HIV/AIDS AND HUMAN SECURITY:

AN AGENDA FOR AFRICA

POLICY ADVISORY GROUP MEETING

THE CENTRE FOR CONFLICT RESOLUTION

SEMINAR REPORT
HILTON HOTEL, ADDIS ABABA, ETHIOPIA
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RAPPORTEURS: ANGELA NDINGA-MUVUMBA, HELEN SCANLON AND TIM MURITHI

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The Centre for Conflict Resolution

The Centre for Conflict Resolution is affiliated to the University of Cape Town (UCT), South Africa. Established in 1968, CCR has wide-ranging experience in conflict intervention in the Western Cape and southern Africa, and is working increasingly on a pan-continental basis to strengthen the conflict management capacity of Africa's regional organisations as well as on policy research on: South Africa's role in Africa; the UN's role in Africa; AU/NEPAD relations; and HIV/ AIDS and Security.

The Rapporteurs

Ms Angela Ndinga-Muvumba, Dr Helen Scanlon and Dr Tim Murithi are senior researchers at the Centre for Conflict Resolution, Cape Town.

EXECUTIVE SUMMARY

The Centre for Conflict Resolution (CCR) in Cape Town, South Africa, hosted a policy advisory group meeting on the theme *Human Security and Africa's New Leadership to Fight HIV/AIDS* at the Hilton Hotel in Addis Ababa, Ethiopia, on 9 and 10 September 2005. The African Union (AU) Commissioner of Social Affairs, Bience Gawanas, and other senior African policymakers from the AU Commission, the Intergovernmental Authority on Development (IGAD) and the United Nations (UN), members of the diplomatic community in Ethiopia, representatives of civil society organisations, academics and development partners were among the participants at the meeting. The objective of the seminar was to consider the links between human security and the HIV/AIDS pandemic in Africa, and the potential role of African leadership in addressing this crisis. The seminar also sought to devise policy recommendations on this issue in collaboration with the AU, in order to assist the development of a human security perspective for Africa's new governance and security architecture.

The policy advisory group meeting in Addis Ababa was premised on the recognition that, in order to address human security concerns in Africa, it is vital to focus on the HIV/AIDS pandemic currently ravaging the continent. While Africa has faced epidemics in the past, none has had an equivalent impact in terms of the decimation of the productive sectors of society. In 2004, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 25.4 million African adults and children were living with HIV/AIDS; 3.1 million more infections occurred and 2.3 million Africans died of HIV/AIDS in the same year. Sub-Saharan Africa is currently home to two-thirds of those living with HIV/AIDS and nearly 74 percent of all AIDS-related deaths in the world. The continent is the only region in the world where more women than men are infected with HIV: 57 percent of all HIV-positive people in Africa are women, and, most worrying, women constitute 76 percent of those between the ages of 15 and 24 who are infected with the disease. The number of deaths from AIDS in Africa by 2020 is set to approach the combined number of military and civilian deaths in the two World Wars of the 20th century.

The impact of HIV/AIDS on Africa is already devastating and has widespread social, economic, political, as well as peace and security ramifications. Not only is HIV/AIDS the leading killer of adults in Africa, it is also further entrenching poverty, weakening the productive capacities of countries, overwhelming already over-extended healthcare systems, and threatening both national and continental security. As a result of HIV/AIDS, Africa's life expectancy has been slashed by 20 years, and its economies are losing billions of dollars annually. With the younger, and hence most productive, sector of African populations being decimated by HIV/AIDS, the pandemic is curtailing socio-economic development on the continent. In response to this crisis, and the fact that continental leadership to date has been patchy and uneven, African leaders have recently attempted to co-ordinate initiatives to combat the pandemic.

Since its creation in 2002, the African Union has laid out a comprehensive framework for managing conflicts in Africa. These initiatives have included efforts to co-ordinate and harmonise a response to the HIV/AIDS crisis. Recognising that HIV/AIDS was a "state of emergency" on the continent, African leaders met in Abuja, Nigeria, in April 2001 to develop strategies to combat this pandemic. African heads of state had already subscribed to the UN Millennium Development Goals (MDGs) of 2000, of which the sixth goal specifically targets the need to combat HIV/AIDS, malaria and other diseases. However, it was clear that a plan also needed to be developed to address the specific issues related to the continental challenge of HIV/AIDS. The outcome of the 2001 summit in Nigeria was the Abuja Declaration and Plan of Action, which, among other goals, committed African leaders to allocate at least 15 percent of their annual budgets to fighting HIV/AIDS, tuberculosis and other infectious diseases.

During the Abuja summit, eight African heads of government formed AIDS Watch Africa (AWA) to co-ordinate, survey and accelerate the implementation of their pledges. Headed by Nigerian president Olusegun Obasanjo, AWA was established to create a platform for HIV/AIDS advocacy, to co-ordinate the efforts of African leaders, and to mobilise resources to achieve these objectives. Another important initiative was the Global Forum on Health and Development, held at the African Union Summit in Maputo in July 2003, which brought together African leaders, UN officials and AIDS experts. In 2004, African leaders agreed to place AWA within the AU's Department of Social Affairs to implement a strategy for identifying and disseminating "best practices" for HIV/AIDS mitigation on the continent. The AU's most recent initiative has been the development of an *HIV/AIDS Strategic Plan 2005-2007*, which is being implemented in partnership with regional economic communities (RECs) such as the Southern African Development Community (SADC); the Economic Community of West African States (ECOWAS); the Economic Community of Central African States (ECCAS); the Intergovernmental Authority on Development; the Arab Maghreb Union (AMU); and external donors. In October 2005, the AU Commission, UNAIDS and the World Health Organisation (WHO) reported that SADC, ECOWAS and ECCAS have also put in place sub-regional HIV/AIDS Strategic Frameworks in order to improve collaboration between national governments.

PARTICIPANTS AT THE POLICY ADVISORY GROUP MEETING ON "**HUMAN SECURITY AND AFRICA'S NEW LEADERSHIP TO FIGHT HIV/AIDS**"; HILTON HOTEL, ADDIS ABABA, ETHIOPIA, 9 AND 10 SEPTEMBER 2005

The September 2005 policy meeting in Addis Ababa sought to examine Africa's leadership on these issues in order to contribute to the mainstreaming of a holistic response to HIV/AIDS in the work of the AU. The seminar considered how the AU's structures could best be developed to offer more effective assistance to governments and African regional bodies in fighting the HIV/AIDS pandemic from a human security perspective. The Addis Ababa policy group argued that a "war plan" was necessary to fight the pandemic on the continent. Deliberations and policy recommendations emanating from the seminar centred on how best to mount this attack. In examining the overall impact of HIV/AIDS, the group noted the implications of the disease, both in terms of human security and within the conventional security structures of African militaries.

A recurrent theme emerging from the Addis Ababa seminar was the need to recognise that HIV/AIDS is a symptom of deeper socio-economic and development problems in Africa that must be urgently addressed. Poverty, poor nutritional conditions and underdevelopment are all key factors that contribute to the vulnerability of Africans - particularly young African women - to the pandemic. However, while the disease is devastating households and crippling economies, the lack of comprehensive initiatives aimed at addressing the relationship between poverty, gender inequality and HIV/AIDS are hampering an effective response to the epidemic.

FROM LEFT: **DR TIM MURITHI**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN; **ADV BIENCE GAWANAS**, AFRICAN UNION COMMISSION, ADDIS ABABA; **DR HELEN SCANLON**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN

One of the principal challenges in addressing HIV/AIDS is the lack of adequate resources. The AU Commission reports that Africa has only 1.3 percent of the world's health workforce, while the continent carries 25 percent of the world's disease burden. Financing is thus needed to ensure that often over-stretched national healthcare systems are more capable of delivering services to AIDS sufferers. To date, the pledge of African leaders at the Abuja meeting in 2001 to devote 15 percent of national budgets to health expenditure has only been met by Botswana. Health spending in Africa ranges from as little as three percent of national budgets in the majority of African countries to 12 percent in South Africa.

However, the provision of more efficient healthcare systems alone is not enough to confront the HIV/AIDS pandemic. Advocacy partnerships are also needed to assist continental structures in developing strategies which adopt a comprehensive approach to the prevention of the spread of HIV/AIDS, as well as promote increased capacity for treatment and care. The AU and civil society should utilise existing funding such as money offered by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Africa receives nearly 60 percent of the Global Fund's grants, yet the continent is not well represented on the organisation's structures. African institutions and actors must take initiatives that enhance their role in the Global Fund's decision-making structures.

Addressing HIV/AIDS in Africa is not simply about increasing resources from donors. There is also an urgent need to be more creative and strategic over how national and continental resources are distributed. Integrating HIV/AIDS mitigation strategies into sectors beyond those concerned exclusively with health - for example, in the areas of development and defence - will greatly enhance attempts to combat the disease. More attention should be placed on how Africa can best mobilise its own resources and use them efficiently, rather than solely on the degree to which the continent can access further financial and technical support from the international community. Furthermore, the funding received from international donors for HIV/AIDS mitigation should be used to respond to African realities rather than to externally-driven agendas. African countries should therefore take responsibility for addressing the HIV/AIDS pandemic and for improving their bargaining skills with the international donor community.

The AU's challenge, at this juncture, is to provide leadership and ensure the effective oversight of continental strategies to combat HIV/AIDS. The AU Commission's programmes are intended to accelerate current initiatives, such as the Abuja Declaration, rather than launch new strategies. The AU's development arm, the New Partnership for Africa's Development (NEPAD), could be used to promote increased collaboration between continental, sub-regional and national health services. The AU and NEPAD must provide continental leadership through a transparent monitoring framework to ensure that African health, development, governance and security objectives are achieved.

Ensuring and monitoring "good governance" in Africa is a key factor in countering HIV/AIDS. The African Peer Review Mechanism (APRM) is viewed as critical in this regard. Furthermore, democratic governance is central to ensuring the successful implementation of health policies and HIV/AIDS mitigation strategies. Governments and their constituencies must ensure that rhetoric over the APRM is translated into reality, and that the peer review mechanism facilitates democratic consolidation in Africa. Even though considerable funding has been disbursed to HIV/AIDS, not all these funds have reached their intended beneficiaries. The APRM could potentially be used as a tool to ensure accountability in the fight against HIV/AIDS and offer a means to monitor how governments are investing in the healthcare of their citizens. Governments are not the only actors guilty of misappropriating funds. Civil society organisations should also be subject to similar scrutiny.

The Addis Ababa seminar examined the relationship between HIV/AIDS and human security and Africa's efforts to keep peace on the continent. The AU has proposed the establishment of an African Standby Force (ASF) by 2010. The force will comprise five brigades from each of Africa's sub-regions. Most African militaries have in place policies on HIV/AIDS issues, ranging from mandatory testing and voluntary counselling to the provision of treatment. Policies to deal with the HIV/AIDS pandemic are being developed by the RECs, but these organisations have generally failed to co-ordinate their plans with the evolving sub-regional brigades. The establishment of effective policy co-ordination between the proposed ASF sub-regional brigades has also been neglected. It is critical to harmonise HIV/AIDS policies at this level to ensure the ASF's success in implementing its programmes.

A central approach for the AU effectively to assist in combatting the HIV/AIDS pandemic is through the development and enlargement of capacity on the continent. A recurrent theme at the Addis Ababa seminar was the need to draw on traditional African knowledge and leadership systems which are currently not being sufficiently utilised in devising strategies to fight HIV/AIDS. To transform behaviour and attitudes, indigenous knowledge systems and practices can be a potentially useful resource. However, the policy group disagreed over whether it was best to rely on current traditional structures to help implement mitigation strategies, or to draw more broadly from the positive aspects of traditional knowledge while incorporating these into current HIV/AIDS prevention programmes. The fundamental theme emerging, however, was that the most valuable solutions to combatting the pandemic may be found by drawing on the local context rather than trying to import solutions that have thus far proved ineffective. Since HIV/AIDS is striking at the heart of African communities, the need for a sustained engagement by civil society was identified as critical to empowering people at the grassroots level. The policy advisory group argued for greater transparency in the workings and operations of the AU to enable a fuller engagement by civil society in its work.

FROM LEFT: **MS SCHOLASTICA KIMARYO**, UNITED NATIONS DEVELOPMENT PROGRAMME, TSHWANE (PRETORIA); **HE MS METTE KNUDSEN**, ROYAL DANISH EMBASSY, ADDIS ABABA; **DR TANDEKA NKIWANE**, UNIVERSITY OF WITWATERSRAND, JOHANNESBURG

The Addis Ababa seminar further provided insights into the links between concepts of human security and continental efforts to manage and mitigate the impact of HIV/AIDS. A number of institutional actors are already taking steps to address human security issues and HIV/AIDS concurrently, and discussions centred on how best to further these developments. The recommendations by actors from research institutions, civil society, the AU Commission, the donor community and UN agencies underscored the desire to share approaches on how best to integrate economic development, peace, security, governance and gender into approaches to address HIV/AIDS on the continent. In summary, the policy group raised seven key policy issues:

- The scourge of HIV/AIDS in Africa is a symptom of deeper socio-economic and development problems. While the disease is devastating economies, a lack of comprehensive initiatives aimed at addressing the relationship between poverty, gender inequality and HIV are hampering responses to the epidemic. Policies should therefore seek to respond comprehensively to the pandemic through initiatives that go beyond the public health sector.

- A balance must be struck between issues of state security and human security in order to address HIV/AIDS and other development challenges. Human security does not exclude traditional security threats, and is critical for planning and financing interventions for Africa's governance, peace and security, and development.

- The AU's challenge is to provide leadership on continental strategies on HIV/AIDS. The continental body should focus on accelerating strategies that are already in place, rather than launching new ones. In this way, the AU can add value to HIV/AIDS mitigation strategies by harmonising continental and regional policies with the RECs and civil society. However, the AU will need to be supported in terms of political commitment and the allocation of human and financial resources in order to fulfil this role effectively.

- Effective co-ordination must be established in policy development among the AU, the RECs, national governments and civil society. The AU and RECs should, in consultation with African civil society, collectively examine and develop policies on a broad range of issues and integrate human security perspectives into the economic, health, development, governance and security sectors. For example, it is necessary to harmonise HIV/AIDS policies for the sub-regional brigades of the African Standby Force.

- Service delivery optimisation is required to ensure that Africa's scarce resources are utilised effectively in the prevention and treatment of HIV/AIDS. Policies and funding from international donors should respond to African realities and not to externally-driven agendas; emphasis should also be placed on the extent to which Africa can mobilise its own resources and use them effectively, rather than being too dependent on the international donor community.

- Advocacy partnerships need to be forged across the private and public sector, civil society organisations, governments and development actors to implement successful strategies that incorporate a comprehensive approach to HIV/AIDS prevention, treatment, care and support. To address HIV/AIDS effectively, particularly in terms of transforming behaviour and attitudes, indigenous knowledge systems and practices can be a potentially useful resource.

- Addressing "good governance" is key to ensuring the successful implementation of HIV/AIDS polices on the continent. Even though considerable funding has been disbursed to address the pandemic, the reality is that, often, only part of these funds reach their intended beneficiaries. The APRM could potentially be used to make African governments more accountable in addressing the HIV/AIDS pandemic.

1. Introduction

The Centre for Conflict Resolution (CCR) in Cape Town, South Africa, hosted a two-day policy advisory group meeting on 9 and 10 September 2005 in Addis Ababa, Ethiopia, on the theme *Human Security and Africa's New Leadership to Fight HIV/AIDS*. The objective of the meeting was to consider the links between human security and the HIV/AIDS pandemic on the continent, and the potential role of African leadership in addressing this crisis. The seminar also sought to devise policy recommendations on this question in collaboration with the African Union (AU) and other concerned actors, as well as to consider strategies on how best to raise awareness of the issue on the continent. The AU Commissioner of Social Affairs, Bience Gawanas, and other senior policymakers from the AU Commission, the Intergovernmental Authority on Development (IGAD), the United Nations (UN), key members of the diplomatic community, representatives of civil society organisations, academics and development partners were among the participants.

The Addis Ababa meeting followed a successful workshop organised by CCR in Cape Town in May 2005 to explore the relevance, scope and depth of a multi-disciplinary human security research agenda on HIV/AIDS in Africa. Both meetings form part of the CCR's HIV/AIDS and Security research project, which aims to identify the relationship between HIV/AIDS and human and state security. This report is a summary of the discussions which took place at the Addis Ababa seminar of September 2005, as well as additional research based largely on presentations made at the meeting.

The policy advisory group meeting was premised on the recognition that, in order to address human security concerns in Africa, it is vital to focus on the HIV/AIDS pandemic currently ravaging the continent. While the continent has faced epidemics in the past, none has had an equivalent impact in terms of the decimation of the productive sectors of society. In 2004, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 25.4 million African adults and children were living with HIV/AIDS; 3.1 million more infections occurred and 2.3 million Africans died of HIV/AIDS in the same year.[1] Sub-Saharan Africa is currently home to two-thirds of those living with HIV/AIDS and nearly 74 percent of all AIDS-related deaths in the world.[2] The continent is the only region in the world where more women than men are infected with HIV: 57 percent of all HIV-positive people in Africa are women and, most worrying, women constitute 76 percent of those between the ages of 15 and 24 who are infected with the disease.[3] According to the United Nations Secretary-General's Special Envoy on HIV/AIDS in Africa, Stephen Lewis, the number of deaths from AIDS in Africa by 2020 will approach the combined number of military and civilian deaths in the two World Wars of the 20th century.[4]

The impact of HIV/AIDS on Africa is already devastating and has widespread social, economic, political, as well as peace and security, ramifications. Not only is HIV/AIDS the leading killer of adults in Africa, it is also further entrenching poverty, weakening the productive capacities of countries, overwhelming already over-extended healthcare systems, and threatening both national and continental security. The AU Commission noted in 2005 that "the life expectancy of African populations has been slashed by 20 years, and the GDP of the continent is

1 See the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO), *AIDS Epidemic Update*, Geneva, December 2004. (Available at: http://www.unaids.org/wad2004/EPIupdate2004_html_en/Epi04_05_en.htm#Top of page)

2 See UNAIDS, "Africa Fact Sheet", March 2005; and Population Reference Bureau, *2005 World Population Data Sheet*, 2005, cited in Henry J Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet", October 2005. (Available at: http://www.globalpolicy.org/socecon/develop/aids/2005/10epiafr.pdf).

3 UNAIDS/WHO, *AIDS Epidemic Update, December* 2004, pp.4 and 21.

4 Stephen Lewis, "AIDS, Gender and Poverty: A United Front Against the Pandemic", *Social Development Review*, 7, 1 (2003).

losing billions of dollars annually".[5] With the younger, and hence most productive, sector of African populations being decimated by HIV/AIDS, the pandemic is curtailing socio-economic development on the continent. In response to this crisis and the fact that continental leadership to date has been patchy and uneven, African leaders have recently attempted to co-ordinate initiatives to combat the HIV/AIDS pandemic.

Since its creation in 2002, the African Union has laid out a comprehensive framework for managing conflicts in Africa. These initiatives have included efforts to co-ordinate and harmonise a response to the HIV/AIDS crisis. Recognising that HIV/AIDS was a "state of emergency" on the continent, African leaders met in Abuja, Nigeria, in April 2001 to develop strategies to combat this pandemic.[6] African heads of state had already subscribed to the UN Millennium Development Goals (MDGs) of 2000, the sixth goal of which specifically targets the need to combat HIV/AIDS, malaria and other diseases. However, it was clear that a plan also needed to be developed to address the specific issues related to the continental challenge of HIV/AIDS. The outcome of the 2001 summit in Nigeria was the Abuja Declaration and Plan of Action, which, among other goals, committed African leaders to allocate at least 15 percent of their annual budgets to fighting HIV/AIDS, tuberculosis and other infectious diseases.[7]

FROM LEFT: **DR ADEKEYE ADEBAJO**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN; **HE OLUSEGUN AKINSANYA**, EMBASSY OF THE FEDERAL REPUBLIC OF NIGERIA, ADDIS ABABA; **DR TIM MURITHI**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN; **MS ANGELA NDINGA-MUVUMBA**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN

5 African Union, *The AU Commission HIV/AIDS Strategic Plan 2005 – 2007*, and *AIDS Watch Africa (AWA) Strategic Plan*, 28 June – 2 July 2005, Sirte, Libya, EX.CL/194 (VII), paragraph 7.

6 African Union, *Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases*, 24-27 April 2001, Abuja, Nigeria, OAU/SPS/Abuja 3.

7 African Union, *Abuja Declaration*, paragraph 25.

FROM LEFT: **DR KHABELE MATLOSA**, ELECTORAL INSTITUTE OF SOUTHERN AFRICA, JOHANNESBURG; **MS SCHOLASTICA KIMARYO**, UNITED NATIONS DEVELOPMENT PROGRAMME, TSHWANE; **MR BUNMI MAKINWA**, JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS, ADDIS ABABA

During the Abuja summit, eight African heads of government formed AIDS Watch Africa (AWA) to co-ordinate, survey and accelerate the implementation of their pledges.[8] Headed by Nigerian president Olusegun Obasanjo, AWA was established to create a platform for HIV/AIDS advocacy, to co-ordinate the efforts of African leaders, and to mobilise resources to achieve their objectives. Another important initiative was the Global Forum on Health and Development, held at the African Union Summit in Maputo in July 2003, which brought together African leaders, UN officials and AIDS experts.[9] In 2004, African leaders agreed to place AWA within the AU's Department of Social Affairs in order to co-ordinate a strategy for identifying and disseminating "best practices" for HIV/AIDS mitigation on the continent.[10] The AU's most recent initiative has been the development of an HIV/AIDS Strategic Plan 2005-2007, which is being implemented in partnership with regional economic communities (RECs) such as the Southern African Development Community (SADC); the Economic Community of West African States (ECOWAS); the Economic Community of Central African States (ECCAS); IGAD; the Arab Maghreb Union (AMU); and external donors. In October 2005, the AU Commission, UNAIDS and the World Health Organisation (WHO) reported that SADC, ECOWAS and ECCAS have also put in place sub-regional HIV/AIDS Strategic Frameworks in order to improve collaboration between national governments.[11]

8 African Union, *The AU Commission HIV/AIDS Strategic Plan and AIDS Watch Africa (AWA) Strategic Plan*, paragraphs 2 and 3.

9 See African Union, *Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases*, 10-12 July 2003, Maputo, Mozambique, Assembly/AU/Decl.6.

10 African Union, *Decision on AIDS Watch Africa (AWA) and the Implementation of the Abuja and Maputo Declarations on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Africa*, Assembly of the Heads of State and Government, 6 – 8 July 2004, Addis Ababa, Ethiopia, Assembly/AU/Dec.42 (III).

11 African Union, *Progress Report on the Implementation of the Plan of Action of the Abuja Declaration for Malaria, HIV/AIDS and Tuberculosis*, 10 – 14 October 2005, Gaborone, Botswana.

The deliberations and policy recommendations emanating from the September 2005 CCR policy meeting in Addis Ababa sought to examine the human security implications of the HIV/AIDS pandemic and to contribute to the mainstreaming of a human security perspective into the work of the AU's overall priority security programmes.

1.1 Objectives

The principal objective of the September 2005 Addis Ababa meeting was to develop a coherent and realistic strategy for developing policies on how African leaders could best address the HIV/AIDS pandemic. Several major aims were therefore identified for the meeting, which included:

- To examine the AU's existing policy framework on HIV/AIDS and to provide advice on how structures could best be developed to offer more effective assistance to governments and regional bodies (some of whose representatives attended the Addis Ababa meeting);
- To deepen the understanding among the AU constituency, the RECs, African civil society, militaries, academics, policymakers and external donors on the links between HIV/AIDS and human security;
- To establish the capacity needs of the AU, the RECs, African governments and civil society, and to devise effective strategies to strengthen these institutions and actors;
- To contribute to policy debates on how to strengthen Africa's human security and governance architecture;
- To produce policy recommendations and promote an informed discussion on the most appropriate division of labour among the AU, the RECs, the UN and civil society in achieving their common objectives;
- To 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; and
- To contribute to the mainstreaming of a human security perspective in the work of the AU's overall priority security programmes.

2. Seminar Themes and Debates

The Addis Ababa meeting provided a forum for exploring the relevance, scope and depth of a human security approach to combatting HIV/AIDS in Africa. The seminar also outlined suggestions on how to integrate this approach into continental policy frameworks. The advisory group comprised members of the AU, IGAD, the UN, civil society representatives, academics and members of African militaries and governments. Among those who attended were Commissioner Bience Gawanas and Dr Grace Kalimugogo, of the African Union Commission's Department of Social Affairs; Mr Bereng Mtimkulu, Head of Peace Support Operations in the AU's Peace and Security Department; Ms Yetunde Teriba, from the AU's Department of Gender, Women and Development; Ms Scholastica Kimaryo, Resident Representative of the United Nations Development Programme (UNDP) in South Africa; Ambassadors Baso Sangqu and Olusegun Akinsanya, the South African and Nigerian representatives to the African Union in Addis Ababa respectively; Mr Charles Mwaura, Co-ordinator of IGAD's Early Warning and Response Mechanism (CEWARN); Mr. Bunmi Makinwa, Head of the UNAIDS Office in Ethiopia; and Dr Kingsley Moghalu, head of Global Partnerships in the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Addis Ababa meeting considered the implications of HIV/AIDS for human security by examining the following six topics:

- The AU's Continental Strategy for Accelerating the Response to HIV/AIDS;
- Towards a People-Oriented African Union: Integrated Approaches for Addressing HIV/AIDS;
- HIV/AIDS and Africa's Human Security: Theory and Practice;
- Human Security and Governance;
- HIV/ AIDS and Peacekeeping in Africa; and
- Building Advocacy Partnerships with National Actors, Civil Society and the Global AIDS Fund.

The key debates that emanated from these panels and in wider discussion are detailed below.

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

The AU's HIV/AIDS Continental Strategic Plan, which was developed in 2005, positions the AU as an advocate of a continental response to the emergency posed by HIV/AIDS. The Plan defines the AU's role as that of co-ordinating continental policies through building on existing HIV/AIDS initiatives by the UN, regional economic communities and national AIDS commissions (NACs). The necessity for this plan is clear in light of the uneven response to the pandemic on the continent. In summary, the plan's six key objectives are:

- Building and projecting leadership and advocacy;
- Increasing the accountability of African and external stakeholders to mitigating HIV/AIDS;
- Harmonising HIV/AIDS policies in Africa;
- Mobilising human resources;
- Mobilising financial resources; and
- Accelerating the HIV/AIDS response from the AU and regional initiatives.[12]

The conceptual framework of the AU's strategy derives from an understanding that HIV/AIDS is not solely a health issue but pervades all social, political and economic life. The Addis Ababa policy advisory group meeting noted that, because HIV/AIDS is killing many working adults, it is reducing Africa's productive capacity. In several African countries where HIV prevalence rates are as high as 30 percent, teachers, doctors, nurses, migrant workers, miners, transport workers, civil servants, parliamentarians, and members of civil society and the uniformed services (the military, police and correctional officers) are particularly vulnerable to HIV. These individuals are central to the economic, political and security stability of states and societies. Analysts of HIV/AIDS and governance issues generally agree that the decimation of these segments of populations reduces economic productivity, hinders the delivery of important social services, exacerbates poverty, constrains military capabilities, undermines institutional development, and can potentially compromise governance processes.[13]

The policy meeting's central theme was that, in order successfully to address the HIV/AIDS pandemic, concerns over human security in Africa need to be considered. The concept of human security emphasises the link between "freedom from fear" and "freedom from want".[14] The idea also encompasses a variety of security concerns that include poverty, health, inequality, education and "good governance", in addition to issues of conflict and war. The term was first popularised in a 1994 UN Human Development Report, and has since been used to promote policy approaches that focus more fully on the well-being of all citizens.[15] As such, human security recognises the interdependence of development, security and governance and is thus predicated on the idea that military structures should support development and stability. Human security problems such as limited access to basic social services, health, education, water, sanitation, chronic poverty, inequality and food insecurity all increase the vulnerability of societies to HIV/AIDS. In addition, conflict situations and related problems of displaced persons also leave societies vulnerable to the spread of the disease. Human security recognises the right of individuals to human dignity. Political debates in Africa must therefore develop beyond a focus solely on political rights towards a recognition of the different social, economic and cultural rights necessary to ensure human dignity.

12 African Union, *The AU Commission HIV/AIDS Strategic Plan 2005 – 2007* and *AIDS Watch Africa (AWA) Strategic Plan*, 28 June – 2 July 2005, Sirte, Libya, EX.CL/194 (VII), paragraphs 25 – 36.

13 See, for example, D Cohen, "Human Capital and the HIV Epidemic in sub-Saharan Africa", *International Labour Organization (ILO) Programme on HIV/AIDS and the World of Work*, Geneva: ILO, June 2002; and UN Economic Commission for Africa, Commission on HIV/AIDS and Governance in Africa (CHGA), *Africa: The Socio-Economic Impact of HIV/AIDS*, (Addis Ababa: CHGA, 2004).

14 See *In Larger Freedom: Towards Development, Security and Human Rights For All*, Report of the UN Secretary-General; Follow-up to the Outcome of the Millennium Summit, 21 March 2005, A/59/2005.

15 See the United Nations Development Programme (UNDP), Human Development Report 1994: *New Dimensions of Human Security*, Human Development Report 1994, UNDP. (Available on: http://hdr.undp.org/reports/global/1994/en/)

The AU and the New Partnership for Africa's Development (NEPAD) have both recognised HIV/AIDS as a key challenge to the development of the continent and, as such, a threat to human security. Having acknowledged sustainable development as an essential response to existing poverty levels, these institutions have agreed that HIV/AIDS is a primary impediment to achieving this goal. The provision of basic social services and the consolidation of democratic governance are means of instituting and maintaining human security. The challenge remains, however, for African countries to meet the political and economic obligations of human security, particularly given the continent's constraints of inequitable trade, unequal access to resources, and an unsustainable debt burden of $292 billion.[16] Structural adjustment policies have seriously damaged the pursuit of human security and HIV/AIDS mitigation strategies in Africa. A recent report from Christian Aid estimates that Africa has "lost $ 272 billion in the past 20 years from being forced to promote trade liberalisation as the price for receiving World Bank loans and debt relief".[17] With these impediments to investing in human security, the spiralling impact of HIV/AIDS threatens to eclipse development and security on the continent.

DR HELEN SCANLON, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN

16 Based on the World Bank, *Global Development Finance and World Development Indicators*, cited in UN Conference on Trade and Development (UNCTAD), *Economic Development in Africa: Debt Sustainability, Oasis or Mirage?*, UNCTAD, September 2004. (Available on: http://www.unctad.org/en/docs/gdsafrica20041_en.pdf)

17 C Mark, "Commentary: How the G-8 Lied to the World on Aid: The Truth about Gleneagles Puts a Cloud Over the New York Summit", *The Guardian*, London, 24 August 2005.

However, due to its broad criteria, human security is often deemed difficult to implement in practice. Some concern was voiced that the concept of human security was currently too broad to contain any substantive policy recommendations. Policymakers need to focus and prioritise, and in defining human security, policy suggestions should be proposed which can be implemented and achieve impact. Nonetheless, identifying threats and fears created by human insecurity can draw the attention of donors to these factors, and this can then be utilised positively as a means of attracting funds usually devoted to traditional security to development initiatives. This has already proved a successful strategy with several donor countries such as Canada and Japan, which have redirected grants for traditional security to programmes to address human security issues. The semantics of defining human security should be left for academics to debate, and the AU should focus more on the real need for policy suggestions on socio-economic concerns posed by the HIV/AIDS pandemic as it relates to continental security.

For some, HIV/AIDS is proving more devastating than the armed conflicts currently plaguing Africa, and it is thus valid to "securitise" HIV/AIDS. This view echoes UN Security Council resolution 1308 of July 2000 and resolution 1325 of October 2000, which categorised HIV/AIDS as a threat to security. To date, traditional security structures such as defence ministries and military command structures have not engaged sufficiently with the concept of human security, and have instead focused attention on what are deemed to be "hard" security concerns. There is an urgent need to articulate clearly the military dimensions of the human security approach and to develop concrete proposals which can be implemented across sectors and ministries relevant to African militaries. Through the integration of HIV strategies into traditional security sectors, a more comprehensive approach can be developed to address the pandemic on the continent.

FROM LEFT: **DR GRACE KALIMUGOGO**, AFRICAN UNION COMMISSION, ADDIS ABABA; **ADV BIENCE GAWANAS**, AFRICAN UNION COMMISSION, ADDIS ABABA; **DR KINGSLEY MOGHALU**, GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA, GENEVA

MS SCHOLASTICA KIMARYO, UNITED NATIONS DEVELOPMENT PROGRAMME, TSHWANE (PRETORIA)

2.2 Towards a People-Oriented African Union: Integrated Approaches for Addressing HIV/AIDS

It is clear that the preconditions for human security - freedom from want and freedom from fear - are essential in reducing both the vulnerability of individuals to HIV infection and in mitigating its impact. However, global structural inequalities affect the extent to which men and women are able to enjoy these basic security needs. Those most deprived of access to, and control of, resources and opportunities are themselves most highly vulnerable to HIV infection and are the most disadvantaged in coping with its impact. Poverty, poor nutritional conditions and under-development are all key factors in the vulnerability, particularly of African women, to the pandemic. However, while the disease is devastating households and crippling economies, the lack of initiatives targeted at addressing the relationship between poverty, gender inequality and HIV is undermining effective responses to the epidemic.

UNAIDS reported in 2004 that, for every 10 infected men in sub-Saharan Africa, there are, on average, 13 women living with HIV.[18] Gender is thus a significant factor in the transmission of HIV on the continent, and also influences treatment, care and support. It is estimated, for example, that the risk for women of contracting HIV from unprotected sex is at least twice that of men. In understanding the HIV/AIDS pandemic in Africa, it is clear that while the vulnerability of women to HIV is partly biological, it also reflects wider social, sexual and economic vulnerability on the continent. Gender, poverty and HIV/AIDS are inter-related: poverty is a factor in HIV transmission and exacerbates the impact of the disease. However, while evidence clearly shows that girls and women are far more vulnerable to infection than men, this has not yet been adequately recognised in policies seeking to counter the pandemic.

The vulnerability of women to HIV/AIDS is often exacerbated by the fact that many international donors overlook the realities of gender and poverty on the continent when implementing mitigation strategies. For example, abstinence until marriage is often promoted as the main criteria for young women to avoid HIV infection. While abstinence is a critical prevention strategy, it negates the fact that, for many adolescent girls, this is simply not an option. Often girls are married at a young age, subject to sexual violence, and are not in a position to negotiate with potential sexual partners who may be older men with more economic resources and social standing. These realities must be considered in any attempts to combat the pandemic.

FROM LEFT: **MS SUE MBAYA**, SOUTHERN AFRICAN REGIONAL POVERTY NETWORK, JOHANNESBURG; **MS HENDRICA OKONDO**, UNITED NATIONS DEVELOPMENT FUND FOR WOMEN, NAIROBI; **DR HELEN SCANLON**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN

18 UNAIDS/WHO, *AIDS Epidemic Update, December 2004*, pp.4 and 21.

Furthermore, wars and other conflicts increase the vulnerability of women to HIV/AIDS, particularly through systematic rape and other war crimes. One of the most alarming aspects of recent armed conflicts in Africa is the deliberate targeting of civilians and the widespread use of rape as a tool of warfare. While not a phenomenon exclusive to Africa, recent armed conflicts in Rwanda, Sierra Leone and Sudan's Darfur region have shown that militaries and armed militias sporadically appropriate HIV as a biological and psychological weapon. This has led to UNAIDS officials claiming that "there have been documented instances in which AIDS has been used as an instrument of war".[19] Furthermore, it has been revealed that the rate of HIV transmission increases during conflict and in post-conflict situations. Consequently, gender-based violence and armed conflicts clearly exacerbate the spread of HIV/AIDS during peacekeeping operations and in the post-conflict phase.

Twenty years into the AIDS pandemic, most studies and interventions that prioritise gender on the continent have focused exclusively on women and girls. The policy advisory group noted that, men - who are the majority of policymakers on the continent - must avoid masking the perpetuation of gender inequality and sexism under the mantle of culture and tradition. It is only through the promotion of access by men and women to sexual health services and programmes that the success of initiatives to combat the HIV/AIDS pandemic can be ensured. It was further noted that there is a need to recognise that gender is a useful tool to interrogate power relations and issues of inequality. Gender can thus help to explain and develop relevant policies to address the fact that the majority of those infected with HIV/AIDS on the continent are women. However, the fact that HIV/AIDS mitigation strategies that have targeted only women have been largely ineffective highlights the necessity to draw men into future prevention programmes.

DR KINGSLEY MOGHALU, GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA, GENEVA

19 Cited in Stephan Elbe, "HIV/AIDS and the Changing Landscape of War in Africa", *International Security*, 27, 2 (2002), p.168.

2.3 HIV/AIDS and Africa's Human Security Agenda

As has been noted earlier, a lack of human security concerns increases the vulnerability of Africans to HIV/AIDS infection and undermines prevention strategies to curb the spread of the disease. The Addis Ababa policy seminar agreed that understanding the conceptual breadth of security issues is important. This requires moving beyond the historical notions of state security and shifting the emphasis to policy issues over the efficacy of health and social services; literacy levels and access to education; food security and economic production; community security and effective local government; and issues of land and environmental sustainability. These issues are more relevant to the security of individuals, families and communities in Africa than traditional state-centric security concerns.

In order to focus more coherently on concrete human security strategies, discussions addressed the causes and consequences of HIV/AIDS mitigation through the case study of Lesotho. In 2004, the average HIV/AIDS national prevalence rate in Lesotho was approximately 30 percent, and around 300,000 people were HIV-positive.[20] Lesotho's King Letsie III declared HIV/AIDS to be a national disaster as early as 2000, and the government consequently established a broad-based national AIDS commission. This body was established to co-ordinate the activities of faith-based organisations, women, the private sector, youth and those living with HIV/AIDS. The necessity for this initiative was clear in light of the magnitude of Lesotho's HIV epidemic: it is estimated that approximately 70 people a day in Lesotho die of AIDS-related illness and that 60 percent of those infected with HIV are working adults.[21]

HE MS METTE KNUDSEN, ROYAL DANISH EMBASSY, ADDIS ABABA

20 Irin PlusNews, Lesotho Country Profile, United Nations (UN) and Office of the Coordinator of Humanitarian Affairs (OCHA), HIV/AIDS News Service for Africa, February 2005. (Available at: http://wwwplusnews.org/aids/lesotho.asp)

21 Scholastica Kimaryo, Joseph Okpaku, Sr., Anne Githuku-Shongwe, and J Feeney (eds.) *Turning A Crisis Into An Opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho,* (Maseru: Government of Lesotho and the UN Expanded Theme Group on HIV/AIDS, 2004), p.ix and p.20.

FROM LEFT: **MR GICHINGA NDIRAGU KEBEBE**, OXFAM INTERNATIONAL, TSHWANE (PRETORIA); **DR REGINALD MATCHABA-HOVE**, UNIVERSITY OF ZIMBABWE, HARARE; **DR KINGSLEY MOGHALU**, GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA, GENEVA

The Addis Ababa advisory group reviewed two potential strategies for combatting HIV/AIDS in Lesotho. First, it was suggested that individuals at every level of society should take personal responsibility to become "HIV-competent" and be aware of their rights and responsibilities in the context of HIV/AIDS prevention, treatment, care and support. Second, it was proposed that strategies should also involve preventing the pandemic from spreading, and helping HIV-positive people live longer and better-quality lives. The advisory group noted that the existing mitigation strategies in Lesotho urge key stakeholders to "core-stream" their efforts to address HIV/AIDS.

The notion of core-streaming is based on the assumption that HIV/AIDS is an emergency affecting all individuals, and that the pandemic therefore requires all sectors of society to fulfil their respective missions as if "HIV/AIDS matters". For example, all facets of the private sector should establish adequate workplace policies over HIV/AIDS and implement non-discriminatory standards of recruitment. The concept of core-streaming could potentially make policies and intervention strategies more durable and relevant to the urgency of addressing the pandemic. For this to be effective, every government ministry; religious institution; traditional and cultural institution; business; professional association; and media and arts organisation should be involved in establishing clear targets and strategies for HIV/AIDS prevention, treatment, care and support.[22] Furthermore, the advisory group agreed that this strategy could be enhanced through increasing service quality standards, introducing a culture of innovation, improving business process management, and promoting citizen accountability. This further involves ensuring the appropriate use of assets and a commitment to financial effectiveness and efficiency.

22 Kimaryo, Okpaku, Githuku-Shongwe and Feeney (eds.), *Turning A Crisis Into An Opportunity*, pp.165-193.

The urgent need to entrench a sense of accountability in public service and to foster less bureaucratic decision-making at all levels was also stressed. It is important for African governments and civil society to assess the impact of corruption on health systems service delivery and to recognise that corruption is indicative of weak monitoring systems. African governments have an exceptional track record of making declarations against corruption, but have often failed to implement and enforce anti-corruption legislation and policies. Governments can do much more to ensure the delivery of human and financial resources to fight HIV/AIDS. A paradigm shift is thus needed to transform weak national structures and to enhance institutions at the national, district and community levels in order to combat the future spread of HIV/AIDS on the continent more effectively.

2.4 Human Security and Governance

Echoing earlier debates about human security, the policy advisory group examined the relationship between governance, democracy and the African state in responding to human security threats such as HIV/AIDS. States remain the primary actors in guaranteeing security, as well as in delivering social services in Africa. Although there are still unconsolidated democracies in Africa, the majority of African countries have undergone some form of political transition to more democratic systems since the end of the Cold War. There appears to be a strong correlation between democratic governance and the attainment of human security. However, the challenge of consolidating democracy within many African states remains unfulfilled and this has negatively affected the ability to deliver on human security indices.

DR TANDEKA NKIWANE, UNIVERSITY OF WITWATERSRAND, JOHANNESBURG

The policy group welcomed the principles enshrined in the AU's Constitutive Act of 2000, which signalled a new political commitment to democratic values on the continent. Article 30 of the Constitutive Act states that African governments that come to power unconstitutionally may be subject to suspension from the organisation.[23] Within the context of the new AU, security is no longer an issue solely confined to the demands and requirements of nation-states. The new democratic pledges of the AU must now be effectively used to address human security catastrophes such as the HIV/AIDS pandemic on the continent. Bad governance and weak delivery mechanisms for social services such as healthcare exacerbate the continent's pandemics, including malaria and tuberculosis. Political commitment to "zero tolerance" for negligent management of HIV/AIDS would therefore be a positive development on the continent.

MS YETUNDE TERIBA, AFRICAN UNION COMMISSION, ADDIS ABABA

23 See the African Union, *Constitutive Act*, Durban, South Africa, 9 July 2002; and the report by the Centre for Conflict Resolution (CCR) and the Centre for Policy Studies (CPS), *The AU/NEPAD and Africa's Evolving Governance and Security Architecture*, seminar report, Johannesburg, South Africa, 11 and 12 December 2004. (Available at: http://ccrweb.ccr.uct.ac.za)

HE OLUSEGUN AKINSANYA, EMBASSY OF THE FEDERAL REPUBLIC OF NIGERIA, ADDIS ABABA

NEPAD's Strategic Policy Framework includes an African Peer Review Mechanism (APRM), to which 23 countries have subscribed by 2005.[24] This mechanism represents a commitment to monitor the political and economic performance of African states by implementing a system of peer review. The APRM's review process is thus a performance assessment of key governance indicators and promotes values of democratic governance and constitutional government. The APRM seeks to: enhance African "ownership" of its development and governance agenda; identify, evaluate and disseminate "best practices"; and monitor progress towards previously-agreed governance goals.

The Addis Ababa seminar discussed various aspects of the APRM in relation to addressing HIV/AIDS, and observed that NEPAD's HIV/AIDS framework is currently too vague to address the pandemic adequately. Consequently, no HIV/AIDS strategy is sufficiently prominent in the APRM process. It would be useful to incorporate HIV/AIDS into the APRM, and to use it as a tool to ensure accountability in the fight against the pandemic. African governments have made international and regional commitments such as the Abuja Declaration of 2001, demonstrating that there is a need to monitor their compliance in this critical area.

24 See the New Partnership for Africa's Development website. (Available at: http://www.nepad.org/2005/files/aprmcountries.php)

Debate also centred on initiatives to cultivate political will over the incorporation of HIV/AIDS into the APRM monitoring process. This process will require the recognition of human security priorities by African political actors and other key stakeholders. Expanding HIV/AIDS into the APRM requires the identification of a clear set of objectives, criteria and indicators. Moreover, it would be necessary to provide guidance and monitoring support to countries undertaking reviews under the APRM. Through dialogue with the NEPAD secretariat in South Africa, UNAIDS is making a contribution to this process by encouraging the political acceptance of this concept. The UN body is also advancing a monitoring process and providing guidance and support at the country level. The process of integrating HIV/AIDS into the APRM can create opportunities for African countries to strengthen African leadership on this critical issue.

An additional central theme of the Addis Ababa seminar was how the AU could develop the capacity of African leadership and, in turn, take advantage of, and build on, the institutions that have recently been created by the AU and the RECs. For example, regional initiatives have included a SADC-sponsored special summit of heads of state and government in Lesotho in 2003.[25] SADC has since established several initiatives to combat the pandemic, such as the multi-sectoral HIV and AIDS Strategic Framework and Programme of Action, 2003-2007. There remains, however, an urgent need to integrate and harmonise the policies of the AU with those of regional organisations. Regional bodies are also dealing with governance, security and socio-economic issues. They are thus more able to take into account the specific nature of the pandemic being experienced in specific regions, and often have more experience and direct involvement in these issues than the AU.

2.5 HIV/AIDS and Peacekeeping in Africa

One of the current challenges facing the AU is how to develop its structures to offer more effective assistance to governments and their militaries in fighting HIV/AIDS. The pandemic poses a unique threat to the stability of traditional defence structures, which in turn affects steps being taken to build Africa's peace and security architecture. The policy group reviewed some of the implications of the impact of the disease on militaries, and how HIV/AIDS affects efforts by RECs to ensure stability and, ultimately, enhance the continent's peacekeeping capacity.

The military has traditionally defended the territorial integrity of nation-states. Beyond its borders and in its national interest, a country's military also provides peacekeeping in conflict areas and humanitarian assistance in times of natural and/or humanitarian disasters. However, armed forces are considered vulnerable to sexually-transmitted infections such as HIV/AIDS, particularly during conflicts or peacekeeping missions. Information and data on rates of HIV infection within Africa's military populations is uneven and marred by inconsistencies. However, it is generally accepted that rates within military populations are at least equal to those of civilian populations – and, in many cases, are higher than the average HIV/AIDS prevalence rate in individual countries. For example, Botswana - one of the countries hardest hit by HIV - had a national HIV/AIDS prevalence rate of 32.9 percent in 2000, while it was estimated that over 40 percent of its uniformed services (armed forces and police) were HIV-positive. Similarly, in Kenya in 2005, HIV/AIDS prevalence in the military was approximately 9.4 percent, while the overall rate for the population was 6.4 percent. [26]

25 A Summit of heads of state and government of 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 organisation's strategy for combating HIV/AIDS.

26 See Armed Forces Medical Intelligence Center, *Impact of HIV/AIDS on Military Forces: Sub-Saharan Africa*, DI-1817-2-00, Washington, D.C.: Defense Intelligence Agency, 2000, in L Garret, *HIV and National Security: Where are the Links?*, (New York: Council on Foreign Relations, 2005), p.28.

The most obvious security problem facing African militaries is the impact that HIV/AIDS may have on their capacity to carry out their duties. This issue is critical, considering the extent and nature of peacekeeping on the continent. The weakening of African national defence forces can potentially undermine efforts to build credible and effective state institutions. Undiagnosed, untreated and uncontrolled, HIV/AIDS can lead to the intensification of the spread of the disease in the military, as well as civilian populations; undermine military morale and discipline; and corrode the efficacy of defence forces. In addition to operational implcations, more resources will have to be committed to treatment and care.

In terms of Africa's efforts to manage and keep peace at the continental level, the AU has put in place a proposal to establish an African Standby Force (ASF) by 2010. African Chiefs of Defence Staff (ACDS) agreed on the policy framework for its establishment in Addis Ababa in May 2005. The outcome document, the *Policy Framework for the Establishment of the African Standby Force and the Military Staff Committee (MSC),* is a roadmap for the operationalisation of the ASF.[27] The ASF is being created to respond rapidly to cases of conflict and to strengthen peace support operations on the continent. Its five sub-regional stand-by brigades of between 3,000 to 4,000 troops will be developed under the RECs. An additional sixth brigade will be located at the AU's headquarters in Addis Ababa, Ethiopia.[28] These troops will, in turn, be drawn from African militaries, many of which have developed policies over a broad range of HIV/AIDS issues, such as testing and counselling to the provision of treatment.

PARTICIPANTS DURING A SEMINAR BREAK

27 See African Union, *Roadmap for the Operationalisation of the African Standby Force;* Experts' meeting on the relationship between the AU and the Regional Mechanisms for Conflict Prevention, Management and Resolution, March 2005, Addis Ababa, Ethiopia, EXP/AU-RECs/ASF/4(I); and African Union, *Draft Framework For a Common African Defence and Security Policy*, January 2004, Addis Ababa, Ethiopia, MIN/Def and Sec 3.(I) 20-21.

28 See EA Thorne, "The African Standby Force Takes Shape: An Observation of Needs and Necessary Action", *African Armed Forces Journal*, July 2003; and Theo Neethling, "Realising the African Standby Force as a Pan-African Ideal: Prospects and Challenges", Centre for International Political Studies (CIPS) Electronic Briefing Paper, University of Pretoria, No. 48, 2005.

Policies to deal with the HIV/AIDS pandemic are being developed by the RECs, but these organisations have generally failed to co-ordinate their plans with the evolving sub-regional stand-by brigades. There has also been a failure to establish effective dialogue and policy co-ordination between the AU and the proposed sub-regional brigades of the ASF. In July 2005, IGAD began exploring the possibility of integrating HIV/AIDS policies into the East African Standby Brigade (EASTBRIG).[29] ECOWAS has an HIV/AIDS Action Plan and has, for example, sought to establish a peer education programme for young recruits into the Liberian Armed Forces. However, ECOWAS is yet to incorporate HIV/AIDS into training or doctrine in the establishment of the West African Standby Brigade (ECOBRIG).[30] SADC has declared HIV/AIDS to be an emergency. However, the organisation has yet to integrate HIV/AIDS strategies meaningfully into its Strategic Indicative Plan (SIPO) for its Organ on Politics, Defence and Security (OPDS), as well as its guidelines for the Southern Africa Standby Brigade (SADCBRIG).[31]

As already indicated, several African countries have started to develop HIV/AIDS intervention strategies within their militaries. The South African National Defence Force (SANDF) has implemented an HIV/AIDS intervention strategy which encompasses education, prevention, treatment and clinical research initiatives within two major programmes.[32] The medical corps of the Botswana Defence Force (BDF) has recently announced that it will provide anti-AIDS drugs at three sites, targeting 5,000 soldiers and their families. Other ongoing and similar programmes exist in Uganda, Kenya, Ghana and Nigeria. However, these policies are undocumented and unco-ordinated at the REC level, where sub-regional brigades are being organised to take part in a continental stand-by force. These initiatives have also not been harmonised at the continental level.

Debate focused on the fact that as sub-regional stand-by brigades are established, the AU will need to develop policies to co-ordinate their policies on HIV/AIDS. One potential approach is to adopt a "best practices" strategy through establishing an ASF standard operating procedure for the management of HIV/AIDS within national militaries. Establishing the ASF also requires greater consultation between national, regional and state actors. The first important measure would be to facilitate communication between militaries, governments and other stakeholders in Africa to exchange and discuss experiences and encourage the development of formal strategies in HIV/AIDS management. Since a number of institutional actors are already taking steps to integrate both HIV/AIDS strategies into military structures, discussion further centred on how best to further these developments.

29 UNAIDS, Office of AIDS, Security and Humanitarian Response: Progress Report, Addis Ababa, Ethiopia, July 2005.

30 Ibid.

31 See the report by CCR, *Whither SADC? Southern Africa's Post-Apartheid Security Agenda*, Cape Town, South Africa, 18 and 19 June 2005. (Available at: http://ccrweb.ccr.uct.ac.za)

32 See the South African Department of Defence speech of Mosiuoa Lekota, Minister of Defence, on the occasion of the official launch of Project Phidisa, 1 December 2003 (available at: www.health-e.org.za). For information on the South African Military Health Service's (SAMHS) HIV/AIDS management policies, see the Masibambisane: United in the Fight website: http://www.mhs.mil.za/masi/index.htm and the Project Phidisa website: http://www.phidisa.org

FROM LEFT: **MR BERENG MTIMKULU**, AFRICAN UNION COMMISSION, ADDIS ABABA; **DR ADEKEYE ADEBAJO**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN; **LT GENERAL (RET) TSADKAN GEBRETENSAE**, CENTRE FOR POLICY DEVELOPMENT AND RESEARCH, ADDIS ABABA

2.6 Building Advocacy Partnerships with National Actors, Civil Society and the Global Fund

To date, African leaders' commitment at their 2001 meeting in Abuja to devote 15 percent of national budgets to health expenditure has only been met by Botswana. Most of the countries that have allocated less than five percent of their budgets to health are in West Africa and Central Africa. However, other countries such as Gambia, Ghana, Tanzania, Uganda and Zimbabwe have all made progress towards reaching this goal by devoting between 12 percent and 14.5 percent of their national budgets to health. [33]

Creating and maintaining advocacy partnerships on the continent is critical to addressing the scourge of HIV/AIDS. Advocacy issues include financing healthcare, ensuring access, as well as empowering and promoting leadership on this critical issue in Africa. One of the principal challenges in addressing HIV/AIDS clearly remains that of resources. At the national level, financing is needed to ensure that already under-resourced healthcare systems are more effective, and strategies need to be implemented to prioritise often-scarce resources. Advocacy partnerships thus need to be forged across the continent to ensure the implementation of this commitment. Furthermore, there is a need for continental institutions and actors to support local, national and sub-regional programmes that holistically incorporate prevention, care and treatment.

33 African Union, Progress Report on the Implementation of the Plan of Action of the Abuja Declaration for HIV/AIDS, Malaria and Tuberculosis.

HE MS METTE KNUDSEN, ROYAL DANISH EMBASSY, ADDIS ABABA, LEFT;
DR ADEKEYE ADEBAJO, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN

Africa's priority is not simply a matter of increasing the current available financing for HIV/AIDS from donors. African governments also need to be more creative and strategic in terms of how resources are distributed. By integrating HIV strategies into sectors beyond those concerned exclusively with health, a more comprehensive approach can be developed to confront the disease. Impact can thus be achieved, for example, by integrating HIV/AIDS mitigation strategies into the areas of development and defence. Furthermore, there is a need to draw on traditional African knowledge and leadership structures which are currently not being sufficiently utilised in devising strategies to address the pandemic. To transform behaviour and attitudes effectively, indigenous knowledge systems and practices can be a potentially useful resource. The policy group, however, disagreed over whether it was best to rely on current traditional structures to help implement mitigation strategies, or whether traditional knowledge could be drawn on more broadly and incorporated into HIV/AIDS prevention programmes. The fundamental theme emerging, however, was that the most valuable solutions to combatting HIV/AIDS may be found by drawing on the local context rather than trying to import solutions that have thus far proved ineffective.

ADV BIENCE GAWANAS, AFRICAN UNION COMMISSION, ADDIS ABABA

Nonetheless, a challenge to the AU and civil society is to use existing funding such as that offered by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) more effectively, and to strengthen existing international financing initiatives. The Global Fund, created by UN Secretary-General Kofi Annan in 2001, is the world's leading financing mechanism to address the issue of HIV/AIDS and has approved grants totalling $ 3.4 billion to 127 countries. [34] The Fund was designed to provide a new model for international financing of HIV/AIDS, tuberculosis and malaria through partnerships between rich and poor countries' governments, civil society, the private sector and affected communities. The AU could make an impact in the area of continental priorities if African governments and civil society can work together to ensure stronger representation on the board of the Global Fund. African institutions should thus establish initiatives that enhance the continent's role in sustaining the Fund and increase their influence on decision-making in the fund's allocation of grants.

34 See Angela Ndinga-Muvumba, "Too Late to Make HIV/AIDS History", *South African Labour* Bulletin, Vol. 29, Number 4, August/September 2005.

The relationship between Africa and the international donor community is central to debates over HIV/AIDS mitigation strategies. Debate at the Addis Ababa seminar centred on the extent to which Africa can mobilise its own resources and become less dependent on the international community. African leaders must take ownership of the existing challenges facing the continent and should not blame the donor community solely for the current problems. More attention should be given to strengthening Africa's collective bargaining skills over the requirements of external assistance on HIV/AIDS. This necessitates ensuring that donor policies and funding are not implemented without consideration of African realities and priorities.

Finally, the issue of global governance is relevant to countering HIV/AIDS in Africa. If the AU does not interact with other key institutions, it can not provide continental leadership on this critical issue. In terms of advocacy, the AU is well positioned to build momentum to implement strategies to mitigate HIV/AIDS. Recommendations by actors from African research institutions, civil society, the AU Commission, the RECs, the donor community and UN agencies have highlighted the willingness and desire of Africans and their partners to share the burden and co-ordinate approaches for addressing potentially the biggest scourge on the continent since independence four decades ago.

HE MR BASO SANGQU, EMBASSY OF THE REPUBLIC OF SOUTH AFRICA, ADDIS ABABA

FROM LEFT: **DR TIM MURITHI**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN; **DR HELEN SCANLON**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN; **MR CHRISTO VAN NOORDWYK**, EMBASSY OF THE REPUBLIC OF SOUTH AFRICA, ADDIS ABABA

3. Conclusion — The Way Forward

In conclusion, the Addis Ababa seminar considered the relationship between human security and the HIV/AIDS pandemic on the continent, and the potential role of African leadership in addressing this crisis. The policy group devised recommendations on HIV/AIDS in collaboration with the AU, and developed strategies on how best to raise awareness of the issue on the continent. The presentations and discussions raised seven key policy issues:

- The scourge of HIV/AIDS in Africa is a symptom of deeper socio-economic and development problems. While the disease is devastating economies, a lack of comprehensive initiatives aimed at addressing the relationship between poverty, gender inequality, and HIV are hampering responses to the epidemic. Policies should therefore seek to respond comprehensively to the pandemic through initiatives that go beyond the public health sector.

- A balance must be struck between issues of state security and human security in order to address HIV/AIDS and other development challenges. Human security does not exclude traditional security threats, and is critical for planning and financing interventions for Africa's governance, peace and security, and development.

- The AU's challenge is to provide leadership on continental strategies on HIV/AIDS. The continental body should focus on accelerating strategies that are already in place, rather than launching new ones. In this way, the AU can add value to HIV/AIDS mitigation strategies by harmonising continental and regional policies with the RECs and civil society. However, the AU will need to be supported in terms of political commitment and the allocation of human and financial resources in order to fulfil this role effectively.

- Effective co-ordination must be established in policy development among the AU, the RECs, national governments and civil society. The AU and RECs should, in consultation with African civil society, collectively examine and develop policies on a broad range of issues and integrate human security perspectives into the economic, health, development, governance and security sectors. For example, it is necessary to harmonise HIV/AIDS policies for the sub-regional brigades of the African Standby Force.

- Service delivery optimisation is required to ensure that Africa's scarce resources are utilised effectively in the prevention and treatment of HIV/AIDS. Policies and funding from international donors should respond to African realities and not to externally-driven agendas; emphasis should also be placed on the extent to which Africa can mobilise its own resources and use them effectively, rather than being too dependent on the international donor community.

- Advocacy partnerships need to be forged across the private and public sector, civil society organisations, governments and development actors to implement successful strategies that incorporate a comprehensive approach to HIV/AIDS prevention, treatment, care and support. To address HIV/AIDS effectively, particularly in terms of transforming behaviour and attitudes, indigenous knowledge systems and practices can be a potentially useful resource.

- Addressing "good governance" is key to ensuring the successful implementation of HIV/AIDS policies on the continent. Even though considerable funding has been disbursed to address the pandemic, the reality is that, often, only part of these funds reach their intended beneficiaries. The APRM could potentially be used to make African governments more accountable in addressing the HIV/AIDS pandemic.

This report hopes to make an important contribution to the policy debates on these issues. There is much that remains to be done to refine and clarify evolving policies to ensure that HIV/AIDS mitigation strategies respond to the urgent human security needs of Africa's 800 million citizens.

THE SEMINAR IN PROGRESS

FROM LEFT: **DR GRACE KALIMUGOGO**, AFRICAN UNION COMMISSION, ADDIS ABABA; **HE MR BASO SANGQU**, EMBASSY OF THE REPUBLIC OF SOUTH AFRICA, ADDIS ABABA; **MS ANGELA NDINGA-MUVUMBA**, CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN

ANNEX I

AGENDA

Articulating the link between Human Security and HIV/AIDS

Day One: 9 September 2005

Welcoming Remarks
9h00 – 10h00

Dr Adekeye Adebajo, Executive Director, Centre for Conflict Resolution, Cape Town
Adv Bience Gawanas, Commissioner, Social Affairs, African Union Commission, Addis Ababa

10H00 – 11H30

Session I
Towards a peaceful and prosperous Africa: The AU's Agenda
Chair: **H E Mr Baso Sangqu**, Embassy of the Republic of South Africa, Addis Ababa
Dr Grace Kalimugogo, Department of Social Affairs, African Union Commission, Addis Ababa, "The AU's Continental Strategy for Accelerating the Response to HIV/AIDS"
Ms Angela Ndinga-Muvumba, Programme Manager, Centre for Conflict Resolution, Cape Town, "Abating the Crisis, Addressing HIV/AIDS and Human Security"

Coffee Break
11h30 – 11h45

11h45 – 13h15

Session II
HIV/AIDS and Africa's Human Security: Theory and Practice
Chair: **HE Ms Mette Knudsen**, Royal Danish Embassy, Addis Ababa
Ms Scholastica Kimaryo, Director, United Nations Development Programme (UNDP), Tshwane, "Turning a Crisis into an Opportunity: Scaling Up National Responses to HIV/AIDS: Lessons from Lesotho"
Dr Tandeka Nkiwane, University of Witwatersrand, Johannesburg, "Human Security and HIV/AIDS: Social, Political and Economic Conceptual Links"

Lunch Break
13h15 – 14h15

14h15 – 16h00

Session III

Towards a people-oriented African Union: Integrated approaches to addressing HIV/AIDS

Chair: **Ms Hendrica Okondo**, Regional Programme Manager, East and Horn of Africa, United Nations Development Fund for Women (UNIFEM), Nairobi, Kenya

Dr Helen Scanlon, Senior Researcher, Centre for Conflict Resolution, Cape Town, "Gender, Women and Conflict"

Ms Sue Mbaya, Executive Director, Southern African Regional Poverty Network (SARPN), Johannesburg, "Addressing Poverty: Linking HIV/AIDS to Human Insecurity"

Evening Session
18h30 – 20h00

Session IV

Building a New African Union, Reforming the United Nations

A special evening session launched the newly-published book, *"The African Union: Pan-Africanism, Peacebuilding and Development"* by Dr Tim Murithi; reported the main findings from a CCR policy seminar *"Building An African Union for the 21st Century: Relations with the RECs, NEPAD, and Civil Society"*, which took place in Cape Town, South Africa, from 20 – 22 August 2005; and presented the CCR report, "A More Secure Continent: African Perspectives on the UN High-Level Panel Report, A More Secure World: Our Shared Responsibility".

Chair: **HE Olusegun Akinsanya**, Embassy of the Federal Republic of Nigeria, Addis Ababa

Dr Tim Murithi, Senior Researcher, Centre for Conflict Resolution, Cape Town, "The African Union: Pan-Africanism, Peacebuilding and Development"

Ms Angela Ndinga-Muvumba, Senior Researcher, Centre for Conflict Resolution, Cape Town, "The AU, RECs, NEPAD and Civil Society"

Dr Adekeye Adebajo, Executive Director, Centre for Conflict Resolution, Cape Town, "Africa's Stake in UN Reform"

Day Two: 10 September 2005

09h00 – 10h45

Session V

Human Security and Governance

Chair: **Ms Scholastica Kimaryo**, Director, United Nations Development Programme (UNDP), Tshwane

Mr Bunmi Makinwa, Co-ordinator, Joint United Nations Programme on HIV/AIDS (UNAIDS), Addis Ababa,"Integrating HIV/AIDS into the APRM"

Dr Khabele Matlosa, Director of Research, Electoral Institute of Southern Africa (EISA), Johannesburg, "Good Governance and Human Security"

Coffee Break
10h45 – 11h00

11h00 – 12h30

Session VI

HIV/AIDS, Enhancing Governance and Building Peace

Chair: **Dr Adekeye Adebajo**, Executive Director, Centre for Conflict Resolution, Cape Town

Mr Bereng Mtimkulu, Head, Peace Support Operations Division, Department of Peace and Security, Commission of the African Union, Addis Ababa, "The African Standby Force"

Lt General (Ret) Tsadkan Gebretensae, Executive Director, Centre for Policy Research and Development, Addis Ababa, "Developing a Strategy for African Militaries and Continental Peacekeeping"

Lunch Break
12h30 – 13h45

13h45 – 15h45

Session VII

Building Advocacy Partnerships with National Actors, Civil Society, and the Global AIDS Fund

Chair: **Dr Reginald Matchaba-Hove**, Department of Community Medicine, Faculty of Medicine, University of Zimbabwe, Harare

Mr Gichinga Ndiragu Kebebe, Southern Africa Trade Advisor, Oxfam International, Tshwane, "The AU's Continental Strategy and African Civil Society Advocacy"

Dr Kingsley Moghalu, Global Partnerships, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva, "Funding the Fund: Perspectives on Africa-Global Fund Advocacy"

Coffee Break
15h45 – 16h00

16h00 – 17h00

Session VIII

Rapporteurs Report and Way Forward

Chair: **Adv Bience Gawanas**, Commissioner, Social Affairs, African Union Commission, Addis Ababa

Dr Tim Murithi and Dr Helen Scanlon, Centre for Conflict Resolution, Cape Town

ANNEX II

LIST OF PARTICIPANTS

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