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## 2014-2015 UBRAF thematic report

### Addressing HIV in humanitarian emergencies

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## ACHIEVEMENTS

In 2014-2015 more people than ever before were affected by humanitarian emergencies around the world. In 2013, when figures were last published, 314 million people were affected by emergencies, of which 67 million people were displaced by natural disasters and conflicts. Of these, 1.7 million were people living with HIV of whom, almost 1.4 million people (82%) were in Sub-Saharan Africa. Many were displaced, lacked access to essential HIV services and suffered as a result of shortages that could have been avoided.

Migration and displacement are major issues affecting people's health, including reducing their access to HIV prevention, treatment, care and support services. In 2011, the Security Council adopted the Resolution 1983, which broadened the HIV and AIDS agenda in peacekeeping operations to address violence in conflict and post-conflict situations and drew the attention to the vulnerability of women and girls. The factors that determine HIV transmission during humanitarian emergencies are complex: existing gender inequalities may be further exacerbated, sexual exploitation may increase, and essential health services can be disrupted during crises. The Secretary-General's Global Study on progress in implementing Resolution 1325 underscored that gender inequality, exacerbated by conflict, contributes to increased risk of HIV among women and girls: that they have less access to prevention information; face greater barriers to negotiate safer sex due to unequal power dynamics; and represent the overwhelming majority of survivors of sexual gender-based violence (SGBV), requiring greater intervention and care. Work carried out in 2014-2015 by the UNAIDS Secretariat and cosponsors to address HIV in humanitarian emergencies included:

- UNHCR and the WFP continued co-convening the Inter Agency Task Team (IATT) on addressing HIV in Emergencies in 2014-2015, working on advocacy briefs to integrate HIV in the clusters and conducting face-to-face meetings in January 2014 in Rome and January 2015 in Geneva;
- Guidelines for the Delivery of Antiretroviral Therapy to Migrants and Crisis affected Persons in sub-Saharan Africa were developed by UNHCR in partnership with 14 agencies and published in 2014;
- UNHCR additionally worked with WHO, WFP, UNICEF and UNAIDS to develop a guidance brief on the need for continuity of a minimum HIV programme in the context of Ebola;
- During 2015, UNICEF, UNHCR and Save the Children finalized guidance on prevention of mother to child transmission (PMTCT) in humanitarian settings. The document includes two parts: (1) review of lessons learned; (2) guidance note of key considerations for integrating PMTCT in emergencies.
- A Thematic Segment on HIV in Emergencies was held during the 36th UNAIDS Programme Coordinating Board (PCB). This event was successful in boosting the

visibility of HIV in emergencies and communicating the risks associated with neglecting this issue in funding and programming decisions. Decision points as a result of the segment were adopted during the 37th PCB;

- WFP, UNHCR and PCB NGO's ensured the importance of access to HIV services for populations affected by emergencies, strategic information, funding, food and nutrition, SGBV, preparedness, logistics, Health Travel Cards, cross-border activities and key populations were included;
- UNHCR and WFP lobbied to ensure HIV in emergencies was integrated throughout the updated UNAIDS Strategy and UBRAF;
- During 2015 UNHCR updated data on the inclusion of refugees/migrants in National Strategic Plans and Global Fund (GF) grants;
- To inform the operationalization of the Global Fund's Emergency Fund, UNHCR, WFP, UNICEF, UNAIDS, UNDP and IOM contributed to 10 country-specific case studies highlighting the impact of emergencies on service continuity;
- WFP and the Global Fund signed an MoU to use WFP's logistics capabilities to deliver commodities during emergencies;
- In West and Central Africa, the Joint UN Regional Team on AIDS advocated for the inclusion of HIV activities in the Sahel regional strategy across Inter Agency Working Groups (IAWGs);
- UNICEF and WFP stressed the importance of food access for vulnerable households affected by HIV;
- UNHCR and UNFPA provided technical support for responses to the European refugee crisis, while UNFPA, UNHCR and Women's Refugee Commission carried out assessments on health and protection of refugee women and girls, including assessing HIV risk.

## **MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED**

However, challenges remain. HIV is not a priority in humanitarian contexts, especially in areas where prevalence is low. Therefore, the IATT on addressing HIV in emergencies is actively engaged in advocacy activities, such as developing relationships with the clusters and preparing for international events such as the upcoming AIDS conference in July 2016. In 2014 IATT members and Witswatersrand University organized a scientific development workshop to improve knowledge/skills to deliver effective HIV responses in humanitarian emergencies during the 20th International AIDS Conference.

Stock-outs remain a challenge in humanitarian settings. To address this issue, WFP

signed an MOU with the Global Fund for logistics to improve preparedness and immediate response through humanitarian hubs that can respond in less than 48 hours on behalf of 65 partners. WFP and UNFPA also concluded a Framework Agreement for the provision of logistics services in 2015.

Greater efforts are needed to prevent SGBV and promote integrated services for girls and women survivors of SGBV, including those living with HIV, in the context of conflict and post-conflict. This includes a need for strengthened partnerships between the security sector, the Ministries of Gender Equality and the Ministries of Justice. Enhanced capacity on strategic planning and longer-term advocacy of networks of women living with HIV needs to be strengthened.

Existing monitoring systems and data on addressing HIV in emergencies is limited. In addition, inclusion of HIV related data is not consistent in rapid assessments; for instance, data on patients requiring continuation of ART in the immediate aftermath of an emergency is not easily available.

There is often weak capacity in countries with fragile health systems to be able to respond to emergencies. This compounds the problem and makes it harder to respond. In some cases the lack of clearly defined leadership roles at country level to address HIV in emergencies results in delayed responses. Coordination and communication between relevant stakeholders at the onset of emergencies is key for effective responses that integrate HIV.

## KEY FUTURE INTERVENTIONS

Future work to address these issues will include:

- The UNAIDS Secretariat in consultation with IATT members will engage in international events including a side event on HIV and Security at the HLM on 7 June 2016 in New York; as well as the upcoming AIDS conference on 18-22 July 2016 in Durban to highlight the issue of HIV in emergencies, showcase the work which has been done in this area and promote linkages with development partners;
- UNHCR in consultation with UNICEF, WFP, MSF, Save the Children, IFRC, UNDP and the AIDS Alliance will produce a “best practices” document on access to and continuation of HIV services in emergencies to inform policy and programming at global, regional and national levels;
- UNICEF, WFP, UNHCR and IATT partners will support development of country contingency planning and risk mapping;
- WFP in consultation with UNICEF, Save the Children, UNDP, UNAIDS, UNHCR, IFRC and World Vision will create a sub-working group and link with the IATT on nutrition and regional officers to promote actions to mitigate the impact of El Nino;
- The IATT will work the Women’s Refugee Commission to formalize linkages with the IAWG on reproductive health in crisis and provide inputs into relevant areas of the IAWG work plan including updating the field manual;

- UNHCR, UNICEF and WFP will work to integrate HIV in Emergencies into the activities of select clusters, working with members of clusters to provide recommendations and key actions to ensure HIV in emergencies is considered;
- MSF and IATT partners will advocate for reduced pricing of ARVs in emergency contexts;
- UNHCR with IATT partners will work towards the operationalization of WHO treatment Guidelines (2015) in humanitarian emergencies;
- The UNAIDS Secretariat will work to improve HIV strategic information in emergencies and consolidate and harmonize tools for HIV in emergencies.

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