

4.10.1 HIV-AIDS and United Nations Peacekeeping

In 2007 and 2008, Sopiato Likimani was commissioned by the Conflict Prevention and Peace Forum to examine the medical and public health implications of HIV and AIDS in peacekeeping. In addition to reviewing medical records at UN headquarters in New York, Likimani selected three missions for detailed investigation: the UN Stabilization Mission in Haiti (MINUSTAH), the UN Mission in Liberia (UNMIL), and the UN Organization Mission in the Democratic Republic of Congo (MONUC). These three missions comprise over 40,000 peacekeepers, nearly half of the UN's peacekeeping deployment.

Likimani's review of medical records revealed that data were not recorded uniformly across the missions. Additionally, while chief medical officers send monthly reports to the Department of Medical Services at UN headquarters, some repatriation and mortality information for those affected with HIV and AIDS had to be updated during the assessment, indicating that information is not always sent to headquarters in a routine and timely manner.

Field reports indicate that counseling is rare among troop-contributing countries that have mandatory HIV testing policies.

Additionally, while guidelines established by the Department of Peacekeeping Operations (DPKO) exclude clinical AIDS cases from deployment one limitation is that the clinical case definition for AIDS has a sensitivity of 50 percent, meaning that half of hospitalized HIV-positive patients do not fulfill clinical AIDS-case definition. Between 2003 and 2005, HIV-related repatriations and deaths in UNMIL were quite high, at forty-three and nineteen respectively, with the majority of cases coming from two troop-contributing countries that did not have predeployment HIV testing policies. When these two countries introduced mandatory predeployment testing in 2006, HIV-related repatriations and deaths decreased significantly, leading the principal investigator to conclude that HIV problems experienced in peacekeeping missions can often be related to the deployment of undiagnosed immune deficient HIV-positive personnel.

The risk of peacekeepers acquiring HIV infection through sexual relations depends on their behavior while deployed, including number of partners, HIV status, and consistency of condom use. While it is difficult to determine cases of HIV

transmission during deployment, "knowledge, aptitude, and practices" surveys of two missions (UNMIL in 2005, MINUSTAH in 2007) show that 18 percent of respondents in UNMIL and 6.5 percent of respondents in MINUSTAH reported having sexual relations while deployed. Additionally, 21 percent of those who had sex while deployed in UNMIL reported not always using a condom, which placed them at risk of contracting HIV and other sexually transmitted infections.

Likimani's recommendations included standardizing repatriation and mortality medical records and establishing a centralized medical database at DPKO headquarters; analyzing medical reports to evaluate the burden of HIV repatriations and deaths on DPKO, with administrative debiting of troop-contributing countries to improve compliance with predeployment medical regulations; moving toward universal HIV testing, with counseling; targeting civilian staff for fuller participation in existing mission HIV-awareness programs and advocacy to ensure that condoms are seen as an essential public health prevention tool and not a license for sexual abuse and exploitation.