

HIV/AIDS & Conflict Resources

Working Bibliography for

“Rethinking HIV/AIDS & Development: USAID Progress in Africa”

March 12-13, 2002

Reports & Papers
Guidelines & Toolkits
Speeches
Strategies
Journal Articles (*attachment*)

Reports & Papers

UN Peacekeeping: United Nations Faces Challenges in Responding to the Impact of HIV/AIDS on Peacekeeping Operations

US General Accounting Office, December 2001

http://www.dec.org/pdf_docs/PCAAA969.pdf

This report from the GAO outlines the problem of HIV/AIDS infected peacekeepers and the measures the UN is taking to address this emerging issue in peacekeeping operations.

Leading the Way: USAID Responds to HIV/AIDS, 1997-2000

TvT Associates, USAID G/PHN, September 2001

http://www.dec.org/pdf_docs/PNACM861.pdf

This report presents a comprehensive overview of USAID strategy and programs to address the HIV/AIDS crisis. The section on Africa specifically targets the role of conflict in increasing HIV/AIDS transmission.

AIDS and Violent Conflict in Africa

United States Institute for Peace, October 2001

<http://63.104.169.22/pubs/Specialreports/sr75.pdf>

This special report gives a synopsis of remarks from an expert panel on the nexus of AIDS and violent conflict in Africa. In addition to an overview of the prevalence of conflict and HIV infection in Africa, panelists discussed an “HIV-conflict continuum.” The ends of this continuum encompass how HIV/AIDS contributes to conflict and how conflict creates conditions favorable to the spread of HIV/AIDS. The report concludes with policy recommendations, and a brief bibliography of further resources.

The Adversity Faced by Parents: War, Poverty and HIV

in The State of the World’s Children, UNICEF, 2001

<http://www.unicef.org/sowc01/>

Drawing on reports from the world over, The State of the World’s Children 2001 details the daily lives of parents and other caregivers who are striving in the face of war, poverty and the HIV/AIDS epidemic to protect the rights and meet the needs of these young children.

HIV/AIDS as a Security Issue

International Crisis Group, June 2001

http://www.crisisweb.org/projects/issues/hiv_aids/reports/A400321_19062001.pdf

This 42-page report discusses how AIDS creates insecurity along several different security dimensions, including personal, economic, communal, national and international. The report then goes on to include an expanded discussion of AIDS as both a contributor to international security problems, and as an inhibitor of international responses to insecurity such as peacebuilding exercises, and strategies to address the AIDS related insecurity issues.

AIDS Prevention in the Ranks

Michael Fleshman, in *Africa Recovery*, vol. 15, no. 1-2, June 2001

<http://www.un.org/ecosocdev/geninfo/afrec/vol15no1/aidsmil.htm>

This article provides an overview of the problems surrounding HIV infection in military units and the specific problems for African states in their efforts to address this issue. Concerns include confidentiality around voluntary counseling and testing as well as issues concerning the cost of these measures. The article also discusses the role that peacekeeping troops may have in spreading HIV/AIDS, and the lack of data regarding the scope of the problem, as well as UN efforts to address this issue in relation to peacekeeping operations.

Plague Upon Plague: AIDS & Violent Conflict in Africa

United States Institute of Peace, May 8, 2001

http://www.usip.org/oc/cibriefing/plague_cib.html

This is a full transcript of symposium on the relationship between AIDS and conflict in Sub-Saharan Africa. A webcast of the conference is also available at the website. The summary is available from USIP Special Report "AIDS and Violent Conflict in Africa" also listed in this bibliography.

Conflict Diamonds

Louis Goreux, World Bank Africa Region Working Paper Series No. 13, March 2001

<http://www.worldbank.org/afr/wps/wp13.pdf>

This paper presents an overview of the issues driving the trade in conflict diamonds in Angola, Sierra Leone and the Democratic Republic of the Congo. Included in the discussion is an overview of the increased risk of HIV/AIDS transmission to mine workers and the difficulty of prevention and treatment programs in this geographic area.

Preventing and Coping with HIV/AIDS in Post-Conflict Societies: Gender-Based Lessons from Sub-Saharan Africa

Papers and Narratives by Symposium Participants, Durban, South Africa March 26-28, 2001

http://www.certi.org/news_events/prev_coping_w_aids/text-only/papers_and_narrativesi.htm

This USAID-sponsored symposium brought together African practitioners to explore and identify "lesson learned" and issues for consideration for practitioners, policy-makers, and the international community on interlinked strategies to address HIV/AIDS, conflict, and women's empowerment.

Aids in Post-Conflict Societies

Senza Ngubane, in *Conflict Trends*, ACCORD, January 2001

<http://www.accord.org.za/web.nsf>

This article gives an overview of the symposium held in Durban, South Africa entitled 'Preventing and Coping with HIV/AIDS in Post Conflict Societies: Gender-Based Lessons from Sub-Saharan Africa,' during March 2001.

Conflict Fuels HIV/AIDS Crisis

Graça Machel, IPS e-zine on Gender and Human Rights, 2001

http://www.ipsnews.net/hivaids/section1_2.shtml

Graça Machel, former Minister of Education in Mozambique, is a well-known activist on the rights of children, and has done extensive research on the impact of conflict on children.

Demobilization and its Implications for HIV/AIDS: Background Paper

Manuel Carballo, Carolyn Mansfield & Michaela Prokop, International Centre for Migration and Health & Tulane University, October 2000

<http://www.certi.org/publications/policy/demobilization-6.PDF>

This paper introduces the challenge of demobilization and HIV/AIDS, discusses prevention interventions, and makes conclusions and policy recommendations.

The Impact of Armed Conflict on Children: A Critical Review of Progress Made and Obstacles Encountered in Increasing Protection for War-affected Children

Graça Machel, from the International Conference on War-affected Children, Winnipeg, Canada, September 2000

<http://www.unifem.undp.org/machelrep.pdf>

This document reviews the wide-ranging series of actions taken in response to the recommendations of the 1996 Machel Report. Many of the significant achievements are woven into this text, which constitutes an early summary of a forthcoming book. The current review document addresses the major themes of the 1996 report and brings new and expanded focus to five areas: small arms and light weapons; women's role in peace-building; peace and security; HIV/AIDS; media and communications. The 1996 report is at: gopher://gopher.un.org:70/00/ga/docs/51/plenary/A51-306.EN.

Women and War

Charlotte Lindsay, in *International Review of the Red Cross*, no. 839, September 2000

<http://www.icrc.org/icrceng.nsf/5cacfd48ca698b641256242003b3295/994f1e71c74ca7cf4125698a0030f56f?OpenDocument#1?OpenDocument>

This article categorizes the different effects of war on women in their roles as civilians, combatants, widows, victims of sexual violence, displaced persons, and detainees. The author then analyzes the protections extended to them under international law.

Making People Less Vulnerable to HIV Infection

in "Lessons Africa Has Learnt in 15 Years of Responding to HIV/AIDS"

African Development Forum 2000 Working Paper, UNECA

<http://www.uneca.org/adf2000/theme2making.htm>

This working paper discusses an individual or a community's vulnerability to HIV and specifically addressed "War and AIDS."

Democratic Republic of the Congo and HIV/AIDS

The Synergy Project, USAID & Family Health International, 2000

http://www.synergyaids.com/files.fcgi/744_Congo.PDF

This document reviews the HIV/AIDS situation in the Democratic Republic of the Congo, gives information about prevalence and the measures implemented by donors, PVOs, and the Congolese government to address HIV/AIDS.

HIV Prevention for Mobile and Displaced Populations in Africa

UNAIDS Best Practice Digest, February 2000

<http://www.unaids.org/bestpractice/digest/files/mobile.html>

A brief summary extracted from article by Anthony Bennett, Family Health International, in AIDS INFOTHEK.

Report on a Consultative Meeting on AIDS as a Development Crisis in Africa: Rethinking Strategies and Results

Conference Proceedings, USAID AFR/SD, October 1999

(Order at www.dec.org using number: PN-ACH-698)

In Fall 1999, experts from different development sectors and from HIV/AIDS programs deliberated for two days on the development crisis resulting from high and growing HIV/AIDS prevalence rates in Africa.

Towards Responsive Schools Supporting Better Schooling for Disadvantaged Children

Marion Molteno, Kimberly Ogadhoh, Emma Cain & Bridget Crumpton, eds., Department for International Development, Education Research Paper No. 38, August 1999

<http://www.id21.org/education/e2mm1g1.html>

This paper contains a case study involving post-conflict education and HIV/AIDS. The report documents lessons learned by Save the Children in their assistance to Mozambique in the education sector, and the need to incorporate HIV/AIDS related education in a post-conflict reconstruction period undergoing rapid evolution.

Gender, HIV/AIDS and Complex Emergencies

Lynn Elliott in Relief and Rehabilitation Newsletter, No. 14, June 1999

<http://www.odihpn.org/pdfbin/newsletter014.pdf>

Article outlines the causes of HIV/AIDS transmission in complex emergencies, and sets guidelines for a response by agencies.

Guidelines & Toolkits

Directory of African Associations of People Living with HIV/AIDS

The Futures Group International, Inc., Jorge Scientific Corp. & USAID, December 2001

http://www.dec.org/pdf_docs/PNACN456.pdf

A reference document by USAID & the Network of African People Living with HIV/AIDS, it serves as a resource mobilization tool to facilitate networking among partners.

The Demobilization of and Reintegration of Women Combatants, Wives of Male Soldiers and War Widows: A Checklist

Vanessa Farr, Bonn: International Center for Conversion, August 2001

[http://www.acdi-cida.gc.ca/cida_ind.nsf/0/99271d17e6f2242b85256aed004d9732/\\$FILE/Ge5.pdf](http://www.acdi-cida.gc.ca/cida_ind.nsf/0/99271d17e6f2242b85256aed004d9732/$FILE/Ge5.pdf)

Provides a checklist for many issues affecting women in conflict situations, including HIV/AIDS transmission and treatment.

AIDS as a Security Issue

UNAIDS, from the UN Special Session on HIV/AIDS, New York, June 2001

<http://www.unaids.org/fact%5Fsheets/ungass/html/fssecurity%5Fen.htm>

A fact sheet from UNAIDS giving a concise synopsis of the ways in which AIDS both contributes to and is a product of conflict.

Military Sector

in AIDS Brief for Sectoral Planners and Managers, University of Natal

<http://www.und.ac.za/und/heard/> (click "Aids Briefs" then "Military")

After a review of the historical record of infectious disease and its effects on military populations, the article discusses the importance of HIV/AIDS for military populations in developing states. It reviews issues surrounding testing and counseling, condom promotion and provision and education, and covers the issues of care for infected military personnel and civil-military cooperation. Also provided are two checklists to help determine impact and what action is appropriate in addressing military related AIDS/HIV issues.

AIDS In Africa: Country by Country

UNAIDS, 2000

http://www.unaids.org/wac/2000/wad00/files/AIDS_in_Africa.pdf

These country profiles are divided into four sections: the epidemiological situation of HIV/AIDS, the economic impact of HIV/AIDS, the management and implementation of the national response to HIV/AIDS, and a short list of basic socioeconomic indicators, followed by a list of references.

Guidelines for HIV Interventions in Emergency Settings

WHO, UNHCR & UNAIDS, September 1995

<http://www.unaids.org/publications/documents/specific/rufugees/una96e1.pdf>

The purpose of these guidelines is to enable governments and cooperating agencies, including the United Nations agencies and NGOs, at the earliest opportunity, to adopt the measures necessary to prevent the rapid epidemic spread of HIV in emergency situations, and to care for those already affected.

Speeches

HIV/AIDS– a New Challenge in Peace Operations

Anne Kristin Sydnes, Norway's Minister of International Development, June 2001

<http://odin.dep.no/odinarkiv/norsk/dep/ud/p10002480/taler/032001-090105/index-dok000-b-n-a.html>

A speech by Norwegian Minister of International Development, Anne Kristin Sydnes addressing the relationship between HIV/AIDS and conflict.

Seminar on Conflict, Post-Conflict and HIV/AIDS: The Gender Connections

World Bank, March 8, 2001

<http://www.worldbank.org/html/prmge/womensmonth/march8.htm>

A World Bank International Women's Month Seminar, this website includes panelist discussions, organization listings, resources, and related links.

Women, War and HIV/AIDS: West Africa and the Great Lakes

Judy A. Benjamin, Women's Commission for Refugee Women and Children, March 8, 2001

<http://www.worldbank.org/html/prmge/womensmonth/benjamin.doc>

Remarks given at the World Bank International Women's Day conference, "Conflict, Post-Conflict and HIV/AIDS: The Gender Connections."

HIV/AIDS as a Human Security Issue: A Gender Perspective

Ulf Kristoffersson, Humanitarian Coordinator, UNAIDS Sweden

<http://www.un.org/womenwatch/daw/csw/hivaids/kristoffersson.htm>

Speech given at the Expert Group Meeting on the "HIV/AIDS Pandemic and its Gender Implications," 13-17 November 2000, Windhoek, Namibia. The author discusses the role of HIV/AIDS in creating insecurity, particularly for women. The author recommends three strategies to address the emerging problem, including empowering women, training soldiers and strengthening international commitment.

Strategies

The Global Strategy Framework on AIDS

UNAIDS, June 2001

http://www.dec.org/pdf_docs/PNACL971.pdf

This publication covers the UN's global strategy on HIV/AIDS, and provides a UN policy statement of planned areas of focus.

Multi-Country HIV/AIDS Program (MAP) for Africa

World Bank

<http://www.worldbank.org/afr/aids/map.htm>

The Multi-Country HIV/AIDS Program (MAP) for the Africa Region, aims to significantly increase access to HIV/AIDS prevention, care, and treatment programs, particularly by vulnerable groups - youth, women of childbearing age, and groups at high risk. The project is the first phase of the regional program, covering Ethiopia and Kenya.

Republic of Burundi: Transitional Support Strategy

World Bank, February 12, 2002

Not yet available online.

Discusses HIV/AIDS.

Transitional Support Strategy for the Democratic Republic of Congo

World Bank, July 9, 2001

<http://www->

wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2001/08/04/000094946_01072104010294/Rendored/PDF/multi0page.pdf

Discusses HIV/AIDS.

Transitional Support Strategy for the Republic of Congo

World Bank Report No. 21328-COB, November 13, 2000

<http://www->

wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2000/12/19/000094946_00113005440086/Rendored/INDEX/multi_page.txt

Includes information on "Fighting the Growing Threat of HIV/AIDS."

Technical Annex for a Credit to the Federal Democratic Republic of Ethiopia for an Emergency Recovery Project

World Bank Report No. T 7402-ET, November 9, 2000

<http://www->

wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2000/12/13/000094946_00113005454393/Rendored/INDEX/multi_page.txt

This presents an overview of proposed World Bank activities to address issues relating to post-conflict recovery. HIV/AIDS is specifically targeted in the context of infection within the military and the planned stationing of troops near civilian communities, as well as demobilization.

Ethiopia--Emergency Demobilization and Reintegration Project

World Bank, September 22, 2000

http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2000/11/23/000094946_00112305434034/Rendered/INDEX/multi_page.txt

Discusses HIV/AIDS.

Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis

World Bank, September 1999, ISBN: 0-8213-4572-9

<http://www.worldbank.org/afr/aids/aidstrat.pdf>

As part of the World Bank's effort to play a stronger role, the first part of this publication introduces the Bank's new strategy to combat the epidemic in partnership with African governments and UNAIDS. The second part documents the growing epidemic, and additional sections discuss effective responses and strategic plans for action.

Rwanda: Country Assistance Strategy Progress Report

World Bank, June 11, 1999

http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/1999/09/24/000094946_99072212484142/Rendered/PDF/multi_page.pdf

Discusses HIV/AIDS.

Journal Articles (*see attached list of references*)

For questions or comments about these materials, please contact Kellie Burk or Tina Blumel at the USAID Africa Bureau Information Center (kburk@dis.cdie.org or tblumel@dis.cdie.org) or Nancy Mock at Tulane University (mock@tulane.edu).

HIV/AIDS & Conflict Bibliography

Journal Articles

10,000 AIDS cases in Namibia. Nursing RSA. 1989 Nov-1989 Dec 31; 4(11):60. No abstract available.

“A Basic Checklist for Dealing With AIDS in the Military”. Defense & Foreign Affairs, 1999, vol. 27, no.11.

Abstract: With a new "civilization killer" strain of the AIDS virus emerging, it has become critical for defense forces to take a primary role in preventing the spread of the contagion and in preserving the structures and strengths of societies in developing states. As well, the virulent spread of the new strains of the disease will impose significant constraints on international force projection and peacekeeping, particularly in Africa in the coming years.

“AIDS and African Armies: A Crisis Worse Than War”. Defense & Foreign Affairs, 1999, vol. 27, no. 11.

Abstract: The HIV virus, which leads to AIDS, spreads most rapidly and pervasively as a result of military conflict. Indeed, the rapid global dissemination of HIV/ADS was a direct consequence of the civil and cross-border war in Angola during the 1970s; the speed of its global transmission was caused by the movement of international forces, in particular the Cuban Armed Forces.

“AIDS cases soar”. Leprosy Review. 1999 Jun; 70(2):238. Abstract not available.

Accorsi, S.; Fabiani, M.; Lukwiya, M.; Ravera, M.; Costanzi, A.; Ojom, L.; Paze, E.; Manenti, F.; Anguzu, P.; Dente, M. G., and Declich, S. Impact of insecurity, the AIDS epidemic, and poverty on population health: disease patterns and trends in Northern Uganda. American Journal of Tropical Medicine & Hygiene. 2001 Mar-2001 Apr 30; 64(3-4):214-21.

Abstract: A retrospective analysis of the discharge records of 186,131 inpatients admitted to six Ugandan hospitals during 1992-1998 was performed to describe the disease patterns and trends among the population of Northern Uganda. In all hospitals, malaria was the leading cause of admission and the frequency of admissions for malaria showed the greatest increase. Other conditions, such as malnutrition and injuries, mainly increased in the sites affected by civil conflict and massive population displacement. Tuberculosis accounted for the highest burden on hospital services (approximately one-fourth of the total bed-days), though it showed a stable trend over time. A stable trend was also observed for acquired immunodeficiency syndrome (AIDS), which is in contrast to the hypothesis that AIDS patients have displaced other patients in recent years. In conclusion, preventable and/or treatable communicable diseases, mainly those related to poverty and poor hygiene, represent the leading causes of admission and death, reflecting the socioeconomic disruption in Northern Uganda.

Barreto, A.; De Hulsters, B., and Fransen, L. “Is a multisectorial approach to the STD/HIV/AIDS epidemic an option in post war Mozambique?” International Conference on AIDS 1996 Jul 7; 11(2):375 (abstract no. Th.C.4789).

Abstract: Issue: How can the Ministry of Health of Mozambique motivate other sectors to consider the STD/HIV/AIDS epidemic and plan for its future impact in one of the poorest countries of the world, beginning its reconstruction after 30 years of conflict? Project: The Ministry of Health of Mozambique has a National STD/AIDS Control Programme running since 1988. Although it has

developed activities of treatment and prevention of these diseases, the greatest challenge to stimulate other sectors to take measures against these diseases remains greatly unanswered. An evaluation of the reasons for this unresponsiveness was done. Results: After nearly 30 years of conflict, Mozambique has started its reconstruction. Nearly 25% of its total population of 16 million people, which had been displaced, were reintegrated and successful democratic elections were held in 1994. In 1991, a study by Green et al. showed that 69% of the population lived in extreme poverty. GNP per capita in 1994 was 85 US \$. Cities have been growing at very high rates between 1980 and 1991, varying between 2.1 and 14.8%. Economically speaking, the country is very dependent on foreign aid. Illiteracy is very high: adult illiteracy: 67%, female adult illiteracy: 79%. The economic and social recovery programme is having some positive economic impact, but is also creating a tremendous burden on citizens, decreasing their purchasing power and undermining their potential to use social services as schooling and health care. Lessons Learned: Though the political situation is stabilized, poverty is increasing dramatically. Reconstruction of the country is causing an enormous strain on all sectors. Tremendous efforts are being made to adjust the economy. Consequences of HIV/AIDS will set back certain improvements expected through the economic reform programme and they are not being contemplated for at this moment. Integration of the expected consequences of this epidemic in the planning of all sectors should become a priority. However, the Mozambican Ministries depend for more than 75% of their budget on external donors. This dependency makes planning very difficult for the government. External donors do not see HIV/AIDS planning as a priority. They do not integrate the HIV/AIDS problem and its consequences in projects or other sectors either.

Cossa, H. A.; Gloyd, S.; Vaz, R. G.; Folgosa, E.; Simbine, E.; Diniz, M., and Kreiss, J. K. "Syphilis and HIV infection among displaced pregnant women in rural Mozambique". International Journal of STD and AIDS. 1994 Mar-1994 Apr 30; 5(2):117-23.

Abstract: A cross-sectional study was conducted among displaced pregnant women in Mozambique to determine the prevalence and correlates of HIV infection and syphilis. Between September 1992 and February 1993, 1728 consecutive antenatal attendees of 14 rural clinics in Zambezia were interviewed, examined, and tested for HIV and syphilis antibodies. The seroprevalence of syphilis and HIV were 12.2% and 2.9%, respectively. Reported sexual abuse was frequent (8.4%) but sex for money was uncommon. A positive MHA-TP result was significantly associated with unmarried status, history of past STD, HIV infection, and current genital ulcers, vaginal discharge, or genital warts. Significant correlates of HIV seropositivity included anal intercourse, history of past STD, and syphilis. In summary, displaced pregnant women had a high prevalence of syphilis but a relatively low HIV seroprevalence suggesting recent introduction of HIV infection in this area or slow spread of the epidemic. A syphilis screening and treatment programme is warranted to prevent perinatal transmission and to reduce the incidence of chancres as a cofactor for HIV transmission.

Eshete, H.; Heast, N.; Lindan, K., and Mandel, J. "Ethnic conflicts, poverty, and AIDS in Ethiopia". Lancet. 1993 May 8; 341(8854):1219.

Gasasira, A.; Simbeye, I. V.; Harris, A. O.; Bruce, L. M., and Kamara, J. A. "Improving HIV/AIDS epidemiological surveillance in Liberia: do health facilities have the capacity?". International Conference on AIDS 1998; 12:1060

Abstract: ISSUE: Strengthening HIV/AIDS epidemiological surveillance in a developing country, emerging from a seven year civil conflict with is believed to have have had a profound effect on an existing nascent HIV epidemic. PROJECT: During the seven year civil crisis in Liberia, factors that foster the spread of HIV/AIDS BECAME RAMPANT. Realizing that an accurate understanding of the magnitude and determinants in this post war era is an important requirement for effective interventions to be developed, the National AIDS & STD Control Programme has embarked on strengthening its epidemiological surveillance system. Assessment of existing structures, capacity building and refocusing goals and strategies in data collection are some of the components in this

exercise. An initial situation analysis of health facilities capacity to participate in HIV/AIDS surveillance activities is being undertaken nation-wide. RESULT: To date 32 health facilities have been assessed. 34% of these are urban, 19% periurban and 41% rural, 65% do not have electricity or pipe water. 75% have a basic functioning laboratory. Less than 30% of these facilities have health workers who have undergone any form of HIV/AIDS training. All the facilities assessed run out-patient clinics, 84% run antenatal services, and 34% perform blood donor recruitment. Only 25% report having ever handled a suspected or confirmed AIDS patient, while HIV sero-prevalence among blood donors in 1997 was 3.9%. LESSONS LEARNED: Despite the recent war, many health facilities possess the necessary physical infrastructure for HIV/AIDS surveillance, have access to potential sentinel population, and only require support in terms of provision of hardy HIV test kits, appropriate AIDS case definition and data collection tools.

Girdler-Brown B., "Eastern and Southern Africa", International Migration, December 1998, vol. 36, no. 4.

Abstract:The countries included in this review are Angola, Botswana, Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Very little research has specifically addressed the important issue of the relationship between migration and HIV/AIDS in these regions of Africa. However there is a great deal of information about migration, and also about HIV/AIDS, in isolation from each other. rates are now high in almost all African countries, the concern that migrants may bring the virus with them is no longer appropriate. Instead, the concern is that migrants may be vulnerable to acquiring the infection during migration, and that they may spread HIV/AIDS is widespread and prevalent throughout the two regions. Since HIV prevalence the infection when they return to their homes at the end of migration. In the eastern African region there has been rapid growth of urban populations during the last ten years, mainly as a result of rural to urban migration. In addition, the conflict in Sudan and disputes in the Horn of Africa have created large numbers of internally displaced persons. Most recently, conflict in the Great Lakes region has also resulted in very large numbers of refugees crossing international borders. The UNHCR estimates that there were approximately 1.3 million refugees from and in eastern African countries in 1997, and an estimated 5 million internally displaced persons (4 million in Sudan alone).

Guimond, M.; Philip, N., and Sheikh, U. "Health concerns of peacekeeping: a survey of the current situation". Journal of Humanitarian Assistance, 2001 Jul 13. No abstract available.

Gustafson, P.; Gomes, V. F.; Vieira, C. S.; Jensen, H.; Seng, R.; Norberg, R.; Samb, B.; Naucner, A., and Aaby, P. "Tuberculosis mortality during a civil war in Guinea-Bissau". JAMA: the Journal of the American Medical Association. 286(5):599-603.

Abstract: CONTEXT: Tuberculosis (TB) is an increasing global problem, despite effective drug therapies. Access to TB therapy during conflict situations has not been studied. OBJECTIVE: To determine the effect of irregular TB treatment due to an armed conflict in Guinea-Bissau, West Africa. DESIGN, SETTING, AND PATIENTS: Ongoing retrospective cohort study conducted in the capital city of Bissau among 101 patients with TB who received irregular or no treatment during the civil war (war cohort; June 7-December 6, 1998) and 108 patients with TB who received treatment 12 months earlier (peace cohort; June 7-December 6, 1997) and comparison of an additional 42 patients who had completed treatment before June 6, 1998, and 69 patients who had completed treatment before June 6, 1997. MAIN OUTCOME MEASURE: Mortality rates, compared by irregular (war cohort) vs regular (peace cohort) access to treatment, by intensive vs continuation phase of treatment, and by those who had previously completed treatment for TB. RESULTS: Irregular treatment was associated with an increased mortality rate among patients with TB. The mortality rate ratio (MR) was 3.12 (95% confidence interval [CI], 1.20-8.12) in the war cohort, adjusting for age, sex, human immunodeficiency virus (HIV) infection, residence, and length of treatment. Each additional week of treatment before the war started increased probability of survival by 5% (95% CI, 0%-10%). In the intensive phase of treatment, the adjusted MR was 3.30

(95% CI, 1.04-10.50) and in the continuation phase it was 2.26 (95% CI, 0.33-15.34). Increased mortality among the war cohort was most marked in HIV-positive patients, who had an adjusted MR of 8.19 (95% CI, 1.62-41.25). Mortality was not increased in HIV-positive or HIV-negative patients who had completed TB treatment when the war started. **CONCLUSIONS:** Interruption of treatment had a profound impact on mortality among patients with TB during the war in Guinea-Bissau. Regular treatment for TB was associated with significantly improved survival for HIV-infected individuals. In emergencies, it is crucial to ensure availability of TB drugs.

Hailegnaw, E. Poverty, war and the AIDS epidemic in Ethiopia. International Conference on AIDS 1992 Jul 19; 8(3):164.

Abstract: **OBJECTIVE:** To determine the trends of the AIDS epidemic in Ethiopia and factors affecting it. **METHODS:** Pertinent information about war, poverty and AIDS in Ethiopia were gathered from international and national reports, as well as aggregated data from scientific journals and reports of the Ethiopian Ministry of Health. **RESULTS:** Ethiopia has been in a state of constant war and internal conflict for the last several years. Poverty and diseases are prominent features of the country. The rate of HIV infectivity has dramatically increased to 2.3%, 44%, 13%, 2.4%, 17.5% among blood donors, commercial sex workers, long distance truck drivers, scholarship students and military recruits respectively. **CONCLUSION:** In Ethiopia, because of war and poverty, there is a high mobility of population throughout the country. Many families have been disintegrated and as a result the divorce rate has increased. There is a high rate of unemployment throughout the country. Prostitution has flourished in major towns and cities. Military troops, probably one of the largest in Africa, is target particularly vulnerable to HIV infection. They are potentially capable of disseminating the virus particularly from endemic to non-endemic areas. Because of poverty and war, inadequate attention has been given to AIDS and health education resulting in little impact on health-positive behavioral and attitudinal changes.

Heinecken, L., "HIV/AIDS, the Military and the Impact on National and International Security," Society in Transition, 2001, vol. 32, no. 1. No abstract available.

Kellett, J. "Medicine in Uganda: the impact of prolonged war and epidemic AIDS on medical care". Canadian Medical Association Journal. 1989 Mar 15; 140(6):699-701. No abstract available.

Khaw, A.; Salama, P.; Burkholder, B., and Dondero, T. "HIV risk and prevention in emergency-affected populations: a review". Disasters. 2000 Sep 24; (3):181-197.

Abstract: While basic guidelines on HIV prevention in emergencies have been available for several years, international agencies involved in the provision of health services have not placed sufficient priority on the prevention of the human immune deficiency virus (HIV) and other sexually transmitted infections (STIs) in complex emergencies. This paper reviews the factors that may increase the risk of HIV transmission in populations affected by complex emergencies and outlines recommendations for research and programmes. Research into the most appropriate methods of carrying out HIV surveillance and interventions in these settings is needed. In the post-emergency phase programmes need to be far more extensive than those offered under the Minimal Initial Services Package (MISP). While the potential for stigmatization represents an important constraint, there is a need to prioritize HIV/STI interventions in order to prevent HIV transmission in emergency-affected populations themselves, as well as to contribute to regional control of the epidemic.

Kingma, S. J. "AIDS prevention, testing and care in current military practice". International Conference on AIDS 1996 Jul 7; 11(1):47

Abstract: Issue: Armed forces personnel constitute a population at special risk for infection with HIV. Studies show that military personnel on deployment regularly have sexual contacts with prostitutes and the local population. Infection rates of STDs among the military are 2 to 5 times higher than STD infection rates in comparable civilian populations - even in peace times - but much higher in conflict situations. It is 5-20 times easier to acquire HIV in the presence of other untreated STDs, in either partner, than if no STD is present. Response: Decisions must be made by all military leaders to embark on a vigorous effort of STD/AIDS prevention in the military population, taking into account the interface with civil society. An effective control programme begins with prevention education through the training of health care staff, and through the regular behaviour is crucial. Also essential are the provisions of counselling and voluntary testing, and a non-discriminatory environment. Provision of adequate care for those living with HIV and AIDS is also needed, and this can be facilitated by strong links with the civil National AIDS Programme. The Civil-Military Alliance to Combat HIV and AIDS provides support to the military in developing countries to address these issues, initially through a series of regional policy seminars. The Alliance has surveyed 115 countries to determine their current policies and practices in regard to HIV/AIDS-related prevention, testing and care. The returns from this survey to date will be presented to the Conference.

Lucas, S. E. "AIDS: refugees and the homeless". AIDS Care. 1991; 3(4):443-6. No abstract available.

Mbabazi P., MacLean S.J., Shaw T.M., Governance for Reconstruction in Africa: Challenges for Policy Challenges for Policy Communities and Coalitions, Global Networks: a Journal of Transnational Affairs January 2002, vol. 2, no. 1.

Abstract: This article seeks to advance analyses and responses to conflict prevention and reconstruction in Africa that go beyond state-centric perspectives to include a range of non-state players. Drawing on examples from both Uganda and Canada, it focuses on the activities of NGOs that have 'partnered' with state-based actors in various peacekeeping and peace-building operations as well as on the increasingly important role played by think-tanks. The latter have emerged in Africa as major contributors to the proliferating literature on the political economy of violence, an approach that recognizes that African conflict reflects imperatives of production and consumption in relations that juxtapose Africa's political institutions and cultures with international and global political economies. The article argues that novel forms of 'security communities' are emerging from the non-state/state/international partnerships and coalitions that have developed around contemporary issues like 'blood' diamonds, small arms, debt and HIV/AIDS, thus drawing attention to connections between conflict and development.

McCarthy, M. C.; Khalid, I. O., and El Tigani, A. "HIV-1 infection in Juba, southern Sudan". J Med Virol. 1995 May; 46(1):18-20.

Abstract: Thirty years of civil war in the Sudan have resulted in the isolation of the southern provinces which border Central and East Africa. Consequently, little is known about the epidemiology of HIV-1 infection in this region. To estimate the prevalence of HIV-1 infection in southern Sudan and the risk factors associated with disease transmission, a seroepidemiologic survey was conducted in the township of Juba. Study subjects invited to participate in this study included medical outpatients, inpatients hospitalized for active tuberculosis, and female prostitutes. A total of 401 subjects participated in the study. HIV-1 infection was confirmed in 25 subjects. The prevalence of HIV-1 infection was 19% (8/42) among tuberculosis patients, 16% (8/50) among prostitutes, and 3% (9/309) among outpatients. A significantly higher prevalence of HIV-1 infection was found among female prostitutes when compared to female outpatients: 16% (8/50) vs. 2% (4/178), $P < 0.001$. Correspondingly, the prevalence of seropositives was significantly higher among male outpatients reporting a history of sexual relations with prostitutes during the prior 10 years compared to male outpatients denying relations with prostitutes: 14% (5/37) vs. 0% (0/94), $P = 0.0011$. A

history of a sexually transmitted disease (STD) was also associated with HIV-1 infection among male outpatients. The findings of this study indicate that HIV-1 infection is highly prevalent in southern Sudan and that prostitutes and their sexual partners represent a major reservoir of HIV infection in this population. This epidemiologic pattern resembles that seen in the African nations neighboring southern Sudan.

Newman L.M. et. al., "HIV Seroprevalence Among Military Blood Donors in Manica Province, Mozambique", International Journal of STD and AIDS, April 2001, vol. 12, no. 4.

Abstract: HIV seroprevalence data show an alarming HIV situation in central Mozambique, but little is known about the situation of HIV in Mozambican military personnel. This study is a retrospective analysis of laboratory records for voluntary blood donors at a rural hospital from January 1997 through December 1999. The hospital screened blood samples with HIV SPOT rapid test for HIV and rapid plasma reagin (RPR) serological test for syphilis. Of the 797 blood donors during this period, 110 (13.8%) were military personnel of whom 39.1% were HIV positive (35.0% in 1997, 33.3% in 1998 and 48.7% in 1999). Among the 687 nonmilitary donors 15.3% were HIV positive ($P < 0.0001$ vs military). 74.4% of HIV-positive military personnel were also RPR positive. Conversely, only 3.0% of HIV-negative military donors were RPR positive. In light of the high rates of HIV and syphilis in military personnel, aggressive intervention measures must be taken to prevent and treat HIV and STDs in this population.

Noji E.K., The Global Resurgence of Infectious Diseases, Journal of Contingencies and Crisis Management, December 2001, vol. 9, no. 4

Abstract: In an increasingly interdependent world, we face an array of new global challenges that transcend the traditional definition of national security. One important example is the resurgence of infectious diseases. In the 1960s and 1970s, powerful antibiotic drugs and vaccines appeared to have banished the major plagues from the industrialized world, leading to a mood of complacency and the neglect of programs for disease surveillance and prevention. Over the past few decades, however, infectious diseases have returned with a vengeance. Many factors, or combinations of factors, can contribute to disease emergence. New infectious diseases may emerge from genetic changes in existing organisms; known diseases may spread to new geographic areas and populations; and previously unknown infections may appear in humans due to changing ecological conditions that increase their exposure to insect vectors, animal reservoirs, or environmental sources of novel pathogens. Reemergence may also occur because of the development of anti-microbial resistance in existing infections (e.g., malaria) or breakdowns in public health measures for previously controlled infections due to civil conflict (e.g., cholera, tuberculosis). Not only does the re-emergence of infectious diseases threaten health directly, but devastating epidemics such as AIDS are spawning widespread political instability and civil conflict. This instability, in turn, will contribute to humanitarian emergencies and economic crises.

"Passing Through Turbulence", Armed Forces Journal International, 2000, vol. 138, no. 1.

Abstract: The South African army's latest group of new junior leaders will complete their initial training in December. They will face a number of difficult challenges as the army transitions through turbulent times. The challenges include government attempts to reduce the size of South Africa's military forces, the HIV/AIDS epidemic, and peacekeeping deployments to the north. Meanwhile, the army's relatively small budget is limiting the scope of its ambitious modernization efforts.

Pearn, J. "War zone paediatrics in Rwanda". Journal. 1996 Aug; 32(4):290-5.; ISSN: 1034-4810.

Abstract: Children are particularly vulnerable to injury and death in two types of 20th century conflicts; terrorist attack and civil war. This account describes some first-hand experiences of the

aftermath of the Rwandan Civil War of 1994. Events leading to the conflict are described, eye witness accounts of child trauma during the war are recorded and the medical problems (currently ongoing) affecting children are described. Over a period of 3 months from April to June 1994, between half and one million Rwandese, a significant proportion of them women and children, were murdered in brutal hand-to-hand killing, dying from close-quarter gunshot and machete slaughter. Nearly half of the population became refugees in neighbouring countries or displaced persons in their own land. UNAMIR II, the United Nations Emergency Humanitarian Response, grew to some 7000 persons by May 1995. Medical aid was provided by emergency medical contingents from the United Kingdom, Canada and Australia, the latter through its Australian Medical Support Force, providing the definitive emergency medical infrastructure from August 1994. In the consequent post-war civil and social disruption, children suffered from burns, cholera and from motor vehicle trauma. Ongoing landmine blasts continue to affect children and adolescents especially. A new International humanitarian code to build a time-expiry device into landmines and other similar ordinance is urgently required as the post-conflict ongoing disasters in Rwanda, Afghanistan and Cambodia illustrate. Current problems affecting children include an increasing risk of HIV infection, trauma and the special humanitarian needs of thousands of orphans.

Profile. The risks--and rewards--of war zone research. Science. 2000 Jun 23; 288(5474):2159. No abstract available.

Quinn, T. "Population migration and the spread of types 1 and 2 human immunodeficiency viruses". Proceedings National Academy of Sciences USA. 1994 Mar; 91:2407-2414.

Abstract: Over 14 million people are estimated to be infected with the human immunodeficiency virus (HIV), with nearly three-fourths of the infected persons residing in developing countries. One factor responsible for dissemination of both HIV-1 and HIV-2 worldwide was the intense migration of individuals from rural to urban centers with subsequent return migration and internationally due to civil wars, tourism, business purposes, and the drug trade. In sub-Saharan Africa, between 1960 and 1980, urban centers with more than 500,000 inhabitants increased from 3 to 28, and more than 75 military coups occurred in 30 countries. The result was a massive migration of rural inhabitants to urban centers concomitant with the spread of HIV-1 to large population centers. With the associated demographic, economic, and social changes, an epidemic of sexually transmitted diseases and HIV-1 was ignited. Migratory patterns were also responsible for the spread of endemic HIV-2 to neighboring West African countries and eventually to Europe, the Americas, and India. Although Southeast Asia was the last region in which HIV-1 was introduced, it has the greatest potential for rapid spread due to population density and inherent risk behaviors. Thus, the migration of poor, rural and young sexually active individuals to urban centers coupled with large international movements of HIV-infected individuals played a prominent role in the dissemination of HIV globally. The economic recession has aggravated the transmission of HIV by directly increasing the population at risk through increased urban migration, disruption of rural families and cultural values, poverty, and prostitution and indirectly through a decrease in health care provision. Consequently, social and economic reform as well as sexual behavior education need to be intensified if HIV transmission is to be controlled.

Salama, P. and Dondero, T. J. "HIV surveillance in complex emergencies". AIDS. 2001 Apr; 15 Suppl 3:S4-12.

Abstract: Many studies have shown a positive association between both migration and temporary expatriation and HIV risk. This association is likely to be similar or even more pronounced for forced migrants. In general, HIV transmission in host-migrant or host-forced-migrant interactions depends on the maturity of the HIV epidemic in both the host and the migrant population, the relative seroprevalence of HIV in the host and the migrant population, the prevalence of other sexually transmitted infections (STIs) that may facilitate transmission, and the level of sexual interaction between the two communities. Complex emergencies are the major cause of mass population movement today. In complex emergencies, additional factors such as sexual interaction

between forced-migrant populations and the military; sexual violence; increasing commercial sex work; psychological trauma; and disruption of preventive and curative health services may increase the risk for HIV transmission. Despite recent success in preventing HIV infection in stable populations in selected developing countries, internally displaced persons and refugees (or forced migrants) have not been systematically included in HIV surveillance systems, nor consequently in prevention activities. Standard surveillance systems that rely on functioning health services may not provide useful data in many complex emergency settings. Secondary sources can provide some information in these settings. Little attempt has been made, however, to develop innovative HIV surveillance systems in countries affected by complex emergencies. Consequently, data on the HIV epidemic in these countries are scarce and HIV prevention programs are either not implemented or interventions are not effectively targeted. Second generation surveillance methods such as cross-sectional, population-based surveys can provide rapid information on HIV, STIs, and sexual behavior. The risks for stigmatization and breaches of confidentiality must be recognized. Surveillance, however, is a key component of HIV and STI prevention services for forced migrants. It is required to define the high risk groups, target interventions, and ultimately decrease HIV and STI transmission within countries facing complex emergencies. It is also required to facilitate regional control of HIV epidemics.

Schneider, H. and Stein, J. "Implementing AIDS policy in post-apartheid South Africa". Social Science & Medicine. 2001 Mar; 52(5):723-731.

Abstract: In common with the rest of the Southern African sub-continent, South Africa is currently experiencing a serious HIV epidemic. When it came into power in 1994, the new, Mandela-led government immediately mobilised funds and adopted a far-reaching AIDS Plan for the country. However, the implementation of AIDS policy in the first four years after 1994 has been characterised by a lack of progress and a breakdown of trust and co-operation, both within government and between government and NGOs. This paper outlines the political context which shaped the development of the AIDS Policy, then examines the difficulties of implementing a comprehensive response to AIDS in a country undergoing restructuring at every level. It questions the notion of "inadequate political will" as an explanation for lack of progress. Involvement by politicians has, in fact, been experienced as a double-edged sword in South Africa, with inappropriate, "quick-fix" actions creating conflict and hampering a more longer-term, effective response. The paper also highlights the importance of groupings outside of government in promoting effective policy actions, and the types of leadership required to mobilise a broad range of actors around a common vision. It concludes by emphasising the need to develop approaches to policy implementation rooted in the possibilities and constraints of the local situation, rather than relying on universal blue-prints developed out of context. [Journal Article; In English; England]

Smallman-Raynor, M. R. and Cliff, A. D. "Civil war and the spread of AIDS in Central Africa". Epidemiology and Infection. 1991 Aug; 107(1):69-80.

Abstract: Using ordinary least squares regression techniques this paper demonstrates, for the first time, that the classic association of war and disease substantially accounts for the presently observed geographical distribution of reported clinical AIDS cases in Uganda. Both the spread of HIV 1 infection in the 1980s, and the subsequent development of AIDS to its 1990 spatial pattern, are shown to be significantly and positively correlated with ethnic patterns of recruitment into the Ugandan National Liberation Army (UNLA) after the overthrow of Idi Amin some 10 years earlier in 1979. This correlation reflects the estimated mean incubation period of 8-10 years for HIV 1 and underlines the need for cognizance of historical factors which may have influenced current patterns of AIDS seen in Central Africa. The findings may have important implications for AIDS forecasting and control in African countries which have recently experienced war. The results are compared with parallel analyses of other HIV hypotheses advanced to account for the reported geographical distribution of AIDS in Uganda.

Temoshok, L. R. and Kingma, S. J. "HIV exposure risk in military populations: an uncharted prevention frontier". International Conference on AIDS 1996 Jul 7; 11(1):48 (abstract no. Mo.D.354).

Abstract: Objective: To apply the results of the first large-scale survey of HIV exposure risk-relevant factors in a military population (the US Army) to the development of targeted HIV behavioural prevention strategies for world-wide military populations. Methods: An anonymous self-administered survey of HIV exposure risk-relevant factors was completed by 18,031 soldiers in a stratified, probability sample of all US Army installations world-wide. Results: Data from this representative survey of the ethnically and geographically diverse men and women in the US Army indicate that soldiers, in general, have greatly increased vulnerability to HIV infection, compared to general civilian populations in the US, the UK, and France, in which recent national surveys have been conducted. Risk factors include high rates of sexual partner change, elevated rates of STD, relatively low rates of condom use with prostitutes and other "casual" partners, and significant mixing between groups having high and low-risk behaviour patterns, as well as higher and lower HIV prevalence. Findings were used by GPA/WHO and UNAIDS to develop an HIV/AIDS information booklet for police and armed forces personnel worldwide, as well as for the training of medical officers who carry out UN peacekeeping missions. Conclusions: Even militaries which are not considered "high-risk" populations, may represent potential venues for epidemic spread if they have high prevalence of HIV exposure risk factors, and if certain conditions are met. Examples of "situational changes" which have triggered HIV epidemics in some parts of the world include civil conflict and large-scale military conscription and/or deployment to an area with high HIV prevalence. Targetted HIV behavioural surveillance and prevention programmes, which are typically not priorities in military populations, are urgently needed on this largely uncharted prevention frontier.

Thomson, Alistair. "Refugee rapes fuel AIDS in Africa's war zones" Reuters. 2001 Jun 20. No abstract available.

"Uganda tackles AIDS from the very top down". Aids Alert. 1999 Aug; 14(8 Suppl):3-4. No abstract available.

Wakhweya, A. M. "Health care in Africa -- which way?". Medicine and War. 9(3):234-241.

Abstract: This article gives a personal view of the health situation in a typical country in the South. Uganda is a country which is well endowed with natural resources, as are many countries in the South, but is plagued by poverty, conflict, endemic infectious diseases and, more recently, disease due to HIV. The article argues for an integrated solution to appropriate health care, proposing that good health results from sustainable development. It focuses on constraints to development such as conflict, militarization, environmental degradation, lack of community action, and inappropriate policies by both developing world governments and members of the international arena. All of these play a role in the achievement of sustainable equity world-wide. [Journal Article; In English; England]

Yeager, Rodger, Hendrix, Craig W. & Kingma, Stuart, "International Military Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Policies and Programs: Strengths and Limitations in Current Practice", Military Medicine, 2000, vol. 165, no.2. No abstract available.

Zwi, A. B. "High Risk Situations' and AIDS prevention". International Conference on AIDS 1991 Jun 16; 7(1):419.

Abstract: Relatively little attention has been focused on the political, social and economic factors related to the transmission of HIV disease. 'High risk situations' are circumstances in which societies are disrupted and in which marginalised groups have little control over their immediate social

environment. This paper describes the nature of 'high risk situations' and why their identification may assist the control of HIV disease. The variety of 'high risk situations' include areas of rapid peri-urban settlement, population relocation, military conflict, migrant labour and poverty: all of these present opportunities for increased transmission of HIV infection. The factors which play some part in transmission include an increase in risk-taking behaviours, decreased access to health and social services, and limitations in access to prevention-oriented messages and services. Specifically defining such contexts as 'high risk situations' will help emphasise the source of the problem: ills within society that play some part in the transmission of HIV infection and other sexually transmitted diseases. Shifting the focus from individuals to the society will assist in avoiding victim-blaming, defining necessary areas of research, helping determine priorities for prevention and intervention initiatives and acknowledging the social determinants of HIV disease.