**Report on a Workshop on Implementation of
UN Security Council Resolution 1983 (2011) and the Revitalisation of the
West and Central Africa Military Network on the Fight against AIDS (REMAFOC)**

**20-21 August 2013**

*Dakar, Senegal*

**Final report of 16 September 2013**

1. **Background**

On 20-21 August 2013, the UN Joint Programme on AIDS (UNAIDS) held a regional workshop to share information on implementation of UN Security Council resolution 1983 (2011) and revitalize the West and Central Africa Military Network on the Fight against AIDS (hereafter “REMAFOC”[[1]](#footnote-1)). The workshop was organized in collaboration with the
UN Department of Peacekeeping Operations (DPKO), the UN Population Fund (UNFPA) and the REMAFOC/AIDS network. The workshop brought together representatives from national militaries in 18 countries in the West and Central Africa region as well as representatives from UN entities and the United States Department of Defence HIV/AIDS Prevention Program (see Annex 1 – Participant List).

The two main objectives of the workshop were to:

1. Raise awareness of the content of UN Security Council resolution 1983 (2011), discuss progress made in its implementation and identify future joint actions to
scale-up its implementation in the West and Central Africa region
2. Revitalize the REMAFOC network by clarifying its purpose, functioning and objectives

The four expected outcomes for the workshop were as follows:

* Information on the content of UN Security Council resolution 1983 (2011) is shared, progress made in its implementation is discussed and future joint actions to scale-up its implementation are identified by participants
* Each of the REMAFOC countries participating in the workshop have identified the main theme they will focus on to implement the resolution in their countries in 2014, taking into account the three thematic priorities that UNAIDS and DPKO will be focusing on, namely, *sexual and gender-based violence (SGBV), disarmament, demobilisation and reintegration (DDR) of former combatants and women and children associated with armed groups, and security sector reform (SSR)*
* The challenges facing the REMAFOC network are discussed and solutions proposed
* A General Assembly is held of the REMAFOC network to review its functioning and to elect its governing body.
1. **Proceedings**

*Day 1 – morning sessions*

The programme for the workshop can be found in Annex 2 in English and Annex 3 in French. In “Session 1: Context of the Response to HIV in West and Central Africa,” UNAIDS described trends in HIV/AIDS prevalence as well as some of the major challenges to addressing the problem in the region. This was followed by a presentation by the United States (US) Department of Defence (DoD) on its priorities in tackling the HIV epidemic in the region as well as a presentation by the DPKO on UN peacekeeping’s response to implementing Security Council resolution 1308 (2000) and its shift in approach since the adoption of resolution 1983 (2011). In “Session II: Progress and challenges in the implementation of resolution 1983: country experiences”, presentations were made on this topic by members of the REMAFOC network from Senegal, Mali, Niger and Central African Republic (CAR) and a summary was provided on the good practices, lessons learned, challenges and recommendations arising from a stocktaking exercise conducted in April 2013 of implementation of resolution 1983 (2011) by UN Field Missions in Côte d’Ivoire, Liberia and the Democratic Republic of the Congo (DRC) in collaboration with the Joint UN Teams on AIDS and national partners.

*Day 1 – afternoon sessions*

In the afternoon of day 1, participants divided into five groups to identify: (i) good practices; (ii) challenges, lessons learned and gaps; and (iii) possible next steps, to implementing resolution 1983 (2011). Group 1 was a group of Anglophone REMAFOC members who are troop-contributing countries to UN and/or regional peacekeeping, and who looked at how HIV issues are addressed in pre-deployment. Group 2 was a francophone group of REMAFOC countries who looked at how HIV and SGBV issues are addressed by their national militaries. Groups 3, 4 and 5 combined REMAFOC and UN participants who looked at how HIV issues are being addressed in the three themes identified as priorities for DPKO and UNAIDS in implementing resolution 1983 (2011). More specifically, group 3 looked at how HIV and SGBV are being addressed in the DRC, group 4 focused on HIV and DDR in Côte d’Ivoire and group 5 on HIV and SSR in Liberia.

*Day 2*

On the second day of the workshop, the UN and REMAFOC participants split into two separate groups to work on different issues. At the end of the day, all participants came together to share the outcomes of their separate sessions and make joint conclusions.

*Day 2 – REMAFOC session*

The REMAFOC held a General Assembly through which it identified a number of recommendations to revitalize the network, agreed on modifications to its governing statute and internal regulations as well as voted in new members to its governing body (see section VI below of this report). It was also decided that Gabon which is currently head of the Network would appoint the person in charge of administrative, financial and legal matters for the network and would notify the REMAFOC membership, UNAIDS, UNFPA and the
US DoD of its choice in due course.

*Day 2 – Joint planning session for 2014*

In the morning of day 2, representatives from UN entities (UNAIDS, DPKO, UN Field Missions and UNFA) and the US Department of Defence held an action planning session to identify concrete next steps to implement resolution 1983 (2011) in 2014, including specific joint initiatives (see section VI below of this report). As there were several REMAFOC members from Côte d’Ivoire, one military representative joined this action planning session. Group 1 contained various UN entities working on DRC. Group 2 was a combined UN, DoD and REMAFOC group working on Côte d’Ivoire, and Group 3 was a UN group working on Liberia. All groups were asked to conduct action planning for all three thematic priorities, namely, SGBV, DDR and SSR, and, in so doing, to examine a range of issues including: what are the priorities of the United Nations and governments/region in the next 3-5 years, which target groups to reach in the country/region, what types of partnership to support in-country and at the regional level, how to mobilize resources (human and financial) and what are the expected opportunities and challenges.

In the afternoon, linkages between implementation of resolution 1983 (2011) and a range of resolutions on women, peace and security were explored (i.e. resolution 1325 (2000), 1820 (2008), 1888 (2009), 1920 (2009), 1960 (2010) and 2106 (2013)). Two handouts were also distributed, including on a Joint UN Team on AIDS initiative on HIV and SGBV entitled “Shining the Light”.

1. **Context of the Response to HIV in West and Central Africa**

UNAIDS provided data illustrating differences in HIV prevalence between countries within the West and Central Africa region, and outlined to what extent the region has reached the ten targets and elimination commitments set by the 2011 Political Declaration on HIV/AIDS of the UN General Assembly. The country-specific presentations that followed illustrated how conflict and post-conflict environments in West and Central Africa are characterized by a range of factors that exacerbate the risk of HIV transmission and impede care and treatment for persons living with HIV and AIDS. The factors mentioned include but are not limited to:

* Increased conflict-related sexual violence including use of rape as a weapon of war
* Increased survival sex by women and children as a means of economic survival
* Destruction of communities and of social norms governing sexual behaviour
* Large scale movements of internally displaced persons and refugees
* Insecurity in camps for internally displaced persons and refugees, resulting in, for example, increase risk of SGBV against women and children
* Lack of access to areas of the country due to insecurity
* Porous borders with related cross-border human trafficking and drug trafficking, which are themselves risk factors in the transmission of HIV
* Destruction of health infrastructure including of medical equipment and medical stocks (such as anti-retroviral drugs) and flight of health personnel from insecure areas
* Disruption of prevention activities including condom distribution
* Disruption of the care and treatment of persons living with HIV and programmes to prevent mother-to-child transmission
* The presence of UN or regional military peacekeepers in conflict-affected countries who are at risk of contracting HIV and/or of transmitting HIV to the local population or communities back home on their return.
1. **Good practices in implementing Security Council resolution 1983 (2011)**

During the two-day workshop, a number of good practices in implementing resolution 1983 (2011) were identified in presentations, discussions and group work. These are in addition to the good practices by UN Field Missions and other members of Joint UN Teams on AIDS outlined in the April 2013 stocktaking report[[2]](#footnote-2).

*Good practices by national militaries in the REMAFOC network*

* Awareness raising initiatives on the linkages between HIV and SGBV
(e.g. development of an awareness raising manual for national militaries on SGBV in conflict and post-conflict situations
* Training initiatives on the linkages between HIV and SGBV (e.g. integrating human rights and SGBV issues into the training curriculum for the national military)
* Building the capacity of national militaries to train on HIV issues through, for example, train-the-train events to create a pool of HIV trainers, and through training peer educators in national military contingents
* Extending HIV initiatives such as awareness raising, training and voluntary counseling and testing (VCT) beyond military personnel to spouses as well as the local population
* Systematic provision of VCT after awareness-raising sessions with military combat units
* Securing political support for addressing HIV in national militaries (e.g. through advocacy with military leadership or facilitating the involvement of the Ministry of Health in DDR processes)
* Condom distribution to military contingent members in-country
* Sero-prevalence studies as well as sexual networking studies of national militaries (aimed at understanding how military personnel are contracting HIV) funded by the US DoD.

*Good practices by REMAFOC members on deployment to UN and/or regional peacekeeping*

* Establishment of a single location/centre in the country (e.g. a peacekeeping training centre) through which military contingents deploying to and returning from peacekeeping can be channeled: this enables total coverage with HIV testing as well as provision of mandatory training on HIV issues
* Systematic voluntary screening for HIV before deployment to peacekeeping
* To remove stigma associated with HIV testing, a voluntary HIV testing is done as a part of a comprehensive medical screening
* Systematic voluntary screening for HIV on return from peacekeeping i.e. post-deployment.
* Post-deployment voluntary HIV testing involving military spouses: in one country, military personnel and their spouses are tested for HIV, then asked to use condoms for 3 months and then re-tested after 3 months
* Deployment of military personnel who are HIV positive but healthy (with no clinic symptoms of AIDS) to peacekeeping coupled with adequate provision of care while on deployment. This is thought to reduce stigma against persons living with HIV
* Deployment of contingents with trained peer educators on HIV.
1. **Lessons learned, gaps and challenges in implementing
Security Council resolution 1983 (2011)**

During the two-day workshop, a number of lessons learned, gaps and challenges in implementing resolution 1983 (2011) were identified in presentations, discussions and group work. These are in addition to those facing UN Field Missions and other members of Joint UN Teams on AIDS identified in the UNAIDS-DPKO stocktaking report[[3]](#footnote-3).

*Facing both UN and REMAFOC members*

* Inadequate financial and human resources to implement and scale-up HIV programming, including implementation of resolution 1983 (2011)
* Over-dependence of national HIV programmes on external donor funding, which threatens the sustainability of such programmes
* Lack of research and data on HIV prevalence, and on linkages between HIV and SGBV, including conflict-related sexual violence
* Multiple sources of data on HIV prevalence, which are sometimes conflicting
* Cultural barriers to addressing HIV
* At country level, messaging on HIV between the HIV focal point in the UN Field Mission and UNAIDS is sometimes inconsistent, and joint planning weak.

*Facing national militaries in the REMAFOC network*

* Lack of national policies and legislation on HIV issues affecting national militaries, including on the specific linkages between HIV and SGBV
* Lack of military command commitment and buy-in to addressing HIV in national militaries
* Sexual harassment and sexual exploitation and abuse (e.g. sex in exchange for promotion) of junior female military personnel (especially new recruits) by male military superiors
* SBGV by male military personnel against their families (e.g. marital rape, sexual violence, physical violence, verbal violence, psychological violence)
* SGBV by male military personnel against the local population (e.g. rape and sexual exploitation and abuse)
* Irregular provision of condoms to military contingents
* Difficulty in addressing HIV/AIDS with spouses of military personnel, as they are not under military command

*Facing REMAFOC members on deployment to UN and/or regional peacekeeping*

* The UN message on provision of condoms to military contingents and prevention of sexual exploitation and abuse of the local population remains a mixed message that is confusing to countries deploying to UN peacekeeping.
1. **Recommendations and decisions**

Workshop participants acknowledge that on return to their countries, the good practices, lessons learned and gaps identified in the workshop and the stocktaking report could all inform their country-level discussions on next steps to implement resolution 1983 as well as discussions on regional initiatives through REMAFOC.

During the two-day workshop, a number of possible next steps to implement resolution 1983 were identified in presentations, discussions and group work, which are presented below as recommendations. These are in addition to the recommendations made to the UN and Member States in the UNAIDS-DPKO April 2013 stocktaking report as well as some country-specific next steps identified in the action planning sessions.

*Recommendations for national militaries in the REMAFOC network*

1. Develop new or improved HIV policies and programmes specifically targeting national militaries. This includes policies and programmes on the linkages between HIV and SGBV and also on HIV issues relating to deployment to UN and/or regional peacekeeping
2. Build the capacity of national militaries on HIV issues (e.g. their training capacity). This includes addressing linkages between HIV and SGBV.

*For REMAFOC members that deploy to UN and/or regional peacekeeping*

1. Conduct post-deployment testing for HIV for troop-contributing countries that are not already doing so
2. Deploy adequate human and material resources to peacekeeping missions in order to conduct HIV prevention and provide adequate care in-mission to military contingent members living with HIV (Ghana, Gambia, Nigeria)

*Recommendations for UN entities in the West and Central Africa region and REMAFOC members*

1. Due to resource constraints, focus efforts on prevention of HIV
2. Secure more resources to address HIV: this involves re-allocating resources internally within organizations, securing political buy-in, and establishing partnerships
3. Conduct more studies in the West and Central Africa region on HIV prevalence and the linkages between HIV and SGBV including conflict-related sexual-violence.

Specific suggestions included:

3.1. Development of a joint paper sponsored by the US DoD on infectious diseases including malaria, TB and HIV. UNAIDS signaled its interest in participating.
3.2. UNAIDS is to develop a concept note on the issue of HIV data and studies covering the West and Central Africa region

1. Conduct continued research and thinking on cross-border dimensions of HIV issues, as well as how crisis and conflict affect HIV
2. Ensure that HIV programming address impunity of national militaries and other parties to conflict for conflict-related sexual violence
3. Ensure a coordinated approach to addressing HIV/AIDS

6.1. UNAIDS Country Offices in the West and Central Africa region are to work closely with national security services to address HIV/AIDS and to involve the REMAFOC network in this regard

1. Secure senior-level political commitment to addressing HIV in national militaries

7.1. UNAIDS Country Offices in the West and Central Africa region are to support efforts in this regard

1. DPKO to clarify its policy on condom distribution and prevention of sexual exploitation and abuse. DPKO to provide one-page explanatory document in English.
2. DPKO to develop a compendium of military contingent personnel trained as peer educators. This would enable UN peacekeeping to make repeated use of their skills if they are re-deployed to peacekeeping

*Recommendations to revitalize the REMAFOC network*

To secure political support:

1. Conduct high-level advocacy in all member countries of the REMAFOC network
2. Use the REMAFOC network to advocate with the national military authorities
3. Conduct advocacy during meetings of heads of state of the Economic Community of West African States (ECOWAS) and of the Economic and Monetary Community of Central Africa (CEMAC)
4. Issue a letter to all countries in the West and Central Africa region specifying admission criteria for the REMAFOC network and its current membership

To strengthen the internal functioning of the network:

1. Draft “letters of agreement” with partners
2. Reactivate the working groups of the REMAFOC network
3. Review the plan of action
4. Reactivate the REMAFOC network’s communications network using information and communication technologies

*Specific activities of the REMAFOC network for 2014 and beyond*

1. Each REMAFOC member is to decide on which aspect of Security Council resolution 1983 (2011) to focus on in 2014, taking into account the three thematic priority areas identified by UNAIDS and DPKO (i.e. SGBV, DDR and SSR), and to forward this information to the organizations participating in the workshop, including UNAIDS, UNFPA, DPKO and the US DoD
2. Create a review of scientific publications
3. Organise conferences to enable countries to present their work, and hold a General Assembly for the network at the end of the conference

*Agreed amendments to the statue and internal regulations of REMAFOC*

1. The Executive Secretary and the Administrative and Financial Officer must be from the same country (Note that the REMAFOC General Assembly held on day 2 of the workshop agreed to nominate Gabon to fulfill these two functions)
2. The treasurer (*commissaire au compte*) has a two-year mandate, renewable only once
3. The seat of the REMAFOC network will be fixed and based in Senegal (in Dakar)
4. The words “Secretary-General” are to be replaced with “Executive Secretary”
1. In French, the network is referred to as: *Réseau Militaire de l’Afrique de l’Ouest et du Centre de lutte contre le Sida (REMAFOC/sida)* [↑](#footnote-ref-1)
2. UNAIDS and DPKO (upcoming 2013). *Stocktaking Report on Implementation of Security Council Resolution 1983 (2011) in Conflict and Post-conflict Situations in West and Central Africa*. UNAIDS. [↑](#footnote-ref-2)
3. UNAIDS and DPKO (upcoming 2013). *Stocktaking Report on Implementation of Security Council Resolution 1983 (2011) in Conflict and Post-conflict Situations in West and Central Africa*. UNAIDS. [↑](#footnote-ref-3)