



Law enforcement and public health collaborations and partnerships in Africa

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ABSTRACT

Though not high-profile, collaborations and partnerships between law enforcement agencies (LEAs) and public health organizations do exist across Africa. Law enforcement and public health (LEPH) partnerships are common in responding to epidemics, such as sexually transmissible infections (STIs), tuberculosis, and malaria, and pandemics, such as HIV/AIDS and COVID-19. Some collaborations are in response to gender-based violence (GBV), particular socio-economic problems and challenges, counterinsurgency and terrorism (when it happens within civilian spaces), to address issues of rape, disease, and death. Such approaches are led by local and national governments, law enforcement agencies (LEAs), civil society organizations (CSOs), regional economic bodies, and United Nations agencies. Success and sustainability are achieved mostly where partnerships have long histories of working together, especially among those with established common goals aimed at local, national, and global health outcomes. However, antagonism also exists between CSOs and LEAs, with CSOs placing blame on LEAs for harms caused, and LEAs perceiving CSOs as enemies of the state. The situation arises because of their work with, and advocacy for, the rights around culturally or politically taboo or sensitive matters, such as sex work or homosexuality. Often, partnerships have either not been formed, or, where they have formed but have failed to achieve consensus and joint results, have collapsed. This paper does not pretend to fully represent the pan-African experience, as local variations and conditions are myriad and complex. But it does ultimately observe that partnerships among law enforcement and public health hold promise for improving community outcomes, and much more will need to be done at all levels to achieve effective, humane, and sustained cooperative responses to difficult public health issues in the African context.

Key Words Policing; key populations; rule of law; abortion; vulnerable groups.

INTRODUCTION

Governments strive to govern societies in an orderly and organized manner; laws and regulations guide this organization. Governments have an imperative and a role to enforce the law, and they hold state power to implement this mandate. The idea is that violators of these rules and norms are punished and rehabilitated. The agencies engaged in enforcing the laws (law enforcement agencies, LEAs) act to maintain public order and safety by preventing, detecting, and investigating criminal breaches of these laws. This article will focus on LEAs that deal with citizens and others suspected of having violated a law through a range of actions, including apprehension and detention. National police institutions—police services, forces, or agencies—are LEAs acting on behalf of state parties.

Law enforcement faces a number of challenges deriving from the specific geographical, political, and cultural context,

and the impact of global, regional, and national issues. This article will focus on law enforcement and public health collaborations and partnerships in the African region, with particular focus on national police institutions. The objective of the article is to describe and discuss examples of collaborations and partnerships in some parts of Africa, focusing on what is working well and why it is working well. The article highlights and examines some problems and challenges to LEPH collaborations within the African region, and outlines and discusses some proposed solutions.

POLICING IN AFRICA

We found that collaborations between civil society organizations (CSOs) and national police institutions exist in some parts of Africa. In the jurisdictions we reviewed for this article, this is especially the case where countries have

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transitioned from colonial or apartheid states, in which LEAs, especially police, were used to crush political opposition or control community mindsets. Many African jurisdictions learned lessons from this transition from colonial to sovereign states. Colonial laws have progressively—but by no means completely—changed over the years: they have posed serious challenges to the role and nature of democratic policing after states gained independence from their colonisers. As such, some African countries have experienced terrorism, insurgency, serious violent crimes, and citizen uprisings. This situation has in large part been due to deteriorations in the political and socioeconomic environment.

ENFORCING THE LAW IN CONFLICT SETTINGS

Police institutions across Africa face challenges when enforcing the law because of existing hostile social and political environments. Some countries are also experiencing wars, insurgency, and serious violent crimes. The mandate of police and their accountability in war zones has been questionable, especially where military solutions are deployed against terrorism. Police and other law enforcement officers have often become perpetrators of abuse and human rights violations. Complex situations arise when counterinsurgency or responses to terrorism happen within civilian spaces. Police in some cases are under military command while they are expected to investigate and hold terrorist suspects to the rule of law. Further, some African countries have inherited colonial-era laws criminalizing, for instance, same-sex relationships, sex work, and drug use. In most countries where these laws are enforced, police actions have been detrimental to public health. Police actions make these groups shy away from seeking health and criminal justice services for fear of being arrested themselves and detained by law enforcers. As a result, some communities, for example lesbian, gay, bisexual, trans, and intersex (LGBTI) individuals, sex workers (SW), and people who use drugs (PWUD), have been made socially and economically disadvantaged, and vulnerable (Scheibe et al., 2016).

POLICING ISSUES AND VULNERABLE GROUPS

For some time now, HIV infection has no longer been a death sentence; globally, HIV is largely controlled among the general population. People have access to medications, and the majority of people living with HIV who are on anti-retroviral therapy have undetectable viral loads in their blood. Despite these gains, however, some communities and populations have been left out of the response because of adverse policies and legal environments. Many countries in Africa have enacted HIV criminalization laws, with women more likely to be prosecuted than men because of widespread antenatal HIV testing. Many countries introduced very broad HIV-specific legislation in past decades, but several have since been decriminalizing HIV transmission issues (Barré-Sinoussi et al., 2018).

In 32 African countries (out of a total of about 55), homosexuality or consensual sex among same-sex adults is criminalized, with penalties up to life imprisonment and death (<https://antigaylaws.org/regional/africa/>); most African countries criminalize prostitution (Scorgie et al., 2013), and all

criminalize the use of some drugs. Members of LGBTI communities are scared to seek early mental health, STI, and HIV services due to fear of disclosing their same-sex behaviours or sexual orientation and exposing themselves to the risk of being arrested. Law enforcement officers often demand unprotected sex from sex workers to release them when they are arrested under loitering or petty crimes (Scorgie et al., 2013; Women's Legal Centre et al., 2012). Police in some cases confiscate clean needles that government health departments and CSOs have distributed, undermining global and national HIV/STI prevention efforts. Policies and laws are not aligned to general provision of health and human rights services for vulnerable groups.

Police attitudes and practices towards vulnerable groups come from the community and are governed by these policies and laws; this has several implications for society at large, as well as for the communities themselves. Community relationships, social cohesion, and human rights are influenced by the nature of these interactions. Ultimately, the nature and quality of interactions between police and vulnerable communities can reinforce or reduce cycles of violence and can increase or decrease the risk of HIV infection and transmission. Police actions can also promote or prevent access to health, HIV prevention, and treatment services for vulnerable groups, their families, and the entire community. Police directly serve the general public when they act to discover criminal activities and when investigating crimes and apprehending offenders, but major and frequent irregularities have been reported when police arrest offenders, put them in custody, or detain them. Some of these reported issues related to members of LGBTI, SW, and PWUD communities include the following (Scheibe & Müller, 2016):

- Mishandling of suspects during arrest:
 - Mishandling of sex workers by police, including fondling or inappropriately conducting body searches;
 - Body searches of trans persons often done by a police officer not of the preferred gender.
- Disproportionate use of force:
 - Use of excessive force when arresting PWUD.
- Unlawful arrests:
 - Use of loitering or petty offence laws to arrest SWs who, in some cases, are put in the back of a police van and driven around for no reason other than to punish them;
 - Denial of access to the criminal justice system services for SWs, as their cases are not investigated;
 - Use of condoms by police as evidence to arrest female sex workers at hot spots or in the streets;
 - Targeting of SWs by police under specific operations, for example Operation Chipo Chiroorwa by Zimbabwe Republic Police;
 - Unlawful arrests of members of the general public—LGBTI, SWs, and PWUD—that are costly to police institutions (for example South African Police Service spent ZAR34 million (about USD2.26 million) in 2016) (South African Police Services, 2017)
- Police corruption:
 - Demand that SWs pay a bribe in order to avoid arrest or to be released from police custody.
- Rape and sexual harassment:

- Rape by police officers of SWs who are then released without charge;
- Unlawful body searches conducted by police which dehumanize SWs;
- Fondling of trans persons by police officers during body searches, and rape of trans persons in police custody.

POLICING, TERRORISM, AND COUNTERINSURGENCY

In this review, we refer specifically to Somalia, South Sudan, Eritrea, Central African Republic, Western Sahara, Democratic Republic of Congo, and Mali.

In some African countries, implementation of the rule of law (RoL) is a critical challenge on emerging from war or civil conflict. Police from other jurisdictions have partnered through United Nations (UN) peace building missions to assist in the development of RoL frameworks in such countries, to help them learn to collaborate and engage with military and civilian components in developing strategies towards strengthening RoL. Police peace building and strengthening missions and operations have been instrumental in developing national police capacities. Support for host countries has included protecting civilians under imminent threat and assisting them with security sector reform, and in some cases supporting the disarmament, demobilization, and reintegration of ex-combatants. Such a process was exemplified within the Southern Africa Development Community (SADC) during terrorism and insurgencies in Mozambique. Other examples are found in the Economic Community of West African States (ECOWAS) responding to the Boko Haram in Nigeria, the Economic Community of Central African States (ECCAS) responding to the Revolutionary United Front (RUF) in Sierra Leone, and the Common Market for Eastern and Southern Africa (COMESA) responding to insurgencies of the Lord's Resistance Army (LRA) in Uganda and Al-Shabaab in Kenya and Somalia.

Further in this role of implementing RoL programs, police have addressed issues of sexual abuse, sexual and gender-based violence (GBV), and violence against children and vulnerable persons in ensuring the State was stable and secure. Policing around GBV has been key in ensuring most police institutions prioritize GBV as a serious offense. Partnerships and collaborations with CSOs, community-based organizations (CBOs), and communities do exist as well in addressing such matters. For example, police institutions in the Southern African Regional Police Chiefs Co-operation Organisation (SARPPCO) have all set up specific branches or departments dealing with GBV to offer specialized services in addressing GBV prevention and assistance to and protection of survivors (Katumba, 2020).

Law Enforcement and Public Health Case Studies

Case studies were documented through literature review, network referrals, and further conducting interviews to gather more data to show that collaborations and partnerships do exist in some parts of Africa. A summary is provided in Appendix 1. These collaborations and partnerships, for example the South African Police Service (SAPS) and CSOs (COC Nederland, Aidsfonds, the Triangle Project, Sisonke, TB/HIV

Care, the South African Network of People Who Use Drugs, and the African Policing Civilian Oversight Forum) in South Africa and the Netherlands partnered to develop the Dignity, Diversity and Policing (DDP) training program. The program brings in key populations as experts to co-facilitate the training sessions with SAPS officers. Results show improved police officer strategies in responding appropriately to issues of sexuality, drug use, and GBV, among others. SAPS officers reported that DDP, a training program on public health and human rights for all improved their knowledge, attitudes, and practices when arresting and detaining suspects, especially LGBTI individuals, SWs, and PWUD.

Further, another collaboration with PWUD in Durban, South Africa, highlighted that police had become advocates for harm reduction during the COVID-19 lockdown in Durban, thereby shifting the dominant narrative that law enforcers are abusers and human rights violators (Marks et al., 2020). In these partnerships, law enforcement officers reported having improved in managing challenging situations, for example, in situations of suspects resisting arrest or engaging in verbal abuse, as well as in handling overdoses and withdrawals by PWUD while in police custody. In general, law enforcement officers who had received training demonstrated increased knowledge and an improvement in their attitudes and practices towards key populations or vulnerable groups.

There are more examples of programs that are working well to build better law enforcement and public health collaborations and partnerships. The republic of Mozambique Police Services has also responded to GBV and other forms of violence, particularly relating to sex workers, drug users, and the LGBTI community, including with an emergency response system set up to deal with violence against sex workers. The gender desk set up by the Mozambique police allows key populations or vulnerable groups to receive enhanced services. In Kenya and Zimbabwe, there are documented cases of programs responding to stigma, discrimination, and violence perpetrated by police where police and sex workers hold meetings to share information and knowledge on improving policing sex workers.

Liberia and Sierra Leone have CSOs coming together with the security sector to respond to policing and human rights of marginalized groups, especially sex workers and men who have sex with other men. According to Ipas, in Ghana, Nigeria, Uganda and Zambia, CSOs and CBOs work on educating police officers on human rights and raise awareness, especially on issues relating to the treatment of women and girls. This work is in connection with accessing abortion services, which is extremely difficult because of criminalization. Police can behave very brutally, so that girls and women do not have access to safe health-care providers for abortions because of the fear of being reported to the police.

The Government of Zimbabwe was also active, especially the Zimbabwe Republic Police, in addressing issues relating to COVID-19. It was reported that police officers working in the medical field were deployed to general hospitals and provided clinical services during the COVID-19 pandemic in 2020 and 2021. Lastly, according to United Nations reports, there have been collaborations addressing issues of GBV, rape, and disease in areas of conflict and violence, for example in Central African Republic, Democratic Republic of the Congo, Eritrea, Mali, Somalia, and Sudan. During the past 20 years,

police officers have been involved in peace-building missions and the response to issues addressing RoL and in building a RoL framework in those countries. The cases shared are not conclusive or a full representation of Africa as a region, but these are some of the very good examples of collaborations and partnerships. The partnerships enhance law enforcement and public health initiatives to ensure communities are safe and can access public health services.

ONGOING CHALLENGES AND ESSENTIAL OPPORTUNITIES EMERGING IN LAW ENFORCEMENT AND PUBLIC HEALTH COLLABORATIONS AND PARTNERSHIPS

Daily police operations, actions, and practices of arrest, police custody, and pre-trial detention can have severe consequences for public health. Negative attitudes held and practices used by police have made women and girls, SWs, PWUD, and LGBTI individuals vulnerable or susceptible to trauma, mental health challenges, HIV, AIDS, and STIs. The actions of police officers affect the way these groups seek health services and support from the criminal justice system. These groups are afraid and fear arrest or abuse either when reporting cases at a police station or seeking health services. Criminalization of public health and normal behavioural issues, such as abortion, drug use, same-sex sexual behaviours, and prostitution, sets the scene for driving those involved in these behaviours underground; discriminatory policing compounds the impact. These situations make it difficult for members of such communities to make the decision to seek health services. As a result, their communities are disproportionately affected by mental health issues, complications after abortion, HIV, AIDS, hepatitis, and other STIs. The situation is often made worse by punitive measures governments take instead of appropriately resolving the health and socio-economic hardships these groups suffer. To offer sustainable solutions, CSOs and CBOs have had to continuously approach their governments and police institutions and advocate for possible collaborations and partnerships to rectify the public health problems.

The initiation, implementation, and maintenance of good relationships within police collaborations and partnerships are fraught with challenges and issues, many of which have been documented. CSOs and CBOs are often perceived by police and other authorities as enemies of the state because they deal with sensitive societal and community issues and advocate for marginalized and criminalized populations. These issues are regarded as taboo, perceived to promote immoral behaviours, or characterized as “the Western agenda.” When Western countries or Western-based agencies have voiced or been seen to be supporting human rights values of certain groups, such as homosexual and sex workers’ health and rights, local CSOs and CBOs have suffered the backlash.

Police organizations are rigid, bureaucratic, and protocol-driven, and dealing with their processes can be lengthy and time-consuming, making it difficult for non-state parties to cope financially and meet project timelines. As a result, CSOs and CBOs often give up attempting to follow process, they lose funding, projects are not completed, and outcomes are not realized. Further, CSOs and CBOs often lack convincing

needs-based research with which to advocate, to get them on the agenda, with the result that they are not taken seriously by law enforcement agencies. Non-state parties often have insufficient knowledge of the processes, protocols, and structure of law enforcement, especially police processes and cultures, to be able to navigate them. Above all, CSOs and CBOs lack the financial and human resources to initiate and implement projects and maintain relationships within the collaborations and partnerships.

The SAPS’s DDP training program needs assessment provides good examples (COC Netherlands & SAPS, 2017). Police acknowledged limited understanding of sexual orientation and gender identity within the service. SAPS also acknowledged stigmatizing attitudes and practices towards LGBTI people. The rights of SWs were not recognized. Most police understood that sex work was done primarily for financial reasons and associated sex work with crime, particularly theft and organized crime syndicates. Sex workers were often arrested to reach targets. Further, police recognized drug use as a priority concern in South Africa. Police had very little understanding of the risks of drugs and drug treatment. The term “harm reduction” and related programs were not known. Police officers acknowledged stigmatizing attitudes towards PWUD and recognized that their moral views and personal opinions influenced their attitudes towards PWUD and other key populations. Training was seen as important to improve relationships and collaborations with LGBTI people, both within SAPS and with the wider LGBTI community. Training was also identified as necessary to help implement existing protocols around handling transgender people.

Following the training, police conduct when searching and arresting PWUD and SWs improved. It was reported that police no longer confiscated condoms from SWs and, to some extent, understand harm reduction programs. Some trained police officers became ambassadors and champions for programs that advocate for vulnerable groups. This partnership has continued to work.

OBSERVATIONS AND CONCLUSIONS

Public health-based and human rights-based approaches are highly recommended in reforming police institutions in Africa. Prioritization of the protection of human rights is a major concern, and these partnerships and collaborations between police and CSOs have proved to be critical in advocating for such. The partnerships and collaborations are recommended to ensure that national police institutions hold themselves and other law enforcement agencies accountable. The partnerships are working towards reducing the likelihood of police becoming platforms for further abuse and human rights violations as their role is not to harm but to serve, protect, and ensure safety.

This report is limited to the few police collaborations presented and to the knowledge of the researchers’ networks. Collaborations and partnerships do exist and need to be supported, and many more established, as there are many challenges. While not generalizable, the issues and challenges highlighted are common to many jurisdictions and continue to reflect the early adoption of a broadened mission for law enforcement, one more tied to the essential outcomes of community safety and well-being. Early lessons in Africa show

promise, as they have in other settings globally. Continued research and application will help such practices evolve. But for these changes to truly take hold and have lasting success and impact, greater dialogue about the broadest public health aims, and the cross-over with the many roles of policing that can contribute in such partnerships, must continue to occur at the highest levels of public policy.

CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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APPENDIX 1: Case studies of LEPH partnerships and collaborations within Africa

ID	Country	Name of program	Theme	Program description and outcomes
1	South Africa, Durban	The Durban Moment	Harm reduction	In Durban, South Africa, police advocated for harm reduction during the COVID-19 lockdown in Durban, thereby shifting the dominant narrative that police officers are abusers.
2	Mozambique, 11 provinces	Hands Off!	Violence, GBV	In Mozambique, law enforcement officers were one of the major perpetrators of violence against SWs. After years of lobbying, Pathfinder, an international NGO, and SW-led network Tiyané Vavassate got SWs and police officers to work together directly.
3	Kenya, Kisumu	Keeping Alive Societies' Hope (KASH) – From Abuse to Protection: Building Understanding Between Police Officers and Sex Workers	Gender, violence, sexual orientation, gender identity & expression	Police sensitization on human rights of marginalized groups (SW & MSM)
4	Liberia & Sierra Leone	LEGAL & SoSNoL	Gender/, violence, SOGIE, COVID-19	Educating police officers on human rights and raising awareness on COVID-19 among police officers as an emergency response
5	Ghana, Nigeria, Uganda, & Zambia	Ipas – Police as partners in improving abortion access	Gender, abortion	Training police to be allies in advocating and helping rather than hindering women's access to abortion care. Training police officers on abortion law and the right of women to access services.
6	South Africa	South African Police Service (SAPS) Dignity, Diversity and Policing program	Violence, SOGIE, Gender	Training South African police to incorporate human rights principles relating to drug use, violence, gender identity and expression, and sexual orientation.
7	Zimbabwe	Space for Marginalized Groups in Diversity. Zimbabwe Trust's sensitization of police officers in Masvingo Zimbabwe	Violence, gender, sex work	In 2020 during the first phase of the COVID-19 lockdown, 30 sex workers were chased away from the compound where they had lived for over 30 years. The Zimbabwe Republic Police (ZRP) Dispol Masvingo Central appreciated the dialogue and admitted they needed sensitization on the subject matter. Since then, SWs have been allocated a slot in the ZRP quarterly meetings to provide sensitization talks on issues relating to sex work, SWs, and marginalized groups. Court lenience has also been observed, where restrictions have been reduced and sex workers and other minority groups allowed to access courts with the GBV survivors. Case handling has also improved because of a proper case tracking and tracing.
8	Zimbabwe	Provision of clinical services by Zimbabwe Republic Police at government hospitals and clinics during COVID lockdown	COVID-19	During the COVID-19 lockdowns in 2020 and 2021, Zimbabwe law enforcement agencies, including the ZRP, were engaged in providing clinical services at general hospitals and clinics. Health care workers from the security sector were deployed to provide this service.
9	Africa (Somalia, Sudan, Eritrea, Central African Republic, Western Sahara, Democratic Republic of Congo, Mali)	The Development of peace operations in Africa, and its police components	Gender, conflict, violence, sexual abuse	Police have assisted in the development of RoL frameworks in countries emerging from conflict. Police collaborated and engaged with military and civilian components in developing strategies towards strengthening RoL. The police peace-building missions and operations cover developing national police capacity within the host country; supporting protection of civilians under imminent threat; assisting security sector reform; supporting the disarmament, demobilization, and reintegration of ex-combatants. Addressing issues of sexual abuse, sexual and gender-based violence, and violence against children and vulnerable persons has also been key as part of critical components of a stable and secure state.

GBV = gender-based violence; SW = sex worker; NGO = non-government organization; MSM = men who have sex with men; SOGIE = sexual orientation, gender identity and expression; RoL = rule of law.