HUMAN SECURITY AND AFRICA’S NEW LEADERSHIP TO FIGHT HIV/AIDS

POLICY ADVISORY GROUP MEETING

9 – 10 SEPTEMBER 2005

HILTON HOTEL
ADDIS ABABA, ETHIOPIA

CONCEPT NOTE
The Centre for Conflict Resolution (CCR), based in Cape Town, South Africa, will hold a two-day policy advisory group meeting from 9 to 10 September 2005 in Addis Ababa, Ethiopia on the theme of "Human Security and Africa’s New Leadership to Fight HIV/AIDS". The main objective of this meeting is to examine the relevance of a human security approach for mitigating the impact of HIV/AIDS in Africa and to help strengthen the work of the African Union (AU) Commission on this important issue. The AU Commissioner of Social Affairs, Ms. Bince Gawanas, and other senior level policymakers from the AU Commission, members of the diplomatic community, representatives of civil society organisations, academics and development partners are expected to attend the meeting.

The African Union Commission (AUC), under the leadership Ms. Gawanas, is undertaking efforts to implement a continental strategy to heighten and enhance Africa’s response to the HIV/AIDS pandemic. The conceptual framework of the strategy is that HIV/AIDS is a crosscutting issue requiring coordinated engagement from various actors and sectors. Moreover, the AU has laid out a comprehensive framework for managing conflicts in Africa. These initiatives, including efforts to coordinate and harmonize a response to HIV/AIDS, will address a broad range of governance, development and peace and security issues.

The September 2005 policy advisory group will consider the implications of human security and HIV/AIDS by examining the following issues:

- The AU’s Continental Strategy for Accelerating the Response to HIV/AIDS;
- HIV/AIDS and Africa’s Human Security Agenda;
- HIV/AIDS, Peacekeeping and the African Standby Force (ASF);
- Toward a People-Oriented African Union: Integrated Approaches for Addressing HIV/AIDS;
- Gender and Poverty;
- Human Security and Governance;
- HIV/AIDS and Militaries; and
- The AU, UN Reform, and Civil Society Partnerships

The deliberations and policy recommendations emanating from this meeting will highlight the security implications of the HIV/AIDS pandemic and contribute to the mainstreaming of a human security perspective in the work of the AU’s social, economic, political and peace and security priority programmes.

1. **OBJECTIVES OF THE POLICY ADVISORY GROUP SEMINAR**

The Addis Ababa seminar seeks to provide insights into the links between human security concepts and continental efforts to manage and mitigate the impact of HIV/AIDS. A number of institutional actors are taking steps to integrate both human security and HIV/AIDS into their activities for economic development and poverty reduction; promoting good governance; protecting human rights; implementing peace operations; and undertaking conflict prevent and post-conflict peacebuilding. In this regard, the meeting will provide a forum for key actors from research institutions, civil society, the African Union Commission, partners in development and the United Nations (UN) agencies, to interrogate and share the objectives and modalities of their efforts to integrate gender, economic development, peace and security and governance into their approaches for addressing HIV/AIDS. Moreover, the African Union Commission, under the
leadership of the Commissioner of Social Affairs, is spearheading a continental advocacy and monitoring strategy to accelerate the response to HIV/AIDS in Africa. This policy advisory group meeting is designed to generate concrete policy proposal on how to achieve the common objectives of addressing HIV/AIDS from a human security perspective and enhancing the African response to the pandemic. Specifically, this policy seminar aims to:

- Deepen the understanding of the links between HIV/AIDS and human security and relevance among the AU constituency, civil society, militaries, academics, policy makers and development partners;
- Establish the capacity needs of the AU, governments, and civil society as well as devise effective strategies to strengthen these institutions and actors;
- Contribute towards policy debates about how further to develop Africa’s human security and governance architecture;
- Produce policy recommendations and promote an informed discussion on the most appropriate division of labour among the AU, the UN, and civil society in achieving their common objectives; and
- Provide a platform for policymakers to assess the challenges and opportunities for implementing practical approaches for scaled up prevention, treatment, care and support from a human security perspective.

2. BACKGROUND

Human Security Paradigms for Mitigating the Impact of HIV/AIDS

Human security emphasises freedom from fear and from want. The term was first used in a 1994 UN Human Development Report, and encompasses economic, food, health, environmental, personal, community, and political security. The concept of human security is holistic, people-centred, focused on good governance practices, and ideal for influencing new policy approaches that foster renewed focus on the well-being of citizens. Moreover, human security is in many ways a new vocabulary that makes broad linkages between development, security and governance. It is predicated on the view that the military structures should be at the service of people-centred development and stability.

Measurements for human security are yet to be properly defined. However, efforts to ensure sustainable development; to alleviate absolute poverty; to provide basic social services structures; to establish the rule of law; to protect and promote human rights; to nurture democratic governance and institutions; and to inculcate the peaceful resolution of conflicts, are useful avenues for building and strengthening human security.1 These are all areas that are critical to the building an effective African Union. The challenge remains, however, for Africa’s poor countries to meet the political and economic obligations of human security, particularly given the economic marginalisation and constraints of a heavy external debt burden of $500 billion. Furthermore, because of its broad criteria, human security is difficult to operationalise. While it seems to conceptually drive new development approaches, it has failed to bring on board traditional security structures such as defence ministries and military command structures.

As the leading killer of adults in Africa, HIV/AIDS represents a considerable threat to human security: an estimated 25 million adults and children are currently living with the virus which has killed nearly 20 million Africans in the last two decades. HIV/AIDS has orphaned over 12 million

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children under the age of 15. The AU Commission notes that “the life expectancy of African populations has been slashed down by 20 years, and the GDP of the continent is losing billions of dollars annually.”

Africa’s own response to the pandemic has been mixed. However, in 2001, African leaders declared AIDS as a state of emergency on the continent and in the Abuja Declaration, committed to allocating at least fifteen percent of their annual national budgets to the improvement of the health sector. Eight leaders, led by Nigerian president Olusegun Obasanjo, also established AIDS Watch Africa (AWA) and subsequently instituted it within the new AU Commission during the AU summit in Addis Ababa, Ethiopia in July 2004. During the AU summit in Sirte, Libya in July 2005, President Obasanjo announced that the AU will convene a summit on HIV/AIDS, Malaria, Tuberculosis and related infectious diseases, in 2006, to review progress made in the last five years. During the Sirte summit, African governments also supported the integration of HIV/AIDS into New Partnership for Africa’s Development (NEPAD) and the African Peer Review Mechanism (APRM).

The AU’s Continental Strategy for Accelerating the Response to HIV/AIDS

Beginning in 2004, the AU Commissioner of Social Affairs, Ms. Bince Gawanas, together with civil society, governments and partners, began developing a continental strategy for the African Union on HIV/AIDS. The Commissioner convened a technical consultation in Addis Ababa in December 2004 and a second follow up meeting in May 2005. The product of these deliberations is the AU’s HIV/AIDS Continental Strategic Plan, which aims to heighten and enhance Africa’s response to the HIV/AIDS pandemic. The AU’s HIV/AIDS Continental Strategic Plan positions the AU as an advocate and coordinator of a continental response to the emergency posed by HIV/AIDS. In summary, its six objectives focus on 1) building and projecting leadership and advocacy; 2) fostering African and external stakeholder accountability to mitigating HIV/AIDS; 3) harmonizing HIV/AIDS policies in Africa; 4) mobilising human resources; 5) mobilising financial resources; and 6) accelerating the HIV/AIDS response from the Commission and regional initiatives. The AU Commission’s (AUC) strategies for this ambitious, yet realistic plan include:

1. Establish the AUC as a credible and legitimate leader, advocate and interlocutor on HIV/AIDS issues that represent the aspirations of the African people;

2. Design and implement innovative performance-monitoring and reporting strategies to in order to ensure that commitments of African leaders and international partners are on course;

3. Lead efforts to support harmonization, coordination, monitoring & evaluation, and effective implementation of cross-border, regional, and continental programs and initiatives with all stakeholders to optimise efficiency and accelerate the achievement of results;

4. Develop, in collaboration with partners, policies and strategies to ensure that African human and institutional capacity is strengthened to meet the challenges of fighting the HIV/AIDS pandemic. Additionally, the African Union Commission will lead efforts to adapt modern communications and information technology to catalyse faster action, south-to-south collaboration, sharing of best practices, and for dissemination of performance monitoring;

5. Develop and systematically advocate for programme priorities in support of the achieving the Millennium Development Goals (MDGs) through partnerships, specialized institutions, other AU organs, RECs, other continental organizations and international partners;

\[2\] Ibid. p.2.

6. Develop and implement aggressive financial resource mobilisation efforts to ensure that all necessary continental, regional, national strategic plans to combat HIV/AIDS are fully financed with sustained, long-term resource commitments.

These strategies are but a few outlined in the Strategic Plan. An assessment of the plan shows that it focuses broadly on harmonization, mobilization, monitoring and advocacy. In this regard, the Commission has chosen to develop a strategic role for the African Union, and build on a number of existing HIV/AIDS processes propelled by Joint United Nations Programme on HIV/AIDS (UNAIDS) and other UN agencies, the World Health Organization (WHO), and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM). Moreover, the plan calls for a dynamic dialogue with the building blocks of the African Union, the regional economic communities (RECs) such as the Economic Community of West African States (ECOWAS), the Southern African Development Community (SADC), the Intergovernmental Development Authority (IGAD), the East African Community (EAC) and the Arab Maghreb Union (AMU). It will also be important for the Commission to work with national AIDS commissions (NACs).

The AU’s Department of Social Affairs is also mandated to collaborate with the relevant Departments of the African Union Commission (Peace and Security; Political Affairs; the Women, Gender and Development Directorate; Human Resources; Science and Technology; Agriculture and Rural Economy; and NEPAD). A more focused advocacy campaign will be incorporated in AIDS Watch Africa (AWA), which has been mandated to mobilise African Heads of State and Governments to prioritise the control of HIV/AIDS, mobilize resources, monitor progress through the African Peer Review Mechanism (APRM) and to sustain the necessary dialogue on the pandemic at meetings of the AU Assembly, and in global arenas. Reasonably, the AUC has sought to position itself as an advocate for HIV/AIDS mitigation – not to reinvent new prevention, treatment, or care and support strategies, but to integrate best practices and mobilize accelerated action.

**HIV/AIDS, Human Security and Conflict Management in Africa**

Existing information and data on sero-prevalence rates in military populations is uneven and marred by inconsistencies. Nevertheless, researchers have tended to assume that rates within military populations are at least equal to that of civilian populations or in some cases, higher than the average prevalence of HIV in a country. Botswana, one of the countries hit hardest by HIV, has a national prevalence rate of 32.9%. It is estimated that more than forty percent of its uniformed services (armed forces and police) are HIV positive. Similarly, surveillance of HIV in Kenya in 2005 showed that HIV prevalence in the military was approximately 9.4 percent while the overall rate for the country was 6.4 percent.⁴

These estimates barely address the more nuanced aspects of HIV/AIDS within the military. Experts believe that prevalence rates reflect the social networks between people, suggesting that the level of HIV varies according to the level of mobility and interaction; sources of income and poverty levels; and other mitigating factors that drive transmission. In this regard, articulating the links between people and the network of vulnerability might produce interventions that are more suitable to alleviating HIV transmission in militaries and peace operations. The UN has worked

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to integrate comprehensive HIV/AIDS programme for troop-contributing countries, including new support to national initiatives that target young recruits, future peacekeepers and demobilizing personnel. These strategies have included efforts to build national capacity to develop HIV/AIDS prevention programmes. UNAIDS has also helped to establish UN HIV/AIDS advisors in the organisation’s peacekeeping missions. Nonetheless, experts are still untangling the networks that facilitate HIV transmission. Researchers are noting that conflict zones, particularly with the advent of peace, are highly volatile and likely to increase chances for transmission of HIV. Moreover, if conflicts are characterised by gender-based violence, such as the systematic rape of women in Rwanda during the 1994 genocide, then HIV transmission in a post-conflict setting will increase exponentially. In Darfur, Sudan, where it has been reported that janjaweed militia are systematically raping women, HIV/AIDS, gender-based violence and armed conflict will produce human insecurity during peacemaking operations and in the post-conflict stage.

The African Union has laid out a comprehensive framework for establishing conflict management institutions in Africa. The Commission, under the direction of the Commissioner of Peace and Security, Ambassador Said Djinnit, has begun working with (RECs) to initiate processes that will further solidify Africa’s conflict management capacity. The AU aims to establish an African Standby Force (ASF) by 2010, which will be composed of a multinational standby brigade in each African subregion. The AU will need to integrate the lessons learned from subregional initiatives in order to surmount the complicated hurdles facing the peacekeeping operations of the new AU.

Nascent AIDS policies have been developed by RECs – but generally not in conjunction with the establishment of subregional standby brigades. In July 2005, the Intergovernmental Authority on Development (IGAD) began exploring the possibility of integrating HIV/AIDS into the Eastern Africa Standby Grigade (IGAD). The Economic Community of West African States (ECOWAS) has an HIV/AIDS Action Plan, and has sought to establish a peer education programme for young recruits for the Liberia Armed Forces. However, ECOWAS is yet to incorporate HIV/AIDS into training or doctrine for the West Africa brigade. The Southern African Defense Community (SADC) has moved most rapidly in terms of declaring HIV/AIDS an emergency. But the organization has yet to integrate meaningful HIV/AIDS strategies into its strategic plan for its Organ on Politics, Defence and Security (OPDS). In January 2005, UNAIDS made contact with the SADC Inter-State Defence and Security Committee (ISDSC) in order to begin discussing steps for harmonizing HIV/AIDS policies.

The advisory policy group seminar will focus on these issues from a human security perspective. In this regard, presenters will highlight areas that have not been articulated in the traditional security domain such as: the impact of HIV/AIDS on governance; the gendered aspects of HIV/AIDS and gender-based violence and conflict; and the impact of poverty on security and stability. Finally, important stakeholders will articulate their various roles and capacities in

7 A Summit of Heads of State and Government of the Southern African Development Community (SADC) on HIV/AIDS was held in Maseru, Lesotho on 4 July 2003. The Declaration issued from the Summit noted the adoption of the SADC HIV/AIDS Strategic Framework and Plan of Action: 2003-2007 at Ministerial level. SADC’s Regional Indicative Strategic Development Plan (RISDP) provides further clarity on the organization’s strategy for combating HIV/AIDS.
carrying forward a human security perspective on HIV/AIDS and advancing the AU’s strategic plan for HIV/AIDS. This meeting will generate further dialogue and build consensus on human security and HIV/AIDS as well as explore synergies between various policy actors in Addis Ababa working on human security and HIV/AIDS issues. A report of the meeting will be published and widely disseminated.