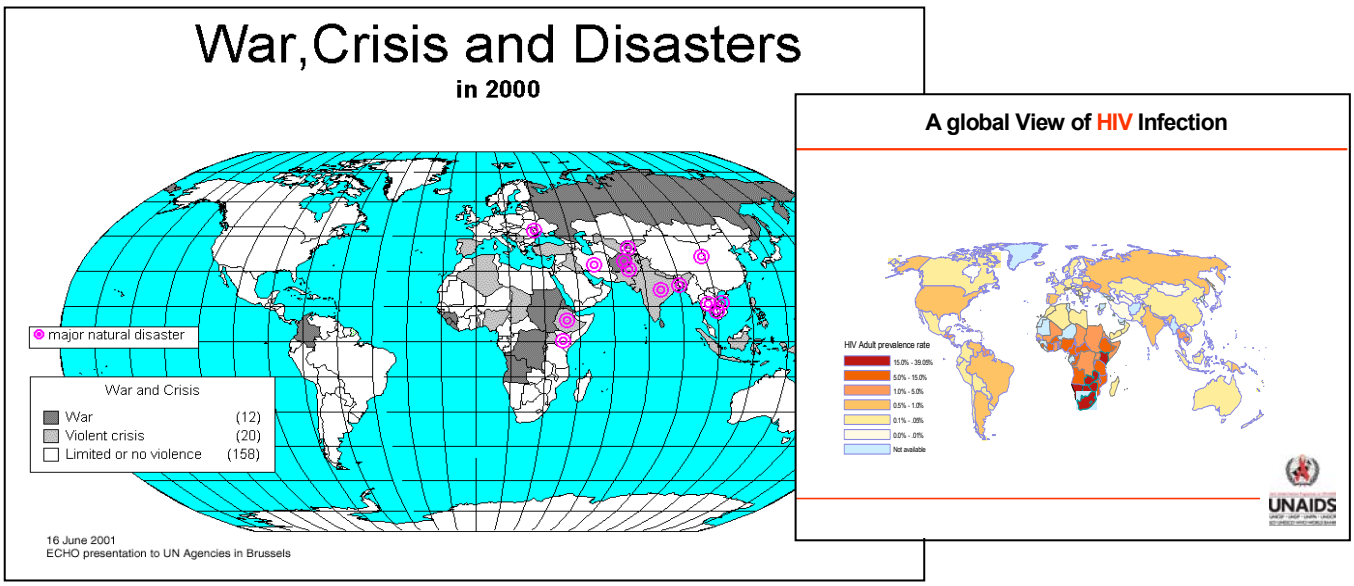
FACT SHEET

HIV/AIDS AND CONFLICT

Conflicts and disasters contribute to the spread of HIV/AIDS.

During war and conflict, civilians are often subjected to mass displacement, human rights abuses, including sexual violence, and are left in conditions of poverty that might force them to use commercial sex to survive.

The Declaration of Commitment on HIV/AIDS, adopted by the UN General Assembly Special Session on HIV/AIDS on 27 June 2001 "Calls on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel."



"By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes."

UN General Assembly Special Session on HIV/AIDS, Declaration of Commitment on HIV/AIDS, 27 June 2001

In response to the Declaration of Commitment on HIV/AIDS, the UNAIDS Initiative on HIV/AIDS and Security addresses HIV/AIDS among vulnerable populations affected by conflict, notably refugees, women and children.

Refugees and HIV/AIDS

Conflict and displacement is associated with increased risk of HIV transmission among affected populations because of behavioural change due to interruption of social networks and economic vulnerability (particularly among women and adolescents) as well as sexual violence and disruption of preventive and curative health services. However, competing

factors that may reduce HIV risk during conflict include reduced accessibility and mobility into and out of the affected populations. These may be due to a combination of factors such as insecurity, destroyed infrastructure, and lack of resources. The interaction and outcome of these competing factors depend upon the existing HIV prevalence rates in both the displaced populations and the surrounding communities as well as their level of sexual interaction. When the conflict ends and reconstruction begins, conditions may exist for HIV to expand rapidly in the country.

The UN system provides active support to address HIV/AIDS-related issues in emergency situations. In collaboration with UNAIDS, UNHCR developed a Strategic Plan on HIV/AIDS for Refugees for 2002-2004 which is now operational in numerous refugee situations throughout the world, particularly in East and Horn of Africa (Ethiopia, Kenya, Tanzania and Uganda) and Southern Africa (Angola, Namibia, South Africa and Zambia). Plans for expansion include Central and Western Africa as well as parts of Asia.

HIV/AIDS among Women and Children Affected by War

In circumstances of war and conflict, the vulnerability of women and young girls particularly rises as economic and social structures are weakened and violence, including sexual abuse, increase. Of the 17 countries which each have over 100,000 children orphaned by AIDS, 13 are in conflict or on the brink of emergency and 13 are heavily indebted poor countries. In addition, the spread of HIV infection during conflict is accelerated by the involvement of young people with military forces, who are themselves typically young and sexually active.

In Kigali, capital of Rwanda, the HIV prevalence among pregnant women from rural areas was 24% in 1995, as a result of rape and displacement during the 1994 genocide.

In 2002 UNAIDS, UNICEF and Save the Children UK carried out a study in the African Great Lakes region to improve HIV/AIDS interventions among children and adolescents affected by conflict and post-conflict situations. This analysis is being followed up by programmes to build staff capacity in countries affected by conflict and HIV/AIDS.

The UN Secretary General's 2003 report to the UN Economic and Social Council (ECOSOC) on Humanitarian Coordination states that the HIV/AIDS epidemic his introduced and firmly established a new complexity into humanitarian crises and requires the rethinking and redefinition of traditional humanitarian assistance.

A UNAIDS survey carried out in spring 2003 shows that among the 54 countries responding to the questionnaire, 16 (29%) had reported that the national emergency relief structure is working with the national HIV/AIDS mechanisms. The same survey pointed out that almost half of the countries (47%) reported that the humanitarian organisations had included HIV/AIDS workplace policies and programmes.

The challenge of how to tackle HIV/AIDS in humanitarian settings is a pressing one. The United Nations Inter-Agency Standing Committee for humanitarian affairs (IASC) has established a task force to outline strategies and programme options in this area. The task force has revised the WHO/UNAIDS/UNHCR 1996 Guidelines for HIV/AIDS interventions in emergency settings which aim to enable governments and cooperating agencies, including UN Agencies and NGOs to give the minimum required multi-sectorial response to HIV/AIDS during each phase of emergency situations. The taskforce on HIV/AIDS in Emergencies is also responsible for mainstreaming HIV/AIDS into the OCHA Consolidated Appeals (CAP) and strengthening interagency coordination at field level.

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