
2014 UBRAF thematic report

Addressing HIV in humanitarian emergencies

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ACHIEVEMENTS

The Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) continued to co-lead the Inter-Agency Task Team (IATT) on HIV in Emergencies, which aims to improve HIV preparedness and response during emergencies.

The IATT on HIV in Emergencies is a global platform which addresses HIV in the context of humanitarian emergencies. It is an interagency and multisectoral body comprised of subject-matter experts representing both international multilateral UN agencies and non-governmental organizations. The core function of the platform is to provide leadership and technical guidance; to advocate for funding and policy outcomes that address HIV in emergencies; to act as a coordination mechanism; and to strengthen surveillance, monitoring and evaluation systems.

Some of the key IATT activities in 2014 included:

- working on advocacy briefs to integrate HIV in the clusters;
- IATT face-to-face meeting in January 2014 in Rome, Italy; and
- creation of guidance notes to address HIV in Emergencies and transfer best practices

A broader range of activities undertaken by members of the IATT are listed below.

In a joint initiative, UNHCR, the United Nations Children's Fund (UNICEF), WFP, UNAIDS Secretariat, Save the Children UK, the International Federation of Red Cross and Red Crescent Societies, the International HIV/AIDS Alliance and the University of Witwatersrand in Johannesburg, South Africa, organized a scientific development workshop during the 20th International AIDS Conference, Melbourne, Australia. The workshop was presented to governments, development agencies, nongovernmental organizations and other participants to improve their knowledge and skills to deliver effective HIV responses in humanitarian emergencies.

UNHCR—in partnership with 14 other agencies—issued guidelines for the delivery of antiretroviral therapy to migrants and crisis-affected people in sub-Saharan Africa. The updated guidelines have been broadened to include all types of migrants and crisis-affected populations, including those forcibly displaced. Clear recommendations are provided for states, clinicians and programme managers, civil society, donors and United Nations agencies.

UNHCR worked with UNICEF, WFP, the World Health Organization (WHO) and UNAIDS Secretariat to develop an advocacy and guidance brief on the need for continuity of a minimum HIV programme in the context of the Ebola emergency to protect investments made in the region.

The brief outlined the recommended minimum HIV package of interventions and actions required to ensure continuity of HIV services, including through community platforms.

UNICEF, working with UNHCR and Save the Children UK on behalf of the IATT, developed guidance on prevention of mother-to-child transmission (PMTCT) in humanitarian settings. The document comprises:

- A review of lessons learned and published literature.
- A guidance note of key considerations for integrating humanitarian action in PMTCT and PMTCT into humanitarian action.

To support the operationalization of the USD 30 million Emergency Fund—set up by The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)—UNHCR, UNICEF, WFP, the United Nations Development Programme (UNDP), UNAIDS Secretariat, and the International Organization for Migration (IOM) contributed to 10 country-specific case studies, highlighting the potential impact of emergencies on the continuity of HIV and tuberculosis treatment and essential services. UNICEF and WFP were shortlisted as pre-qualified implementing agencies to use the Emergency Fund at the country level.

WFP and the Global Fund reached an agreement in the form of a memorandum of understanding (MOU) to use WFP's expertise in logistics during humanitarian situations to procure, transport and pre-position items other than food, such as antiretroviral medicines.

To strengthen advocacy for HIV in humanitarian situations, UNHCR, WFP, the International Labour Organization (ILO) and the UNAIDS Secretariat, together with key Member States—including Canada, Sweden and Switzerland—drafted a proposal for a thematic segment on HIV in emergency contexts for the 36th meeting of the UNAIDS Programme Coordinating Board (PCB) in July 2015.

Updated guidelines on post-exposure prophylaxis for HIV were published by WHO with support from other UNAIDS Co-sponsors, including UNHCR, UNICEF, the United Nations Population Fund (UNFPA), and ILO. These guidelines aimed to simplify the provision of post-exposure prophylaxis in order to increase uptake and adherence, including in emergency settings.

UNHCR, WHO and UNAIDS Secretariat released a policy statement on HIV testing and counselling for refugees and other persons of concern to UNHCR, stressing the conditions for providing HIV testing and counselling for such populations. The policy statement also emphasizes that these organizations do not support compulsory or mandatory HIV testing of individuals on public health grounds or for any other purposes.

In the West and Central Africa region, including in countries with HIV high prevalence such as the Central African Republic) the Joint UN Team on AIDS continued to advocate for the inclusion of HIV activities in the Sahel regional strategy and response plan across inter-agency working groups, including governance and security. UNICEF and WFP jointly stressed the importance of food access to vulnerable households affected by HIV, encouraging HIV testing among children with severe or moderate acute malnutrition.

In the Asia and Pacific region, UNHCR and WFP have been supporting the development of the capacity of networks of people living with HIV to deliver HIV services within the

humanitarian response. In addition, guidelines for HIV in emergency contexts have been promoted among both HIV and humanitarian stakeholders operating in the region. Key related issues have been addressed and incorporated into new HIV/AIDS strategic plans.

In order to contribute to stabilizing and maintaining access to treatment and preventing default, WFP provided emergency food assistance and nutrition support in a variety of humanitarian settings to vulnerable individuals and households affected by HIV, through both HIV-sensitive and HIV-specific interventions. People living with HIV, refugees and internally displaced people in several countries—including high-impact countries affected by conflict, the Ebola emergency, transition and post-crisis situations—benefited from WFP food assistance in 2014.

In South Sudan, the United Nations Educational, Scientific and Cultural Organization (UNESCO) organized an orientation on comprehensive sexuality education with a focus on peacebuilding and conflict-sensitive education for 58 participants from the ministries of education, health, gender, youth and the National AIDS Council.

An action plan was developed for the integration of comprehensive sexuality education in national curricula. With support from UNICEF, UNESCO also undertook training of trainers and teacher training on life skills and HIV prevention, peace, gender equality and general health, which will reach an estimated 50 000 young women and girls in South Sudan in 2015.

With support from the Office for the Coordination of Humanitarian Affairs, and in cooperation with UNHCR, UNESCO provided literacy and life skills education, including HIV prevention education, to Syrian refugees in refugee camps and host communities in the Kurdistan region of Iraq. This was undertaken through the establishment of community learning centres and training of trainers.

In post-conflict settings in the West and Central Africa region, UN Women supported HIV prevention activities, awareness raising and capacity development on protection issues, sexual and gender-based violence prevention, response and referral. The activities involved local authorities, service providers and the security sector.

In the conflict-affected zones of Ukraine, through its UN Trust Fund to End Violence Against Women grant, UN Women engaged some 300 state and civil society service providers to respond to sexual and gender-based violence cases, focusing on girls and young women—including those living with HIV—resulting from escalating conflict. Based on this work, a protocol on rapid response to sexual and gender-based violence in emergency situations has been approved by a number of ministries responsible for social and gender policies.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

HIV is not a priority in humanitarian contexts, especially in areas where prevalence is low. The IATT on HIV in Emergencies is therefore actively engaged in advocacy activities, such as developing policy briefs for integration of HIV into clusters, the Ebola response and preparing for the thematic segment on HIV in emergency contexts for the UNAIDS 36th PCB meeting in July 2015.

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 its six humanitarian hubs that can respond in less than 48 hours on behalf of 65 partners, including the Global Fund.

As there was a slow response in providing guidance and common messages on HIV within the Ebola response, UNHCR and UNICEF convened a core inter-agency group in order to think through priority actions for HIV as part of the response.

Greater efforts are needed to prevent sexual and gender-based violence and promote integrated services for girls and women survivors of such violence—including those living with HIV—in conflict and post-conflict situations. This includes the need for strengthened partnerships between the security sector, ministries of gender equality and ministries of justice. Enhanced capacity on strategic planning and longer-term advocacy of networks of women living with HIV needs to be strengthened for structural changes that will reduce discrimination and sexual and gender-based violence and improve the integration of services.

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 people requiring continuation of antiretroviral therapy 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 further and makes it even harder to respond to HIV issues in an emergency.

In some cases, the lack of a clearly defined leadership to address HIV at country level results in delayed responses in emergency situations.

Coordination and communication between relevant stakeholders at the onset of an emergency is key for effective responses that integrate HIV.

KEY FUTURE INTERVENTIONS

- A meeting of top experts on HIV in humanitarian emergencies will take place in Geneva in March 2015 to help in the development of a stronger narrative for the

sector.

- UNHCR, WFP, UNICEF and the UNAIDS Secretariat will be coordinating activities related to the thematic segment on HIV in emergency contexts for the UNAIDS 36th PCB meeting in July 2015.
- For advocacy and programming purposes, UNHCR, UNICEF and UNAIDS Secretariat are in the process of updating numbers on people living with HIV in humanitarian emergency situations.
- The IATT on HIV in Emergencies plans to produce guidance on contingency planning and will hold workshops in anglophone and francophone African countries.
- UNICEF will develop training materials to address HIV in emergency contexts for both internal and external partners. In addition, a basic toolkit for risk-informed programming which contributes to the resilience agenda, including a sector-specific chapter on HIV, will be developed. Tools will be developed for cross-cutting issues, including care and support for children affected by HIV. The toolkit will be developed in partnership with the Centres for Disease Control and Prevention and Emory University in Atlanta.
- UN Women will sustain its efforts on referral mechanisms and provision of integrated services on sexual and gender-based violence in the West and Central Africa region. It will also continue its capacity development work within the security sector to ensure that core emergency preparedness and response plans address the specific needs of women and girls in post-conflict settings.
- UN Women will also contribute to an Inter-Agency Coordination and Advocacy Toolkit on HIV in Crisis and Post-crisis Settings developed by the Joint UN Team on AIDS in West and Central Africa, ensuring that gender-sensitive and human rights-based approaches are central to the toolkit.

CONCLUSION

The IATT hopes that the thematic segment on HIV in emergency contexts that will be held during the 36th meeting of the UNAIDS Programme Coordinating Board (PCB) in July 2015 will bring this important issue greater visibility and catalyse political support. The IATT is optimistic that such support will translate into greater prioritization of HIV in emergencies in the new UNAIDS Strategy 2016-2021 and corresponding UBRAF. This will be critical to addressing the needs of crisis affected people and will bring us closer to ending HIV/AIDS as a public health threat by 2030.

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