

AIDS, Security and Conflict Initiative

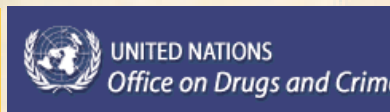


Global Consultation on

The Police and HIV/AIDS

3-4 September, 2007

The Hague



Acknowledgements

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About ASCI

The AIDS, Security and Conflict Initiative (ASCI) officially launched in September 2006. ASCI is a global research initiative to inform policy and programming by strengthening the evidence base and addressing critical gaps in knowledge across several thematic areas:

1. HIV/AIDS in uniformed services, including military, peacekeeping and policing
2. HIV/AIDS, humanitarian crises and post-conflict transitions
3. HIV/AIDS, fragile and crisis states
4. Cross-cutting issues of gender, data collection & measurement, and media representation

ASCI has been convened by the Netherlands Institute of International Relations "Clingendael" and the Social Science Research Council with support from the Netherlands Ministry of Foreign Affairs, the Australian Agency for International Development, the Canadian Department of Foreign Affairs and International Trade, the Swedish Ministry of Foreign Affairs, UNAIDS, UN Population Fund (UNFPA) and the Rockefeller Brothers Fund. For more information please visit our website:

www.asci.ssrc.org.

Meeting Report on Global Consultation on the Police and HIV/AIDS

Atlantic Hotel, The Hague

3-4 September 2007

Overview

1. Forty three police officers, policymakers, academics and specialists met together on 3-4 September for the first-ever global consultation focused specifically on the issues of the police and HIV/AIDS. The simple fact that these diverse stakeholders, representing every continent, met together to discuss the issues of common concern represents an important step forward. Participants agreed that a focus on the police and HIV/AIDS is timely and important.
2. The AIDS-related issues facing the police vary according to whether the country is suffering a generalized epidemic or an epidemic concentrated among intravenous drug users and commercial sex workers. Also critical is the level of resources available to the police force.
3. The principal issues fall into the following categories:
 - a. The state of evidence and research into the police and HIV/AIDS;
 - b. The impact of a generalized epidemic on the functioning of a police force;
 - c. The impact of HIV/AIDS on individual police officers and police responses to HIV/AIDS within the service;
 - d. Police responses to HIV/AIDS in the population, especially harm reduction;
 - e. Sexual and gender-based violence and exploitation;
 - f. Civilian police within peacekeeping missions and HIV/AIDS;
 - g. The police and HIV/AIDS policies and programmes.
4. The next steps arising from the Global Consultation include:
 - a. Forming a network of organizations and individuals concerned with the police and HIV/AIDS, especially to build partnerships between police and researchers;
 - b. Compiling relevant literature, best practices and training modules;
 - c. Convening regional workshops to undertake further activities;
 - d. Requesting the UN to provide leadership on international standards for the police and HIV/AIDS;
 - e. Contributing conclusions and recommendations to the ASCI final report.

A. Evidence and research into the police and HIV/AIDS

5. Information about the police and HIV/AIDS is not widely available. The data available to the police are not generally accessible to the public. There is little specialist research in the field. In many cases, the police have not welcomed research or have not been transparent about research findings. Police officers may lack confidence that researchers share their priorities in terms of the information that is needed, and may fear that researchers will use research findings in a way that is inconsistent with the interests of the police force. Participants stressed the need for police ownership of research, consistent with the principles of police transparency and accountability to the public, alongside the principles of medical confidentiality and discretion.

6. Nonetheless, much is known about the police and HIV/AIDS, this information either embedded in the experience of police officers or in internal or unpublished documents. Surfacing this knowledge is an important task.

7. An underlying factor here is that police services have not requested researchers to carry out research. Participants hoped that the Global Consultation will provide the basis for establishing the mutual confidence and common understanding necessary for such research to begin.

8. Participants recognized that an important entry point for research was the operational exposure of police officers to HIV. While this is objectively a low risk, it is a source of high stress and thus of primary concern to many police officers, and serves as a useful starting point for gaining knowledge and confidence on the topic.

9. The question of what uniformed services should be included in the study of the police and HIV/AIDS was raised. It was recognized that gendarmes, paramilitaries, prison and parole officers, and customs and immigration officers share many issues of concern concerning HIV/AIDS, as well as having issues specific to themselves. Whether considered alongside the police or separately, these uniformed services should not be neglected.

B. The impact of a generalized epidemic on the functioning of a police force

10. A police service faces similar challenges to other public or private institutions in managing its personnel and budget under the stresses of a generalized HIV/AIDS epidemic. These stresses include, among others:

- a. Absenteeism due to sickness and death of colleagues and family members;
- b. Staff attrition due to increased deaths from illness, leading to shortage of experienced officers;
- c. Overwork and understaffing consequent on the above
- d. Lower efficiency and effectiveness of the service consequent on the above;
- e. Decreased morale consequent on the above;

- f. Special stresses on female police officers who have to face the gender-specific aspects of the epidemic, for example responding to the needs of rape survivors;
- g. Increased recruitment, training, health care and dependent provision budgets, putting strain on the operational budget;
- h. Fear that community confidence in the police is suffering as a result of the above.

11. There is a need for developing good indicators of the impact of HIV/AIDS on police services that can be used by senior police officers and policymakers for assessment and planning purposes.

12. Police services can do much to mitigate the impacts of HIV/AIDS and retain and enhance their institutional integrity and operational effectiveness under these circumstances. Effective practices include providing HIV/AIDS education and training, and providing VCT and medical care including ART. Specific choices depend upon national circumstances. Additional resources are required.

13. There is a need to compile and share best practices for police services in responding to the impacts of HIV/AIDS.

C. Impact of HIV/AIDS on individual police officers and police responses to HIV/AIDS within the service

14. HIV and AIDS affect individual police officers as they do any human being, raising important issues of stigma and discrimination alongside questions of personal health and wellbeing. In many police services there is abiding fear and suspicion surrounding HIV/AIDS and PLWHA.

15. Police services can develop and adopt best employment and workplace practices on issues including:

- a. Education about HIV/AIDS and overcoming denial, stigma and discrimination;
- b. Adopting equal opportunity and human-rights based principles of employment;
- c. Providing VCT, prevention packages such as condoms and access to treatment;
- d. Providing flexible working conditions suitable to helping sustain the health and wellbeing of officers living with HIV and AIDS;
- e. Special measures to protect women police officers and support staff;
- f. Addressing operational exposure to HIV, both to enhance operational effectiveness and as an educational exercise.

16. HIV/AIDS programmes within police forces are best integrated within general health programmes including operational health risk reduction activities.

17. The effective response of a police service is greatly facilitated if a senior officer becomes a champion of the issue.

D. Police responses to HIV/AIDS in the population, especially harm reduction

18. Law enforcement practices can influence the course of the epidemic, either for good or ill, especially with regard to policing practices concerning injecting drug use, commercial sex work, SGBV and migrant populations. Police services can also influence social and health policies that in turn determine national responses to HIV/AIDS.

19. Police responses to HIV/AIDS differ greatly depending on the nature of the epidemic in the country in question. In an epidemic concentrated among IDUs, CSWs and/or MSM, the key questions include:

- a. The challenge of promoting and managing harm reduction, specifically:
- b. The tension that exists (in many countries) between laws that criminalize the activities or groups most vulnerable to HIV/AIDS, and the public health priority of promoting harm reduction. For many police services, enforcing these laws is both a low priority (given limited resources and other more pressing demands) and a counterproductive exercise, leading to a de facto tolerance of IDUs, CSWs, etc., with much leeway for operational discretion by individual officers and units.
- c. The fact that good practice on harm reduction is often ad hoc and unrecognized or unauthorized makes it difficult to share lessons and further develop best practice.
- d. In a number of countries there are specific challenges arising from national policies that prohibit opiate substitution therapy and/or needle exchange.
- e. Recent Chinese experience illustrates the rapidity with which harm reduction strategies can meet with measurable success. There are important lessons to be learned from this experience, including a comprehensive approach based on cooperation and information sharing between the police, health services and harm reduction initiative.
- f. Complications exist in some countries arising from corruption including the involvement of police services in commercial sex work.

20. Relatively little is known about police knowledge, attitudes and behaviour on harm reduction, and the drivers of those, in a way that can influence policy and operational activities. Entry points for harm reduction programmes need to be identified alongside mechanisms for combining the strengths of bottom-up approaches with the necessary national policy and legislation. Policies should be mapped to identify best practices, how they correspond to health policies and legal frameworks, and promote innovation.

21. Cooperation between police services and health services is important and can be enhanced. The police have significant health and welfare roles but are neither health nor welfare workers. Police officers should be aware of the health and welfare implications of their actions. This is a field in which international leadership and guidance can play an important role.

22. In a generalized epidemic, police forces face particular issues relating to the social drivers and social consequences of the epidemic. Among them are the following:

- a. Responding to sexual and gender-based violence, which are important drivers of the epidemic;
- b. Ensuring that legality and equity are observed in matters such as inheritance laws, so that women are not dispossessed following the deaths of their husbands.

23. In addition, the same challenges facing police services in countries with concentrated epidemics recur where there are generalized epidemics. Police responses to IDUs and CSWs are critically important in the midst of generalized epidemics, because these groups face much-increased vulnerability to HIV precisely because of the greater prevalence of the virus.

24. Community policing, and other forms of proactive policing that move beyond reactive law enforcement, can be important tools for ensuring that police respond effectively to HIV/AIDS, especially where resources are limited.

25. There is a strong need for intervention assessments and evaluations, so that police responses and policies can be evidence-based, and we can know what is working and not working.

E. Sexual and gender-based violence and exploitation

26. SGBVE is an important driver of HIV/AIDS epidemics as well as an abuse in itself. Sexual violence and abuse are crimes and therefore of concern to law enforcement. They are of concern to public health officials as contributors to the spread of HIV/AIDS and other health and welfare problems.

27. Policemen and police forces can be contributors to SGBVE. Police officers are often both users and controllers of CSWs. Evidence indicates that levels of SGBVE including intimate partner violence, sexual abuse of vulnerable women and girls among members of police forces, and discrimination against lesbians, gay men and transgendered individuals, in some cases are higher than in the general population.

28. Approaches exist and are being further developed for police forces to tackle SGBVE, including both abuses committed by police officers and responses to abuses in society. There are opportunities for lessons to be learned and best practices to be adopted and developed.

29. Women police officers can play important roles in combating SGBVE, while facing considerable challenges within police forces that often have a very masculine institutional culture, where they may themselves be faced by gender discrimination and abuse.

F. Civilian police within peacekeeping missions and HIV/AIDS

30. Policing is an integral part of international peacekeeping. HIV/AIDS is a threat to international peacekeeping. UN Security Council resolutions have addressed issues of HIV/AIDS as a threat to peace and security and HIV/AIDS and women in peacekeeping operations. There has been much attention to the ways in which HIV/AIDS constrains aspects of peacekeeping operations, including force generation, perception of the legitimacy of missions, health of deployed peacekeepers, and effectiveness of operations. Similar considerations apply to civilian police as to troops. Peacekeeping operations can also affect the spread of HIV, through peacekeepers contracting or spreading the virus.

31. Civilian police play particular roles within peacekeeping operations, which have an important interface with the general population of the host community and the national police force.

32. There is a need for improved training of police for peacekeeping operations to take into account HIV/AIDS concerns. A particular requirement is the development of doctrine and operational concepts and practices for civilian police within international peacekeeping operations, with special reference to SGBVE and harm reduction issues. Training national police forces places special demands on civilian police within peacekeeping operations.

G. The police and HIV/AIDS policies and programmes.

33. Despite the pivotally important role of the police and policing, police services have not been sufficiently integrated into national plans and policies for HIV/AIDS. This shortcoming needs to be overcome.

34. Police services can and should play a role in shaping national and international policies. For this to be effective, partnerships between the police, other uniformed services, health services and community leaders are required. Criminal justice systems are an access point for medical services.

35. Effective policies and practices concerning the police and HIV/AIDS involve a range of stakeholders including national and international NGOs, regional and international organizations, the private sector, religious leaders, the media and researchers, as well as national governments and police forces.

36. International policy and guidelines on the police and HIV/AIDS would be extremely helpful in identifying and promoting best practices, sponsoring research and sharing data and information, and shaping legal and policy frameworks.

Next steps

37. The Global Consultation represents a breakthrough in furthering the agenda of HIV/AIDS and the police worldwide. It is premature to formalize any initiative arising from the meeting. However, a number of steps arising from the meeting have been provisionally identified.

38. ***Establishing an informal network*** of organizations and individuals concerned with the police and HIV/AIDS, with a particular view to building confidence between police services and the research community so as to design and sponsor research. The conveners will circulate an invitation to join a working group on the police and HIV/AIDS.

39. ***Compiling relevant literature, best practices and training manuals.*** There is much useful evidence and best practice that exists, unpublished in the files of police services or embedded in the experience of police officers and public health officials. Sharing this experience and evidence will be an important step in developing the police and HIV/AIDS agenda. Sharing training manuals and modules is also important in the development of best practices. The resources obtained will be shared through the network and ASCI.

40. ***Convening regional workshops*** to undertake further activities, including identifying and sponsoring research activities and developing regionally-specific training modules. Given the specificities of the problems in different regions, a regionally-based approach is most appropriate to identify the particular research, policy and operational challenges of the police and HIV/AIDS. The working group will encourage institutions to take the lead in organizing these workshops.

41. ***Requesting the UN to provide leadership on developing international standards*** for the police and HIV/AIDS. Leading roles are requested from UNAIDS, UNODC, UNFPA, UNDPKO and other relevant UN specialized agencies.

42. ***Contributing conclusions and recommendations*** to the final report of the AIDS, Security and Conflict Initiative (ASCI), which is scheduled for early 2008.

Appendix

On the following pages are the meeting agenda and the list of participants.

Other relevant documents, including background papers and meeting presentations, can be found on the website of the AIDS, Conflict and Security Initiative: <http://asci.researchhub.ssrc.org>

Agenda of the Global Consultation on Police and HIV/AIDS

DAY ONE

- 08.45 – 09.15 **Arrival, Registration and Coffee**
- 09.15 – 09.45 **Welcome/Introduction/Agenda and Workshop Objectives**
- Georg Frerks (ASCI Co-Chair)
Karl Dehne (UNAIDS)
Geoff Monaghan (UNODC)
Alex de Waal (Meeting Chair)
- 09.45 – 11.00 **Impact of HIV on National Police Forces**
- Panel Chair: **Karl Dehne**
- **Themba Masuku** – *Outlining the Key Issues*
 - **Harry Brossard** – *Impact of HIV on the Police in Haiti*
 - **Bojelo Ratsatsi** - *Impact of HIV on the Police in Botswana*
- 11.00 – 11.30 **Coffee/Tea Break**
- *Including 20 minute video presentation on the Comprehensive HIV Programme of the Sierra Leone Police*
- 11.30 – 13.00 **Responses of National Police Forces to HIV**
- Panel Chair: **Dirk Kruijt**
- **Alastair Roderick** - *Outlining the Key Issues*
 - **Anita van Hilst** - *Addressing HIV in Pacific Policing*
 - **Sirima Khempetch**- *Implementing HIV Interventions in the Thai Police*
- 13.00 – 14.15 **Lunch Break**
- 14.15 – 15.30 **The Police and the Challenges of Prevention**
- Panel chair: **Cathy Zimmerman**
- **Geoff Monaghan**: *Barriers to Effective HIV prevention, Treatment and Care*
 - **Police Constable Andy Hewlett**: *Countering Stigma and Discrimination*
 - **Superintendent Masoud Mwinyi Masudi** - *Community Policing and HIV in Kenya*

15.30 – 15.45 **Coffee/Tea Break**

15.45 – 16.45 **Group Work Session**

| | Impact of HIV on the Police | Response of the Police to HIV | The Challenges of Prevention |
|-------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| Chair/Rapporteur | Themba Masuku | Pam DeLargy | Fatima El-Sheikh |

Each of the working groups will:

- Address knowledge gaps and come up with recommendations for research priorities
- Identify and discuss best practices the institutional challenges and come with recommendations for programme and policy design
- Discuss potential entry points for policy
- Discuss gender as a cross-cutting theme

16.45 – 17.30 **Feedback from Working Groups**

18.30 – 20.30 **Dinner in Atlantic Hotel**

DAY TWO

09.00 – 09.30 **Review of Day 1 and Programme for Day 2**

Alex de Waal (Meeting Chair)

THERE WILL BE PARALLEL SESSIONS DURING THE MORNING

09.30 – 11.00 **Parallel Session: Justice and Security Sector Reform and HIV**

Panel chair: **Evert Kets**

- **Chief Superintendent Yves Bouchard** – *HIV Mainstreaming and SSR*
- **Saidu Kamara and Mary Anim** – *HIV and Police Reform in Sierra Leone*
- **Fatima Elsheikh** – *Assessing SGBV in the Context of Justice and Security Sector Reform*

OR

Parallel Session: IDUs, Harm Reduction and the Police

Panel Chair: **Alexander Tsekhanovich**

- **Scott Burris** – *Outlining the Key Issues*
- **Pratak Kumar Pathak** – *A Policymaker's Perspective on Harm Reduction*
- **Duo Lin** – *Harm Reduction and the Role of the Police in China*

11.00 – 11.15 **Coffee/Tea Break**

11.15 – 12.30 **Parallel Session: International Policing Missions**

Panel chair: **Pam DeLargy**

- **Megh Gurung** – *Addressing HIV in International Policing Missions*
- **AnnJanette Rosga** – *HIV, Gender and Policing in Peacekeeping Operations*
- **Colonel Alexander Zelitchenko** – *Police training in International Policing Missions*

OR

Parallel Session: Working Group on IDUs and Harm Reduction

Chair/Rapporteur: **Geoff Monaghan**

12.30 – 13.45

Lunch Break

13.45 – 14.15

Feedback from Parallel Session on IDUs and Harm Reduction

14.15 – 15.30

HIV, Police and the International Community

Panel chair: **Georg Frerks**

- **Pedro Pablo Villanueva** – *The Challenges and Constraints in Supporting National Police Organisations*
- **Alison Thompson** – *The Role of International NGOs*
- **Manuel Marion** – *The OSCE and Police Support*

15.30 – 16.00

Conclusions

Alex de Waal (Meeting Chair)

- *Summarizing the Outcomes of the Meeting*
- *Toward a Research and Policy Agenda on HIV and the Police*
- *Discussion*

16.00 – 16.15

Closure

Alex de Waal (Meeting Chair)

Georg Frerks (ASCI Co-Chair)

Geoff Monaghan (UNODC)

Karl Dehne (UNAIDS)

16.15 –

Drinks

Hosted by the Netherlands AIDS Ambassador Paul Bekkers

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