

HIV/AIDS and UN Peace Operations

Recognizing for the first time the devastating impact that the HIV/AIDS pandemic can have on global security, the Security Council in July 2000 passed landmark Resolution 1308. The resolution mandated the Secretary-General and the Department of Peacekeeping Operations to take relevant steps to curb the risks posed by the unchecked spread of the HIV/AIDS pandemic, noting especially the disproportionate effect that it has on women and children.

In June 2011, building on the gains in mitigating the risks posed by HIV/AIDS over the past decade, the Security Council adopted Resolution 1983, recognizing the important role that peacekeepers play in awareness and prevention in missions abroad and in their home countries. The resolution further requested that the Secretary-General ensure the implementation of HIV/AIDS awareness and prevention programs for all UN missions.

Following these resolutions, the UN now has integrated HIV/AIDS programs

in all peacekeeping operations. The UN has eight HIV/AIDS units and nine focal points in its sixteen peacekeeping missions, ensuring the implementation of programs to reduce the risk of mission personnel contracting and transmitting HIV. HIV/AIDS officers also provide advice to heads of missions on HIV/AIDS-related issues in the context of mission-specific mandates, and coordinate with relevant local partners.

On an operational level, peacekeeping missions strive to incorporate HIV/AIDS awareness in their work, including in post-conflict demobilization, disarmament, and reintegration processes and in security sector reform. The UN Organization Stabilization Mission in the Democratic Republic of Congo (MONUSCO), for example, integrated HIV/AIDS sensitivity in training national military personnel, while the UN Stabilization Mission in Haiti (MINUSTAH) assisted national authorities to address HIV/AIDS in Haiti's prisons.

Increasing budgetary constraints, however, severely impede the efforts of

peace operations in fulfilling the Security Council's mandates. Financial, logistic, and other constraints, such as limited human resources, affect the ability of HIV/AIDS units and focal points to mobilize full HIV/AIDS training, services, and programs. The lack of HIV/AIDS resources is particularly pressing for UN political missions, which could benefit from support for staff in the form of awareness and prevention programs and services. As of November 2012, only two political missions, the UN Office in Burundi (BNUB) and the UN Assistance Mission for Iraq (UNAMI), had focal points deployed to provide HIV/AIDS-related assistance. None of the fifteen field-based political missions maintain HIV/AIDS officers or dedicated HIV focal points. Plans to extend HIV/AIDS awareness to the other political missions may further strain already limited resources.