

# CHILDREN, ARMED CONFLICT AND HIV/AIDS



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Many children and young people in countries in conflict suffer not only the violence of war but also the devastating effect of HIV/AIDS.

Armed conflict fuels the spread of HIV in many ways: by the disintegration of communities, displacement from the home, separation of children from their families, and the destruction of schools and health services. Another contributing factor is rape and other human rights abuses that proliferate during wartime. Moreover, the impoverishment that results from conflict situations often leaves women and girls destitute. For many, trading sex for survival becomes the only option.



**An estimated 14 million children currently under the age of 15 have lost one or both parents to HIV/AIDS. A third of these children live in countries recently affected by armed conflict.**

Crowded and unsafe camps for internally displaced persons and refugees expose women and children to the risk of sexual violence. That, combined with inadequate health services and opportunities for learning and recreation, creates a situation that is conducive to the spread of HIV.

Armed forces themselves play a role in exacerbating the epidemic. The Joint United Nations Programme on HIV/AIDS (UNAIDS) conservatively estimates that men in armies have an HIV infection rate that is two to five times higher than their civilian counterparts. Some studies of military groups in Africa have shown significantly higher rates. Not only is rape often used as a weapon of war, but military personnel may also exploit vulnerable civilians, including children and young people, by promising them money, food, 'protection' or shelter in exchange for sex. What's more, when HIV-positive soldiers return home, they put their sexual partners at risk.

- In Rwanda, 2,000 women, many of whom were rape survivors, were tested for HIV in the five years following the 1994 genocide. Eighty per cent were found to be HIV-positive. For many of these women, rape was their first sexual experience.
- In Kalemie, in the eastern part of the Democratic Republic of the Congo, the HIV prevalence rate among pregnant women rose from 2.8 per cent in 1991 to 24.2 per cent in 2001. The area has been marked by violent conflict and extensive sexual violence.

- During the war in Bosnia and Herzegovina, an estimated 30,000 to 40,000 women were raped, contributing to the spread of sexually transmitted infections and HIV.

- In Sierra Leone in 2000, in the midst of conflict, 48 per cent of urban women and 76 per cent of rural women lacked knowledge of how to protect themselves from HIV infection.

#### **Conflict also contributes to the spread of HIV in other ways:**

- It destroys communication networks. The lack of paper, electricity and batteries for radios hampers efforts to educate and inform conflict-affected populations.
- Conflict strains already precarious health-care systems. In Sierra Leone, for example, 62 per cent of rural health units were non-functional in the immediate aftermath of war.
- Schooling is often disrupted during conflict, and children are not taught the life skills that will protect them from HIV/AIDS.
- Conflict complicates efforts to determine accurate HIV rates. It may also provide an excuse for inaction in countries that lack the political will to tackle HIV/AIDS.

In recent years, as these issues have come to light, humanitarian organizations have begun to integrate HIV prevention with other priority issues – including the provision of food and shelter – when responding to conflict situations.

## AN INTERNATIONAL OUTCRY

In July 2000, the United Nations Security Council adopted resolution 1308, calling for effective long-term strategies on HIV/AIDS among peacekeeping personnel, encompassing education, prevention and voluntary counselling, testing and treatment.

Subsequently, recommendations issued at the Winnipeg Conference on War-Affected Children, held in September 2002, called for urgent measures to reduce the impact of HIV on children in conflict situations. These recommendations were further developed in Graça Machel's book, *The Impact of War on Children*, published in 2001 in association with UNIFEM (the UN Development Fund for Women) and UNICEF.

Further progress was made at the pivotal June 2001 United Nations General Assembly Special Session on HIV/AIDS. Its Declaration of Commitment includes several goals relating to children and young people in conflict situations:

- By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment into emergency responses, with particular regard to women and children.  
**Result:** A survey of 96 countries by UNAIDS revealed that 29 per cent of the 54 countries that responded had emergency relief mechanisms that were compatible with national policies and strategies on HIV/AIDS.
- UN agencies and regional, international and non-governmental organizations are called upon urgently to incorporate HIV/AIDS prevention, care and awareness into their responses to humanitarian crises and provide HIV/AIDS awareness and training to their staff.  
**Result:** Inter-agency guidelines, which were drawn up with the involvement of non-governmental organizations, call for multisectoral integration of issues concerning HIV in humanitarian responses. Such issues are also included

in UN plans of action and appeals for funds. More donor support and coordination is still needed in this area.

- By 2003, have national strategies in place to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence forces.

**Result:** Seventy per cent of the countries responding to the UNAIDS survey reported that they had a national strategy addressing HIV/AIDS among their uniformed services.

- By 2003, ensure that personnel involved in international peacekeeping are trained in HIV/AIDS awareness and prevention.

**Result:** Prior to their deployment, all UN peacekeepers are trained on HIV/AIDS. Each of the four largest peacekeeping missions (Democratic Republic of the Congo, Eritrea/Ethiopia, Sierra Leone and Timor-Leste) have a permanent HIV policy adviser working with UN Volunteers to keep training sessions up to date. Each mission distributes condoms regularly to peacekeepers.



## CHILDREN ON THE MOVE AND HIV/AIDS

Children make up half the world's 40 million internally displaced people and refugees. When children and young people are forced to flee their homes because of armed conflict, their vulnerability to violence, abuse and exploitation – all key factors for HIV infection – increases dramatically.

As families break up and services are destroyed, children and young people are denied their rights, including the right to special protection in times of conflict and to the services, information and skills that could help them remain free from HIV.

Conflict generates a host of other dangers. Injured children, for example, may not have access to a safe blood supply. In many areas affected by war, blood is not tested for HIV.

## UNICEF'S RESPONSE

Fighting HIV/AIDS is among UNICEF's top priorities, guided by the Convention on the Rights of the Child, the world's most widely embraced human rights treaty.

UNICEF is helping to prevent new infections in children and young people and to care for those affected by the pandemic, including children in crisis countries and those recovering from conflict. Towards this end, UNICEF has developed guidelines to help its staff and partners in those countries use a human-rights based approach to programming to:

- Assess, monitor and analyse the extent and causes of children's and young people's vulnerability to HIV/AIDS during and after armed conflict, particularly vulnerability caused by displacement, sexual violence, lack of protection and economic desperation.
- Advocate for the protection of children and young people from sexual violence and exploitation.
- Advocate for the provision of information, education and services to prevent HIV infection.
- Act to prevent and respond to sexual violence and exploitation during and after armed conflict.
- Act to prevent HIV infection among young people affected by armed conflict.
- Act to protect and care for orphans and children separated from their families during armed conflict.
- Monitor the effectiveness of these actions.



## MAKING AN IMPACT

**Within the last two years alone, UNICEF:**

- Included HIV/AIDS education in its programme for children in **Afghanistan** who had been separated from their parents or primary caregivers.
- Trained displaced young people as HIV/AIDS educators in **Eritrea**. The young people travelled from camp to camp, educating their peers in HIV/AIDS awareness and prevention.
- Mobilized political leaders and religious communities to take preventive action on HIV/AIDS in **Somalia**, despite low HIV prevalence rates.
- Educated demobilized child soldiers in **Sudan** on HIV/AIDS prevention.
- Sponsored a rapid assessment and response on young people who were at high risk of contracting HIV in **the Balkans**. Findings were used to plan appropriate responses with community and religious leaders, educators and young people.
- Supported care for orphans living with HIV/AIDS in **Burundi** and other war-torn countries.
- Sponsored a campaign against sexual and gender-based violence in **Sierra Leone**, and is training peacekeepers there and in other countries to prevent sexual violence and exploitation.

*For more information, contact:*

UNICEF's HIV/AIDS Unit • 3 UN Plaza, New York, NY 10017, USA

Tel: 1-212-326-7000 • E-mail: [nyhq.hivaids@unicef.org](mailto:nyhq.hivaids@unicef.org) • Website: [www.unicef.org/aids](http://www.unicef.org/aids)

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