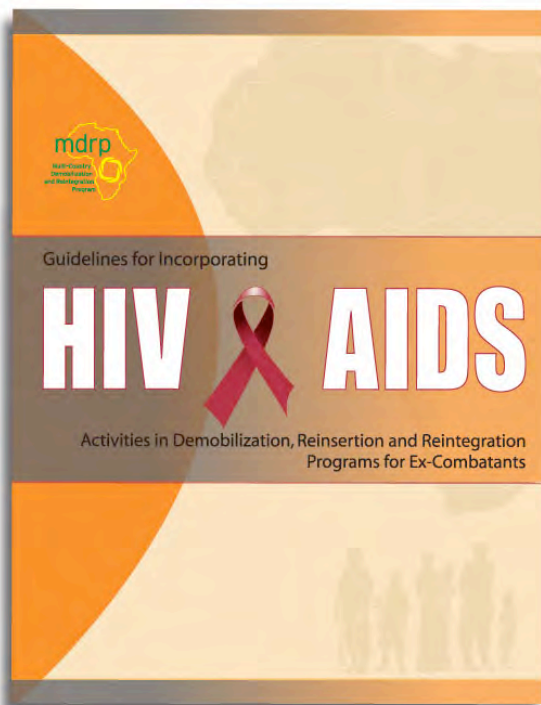


News & Noteworthy

New Guidelines Promote the Inclusion of HIV/AIDS Activities in DDR Programs

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A new publication from the MDRP provides practical advice for incorporating HIV/AIDS activities into demobilization, reinsertion and reintegration programs for ex-combatants.



HIV/AIDS prevalence in sub-Saharan Africa is still the highest in the world: 2/3 of all HIV positive people live there and 3/4 of all AIDS-related deaths occur there¹.

Further research is needed to establish clearly whether the prevalence of HIV/AIDS is higher among soldiers and armed group members than among the general population. What is clear is that addressing HIV/AIDS issues within disarmament, demobilization and reintegration (DDR) programs for ex-combatants makes good sense and can have a positive impact on program success.

The *Guidelines for incorporating HIV/AIDS activities into DDR Programs for ex-combatants* were commissioned by the MDRP in early 2008 and written by Carla Rull Boussen. They are based on extensive individual and focus group discussions with ex-combatant groups in Angola, Burundi, the Republic of Congo and Rwanda, and inputs from numerous specialists on HIV/AIDS and DDR.

A useful step-by-step checklist at the beginning of the document gives practical guidance on what HIV/AIDS-related activity is best implemented at which stage of the DDR process. Demobilization, for example, provides an ideal opportunity to provide HIV/AIDS education to ex-combatants, who often have sketchy or incorrect knowledge of the disease and other sexually transmitted infections. It is also the time to provide voluntary counseling and testing, and to ensure that when demobilized soldiers return to their communities, they know where to access services, and treatment if necessary.

At the reinsertion stage, ex-combatants interviewed for the Guidelines reported higher risk behaviors that can lead to increased exposure to HIV. To reduce the likelihood of infection, prevention activities should continue during this phase in partnership with organizations working on HIV/AIDS, linking ex-combatants to existing networks and agencies involved in HIV/AIDS.

¹ UNDP - 2007

News & Noteworthy

Finally, the reintegration stage should be used to verify that ex-combatants have adequate access to HIV/AIDS programs. Ex-combatants have proven that they can also become active participants in the fight against AIDS, helping to change the perception of the disease and counter the rampant misinformation in their communities of return that can lead to increased stigma. In Rwanda, ex-combatants who have played an active role in outreach activities on AIDS have found that their reintegration was made easier by their involvement.

In all cases, the Guidelines refer DDR program managers to national AIDS programs, if they exist, in order to benefit from existing knowledge and structures relevant to the local context, and to avoid duplication of efforts. Efforts against HIV and AIDS have benefitted from extensive attention and funding from the international community, so that the Guidelines suggest tapping into these resources also for DDR programs if at all possible.

The last chapter of the Guidelines presents additional activities that DDR programs can include to benefit the general fight against HIV/AIDS, such as adapting DDR programs to the various risk levels and evolving epidemic, addressing factors that put women at greater risk of contracting the disease, and prioritizing areas where HIV/AIDS prevalence is highest.

For more information on MDRP, please visit www.mdrp.org or contact Chantal Rigaud, Communications Officer, MDRP Secretariat, World Bank at info@mdrp.org.