THE MISSING LINK

Rethinking and reprioritizing HIV and gender-based violence in fragile settings

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FOREWORD

Gender-based violence is an egregious human rights violation. It is vital to stop it, including in fragile settings. This is the only way we will end the AIDS epidemic and ensure that everyone enjoys their right to health and life.

Today, humanitarian crises are more numerous, complex and protracted than ever before. In 2022, there were more than 100 ongoing armed conflicts around the world *(1)*. One in fourteen people living with HIV was living in a humanitarian context in 2016, ranging from natural and human-made emergencies to chronic, long-term crises *(2)*. It has been estimated that at least one in five girls or women displaced by conflict experiences sexual violence *(3)*. Yet efforts to prevent and respond to HIV and gender-based violence in fragile settings remain partial, isolated, unstable, or even completely absent, despite normative commitments made at the global level.

This report is a first step in changing that. By looking at HIV and gender-based violence in the context of peace support operations[1] that deploy African troops across Africa and beyond, this research raises important questions and observations about the gaps, challenges and potential opportunities for multisectoral, integrated responses to HIV and gender-based violence across the humanitarian–peace nexus.

The call to action is clear. To end gender-based violence and AIDS, we need concerted action involving multiple sectors, we need survivor and people-centred approaches, and we need sustained investment in research such as this. We must make sure everyone in fragile settings realizes their rights to health and a life free of violence.

DEFINITIONS

Gender-based violence (GBV). There are many different definitions of GBV, as well as detailed discussions on the different types of violence that are categorized as GBV and the groups that are impacted. In this report, GBV is used as an umbrella term aligned with the UN Women definition of GBV as "harmful acts directed at an individual or a group of individuals based on their gender identity, rooted in gender inequality, the abuse of power and harmful norms" *(4)*. Neither this report, nor the research underpinning it, explicitly explores the various dimensions of GBV in detail.[2] However, due to the specific focus of the case study on peace support operations, the research highlights conflict related sexual violence and sexual exploitation and abuse as specific forms of GBV within the context of training for peace support operations.

Sexual exploitation and abuse (SEA). The United Nations defines sexual exploitation as "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another." The UN defines sexual abuse as "actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions" *(5)*.

Conflict-related sexual violence (CRSV). According to the United Nations, this term refers to "rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. This link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group […]; the profile of the victim, who is frequently an actual or perceived member of a persecuted political, ethnic or religious minority, or targeted on the basis of actual or perceived sexual orientation or gender identity; the climate of impunity, which is generally associated with State collapse; cross-border consequences, such as displacement or trafficking; and/or violations of the provisions of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence and/or exploitation, when committed in situations of conflict" *(6)*.

Survivor centred approaches. According to the Global Protection Cluster Guidelines for Integrating GBV Interventions in Humanitarian Action, survivor centred approaches aim to "create a supportive environment in which a survivor's rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote a survivor's recovery and his/her ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions" *(7)*.

People centred approaches. According to WHO, a people centred response, within the context of HIV, is "an approach that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organised around the comprehensive needs of people rather than individual diseases, and respects social preferences. People-centred care also requires that patients have the education and support they need to make decisions and participate in their own care and that carers are able to attain maximal function within a supportive working environment. People-centred care is broader than patient and person-centred care, encompassing not only clinical encounters, but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services" *(8)*.

2   The research undertaken for this report did not explicitly explore in detail issues involving psychological abuse, the role of threats versus force, nor the gender-based violence experienced by specific subgroups, such as men, boys and key and vulnerable populations. Rather, gender-based violence was addressed more broadly.

Fragile settings. In this report, the term 'fragile settings' covers humanitarian crises, protracted emergencies and armed conflicts *(9)*.[3] Our understanding of the wider concept of 'fragility' is also guided by the definition of the Organisation for Economic Co-operation and Development (OECD), which describes fragility as "… the combination of exposure to risk and insufficient coping capacities of the state, system and/or communities to manage, absorb or mitigate those risks" *(10)*.

Peace support operations (PSO). Different language is used to describe the work of the peace sector across organizations, operations and contexts. To harmonize the language used in this report, the term PSOs is used here. PSOs describe multinational, multifunctional and multidimensional efforts mandated and deployed by an international, regional or cross-regional organization, to restore or maintain peace within a specific area of operations. The term encompasses a range of prevention, peace-making, peacekeeping and/or peacebuilding activities undertaken by uniformed forces in accordance with their mission mandate *(11)*. The focus in this report and the case study is on UN and African Union authorized PSOs deploying troops (specifically African troops across the African continent and beyond). Political missions, or missions by other regional or ad hoc organizations/coalitions, are not reviewed.

Multisectoral and integrated response. In this report, reference is made to multisectoral and integrated responses in the context of HIV and gender-based violence. A multisectoral response is considered to be a whole of government and whole of society response that advocates for the alignment of HIV, gender-based violence, health and other sector strategies, policies and practices for social protection and essential services aimed at poor and vulnerable populations *(12)*. The notion of integration was formalized in 2016, when the World Health Assembly adopted WHO's Framework on Integrated People-Centred Health Services, which puts forth a vision of "equal access to quality health services that are… coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable" *(13)*.

EXECUTIVE SUMMARY

Gender-based violence is a grave human rights violation that is prohibited under international law through several humanitarian, criminal and human rights legal instruments, including the 1979 Convention on the Elimination of All Forms of Discrimination Against Women and the 2003 Maputo Protocol. While these instruments constitute important commitments to eliminating gender-based violence, society is still a long way from achieving that goal. Access to HIV prevention, treatment and care is also a human right, covered under legal instruments such as the International Covenant on Economic, Social and Cultural Rights through the right to the highest attainable standard of health. Yet, significant inequalities persist in terms of prevention, access to, and retention in, HIV services.

There are multiple bidirectional and mutually reinforcing linkages between gender-based violence and HIV. Evidence shows that gender-based violence can increase the risk of acquiring HIV in high HIV burden settings *(14–15)*, reduce access and adherence to treatment, lower CD4 counts and lead to higher viral loads *(16–21)*. Risk factors and vulnerability to both HIV and gender-based violence are also exacerbated in fragile settings, where gaps in the reach and coverage of sexual and reproductive health/HIV and gender-based violence services persist.

Peace support operations are crucial stakeholders in fragile settings — as de facto duty bearers and guardians — whose action (and inaction) has the potential to shape progress on HIV and gender-based violence, not only in terms of fulfilling mandates, but also in terms of the impact they can have upon the communities they serve.

Multiple normative commitments have been made on HIV and gender-based violence in the context of peace support operations, including their (direct or indirect) incorporation into peace support operation mandates and broader operations. But what does the translation of these commitments look like on the ground in fragile settings?

This report explores the extent to which evidence, policy, normative guidance and commitments on HIV and gender-based violence, and their interlinkages, is being translated into action on the ground in fragile settings. These issues are explored through the lens of training of peace support operations deploying African troops across Africa and beyond.

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3   Guided by WHO's definition of fragile, conflict-affected and vulnerable settings.

Key report findings

The findings are based on a survey. They highlight various challenges to translate agreed principles into action, and action into results. In particular, they suggest that:

Despite the incorporation of HIV and gender-based violence into the policy, guidance, mandate and operations of peace support operations, action on these issues, including through capacity development, is often deprioritized and, despite the multiple linkages between HIV and gender-based violence, the response of peace support operations to both is often disconnected.

Gaps in evidence on the outcomes of capacity building of peace support operations on gender-based violence and HIV persist, particularly as related to the performance of peace support operations on the ground and the fulfilment of their mandate to protect communities.

Opportunities for combined approaches on HIV and gender-based violence are being missed, internally within the relevant units of peace support operations and externally in terms of leveraging the expertise and knowledge sharing potential of the humanitarian, development and peace sectors (the triple nexus). This limits the potential to achieve transformative collective outcomes on both HIV and gender-based violence.

HIV stigma and discrimination remain important challenges that are hindering progress in peace support operations, including progress on leveraging the HIV response as an entry point for integrating gender-based violence (and vice versa).

Key report recommendations

A new approach is needed for improved capacity and effectiveness in dealing with HIV and gender-based violence in fragile settings. Recommendations for building a more holistic, human rights based and gender transformative approach to HIV and gender-based violence in fragile settings, particularly within the work of peace support operations, include the following:

Clear and explicit language for HIV and gender-based violence must be included in all relevant peace support operation mandates, and be translated into action through the adoption and scale-up of integrated, multisectoral, mainstreamed responses to HIV and gender-based violence, underpinned by the principles of gender equality and human rights and backed by clear operational plans and budgets.

Robust accountability mechanisms must be created at all levels, to ensure the effective implementation by duty bearers of the myriad declarations and commitments that are already in place on HIV and gender-based violence in fragile settings:

- As a part of this, duty bearers in fragile settings must demonstrate accountability to affected populations, including facilitating the leadership of affected communities in the monitoring of and feedback on services provided. Especially important is the inclusion and leadership of women, including women living with HIV, key populations and young people.

Duty bearers must agree and commit to an actionable, multisectoral research agenda on HIV and gender-based violence in fragile settings, guided by an assessment of gaps in evidence and taking into account the complexity, sensitivity and intersectionality of gender-based violence and HIV in fragile settings. This includes empowering communities to take ownership of evidence generation and creating clear action plans on how evidence will inform action on the ground.

Displaced persons in Bossangoa, the Central African Republic, in 2014. I © UNAIDS

BACKGROUND

Linkage between HIV and gender-based violence

Evidence of the linkages between HIV and gender-based violence is well established in high HIV burden settings. Different forms of violence can increase the risk of acquiring HIV *(14, 15)*, reduce access and adherence to treatment, lower CD4 counts and lead to higher viral loads *(16–21)*. Risk factors and vulnerability to both HIV and gender-based violence are exacerbated in fragile settings. Nine of the ten countries with the widest gender gap[4] *(22–24)*. Fragile States have weakened health service infrastructure, understaffed facilities and breaks in the supply chain, which together can lead to reduced access to sexual and reproductive health/ HIV and gender-based violence services, supplies and information *(25–27)*.

The collapse of the rule of law and breakdown of societal systems and family structures increased the incidence of trafficking and exploitation. The resulting negative coping strategies all act as risk multipliers for both HIV and gender-based violence in fragile settings. Those living in these settings also have reduced access to decision-making processes, education, work and sexual and reproductive health services *(28)*.

Women and girls are particularly vulnerable in these settings. Violence against women and girls increases during periods of conflict, and they have been shown to be most adversely affected when populations are displaced by natural disasters *(29–33)*. In fragile contexts, up to 36% of ever-partnered women between the ages of 15 and 49 are estimated to have experienced physical and/or sexual intimate partner violence in their lifetime compared with 27% worldwide, and all contexts where more than 50% of girls are married by the age of 18 are fragile *(34)*.

Who is affected by gender-based violence follows patterns that emphasize the structural and societal inequalities that render some individuals and groups more exposed to violence and its consequences than others. These patterns underline the urgent need to focus on human rights and gender equality as central to eliminating violence. Key populations[6] are at particular risk of certain forms of gender-based violence in fragile settings due to social and/ or legal discrimination, restricted social status, or social isolation *(35–36)*. Men and boys are affected too, including in places of detention *(37)*, while research suggests that adolescent boys aged 15–19 are almost three times more likely to die of interpersonal violence than girls of the same age *(38)*.

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4   Refers to observed differences between men and women or between boys and girls in the relevant indicators (22).

5   The OECD multidimensional fragility framework, through its depiction of the balance of risks and coping capacities across six dimensions (economic, environmental, political, security, societal and human), helps inform an understanding of the drivers and consequences of fragility, including responses to it in fragile contexts (23).

6   UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

Normative guidance on HIV and gender-based violence

Gender-based violence constitutes a serious human rights violation, prohibited under international law both during armed conflict and in peacetime and regardless of the identity of the victim, the perpetrator or the specific setting. Several international humanitarian, criminal and human rights law instruments address this, including: the 1949 Geneva Conventions; the 1979 Convention on the Elimination of All Forms of Discrimination Against Women; the 1984 UN Convention Against Torture; the 1998 International Criminal Court's Rome Statute *(39)*; the 2003 Maputo Protocol; and several general international human rights law treaties and regional conventions *(40)*.

In times of armed conflict, international humanitarian law also provides rules to protect access to health care *(41)*. The right to the highest attainable standard of health is also recognized in international human rights law instruments such as the International Covenant on Economic, Social and Cultural Rights. Numerous conferences and declarations have reaffirmed commitments to the realization of this right *(42)*, such as: the International Conference on Primary Health Care (resulting in the Declaration of Alma-Ata); the Declaration of Commitment on HIV/AIDS; and, most recently, the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.

Upholding international law by preventing and addressing HIV and gender-based violence in fragile settings is vital, particularly at a time when the scale and cadence of conflicts and humanitarian crises are increasing.

Major gaps persist in the reach and coverage of sexual and reproductive health/HIV and gender-based violence services in fragile settings.

According to estimates from the United Nations High Commissioner for Refugees (UNHCR), 117.2 million people will be forcibly displaced or stateless in 2023 *(43)*. In this context, major gaps persist in the reach and coverage of sexual and reproductive health/HIV and gender-based violence services in fragile settings *(44)*. These services are repeatedly undermined by crippling underfunding and poor coordination *(45)*. Despite the multiple linkages between the two, programmatic efforts to integrate gender-based violence and HIV responses in fragile contexts are rare *(46)*.

Medical camp organised by the African Union Mission in Somalia.
© AMISOM Photo/ Mukhtar Nuur

The role of peace support operations in addressing HIV and gender-based violence in fragile settings

Peace support operations have evolved over time into one of the main tools used by the international community to maintain international peace and security. Deployed on the basis of mandates, their tasks differ from situation to situation depending on the nature of the emergency or conflict and the specific challenges it presents *(47)*. However, since 2000, increasing attention has been paid to the role of peace support operations in preventing and addressing HIV and gender-based violence in fragile settings.

For example, the 2000 Report of the Panel on United Nations Peace Operations (the Brahimi Report) highlighted HIV/AIDS education and control as an essential complement to effective peace building, in which peacekeeping forces might be involved *(48)*. Various United Nations Security Council resolutions have also mandated UN peacekeeping missions to incorporate HIV prevention and response in the implementation of mandated tasks *(49)*, recognizing the risk that the HIV pandemic may pose to stability and security *(50)*, highlighting the important contribution that UN peacekeeping operations can make to an integrated HIV response *(51)* — particularly for vulnerable communities in post-conflict environments *(52)* — and underscoring the need for HIV prevention awareness skills among peacekeeping personnel *(53, 54)*.

The United Nations Security Council has requested or recommended the incorporation of gender-based violence (including prevention of and response to conflict-related sexual violence) and of comprehensive protection strategies in the mandate of relevant UN peacekeeping operations *(55, 56)*, and the integration of competencies in these areas as part of performance and operational readiness standards *(57)*.
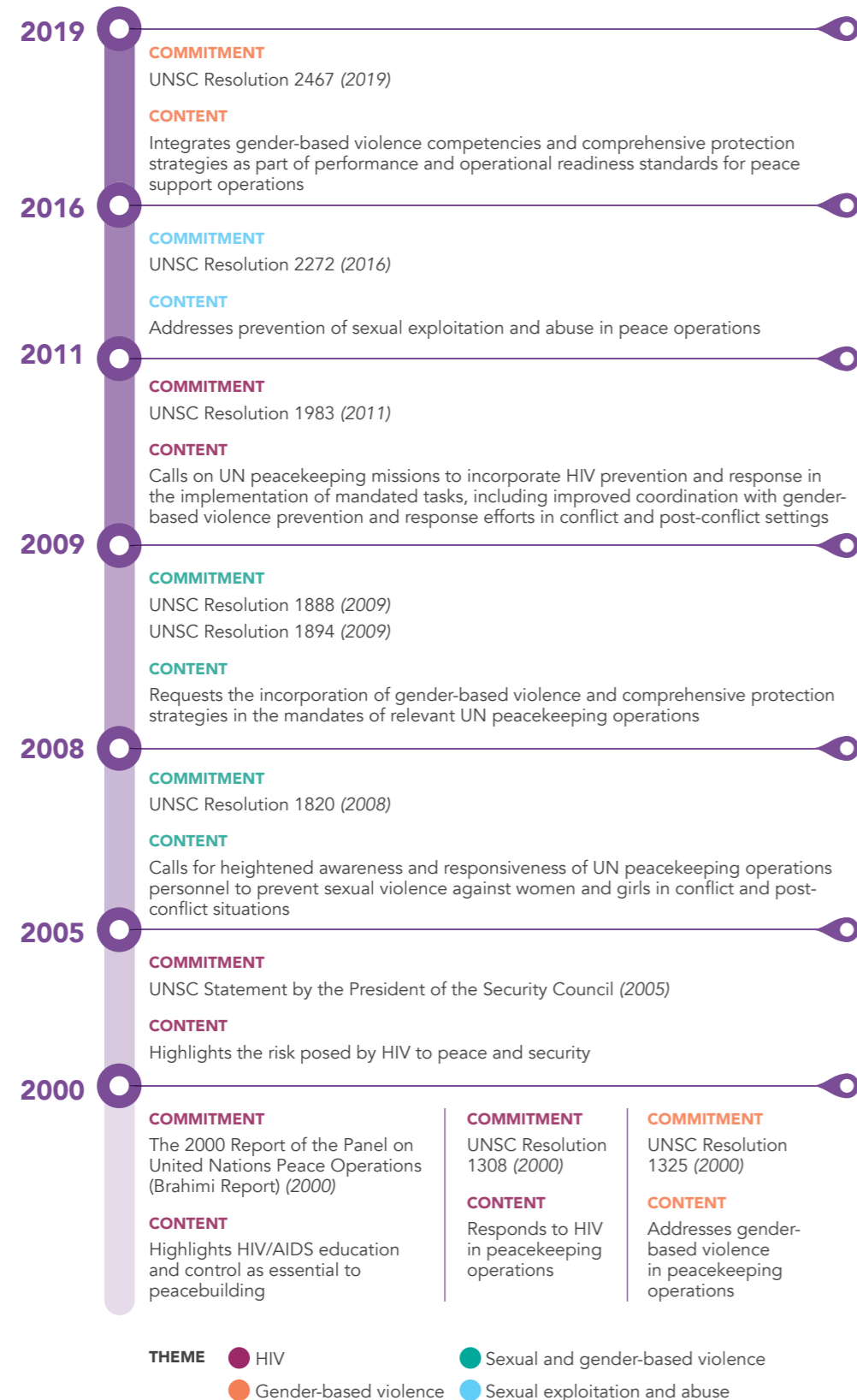

Joint mission of MINUSMA, Ministry of Health and High National Council for the Fight against HIV to reinvigorate the HIV response in central Mali.
© UNAIDS/Yaye Kanny Diallo

FIGURE 1.

International commitments on HIV prevention and the elimination of sexual and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse) in peace and security *(2000–2019)*.

2019

COMMITMENT
UNSC Resolution 2467 *(2019)*

CONTENT
Integrates gender-based violence competencies and comprehensive protection strategies as part of performance and operational readiness standards for peace support operations

2016

COMMITMENT
UNSC Resolution 2272 *(2016)*

CONTENT
Addresses prevention of sexual exploitation and abuse in peace operations

2011

COMMITMENT
UNSC Resolution 1983 *(2011)*

CONTENT
Calls on UN peacekeeping missions to incorporate HIV prevention and response in the implementation of mandated tasks, including improved coordination with gender-based violence prevention and response efforts in conflict and post-conflict settings

2009

COMMITMENT
UNSC Resolution 1888 *(2009)*
UNSC Resolution 1894 *(2009)*

CONTENT
Requests the incorporation of gender-based violence and comprehensive protection strategies in the mandates of relevant UN peacekeeping operations

2008

COMMITMENT
UNSC Resolution 1820 *(2008)*

CONTENT
Calls for heightened awareness and responsiveness of UN peacekeeping operations personnel to prevent sexual violence against women and girls in conflict and post-conflict situations

2005

COMMITMENT
UNSC Statement by the President of the Security Council *(2005)*

CONTENT
Highlights the risk posed by HIV to peace and security

2000

COMMITMENT
The 2000 Report of the Panel on United Nations Peace Operations (Brahimi Report) *(2000)*

CONTENT
Highlights HIV/AIDS education and control as essential to peacebuilding

COMMITMENT
UNSC Resolution 1308 *(2000)*

CONTENT
Responds to HIV in peacekeeping operations

COMMITMENT
UNSC Resolution 1325 *(2000)*

CONTENT
Addresses gender-based violence in peacekeeping operations

THEME ● HIV   ● Sexual and gender-based violence
● Gender-based violence   ● Sexual exploitation and abuse

The United Nations Security Council has also drawn various linkages between gender-based violence and HIV in the work of peace support operations. It has, for instance, urged UN peacekeeping missions to "pay particular attention to the gender dimensions of HIV/AIDS", noting that "the protection of civilians by peacekeeping operations, where mandated, can contribute to an integrated response to HIV and AIDS, inter alia, through the prevention of conflict-related sexual violence" *(58)*. It has also noted "the link between sexual violence in armed conflict and post-conflict situations and HIV infection, and the disproportionate burden of HIV and AIDS on women and girls, as a persistent obstacle and challenge to gender equality." Recently, it has explicitly introduced the concept of a "survivor-centred approach" in preventing and responding to sexual violence in conflict and post-conflict situations *(59)*.

The United Nations Security Council has also highlighted the need to further roll out awareness and prevention programmes *(60, 61)*, strengthened integration into the mandated activities of peace support operations and outreach projects *(62–66)*, and improved coordination between gender-based violence and HIV prevention and response efforts in conflict and post-conflict situations *(67)*.

Peace support operations are important stakeholders whose action (and inaction) has the potential to shape progress on HIV and gender-based violence in fragile settings, not only in terms of fulfilment of their mandate, but also in terms of the impact they can have on the communities they serve. However, explicit mandates related to gender-based violence are relatively recent and the capacity of peace support operations to implement them and to integrate HIV prevention and response in them remains inconsistent.

> Peace support operations are important stakeholders whose action (and inaction) has the potential to shape progress on HIV and gender-based violence in fragile settings, not only in terms of fulfilment of their mandate, but also in terms of the impact they can have on the communities they serve.

16 Days of Activism against Gender-Based Violence (GBV) Campaign.
© AMISOM Photo

A wealth of experience on the African continent

African countries are central to the HIV response. Shouldering a disproportionate burden of the global HIV epidemic over the past 40 years — in 2022, an estimated 25.7 million people were living with HIV in the WHO African Region, representing 66% of global HIV cases *(68)* — countries across the continent have accumulated diverse experience and expertise on what does and does not work. Meanwhile, the high prevalence of gender-based violence across Africa *(69)* continues to illustrate the critical need for gender-transformative responses to HIV.[7]

From the 2001 Abuja Declaration and the 2005 Gaborone Declaration to the 2012 African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa, the African Union has a long history of taking a strong stand in solidarity with people in Africa affected by HIV *(70)*. This includes the creation of AIDS Watch Africa (AWA), an initiative launched by the African Union to monitor and review progress in the response on HIV on the African continent and hold governments to account for their commitments. Similarly, the African Union has made multiple commitments on the elimination of gender-based violence, from the Maputo Protocol in 2003 *(71)* to the Report on the Implementation of the Women, Peace & Security Agenda in Africa 2020 *(72)*.
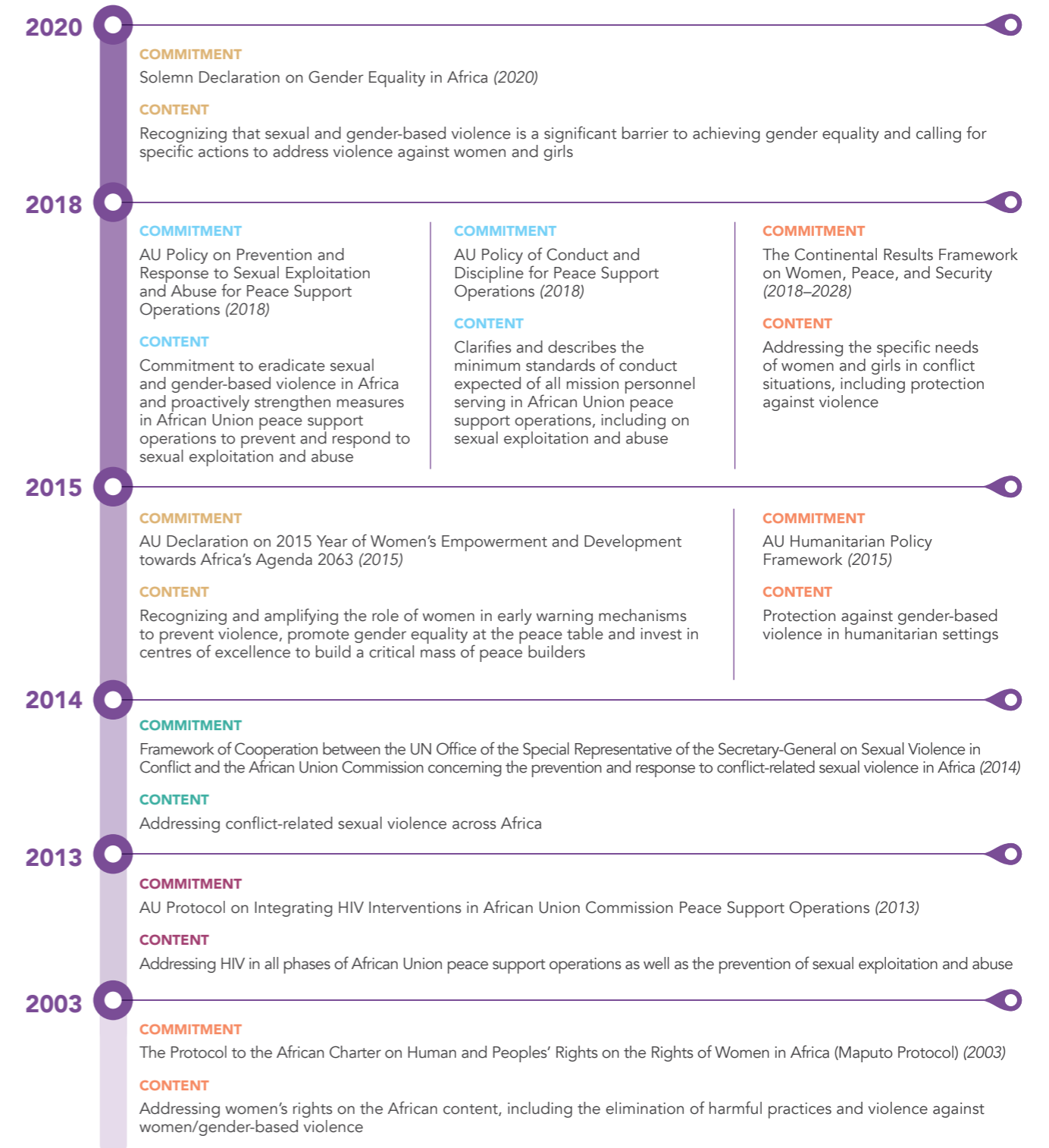

Activities to commemorate International Women's Day in Rutshuru, North Kivu, DR Congo.
© MONUSCO/ Michael Ali

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7 Gender transformative interventions seek to directly address the root cause of gender-based violence and a key determinant to HIV, which is gender inequality. They often include reflecting on and challenging harmful gender roles, relationships and social norms, practicing new skills and behaviours, and substantively addressing power and privilege imbalances.

FIGURE 2.

Selected African Union commitments on HIV prevention and response and the elimination of sexual and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse) in peace and security and development settings *(2003–2020)*.

2020

COMMITMENT
Solemn Declaration on Gender Equality in Africa *(2020)*

CONTENT
Recognizing that sexual and gender-based violence is a significant barrier to achieving gender equality and calling for specific actions to address violence against women and girls

2018

COMMITMENT
AU Policy on Prevention and Response to Sexual Exploitation and Abuse for Peace Support Operations *(2018)*

CONTENT
Commitment to eradicate sexual and gender-based violence in Africa and proactively strengthen measures in African Union peace support operations to prevent and respond to sexual exploitation and abuse

COMMITMENT
AU Policy of Conduct and Discipline for Peace Support Operations *(2018)*

CONTENT
Clarifies and describes the minimum standards of conduct expected of all mission personnel serving in African Union peace support operations, including on sexual exploitation and abuse

COMMITMENT
The Continental Results Framework on Women, Peace, and Security *(2018–2028)*

CONTENT
Addressing the specific needs of women and girls in conflict situations, including protection against violence

2015

COMMITMENT
AU Declaration on 2015 Year of Women's Empowerment and Development towards Africa's Agenda 2063 *(2015)*

CONTENT
Recognizing and amplifying the role of women in early warning mechanisms to prevent violence, promote gender equality at the peace table and invest in centres of excellence to build a critical mass of peace builders

COMMITMENT
AU Humanitarian Policy Framework *(2015)*

CONTENT
Protection against gender-based violence in humanitarian settings

2014

COMMITMENT
Framework of Cooperation between the UN Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict and the African Union Commission concerning the prevention and response to conflict-related sexual violence in Africa *(2014)*

CONTENT
Addressing conflict-related sexual violence across Africa

2013

COMMITMENT
AU Protocol on Integrating HIV Interventions in African Union Commission Peace Support Operations *(2013)*

CONTENT
Addressing HIV in all phases of African Union peace support operations as well as the prevention of sexual exploitation and abuse

2003

COMMITMENT
The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) *(2003)*

CONTENT
Addressing women's rights on the African content, including the elimination of harmful practices and violence against women/gender-based violence

THEME   ● HIV   ● Sexual and gender-based violence   ● Gender equality
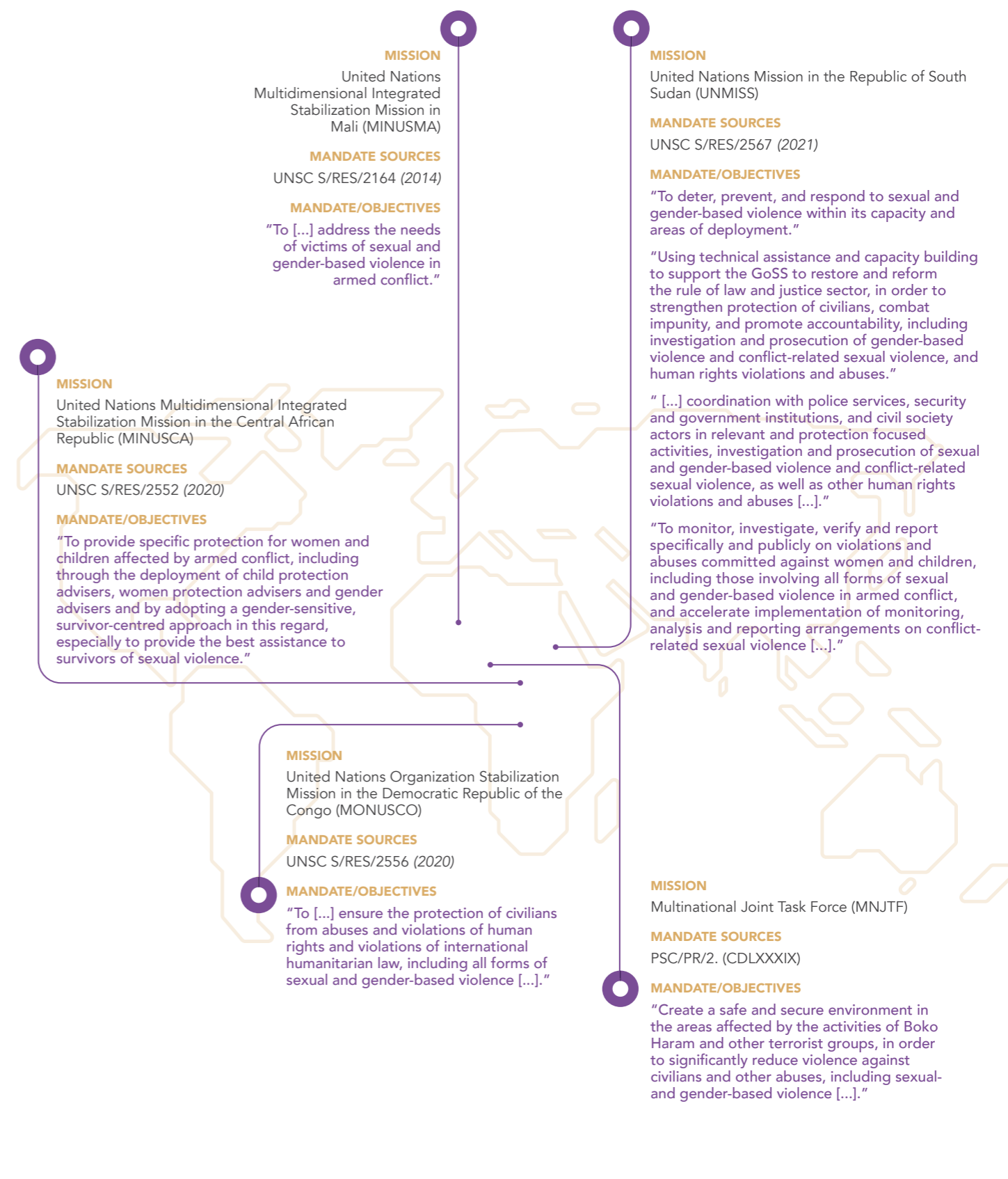● Gender-based violence   ● Sexual exploitation and abuse

The African continent is also a major host of, and contributor to, peace support operations. Four African Union missions[8] (73) and six UN peacekeeping operations[9] (74) were active on the continent as of 2021. Rwanda and Ghana are the fourth and seventh largest troop contributors to UN peacekeeping as of March 2023, while 13 of the top 20 contributors are African countries (75). Between 2003 and 2020, the African Union has mandated, authorized, or endorsed over a dozen peace support operations across the continent (76).

Incorporation of HIV and gender-based violence into the policy, guidance and operations of peace support operations on the African continent is not new. The African Union integrated HIV interventions in peace support operations a decade ago, an issue that was jointly addressed with gender-based violence (77). Various African Union policies, frameworks and decisions have also addressed the protection of civilians and the obligation to address gender-based violence occurring as a result, or in the context of, mandated or authorized peace support operations (78– 83).

As highlighted in Table 3, four of the six UN peacekeeping operations authorized in Africa (84– 87) as of June 2021 had an explicit mandate on gender-based violence prevention and/or response.[10] Of the four African Union missions active on the continent in 2021, at least one had an explicit mandate on gender-based violence prevention and/or response. None of them had an explicit mandate on HIV prevention or response, though it could be implicit in the protection mandates given to them. The ability of African Union and UN peace support operations to deliver on their envisioned roles with regard to HIV and gender-based violence will directly impact the success of prevention and response efforts in challenging operating environments across Africa.

FIGURE 3.

United Nations and African Union peace support operations in Africa with a mandate or objectives addressing gender-based violence and/or HIV in 2021.

MISSION
United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA)

MANDATE SOURCES
UNSC S/RES/2164 (2014)

MANDATE/OBJECTIVES
"To [...] address the needs of victims of sexual and gender-based violence in armed conflict."

MISSION
United Nations Mission in the Republic of South Sudan (UNMISS)

MANDATE SOURCES
UNSC S/RES/2567 (2021)

MANDATE/OBJECTIVES
"To deter, prevent, and respond to sexual and gender-based violence within its capacity and areas of deployment."

"Using technical assistance and capacity building to support the GoSS to restore and reform the rule of law and justice sector, in order to strengthen protection of civilians, combat impunity, and promote accountability, including investigation and prosecution of gender-based violence and conflict-related sexual violence, and human rights violations and abuses."

" [...] coordination with police services, security and government institutions, and civil society actors in relevant and protection focused activities, investigation and prosecution of sexual and gender-based violence and conflict-related sexual violence, as well as other human rights violations and abuses [...]."

"To monitor, investigate, verify and report specifically and publicly on violations and abuses committed against women and children, including those involving all forms of sexual and gender-based violence in armed conflict, and accelerate implementation of monitoring, analysis and reporting arrangements on conflict-related sexual violence [...]."

MISSION
United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA)

MANDATE SOURCES
UNSC S/RES/2552 (2020)

MANDATE/OBJECTIVES
"To provide specific protection for women and children affected by armed conflict, including through the deployment of child protection advisers, women protection advisers and gender advisers and by adopting a gender-sensitive, survivor-centred approach in this regard, especially to provide the best assistance to survivors of sexual violence."

MISSION
United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO)

MANDATE SOURCES
UNSC S/RES/2556 (2020)

MANDATE/OBJECTIVES
"To [...] ensure the protection of civilians from abuses and violations of human rights and violations of international humanitarian law, including all forms of sexual and gender-based violence [...]."

MISSION
Multinational Joint Task Force (MNJTF)

MANDATE SOURCES
PSC/PR/2. (CDLXXXIX)

MANDATE/OBJECTIVES
"Create a safe and secure environment in the areas affected by the activities of Boko Haram and other terrorist groups, in order to significantly reduce violence against civilians and other abuses, including sexual- and gender-based violence [...]."

Marina, a national from Central African Republic (CAR) living with HIV since 2010, had to flee to the Democratic Republic of Congo because of violence in her country. As she could no longer take her antiretroviral pills, she got sick again and her viral load became very high. She returned to Zemio, CAR in 2019, despite the insecurity, to access treatment. I © UNAIDS

NEW EVIDENCE FROM PEACE SUPPORT OPERATIONS AND SUPPORTING PARTNERS

This section presents the results of an exploratory study into the HIV and gender-based violence prevention and response capacity of peace support operations and selected supporting partners in Africa.

Scope and methodology

Study findings are derived from a mixed-methods survey conducted between September and December 2020 through which the personal experiences of 40 respondents were captured. Of the respondents, 75% self-identified as male. Participants included:

75%

SELF-IDENTIFIED
AS MALE

PARTICIPANTS INCLUDED

32 PARTICIPANTS PREVIOUSLY DEPLOYED WITH THE UN OR THE AFRICAN UNION[11]

5 RESPONDENTS FROM 3 PEACEKEEPING MISSIONS IN AFRICA[12]

3 RESPONDENTS FROM 3 AFRICAN PEACE SUPPORT TRAINING CENTERS[13]

11   Respondents represented the following nations: Burundi, Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Uganda and Zambia. They reported having served with a total of 16 different peace support operations: Nine military and police respondents reported having served at least once in AMISOM, eight in UNIFIL, seven in UNAMID, five in UNMISS, four in UNMIL, three in AMIS, three in MONUSCO, three in UNMIK, two in ONUCI, two in UNMSIL, and one each in ECOMIG, MINURSO, MINUSMA, MINUSTAH, UNMIS, and UNTAET. These respondents completed a self-administered questionnaire.

12   These five respondents worked with the Multinational Joint Task Force (MNJTF), the United Nations Organization Stabilization Mission in the Democratic Republic of Congo (MONUSCO), and the United Nations Mission in Sudan (UNMISS). They completed a self-administered questionnaire.

13   These were the Ethiopian International Peace Keeping Training Centre (EIPKTC), the Kofi Annan International Peacekeeping Training Centre (KAIPTC), and the Peacekeeping School Alioune Blondin Beye de Bamako (EMP-ABB). Respondents either completed a self-administered questionnaire or participated in a key informant interview.

Quantitative and qualitative data were collected through self-administered questionnaires and key informant interviews. The use of one or the other approach was based on respondent preferences and researcher capacity.

A review of existing literature determined the following key measurements of interest:

(a) normative awareness;

(b) access to, modalities, and outcomes of capacity development;

(c) availability and nature of support mechanisms; and

(d) integrated approaches to the areas of interest by peace operations personnel.

Virtual snowball sampling was used. Leveraging existing networks proved an effective and quick approach to overcome expected respondent mistrust or suspicion, while the virtual approach addressed some of the COVID-19 related research constraints, including the inability to travel and conduct in-person interviews. Inclusion and exclusion criteria for respondents were stated in the self-administered questionnaires and conformity with these was verified by the researcher during the data entry phase.

The sensitivity of the information captured in the research was deemed to be moderate, and respondents had the option to submit their responses anonymously. Alphanumeric identifiers were subsequently added during the data entry phase, thus further de-linking the responses collected from specific individuals.

Univariate analysis using Excel was applied to the quantitative data. The qualitative data were examined in Microsoft Excel using thematic analysis. The two sets of findings, as well as findings across relevant respondent categories, were triangulated to check for consistency and to aggregate insights.

The COVID-19 pandemic has had a significant impact on research modalities and timing, preventing international travel and traditional fieldwork, and limiting the ability of researchers to ensure broad participation. For example, the use of snowball sampling may have brought into the study primarily those that had HIV and/or gender-based violence as an area of professional interest, thus skewing the responses provided. People affected by violence and their communities were not able to be included in the research, limiting the extent of insights captured in the study. The fact that UNAIDS supported the research may have also influenced the willingness to participate and information shared by respondents. Overall, while the findings are not generalizable, they provide a snapshot of a worrying situation on the ground and lay the foundation for crucial further research.

Study findings

1. Important but deprioritized: Gaps in access to, and uptake of, comprehensive training on HIV and gender-based violence

Multiple African Union and UN documents have highlighted the need for continued investments in capacity development to support enhanced engagement by peace support operations in HIV and gender-based violence prevention and response and the protection of civilians *(88–100)*.

Training on these issues is recognized as having a positive impact on operational effectiveness and promoting the development of capacity to meet functional and fiduciary requirements by peace support operations *(101)*. As highlighted by a peace support training centre representative who participated in this study:

"[C]apacity building of uniformed personnel is key towards ending SGBV and HIV. There are results seen [from the capacity building] and feedback received on the benefit of trainings done in pre- and during deployment."

The responsibility for training lies with countries contributing troops and police prior to deployment *(102)*,[14] and with mission units during deployment *(103)*.[15]

The Core Pre-Deployment Training Materials for United Nations Peacekeeping Operations include both HIV and gender-based violence as mandatory modules, addressed as "generic cross-cutting issues" *(104)*. However, in practice, the scarcity of resources *(105)* has often meant that training topics are prioritized on the basis of those perceived to most enhance implementation of mission mandates. Human rights and protection issues remain among the critical areas facing training gaps *(106)*.

This is confirmed by the insights collected in the study, with 13% of respondents reporting not having received any training on HIV and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse) prior to and during deployment. In addition, just over half of the respondents (54%) in the study reported having received training on all of these issues.[16] In 8% of those cases, the trainings were not linked.

The study's results also pointed towards gaps in coverage and regularity of the training offered. As observed by a female police officer most recently deployed with the AU–UN Hybrid Operation in Darfur (UNAMID):

> Scarcity of resources *(105)* has often meant that training topics are prioritized on the basis of those perceived to most enhance implementation of mission mandates. Human rights and protection issues remain among the critical areas facing training gaps.

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14   This training is usually delivered by national or regional peacekeeping training institutions based on minimum standards or guidelines on operational readiness preparation set by the deploying organization.

15   This includes direct induction and refresher training, both of which are mission-specific.

16   There are substantial differences in access to integrated training, with police personnel consistently reporting significantly lower average levels of access to comprehensive pre-deployment or in-mission training in HIV and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse), compared with military personnel.

"Training on SGBV, CRSV, and SEA should be a continuous process and for everybody [...]. My observation has been this training was only done during induction, and when a particular section has organi[z]ed a training, it only benefited a chosen few [...]."

Only training on sexual exploitation and abuse seems to be consistently provided, possibly as a result of the increased UN and AU attention to, and prioritization of, this issue.[17]

Preliminary findings from the study point to a possible link between the depth of training provided and the perceived centrality of the issue in the peace support operation mandate and operational effectiveness. For instance, HIV training is being delivered at awareness level (intended to deliver primarily an individual protective effect),[18] while gender-based violence is also being offered at practitioner and expert levels (probably intended to enhance effectiveness in delivery of the mission's protection mandate).

Although these training gaps are part of a broader operational readiness issue for peace support operations that has been highlighted elsewhere, they are of significant concern for the operational capacity of peace support operations, including their ability to deliver their protection mandates and to adopt integrated, gender-transformative, and survivor and person-centred approaches.

Community Violence Reduction (CVR) programme by MINUSCA. © MINUSCA Photo

17   Familiarity among military and police personnel with the policy on sexual exploitation and abuse of the deployment organization, as recorded by this study, was almost universal, and their level of awareness of national accountability mechanisms for sexual exploitation and abuse for military and police personnel breaching the UN or African Union policies on sexual exploitation and abuse was reported to be high.

18   The most recurrent individual level outcome for HIV training that was reported among participants in the study (mentioned in 38% of responses) was an improvement in self-protective HIV prevention behaviour, followed by a general improvement in knowledge about HIV (25%).

RECOMMENDED ACTIONS

On the basis of the study findings, a set of recommended actions specific to peace support operations and supporting partners have been issued. They seek to improve access to, and uptake of, comprehensive training on HIV and gender-based violence in the context of peace support operations.

- **Connect HIV and gender-based violence curricula** (including conflict-related sexual violence and sexual exploitation and abuse), placing sexual and reproductive health and rights and gender equality as central, cross-cutting and connecting elements of pre-deployment and in-mission training programmes. Provide practical understanding of how HIV-related stigma and discrimination intersects with gender inequality, and the negative health outcomes they result in.

- **Align all peace support training centre instruction on HIV and gender-based violence with the latest technical standards** (including human rights, survivor and person-centred approaches), as part of ongoing efforts to improve the quality of training for peace support operation personnel *(107, 108)*. Training on the management and referral of new HIV infections remains important.

- **UN funds and programmes and other international partners active in the humanitarian and development sectors of countries with existing peace support operations must work together to address gaps in training on HIV and gender-based violence.** This can be achieved through the coordination and provision of technical inputs to pre-deployment training manuals and functional and thematic training in peace support training centres, or including peace personnel in their awareness and capacity building programming.

- **Leverage evidence and strengthen accountability for greater prioritization of capacity development on sexual and reproductive health and rights and gender equality among military and police personnel prior to, and during, deployment.** Additional efforts are crucial to enforce existing training policies in these areas, to strengthen the verification of troop contributing countries/police contributing countries (TCC/PCC) self-certifications, and to hold TCCs/PCCs and peace operation leadership accountable for operational readiness in these areas.

2. Vertical approaches: Gaps in integration and mainstreaming of HIV and gender-based violence prevention and response activities by peace support operations

Multiple African Union and UN documents have highlighted the intended role of peace support operations in the protection of civilians *(109–118)*. In practice, capacity on HIV and gender-based violence within peace support operations, when available, is located within specialized units or focal points. They may be charged with training and mentoring mission staff and external stakeholders, implementing prevention and response activities within the mission, and conducting community outreach *(119, 120)*. However, not all peace support operations have HIV and/or gender units or focal points in place, as mission structures suit the mandates authorized by the United Nations Security Council *(121)*. In 2022, two-thirds of active UN peacekeeping missions had gender units, staffed primarily at a junior level *(122)*. As peace support operation mandates are reviewed, the units or sections in operation, and their capacity, may change.

The gender and HIV units and focal persons, when mandated, are expected to play a central role in integrating and mainstreaming gender-based violence and HIV issues across mission mandates. However, research suggests that the tendency to relegate these issues to specialized units impedes proper mainstreaming and favours compartmentalization *(123)*. It also makes specialized units primarily responsible for advancing the peace support operation mandate in those areas despite having limited resources at their disposal. If mission leadership is not invested in mainstreaming these issues, this 'silo-ed' approach tends to fail to address the systemic nature of issues being addressed *(124)*.

Efforts for further prevention and response within the peace support operation (and its area of influence) remain compartmentalized and poorly integrated.

The study found that efforts for further prevention and response within the peace support operation (and its area of influence) remain compartmentalized and poorly integrated. Bottlenecks include weak prioritization of these issues by senior mission leadership, meagre or absent financial resources for implementation of the planned strategies, insufficient capacity development opportunities for the focal persons, and lack of interest from colleagues from other units. A case in point is the focus on sexual exploitation and abuse as a conduct and discipline issue primarily, with limited linkages drawn with gender-based violence, HIV and gender equality work. Reported cases of sexual exploitation and abuse, as explained by the HIV focal person in one peace support operation:

"Go[…] straight to Conduct and Discipline Unit (CDU). I cannot speak on behalf of the CDU team, I am in charge of HIV/AIDS and STI issues".

HIV and gender-based violence activities by peace support operations are not only conducted by the respective mission units, but also by police and military personnel. As a respondent from a peace support training centre explained:

"There are Gender and CIMIC officers who are the face of the contingent to the community, but at the same time the […] contingent gives social services to the host community."

Police and military personnel are expected to integrate HIV and gender-based violence prevention and response as part of their mandated activities. As highlighted by a peace support training centre:

"Training is intended to prevent SGBV/CRSV and HIV for/by peacekeepers. It is also expected [they will] sensiti[z]e or train local actors and host populations where they are deployed."

However, the gaps in availability, accessibility, regularity and depth of training in these areas for police and military personnel (see finding 1 above) may fail to adequately prepare them to engage with the host community on these matters.

RECOMMENDED ACTIONS

On the basis of the study findings, a set of recommended actions specific to peace support operations and supporting partners have been issued. They seek to improve the integration and mainstreaming of HIV and gender-based violence prevention and response activities by peace support operations.

- **Improve the integration and mainstreaming of the peace support operation protection mandates by placing people (and survivors) at the centre of prevention and response to HIV and gender-based violence.** Addressing vulnerability and upholding human rights and gender equality should be the foundations on which to structure peace support operation activities in these areas.

- **Build adequate, integrated and updated gender-based violence and HIV capacity beyond specialized peace support operation units (and adequately resource and support them).** While scaled-up support to mission HIV and gender units remains important, all peace support operation personnel must be empowered to identify how HIV and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse) manifest themselves in mission areas, how they reinforce each other, why effective prevention and response is central to mission success, and how peace support operation personnel are expected to address them. Peace support operations must move from influencing individual conduct to creating a cultural change and an impact on the communities that they work with.

- **Increase investment in the mainstreaming of gender-based violence and HIV within peace support operation mission mandates and activities, including clear accountability mechanisms**.

3. Evidence gaps: Linking investments in HIV and gender-based violence capacity to performance of peace support operations

Multiple opportunities exist for positive impacts from integrated HIV and gender-based violence training in peace support operations (Table 4). As illustrated by a peace support training centre:

"At the end we want impact at the individual level to make the difference at broader level […]."

FIGURE 4.

Reported uses by peace support operation personnel of gender-based violence (including conflict-related sexual violence) and HIV knowledge in interactions with the host population.

EDUCATION
Sensitization and training of the local population, with a focus on vulnerable groups and local authorities (including local police and community leaders).

PROTECTION
Protection of service providers and civilians, with a focus on at-risk groups and survivors.

COMMUNITY ENGAGEMENT
Informal dialogues with local and displaced populations; engagement with women and girls, key leaders and community organizations (including women leaders and women-led organizations); stakeholder mobilization and community policing.

MONITORING AND COORDINATION
Case identification and notification, advising and reporting to host government authorities, civil–military cooperation, administration.

ACCESS TO CARE
Referrals to services, psychosocial support and counselling, community health programmes and outreach, provision of first aid (including post-exposure prophylaxis).

OTHER ASSISTANCE
Linked with development and humanitarian operations, such as livelihood activities, delivery of humanitarian assistance, and transport of survivors.

However, the study pointed to variable support by leadership on the ground with regard to training. As mentioned by a peace mission respondent, in-mission training on gender-based violence and HIV is challenged by a lack of *"[substantive] support of mission management […] in implementing training and briefings."* This reticence could be partially linked to insufficient clarity and evidence on the expected and realized outcomes from capacity development initiatives at the level of the peace support operation, though further research would be needed to confirm this.

The study provided preliminary data in this area which pointed towards improvements in individual performance (20% of responses referred to this) and enhanced sensitivity in the respondent's professional behaviour (mentioned in 12% of responses), among the top three most frequently mentioned outcomes of HIV and gender-based violence training among police and military personnel. As explained by a female military officer most recently deployed with the African Union Mission to Somalia (AMISOM), *"the training […] helped in handling victims of CRSV and enabled their safety, medical and counselling needs to be handled accordingly."*

However, the increased capacity of peace support operation staff and mission units to address integrated HIV and gender-based violence prevention and response may not be sufficient to achieve the desired results. For instance, while sexual exploitation and abuse training is broadly available, accessible and undertaken, peace support operations continue to face challenges to translate individual awareness on sexual exploitation and abuse to a significant reduction in such cases. This is in spite of the individual deterrent effect it has been reported to have (mentioned in 51% of responses). Sensitization, awareness raising and continuous training on HIV and gender-based violence all have a role to play; however, they must be accompanied by quality checks, individual counselling and positive recognition of changes achieved, underpinned by robust accountability mechanisms.

> Sensitization, awareness raising and continuous training on HIV and gender-based violence all have a role to play; however, they must be accompanied by quality checks, individual counselling and positive recognition of changes achieved, underpinned by robust accountability mechanisms.

Joint mission of MINUSMA, Ministry of Health and High National Council for the Fight against HIV to reinvigorate the HIV response in central Mali.
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RECOMMENDED ACTIONS

On the basis of the study findings, a set of recommended actions specific to peace support operations and supporting partners are issued. They seek to improve the linkages between investments in HIV and gender-based violence capacity and peace support operation performance.

- **Clarify expected outcomes from integrated gender-based violence and HIV training and capacity development and mainstreaming at mission and community levels**.

- **Conduct further research to assess the impact of training on peace support operation performance and the contribution to the fulfilment of mandates.** Although some noteworthy efforts have been undertaken in this regard, further research is needed *(125, 126)*. In particular, HIV and gender-based violence training should incorporate an evaluation component from the beginning. The UN has already taken an important step in this regard with the recent publication of its Guidelines on Design, Delivery and Evaluation of Training *(127)*. However, implementation of evaluation guidelines is often subject to priority, cost, availability of evaluation expertise, and expected return and may easily be deprioritized. Additional efforts must be made by the deployment organizations to invest strategically in training evaluations in the areas that investigate the effect training has had on job behaviour and performance, as well as the impact of these areas. Evaluation data should be made publicly available.

- **Research the enabling and disabling factors influencing the effective translation of increased capacity of peace support operation staff and units into results** in the context of HIV and gender-based violence prevention and response.

4. Realizing the triple nexus: Missed opportunities for greater efficiency, collaboration and results

Through engagement with a broad array of development, government and community actors, mission units are central to fostering multistakeholder and multisectoral approaches to HIV and gender-based violence. Efforts should be framed within the 'triple nexus', or humanitarian–development–peace nexus approach, which calls for leveraging the comparative advantage of each actor group and working over multiyear timeframes to achieve collective outcomes *(128– 130)*.

> Collaboration and coordination on gender-based violence and HIV across the humanitarian and peace operational divide, where both exist in the same country context, remain a challenge.

However, the study revealed that collaboration and coordination on gender-based violence and HIV across the humanitarian and peace operational divide, where both exist in the same country context, remain a challenge. As noted by a peace support operation respondent, *"From mission sections, we are sometimes working separately instead of delivering one mandate as one UN. Same way of working from UN agencies."* This represents a major missed opportunity to leverage the expertise that exists in humanitarian operations with regard to HIV and gender-based violence prevention and response. Respondents also mentioned a *"motivation issue by the host countries"* and maintaining *"good collaboration between the mission components and the national institutions in charge of HIV/AIDS, gender affairs, SGBV and CRSV […]"* as challenges to collaboration with, and support to, the host country's processes and institutions.

As highlighted by the evaluation commissioned by the Management Group for the Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls of 2020, *"the international system is in new territory when considering promoting gender mainstreaming into the nexus process in its current iteration"* (131).

RECOMMENDED ACTIONS

On the basis of the study findings, a set of recommended actions specific to peace support operations and supporting partners have been issued. They seek to improve the efficiency, collaboration and results of peace support operations:

- **Conduct further research on gaps and opportunities regarding peace support operations engagement with relevant stakeholders and platforms** (UN Joint Teams on AIDS, humanitarian clusters, the health system, international and local nongovernmental organizations, communities) in their efforts to implement HIV and gender-based violence actions as part of their protection mandate.

- **Explore how integrated HIV and gender-based violence prevention and response could be an agenda around which to develop a strategic vision and/or overarching framework to improve modes of cross-sector collaboration**, in line with the UN system-wide priority on triple nexus uptake.

5. Enduring issues: HIV stigma and discrimination remain a challenge

More than 20 years after the UN Security Council adopted Resolution 1308 (17 July 2000), HIV continues to be an area that requires attention among peace support operations and supporting partners.

One of the key issues highlighted by the study in this area is insufficient clarity on HIV related pre- deployment requirements. Respondents highlighted the use of mandatory HIV testing by police contributing countries and troop contributing countries prior to deployment — even if peace support operations do not request HIV status information in recruitment processes, or include HIV positive status as a disqualifying factor to serve (132).[19] Respondents from half of the troop contributing countries and police contributing countries in the study also indicated that HIV positive persons are not allowed to deploy in UN or African Union peace missions, or their deployment may be subject to certain conditions. Further work would be needed to clarify whether mandatory HIV testing and HIV negative status are indeed part of the pre-deployment requirements of police contributing countries and troop contributing countries (or of the peace support operations host country), or just perceived as such among police or military officers. Regardless, progress is still needed to ensure that recruitment is not discriminatory in relation to HIV status. Once deployed, persons living with HIV must also have a supportive environment that guarantees their right to privacy, confidentiality and non-discrimination.

> Progress is still needed to ensure that recruitment is not discriminatory in relation to HIV status. Once deployed, persons living with HIV must also have a supportive environment that guarantees their right to privacy, confidentiality and non-discrimination.

The study revealed that during deployment, gaps in uptake of available institutional HIV services persist. This may be partially linked to insufficient individual risk awareness and weak support by mission leadership. As highlighted by a peace support operation respondent, "[…] *some highly ranked senior managers are not aware of the HIV/AIDS section mandate and also most of our colleagues* […] *behave as if they could never be infected one day.*" HIV related stigma and discrimination also remain a challenge in peace support operations. Discriminatory attitudes towards persons living with HIV remain among deployed staff in spite of pre-deployment and in-mission training. The third most frequently mentioned individual level outcome of HIV training (mentioned in 12% of responses) was enhanced sensitivity in the respondent's professional behaviour. And yet, a female police officer most recently deployed with the AU Mission to Somalia (AMISOM) stated, "*I* […] *strongly support the fact that police officers with HIV and AIDS should not be allowed to participate in any UN or AU mission, to curtail the spread of this deadly disease. This is not stigmati[z]ation, but avoidance.*"

19 The United Nations (Department of Peacekeeping Operations) strongly supports a policy of voluntary confidential counselling and testing, noting that it does not require that individuals at any time be tested for HIV in relation to deployment as peacekeepers.

RECOMMENDED ACTIONS

On the basis of the study findings, a set of recommended actions specific to peace support operations and supporting partners are issued. They seek to improve the way peace support operations address HIV, including ending HIV-related stigma and discrimination:

- Clearly articulate HIV related pre-deployment requirements in UN and African Union health and medical support manuals to serve as guiding tools for troop contributing countries/police contributing countries. Ensure that recruitment is based on (and perceived to be based on) merit and not on HIV status, and that once deployed, persons living with HIV can ensure their right to privacy, confidentiality and non-discrimination.

- Work with mission leadership to ensure that the HIV response is prioritized by peace support operations, including addressing HIV related stigma and discrimination and recognizing that the HIV response provides a clear entry point for integrating gender-based violence (133). Ensure that gender-based violence services are sensitive to the needs of persons living with HIV, and that they work towards the elimination of stigma and discrimination.

Female military officer.
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CONCLUSION AND RECOMMENDATIONS

Gender-based violence is an egregious human rights violation and a crime under international and humanitarian law. It causes immeasurable harm to the physical, mental, sexual and reproductive health of survivors. The deleterious impacts of gender-based violence are far reaching, affecting survivors, their families and communities at large, in addition to slowing progress on ending HIV and achieving gender equality.

Gender-based violence is pervasive in conflict, fragile and humanitarian settings, exacerbating HIV risk and threatening the health and well-being of those already severely affected by conflict and crises, including people living with HIV. HIV risk and vulnerabilities are also elevated in these settings. A legal, not to mention moral, obligation to eliminate gender-based violence, coupled with major unmet needs on both HIV and gender-based violence underpin the urgency of investing further in the prevention, mitigation and response to both HIV and gender-based violence in these settings.

The UN Secretary-General's report *Our Common Agenda* echoes this urgency, calling for the eradication of gender-based violence, including through an emergency response plan *(134)*. Within the context of fragile settings, duty bearers, including peace support operations, must play their part in making these and other relevant commitments on gender-based violence and HIV a reality on the ground.

The research conducted for this report highlighted various challenges to converting agreed principles into action, and action into results. The findings suggest that HIV and gender-based violence remain deprioritized and disconnected within the context of capacity building for peace support organization personnel, as well as in the management and delivery of peace support operation mandates and activities.

A new way of doing business is needed for improving the effectiveness of peace operations and fulfilling the responsibilities of duty bearers in these areas. The adoption and scale-up of integrated, multisectoral and mainstreamed responses to gender-based violence and HIV are crucial. Eliminating violence and upholding human rights and gender equality should be the foundations on which to structure peace support operation activities in these areas.

While acknowledging finite resources and multiple competing priorities, peace support operations must tackle HIV and gender-based violence prevention, mitigation and response within and outside the mission in accordance with their mandate. Doing so is not only alignment with normative commitments, but also has the potential to positively impact operational performance. Indeed, leveraging the

synergies between HIV and gender-based violence interventions and coordinating efforts between the triple nexus of the humanitarian, development and peace sectors in fragile settings have the potential to provide opportunities for joint planning, shared data and integrated service delivery, which can in turn maximize the impact of limited resources.

This report has covered one small part of a much wider conversation which demands further research, collaboration and multisectoral engagement. The following recommendations are presented as a contribution to the process of building a more holistic, human rights based and gender transformative approach to HIV and gender-based violence in fragile settings. While taking the work of peace support organizations as a starting point, they provide broader pointers to duty bearers within the development, peace and security and humanitarian arenas to progress in the adoption and scale-up of integrated, multisectoral and mainstreamed responses to gender-based violence and HIV.

1

Clear and explicit language on HIV and gender-based violence must be included in all relevant peace support operation mandates, and be translated into action through the adoption and scale-up of integrated, multisectoral, mainstreamed responses to HIV and gender-based violence, underpinned by the principles of gender equality and human rights and backed by clear operational plans.

It is not enough for gender-based violence and HIV to be implicit within peace support operation mandates. Wording must be both explicit *and* underpinned by clear operational plans for how the mandate will be translated into action, including through high quality, integrated pre-deployment training of *all* personnel on sexual and reproductive health rights (including HIV) and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse). Documentation of whether and how peace support operations with an explicit gender-based violence prevention and response mandate translate into transformative action would be useful for horizontal learning.

Forty years of experience gained from the HIV response have shown that multisectorality,[20] mainstreaming[21] and integration[22] are crucial to achieving better outcomes, reducing inequalities, and promoting overall well-being in affected communities. This means employing an appropriate mix of health and non-health-based interventions (considering the broader social, economic and cultural factors that drive both HIV and gender-based violence

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20   Multisectoral approaches to HIV can be defined as those "seeking to reduce HIV prevalence, provide care and treatment to persons living with HIV (PLWHA), and mitigate the impacts of the epidemic on affected populations by employing an appropriate mix of health- and non-health-based interventions and involving a broad array of stakeholders in their design and implementation" (135).

21   Mainstreaming AIDS refers to *"a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace"* (136).

22   The notion of integration was formalized in 2016, when the World Health Assembly adopted WHO's Framework on Integrated People-Centred Health Services, which puts forth a vision of "equal access to quality health services that are…coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable" (137).

and that exacerbate HIV-related stigma and discrimination), involving a broad array of stakeholders and sectors in their design and implementation (from health to education, employment, justice, social welfare and affected communities), and ensuring services are structured around people and survivor centred approaches (underpinned by a clear understanding of where the issues surrounding HIV and gender-based violence are distinct, as well as where they overlap).

Strengthened coordination, better coherence and dialogue between development, peace and security, and humanitarian actors *(138)* in these areas is crucial. This includes building the capacity of peace support operations staff, humanitarian and development actors who support the same communities on gender-based violence and HIV prevention, response and mitigation, as well as ensuring the meaningful engagement of communities, including organizations led by women living with HIV and other community-led organizations that may be present in these settings. Leveraging HIV and gender-based violence expertise that may be held within the different sectors, for example through cross-sector training of trainer sessions on HIV and gender-based violence and its interlinkages, provides a valuable potential opportunity to improve capacity on these issues, through resource sharing.

Policy documents sharing best practices and outlining clear conceptual frameworks on HIV and gender-based violence interlinkages, grounded in a human rights based approach, could also contribute to the process of integration. This includes guidance for duty bearers on how to translate commitments on HIV and gender-based violence into prevention, mitigation and response efforts that address the intersecting needs of gender-based violence survivors and people affected by and living with HIV.

2

Robust accountability mechanisms must be created at all levels to ensure effective implementation by duty bearers of the myriad declarations and commitments that have already been made on HIV and gender-based violence in fragile settings.

As part of this, duty bearers in fragile settings must demonstrate accountability to affected populations, including facilitating the leadership of affected communities in the monitoring of, and feedback on, services provided. Especially important is the inclusion and leadership of women, including women living with HIV, key populations and young people.

This study highlighted significant gaps in the conversion of normative commitments on HIV and gender-based violence into capacity of peace support operations.

Individual and systemic incentives and accountability mechanisms to uphold the legal imperatives and normative commitments to address HIV and gender-based violence in fragile settings are essential, not least in the context

of peace support operations.[23] They must be strengthened at all levels, from the collective level to individual peace support operations, through:

- Strong advocacy by UN Member States.
- The UN Security Council and the African Union Peace and Security Council (PSC) clearly outlining and monitoring specific HIV and gender-based violence mandates for peace support operations.
- The UN Department for Peacekeeping Operations and the African Union Commission's Peace Support Operations Division (PSOD) actively prioritizing these issues, including within budgets.
- At the mission level, through community-led monitoring and accountability mechanisms.

3

Duty bearers must agree and commit to an actionable, multisectoral research agenda on HIV and gender-based violence in fragile settings, guided by an assessment of gaps in evidence and taking into account the complexity, sensitivity and intersectionality of gender-based violence and HIV in fragile settings. This includes empowering communities to take ownership of evidence generation and creating clear action plans on how evidence will inform action on the ground.

Generating evidence on HIV and gender-based violence and its interlinkages in fragile settings is a vital part of building multisectoral, integrated approaches that are grounded in human rights. If progress is to be made on HIV and gender-based violence in these settings, including successfully advocating for their prioritization and integration, a better understanding is needed of what is happening on the ground, as well as the experiences of the different groups that are affected. To gain a comprehensive understanding of the situation on the ground and to address the challenges posed by HIV and gender-based violence in fragile settings, it is imperative to disaggregate by population and adopt an intersectional approach. This means that data should be broken down and analysed based on various categories, such as gender, age, ethnicity, socioeconomic status, and other relevant characteristics. By doing so, we can gain insights into the unique experiences and vulnerabilities faced by different groups that are affected by these issues.

This requires commitment by duty bearers and other relevant stakeholders to multisectoral research that takes into account the challenging operating environment, complexity, sensitivity and intersectionality *(139)* of gender-based violence and HIV in fragile settings. Empowering communities to take ownership of evidence generation is key to ensuring that the research is relevant and sensitive to the local context and that the research process supports local capacities *(140)* and is adapted to the realities of fragile settings.

23 The study suggests that accountability mechanisms and incentives for peace support operations and their personnel to act on HIV and gender-based violence do not always match the institutional commitments made. Despite multiple UN Security Council resolutions and African Union documents calling for improved capacity of peace support operations for HIV and gender-based violence, the study highlighted wavering commitment by leadership and significant capacity gaps in these areas. Additional efforts to enforce existing training policies in these areas, and to hold troop contributing countries/police contributing countries and peace support operation leadership accountable for operational readiness in these areas, are crucial.

Medical camp organised by the African Union Mission in Somalia (AMISOM).
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