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## Press Release SC/7921

FOLLOWING ARE SUMMARIES OF STATEMENTS IN TODAY'S SECURITY COUNCIL MEETING ON HIV/AIDS AND INTERNATIONAL PEACEKEEPING OPERATIONS. A COMPLETE SUMMARY OF THE MEETING WILL BE AVAILABLE AT THE CONCLUSION OF THE MEETING AS PRESS RELEASE SC/7921.

### Background

The Security Council met this morning to consider its responsibility in the maintenance of international peace and security regarding HIV/AIDS and international peacekeeping operations.

On 17 July 2000, the Security Council adopted its first-ever resolution on a health issue -- HIV/AIDS. Resolution 1308 (2000) urged Member States to consider voluntary HIV/AIDS testing and counselling for troops to be deployed in peacekeeping operations. It also expressed concern at the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel.

The resolution asked the Secretary-General to take steps to provide training for peacekeeping personnel on the prevention of HIV/AIDS and to continue development of pre-deployment orientation and ongoing training on those questions.

Following up on that new perspective on HIV/AIDS as a security issue, on 19 January 2001 the Council stressed, through a presidential statement, that HIV/AIDS could threaten stability if left unchecked and that instability itself could exacerbate the disease.

### Briefings

The Under-Secretary-General for Peacekeeping Operations, JEAN-MARIE GUÉHENNO, said since his last briefing to the Council on the subject three years ago until the end of 2002, an estimated 9 million people had died of AIDS and, despite new global resolve, the number of affected continued to rise. In 2002, there were an estimated 5 million new infections, bringing to 42 million the number of adults and children living with HIV/AIDS. Resolution 1308 focused on the vulnerability of uniformed services and international peacekeeping personnel, including civilian staff, as well as military and police personnel.

In 2001, a cooperation framework had been signed between the Department of Peacekeeping Operations (DPKO) and the joint United Nations Programme on HIV/AIDS (UNAIDS) to work together, he said. Based on contributions raised by UNAIDS from Denmark, the Peacekeeping Department had established an HIV/AIDS Trust Fund. All efforts sought to reduce the risk of peacekeepers contracting or transmitting HIV/AIDS while on mission.

He said one of the Department's most concrete achievements was that HIV/AIDS policy advisers were now active in the Democratic Republic of the Congo, Timor-Leste, Ethiopia and Eritrea and in Sierra Leone, and would be recruiting an HIV/AIDS policy adviser for Liberia. The intention was to deploy HIV/AIDS policy advisers in all major peacekeeping operations. With inputs from some 20 Member States, the Department had developed a pre-deployment training module on HIV/AIDS. HIV/AIDS awareness cards were distributed to deployed peacekeepers, and HIV/AIDS awareness was a crucial component of the "train the trainer" courses. There were now Mission Training Cells in eight peacekeeping operations for military personnel. Partnerships, among others

with the United Nations Development Fund for Women (UNIFEM) and the United Nations Population Fund (UNFPA), were fundamental to the Peacekeeping Department's response.

Ninety-two countries currently contributed over 42,000 military personnel and civilian police, which presented an immense challenge in making training culturally specific, he continued. It was, therefore, important for troop-contributing countries to mainstream HIV awareness in their national training programmes. The DPKO was actively seeking police officers that had experience as HIV peer educators or coordinators. It was also critical that high levels of knowledge and training skills were maintained among key personnel dealing with HIV/AIDS issues.

However, the Department's efforts did not stop at HIV/AIDS awareness and training. Engaging in sexual contact with commercial sex workers was unacceptable and damaging to the central mission of peacekeeping. The Department took a "zero tolerance" stance regarding sexual abuse and exploitation by peacekeeping personnel. All personnel in United Nations peacekeeping operations were required to uphold the highest standards of integrity. Resolution 1308 also encouraged Member States to provide voluntary confidential counselling and testing, and the Department was introducing those capabilities in missions, he said.

The Peacekeeping Department had also concluded a Memorandum of Understanding with the UNFPA for the provision of reproductive health items, he said. Condoms were now available in all missions and Post Exposure Prophylaxis (PEP) kits were held at medical facilities. Screened blood supplies for transfusions had long been part of mission medical support. Peacekeepers, as "agents of change", could also share their knowledge about HIV with the local population. HIV/AIDS-policy advisers frequently include local groups in their training session. In the United Nations Mission in Ethiopia and Eritrea (UNMEE), for instance, they targeted commercial sex workers, hotels, schools, youth and women's groups. He also acknowledged the very personal role played by many United Nations volunteers working in the mission.

The Department was also working to assist host nations at the strategic level. In the Democratic Republic of the Congo, the HIV/AIDS policy adviser was providing guidance to the national armed forces. All policy advisers were members of the respective host country United Nations Theme Groups on HIV/AIDS, assisting the development and implementation of national strategies to respond to the epidemic. Support for the issue was also reinforced within the DPKO. Missions were setting up HIV/AIDS task forces to develop and oversee implementation of programmes at the field level.

In addressing the issue of how to measure the impact of the Department's efforts, he said reliable data on HIV-prevalence rates rarely existed in conflict-affected countries, but the DPKO was carrying out more systematic mission assessments. Working with UNADIS, the Department was setting up monitoring and evaluation systems, using tools such as Knowledge, Attitude and Practice (KAP) surveys specifically designed for the environment of peacekeeping operations.

In conclusion, he said there was a need to ensure that dynamic and responsive HIV/AIDS programmes existed for the duration of a peacekeeping mandate. Efforts to date were but initial steps in an expanding and evolving programme. That would mean fully staffing and supporting HIV/AIDS offices and strengthening existing partnerships, and building new ones within the United Nations, with host nations, and with Member States. "If we are ever to turn the tide on this devastating pandemic, statements of good intention must translate into concrete and sustained action on the ground", he said.

PETER PIOT, Under-Secretary-General and Executive Director of UNAIDS, said that resolution 1308 had reshaped the global landscape of the fight against AIDS. However, the Security Council had not taken the opportunity to expressly address AIDS in a number of recent resolutions establishing and extending United Nations missions operating in regions heavily affected by the epidemic.

Nevertheless, he said that Council resolve had been crucial to gaining focused government response to the threat of AIDS in a peacekeeping context and had opened the door for UNAIDS to work with defence and civil defence forces as part of comprehensive national AIDS responses.

The UNAIDS, he said, had addressed AIDS and security by acting in conjunction with the DPKO in implementing the resolution, by spearheading a wider response to AIDS among uniformed services, and helping to ensure the global AIDS response matched the scale of the epidemic, as a pre-eminent humanitarian and security challenge.

As a consequence, responses to AIDS had permeated every peacekeeping operation, through work plans, AIDS policy advisers at mission level, as well as at Headquarters, he said. The UNAIDS also supported the Peacekeeping Department's HIV/AIDS Trust Fund in resource mobilization and technical advice. There would be a survey of peacekeeper's knowledge, attitudes and practice, and 50,000 "awareness cards" were being provided, so far in 10 languages, for peacekeepers.

He was heartened to see that the Department was also clarifying its policy on testing. With sound, non-discriminatory policies to deter stigma, access to voluntary HIV testing and counselling was important both in missions and among host populations, he said.

Among the challenges that remained, he included a lack of reliable data and concerted international leadership in HIV response. Defence ministers worldwide ought to have AIDS on their radar screens, he said. Because of the short time frame of mission rotation, it was also imperative that mission responses were reinforced in the ongoing programmes of their respective uniformed services.

For that reason, he said, UNAIDS was working extensively with national armed forces, and at least 38 countries now had strategies and approximately 50 countries had worked with UNAIDS and its co-sponsoring agencies on institutionalized AIDS training for young recruits. Complementing its work with uniformed armed services, UNAIDS had also intensified its work with all United Nations systems staff.

Regarding the context within which AIDS constituted a threat to global security, he said that it was profoundly exacerbating economic instability and food insecurity and would increasingly cause State failure. Because of the need to marry emergency support with the need to strengthen all elements of AIDS resilience, UNAIDS was redoubling its efforts to bring the United Nations system together in a joint and focused effort.

He said that HIV presented a challenge to every one of the 42,000 soldiers and police officers under United Nations command, many of whom were serving in high-prevalence regions. Unless the challenge was met, the sustainability of those operations, and their invaluable contribution to global security, would be under threat. To counter that threat, HIV-education efforts solely in the context of peacekeeping operations could not be relied upon. He urged Member States to ensure that all uniformed services, including future and returning peacekeepers, were able to participate in ongoing HIV programmes.

The goal of UNAIDS, pursued jointly with the Peacekeeping Department, was to ensure that peacekeepers and all uniformed personnel were leaders in the fight against AIDS, not its victims. By acting simultaneously on prevention, care and impact mitigation, the epidemic's corrosive impact on security could be stopped.

#### Statements

EMYR JONES PARRY (United Kingdom) said that the failure to tackle the global HIV/AIDS pandemic was unacceptable, in particular because it was known what had to be done. Military forces tended to have higher infection rates than civilians. Life expectancy was falling by a generation in a decade, and that affected international peace and security. From the beginning, HIV/AIDS had been a sensitive issue, not only for individuals, but also for governments and regional and international institutions. But, not addressing it would not make it go away. There was a need for assessment of the relation between HIV/AIDS and conflict, for monitoring progress made in implementing resolution 1308, and for substantive Council sessions in 2004 and 2005.

He said HIV/AIDS had the potential to unravel societies and destroy economies, evaporating progress made in development. In sub-Saharan Africa, it attacked the human resource base and eroded security. The Council must be clear that it was fulfilling its potential in working collectively with the Economic and Social Council and the General Assembly and to ensure that the United Nations system's response was coherent and effective. There was a need to minimize the threat to United Nations peacekeeping and societies in which they were operating.

He proposed that the Council hold a further discussion on HIV/AIDS in 2004 to strengthen the response to resolution 1308, and, drawing on experience from UNAIDS, the Peacekeeping Department and others, to offer clear evidence of the links between peace and security and HIV/AIDS. The Council should also ask the Secretary-General to bring both strands together for assessment by the Council in 2005.

JAMES CUNNINGHAM (United States) said that a lot had been accomplished on the issue, but further, strong collective efforts were needed in the future. AIDS continued to threaten more lives than any particular situation considered by the Council, and threatened the futures of many countries, because it struck their young and working-age population.

Much of what was said today was encouraging, he said, citing the actions of the DPKO and UNAIDS. AIDS advisers should be with all missions, and awareness cards should be more widely distributed among uniformed services. He was particularly impressed by the work of UNAIDS with national uniformed services. But, daunting tasks lay ahead, and work with national forces was a key. Targeted surveys were also important, as was a full-time AIDS adviser. He asked if a permanent position was planned.

The United States, he said, was firmly committed to the fight against AIDS, providing half the funds for that struggle around the world. His country was specifically committed to the implementation of resolution 1308, and was working with African militaries on AIDS programmes. There was also mandatory testing and prevention training throughout the United States armed forces. Finally, he seconded the British request for regular and comprehensive reporting on the issue.

HERALDO MUÑOZ (Chile) said in regions where HIV/AIDS had reached epidemic proportion, it destroyed the very structures of the State, families and communities, as well as the police and military forces. For small countries, like Eritrea, AIDS was an invisible enemy, which became a problem of national security. In conflict and post-conflict areas, peacekeepers were at high risk for HIV/AIDS. The risk of infection to military personnel grew as they were required to intervene in conflicts. Constant and prolonged absence from family led to situations that tended to spread the disease.

He said the United Nations had developed a coordinated approach regarding prevention, but that was not the case when United Nations peacekeepers were replaced by regional organizations in peacekeeping operations. The Chilean army had developed an infrastructure to address the problem. Personnel taking part in peacekeeping operations were prepared, and contributed to educating the population of the countries where they were deployed. He supported the recommendations of UNAIDS and requested that a joint report from the Department of Peacekeeping Operations and UNAIDS on implementation of resolution 1308 be available by 2004.

YURIY N. ISAKOV (Russian Federation) attached great importance to the coordination of international efforts against the global challenge of HIV/AIDS. He said the global fight against HIV/AIDS required firm international commitment, backed up by technical and financial resources. The Assembly and the Economic and Social Council had already done much in elaborating a strategy. He commended the practical work of UNAIDS, the World Health Organization (WHO), and the United Nations Development Programme (UNDP), among other agencies.

His country had supported the Global Fund with contributions of \$4 million, which would be augmented with \$1 million by the end of the year, working towards the \$20 million it had pledged, he said. As HIV/AIDS gobbled up resources and had a negative impact on socio-economic situations and on international security and stability, consideration by the Council of the issue was necessary.

FAYSSAL MEKDAD ([Syria](#)) welcomed the actions and recommendations of Mr. Guéhenno and Dr. Piot. He said that awareness, training and commitment were key components of the programme against AIDS and particularly important to Syria, as their contributions to peacekeeping comprised more than 1,000 persons. United Nations efforts on AIDS were basic and vital to peacekeeping.

The actions recommended by both speakers, he said, were basic and necessary to sustain progress to date. There was an urgent need to provide adequate resources in the effort. The eradication of the disease, as a whole, required intensive, cooperative effort on the part of the entire international community.

He described Syria's comprehensive national plan for combating HIV/AIDS. As a result, he said, rates in the country had remained modest. The basic obstacles to national efforts, however, lay in the lack of resources. Syria remained ready to reinforce the collective global effort against AIDS.

WOLFGANG TRAUTWEIN ([Germany](#)) said that a lot had been achieved, but the epidemic was still growing, as well as spreading geographically. Resolution 1308 was a milestone in the struggle, but progress must be followed closely in both the Council and the General Assembly. Germany was committed to the effort and had pledged €300 million to the fight against HIV/AIDS.

He was heartened to learn of the steps that UNAIDS and the DPKO had taken. AIDS programmes must be mainstreamed into all missions, and coordinated with gender work. The creation of the United Nations Mission in Liberia (UNMIL) was encouraging in that regard. He reiterated that prevention must be the mainstay of the United Nations response, and the focus in uniformed services must be on training and awareness among personnel.

He said that awareness must begin, though, at the national level, particularly at a time when AIDS awareness had declined. Facilities for voluntary testing should be a part of all peacekeeping operations. Unfortunately, he said that was not always the case. He looked forward to future follow-up sessions on the issue.

WANG GUANGYA ([China](#)) said the briefings gave a fuller picture of implementation of resolution 1308, and the recommendations put forth merited serious study by the Council. HIV/AIDS not only affected human health, but also socio-economic development and stability of countries and regions. The United Nations had been paying increasing attention to the problem. It was imperative to continue to take effective action.

The Council should play its role in implementing resolution 1308, he said, and welcomed the role of the Peacekeeping Department in increasing awareness of peacekeepers, establishing the post of HIV/AIDS policy advisers, and revising the code of conduct. He hoped the Council would continue to strengthen its cooperation regarding the problem with relevant international bodies. China had pledged \$10 million to the Global Fund to Combat AIDS, Tuberculosis and Malaria.

RAYKO S. RAYTCHEV ([Bulgaria](#)) said the AIDS pandemic had become a severe development crisis that destabilized entire societies and threatened international peace and security. There was a clear link between AIDS and peace and security. Fighting HIV/AIDS was directly linked to preventing armed conflict. Resolution 1308 addressed peacekeepers' health and the danger of spreading the disease, as well as their advocacy role as promoters of responsible behaviour. Peacekeepers could contribute to the work of prevention. The critical situation was an urgent call to implement the plans of action regarding HIV/AIDS that already existed, such as the Declaration of Commitment, adopted at the twenty-sixth General Assembly special session on HIV/AIDS. His country had so far implemented the major objectives of the Declaration for 2003.

He encouraged development of long-term national strategies, including in the areas of education, prevention, voluntary and confidential testing and counselling. He said national governments carried the prime responsibility to make sure that peacekeepers were adequately trained and educated. Bulgarian military personnel received regular training on all aspects of

HIV/AIDS prevention and offered voluntary and confidential counselling and testing to peacekeeping personnel. He recommended that all troop-contributing countries offered voluntary and confidential counselling and testing, both pre- and post-deployment, and urged all United Nations bodies to cooperate fully and at all levels with UNAIDS and the Peacekeeping Department.

JEAN-MARC DE LA SABLIERE (France) said the fight against AIDS must remain at the centre of the Council's agenda, as it was both tragic and destabilizing. There were signs of hope, however -- international awareness was high, and the Global Fund and agreements on medications were significant accomplishments.

The Security Council must continue to play its full part in the effort by regularly taking stock of progress. He was pleased at the measures taken so far and the implementation of the resolution. Such measures must be tirelessly pursued. France had prepared both international and national programmes based on training, prevention, tracing and voluntary, confidential counselling and training. His country was prepared to share its experience with other countries and international organizations.

The integration of AIDS programmes into missions must become systematic, he said. In addition, the links between AIDS and peace and security must be made clear and institutionalized within the Organization.

ALPHA IBRAHIMA SOW (Guinea) said Africa was most affected by conflicts, as well as by HIV/AIDS, and also hosted several large peacekeeping operations. HIV/AIDS weighed most heavily on the most productive population sector in Africa. The terrifying waste of human and financial resources made AIDS a fundamental issue for stability and security in Africa. Guinea had an infection rate of 2.8 per cent, most heavily affecting mining, the army and the forested, gold- and diamond-rich part of Guinea where refugee camps were situated. Such data highlighted the impact of wars and social disruptions on the spread of the disease.

The battle against HIV/AIDS could only be won if there was solid international cooperation, he said. He welcomed better cooperation between the Peacekeeping Department and UNAIDS, and now achievements and lessons learned needed to be assessed. Cooperation with other partners, including civil society, was also necessary. HIV/AIDS should be considered at the very beginning of the mission-planning process. Troop-contributing countries should include an HIV/AIDS component in their training of peacekeepers, and HIV/AIDS should also be integrated in demobilization, disarmament and reintegration programmes. Conquering AIDS was not only a moral imperative, but also an urgent political and humanitarian need for the establishment of peace and development.

CARLOS PUJALTE (Mexico) said the AIDS epidemic had become a global emergency and, in some countries, the disease was considered a principal threat to their security. Combating AIDS required collective international action. In situations of conflict, there were conditions conducive to the spread of AIDS and other contagious diseases. It was, therefore, appropriate to have a policy adviser on AIDS in the DPKO and to create focal points in missions. The Department must continue encouraging troop-contributing countries to supply voluntary confidential counselling and testing to all peacekeeping personnel, both pre- and post-deployment. As developing troop-contributing countries did not have the necessary resources for that, he urged Member States to supply assistance.

He urged the development of a plan of action for peacekeeping operations, which should include technical cooperation with States concerned, monitoring of AIDS, development of prevention strategies, promoting research, and promoting technical cooperation between missions and affected countries, among other things. Mexico, together with nine Latin America countries, had reached an agreement that would lower the cost of laboratory tests. He requested the Secretary-General to submit a report in 2004 on implementation of resolution 1308.

ANA MARIA MENENDEZ (Spain) agreed with comments that had been made during the morning's meeting that concerned the importance of the topic for international peace and security. She said her country focused on awareness, prevention, testing and treatment in the HIV/AIDS

prevention programme for its armed forces, especially those participating in peacekeeping missions. Spain's commitment could also be seen by its \$50 million contribution to the Trust Fund.

MASOOD KHALID (Pakistan) said that the issue was of great importance to his country, because of the magnitude of its troop contributions to peacekeeping missions. He stressed that conflict exacerbated the spread of HIV/AIDS and that, therefore, conflict prevention should be prioritized. He also stressed the need for surveys on infection within peacekeeping forces and their role in spreading the disease. It was important not to demonize peacekeeping personnel in that regard.

On the other hand, he said, troop-contributing countries must take serious measures to ensure the appropriate conduct of troops, he said. Education, voluntary testing, and training should take place before deployment. Pakistan's training and cultural climate instilled such conduct, but the armed forces also had scrupulous standards, as well as testing.

IYA TIDJANI (Cameroon) said the AIDS pandemic fed on conflict and populations shifts engendered by conflict. Women and girls were those refugees most exposed to HIV/AIDS infection. HIV/AIDS was spreading "devastatingly" fast in Africa, particularly affecting adults of working age and causing a tragic increase in the number of orphans. In sub-Saharan Africa, almost half of military and police personnel were infected, thus, threatening law and order. In short, it blocked the development and the future of Africa.

He said there was a need to further develop prevention policies and to increase voluntary testing centres, something his country was doing both for the civilian population and the military. The struggle against the scourge was a collective one, in which the United Nations must continue to play a major role. He agreed with others that there was a need for a joint evaluation report by UNAIDS and the Department of Peacekeeping Operations.

Speaking in his national capacity, Council President ISMAEL ABRAAO GASPAS MARTINS (Angola) said the AIDS pandemic was at the same time a health, development and security issue. The Southern African Development Community (SADC) summit on HIV/AIDS in Lesotho in July 2003 had adopted a global strategy to combat AIDS. Angola had a 5 per cent infection rate among the adult population, which was relatively low in the region. That low rate was mainly due to reduced population movement during the war. Now, with peace and increased movement, there was a danger of an infection explosion. Angola's President had, therefore, taken a leadership role by coordinating the National Commission to Fight HIV/AIDS. A special fund had been established and a national plan had been formulated. Actions included education programmes, better treatment, better care and assistance to orphans and vulnerable groups, as well as the fight against stigmatization.

The AIDS pandemic had become a serious problem of national security for many countries. World mobilization against the threat was, therefore, imperative. In his country, the military forces had been especially targeted in AIDS prevention. Massive testing among uniformed personnel was being conducted and information campaigns were being implemented. The armed forces had taken a leading role in information campaigns for the most vulnerable groups. Success in the fight against HIV/AIDS depended on international cooperation and on practical steps all States should take to prevent HIV/AIDS. "We must run faster than the pandemic if we are to succeed in the fight", he said.

#### Concluding Remarks

Addressing comments and questions from speakers, Mr. GUEHENNO, Under-Secretary-General for Peacekeeping Operations, thanked members of the Council for their strong support and for their own national efforts in the matter. He said there still existed a lack of reliable information on HIV/AIDS in conflict and post-conflict countries. It was, therefore, difficult to judge the exact impact of peacekeeping operations on the national prevalence. The Peacekeeping Department, together with UNAIDS, was developing tools to address that issue.

Comparing the impact of focal points versus that of HIV/AIDS policy advisers was difficult,

he said, as policy advisers operated mostly in bigger missions, while mission focal points consisted usually of medical personnel dealing with a range of medical issues. Regarding a question raised on continued funding for the HIV/AIDS policy adviser at Headquarters, he said the contribution from UNAIDS Denmark would cover the post until December 2004, providing time to discuss with UNAIDS how the matter could be further pursued with that function.

He said the discussion had shown the importance of having a close interaction with the Council and troop-contributing countries. There would be no success in the fight against HIV/AIDS if efforts were not joined and coordinated. Working as a team, there was a chance to succeed.

Mr. PIOT, Executive Director of UNAIDS, thanked all delegations for supporting the joint activities of UNAIDS and Department of Peacekeeping Operations. Such support had not always been a given. He said new challenges included the increase of regional peacekeeping operations, and programmes were being developed to deal with that development.

As for evaluating the scope of the problem, he said many related studies were now being envisioned. There was also a need for a thorough analysis of the relationship between AIDS and insecurity. AIDS would not disappear soon and would continue to be a priority for the Organization.

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