

AIDS, Security and Conflict Initiative



HIV/AIDS Reference Set #1:

HIV/AIDS and Conflict, Crisis and Post-Conflict Transitions



AIDS, Security and Conflict Initiative – Reference Set #1
Theme: HIV/AIDS in Conflict, Crisis and Post-Conflict Transition

(IV) HUMANITARIAN CRISES AND POST-CRISIS TRANSITION

IVA. Definition of crises: conflict situations and natural disasters (cite IFRC report and then focus on conflict as crisis)

- International Federation of Red Cross and Red Crescent Societies. (2008). “World Disasters Report: Focus on HIV/AIDS.”
<http://www.ifrc.org/Docs/pubs/disasters/wdr2008/WDR2008-full.pdf>
 - “IFRC argues that while everyone is affected by a natural disaster, people living with HIV (PLHIV) are impacted more severely. However, IFRC also highlights that greater data is required to explain this link, and warns against advocacy that is not evidence-based.”
 - Findings of the Report:
 - The link between HIV and natural disasters differs by situation, such as whether the disaster is slow or fast onset, and the rate of HIV prevalence in the community.
 - *Key populations at risk* - Little attention has been paid to the impact of natural disasters in areas with concentrated HIV epidemics. Research is needed to determine whether, for groups already at higher risk of HIV – injection drug users, male prisoners, sex workers, and men who have sex with men, the risk of infection increases higher during natural disasters.
 - *Slow onset disasters in areas of high HIV prevalence* – Slow-onset disasters impact the chronically vulnerable the most, which, in areas of high HIV prevalence, often includes PLHIV. In the Horn of Africa, researchers have proposed that chronic food insecurity is linked to the “triple threat” of poverty, HIV/AIDS, and weak governance.
 - *Natural disasters in areas of low HIV prevalence* – In areas of low HIV prevalence, PLHIV may be more “invisible,” and fewer community level organizations exist to provide them support. They therefore are more vulnerable to the double impact of HIV and the natural disaster on their physical and mental health.
 - *Increase in testing* - Following a disaster, the increase in medical services and in people seeking care may result in more people learning of their positive HIV status. IFRC highlights the role of PLHIV representative organizations in emergency planning and in providing peer support, to ensure that those who learn of their positive HIV status receive the necessary services.
 - IFRC raises the following question regarding the link between HIV and natural disasters: “do natural disasters break down family structures or change sexual networking in ways that might increase HIV transmission in places where prevalence is significant?” There is little information to answer this question, but there is more information on the breakdown of public services that contribute to HIV prevention, including disruptions in

condom supply, and pauses in counseling, testing, and behavior change campaigns.

- Mock, Nancy B., Duale, Sambe, Brown, Lisanne F., Mathys, Ellen, O'Maonaigh, Heather C., Abul-Husn, Nina KL, Elliot, Sterling. (2004). "Conflict and HIV: A framework for risk assessment to prevent HIV in conflict-affected settings in Africa." *Emerging Themes in Epidemiology*. 1:6.
 - Conflict and HIV/AIDS is related, but the relationship is complex with many potential causal factors. Examining how HIV could be both halted or spread during conflict, the paper postulates that primary factors for determining if HIV will spread include geographic size and neighbors, economic prospects, and the existence of infrastructure (specifically health and transport). With these factors in mind, the paper details how conflict can both limit and exacerbate an HIV epidemic, and how conditions can form an environment for an explosion of HIV infections in a post-conflict setting.

IVB. Presumed and projected links with AIDS: how to assess and respond

- Becker, Joseph U., Theodosis, Christian, and Kulkarni, Rick. (2008). "HIV/AIDS, Conflict and Security in Africa: Rethinking Relationships." *Journal of the International AIDS Society*. 11:3.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2584057>
 - After reviewing the common myths surrounding the link between conflict and HIV/AIDS, this article states that there are many factors confounding the traditional notion of HIV/AIDS as a result of conflict, and that the more serious issue to examine is HIV spread in a post-conflict setting. The authors suggest a research agenda to examine the needs of HIV infected people in post-conflict societies.
 - This article articulates similar points to what we are interested in describing.
- Dalzell, Margaret. (2007). "The AIDS-Violence Continuum: Is there a relationship between HIV/AIDS and Conflicts in Africa?" *Journal of Business and Public Policy*. Vol. 1, No. 3.
 - This paper addresses the relationship between AIDS and violence in Africa, questioning the validity and causality of the relationship. After examining the effects of HIV on a population, the paper concludes that HIV is a contributing cause for violence, but there is no direct causal relationship between conflict and HIV. HIV causes people to need health care, which they look to the government to receive; because governments are strained for resources and money, society no longer views the state as legitimate. It is at this point where civil society takes the opportunity to use violence to gain resources.
- Gordon, Peter, Jacobson, Ruth, and Porteous, Tom. (2004). "A Study to Establish the Connections Between HIV/AIDS and Conflict." John Snow International (UK).
 - Assuming that HIV/AIDS is mutually reinforcing, this report makes a set of recommendations for dealing with HIV by making the issue more

gender specific and approaches more equitable, particularly with ARV distribution.

- McInnes, Colin. "HIV, AIDS and Conflict in Africa: Why Isn't it Even Worse?" Paper for annual conference of the International Studies Association, New York, NY, February 2009. <http://cadair.aber.ac.uk/dspace/handle/2160/1818>
 - This paper reiterates the idea that conflict does not lead to HIV spread. Examining four cases shows that HIV rates went down after conflict. However, he points out that the existence of so many variables makes it difficult to create any type of framework in order to determine if HIV and conflict are correlated.
- Smallman-Raynor, M.R. and Cliff, A.D. (1991). "Civil War and the Spread of AIDS in Central Africa." *Epidemiological Infections*. 107, 69-80.
 - This piece, is cited frequently as one of the earliest and only quant based studies to determine the relationship between HIV/AIDS and conflict. Using Uganda as an example, the regression analysis shows a relationship between recruitment to the UNLA and development of HIV infections throughout the country. Other confounding factors are discussed, such as geographical distributions and historical factors. Not the most recent piece, but one of the first asking this question.

IVC. Specific Issues

a. Displacement/Camp settings

b. Access to services: safe blood, prevention of STIs, breast feeding

General Articles – Camp Settings and Access to Services

- HIV in Humanitarian Situations – Internally Displaced Populations Overview. http://www.aidsandemergencies.org/cms/index.php?option=com_content&task=view&id=30&Itemid=80
 - General citation list relating to HIV and IDPs; relevant articles are listed in this bibliography.
- Allen, Tim. "AIDS and Evidence: Interrogating Some Ugandan Myths". *Journal of Biosocial Science*. 2005: 38(1), p. 7-28.
 - Provides a discussion of conditions in IDP camps, challenging notions that HIV spreads in camps. He finds that because of strict surveillance and a lack of privacy, sexual acts are fewer and HIV spread decreases in camp settings.
 - Longer summary of his work on the P drive.
- Culbert, Heather, Tu, Daniel, O'Brien, Daniel P., Ellman, Tom, Mills, Clair, Ford, Nathan, Amisi, Tina, Chan, Keith, and Venis, Sarah. (2007). "HIV Treatment in a Conflict Setting: Outcomes and Experiences from Bukavu, Democratic Republic of the Congo." Médecins Sans Frontières. <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0040129>.
 - Care for HIV patients during conflict can be especially difficult. MSF analyzed their program in Bukavu, DRC to determine if it was possible to provide HIV care for those living in conflict settings. They determined this was possible as long as the program is well equipped and able to

provide medication with large gaps in time between seeing each individual patient. With these emergency stocks and educational methods in tact, the program was able to thrive.

- Dondero, Timothy J. and Salama, Peter. “HIV Surveillance in Complex Emergencies.”
UNAIDS. <http://www.ncbi.nlm.nih.gov/pubmed/11421181>.
 - This paper examines the prevalence of HIV/AIDS in refugee/migrant situations, and explains that the data for this particular group is extremely scarce. They describe the differences between first and second generation surveillance, explaining that first generation includes survey techniques and first hand testing, whereas second generation is based on an extrapolation of statistical evidence, often targeting cross sections of the population. The authors conclude by saying that problems that may arise from this include issues with confidentiality in an IDP setting, and the ethical implications that may arise from testing in areas that are constantly in flux.
- Hanson, Brent W., Wodak, Alex, Fiamma, Agnes and Coates, Thomas J. (2008). “Refocusing and Prioritizing HIV Programmes in conflict and post-conflict settings: funding recommendations.” *AIDS*. 22 (suppl 2): S95-S103.
http://www.aids2008.com/files/user_1/Conflict_Final.pdf.
 - At the end of conflicts, vulnerability to HIV greatly increases. The article suggests where funding can be used to deal with HIV spread during the vulnerable post conflict period. Suggestions include providing more treatment and more accelerated funding to make sure it gets to conflict-afflicted communities more quickly.
- Khaw, Adrian J., Salama, Peter, Burkholder, Brent, and Dondero, Timothy J. (2000). “HIV Risk and Prevention in Emergency-affected Populations: A Review.”
 - Many risk factors exist in conflict settings and are exacerbated because of a lack of health care services. This paper analyzes potential risks for HIV transmission during conflict. These risks include sexual transmission of HIV via rape and use of sex as a survival strategy, host-refugee interaction during movement from rural to urban areas, increased STI's as a cofactor for transmission, and mother-to-child HIV transmission via breastfeeding and birth. The article addresses the lack of health care services and unsafe blood transfusions. Finally, the authors examine the inadequacies of Minimal Initial Services Packages, and the need for greater application of services to all groups during peacebuilding processes, as well as reliable ways for testing during conflict.

Breastfeeding

- Iliff, Peter J., et al. (2005). “Early exclusive breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival.” *AIDS*. 19:699-708. <http://www.ibfanasia.org/article/early-ebf-hiv.pdf>
 - Conclusions based on a study of HIV infected women and feeding practice found that early exclusive breastfeeding lowers transmission rates between

mother and child. Other feeding practices such as complementary feeding increase HIV risk.

- Kashyap, Purnima, Kaijuka, Brenda K., and Mabweijano, Edward. (2004). "Targeting IDPS with Food Aid: WFP Assistance in Northern Uganda." *Health Policy and Development Journal*. Vol. 2 No 2. 96-99.
 - This piece describes the malnutrition in IDPS, specifically among infants. Again highlighting the conflicts in policy, the article states that many women feed their infants through a combination of breast milk and complementary food much too early and in inadequate quantities. However, when infants are fed breast milk from mothers with HIV, their vulnerability to infection increases greatly.
- McGrath, Marie, Seal, Andrew, and Taylor, Anna. (2001). "Infant Feeding Indicators for Use in Emergencies: an Analysis of Current Recommendations and Practice." *Public Health Nutrition*. 5(3), 365-372.
 - Evaluation of child feeding practices in Kosovo during the late 1990s. Mainly focused on measurement, the article advocates the need for standard indicators to measure nutritional practice for children during emergencies.
- Miotti, Paolo G. (1999). "HIV Transmission Through Breastfeeding: A Study in Malawi." *JAMA*. 282(8): 744-749. <http://jama.ama-assn.org/cgi/reprint/282/8/744>
 - Short piece that examines the prevalence of HIV during breastfeeding, and finds that the risk of transmission from mother to child is highest during the first few months of breastfeeding.
- O'Connor, Mary E., Burkle, Frederick M. Jr., and Olness, Karen. (2001). "Infant Feeding Practices in Complex Emergencies: A Case Study Approach." *Prehospital and Disaster Medicine*.
<http://pdm.medicine.wisc.edu/164finals/O'Connor.pdf>
 - In this highly technical article, the authors conclude that breastfeeding in complex emergencies is more important than concern with the spread of HIV through breast milk, as malnutrition is a leading cause of death in refugee camps.
- "Overview of HIV and Breastfeeding." AVERT. 12 March 2009.
<http://www.avert.org/hiv-breastfeeding.htm>
 - A basic summary of the issues related to breast milk and HIV transmission. The recommendations are from the WHO, and state that mother's milk should be used if replacement feeding is not an option. This page has a good list of references on HIV transmission and breastfeeding.
- Toole, MJ and Waldman, RJ. (1997). "The Public Health Aspects of Complex Emergencies and Refugee Situations." *Annual Review of Public Health*. 18:283-312.
<http://arjournals.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.18.1.283>
 - An article on health conditions in refugee camps, this paper makes two points of interest. First, it takes the stand that breastfeeding is better in a camp setting because it can act as a protection against communicable

disease. Second, it acts as an oral rehydration that can protect against illnesses common in camps such as diarrhea.

- UNHCR. (2008). “Guidance on Infant Feeding and HIV in the Context of Refugees and Displaced Populations.”
 - This report outlines the very complex UN policy on breastfeeding for women with risk of passing HIV, specifically in a refugee environment. For the most part, exclusive breastfeeding is recommended unless replacements feeding following the AFASS model (acceptable, feasible, affordable, sustainable, and safe) are available.
- World Alliance for Breastfeeding Action. Breastfeeding and HIV. <http://www.waba.org.my/whatwedo/hiv/index.htm>
 - NGO dedicated to working with mothers and breastfeeding. Section on HIV with general information.
- World Health Organization. “HIV Transmission Through Breastfeeding: A Review of Available Evidence.” http://whqlibdoc.who.int/publications/2008/9789241596596_eng.pdf.
 - This is the most recent update of the WHO's position on HIV and breastfeeding. Its recommendations are for HIV+ women to receive as much counseling as possible to review their feeding options in the context of what resources are available. It shows that counseling is the best way to ensure that HIV is not spread, though the practicality of this option in a conflict setting is not explored (p. 40).

STI Prevention

IVD. Why postcrisis situations perhaps more or equally salient than conflict situations for spread of HIV

- Becker, Joseph U. and Drucker, Ernest. (2008). “A Paradoxical Peace: HIV in post-conflict states.” *Medicine, Conflict, and Survival*. 24(2): 101-106. http://pdfserve.informaworld.com/188606_770849120_791730108.pdf
 - It is often perceived that the spread of HIV is more prevalent during conflict. However, post-conflict environments make people especially vulnerable to disease transmission because of their mobility, exposure to groups such as peacekeepers with exceptional mobility, and general vulnerabilities associated with having limited access to resources. When demobilization is not completed efficiently, the likelihood of resorting to drugs or violence is high. Emphasis is placed on keeping programs going to ensure that DDR is completed to prevent HIV spread.
- Harvey, Paul. “HIV/AIDS and Humanitarian Action.” Overseas Development Institute. Humanitarian Policy Group Research Report 16, April 2004. <http://www.odi.org.uk/resources/hpg-publications/reports/16-hiv-aids-humanitarian-action.pdf>.
 - This paper addresses the relationship between HIV/AIDS and humanitarian action, assessing the impact of HIV/AIDS on societies facing emergency situations. The main contribution of the paper is a

mapping of the cycle of sustainable livelihoods in the context of HIV/AIDS. First, vulnerability in the form of shocks, trends, or seasonality strikes upon capital assets, which are jeopardized, mainly impacting human, social, physical, and natural capital. This leads to the weakening of institutions, lower levels of growth, and adverse effects on stability. This forces people to adapt to new livelihood strategies that may break down prior perspectives of society.

- Strand, R.T., Dias, L Fernandes, Bergström, S., and Andersson, S. (2007). “Unexpected low prevalence of HIV among fertile women in Luanda, Angola. Does war prevent the spread of HIV?” *International Journal of STD & AIDS*. 18: 467-471.
 - Based on survey data from women in Luanda, Angola, the authors find that the rates of HIV-1 are very low in the post-conflict population. They hypothesize that the post-conflict period will be when society is extremely vulnerable to HIV spread because of increased mobility and disruption in medical services lead to increased HIV rates. They provide a quantitative analysis of level of armed conflict to HIV prevalence, finding that there is an inverse relationship between level of armed conflict to HIV prevalence, with peaceful countries experiencing the highest rates of HIV.

IVE: Specific Issues:

- a. **Transitions: population mobility, counter Spiegel**
- b. **Sex and livelihoods: housing, jobs, transport, income**
- Malaza-Debose, Millicent. “Preventing and Coping with HIV/AIDS in Post-Conflict Societies: Gender Based Lessons from Sub-Saharan Africa. Durban, South Africa. March 26-28, 2001.
 - This piece argues that women are disproportionately affected by HIV/AIDS as compared to men. Malaza-Debose outlines the ‘gender experiences’ of HIV/AIDS, including: capacity for making choices on sexual matters, cultural restrictions based on male leadership, inability to challenge authority on sexual matters, exposure to violence and abuse, vulnerability during risky behaviors, and limited access to healthcare. This piece emphasizes the burden placed on women because of HIV, such as care giving responsibilities and feeling the need to hide from cultural stigma.
- c. **Accounting for psycho-social impacts: measurement, impacts, links to HIV**
- Richter, Linda. “The Impact of HIV/AIDS on the Development of Children.” Pharoah, Robryn (Ed.) From *A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa*.
http://www.iss.co.za/index.php?link_id=29&slink_id=2042&link_type=12&link_type=12&tmpl_id=3
 - Abstract: First, the paper reviews in general terms the expected effects on children in the domains of economic and food security, psychosocial care, education, health, family composition and stability

of care. The close association between poverty and HIV/AIDS is then discussed and attention is drawn to the likely co-occurrence of HIV/AIDS, poverty, loss of caregivers and deprivation associated with deepening poverty. Finally, the argument is made that the impact on large numbers of children of the combined effects of poverty and HIV/AIDS—namely school drop out, child labour abuses and the sexual exploitation and trafficking of children—are likely to cause significant social disruption.