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The Role and Functions of HIV/AIDS Units in United Nations Peacekeeping Operations

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Policy Directive on
The Role and Functions of HIV/AIDS Units in United Nations Peacekeeping Operations

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A. PURPOSE

1. This Policy Directive defines the functions and role of HIV/AIDS Units in peacekeeping operations, outlines the framework within which they operate and provides the rationale for integrating HIV/AIDS in peacekeeping operations. It defines the parameters of work of HIV/AIDS Units and the specific linkages with medical, training and supply components, defining areas of authority and responsibility, as well as the parameters for integrating HIV/AIDS concerns in the activities of other sections. It outlines the two roles of HIV/AIDS Units: to provide awareness and prevention programmes to mission personnel and to integrate HIV/AIDS issues in mission mandates, highlighting areas of specific concern. The policy provides the framework for action to reduce HIV risk and vulnerability and manage its impact on peacekeeping operations and on host populations.

B. SCOPE

2. This Policy Directive applies to all personnel in HIV/AIDS Units deployed in peacekeeping operations and to supporting and enabling/management components at mission level. Compliance with this Policy Directive is mandatory for those directly responsible for implementation and for those providing support or enabling programmes, including senior leadership. The policy complements the policies and operational guidelines of the Medical Support Section/SSS/LSD/DFS and the United Nations Policy on HIV/AIDS in the Workplace, set out in the Secretary-General's Bulletin ST/SGB/2003/18.

C. RATIONALE

3. Conflict and post conflict environments are high-risk areas for the spread of HIV. Security Council Resolution 1308 (2000) set out the obligation of the United Nations Department for Peacekeeping Operations to provide awareness and prevention programmes for all peacekeeping personnel in order to reduce the risk of peacekeepers contracting and/or spreading HIV. This was reiterated in Security Council Resolution 1325 (2000) and the 2001 United Nations General Assembly Resolution A/RES/S-26/2.

4. Security Council Resolution 1308 (2000) also recognizes the devastating impact that HIV has on all sectors of society and stresses that 'the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security'. The United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment (June 2001), endorsed by resolution A/RES/S-26/2 and reiterated in 2006 by resolution A/RES/60/262, set out a common set of targets and agreed strategies to reduce the spread of HIV and mitigate its impact. It called for HIV/AIDS components to be included in international assistance programmes in crisis situations. More specifically, in addition to training for personnel involved in peacekeeping operations, the Declaration called on Member States 'by 2003 to 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 forces' (para. 77).

5. As a critical actor at the early stages of the post-conflict recovery process, DPKO/DFS have a responsibility to collaborate with United Nations Specialized Agencies, Funds and Programmes to mainstream HIV concerns in the implementation of mission mandates and the broader recovery process as part of the integrated approach to peacekeeping. This is particularly the case where peacekeeping operations are a key player in designing and implementing programmes, such as disarmament, demobilization and reintegration (DDR) and in the training and mentoring of national uniformed services, as both national uniformed forces and non-state actors are considered high risk groups. HIV/AIDS also has strong gender dimensions because of the increased vulnerability of young women and girls to infection.

D. POLICY

D.1. Principles

6. The following key principles guide DPKO's approach to HIV/AIDS:

6.1 Respect *for human rights and non-discrimination*: United Nations personnel infected or affected, or personnel perceived to be infected/affected, by HIV shall not suffer any discrimination or stigmatization. United Nations personnel have a right to privacy and confidentiality.

6.2 *Gender sensitivity:* Gender perspectives shall be incorporated into the planning and implementation of HIV/AIDS programmes, with reference to the DPKO Policy Directive on Gender Equality in Peacekeeping Operations (Nov 2006).

6.3 *Partnerships and efficiency*: The role of peacekeeping missions in integrating HIV/AIDS concerns in relevant mission-mandated functions is based on collaboration

and coordination with the United Nations Country Team and HIV/AIDS Theme Group. Mission HIV/AIDS Units are not intended to meet the broader HIV/AIDS related needs of a host country. Mission HIV/AIDS Units can, where deemed appropriate by the mission, provide training and technical support to the efforts of United Nations Specialized Agencies, Funds and Programmes. However, peacekeeping missions are neither the lead, nor a primary actor, in supporting national HIV/AIDS responses.

D.2. Objectives

7. HIV/AIDS Units have the following two objectives:

7.1 The HIV/AIDS Unit is responsible for the implementation of awareness and prevention programmes to reduce the risk of mission personnel contracting and/or transmitting HIV. Programmes must target all United Nations mission personnel, both civilian and uniformed. This objective is hence internal to the mission.

7.2 The Chief HIV/AIDS Officer[1] will advise the Head of Mission on HIV/AIDS related issues and support the integration of HIV/AIDS concerns in the specific mission mandate, in collaboration with the relevant mission Units and the United Nations Country Team/HIV/AIDS Theme Group. The second objective hence relates to the implementation of the mission mandate.

D. 3. HIV/AIDS awareness and prevention for mission personnel

8. In consultation with the DPKO HIV/AIDS Policy Adviser at headquarters, the Chief HIV/AIDS Officer is directly responsible, unless otherwise stated, for planning, designing, implementing and overseeing the following aspects of an awareness and prevention programme for mission personnel.

Training

9. The HIV/AIDS Unit shall provide HIV/AIDS awareness training for all mission personnel (international and national staff, including contractors, and uniformed personnel), in consultation and collaboration with the Integrated Mission Training Cell, the staff counsellor, the Chief Medical Officer and Force Medical Officer and the conduct and discipline and gender Units. The aim is to go beyond raising awareness to changing risk behaviour patterns.

9.1 *HIV/AIDS induction training.* This shall be mandatory for all personnel. In the case of national contingents and formed police Units, HIV/AIDS Units shall make direct site visits within six weeks of deployment. Contingent commanders shall make personnel available for HIV/AIDS induction training and behaviour change communication strategies. For contingents deployed for more than six months, HIV/AIDS Units should provide refresher trainings.

9.2 *Peer education training.* Senior Managers, Force Commanders and Police Commissioners/Senior Police Advisers shall release personnel for peer education training, which shall be repeated to keep step with troop and police rotations. HIV

[1] The Functional title, as it appears in the roster, is HIV/AIDS Policy Adviser. Within missions, they shall be referred to as Chief HIV/AIDS Officers, which better encapsulates their practical functions and draws the distinction with the role of the DPKO HIV/AIDS Policy Adviser at United Nations HQ.

peer education is a key strategy to maximize HIV awareness capacity and impact positively on risk-behaviour environments. The technique plays on group dynamics and peer pressure, which is often exaggerated in mission settings.

9.3 *Training of HIV/AIDS counsellors.* The HIV/AIDS Unit shall organize periodic trainings of counsellors to ensure expertise and capacity to provide accessible voluntary confidential counseling and testing within the mission.

Voluntary confidential counseling and testing (VCCT) and provider-initiated testing

10. DPKO supports the right of mission personnel to know his/her HIV status through voluntary confidential counseling and testing (VCCT) without coercion, fear of reprisal or discrimination. Providing individuals the opportunity to find out their HIV status is a critical component in influencing behaviour and preventing further transmission.

11. The Chief HIV/AIDS Officer, in collaboration with the Chief Medical Officer and Force Medical Officer, is responsible for the design and oversight of VCCT services for mission personnel in the mission area, including training and the availability of quality testing and counseling services. It shall not be assumed that medical personnel have the requisite skills or time to provide VCCT. In collaboration with the Chief Medical Officer and Force Medical Officer, the Chief HIV/AIDS Officer shall develop mission standard operating procedures and mechanisms for quality assurance of VCCT services to be circulated to all medical facilities and mission VCCT services.

12. Any provider-initiated HIV testing in Mission medical facilities shall be based on a client opt-in model.

13. HIV testing requires the informed and signed consent of the individual and shall be accompanied by pre- and post-test counselling.

14. The mission shall ensure that all United Nations personnel in the mission area, including uniformed personnel, can easily access VCCT at no cost to the individual. In-mission training of VCCT counsellors shall be monitored and repeated by HIV Units to maintain the skills base and ensure that minimum standards are met.

15. Confidentiality regarding both the request for a test and the test result shall be maintained. Results shall be considered 'medical in confidence'. The Chief HIV/AIDS Officer, in collaboration with the Chief Medical Officer and Force Medical Officers, are responsible for monitoring and ensuring that HIV testing in a static or mobile clinical setting conforms to the policy set out above and to World Health Organization (WHO) protocols.

Provision of condoms

16. Condoms are provided as a fundamental health and safety response. The provision of condoms is in no way an explicit or implicit encouragement for sexual relations, but a preventative measure to reduce the risk of transmission of HIV or other STIs. The United Nations' zero tolerance policy on sexual exploitation and abuse must be adhered to under all circumstances by all United Nations personnel.

17. Male and female condoms shall be available to all United Nations personnel in the mission area. The Chief HIV/AIDS Officer shall be responsible for identifying needs, costing and budgeting for condoms; the Chief Medical Officer shall be responsible for procurement. In consultation with the supply and medical sections, the Chief HIV/AIDS Officer shall develop a mission supply strategy. The Chief HIV/AIDS Officer will liaise with medical and supply sections

regarding monitoring of availability and tracking usage/distribution to the sectors, to ensure there are sufficient stocks in the mission area. Condoms should be stocked in medical stores/pharmacy/HIV Units.

18. Stocks of condoms shall be made available in all mission medical facilities (United Nations owned and facilities provided by troop and police contributing countries). Condoms shall also be made available and accessible to police and military observer team sites.

19. A number of possible communal sites have been identified for condom dispensers, including toilets, medical facilities, integrated training cells, VCCT centres and/or offices and transport and dispatch offices. The Chief HIV/AIDS Officer and the Chief of Conduct and Discipline shall collaborate on sexual exploitation and abuse messaging to appear on all condom dispensers.

Post exposure prophylaxis kits and HIV/AIDS in a clinical setting

20. It is the joint responsibility of the Chief Medical Officer, the Force Medical Officer, the Chief HIV/AIDS Officer and mission procurement to ensure that 28-day post-exposure prophylaxis (PEP) kits are available in all sectors and regions of the mission area, including availability in isolated locations. In accordance with United Nations Medical Services Division (MSD) and World Health Organization guidelines, PEP kits shall only be used in cases of occupational exposure and sexual assault.

21. The Chief HIV/AIDS Officer and Chief Medical Officer are responsible for ensuring that all medical and HIV/AIDS Unit personnel are trained in the use of PEP. The administration of PEP is a medical decision but the Chief HIV/AIDS Officer must be informed to ensure appropriate counselling, noting that medical in confidence must be respected. All use of PEP shall be reported to the DFS Medical Support Section and the United Nations Medical Services Division.

22. Crisis management plans and disaster management plans should include guidance on universal precautions to reduce the transmission of HIV in medical emergencies and in responses to accidents. Guidance on universal precautions may be obtained from DPKO's HIV/AIDS Adviser. The Chief Medical Officer shall ensure that all medical personnel are fully briefed on universal precautions.

23. The treatment and management of HIV cases and AIDS-related evacuations and repatriations are medical decisions and the responsibility of the Chief Medical Officer and Force Medical Officer, in consultation with the United Nations Medical Services Division. However a person's HIV status shall not, in itself, be considered an indication of fitness to serve in the mission. As care for HIV-positive cases includes psychological support and counseling, the Chief Medical Officer and Force Medical Officer shall seek the advice and support of the Chief HIV/AIDS Officer in managing HIV cases, while respecting medical-in-confidence. The Chief HIV/AIDS Officer should assist the Chief Medical Officer, in consultation with MSD, in the development of a mission specific Standard Operating Procedure regarding referral, support and management of HIV positive cases.

24. In the treatment of sexually transmitted infections (STIs), medical personnel should recommend to patients that they seek VCCT.

D.4. Integrating HIV/AIDS concerns in mandate implementation

25. Mandates for multi-dimensional peacekeeping operations vary, with activities ranging from support for disarmament, demobilization and reintegration (DDR) and the early re-establishment of effective police, judiciary and corrections systems to the monitoring of human rights and assistance with elections. In consultation with the respective mission section/Unit, the United

Nations Country Team, HIV/AIDS Theme Groups and the DPKO HIV/AIDS Policy Adviser, the Chief HIV/AIDS Officer should identify which mandated tasks in a given mission need to integrate HIV/AIDS concerns and provide technical input and support to the relevant policy and operational plans. Examples of mission mandate components in which the HIV/AIDS Unit can provide training and technical support to integrating HIV/AIDS concerns are given in Annex A.

26. The integration of HIV/AIDS in mission mandates should draw on existing HIV/AIDS expertise within DPKO/DFS and peacekeeping missions and from system-wide partners in the planning and implementation of integrated mission concepts (for example, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA) the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and Nations Development Fund for Women (UNIFEM) and regional organizations). HIV/AIDS initiatives by DPKO/DFS and the mission should be coherent and harmonized with the United Nations Country Team through complementary partnership arrangements, under the leadership of the Head of Mission.

D.5. Information gathering

27. *Data on HIV and AIDS related evacuations, repatriations and deaths*: The Chief HIV/AIDS Officer shall have access to, and collaborate in the collection of, anonymised data on cases of STIs, provision of VCCT, and AIDS-related evacuations, repatriations and deaths. The data collected should be broken down by personnel (international or national civilian staff, police and military personnel, either individually deployed or as part of contingents) and by nationality and should, where possible, indicate the length of time the person has been in the mission area. Data should be shared on a monthly basis with the DPKO HIV/AIDS Policy Adviser.

28. *Reporting:* The Chief HIV/AIDS Officer shall submit monthly reports to the mission Senior Leadership Team on training and the uptake of VCCT, and quarterly reports to the DPKO HIV/AIDS Policy Adviser on the overall status of programmes. Mission reporting on the implementation of mandates shall include implementation of HIV/AIDS related aspects.

29. *Documentation and evaluation of peacekeeping practice:* The Chief HIV/AIDS Officer should collaborate with the mission Best Practices Officer or focal point to conduct After Action Reviews and Surveys of Practice. All HIV/AIDS Unit personnel shall submit handover notes before leaving a mission. In addition, the Chief HIV/AIDS Officer shall submit an End of Assignment Report.

D.6. Securing Essential Resources

30. In the preparation of results-based budgeting processes, all divisions and Units shall ensure that provisions are made for the allocation of adequate resources to facilitate implementation of the standards outlined in this Policy Directive. Budget submissions to headquarters should clearly indicate funds being allocated for HIV/AIDS related activities under the different cost centres. The DFS Medical Support Section guidelines for medical budgets outline HIV/AIDS related costs that will be captured under medical budgets.

31. The Chief HIV/AIDS Officer shall identify budget requirements based on programme plans, including the integration of HIV/AIDS into mission strategies and relevant Mission data, such as personnel strengths and rotations. The Chief HIV/AIDS Officer shall liaise with the Chief Medical

Officer, the Integrated Mission Training Cell, Public Information component and relevant substantive Units of the mission in projecting costs to be included in the respective cost centres.

E. MONITORING AND COMPLIANCE

32. The DPKO HIV/AIDS Policy Adviser and Chief HIV/AIDS Officer shall monitor the overall implementation of this policy, and provide technical support to Units and advice to senior management on issues and trends that should inform policy dialogue.

F. TERMS AND DEFINITIONS

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

HIV counselling: is offered before and after an HIV test in order to help individuals understand the consequences of risk behaviours and, if relevant, modify their behaviour. It also helps individuals cope with an HIV-positive result or maintain an HIV negative status.

Medical-in-confidence: is the ethical principle or legal right that a physician or other health professional will hold secret all information relating to a client/patient, unless the client/patient gives consent permitting disclosure or if it is in the direct clinical interest of the patient's treatment.

Peer education: is an awareness raising and capacity building technique which plays on group dynamics and peer pressure and aims to harness peer leaders and role models as HIV peer educators in order to raise levels of awareness and impact on both individual and group behaviours. HIV peer education has become a key mission strategy to maximise HIV awareness capacity and impact on risk-behaviour environments

Post exposure prophylaxis (PEP) kits: a short-term antiretroviral treatment that reduces the likelihood of HIV infection after potential exposure to infected body fluids in cases of occupational exposure, such as a needle-stick injury and exposure to blood in an accident, or as a result of rape. The treatment should only be administered by a PEP qualified health care practitioner. PEP administration should be preceded by counselling and HIV testing. HIV-positive clients shall not be given PEP.

Provider- initiated HIV testing is when a health care provider specifically recommends an HIV test to patients attending health facilities. In the opt-in model, the client thereafter chooses whether or not to undergo an HIV test.

STIs: Sexually transmitted infections.

Universal precautions: Simple infection control measures that reduce the risk of transmission of blood borne pathogens, including HIV, through exposure to blood or body fluids. Under the 'universal precaution' principle, blood and body fluids from all persons should be considered as infected with HIV, regardless of the known or supposed HIV status of the person.

Voluntary confidential counseling and testing (VCCT): A confidential HIV intervention that includes informed consent, both voluntary pre- and post-test counseling and voluntary HIV testing. Clients are informed of their results and are counselled on the HIV risks. VCCT should provide a peacekeeper with knowledge of risk assessment, risk reduction, addressing stigma and emotional support. HIV testing is conducted using an approved testing protocol. The expected benefits of VCCT are to decrease HIV transmission through reduction in high-risk sexual behaviour, medical care and access to care and support services for both HIV-positive and HIV-negative peacekeepers, although the mission may not be able to directly provide treatment and only referral.

G. REFERENCES

Normative or Superior References:

Security Council Resolution 1308 (2000) on HIV/AIDS and peacekeeping

Security Council Resolution 1325 (2000) on Women, Peace and Security

Security Presidential Statement on HIV/AIDS and peacekeeping 2005 (S/PRST/2005/33)

UN General Assembly HIV/AIDS Declaration of Commitment of on HIV/AIDS (2001) and resolutions A/RES/S-26/2 and A/RES/60/262.

Secretary General's Bulletin on HIV/AIDS in the Workplace (ST/SGB/2003/18)

DPKO Policy on Gender Equality in UN Peacekeeping Operations (2006)

Basic Information and Key Resources:

UNAIDS policies http://www.unaids.org/en/Policies/default.asp

UN learning strategy http://unworkplace.unaids.org/UNAIDS/workplace/programmes.shtml

UNFPA/UNICEF Caring for Us, HIV/AIDS in our workplace: tool kit for Office Managers.

UN plus: UN system HIV positive staff group: www.unplus.org

WHO,UNAIDS (2007) guidance on provider-initiated HIV testing and counseling in health facilities http://www.who.int/hiv/en/

WHO website publications on HIV/AIDS, including VCCT protocols http://www.who.int/hiv/pub/en/

H. DATES

This policy will be applicable from 01 December 2007 and shall be reviewed no later than two years from the date of signature.

I. CONTACT

The contact for this Policy Directive is the HIV/AIDS Policy Adviser, DPKO, New York.

SIGNED:

ANNEX A: Examples of mission Units and activities to which the HIV/AIDS Unit can provide support for integrating HIV/AIDS concerns.

*Disarmament, demobilization and reintegration***.** HIV/AIDS should be addressed in accordance with the policies, guidelines and procedures outlined in the *United Nations Integrated Disarmament, Demobilization and Reintegration Standards* (IDDRS).

Support and reform of state security services: The training of national police services should include HIV/AIDS. Guidance on restructuring should consider strategies to make national police awareness, prevention and care strategies sustainable. Guidance to correctional facilities should include awareness training for personnel and prisoners and guidance on strategies to reduce the risk of HIV transmission in prison settings and care for those living with HIV. HIV/AIDS peer education programmes and awareness strategies may include representatives from the host country defence forces if this is politically and logistically feasible.

Human Rights protection and promotion mechanisms. In the process of harmonizing international human rights legislation, human rights sections can assist in highlighting the rights of people living with HIV/AIDS and groups vulnerable to infection, and countering stigma and discrimination, especially in the development of new laws and legislation. The human rights networks should be used to collect data on the rights of those living with or affected by HIV/AIDS and how the protection of human rights can reduce HIV risk.

Gender. HIV/AIDS should be incorporated within the gender mainstreaming framework in accordance with SC Res. 1325.

Mine Action Services. All personnel working in mine clearance shall be informed on universal precautions and have access to PEP in cases of occupational exposure to HIV. Initiatives with host populations in mine affected areas should include awareness regarding how to reduce transmission in cases of accidents.

Public Information. HIV/AIDS awareness strategies should be included in mission public information campaigns. The HIV/AIDS Unit shall be assisted by the Public Information component in disseminating information, education and communication materials and in developing specific materials for vulnerable groups, within the mission mandate.

Quick impact projects (QIPS). HIV/AIDS related outreach and capacity building projects may be undertaken within the parameters of the DPKO Policy Directive on QIPS. The design and allocation of QIPS should include community based projects focusing on reducing the vulnerability of women and girls, in particular in areas with large deployments of peacekeepers.