeeping missions, and SSR programmes around the world, and identifying the implications of the different policy choices made. In some countries and contexts, this research is already underway. In others, it has barely started. Such research will also need to specify the context in which the decisions are being made, including national policies and programmes, and civil-military cooperation, the scale and type of epidemic, etc. In the light of the clustering analysis undertaken in research field one, this will allow the identification of different sets of best practices appropriate to the conditions experienced by different armies and uniformed services, including regional peacekeepers.

3. Drivers of HIV in Conflicts, Complex Emergencies and Post-Conflict Situations

This research theme will build upon a growing body of evidence relating armed conflict and HIV prevalence. It will ask, is armed conflict inevitably a driver of HIV prevalence? Or are there sufficient cases in which HIV prevalence is lower in conflict situations than in neighbouring countries free of conflict, or in which HIV patterns are similar in conflict-affected and conflict-free areas, to challenge such a simple connection?

Researchers report that many refugee populations also appear to have relatively low HIV prevalence. Meanwhile, post-conflict transitions are increasingly being identified as periods of high risk for accelerated HIV transmission. Can we specify the different components of this elevated risk, for example—demobilizing soldiers, returning refugees, opening trade routes?. The links between complex humanitarian emergencies and HIV transmission have not been thoroughly studied. There is a growing body of research on how households and communities cope with food crisis in the context of AIDS. Anecdotal evidence abound of the sexual exploitation experienced by young people, mostly women who, specifically due to the conflict, have few choices other than transactional and survival sex in a number of countries affected by conflict and HIV/AIDS. Can we extract lessons from a thorough review of this evidence?

The implication of these observations is that it is necessary to disaggregate the different component parts of conflict and post-conflict reconstruction, including population mobility and displacement, resort to coping strategies including transactional and survival sex, widespread sexual violence, and isolation from trade and urban centres, and identify the implication of each of these for HIV transmission. In turn, this should enable the development of appropriate interventions that can target the specific drivers of HIV vulnerability in conflict-affected populations, post-conflict situations and humanitarian emergencies. Some of these topics overlap with agenda item 4, below.

4. Refining the Gender Analysis of AIDS, Security and Conflict

The gender dimension of conflict has belatedly received warranted attention in the last decade. This includes increasing documentation of the extent of rape as a weapon of war, resulting in its recognition as a war crime, acknowledgement of the social and economic burdens borne by women in wartime, investigation of the cultures of masculinity in various forms of militarism, and recognition that male-to-male sexual activity tends to increase in the institutionalized settings of overwhelmingly male armed forces. In addition, gay men and transgendered individuals may be singled out for victimization by security institutions and during conflict. These issues, and more, are of concern in and of themselves. Moreover their significance for the epidemiology of HIV transmission needs to be investigated. In the absence of empirical study, misleading generalizations may abound, which run the risk of discrediting legitimate claims. For example, only in Rwanda has deliberate infection with HIV through rape been documented as a weapon of genocide. Rape is common in many wars, but its epidemiological significance for HIV transmission may lie less in infection during the act of rape and more in the increased social and economic vulnerability of the rape survivor over the longer term.

This component will seek to examine critically the evidence for gender-based violence and vulnerability to HIV during conflict and in the context of security institutions, seeking to develop methodologies for measuring the level of gender-based violence and its impacts. It will also look at the broader issues of the construction of gender identities in security institutions and conflict and the implications of these both for HIV transmission and for the perpetuation of social inequalities and vulnerabilities that may create the conditions for high levels of HIV/AIDS.

5. Integrating HIV/AIDS Policies and Programmes into Emergency Responses and Conflict Management

Increasingly, humanitarian programmes are designed and implemented in a situation marked by HIV/AIDS. This significantly changes the dynamics and heightens the stakes. For example, it is likely that a response that fails to prevent an escalation in HIV prevalence, or even contributes to it, will have consequences that far outlast a short-term emergency. As well as a number of countries stricken by conflict and food insecurity in sub-Saharan Africa, HIV/AIDS is also present in regions such as central Asia and the western Pacific. The traditional humanitarian focus on children and mothers is being supplemented by a concern for AIDS prevention, care, treatment and impact mitigation. This research topic will build upon the growing level of concern and expertise on this area. It will ask, how can crisis early warning and vulnerability monitoring systems be adjusted to take account of the impact of HIV/AIDS on food insecurity and vulnerability during crises? Especially in the aftermath of the 2002-03 drought in Southern Africa, much attention has been paid to what the UN Secretary General has called the 'deadly triad' of HIV/AIDS, food insecurity and lack of governance capacity. Less has been paid to the interaction of these factors with a fourth contributor to crisis, namely conflict. The research will ask, how significant is an HIV/AIDS component in security sector reform and post-conflict reconstruction? What guidelines might be adopted to enable this to be accomplished? How can HIV/AIDS be integrated into all aspects of planning and implementation of conflict prevention, management and resolution?

The agenda in this field focuses on the operational challenges of designing appropriate policies and programmes to deal with this complex nexus of issues. There are a number of efforts to develop toolkits for integrating HIV/AIDS into humanitarian policies and programmes, which need to be evaluated. The integration of HIV/AIDS issues into conflict management and peacemaking has scarcely begun. Research tasks include documenting existing practices by governments, multilateral humanitarian agencies and NGOs, examining how current and potential practices are aligned with international standards for humanitarian practice, and assessing the likely impacts of these approaches. It is realised that conventional institutional approaches may have inherent limitations to effect the responses required. In this research component it is therefore crucial to explore the possibilities of better utilizing grassroots organisations, 'new alliances' and cross-national initiatives.

6. HIV/AIDS and Fragile States

The issue of state survival and HIV/AIDS consists of a number of separate but linked issues, including HIV/AIDS in already-fragile states and how the epidemic can exacerbate state fragility. There are a number of important empirical and policy questions that have been raised by researchers and policymakers, which need further attention.

Generalized HIV/AIDS epidemics are ravaging a number of countries that are fragile or collapsing, principally but not exclusively in sub-Saharan Africa. For example, Papua

New Guinea is a serious cause for concern. The international arsenal for responding to rogue and collapsed states includes instruments such as sanctions, humanitarian programmes and in extremis military intervention. The rationale for these instruments changes in the context of an HIV/AIDS epidemic. For example, sanctions that hurt a civilian population are commonly justified on the grounds that short-term hardship will be soon replaced by a better state of affairs. If the country is suffering an AIDS epidemic, however, the hardship may become irreversible. This poses a policy challenge: how to sustain HIV/AIDS programmes in countries in which the state is incompetent, corrupt, tyrannical or absent? At present, there is only a very slender evidence base for making these critical policy choices.

Meanwhile, it is feared that the HIV/AIDS epidemic is helping to create a new category of at-risk countries, namely 'fading states' in which the capacity of the government to administer basic services is evaporating because of human resource attrition, partly on account of AIDS deaths. Responding to the needs of people in states that are going out with a whimper rather than the more familiar bang requires new international instruments. What might these be? Are volunteer corps of foreign health workers useful, or just a stopgap measure? Are national civil society organizations and traditional governance institutions significant players? And if so, how can their capacities be augmented? Might regional organizations hold the key to developing responses to these extremely politically sensitive scenarios?

Three interlocking tasks arise in the context of fragile, fading and collapsed states. The first is a compilation of existing evidence that documents patterns of state crisis in countries suffering high prevalence epidemics of HIV/AIDS, and HIV outcomes in such situations. (Some of this evidence will be compiled under research agendas 3 and 5, above.) The second is developing and utilizing innovative methodologies to explore state crisis in the context of AIDS. Such methods may include scenario exercises and systems modeling, which can also be applied to the challenges predicting, managing and intervening in fragile, fading and collapsed states. The third task is examining existing and envisaged policy instruments themselves, both for managing state crisis and also for maintaining essential HIV/AIDS policies and programmes. This task will necessarily involve dialogue among a range of stakeholders. Sensitive issues of national sovereignty will arise and it will be essential to fully engage regional and subregional organizations in this dialogue. Envisaged outcomes of these research tasks will be the development of new regional and international norms, policies and strategies for warning, preventing, intervening and managing state crises complicated by AIDS.

Synthesizing the Research & Policy Findings

One of the important added values of the research and policy programme is its cross-disciplinary nature, integrating empirical data gathering, analysis and operations research across a broad spectrum of issues. Dialogue and exchange among the researchers engaged in the different agenda will be important, as well with relevant policy-makers and practitioners.

An important additional topic of investigation will be to document and analyze existing modes of international cooperation on the topics under consideration, and investigate modalities for enhancing partnerships to confront the challenges.

At the conclusion of the research and policy project, the ASCI Secretariat, assisted by a core group of researchers and analysts, will prepare a synthesis report. This will be an independent, comprehensive and authoritative overview and analysis of the global situation with respect to AIDS, security and conflict, with appropriate recommendations to a range of local, national, regional and international actors.

Annex I: Clingendael Expert Seminar and Policy Conference Participants

Adlide, Geoff
Australian Permanent Mission to the
United Nations in Geneva

Altman, Dennis
Visiting Professor at Harvard
University/ President of the AIDS
Society of Asia and the Pacific, La
Trobe University, Australia

Armstrong, Christopher
Foreign Affairs, Canada

Bing, Eric
Drew CARES - Center for AIDS
Research, Education and Services

Allen, Tim
London School of Economics,
Development Studies Institute

Angell, David
Canadian High Commission, Abuja

Assum, Laetitia van den
Ministry of Foreign Affairs,
Netherlands

Boer, Leen
Ministry of Foreign Affairs,
Netherlands

Bor, Jacob
Harvard University

Brady, William
CDC Global AIDS Program Brazil

DeLargy, Pamela
UN Population Fund

Emond, Marie-Odile
UNAIDS

Gebre-Medhin, Joy
FXB

Braakhuis, Norbert
Ministry of Foreign Affairs,
Netherlands

Brant Campos, Robert
Ministry of Health, Brazil

Dommerholt, Gerda
Ministry of Foreign Affairs,
Netherlands

Frerks, Georg
Utrecht University, Netherlands

Haar, Barend ter
Ministry of Foreign Affairs,
Netherlands

Hansen, Keith
World Bank

Kingma, Stuart
Civil Military Alliance to Combat
HIV/AIDS

Koper, Martin
Peacebuilding and Good Governance
Ministry of Foreign Affairs,
Netherlands

Leino-Nzau, Katri
Ministry of Foreign Affairs, Finland

Maingi, Jacinta
World Council of Churches

Kemp, Brechtje
Ministry of Defence, Netherlands

Klot, Jennifer
Social Science Research Council

Kristoffersson, Ulf
UNAIDS, Office on AIDS Security
and Humanitarian Response

Lund- Christiansen, Thea
Ministry of Foreign Affairs, Denmark

M'Boup, Soulemane
Laboratoire de Bactériologie
Virologie, Senegal

Møgedal, Sigrun
Norwegian Agency for Development

Mulcahy, Caroline
Foreign and Common Wealth Office

Piot, Peter
UNAIDS

Ryan- Anderson, Sinead
UNAIDS, Office on AIDS Security
and Humanitarian Response

Sobel, Clifford
US Embassy, Netherlands

Monroy-Winter, Marieke
Ministry of Foreign Affairs,
Netherlands

Papineau-Salm, Aagje
Ministry of Foreign Affairs,
Netherlands

Roderick, Alastair,
Justice Africa

Singh, Naresh
CIDA

Stickings, Jeremy
DFID

Strand, Per
University of Cape Town, Centre for
Social Science Research

Tammsaar, Rein
Council of the EU, General
Secretariat, Policy Unit

Verstegen, Suzanne
Clingendael Institute, Netherlands

Welie, Monique van
Ministry of Foreign Affairs,
Netherlands

Whiteside, Alan
University of KwaZulu-Natal

Suebpong Sangkharomya, Major
Armed Forces Research Institute of
Medical Sciences

Tsadkan Gebretensae Bayru, Gen.
Center for Policy Research and
Dialogue

Waal, Alex de
Global Equity Initiative
Social Science Research Council

Wendo, Charles
Makerere University, Infectious
Diseases Institute

Wijnroks, Marijke
Ministry of Foreign Affairs,
Netherlands

Yanhai, Wan
Beijing AIZHIXING Institute of
Health Education

**Annex II: Institutions and Experts
Consulted**

Tony Barnett
London School of Economics

Roxanneh Bazergan
UN Department of Peacekeeping
Operations

Peter Burgess
Security Dialogue
International Peace Research Institute,
Oslo (PRIO)

Craig Calhoun
Social Science Research Council

Jakkie Cilliers
Institute for Security Studies, South
Africa

Lincoln Chen
Global Equity Initiative, Harvard
University

Laurie Garrett
Council on Foreign Relations

Evan Lieberman
Princeton University

Hocine Medilli
Deputy SRSG, MINUSTAH (Haiti)

Haile Menkerios
UN Department of Political Affairs

Robert Mattes
IDASA, South Africa

J. Stephen Morrison
Center for Strategic International Studies

Françoise Nduwimana
Université du Québec en Outaouais
Consultante, Droits de la personne et
Développement International

Gwynn Prins
London School of Economics

Jon Simon
Center for International Health and
Development
Boston University

Lee-Nah Hsu
Johns Hopkins

Nancy J. Walker
Africanet

Intergovernmental Organizations

African Union
ECOWAS
Pan African Movement
UNIFEM

