In February 2006, the UN Special Committee on Peacekeeping commended efforts to tackle the challenge of HIV/AIDS in peace operations, but emphasized “the need to raise awareness among United Nations peacekeeping personnel.” That month, the issue’s importance was highlighted in the final report of a 2005 survey of HIV/AIDS knowledge, attitude, and practice among 667 uniformed personnel* in the UN Mission in Liberia (UNMIL).

Preliminary analysis of the survey (reported in last Review) suggested that three-quarters of those interviewed had a “comprehensive knowledge” of HIV. But closer investigation indicated that only 51 percent actually had this level of knowledge. There were wide disparities, ranging from 56 to 100 percent, in reported levels of predeployment training among the different contingents, military observers, and police officers; of those who had been deployed for at least a month, 88 percent had received awareness training in the mission area.

HIV testing has always been a controversial issue for peacekeeping. Eighty percent of those interviewed had undergone an HIV test specifically as part of their predeployment preparation, though differences were noted on whether it was mandatory or voluntary, and only around half had received any counseling; 84 percent expressed an interest in having an HIV test in the mission area. Nearly half knew at least one person who had died as a result of AIDS, but 88 percent considered themselves to be at low risk or no risk of contracting HIV.

One-hundred-twenty respondents reported having had sex while deployed, of whom one in five admitted to having exchanged money, gifts, or services for sex. The actual figures for sexual activity are probably higher as investigations into sexual exploitation and abuse undoubtedly influenced responses. Nearly all knew where to get condoms, but of those that reported having had sex in Liberia, around a fifth did not use condoms consistently.

The deployment of peer educators within contingents and initiating peer education programs within UNMIL were key recommendations of the report. It also underscored the importance of voluntary counseling and testing (VCT) as a central element in behavior change and noted that peacekeepers do not operate in a vacuum so there is a need for outreach programs to the local community.

The UN has underlined that HIV/AIDS should not only be addressed in terms of mission personnel but should also be integrated into mandated mission functions. In July 2005, the UN Disarmament, Demobilization and Reintegration (DDR) Unit in Khartoum agreed to an interim DDR program with commissions from north and south Sudan. This noted that “HIV/AIDS awareness is vital for the reintegration process” not least because it led local authorities to “focus on combatants and their families, rather than on combatants alone.”

In March 2006, a joint mission to Sudan by the UN Department of Peacekeeping Operations, UNAIDS, and UN Population Fund identified a number of obstacles to addressing HIV/AIDS in the context of wider DDR efforts. These included a slow overall disbursement of funds, inadequate expertise in national commissions, and the limited capacities of local NGOs. However, a peer education kit had been translated into Arabic, and the mission emphasized the need to train peer educators and include condoms in transitional packs given to demobilizing individuals. While VCT services should be supported, the mission emphasized that the provision of treatment would have to be through a system of referrals, linking with the National AIDS Control Programme and longer-term initiatives.

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*The survey included contingent personnel from Ghana; Ireland, Namibia; Nigeria; Philippines; Sweden; officers from the Bangladeshi and Pakistani contingents; the Nigerian formed police unit; military observers and UN police officers. Findings were analyzed for each specific group but are presented here in terms of statistically weighted overall findings.