UNAIDS Series:
Engaging uniformed services in the fight against AIDS

CASE STUDY 1

FIGHTING AIDS

HIV/AIDS prevention and care among armed forces and UN peacekeepers:

THE CASE OF ERITREA

Joint United Nations Programme on HIV/AIDS
UNAIDS
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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
BCC	Behavioural change communication
CMA	Civil-Military Alliance to Combat HIV and AIDS
DPKO	Department of Peacekeeping Operations
DoD	Department of Defence
DSRSG	Deputy Special Representative of the Secretary-General
EAF	Ethiopian Armed Forces
EDF	Eritrean Defence Force
ESMG	Eritrean Social Marketing Group
FHI	Family Health International
FHQ	Force Headquarters
GIPA	Greater involvement of people living with and affected by HIV/AIDS
HAMSET	HIV/AIDS, Malaria, STIs and Tuberculosis Control Project
HIV	Human immunodeficiency virus
IEC	Information, education and communication
MoH	Ministry of Health
NAP+	Network of African People Living with HIV/AIDS
NATCoD	National HIV/AIDS/STI and Tuberculosis Control Division
NGO	Nongovernmental organization
NSC	National Service Corps
NUEYS	National Union of Eritrean Youth and Students
NUEW	National Union of Eritrean Women
PLWHA	People living with HIV/AIDS
PSI	Population Services International
SRSG	Special Representative of the Secretary-General
STI	Sexually Transmitted Infection
TCC	Troop-contributing country
ToT	Training of Trainers
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNMEE	United Nations Mission in Ethiopia and Eritrea
VCT	Voluntary counselling and testing

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The UNAIDS responsible staff members for this document were Dominique Mathiot, UNAIDS Country Coordinator for Eritrea, and Gael Lescornec, UNAIDS Humanitarian Programme Officer for Africa.

Photos: UNMEE photographer Jorge Aramburu; EDF pictures courtesy of the Eritrean Social Marketing Group (ESMG) and Population Services International (PSI)

PREFACE: UNAIDS and uniformed services

The UNAIDS Office on AIDS, Security and Humanitarian Response (formerly the Humanitarian Unit) was created following the first UN Security Council debates on HIV/AIDS in early 2000, which focused on the epidemic in the context of conflicts and uniformed services in Africa. These discussions culminated in the adoption of Resolution 1308 (2000), calling on all stakeholders to address and respond to the issue of HIV/AIDS and peacekeeping operations.

Since that time, the UNAIDS Secretariat and its partners have made significant progress in addressing HIV/AIDS among international and national uniformed services. In January 2001, UNAIDS initiated a Cooperation Framework with the UN Department of Peacekeeping Operations (DPKO), which paved the way for a series of steps to be taken, including:

- joint fact-finding missions to peacekeeping operations;
- the posting of HIV/AIDS Policy Advisors in all major peacekeeping operations;
- the establishment of an HIV/AIDS Trust Fund within DPKO, for which UNAIDS has mobilized resources;
- the establishment of an Expert Panel on HIV Testing and UN Peacekeeping Missions, leading to the formulation of DPKO policy;
- the production of HIV/AIDS awareness cards for peacekeepers, which include condom pockets and basic facts on HIV/AIDS;
- the strengthening of gender training through the creation of an HIV/AIDS gender adviser in countries hosting peacekeeping missions; and
- closer cooperation in countries between the peacekeeping mission and other stakeholders in the country, including the UN Theme Group on HIV/AIDS and the national response to HIV/AIDS.

Most importantly, UNAIDS has been actively supporting national responses to HIV/AIDS among uniformed services worldwide. Following the Declaration of Commitment on HIV/AIDS, adopted unanimously by all Member States at the UN General Assembly Special Session on HIV/AIDS in June 2001, all countries committed themselves to specifically addressing the spread and impact of HIV/AIDS among their national defence and civil defence services.

To this end, UNAIDS has developed a global strategic response to HIV/AIDS and uniformed services involving short- and long-term approaches. These include: (1) development of peer education training material, including HIV/AIDS awareness cards adapted for uniformed services; (2) financial and technical support for targeted activities; (3) facilitation of regional and subregional partnerships and exchange of knowledge and strategic information; (4) ongoing advocacy for leadership and commitment to be translated into policy and programmes; and (5) coordination of defence and civil defence responses to HIV/AIDS with the national response. As of early 2003, UNAIDS has supported projects in 23 countries in Eastern Europe, Latin America, South-East Asia and sub-Saharan Africa.

As the first of a series of case studies on HIV/AIDS and uniformed services, Eritrea was selected by UNAIDS because it represents a unique post-conflict environment where the important role of national and international uniformed services in the fight against HIV/AIDS can be demonstrated.

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FOREWORDS

Reconstruction and recovery following war is a painstaking process. This is especially so when the conflict is both prolonged and compounded by the mounting threat of HIV/AIDS.

In Eritrea, national service and development are the two primary issues of concern to all citizens. In particular, the unusual composition of the Eritrean Defence Force (EDF) is largely due to the concept of national service, since the majority of the EDF's members are young male and female conscripts from every corner of the country. Besides fostering constant interaction between civilian society and the military, national service has enabled the EDF to fulfil its pivotal roles of guaranteeing national security and spearheading the reconstructive process for development. There is no doubt that the military profession is a risky one but it also offers ample opportunity for social mobilization.

Personally, I believe that military organizations possess important assets (including discipline, hierarchy, efficiency and youth) that can be positively exploited in the fight against HIV/AIDS. This is exactly what the EDF is doing. With the assistance of the Eritrean Government, bilateral partners, the UN family and, particularly, UNAIDS, significant achievements have been made in recent years in the fight against HIV/AIDS within the EDF as an integral part of a nationwide commitment to try to tackle the spread of the disease.

I am pleased and proud of the accomplishments made by the EDF in its fight against HIVAIDS, while recognizing that the lessons learned in this important document will provide others and us with important insights into how to continue the fight, together.

General Sebhat Efrem, Minister of Defence, Eritrea

It gives me great satisfaction to introduce readers to this unique case study produced by UNAIDS, which examines the unprecedented response to HIV/AIDS undertaken by the UN peacekeeping mission in Ethiopia and Eritrea. Since its inception, the UN Mission in Ethiopia and Eritrea (UNMEE) has been committed to fighting HIV/AIDS within the mission but also with the national defence forces of both Eritrea and Ethiopia. While this case study examines the experience of Eritrea and the successful response to HIV/AIDS conducted by UNMEE in Eritrea, UNMEE has been equally committed to such programmes in Ethiopia.

Peacekeeping today encompasses new challenges. In Africa, especially, these new challenges include the fight against HIV/AIDS. In July 2000, the UN Security Council, recognizing the need to increase HIV/AIDS awareness among peacekeeping personnel and seeking to work closely with both troop-contributing countries and host countries, identified HIV/AIDS as a major threat to the delivery of effective security in the context of peacekeeping operations.

I am proud to note that UNMEE, in partnership with UNAIDS, has taken the lead in training committed personnel from all ranks in every contingent, as well as host country defence forces, in the latest technique of one-to-one education on HIV/AIDS awareness. This Training of Trainers (ToT) method of cascading information has succeeded in reaching the maximum number of personnel in all UNMEE contingents. Representatives from both the Eritrean Defence Forces (EDF) and the Ethiopian Armed Forces (EAF) have learned the ToT methods from UNMEE coaches and applied them to their own personnel, with great effect.

I am convinced that this document presents an important example of the steps we can take to overcome one of Africa's major security challenges today.

Legwaila Joseph Legwaila, Special Representative of the Secretary-General and Head of the UN Mission in Ethiopia and Eritrea (UNMEE)

INTRODUCTION

HIV/AIDS in the military and peacekeeping operations

Uniformed services, including peacekeepers, frequently rank among the population groups most affected by sexually transmitted infections (STIs), including HIV. Military personnel are two-to-five times more likely to contract STIs than the civilian population and, during conflict, this factor can increase significantly[1]. However, soldiers may also become important agents for behavioural change in reversing the spread of HIV within the army and beyond. If equipped with the right information, knowledge and tools, the military can achieve lower HIV prevalence rates than the national average, as can be seen from the experiences among the armed forces of Ethiopia and Uganda.

HIV/AIDS poses a particular threat to peacekeeping, which is a pillar of the international security system. Conflict and post-conflict situations represent high-risk environments for the spread of HIV/AIDS. One-third of the officers and soldiers under UN command are stationed in Africa, which is home to 70% of people living with HIV. As early as 1995, the US State Department noted, "worldwide peacekeeping operations may pose a danger of spreading HIV… peacekeepers could both be a source of HIV infection to local populations and be infected by them, thus becoming a source of the infection when they return home". For example, the HIV infection rate was 11% among Nigerian peacekeepers who returned home from duty in Sierra Leone and Liberia in 2000, when the rate in the civilian adult population in Nigeria was 5%[2].

A military analyst with South Africa's Institute of Strategic Studies has warned that, unless the spread of AIDS among armies from high-prevalent countries is stopped soon, it is possible that many of these countries will be unable to participate in future peacekeeping operations. This would represent a serious blow since soldiers from countries, with, or approaching, high-HIV-prevalence rates (above 5 %) make up 37% of all UN peacekeepers.

In addition, efforts at demilitarization, reintegrating combatants, and restarting national economies may be threatened by the additional challenges posed by HIV/AIDS.

1. Opportunities for an effective response to HIV/AIDS

While posing a risk of HIV transmission, the military environment must also be seen as a unique opportunity to provide HIV/AIDS prevention and education for a large 'captive' audience in a disciplined and highly organized setting. The armed forces represent an ideal medium for instilling widespread awareness about HIV/AIDS and encouraging safer behaviour among a significant percentage of the sexually active population. The military structure is well suited to providing information, knowledge and material resources (such as condoms and therapeutic drugs) as well as facilities for voluntary counselling and testing, both for its own staff and for the general population.

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[1] *AIDS and the Military, UNAIDS Technical Update*, May 1998.
[2] *Nigeria AIDS Bulletin* No 15, 20 May 2000.

2. The UN response

Acknowledging the seriousness of the spread of HIV, the UN Security Council in January 2000 discussed for the first time a 'health issue' as a security concern, focusing debates specifically on HIV/AIDS in the context of conflicts and uniformed services in Africa. At the same time, UNAIDS saw the epidemic as fast becoming sub-Saharan Africa's number-one security issue.

In July of the same year, the UN Security Council adopted Resolution 1308, which recognizes the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, and encourages the provision of HIV/AIDS education, training and prevention activities for both national armed forces and UN peacekeepers. The following year, the United Nations Department for Peacekeeping Operations (DPKO) and UNAIDS signed a Cooperation Framework, based on Resolution 1308, which outlined areas of collaboration that would help ensure the provision of HIV/AIDS prevention and care programmes within peacekeeping operations.

Eritrea country profile and response to HIV/AIDS

1. Conflict and post-conflict situation

Eritrea gained its independence from Ethiopia in 1993 after 30 years of war, which destroyed much of the country's infrastructure and services. As Africa's newest nation state, Eritrea was confronted with the need to create its own institutions, despite an acute shortage of skilled professionals and a severe lack of resources for health care, education and gainful employment.

During the 1998 border conflict between Eritrea and Ethiopia, which later escalated into a full-scale war, a massive mobilization of young people into the military took place, and many of these individuals (up to 85%, according to some estimates) are still serving in the Eritrean Defence Force (EDF) or the National Service Corps (NSC)[3]. An estimated 30% of the military personnel are women.

In this context, the potential for the spread of HIV is high. The military mobilization of young men and women has resulted in tens of thousands of youths leaving home for the first time and finding themselves in environments that are known to foster risky behaviour. The impending demobilization and re-integration of approximately 200,000 soldiers, as well as the ongoing return of displaced people to their home communities, increases the risk of additional HIV transmissions.

Eritrea's population is small (estimated at 3.6 million as of the beginning of 2003), and many precious lives have already been lost as a result of the independence struggle and the war with Ethiopia. HIV/AIDS, which has helped to erase many of the development gains of the last 50 years in many African countries, could have similarly disastrous consequences in Africa's newest nation.

2. The HIV/AIDS situation

Since 1988, when the first AIDS case was reported in the south-eastern city of Assab, close to the border with Ethiopia, the cumulative number of reported AIDS cases in Eritrea has risen rapidly, hitting 15,698 by December 2002. The current number of HIV-positive people is estimated to be 60-70,000[4]. The main mode of transmission has been heterosexual sex and 98 % of the AIDS cases in Eritrea have been in urban areas. In 2000, about 70% of reported AIDS cases were among people aged 20–39 and 26.5% of reported AIDS cases were members of the Eritrean Defence Force (EDF)[6].

According to a survey carried out by the Ministry of Health in 2001[7], the HIV prevalence among the sexually active population in Eritrea is 2.4%, whereas the rate for the military is almost double that, at 4.6%. Meanwhile, the prevalence rate for female bar workers (sex workers) is as high as 22.8%. Although these figures are still far less than in many other African countries, the rising trend is alarming.

[3] National Service Corps (NSC) is a compulsory 18-month national service, including military training, for all Eritreans over 18 years of age.
[4] United Nations Integrated Workplan on HIV/AIDS 2002 for Eritrea, UN Theme Group on HIV/AIDS.
[5] National Strategic Plan on HIV/AIDS/STIs 2003–2007, The State of Eritrea, April 2003.
[6] National Strategic Plan on HIV/AIDS/STIs 2003–2007, The State of Eritrea, April 2003.
[7] HIV/AIDS Risk Groups and Risk Behaviours Identification Survey for Eritrea, October 2001, study carried out by CTMRE Consultancy Service for the Ministry of Health.

The 2001 survey further showed that, while knowledge about HIV/AIDS was nearly universal, there was less understanding concerning specific means of preventing HIV. An alarming 72% of the general population and 62% of the military perceived themselves to be at no risk of contracting HIV.

People living with HIV/AIDS (PLWHA) face stigma and discrimination, which contributes to the continuing conspiracy of silence around the disease. This creates a serious disincentive for people to seek HIV testing. Most Eritreans who are HIV-positive do not know (or do not want to know) their status. Rapid and convenient testing services and effective counselling are not yet widely available, and care and support services are only starting to be developed. High levels of STIs and inadequate STI diagnosis and management at health facilities further complicate HIV/AIDS prevention and care activities.

3. National response

The struggle for national independence created a committed and self-reliant nation with the vision to recognize the threat of HIV at an early stage. In 1997, the Government of Eritrea developed a Five-year Strategic Plan to Prevent and Control HIV/AIDS, which emphasizes a multisectoral and decentralized approach. The youth and the military are two priority population groups identified in the Comprehensive HIV/AIDS Policy and Policy Guidelines established in 1998, as well as in the new five-year National Strategic Plan on HIV/AIDS/STIs for 2003–2007, released in April 2003.

The military had been aware of the threats posed by HIV since the early 1990s, and the first concerted activities aimed at HIV prevention were started in 1999, when a large number of young people were mobilized into the army. Support from UNAIDS made it possible to implement HIV-prevention activities within the EDF during that period.

An additional illustration of the government's commitment was the approval of a loan agreement for US$40 million from the World Bank for the control of HIV/AIDS, malaria, STIs, and tuberculosis (HAMSET Control Project[8]), which includes activities in the military. Finally, in early 2003, the Ministry of Health restructured itself in order to make optimal use of available resources and to improve the efficiency and effectiveness of its management units. Within the new ministerial structure, the National HIV/AIDS/STI Control Programme has been combined with the National Tuberculosis Control Programme and promoted to the status of a Division. The new National HIV/AIDS/STI and Tuberculosis Control Division (NATCoD) reports directly to the Director-General for Health Services.

It has been shown that commitment at the highest level, coupled with comprehensive action, does produce positive results, as in Senegal, Thailand and Uganda. In Eritrea, the government has been committed to fighting AIDS at the highest level, starting with the President.

[8] The HAMSET Control Project is a five-year multisectoral government programme launched in March 2001. The goal of this project is to reduce the mortality and morbidity of the Eritrean population caused by HIV/AIDS, malaria, STIs and tuberculosis. Specifically, HAMSET aims to increase the effectiveness and efficiency of policies and interventions to reduce the spread and transmission of the above-mentioned diseases; to improve access to good-quality, primary health-care services; and to identify community-based assessment and mitigation activities for these diseases.

"It is our timely duty, more so than at any other time, to go beyond control, to eradicate this disease from the face of the earth and to defend ourselves against it in the same way we defend ourselves against an invader."

His Excellency President Isaias Afewerki, in his statement on World AIDS Day, 1 December 2001.

EDF AND UNMEE: JOINT STRATEGIES ON HIV/AIDS

In June 2000, two years after fighting broke out, Ethiopia and Eritrea signed the Cessation of Hostilities Agreement. Soon after the United Nations Mission in Ethiopia and Eritrea (UNMEE) was set up in September, the UN Security Council authorized the deployment of up to 4,200 military personnel and 220 military observers to monitor the cessation of hostilities and to assist in ensuring observance of security commitments.

These events allowed the EDF to resume its HIV/AIDS-related activities, which had been partially disrupted by the war, and UNMEE to start them in line with UN Security Council Resolution 1308, which requests that peacekeeping personnel be provided with training in HIV prevention.

In October 2000, as a follow-up to Resolution 1308, the UNAIDS Office on AIDS, Security and Humanitarian Response organized a mission to Eritrea and Ethiopia to assess the post-conflict situation, stressing that the HIV/AIDS epidemic may pose a risk to stability and security. Recommendations from the mission[9] were important in shaping the response in Eritrea, and were taken into consideration in planning the HIV/AIDS activities of UNMEE as well as the EDF. The following strategies were established:

EDF and UNMEE representatives at a Training of Trainers (ToT) course organized by UNMEE.

[9] "Joint Agency Post-conflict Assessment for Ethiopia and Eritrea, 23–29 October 2000—Executive Summary" and "Post-Conflict Assessment for Eritrea and Ethiopia", presentation to the UNAIDS Expert Strategy Meeting on HIV/AIDS as a security issue, held in Sweden, 11–13 December 2000.

1. Institutional arrangements

A cooperative alliance between UNMEE, the EDF and other parties was forged to strengthen their joint efforts to combat the spread of HIV as well as to protect the civilian population. UNMEE established a high-level HIV/AIDS Task Force, including representatives from both the EDF Health Services and the National HIV/AIDS/STI and Tuberculosis Control Division (NATCoD). In turn, the EDF Task Force on HIV/AIDS provides overall technical guidance and monitoring for its projects and includes representatives from the Ministry of Health, UNMEE, as well as other UN agencies and NGOs involved in planning or implementing the projects. The EDF also collaborates closely with NATCoD. In addition, both the EDF and UNMEE are represented in the UN Technical Working Group on HIV/AIDS.

2. Military-to-military training

The current strategy of training peer leaders, both in the EDF and UNMEE, is based on the principle of involving uniformed service personnel to train trainers within their service. The Training of Trainers on Peer Leadership activities initiated by UNMEE in Eritrea have directly benefited UNMEE as well as the Eritrean Defence Force (EDF), and the Ethiopian Armed Forces (EAF), in addition to strengthening cooperation between the peacekeeping operation and the national armies in the fight against HIV/AIDS.

The Training of Trainers workshops on peer leadership have also tested and evaluated the draft *Uniformed Services HIV/AIDS Peer Leadership Guide,* developed by the Uniformed Services Task Force10. It has been found to be a useful guide, though both UNMEE and the EDF have recognized a need to further modify the training package to satisfy their own needs for the cascade training (cascading information down to all levels of rank and file). For example, UNMEE has added to its training issues related to young people, gender, men having sex with men, communication skills, behavioural change communication (BCC), and stigma and discrimination. The EDF has reinforced the care and support of PLWHA and has incorporated modules related to those issues. In addition, video films and photographs to support the training have proved very helpful.

Michael Munywoki leads a class during a joint UNMEE/EDF Training of Trainers workshop on HIV/AIDS Peer Leadership in May 2002.

[10] FHI/CMA/The Futures Group International/DOD Life Initiative/USAID/UNAIDS

3. Conflict and post-conflict prevention activities

The mission recommended that HIV-prevention activities be implemented both in conflict and post-conflict situations. The EDF succeeded in continuing its prevention activities during the conflict and managed to intensify them directly following the conflict. UNMEE launched its prevention activities as soon as the first deployment began. Both have pledged to continue their efforts and strengthen their activities on an ongoing basis.

4. Unlimited access to condoms and information

Both the EDF and UNMEE have developed their own strategies for providing access to condoms and information on HIV/AIDS. The EDF provides unlimited and free access to condoms for all its members. UNMEE distributes condoms to its entire staff on an ongoing and regular basis. Those contingents that are not provided with condoms by their own command structure are provided with them through UNMEE. In addition, both the EDF and UNMEE organize awareness sessions on HIV/AIDS and distribute information materials for their members. UNMEE has also opened mini HIV/AIDS libraries in the Mission Headquarters and in all sectors for easy access to HIV/AIDS awareness material.

5. Demobilized soldiers as change agents

The UNAIDS mission to Eritrea suggested that demobilized combatants could be very effective change agents in their communities if they were provided with the proper knowledge and tools prior to their return home. The EDF is expecting its peer leadership and other activities to increase its personnel's knowledge about HIV/AIDS and the use of condoms, resulting in lasting behavioural change, which will continue once they are demobilized. In addition, the EDF has made plans for identifying change agents from the military to work with communities across the country on HIV/AIDS.

Some of the peacekeepers from UNMEE have continued to work as peer leaders on HIV/AIDS education after their tour of duty in Eritrea. These peacekeepers have gone back to their home countries with the determination to start HIV-prevention activities in their national armies.

A future change agent in the making: An EDF soldier receiving her certificate after completing an HIV/AIDS training course.

THE ERITREAN DEFENCE FORCE (EDF)

HIV/AIDS-related activities

The massive mobilization of young people in 1998 prompted the EDF to start concerted HIV-prevention activities within the military. These initial activities, conducted during the conflict, focused on raising awareness about HIV/AIDS, increasing access to condoms, and introducing syndromic management of STIs as a prevention tool. These goals were achieved through training of peer leaders and senior medical staff to be trainers on STI syndromic management, as well as through the distribution of information materials on condom use and STIs and increasing the availability of condoms. Perhaps the most successful activity was the organization of mass information campaigns on HIV/AIDS for 76,000 individuals on all the front lines and advocacy campaigns for 697 high military officers, including testimonies by HIV-positive military staff.

Even though the activities were disrupted by the escalation of the conflict in 2000, the peer leaders continued their work. According to a progress report and a 'knowledge, attitude and practice' (KAP) survey conducted on HIV/AIDS and condom usage, the EDF's activities increased HIV/AIDS awareness at all levels of the military and the increased use of condoms demonstrated that personnel were practising safer sex. Furthermore, the 'conspiracy of silence' was broken as

"As fighters, we were used to an enemy that we could see, but HIV is an invisible enemy... It became an issue of national security for a small country like Eritrea."

Dr Haile Mehstun, the Secretary for Health in the provisional government of the newly independent Eritrea during 1991–93 and the first Minister for Health, now heading the EDF Health Services.

After the conflict with Ethiopia ended in June 2000, the EDF reformulated its approach to HIV/AIDS prevention and care. The new activities aim to:

- reduce the incidence of HIV in youth serving in the EDF and the NSC, as well as the prevalence of other STIs; and
- reduce the impact of HIV/AIDS on the well-being of infected EDF and NSC staff.

The strategy is based on an approach that combines prevention activities with care and support interventions. If care and support services are not developed at an early stage for those who are infected or affected, prevention campaigns will not be effective. Having an appropriate system in place to offer medical, psychological and social support to those who are infected or affected will create a better environment for people to seek information and decide whether to find out about their HIV status. Furthermore, such an environment will encourage people living with HIV/AIDS to share their experiences of positive living, and such individuals can become powerful catalysts in bringing about behavioural change[11].

[11] Project Document ERI/00/003/A/01/99. Dominique Mathiot, UNAIDS, 1999

To start off the new programme, the EDF organized a national planning and consensus workshop in May 2001 with its stakeholders to cultivate a common understanding of the HIV/AIDS situation within the military and of the potential problems linked to the process of demobilization.

1. Increasing awareness

HIV/AIDS in military training

When new conscripts join the military, awareness training on HIV/AIDS is organized for them in addition to training on military service and other relevant issues. This ensures that everyone doing his or her national service has been exposed at least once to issues related to HIV/AIDS. Furthermore, the regular training sessions for officers also include training on HIV/AIDS.

Peer leadership

The peer leadership activities in the EDF, as in UNMEE, follow the military-to-military education principle, as recommended by the UNAIDS mission to Eritrea. The activities concentrate on training trainers in peer leadership among the soldiers, who in turn train peer leaders[12]. The trainers are medical staff, whereas the peer leaders are selected from among the perceived role models at different levels of the military. The peer leaders facilitate discussion on risky HIV/AIDS-related behaviour and lead their peers in the examination of possible solutions. They are expected to help others from their peer group to go through the process of examining and,

"Before the training, I was not much aware but after the training I wanted to talk to others and train others in my division."

Habtum, a division medical officer, was trained as a trainer in peer education in May 2002 and as a peer coordinator in September 2002. During his peer leadership sessions he shows how to use a condom, by using a wooden penis model but, earlier, when the model was not available, using a coke bottle.

To improve the monitoring of the peer leadership activities, the EDF has, with guidance from the Ministry of Health, started training health staff from platoon to division levels to be HIV/AIDS peer coordinators. These peer coordinators are responsible for assisting and monitoring groups of peer leaders, who organize informal weekly sessions to discuss HIV/AIDS-related issues with hundreds of their peers. The peer leaders also continue more informal discussions on HIV/AIDS with their individual peers.

It has been observed that women find it easier to talk about issues relating to HIV and sexuality in all-female groups. Hence, the peer facilitation groups are now organized by gender and the female peer coordinators are trained on the promotion and use of female condoms.

By late 2002, the EDF had trained 36 trainers, more than 300 peer leaders, and over 100 (34 per division) peer coordinators.

[12] In uniformed service settings, the term 'peer leader' is considered more appropriate than 'peer educator'.

Behavioural change communication materials

The behavioural change communication materials used in the EDF and developed by the Ministry of Health are distributed as they are (especially booklets on condom use), but some are modified for military purposes.The EDF has developed, pre-tested and disseminated to all military departments stickers and posters on HIV prevention that depict the military way of life and culture. Recently, the EDF has also distributed, with support from the US Department of Defence and the Eritrean Social Marketing Organisation (ESMG), pocket calendars that include information on HIV/AIDS and promote the use of condoms.

"AIDS likes those who don't like to talk about it"
Text in the shield: "You can protect yourself from the enemy with a shield"

Awareness campaigns

ESMG is very active in organizing campaigns to raise awareness about HIV/AIDS all over the country, including at military sites. A joint programme between the Ministry of Health, ESMG, Population Services International (PSI) and the National Union of Eritrean Youth and Students (NUEYS) organizes mobile units at army sites to provide HIV/AIDS messages through videos and entertainment as well as factual information, including personal testimonies of PLWHA. These events are very popular and attract large audiences. In addition, ESMG and NUEYS organize drama training for the military, anti-AIDS tours, quizzes and other recreational activities that convey messages about HIV/AIDS.

2. Promoting access to condoms

"Take guns to protect from the enemy, condoms from HIV/AIDS" is a slogan used at the EDF condom-promotion events.

First and foremost, the EDF provides its entire staff with unlimited access to free condoms, which can be found in health facilities, recreational areas, dining rooms, etc. They are also included in the military rations for all soldiers.

"You cannot identify HIV-infected people by their physical appearance. Whenever you have sexual contact use a condom"

In addition to the posters and stickers, advocacy seminars and peer leadership activities both promote the use of condoms and distribute them. During these events, condom use is explained with the help of practical demonstrations using a penis model. There are also demonstrations on the use of female condoms. To further disseminate the message about female condoms, 30 people have been trained on female condom use and training, and female condoms are distributed to hospitals and front lines. Due to increased awareness on HIV/AIDS, the demand for condoms is increasing. "The soldiers are asking for condoms to be put at different locations," says Habtum, a division medical officer. "They are disappearing in no time."

Creative ways of promoting condoms:

- In Eritrea, the coffee ceremony is an important social event involving roasting the coffee beans, grinding them, and making coffee in a traditional way. The ceremony can take hours. Popcorn mixed with sweets is often served with the coffee. During the EDF coffee ceremonies, condoms are mixed with the popcorn, in order to make them more familiar as everyday items and easily accessible.

- The EDF aims to promote condoms as part of its military equipment. To this end, the EDF, together with ESMG/PSI, developed a leather condom pouch featuring the logo of the most marketed condom brand in Eritrea—Abusalama. Each pouch contains one four-pack of Abusalama condoms and has been introduced into the armed forces as 'standard military issue' equipment. The launching of the condom pouch in October 2002 involved an initial distribution to 10,000 EDF staff. Subsequent distributions are currently ongoing.

3. Management of sexually transmitted infections

One reason that sub-Saharan Africa has the world's most severe HIV/AIDS epidemic is its high prevalence of other sexually transmitted infections (STIs) and the inadequacy of its STI services. The presence of an STI increases the risk of HIV transmission during unprotected sex as much as tenfold. To better manage STIs, many African countries have adopted the syndromic approach endorsed by WHO.

As a strategy to decrease the incidence of STIs and the transmission of HIV, the EDF intends to have all of its 180 battalion health officers trained on the syndromic management of STIs. These efforts, which began during the conflict, combined with awareness-raising campaigns, have succeeded in decreasing STIs within the military, according to Colonel Yemane Tseggai, Deputy Director of EDF Health Services.

Syndromic management of STIs

Syndromic management involves recognizing a group of clinical signs and patient symptoms, or syndrome, and prescribing treatment for the major causes of that syndrome. It enables health-care workers without specialized skills or access to sophisticated laboratory tests to effectively treat most symptomatic STIs during a patient's first visit to a clinic. It also involves contact tracing and counselling on risky behaviour.

4. Advocacy seminars: 'Seeing is believing'

In the early stages of its HIV/AIDS activities, the EDF Health Services, together with some of its HIV-positive soldiers, recognized the need to involve soldiers living with the virus in raising awareness among the military and in breaking the silence surrounding HIV/AIDS. They started by organizing advocacy seminars, including their personal testimonies on HIV prevention, for 695 high-ranking military officers. These events proved to be an extremely powerful form of advocacy.

In November 2000, an army major and a social worker from Uganda representing the Network of African People Living with HIV/AIDS (NAP+) were invited by the Ministry of Health and UNAIDS/UNICEF to Eritrea as 'Ambassadors of Hope'[13]. During the mission, they spoke to over 4,000 Eritreans, including several hundred high-ranking officers and front line commanders of EDF. They shared their personal experiences about living with HIV, as well as their knowledge of effective prevention strategies and care approaches for those who are living with or affected by HIV/AIDS.

These events persuaded the EDF to continue organizing advocacy seminars (called 'Seeing is believing') and to expand them to all five military operational zones. The seminars include personal testimonies by 10 HIV-positive soldiers and their experience of how to live with HIV. Initially, the seminars targeted division, brigade and battalion commanders, as well as company, team and unit leaders, and paramedics. Now the 'Seeing is believing' seminars are conducted for all EDF private officers in groups of 100-1,000 in all five operational fronts. By mid-2002, the 10 PLWHA had given their personal testimonies to at least 26,000 high- and low-ranking military officers and over 70,000 privates.

These testimonies are particularly well received by male audiences. It has been noticed that women find it more difficult to participate in discussions of HIV, condoms and sexuality, especially when part of a mixed group.

[13] The 'Ambassadors of Hope' programme is a unique NAP+ programme that involves PLWHA going to countries to support fellow PLWHA in mitigating the impact of HIV/AIDS on their lives and on those of their communities and country. It also involves sensitizing and lobbying governments and other important leaders to respond to the epidemic. Source: NAP Ambassador Training Workshop, 4–8 September 2002, workshop report. The mission to Eritrea was financially supported by USAID.

The EDF supports its members living with HIV/AIDS in several ways. It looks after their nutrition and health, and provides them with allowances. After each seminar, the participants usually donate money to the PLWHA who conducted the seminar. The EDF has helped PLWHA to open savings accounts in order to save their money for future needs.

Daniel (28), teacher, HIV/AIDS advocate in EDF

Daniel completed his secondary school education in 1991, the best in his class. He enrolled at the University of Asmara, and graduated two years later as a teacher. For the next two years, he worked for a disability organization as an English teacher. During this time, when he had his own income, he started drinking and going out with different women. In 1995, he was called to do his 18-month compulsory national service, where he was trained in health-related issues to assist with the medical services.

Soon after the border conflict with Ethiopia broke out, Daniel was mobilized into the army. There, too, he was assigned to assist in the medical services. Having been accustomed to civilian life as a teacher, he found it difficult to adjust to military life.

After the war with Ethiopia was over, he fell ill. During 2001, he lost a lot of weight and went for a check-up at the EDF hospital, where he was diagnosed with tuberculosis. Further testing revealed that he was also HIV-positive. Daniel was fortunate to get support and counselling from the medical staff of the EDF, who helped him to understand how to live positively.

After discussions with the EDF Health Services, Daniel volunteered to help in the fight against HIV/AIDS. For about one year, he has been conducting advocacy seminars with nine other PLWHA for personnel of the EDF. During his advocacy seminars, he tells his full life story, offers prevention messages on abstinence and condom use, and urges the audience to go for voluntary counselling and testing.

Daniel finds it relatively easy to talk about HIV/AIDS and his own status in front of his fellow EDF members and is very committed to preventing further HIV transmission among them. However, outside the military, he does not like to talk about his status, as there is still a strong stigma associated with PLWHA. He has not revealed his HIV-positive status even to his own family, as he fears being ostracized. There are still very strong cultural taboos against talking about HIV and sexuality, and Daniel cannot talk about them with his family.

Even though he has found a way to live positively, he still says, "It is more difficult to live with the virus than to have the virus in your body".

5. Care and support for people living with HIV/AIDS

The awareness campaigns, advocacy seminars and peer leader activities all strongly promote voluntary counselling and testing (VCT). Everyone is encouraged to go for testing. Due to these promotional activities, the demand for VCT has risen and the EDF is aiming to have VCT facilities in all five military operational fronts, with one trained counsellor for each brigade. So far, it has

only been possible to establish VCT facilities in two operational fronts with a few counsellors. The number of people coming for testing is increasing. For example, in a four-week period in 2002, over 2,100 people came for testing in one operational zone. While these initial experiences are encouraging, limited facilities and personnel may have compromised the quality of pre- and post-test counselling.

"Soldiers are asking more and more for testing. They have different reasons. For example, one private had had sex with a sex worker a year ago, after which he learned more about HIV and started avoiding having relations with his wife. Eventually, he asked to be tested."

Tells Haile, a division medical officer.

Voluntary counselling and testing (VCT)

Voluntary counselling and testing (VCT) is founded on the principle that an HIV-positive diagnosis can lead to significant psychological problems, which may be compounded by rejection and discrimination if others learn of the diagnosis. It is therefore essential that testing be accompanied by all of the following:

- Pre-test counselling to enable people to make an informed choice about whether or not to take the test;
- Post-test counselling to help those whose result is positive to cope and live positively, and to advise those whose result is negative on how to prevent infection;
- Informed consent to ensure that the person agrees to be tested and has a clear understanding of its implications; and
- Confidentiality to guarantee that no information about a person is passed on to anyone without that person's permission[14].

When the EDF personnel test positive, all efforts are made to look after their health. In general, they are given prophylaxis and medicines for opportunistic infections. They continue to have access to counselling, and efforts are made to take care of their nutritional needs. HIV-infected personnel in the EDF are allowed to continue in the service, and the EDF tries to assign them to duties where their health is not compromised.

The personal testimonies of PLWHA and the manner in which the EDF looks after HIV-positive military staff helps create a positive atmosphere for the care and support of PLWHA. In addition, the EDF has concrete plans to start support groups for PLWHA. These plans include having some PLWHA trained in counselling skills as well as in peer education.

[14] *HIV and the World's Armed Forces.* Healthlink Worldwide, 2002, p.34

6. Demobilization of 'change agents'

"Demobilization could be a major opportunity whereby trained and skilled members of the EDF in their tens of thousands could easily be turned into instruments of change and messengers of the anti-AIDS campaign… I am sure that with hard work and cooperation we can make a difference," said H.E. Gen. Sebhat Ephrem, the Minister of Defence for Eritrea during his speech at the launch of the EDF programme for HIV/AIDS in May 2001. To make a difference and to utilize demobilization for HIV/AIDS prevention in the general population, the EDF intends to reach all personnel serving in the EDF and NSC through the peer leadership approach before they are demobilized. If the EDF succeeds in implementing all the peer leadership activities it is planning, it will have reached all of its personnel with HIV/AIDS messages. This will hopefully foster behavioural change, which will continue beyond demobilization.

In addition, 1,000 young women and men serving in the EDF and NSC will be chosen to become 'change agents' within communities across the nation. They will receive training on skills such as interpersonal communication on behavioural change, peer education, life skills, and community-based approaches. They are expected to work with communities to minimize the risks of HIV transmission. This work will be part of the regular service of the selected conscripts. Participation of PLWHA as change agents is also foreseen. National networks such as the National Union of Eritrean Youth and Students (NUEYS) and the National Union of Eritrean Women (NUEW) will participate and provide necessary links to communities as well as technical support.

Lessons learned

Act during conflict

If a core group of trainers and peer leaders has been trained, it is feasible to conduct peer leadership activities even during a conflict.

Utilize the military command structure

The military structure and its operational approach provide an opportunity to reach a significant percentage of the sexually active population in an organized setting, which is ideal for implementing HIV/AIDS activities efficiently. For example, in the military command structure, condoms can be easily distributed to reach the smallest units, and peer leadership cascade training can easily multiply the number of soldiers reached.

Plan ahead

The command structure in the military facilitates the implementation of activities. A long-term HIV/AIDS strategy will only be effective if it enjoys the full support and engagement of the high command. Planning ahead helps to ensure that the different parts of the programme are linked to, and can support, each other. For example, the peer leadership activities benefit from well-planned behavioural change communication materials that can support the messages given by the peer leaders. Peer leaders and other stakeholders should participate in planning the activities to guarantee that they have the necessary resources and materials available for implementing the peer leadership programme. Ensuring continuous and long-term funding from national sources as well as from external donors requires a concrete and sustainable programme with clear plans for implementation.

Seeing is believing

The seminars for the military conducted by soldiers living with HIV have proved to be a very powerful form of advocacy. They create a supportive atmosphere for breaking the silence around HIV/AIDS and reducing the stigma.

Support PLWHA

PLWHA need to be involved in the planning of the activities that concern them. They may also need further training, such as in management or counselling, in order to be meaningfully involved. The establishment of a PLWHA support group in the military facilitates their involvement in planning and decision-making.

Involve stakeholders

The involvement of stakeholders in an advisory committee (such as the Task Force on HIV/AIDS) assists in the planning and implementation of a comprehensive HIV/AIDS programme in the military. Collaboration with the Ministry of Health and the National HIV/AIDS/STI and Tuberculosis Control Division is important, as they are able to assist with technical expertise that may be lacking in the military. This linkage is especially important in planning the continuation of HIV/AIDS activities for demobilized soldiers.

Incorporate gender issues

The armed forces in Eritrea have a large number of women serving in the military. Within the ranks, female uniformed personnel are especially vulnerable. Besides being biologically more vulnerable than men, women are often at a disadvantage in sexual negotiations, including negotiations for condom use. HIV/AIDS activities need to include gender components—for example, by having female peer leaders talk to female military personnel, by having peer facilitation groups organized according to gender, by promoting and distributing female condoms, and by introducing a gender-based approach for HIV prevention to men.

An estimated 30% of the EDF are women, whose special needs and concerns are being addressed.

Use demobilization for further HIV/AIDS activities

Demobilized combatants can become very effective change agents in their communities. There needs to be a plan in place for utilizing trained, demobilized soldiers for further HIV/AIDS work. Collaboration with civilian authorities, notably with the National AIDS Programme, is required.

Summary matrix

Relevance The start of the conflict with Ethiopia and the massive mobilization of young people into the armed forces created a high risk environment for the transmission of HIV. It was therefore extremely urgent and relevant that HIV/AIDS activities be initiated within the military. In addition, the National HIV/AIDS Policy regards youths and the military as priority groups within the national response to HIV/AIDS.
Effectiveness The EDF is aiming to reduce the incidence and impact of HIV and STIs on its personnel. Judging from the increased demand for condoms and VCT services, as well as the decreased incidence of STIs within the military, the EDF activities appear to have been effective in instilling behavioural change among its personnel. The 'Seeing is believing' seminars have succeeded in breaking some of the conspiracy of silence around HIV/AIDS. More people are seeking voluntary counselling and testing and, in general, there is more openness about HIV. The psycho-medical support that the EDF is providing for PLWHA has improved their well-being and encourages more HIV-positive people to speak openly about their status.
Efficiency In the military, the command structure is utilized for implementation, where a command is executed without delay. This helps to ensure that activities are implemented efficiently in a timely and effective manner. Furthermore, the military-to-military peer leadership approach is an efficient way of reaching and influencing the largest possible number of military staff in order to change their behaviour with a limited amount of resources.
Ethical soundness Most of the activities appear to be ethically sound. The peer leadership activities are expected to be equally distributed and reach everyone in the military and beyond. The awareness campaigns are breaking the silence around HIV/AIDS, and more people are coming forward for VCT services. The VCT services are expected to be offered to everyone in the military, though there are still some questions regarding confidentiality because of limited resources. In addition, PLWHA are involved in the implementation of activities.
Sustainability HIV/AIDS activities have been integrated into existing activities—for example, the training of new conscripts and officers. The EDF has succeeded in training a pool of trainers within its staff for peer leadership activities, who can pass on their knowledge and skills to other military staff. These measures ensure, to some extent, the sustainability of the HIV-prevention activities in the EDF. The sustainability of behavioural change after demobilization depends on the effectiveness of the training in the military and on the measures taken by the civilian authorities. As Dr Haile Mehstun, the Director of the EDF Health Services says, "We are just beginning".

UN MISSION IN ETHIOPIA AND ERITREA (UNMEE)

Task Force on HIV/AIDS

Just two months after deployment of the peacekeeping force, the UNMEE Task Force on HIV/AIDS was established and launched the mission's response to the epidemic. The early start was influenced by two factors: firstly, UN Security Council Resolution 1308 and the agreement between UNAIDS and DPKO obliging peacekeeping operations to start HIV/AIDS activities; and, secondly, the UNAIDS Country Coordinator (UCC) in Eritrea actively encouraged UNMEE officials to start such activities.

"UNMEE will continue its HIV/AIDS training until its mandate ends, given the vital need for it in a peacekeeping environment."

Ambassador J. Legwaila, the Special Representative of the Secretary-General (SRSG) in Eritrea, pledges his support to the UNMEE HIV/AIDS prgramme during World AIDS Day, 1 December 2002.

In order to emphasize the importance of HIV/AIDS within UNMEE, the Task Force is chaired by the UNMEE Deputy Special Representative of the Secretary-General (DSRSG), giving a high profile to the issue within the mission. The UNAIDS Country Coordinator acts as a co-chair and other members include the UNMEE HIV/AIDS Policy Officer and the Chiefs of Health and Training Cells, a representative from the EDF Health Services, and one representative from each of the main force contingents.

The Task Force is responsible for developing and overseeing the implementation of the UNMEE HIV/AIDS Programme and for establishing and maintaining collaborative action with the EDF. The Task Force meets once a month to review the progress of the programme, to adopt the budget and to make recommendations to the SRSG and national armies.

Formulating the HIV/AIDS programme

In order to assist in the formulation of a comprehensive HIV/AIDS programme for UNMEE, a technical assistance mission was undertaken to Eritrea to assess the HIV/AIDS situation within the military at the request of the UN Theme Group on HIV/AIDS. This mission was considered critically important since it initiated the development of an HIV/AIDS programme for both military and civilian personnel in UNMEE and assisted in strengthening collaboration with the Eritrean Ministry of Health and the EDF.

The mission consultant, Captain Stephen Talugende of Uganda, summarized his observations on the peacekeepers, as follows[15]:

"Because of the different backgrounds of the troops on HIV/AIDS-related issues in their mother countries, we found that the level of understanding differs greatly. Like in most communities, the impact of the pandemic is well known, but problems lie in understanding transmission modes and prevention means, and there are numerous gaps in proper condom use. Some contingents felt that their religious and cultural practices were strong enough to facilitate prevention."

Mission consultant, Captain Stephen Talugende, of Uganda.

These findings set the tone for the planning process. It was fundamental to plan for behavioural change interventions that would work effectively with peacekeepers from different backgrounds. It was also important to concentrate on prevention as most nations only deploy peacekeepers with a negative serostatus after mandatory testing of the troops.

The UNMEE HIV/AIDS Programme was developed during a half-day workshop, and approved by the Task Force. The programme started with the Training of Trainers course on peer leadership in each contingent. In turn the peer leaders develop and implement programmes for peer education in their own contingents. This approach allows the contingents to take into consideration the different practices of HIV prevention in their own countries. Upon completion of a given ToT course, contingents develop action plans upon which cascade training is based. As a result, the trained trainers become peer educators at contingent level. As of early 2003, UNMEE had conducted 11 Training of Trainers courses, which have regularly benefited personnel within the EDF, and have provided training to a total of 150,000 soldiers in the EAF (Ethiopian Armed Forces).

With the support of UNAIDS, DPKO has established the posts of HIV/AIDS Policy Advisor for each major UN peacekeeping mission posts that are key to the development of a permanent HIV/AIDS coordinating structure and for ongoing HIV/AIDS activities within each mission. The HIV/AIDS Policy Advisor in UNMEE was posted 20 months after the peacekeeping mission was deployed, although HIV/AIDS activities began with the inception of the mission, with the support of UNAIDS.

The involvement of commanders is key to the success of HIV/AIDS activities within the contingents. At the early stages of the UNMEE programme, some commanders failed to support the trained officers in their contingents in organizing further cascade training and other HIV/AIDS activities. To gain their support, the DSRSG joined the Force Commander in one of his regular meetings with the commanders to talk about the importance of HIV/AIDS activities for the peacekeepers. A big change at all levels followed this meeting.

[15] Report on Technical Assistance Mission to Eritrea on HIV/AIDS and Military Populations for UNAIDS, Captain Stephen Talugende, May 2001.

The UNMEE HIV/AIDS Programme

Goals

- To enable UNMEE military and civilian personnel to assess and respond to HIV transmission risk factors in a post-conflict situation.
- To increase the awareness of UNMEE military and civilian personnel staff on the nature of the HIV/AIDS epidemic and its potential impact at the level of the individual and the family.
- To facilitate the creation of a supportive environment in the workplace.
- To promote an alliance between UNMEE and the EDF to combat the spread of HIV and STIs within the ranks and to protect the civilian society.

Strategies

- To strengthen the capacity of each UNMEE contingent and the UNMEE headquarters to carry out behavioural change interventions for military and civilian personnel on the mission.
- To maintain continuous HIV/AIDS behavioural change interventions (BCI) in the mission area.
- To increase access to, and use of, male and female condoms for all UNMEE military and civilian staff.
- To build the capacity of UNMEE to provide ad hoc HIV/AIDS counselling and testing services.

1. Increasing awareness

Civilian, administrative and military staff at the UNMEE Headquarters

Before UNMEE started its HIV/AIDS activities, UNAIDS, together with UNICEF, had initiated the 'Caring for us' programme to increase HIV/AIDS awareness among staff of the UN system, its partner organizations and UNMEE. Following this, UNMEE started organizing half-day awareness sessions for its civil and administrative staff at the Force Headquarters. These workshops helped to create a positive attitude in UNMEE towards further HIV/AIDS activities, both for the civilian and military staff.

The workshops evolved into weekly two-hour HIV/AIDS awareness sessions for the staff at the UNMEE Force Headquarters. The sessions include a 20-minute video clip on STIs, HIV/AIDS and safe sex. There are also discussions on the issues addressed in the video, along with basic facts and global statistics on HIV/AIDS, risk factors for contracting HIV, male and female condom demonstrations and advice about overcoming negative attitudes to condoms.

Military staff in the contingents

When peacekeepers are rotated and new troops arrive in Eritrea, they receive an HIV/AIDS awareness session to equip them with basic knowledge on HIV/AIDS in Eritrea, in the military, and how to protect themselves.

Peer education

As with the EDF, the UNMEE Peer Education Programme is based on cascade training of peer leaders. Training of trainers workshops are organized for representatives from each contingent, who, in turn, train peer leaders within their contingents.

Members of the Indian contingent role-plays during an event organized by UNMEE on World AIDS Day 2002.

The participants in the Training of Trainers workshops are expected to:

- be fluent in the language used for the training in order to be able to follow the workshop;
- have a background in health or social work; and
- be interested and motivated.

The training aims to teach participants the necessary skills to plan, organize, conduct and evaluate cascade training in HIV/AIDS behavioural change communication (BCC) at their contingent or command levels. "I had no real interest in the subject," says Kieran, a company sergeant with the Irish contingent, "but I went because of where we are and because of the number of people under my command. I found the training useful and after it I was able to talk to some of the men who I had had my eye on. They were happy about it." Sometimes there are problems getting all the participants motivated, but the nature of the workshop is very participatory and interactive and manages to win over most participants. At the end of a training session, one participant, a doctor, commented, "When we came for this workshop, as doctors, some of us, myself included, felt that there was nothing to learn. But I want to acknowledge here that the training has proved to be very educational and interactive and I commend the organizers for the good training."

A critical part of the training is the development of action plans (see table below) by the participants for the implementation of HIV/AIDS activities within their contingents. These plans give clear guidelines for the trainers and help them to know what to do and when.

No	ACTIVITIES	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
1	Conduct ToT	x								
2	Focus group discussions in all posts/checkpoints and feedback to include audience analysis		x							
3	Sensitization of commanders		x							
4	Mobilization of resources, material production, venue identification and establishment of financial support, selection of trainees			x						
5	Identification of speakers and preparation of training programme				x					
6	Conduct first peer leadership training				x			x		x
7	Evaluate training to identify achievements and setbacks and write report to UNMEE HIV/AIDS Task Force					x				
8	UNMEE HIV/AIDS Task Force meeting to discuss future plans						x			
9	Link with the EDF and civilian authorities for a joint campaign							x		
10	Validate and modify training, as necessary							x		

Example of an HIV/AIDS action plan for one rotation of peacekeepers (average 6-12 months)

Rotation of the troops and possible transfer of other staff in a peacekeeping operation can cause serious problems for the implementation of a programme, such as the peer leadership cascade training, unless preparations have been made for the continuation of such activities. At one point, the UNMEE peer leadership activities came to a halt due to rotations, although they had been successfully implemented throughout the first year of deployment. The issue of sustainability was identified as a major challenge that has been partially addressed through the posting of a permanent HIV/AIDS Policy Advisor to ensure continuity.

HIV/AIDS awareness cards

UNAIDS is exploring ways of working with military forces around the world and has taken steps to provide easy-to-carry-and-use materials on HIV prevention. Together with DPKO, it has produced an HIV/AIDS Awareness Card for Peacekeepers that can be distributed to UN military personnel to enhance prevention activities. Eritrea is one of the countries that UNAIDS has focused on with this initiative because of the presence of over 4,000 UN peacekeepers.

The HIV/AIDS Awareness Cards are available in 11 languages, covering 90% of the languages of all UN troop-contributing countries (TCC). UNMEE distributes the cards in Arabic, Bengali, French, Hindi, Kiswahili, Spanish and Russian, in addition to English. The method of distribution within contingents is at the discretion of each HIV/AIDS Peer Leader. Each Training of Trainers on Peer Leadership workshop includes a session on the HIV/AIDS Awareness Cards, and the trainers and peer leaders are urged to carry them as well as promote and distribute them. The cards are to remind peacekeepers about HIV but can also provide support to the peer leaders when speaking with their peers about issues related to HIV/AIDS.

An independent evaluation[16] demonstrated that, to date, few peacekeepers had seen the cards or had them in their possession. This is most likely because the evaluation was conducted soon after rotation of contingents and not many had had access to the cards. Those who had them found them to be frank, helpful and easy to understand.

2. Promoting access to condoms

Access to condoms is often dependent on the policies of the TCC. Some of them include condoms in the rations for their troops. Some provide unlimited access to condoms, while others control condom distribution very tightly and condoms can be obtained only from the medical officer. Some however restrict the mobility of the peacekeepers in order to avoid risky situations.

Nevertheless, the UNMEE HIV/AIDS Programme is trying to increase access to and use of condoms. It supplies both male and female condoms free to those contingents that do not include condoms in their consignments. However, some troops still do not have unlimited access to condoms due to the different cultural and religious beliefs and practices concerning condom use.

[16] Evaluation of HIV/AIDS awareness cards and prevention activities in UNMEE, Eritrea. Refugee Trust International on behalf of the UNAIDS Humanitarian Unit, draft report, April 2002.

3. Voluntary counselling and testing (VCT)

Most TCCs participating in the UNMEE operation test their peacekeepers on a mandatory basis and deploy only those who are HIV-negative, though DPKO does not require peacekeepers to be tested for HIV and UNAIDS recommends voluntary confidential counselling and testing. Some of the contingents participating in the UNMEE operation bring HIV test-kits with them but only a few have proper pre- and post-test counselling services. Due to the HIV/AIDS activities, the demand for VCT has increased but only the UNMEE central military hospital at headquarters and two contingents have been able to offer VCT services. In November 2001, a statement by the UNMEE HIV/AIDS Task Force recommended that DPKO and UNAIDS discuss with TCCs the systematic inclusion of at least one experienced HIV/AIDS counsellor in all contingents that have a strength of over 200 people and that are deployed for a period of six months or more in order to satisfy the demand for VCT from peacekeepers.

Mandatory versus voluntary HIV testing

Mandatory testing for the military was first established in the United States of America in 1985. By 1995, according to a survey carried out by UNAIDS and the Civil-Military Alliance to Combat HIV and AIDS, HIV testing was carried out in some form by 93% of the reporting armies. Some 43 of the 62 responding countries stated that they impose mandatory HIV testing in some situations[17].

UNAIDS maintains that mandatory HIV testing has not demonstrated individual or public health benefits and can result in significant negative outcomes for those testing positive. Therefore, UNAIDS believes that voluntary confidential counselling and testing is the most effective means of preventing HIV transmission among peacekeepers, host populations, and the partners of peacekeepers and should be provided to military personnel within a comprehensive and integrated package of HIV-prevention-and-care services[18].

4. Beyond UNMEE

As a result of their joint initiatives, UNMEE, the EDF and EAF have built a strong alliance around HIV/AIDS issues. Currently, numerous possibilities exist for mutual cooperation in the implementation of prevention and care programmes in the uniformed services and the host communities, such as joint training in peer education and counselling, awareness campaigns and the development of VCT services. Within the civilian host community, staff from major international hotels have benefited from training and have become peer leaders themselves. Sex workers have equally benefited from the training and participate actively in condom use demonstrations. Further community programmes are being developed to involve youth groups, women's associations and faith-based organizations.

Trained representatives from various UNMEE contingents have already begun to share their experience with the military in their countries of origin. The medical officers from the Indian, Jordanian and Kenyan battalions went back to their countries after completing their tour of duty with the intent of pursuing similar HIV/AIDS activities in their own armies. At the time that one

[17] *HIV/AIDS and the Military*, UNAIDS Point of View, May 1998.
[18] Report on the UNAIDS Expert Panel on HIV Testing in United Nations Peacekeeping Operations. UNAIDS, November 2001. Bangkok, Thailand.

Kenyan battalion was going back home, Kenya was declaring AIDS a national disaster. The Kenyan peer leaders trained during their participation in UNMEE went back to that environment and were able to continue their activities at home, influenced by their experiences in UNMEE. Dr Muyoti, a medical officer who served with the Kenyan battalion at UNMEE, said: "Often I meet with those who were trained in peer leadership and they tell me about their successes and worries…most have undergone further training as counsellors to run the numerous VCT centres, which they do on a voluntary basis and are, needless to say, at the forefront of the war."

In India and Jordan, the momentum has not yet transformed good intentions into action but plans are under way and may materialize in the near future. Brian, a sergeant in the Irish contingent, says that he would like to carry on with HIV/AIDS training, and would like to go to schools in Ireland to talk about HIV/AIDS.

The ripple effects of the UNMEE programme can also be felt in the local communities. UNMEE has been able to organize joint awareness campaigns, such as World AIDS Day activities, with the EDF and EAF, as well as joint peer leadership training with a local business. In addition, UNMEE has provided medical support for the local communities. In early 2003, UNMEE joined forces with the UN agencies in Eritrea to undertake a ToT on peer leadership for national staff of UNMEE and UN agencies, strengthening each agency's respective workplace-based HIV/AIDS programme.

Lessons learned[19]

Use a military-to-military approach

- Peer leadership activities conducted by the military for the military have proven to be a successful approach to promoting awareness about HIV/AIDS. The activities respect military hierarchy and rank, and having soldiers educate their peers makes the messages more credible[20].
- This approach facilitates HIV/AIDS training in a multicultural environment, such as a peacekeeping mission, where uniformed service personnel from different contingents are trained to train members from their own contingents.

Link up with the national army and other stakeholders

- Linking up with the national army opens up possibilities for synergetic activities. In the case of UNMEE and the national armies of Eritrea and Ethiopia, the members of the military have all benefited from the joint activities, particularly from the peer leadership training.
- The institutional linkages forged by UNMEE and the EDF (and, equally, EAF) facilitate the flow of information and sharing of activities and ideas.
- The participation of high-level representatives from UNMEE in the national UN Theme Group/Technical Working Group on HIV/AIDS mechanism ensures integration and coordination of the mission's HIV/AIDS activities with all partners, as well as access to

[19] Some of the lessons learned here apply also to national military, especially the following: use military-to-military approach, link up with national army and other stakeholders, involve commanders, and develop training manual.

[20] Prevention of HIV Transmission amongst Uniformed Services, Including Armed Forces and UN Peacekeepers: The Experience of Eritrea. UNAIDS Eritrea. October 2002.

[21] Ibid.

- HIV/AIDS may even constitute an entry point for renewed interaction between countries in conflict, particularly in an African context.

Institutionalize

- Early establishment of an appropriate decision-making and consultative mechanism within the peacekeeping mission (such as the HIV/AIDS Task Force) is necessary to facilitate planning, implementation, coordination and monitoring of the mission's HIV/AIDS activities, as well as collaborative action with external partners. It may even be necessary to establish an HIV/AIDS unit that has an institutional status that allows it to demand services from training, health or any other cells within the peacekeeping mission. At least, the early appointment of the HIV/AIDS Policy Advisor officer ensures the start and continuation of the activities.
- Participation of all contingents and the involvement of military and civilian personnel are prerequisites for the ownership and continuity of the programme.
- General guidelines for HIV/AIDS activities within a peacekeeping mission by DPKO/UNAIDS would help in setting up the activities in each mission. Such guidelines should specify the inclusion of necessary services and materials related to HIV/AIDS in the agreements between DPKO and TCCs.

Involve commanders

- The support of the contingent commanders is crucial to the effective implementation of HIV/AIDS activities within contingents. It is important that high-level decision-makers show their support for the programme in front of the commanders. To ensure that the commanders understand the importance of the HIV/AIDS activities and the kind of support expected from them, a programme for their sensitization needs to be put in place.

Plan for rotation

- One of the greatest problems for the HIV/AIDS Programme and the timing of the peer leadership training in a peacekeeping mission is the frequent rotation of troops (often every 6, and sometimes 12, months). If not addressed, this may stall action plans that have been developed.
- For the HIV/AIDS programme to be effective and continuous, ToT workshops should be planned to overlap. Hence the need to consider utilizing already qualified contingent trainers to induct their own countrymen prior to rotation or to extend the tour of duty by two weeks for those trained as trainers in HIV/AIDS Peer Leadership to facilitate overlap of the HIV/AIDS programme with incoming troops [22].

Involve trainers

- The Training Chiefs in each mission area need to be involved in the ToT workshops since they are expected to assist with the programming, monitoring and evaluation of the training.

[22] Ibid.

Encourage VCT

- Although the establishment of a large peacekeeping mission may not pose an added HIV risk by itself as most nations test their troops and deploy only the seronegative personnel, DPKO does not endorse mandatory testing and UNAIDS recommends voluntary HIV counselling and testing in the context of a peacekeeping operation.
- Implementation of a comprehensive and systematic HIV/AIDS programme in a peacekeeping mission will naturally lead to demand for VCT. However, the duration of a peacekeeping mission (six months) does not make it feasible to train counsellors for each contingent, as that training takes four-to-six weeks.
- The peacekeepers must, however, have access to VCT services during their mission and there should be at least one place where these services are offered, such as the central military hospital.
- Alternatively, TCCs should send experienced counsellors with their troops, as recommended by the UNMEE HIV/AIDS Task Force.
- For those who may not want VCT during the mission, group counselling for departing troops may provide the best opportunity to once more encourage testing and to advise on the use of testing services that include proper confidential counselling.

Consider religions and cultures

- Different prevention practices, knowledge and backgrounds of the peacekeepers regarding sexuality and HIV/AIDS make it difficult to have one concise programme for them all. Many understand that condoms offer protection, but many also believe that religion is just as good at protecting them from HIV. This creates opposition to the promotion of safer sexual practices, such as condom use.
- Religion and culture are important tools in this campaign but, for effectiveness, a combination with other approaches, such as the promotion of safer sexual practices, will yield better results.
- Efforts should be made to take into consideration cultural and social differences and sensitivities during the training sessions to avoid rejection/unhappiness.

Enforce action plans

- Action plans are a crucial component in the success of the programme. It is essential to have mechanisms and tools in place to closely monitor and evaluate the action plans.
- Action plans should be followed by external validation of training and a behavioural survey programme to assess the impact of the training and review the training objectives.

Include gender issues

- International peacekeeping and security operations may integrate personnel from different cultural and educational backgrounds. This diversity can impose negative expectations of gender roles among uniformed services personnel.
- The gender component (beyond the promotion of female condoms) in an HIV/AIDS programme of a peacekeeping mission is of the utmost importance.

Develop a training manual

- The draft *Uniformed Services HIV/AIDS Peer Leadership Guide* has proved to be a valuable tool in the training of peer leaders in the uniformed services and it can easily be adapted in other organized institutions with minimum modifications.
- It can be modified to accommodate different cultural practices and beliefs.
- To further develop the manual, it may be necessary to consider convening a panel whose mission would be to evaluate existing guides and manuals with a view to standardizing most of the training in all mission areas.
- The manual needs to incorporate gender issues.

Use trained peer leaders for HIV/AIDS training for outgoing peacekeepers

- Many peacekeepers trained by UNMEE as peer leaders have gone back home with plans to continue their HIV/AIDS activities.
- These peer leaders have personal experience and knowledge related to specific factors and stresses that make peacekeepers vulnerable to risky behaviour in mission areas.
- TCCs should utilize these peer leaders in the training of troops going on mission, in order to decrease the troops' potential for exposure to risky situations.
- Furthermore, cooperation and knowledge-sharing between armed forces from different countries would benefit the HIV/AIDS activities of individual armies.

Summary matrix

Relevance International peacekeepers are deployed in conflict or post-conflict situations, where the risk of HIV/AIDS transmission is high. The UN Security Council has recognized the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel, and requested the organization of HIV/AIDS education for staff involved in peacekeeping operations. HIV/AIDS activities in a peacekeeping operation are not only relevant to the international peacekeepers but also to the civilian populations both in the country of deployment and in the home countries of the peacekeepers.
Effectiveness There are no measures to quantify the impact the project has had on the peacekeepers, local militaries and/or the TCCs. However, the UNMEE HIV/AIDS Programme appears to have been very effective, especially in its peer leadership activities. Since the start of its HIV/AIDS activities, UNMEE has successfully trained a total of 294 trainers and 397 peer educators through its ToT workshops and cascade training. Even though there was one gap in their implementation, the UNMEE training activities were resumed as soon as the opportunity arose. There appears to be increased knowledge of HIV/AIDS within contingents but, as the duration of a peacekeeping mission is short (6-12 months), it is difficult at this stage to evaluate the longer-term benefits for the peacekeepers.
Efficiency The cascade training of peer leaders is an efficient way of reaching the troops. First, the training of peer leaders does not involve any additional resources other than organizing the first Training of Trainers workshop. The rest of the cascade training takes place within the contingents with the existing military staff. Secondly, the training can easily be modified for the needs of each contingent, taking into consideration different cultures, religions and languages. The ToT workshops have been found to be very cost- effective.
Ethical soundness The UNMEE HIV/AIDS activities are expected to reach everyone in the mission to ensure an equitable distribution of activities and benefits. The members of each contingents plan the HIV/AIDS activities within their contingents, which brings community participation into the planning and implementation of these activities.
Sustainability The annual/biannual rotation of peacekeepers causes problems regarding the sustainability of the HIV/AIDS programme within a peacekeeping operation. In particular, it disrupts the peer leadership training activities. In the case of UNMEE, the absence of an HIV/AIDS Policy Advisor also made the whole programme more vulnerable to disruption. The presence of an HIV/AIDS Policy Advisor has improved the continuity of all the HIV/AIDS activities, including peer education, and has increased the sustainability of the programme.

CONCLUSION AND CALL FOR ACTION

The case study of Eritrea demonstrates the individual and combined efforts of the Eritrean Defence Force and those of the UN peacekeeping mission in fighting HIV/AIDS. These targeted efforts have gone a long way towards responding to the challenges of HIV/AIDS both in and outside the country.

The EDF recognized early on the need to tackle HIV/AIDS, particularly among its young men and women. The progress made in changing attitudes, encouraging voluntary counselling and testing, providing care and support, and involving soldiers living with HIV/AIDS has helped to break the silence surrounding HIV/AIDS and to encourage individuals to confront the epidemic head on.

The UN peacekeeping mission in Ethiopia and Eritrea has set a precedent in the way a UN peacekeeping mission is able to address and respond to HIV/AIDS within a mission and with its host countries. It has demonstrated that, by bringing all stakeholders together, significant ripple effects can be felt, including in troop-contributing countries.

Such efforts are an exemplary illustration of the kind of action needed to address the global HIV/AIDS crisis declared by all Member States in June 2001[24]. In conclusion, and to reinforce the call for action expressed by Member States, the following points should be emphasized:

1. Involve national and international security institutions at the highest levels.
2. Ensure the establishment of an institutionalized and sustainable HIV/AIDS structure reflecting multisectoral representation.
3. Engage all relevant stakeholders throughout the process in order to generate an effective and comprehensive response.
4. Establish response systems to provide early and effective HIV/AIDS awareness in conflict and post-conflict situations.
5. Use militarized environments as a potential opportunity for social mobilization where personnel can be trained as change agents in the fight against HIV/AIDS.
6. Ensure that information on HIV/AIDS is passed on effectively to the maximum number of peers through the change agents.
7. Those who are trained in peer-to-peer training methods should be offered the maximum opportunity to continue imparting these skills as well as their advanced knowledge of HIV/AIDS issues.

The actions undertaken by the EDF and UNMEE illustrate how the uniformed services can be successfully engaged in the fight against HIV/AIDS, even in the challenging context of post-conflict recovery.

[24] Declaration of Commitment on HIV/AIDS, UN General Assembly Special Session on HIV/AIDS, June 2001.

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The following training material is used during the UNMEE Training of Trainers on Peer Leadership workshops:

- HIV/AIDS Awareness Cards for Peacekeepers (UNAIDS DPKO);
- Protect yourself and those you care about against HIV/AIDS (DPKO);
- Winning the War against HIV and AIDS A Handbook on Planning, Monitoring and Evaluation of HIV Prevention and Care Programmes in the Uniformed Services, and its electronic package (Civil-Military Alliance, CMA); and
- HIV/AIDS Training in Military Populations for Behavioural Change Interventions (Lieut. Col. Michael D.M. Munywoki).

ANNEX I

United Nation Security Council Resolution 1308 (2000)

Adopted by the Security Council at its 4172nd meeting, on 17 July 2000

The Security Council,

Deeply concerned by the extent of the HIV/AIDS pandemic worldwide, and by the severity of the crisis in Africa in particular,

Recalling its meeting of 10 January 2000, on "The situation in Africa: the impact of AIDS on peace and security in Africa", taking note of the 5 July 2000 report from UNAIDS (S/2000/657) which summarizes follow-up actions taken to date; and recalling further the letter of its President dated 31 January 2000 addressed to the President of the General Assembly (S/2000/75),

Emphasizing the important roles of the General Assembly and the Economic and Social Council in addressing HIV/AIDS,

Stressing the need for coordinated efforts of all relevant United Nations organizations to address the HIV/AIDS pandemic in line with their respective mandates and to assist, wherever possible, in global efforts against the pandemic,

Commending the efforts by UNAIDS to coordinate and intensify efforts to address HIV/AIDS in all appropriate forums,

Recalling also the 28 February 2000 special meeting of the Economic and Social Council, held in partnership with the President of the Security Council, on the development aspects of the HIV/AIDS pandemic,

Welcoming the decision by the General Assembly to include in the agenda of its fifty-fourth session an additional item of an urgent and important character entitled "Review of the problem of HIV/AIDS in all its aspects", and encouraging further action to address the problem of HIV/AIDS,

Recognizing that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society,

Reaffirming the importance of a coordinated international response to the HIV/AIDS pandemic, given its possible growing impact on social instability and emergency situations,

Further recognizing that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care,

Stressing that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security,

Recognizing the need to incorporate HIV/AIDS prevention awareness skills and advice in aspects of the United Nations Department of Peacekeeping Operations' training for peacekeeping personnel, and welcoming the 20 March 2000 report of the United Nations Special Committee on Peacekeeping Operations (A/54/839) which affirmed this need and the efforts already made by the United Nations Secretariat in this regard,

Taking note of the call of the Secretary-General in his report to the Millennium Assembly (A/54/2000) for coordinated and intensified international action to reduce the HIV infection rates in persons 15 to 24 years of age by 25 per cent by the year 2010,

Noting with satisfaction the 13th International AIDS Conference, held from 9 to 14 July 2000 in Durban, South Africa, which was the first conference of this type to be held in a developing country and which drew significant attention to the magnitude of the HIV/AIDS pandemic in sub-Saharan Africa, and *further noting* that this Conference was an important opportunity for leaders and scientists to discuss the epidemiology of HIV/AIDS and estimates of resources needed to address HIV/AIDS, as well as issues related to access to care, mother to child transmission, prevention, and development of vaccines,

Bearing in mind the Council's primary responsibility for the maintenance of international peace and security,

1. *Expresses concern* at the potential damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel;

2. *Recognizes t*he efforts of those Member States which have acknowledged the problem of HIV/AIDS and, where applicable, have developed national programmes, and encourages all interested Member States which have not already done so to consider developing, in cooperation with the international community and UNAIDS, where appropriate, effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of their personnel, as an important part of their preparation for their participation in peacekeeping operations;

3. *Requests* the Secretary-General to take further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training for all peacekeeping personnel on these issues;

4. *Encourages* interested Member States to increase international cooperation among their relevant national bodies to assist with the creation and execution of policies for HIV/AIDS prevention, voluntary and confidential testing and counselling, and treatment for personnel to be deployed in international peacekeeping operations;

5. *Encourages*, in this context, UNAIDS to continue to strengthen its cooperation with interested Member States to further develop its country profiles in order to reflect best practices and countries' policies on HIV/AIDS prevention education, testing, counselling and treatment;

6. *Expresses* keen interest in additional discussion among relevant United Nations bodies, Member States, industry and other relevant organizations to make progress, *inter alia*, on the question of access to treatment and care, and on prevention.

ANNEX II

DECLARATION OF COMMITMENT ON HIV/AIDS "Global Crisis—Global Action"

New York, 27 June 2001

HIV/AIDS in conflict and disaster-affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS Paragraphs 75 – 78

75. 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;

76. Call 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;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/ AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

ANNEX III

HIV/AIDS Awareness Card for Peacekeeping Operations

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.

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.

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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.

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