

# AIDS, Security and Conflict Initiative (ASCI)

Research Agenda  
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Netherlands Institute of International Relations 'Clingendael'  
Social Science Research Council (SSRC)

# **AIDS, Security and Conflict Initiative Research Agenda**

## **Overview**

1. This presentation is a summary of the proposed research agenda for the AIDS, Security and Conflict Initiative (ASCI) run jointly by the Clingendael Institute and the Social Science Research Council. It identifies the challenges of the field, focusing especially on the way in which the questions have changed in recent years. While the worst fears of the AIDS pandemic posing a major challenge to state survival and a threat of resurgent and intractable conflict have not been realized, neither has the problem been resolved. The challenges of AIDS, security and conflict are currently at a stage in which specific and discrete issues can be identified, and, hopefully, managed.
2. The ASCI research agenda is divided into the following clusters, which form the organizational framework for this overview paper:
  - a. HIV/AIDS in military, police and peacekeeping operations;
  - b. HIV/AIDS, humanitarian crises and post-conflict transitions;
  - c. HIV/AIDS and fragile states, including both how AIDS epidemics can contribute to state fragility and the challenge of mounting AIDS programmes in fragile states;
  - d. Cross-cutting issues including data and measurement, gender, security sector reform, the securitization of AIDS policies, and the media.

## **A Rapidly-Changing Field**

3. The field of HIV/AIDS, security and conflict is less than a decade old. It emerged from the study of HIV/AIDS among militaries at the end of the 1990s, and was catapulted into international eminence by the UN Security Council debate and resolution on the subject in 2000. This debate stimulated the interest of students of international relations and researchers of the AIDS pandemic alike, and in the few short years since 2000, the field has been transformed radically again. Underpinning the rapidly-evolving analysis are new and better sources of evidence, including both epidemiological and social scientific datasets, and a deeper understanding of the drivers of the pandemic.
4. At the risk of caricature, we can identify four phases of thinking about HIV/AIDS and security. Phase 1 consisted in the pioneering work undertaken by a small group of researchers concerned with HIV in military populations. The Civil-Military Alliance on HIV/AIDS was prominent among these. Working with small datasets of uneven quality, they scoped this specific issue and sparked concern about the dangers of high rates of

HIV among peacekeepers and the militaries of troop-contributing countries. And their efforts led directly to the first efforts to tackle this cluster of problems.

5. Phase 2 began when wider security implications of the pandemic were recognized. These concerns included the fear that high rates of HIV among militaries would lead to the collapse of armies; that we might see similar crises among institutions key to government stability and indeed afflicting entire societies, leading to state collapse; the fear that HIV epidemics were intensified in an as-yet-unmeasured way in humanitarian crises and conflicts; and that the nexus of HIV/AIDS and conflict would produce uniquely intractable complex humanitarian emergencies. Using projections for the path of the pandemic, plausible assumptions about the vulnerability of institutions and governments to the stresses of massively increased morbidity and mortality, and anecdotes indicating emergent new forms of AIDS-related crises, analysts developed extremely pessimistic scenarios. The most alarming of these predicted a “second wave” of the AIDS pandemic affecting India, China and Russia, causing socio-economic crises in these countries, while weak states in sub-Saharan Africa tipped into irreversible decline.

6. Phase 3 is upon us now, which moves on from these horrific general predictions to more specific and manageable challenges. As better evidence has become available, as HIV prevalence has leveled off in many African countries and declined in some, as the Asian and Russian epidemics have failed to take off, and as the worst-case scenarios have not materialized, the revisionists have the upper hand. It appears that in a number of cases, militaries do not have higher rates of HIV prevalence than the civilian population. This may of course be due to prompt and sometimes draconian responses among militaries, including mandatory testing of recruits. In many conflicts and refugee crises, HIV rates have not been elevated. Governments in the worst-hit countries have not been visibly destabilized by the epidemic and indeed in many cases are managing to maintain laudably democratic credentials. We can expect some analysts to make the case that there is in fact no crisis of AIDS, security and conflict.

7. While the direst predictions can now be discounted, the optimistic conclusion that we have nothing to worry about is premature. The AIDS, Security and Conflict Initiative represents an emergent Phase 4: a focus on the real problems and how they can be resolved. Many difficult and complex challenges remain for the AIDS, security and conflict agenda. These include the recognized issues of how to handle HIV/AIDS among military populations, especially peacekeepers; how to integrate AIDS policies and programmes into security sector reform and DDR activities; the role of sexual violence in HIV transmission; and the under-recognized issue of HIV/AIDS and policing. Recognizing that the relationship between HIV/AIDS and humanitarian crisis is complex, we are building upon an identification of the underlying drivers that push up HIV rates in some situations while keeping it down in others, and noting that these drivers may operate to increase the risk of HIV in post-conflict situations. Discounting the fear that HIV/AIDS will lead to widespread state collapse, we nonetheless fear that in particular situations it may exacerbate state fragility, while it is important to recognize that state resilience comes with a price—the failure of some groups and institutions to cope with

the stress. In addition, states in crises of different kinds face peculiar problems in establishing and implementing HIV/AIDS policies and programmes. These issues—elaborated in more detail in the rest of this paper—provide plenty of reasons for concern. The good news is that these issues, for the most part, appear to be manageable. ASCI's agenda is to sharpen the analysis of these issues and identify the ways in which they can be managed.

### **Drivers of the Epidemic, and an Effective Response**

8. While ASCI's research agenda is organized around three main clusters, namely the military, humanitarian crisis and post-conflict transition, and fragile states, the bedrock of the research method is the identification of the underlying drivers of the epidemic in the relevant situations. ASCI will provide an analytical overview of the data allowing the specification of how drivers operate in different situations, with implications for policy design and implementation to reduce HIV transmission risks.

9. Recent and ongoing epidemiological research findings, based upon various methods, make it possible to identify many of the key drivers of vulnerability to HIV in populations. A non-exhaustive list includes:

- a. The extent of multiple concurrent sexual partnerships;
- b. Population mobility, closely related to the above, and especially circulation over very short time periods;
- c. Level of sexual violence and exploitation, including intimate partner violence;
- d. Prevalence of other sexually-transmitted infections;
- e. Age difference between sexual partners;
- f. Abuse of alcohol, related to several of the above factors;
- g. Low level of male circumcision;
- h. Virulence of the specific HIV subtype.

10. These drivers of the epidemic can be used as a framework for analyzing how HIV prevalence may be determined in (for example) an army, a refugee population, or the civilian population in the vicinity of an army garrison. In particular, they become highly relevant in situations in which peace has been achieved and countries are entering post-conflict transitions. A careful analysis of how the drivers of the epidemic operate during such periods can greatly assist in the better design, sequencing and implementation of post-conflict activities including return of refugees and IDPs, rehabilitation, and DDR.

11. In a comparable manner, operations research, socio-economic research into the impacts of HIV/AIDS, and programme evaluation are also making it possible to identify some of the most important components of successful efforts to combat HIV/AIDS, including prevention, treatment and impact mitigation. (We should note that many of these are not AIDS-focused policies but wider characteristics of governance and society.) These include:

- a. Integration/mainstreaming of HIV/AIDS policy and programming into sectoral activities including the general health budget;
- b. Moving beyond a focus on individual awareness, behaviour and practices to the social and economic settings which shape behaviour and in which individuals are free, or constrained, in the choices they make;
- c. Education and economic empowerment of women, especially young women;
- d. Levels of sexual violence and exploitation;
- e. The depth and resilience of social networks in absorbing the stress of HIV/AIDS, and the extent of concurrent/intersecting shocks and stresses in determining socio-economic outcomes;
- f. The importance of a good quality and free media in the country, enabling HIV/AIDS controversies to be discussed.

12. The determinants of effective policy and programming can likewise provide a framework for examining how armies and situations of conflict or state fragility, or post-conflict transitions may influence AIDS activities, and in turn how these constraints can best be overcome. This analysis also points to the importance of a cross-sectoral approach to dealing with HIV/AIDS in post-conflict situations, ensuring that all aspects of the transition are designed with the aim of minimizing HIV risks.

13. ASCI's research agenda also demands attention to some large and cross-cutting issues. These include the many gender-related questions relevant to each research cluster, and how the findings can be made relevant to key policy debates. More basic still is the question of calibrating the threat. For example, broad comparative research can help resolve the question of the significance of HIV/AIDS, relative to other factors, in contributing to state fragility.

### **Cluster One: Uniformed Services**

14. Obtaining reliable data for HIV prevalence and infection patterns in armies is extraordinarily difficult and it is unlikely that ASCI will be able to obtain significant additional military datasets additional to those already available to researchers. However, we shall continue to seek out such data wherever possible.

15. The principal research activity for this cluster will be to catalogue how armies are responding to the challenge of HIV/AIDS. This will require research in breadth and depth. The broad research approach is to compile information on programmes and policies with respect to HIV/AIDS across a large number of armies, principally in Africa and Asia. The research agenda will be framed by the analysis of the drivers of prevalence and the determinants of effective policy. Specific questions to be investigated will include:

- a. Testing policies, including testing on initial recruitment and on promotion, and whether acceptance, training and promotion policies are conditional

- on a negative test, and policies for dealing with individuals who test positive;
- b. Prevention policies, including awareness and condom use practices;
  - c. Treatment policies, including whether military medical practices are consistent with national civilian policies and are integrated with them, and the related question of how the financial burdens of treatment are shared;
  - d. Whether and how policies with respect to civil-military relations, troop rotation and deployment practices, etc., have been (re-)designed with HIV/AIDS in consideration;
  - e. Policies with regard to female members of the military;
  - f. HIV/AIDS programmes relating to the demobilization of soldiers, both routinely as they retire from the army and as part of DDR and military restructuring programmes, with special attention paid to former rebel combatants, and women and children associated with armed groups;
  - g. The extent to which HIV/AIDS is considered an issue for the medical corps and the extent to which it is a question for the command; and linked to this, whether the AIDS programmes focus on individual factors (knowledge, attitude, behaviour) or whether wider questions of command responsibility and institutional culture are addressed;
  - h. The incorporation of HIV/AIDS concerns into SSR policies and programmes;
  - i. The extent to which the military can be a driver of HIV among the general population.

16. This research cannot be undertaken by questionnaire. What it requires is a well-placed individual who is able to obtain the relevant information through careful inquiry, including obtaining the relevant documents, interviewing the responsible individuals, and examining how practice may vary. In turn, obtaining this level of cooperation requires a collaborative relationship with the military in question.

17. Supplementary to this are the programmes and policies of peacekeeping forces, including the African Union. ASCI researchers enjoy excellent access to the AU peacekeeping forces, especially in Darfur, Sudan, and will be able to monitor how programmes and policies are implemented in the field. Work in other peacekeeping missions will also be considered. It is important to note that peacekeeping missions typically include a substantial number of civilian police officers, raising issues about HIV/AIDS and policing (see paragraph 19 below).

18. The in-depth research aims to flesh out what these programmes and practices actually mean in detail, by focusing on a few selected militaries. Detailed examination of how policies and programmes are translated into practice will be possible only in militaries in which there are senior individuals who already have, or can quickly gain, a sound working relationship with mutual confidence with ASCI investigators. Possible cases include Ethiopia, India, Malawi, Rwanda, Russia, Senegal, South Africa, Southern Sudan (SPLA) and Thailand, though it is hoped that at least one more Asian military will be

ready to participate. Cases of DDR appropriate for investigation include Burundi and DRC.

19. The police are much-neglected in research on HIV/AIDS. The police, along with other uniformed services such as paramilitary forces, customs and immigration, coastguard and prison warders, should not be treated simply as poor relations of the military. While some of their internal institutional issues to do with how to manage HIV/AIDS are similar to those of the military (and indeed other institutions), other issues are peculiar to the police and law-enforcement agencies. The police are in the front line of dealing with key groups that are vulnerable to high levels of HIV, including commercial sex workers, trafficked women and children, children living and working on the streets, detainees, injecting drug users, illegal immigrants, and stigmatized groups such as gay men. These issues arise both for national police forces and for civilian police contingents within peacekeeping forces. How the police respond to these groups is a critical determinant of whether or not it is possible to mount effective HIV/AIDS programmes among these difficult-to-reach groups that are often on the margins of society or are stigmatized and criminalized.

20. The proposed research includes both a survey of the formal policies and programmes of various police forces with respect to criminal and civil laws relevant to these groups and their activities (e.g., whether prostitution is legal, whether harm reduction schemes are in place) and also in-depth case studies of how particular police forces implement policy.

### **Cluster Two: Humanitarian Crisis and Post-Conflict Transition**

21. HIV prevalence data from refugee and displaced populations is increasingly available, especially in Africa, alongside data relating to host populations and various population groups in countries affected by, or emerging from, conflict. These data are still of uneven quality. They demonstrate an extremely complex and varied picture, which in turn entails a complicated set of responses.

22. Cluster two will focus its research activities on countries for which there are already some baseline data (hopefully good enough for comparative purposes), working in partnership with those organizations that are already collecting relevant data. Examples may include Burundi, Cambodia, Cote d'Ivoire, DR Congo, Liberia, Papua New Guinea, Rwanda, Sierra Leone, Southern Sudan and northern Uganda. Building upon the frameworks of the drivers of HIV prevalence and the determinants of effective policy, it is possible to construct testable hypotheses that relate humanitarian crisis and post-conflict transitions to HIV/AIDS.

23. The aim of the research will be to extract clear and immediate policy and programme recommendations for how HIV/AIDS initiatives should be designed for humanitarian crisis and post-conflict transitions. To date, post-conflict and reconstruction programmes have not taken HIV/AIDS sufficiently into account. A careful specification of the drivers of the epidemic in specific situations will allow these interventions to be better designed,

sequenced and implemented, and will lead to a new perspective and set of actionable recommendations on the design and implementation of post conflict transition and reconstruction efforts. Similarly, the framework for examining effective HIV/AIDS policies should enable interventions to be assessed and improved.

24. For example, if population mobility (especially short-term circulation) is a major driver of prevalence, it follows that the specific social and economic environment of a displaced or refugee camp is the critical determinant of the risk of HIV among the camp population. If camp residents are free to move in and out of the camp, for example spending some days trading in a local town before returning to the camp, it is likely that their HIV will be higher than a population that is confined to a camp. Similarly, the opening of trade routes and the reconnection of former garrison towns and their rural hinterlands following the end of a conflict will be a time of increased risk of HIV transmission. Hypotheses such as this can readily be tested by working with organizations present in refugee, conflict and post-conflict settings and encouraging and facilitating HIV surveys. While it will not be possible to conduct large-sample panel surveys to achieve the highest level of scientific proof, a comparative method, piggy-backing on recent and ongoing survey work in different locations, can examine and refine a range of important hypotheses derived from the “drivers of HIV” framework.

25. A second example is the importance of sexual violence in HIV transmission. Evidence suggests several ways in which rape and sexual exploitation increase vulnerability to HIV among women, including increased physiological risk of contracting HIV during forced sex, and subsequent social ostracism and economic vulnerability for the rape survivor that may lead her into high-risk sexual encounters. Levels of sexual violence are largely unmeasured though there are ongoing efforts to establish mechanisms for monitoring.

26. The research method will be a combination of breadth and depth. Existing data sets will be examined using the “drivers” framework and, where possible, additional data will be generated. Detailed analysis of specific cases will be undertaken.

### **Cluster Three: Fragile States**

27. The hypothesis that HIV/AIDS contributes to state fragility needs to be tested empirically using a large-n cross-country comparison. There are now sufficient indicators for state effectiveness and fragility that it will be possible to draw very general lessons about the possible, and demonstrated, relationship between HIV/AIDS and state fragility. It is likely that such a relationship exists only under certain specific conditions, and this research activity should allow for at least a preliminary specification of those conditions, while also exploring why it is that states have shown greater-than-expected resilience. Having obtained a broad if superficial examination, cluster three will also seek to obtain in-depth analysis of specific cases.

28. One specific research question is the impact of high-prevalence HIV/AIDS epidemics on small states, which already have very limited human resources and capabilities.

Examples include small Pacific island states, East Timor and the southern African micro-states, namely Lesotho and Swaziland. Although small, countries such as this can consume vast amounts of assistance and diplomatic energy if they are plunged into crisis. They warrant special detailed attention. In this context, it will be necessary to convene an additional research consultation for researchers working in south-east Asia and the south Pacific.

29. The scaling back of fears about the security impacts of the HIV/AIDS pandemic has, as a concomitant, a geographical focusing in on certain countries. The region of gravest concern must be southern Africa, which has the combination of very high HIV prevalence and also a number of weak states. However, states that warrant concern for very specific reasons are distributed across the world. There are different reasons to be concerned with Pacific island states, Burma, East Timor, Pakistan, Afghanistan, and Haiti, as well as a host of states in east, central and west Africa. There is also reason for concern in particular parts of China, India, Russia and Ukraine, and it may be possible to address some of these specific provincial issues with targeted research.

30. Another research question is an examination of human resource capacities in very poor, under-resourced states such as Malawi and Zambia. The level of human resource attrition in these countries, from an already low base, caused by a combination of AIDS mortality, professional emigration and competition from the private sector for scarce skilled personnel, led to predictions that these governments would simply “fade.” It is time to examine the data for whether this has indeed occurred, and if so, how; and if not, why not. In both Malawi and Zambia, civil service data exist which could be examined in order to test the “fading state” hypothesis. This will require close collaboration and buy-in from the relevant authorities.

31. The largest and most significant country potentially at risk from an AIDS-related governance crisis is South Africa. To date, South Africa’s main governing institutions and its economy have confounded the pessimists and proved remarkably resilient in the face of the AIDS crisis. The researchers who have taken the lead in investigating this issue are concluding that the main governance crisis is occurring at the level of local government, which has been inadequately studied to date. Another research activity for this cluster is therefore to extend the study of AIDS impacts to South African local government.

32. The second main exercise of cluster three is to examine how best to design and implement HIV/AIDS policies and programmes in a fragile state. These states fall broadly into two categories: those in which the government has collapsed or is ineffective, and those in which the government is dictatorial and repressive. East Timor, Papua New Guinea and several African states fall into the first category, Burma/Myanmar into the second. There are ongoing research activities into how ARVs are provided in Haiti and in parts of Mozambique in which government services are very weak, and into the question of how the Global Fund and other major AIDS organizations decided to withdraw, or stay, in Burma. This research could be augmented by additional study of Papua New Guinea.

## Cross-Cutting Themes

33. The ASCI project has identified a number of important cross-cutting themes. A rounded picture of the relationship between HIV/AIDS, security and conflict will demand attention to all of these. However, to conduct detailed research on each of these will require a level of resources beyond that currently envisioned for ASCI. Early on in the ASCI process, these cross-cutting issues will need to be prioritized.

34. **Data** on the various aspects of HIV/AIDS, security and conflict are scarce and uneven in quality. One of the key exercises in each research cluster is to draw together the data that exist and establish benchmarks for quality, so that the findings of the ASCI research can be tested and validated or disproved in future, when more and better data are available.

35. **Gender** is an important theme in each of the research clusters. Topics that warrant research under this heading include:

- a. Measuring and monitoring the extent of sexual violence in situations associated with the military, conflict and crisis;
- b. Modelling the epidemiological impact of sexual violence in these situations on HIV prevalence;
- c. Identifying the socio-cultural traits of masculinity that are associated with the military, and with the drivers of HIV prevalence, and in turn examining military policies, programmes and practices relevant to these traits;
- d. Tabulating and assessing national (civilian) and military policies on key gender issues.

36. **Security sector reform** provides a framework for addressing a range of concerns relating to the military and post-conflict countries. Existing SSR policies and programmes can be assessed to see the extent to which they have incorporated HIV/AIDS as a concern, and if so, in what ways. Practical recommendations for how to improve OECD/DAC guidelines for SSR, which have been drawn up without reference to HIV/AIDS, can be made. Drawing on the framework of drivers of HIV prevalence and determinants of effective policy, recommendations can be made for how to ensure that SSR policies and programmes are appropriate and effective.

37. The **securitization of HIV/AIDS** in international policy has been a concomitant of increased interest in AIDS as a security issue. Not only has the pandemic been discussed in national security circles, but funds for HIV/AIDS programmes have come, in part, from institutions concerned with security and foreign affairs, rather than development cooperation. An interesting and useful research project consists in plotting these developments, particularly in the U.S. and Europe, over the last decade.

38. **Media coverage** of HIV/AIDS and security demands a special research project. The imagery and language used to present the themes need to be examined, as does the

rationale for why these approaches were followed. In turn, this modest piece of research can inform the ASCI publicity and media strategy, advocacy and outreach

## **Conclusion**

39. As ASCI's concern narrows to a group of a dozen or so countries, the rationale of drawing generalized conclusions begins to fade, to be replaced with a rationale for studying specific cases in more detail. Each of the countries under consideration has its own unique characteristics, and will demand unique and locally-informed responses. This localized, disaggregated approach will be emphasized in the research analysis and recommendations of the project.

40. The research agenda outlined in this paper has moved on from the initial conceptualization of ASCI in several ways. Most importantly, the questions have shifted in the last 18 months, allowing ASCI to focus on much more specific problems—and hopefully on problems that can be at least managed, and preferably resolved. In turn this has led to a degree of geographical specialization, so that ASCI will focus most of its efforts on a relatively small number of countries, among which Africa will be well-represented, but which will not exclude Asian countries and Haiti.

41. The research agenda is less ambitious than the original plan for ASCI, but it is more concrete. It will be possible to carry out the entire agenda of the three clusters if there is good cooperation from a range of researchers in the field (most of whom have already been identified). Taking on some of the additional agenda items, notably the large question of the police and other law enforcement institutions, will not be possible within the current ASCI budget. If it is to be researched properly, the police agenda will require additional funds.

## Annex: ASCI Research Activities

Paragraph reference	Key Question	Objective	Method	Deliverables	Provisional Partners/ Affiliates	Proposed Countries	Time-frame
15-16	What policies have armies adopted in response to HIV/AIDS? How are policy impacts being measured?	Document the policies of armies with respect to testing, prevention, treatment, deployment, women, SSR, budgets etc.	Survey of military policies using key informants, one per country	Tabulation of military policies on all key issues; policy note to inform treatment policies	CPRD, ISS, UNDPKO, UNAIDS	As many as possible, incl: Ethiopia, India, Malawi, PNG, Rwanda, Russia, Senegal, South Africa, South Sudan, Thailand	Jan-Dec 2007
18	What are actual practices in armies?	Document in detail how policies translate into practice	Field visits, detailed case studies	Case studies of 3 armies; policy note with country-specific recommendations	CPRD, ISS	3 from above list	Mar-Dec 2007
17	What are actual practices in PKOs?	Document in detail how policies translate into practice for PKOs	Field visits, detailed case studies	Case study of actual PKO practice; policy note with country-specific recommendations	CPRD, UNDPKO, UNAIDS	AMIS in Darfur	Mar-Dec 2007
19-20	What policies have police forces adopted in response to HIV/AIDS in their own institutions?	Document the policies of police forces with respect to testing, prevention, treatment, deployment, women, etc.	Survey of police force policies using key informants, one per country	Tabulation of police policies on all key issues; assessment of policies and best practices and recommendations	Saferworld, OSCE, DPKO, Centre for the Study of Violence and Reconciliation (South Africa)	As many as possible, including Solomon Islands and/or other small Pacific states	Jan-Dec 2007
19-20	What policies have police forces adopted with respect to their relations with the general population?	Document the policies of police forces with respect to harm reduction, CSWs, MSM, street children, etc.	Survey of police force policies using key informants, one per country	Tabulation of police policies on all key issues; assessment of policies and best practices and recommendations	Saferworld, Justice Africa, OSI	As many as possible, including Russia, Thailand	Jan-Dec 2007

22	What are the drivers of HIV in conflict, humanitarian crisis and post-conflict?	Identify the key factors that drive HIV transmission (or dampen HIV transmission)	Literature survey and analysis of epidemiological findings	Set of hypotheses for testing for Cluster 2	ICMH, UNHCR	NA	Dec 06-Jan 07
24-26	- as above -	Obtain broad data in support of the above	Surveys using HIV surveillance and proxy indicators in relevant settings	Comparative data to indicate the importance of the drivers/dampeners; suggestions for improved data gathering/monitoring	ICMH working with organizations that conduct field surveys CDC	Burundi, Cambodia, Cote d'Ivoire, DRC, E Timor, Liberia, Rwanda, Sierra Leone, Solomon Islands, S Sudan, N Uganda	Jan-Dec 07
24-26	- as above -	Obtain case study material in support of the above	Targeted, in-depth surveys in relevant settings	Case study data to illuminate in detail how the drivers/dampeners operate; policy note with suggestions for targeted interventions	ICMH plus selected field partner	2 or 3 cases from the above list	Mar-Dec 07
27	Does HIV/AIDS correlate with state fragility?	Examine this hypothesis using large-n cross country comparison	Statistical analysis of indicators of state fragility and HIV	Statistical test and elaboration of the hypothesis; policy note with suggestions how to include HIV data in large data sets for assessing state fragility	LSEAIDS (CIFP, CIDCM)	All countries for which HIV/AIDS and state fragility data are available	Dec 06-Mar 07
28	Does AIDS impact on small states?	Examine this hypothesis using a subset of the above data	Statistical analysis of indicators of state fragility and HIV	Test and elaboration of the hypothesis	LSEAIDS	Pacific Island states, East Timor, Lesotho, Swaziland, Gambia and other African and Caribbean micro-states	Jan-Mar 07

28	- as above -	Examine this hypothesis with case studies	Analysis of sector-specific impact of AIDS on 2 selected cases	Two case studies of how small states have (not) been impacted; policy note with suggestions for targeted intervention	LSEAIDS with partners in Pacific and Southern Africa, based on consultation to be held in March	2 cases selected from above	Mar-Dec 07
30	Does AIDS create “fading states” with depleted human resource capacity?	Investigate whether AIDS has left some states with insufficient human resources to perform basic functions	Human resource surveys in key sectors	Case study of human resource dynamics in selected sectors in chosen countries; policy note focusing on implications and suggestions for interventions	LSEAIDS with partners in selected countries	Malawi and/or Zambia	Jan-Dec 07
31	Could AIDS be the “tipping point” for crisis in South Africa?	Investigate how AIDS could push S Africa into a governance crisis	Study of the impact of AIDS on local government/ governance	Study of AIDS and local govt in selected localities in South Africa; policy note with implications and suggestions for interventions	LSEAIDS with partners in South Africa	South Africa	Jan-Dec 07
32	How can AIDS programmes be mounted in fragile states? (And why do some fragile states have declining HIV prevalence?)	Identify the key constraints and policy dilemmas	Analysis of how AIDS programmes have been mounted in fragile states; assess what kinds of partners are best placed to deliver which kinds of programmes (e.g. FBOs, NGOs, private/public)	Comparison of how AIDS agencies have responded/assessment resulting in best practices and recommendations	LSEAIDS	Burma, Cambodia, DRC, E Timor, Haiti, PNG, Solomon Islands, Vanuatu, Zimbabwe	Jan-Dec 07

35	What role does sexual violence play in HIV transmission?	Development of model and preliminary results	Elaboration of existing epidemiological models	Model and its predictions; guidance model for use in the field	SSRC, London School of Tropical Medicine	(data set dependent) likely South Africa	January – May 07
35	What are the data collection/measurement challenges associated with measuring sexual violence as an HIV risk factor?	Develop indicators	Expert Group meeting to assess existing indicators and data collection approaches	Recommendations/module for collecting data on sexual violence risk factors	SSRC, London School of Tropical Medicine, Global Coalition on Women and AIDS	Global	May 06-Sept 07
35	How do patterns of masculinity associated with military culture and the use of sexual violence as weapon of war contribute to HIV risk?	Identify aspects of military culture that may both increase and decrease HIV risk in conflict	Literature survey and anthropological case study	Assessment of military culture/practices and HIV/AIDS risks	La Trobe University	Rwanda, Sudan, DRC	Jan-Dec 2007
35	How do national policies/laws on prostitution, trafficking, SGBV/E and IDUs shape HIV/AIDS programmes and security sector interactions with high risk groups	Correlate laws and policies with security sector responses to high risk groups	Survey national criminal laws and policies and HIV/AIDS programme approaches to high risk groups using key informants	Tabulation of national policies; best practices and recommendations	DCAF, Gender Institute (UCW), ICRW	Thailand, India, Senegal, Ukraine, South Africa, China	Jan-Dec 2007
36	Do SSR policies take account of HIV/AIDS?	Analysis of SSR policies	Literature review and key informants	Tabulation of SSR policies; best practices and recommendations	DCAF, Clingendael	--	

37	How has AIDS become a security issue?	Demonstrate the interests behind the securitization of AIDS and the implications of this	Analysis of policy making and financial flows to AIDS budgets	Description of evolution of AIDS policies and finances; policy note on implications for current and future policies and programmes	SSRC, Clingendael	US, Europe	Jan-Apr 07
38	How does the media cover HIV/AIDS and security?	Document the main themes, images, narratives in media coverage	Content analysis of media	Paper on the media and AIDS and security; assessment of best practices, and recommendations for improving practice	Durham University	NA	Jan-Apr 07