
UBRAF thematic report: addressing HIV in humanitarian emergencies

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Results

1) Integrating HIV response during emergencies

To strengthen the integration of the HIV response during emergencies, the global Inter-Agency Task Team (IATT) worked with humanitarian organizations to integrate HIV interventions into sectors such as protection, health, nutrition, food security, shelter and education, and to produce guidance notes for the various clusters. UNHCR and WFP serve as co-conveners of the IATT whose membership includes UNAIDS, the UN Children's Fund (UNICEF), the UN Food and Agriculture Organization (FAO), Save the Children (StCUC), the Red Cross (IFRC), World Vision International (WVI) and the International AIDS Alliance.

In 2013, UNHCR, UNICEF, UNAIDS, WFP, Save the Children and WVI updated the internally displaced persons (IDP) assessment tool to include a wider scope of humanitarian situations, HIV policy changes and case studies that resulted in the assessment of HIV in internally displaced situations tool.

UNAIDS, UNICEF, UNHCR, UNFPA, the International Organization for Migration (IOM) and WFP developed a paper, *Strengthening national responses to HIV and adolescents in emergency situations: lessons learned from Côte d'Ivoire and Haiti*, with recommendations to bridge gaps between development and humanitarian programming. UNHCR developed a website dedicated to HIV in emergencies (<http://hivinemergencies.org>) to which all IATT members contributed. The IATT organized advocacy and technical sessions on HIV in emergencies at the International AIDS Society (IAS) in Washington DC in 2012, and at the International Conference on AIDS and STIs in Africa (ICASA) in Cape Town in 2013.

2) Planning responses for emergencies

The IATT on HIV and Gender-Based Violence (GBV) in Emergencies for Eastern and Central Africa supported a workshop in Nairobi in 2012 to share experiences, build capacity and assist in planning to address HIV in the Horn of Africa emergency situation. The meeting focused on three UNAIDS High Impact Countries (HICs), Djibouti, Kenya and Ethiopia, and incorporated experiences learnt from South Sudan and Somalia. In 2013, a partnership of UNHCR, UNICEF, WFP and UNAIDS trained personnel from five states in South Sudan on HIV in emergencies, and carried out a rapid assessment on addressing HIV in the country's humanitarian response. UNHCR helped train stakeholders in refugee camps in Ethiopia and along borders in Ecuador and Mexico to support interventions addressing sex work. In Asia Pacific, WFP, UNHCR and the Asia Pacific Network of People Living with HIV/AIDS (APN+) developed an action plan and specific tools for community-based organizations to help prepare for emergencies.

UN partners supported national AIDS programmes in countries affected by crisis as well as countries making plans for emergencies. UNHCR and WFP convened a workshop in Yangon, Myanmar, with stakeholders of the national HIV response during the mid-term review of the National Strategic Plan (NSP) for HIV/AIDS. In Kenya, anticipating post-poll unrest, national and international partners worked on contingency plans with authorities for the March 2013 presidential election. This resulted in decentralized distribution hubs for antiretroviral therapy (ART) in five counties that experienced violence in the 2007 elections, with people living with HIV (PLHIV) given antiretrovirals for at least three months. In addition, the National AIDS Control Council, in collaboration with UNHCR, UNAIDS, IOM and other partners, supported the development of the *Kenya National Guidelines for*

HIV Interventions in Emergency Settings.

UN agencies backed the inclusion of HIV in the NSPs of Indonesia, Democratic Republic of the Congo and Sudan. UNICEF, UNAIDS and Save the Children organized a contingency planning workshop in two provinces in Mozambique on preparing for emergencies, and to develop provincial humanitarian response plans in which HIV is aligned with disaster risk-reduction objectives. The response plans were integrated into the Mozambican contingency plan, with lessons learnt documented to inform future planning.

3) Training, workshops help build capacity

Training to build UN country team capacities, using the Inter-Agency Standing Committee (IASC) guidelines for addressing HIV in humanitarian settings, was organized in several countries through a series of workshops, and one-day sensitization sessions were held in Latin America and the Caribbean. Technical experts were deployed from global and regional levels to coordinate and strengthen the HIV response during emergencies in 2012 and 2013, with missions to the Central African Republic (CAR), South Sudan, Cote d'Ivoire, Liberia, Mali, Niger, Burkina Faso, Mauritania, Jordan, Syria and Lebanon. Advocacy briefs were also produced to help development partners, clusters, humanitarian organizations and donors to prioritize HIV interventions in Central African Republic and South Sudan.

The Joint UN Regional Team on AIDS (JURTA) for West and Central Africa reactivated the subgroup on HIV in humanitarian situations following recognition of the area as a regional priority. Co-convened by UNHCR and WFP, it will coordinate the HIV response. The *UN Security Council Resolution 1983* continued to be promoted in 2013, with UNAIDS in partnership with UNFPA, UNICEF and the UN Department of Peacekeeping Operations (DPKO) organizing a regional workshop that revitalized the WCA Military Network on the Fight against AIDS. The network addresses HIV and sexual and gender-based violence in conflict settings, as well as the cross-border dimensions of HIV in 22 countries in the region. In South Sudan, a HIV strategy and tools to work towards achieving the 1983 resolution were developed to facilitate provision of HIV services for uniformed forces and host communities.

UNFPA, working with ministries of health and international and national partners, provided technical and financial support to implement the Minimum Initial Service Package (MISP) for emergency reproductive health care to populations in crisis. Training that targeted health-service providers from refugee camps and nearby health facilities was provided in Uganda, Rwanda, Egypt, Lebanon, Azerbaijan, Côte d'Ivoire and Central African Republic.

UNESCO, UNFPA, UNICEF and Save the Children conducted a rapid assessment of young Syrian refugees and hosting communities across the Lebanese territories to design youth programmes and projects for helping young people. The assessment provided an overview of the situation of Syrian and Lebanese Youth (aged 15-24) living in vulnerable communities in Lebanon to assist youth actors involved in the crisis response to design youth programmes and projects that better respond to the youth's needs. The assessment addressed issues such as legal status of the refugees, living conditions, education, economic situation and employment, health (focusing on SRH), psychosocial support and SGBV. Data collection was completed in December 2013. UNESCO and Agence Francaise de Development, the French international development agency, financed a series of camps organized by the Lebanese Red Cross to teach Syrian and Lebanese young people about life skills, conflict resolution, GBV and HIV.

Constraints, challenges and lessons learnt

- In low and concentrated epidemic countries, drawing the attention of stakeholders of the humanitarian response to HIV needs during an emergency remains a challenge. Experience has shown the vital role played by PLHIV networks and community-based organizations in meeting the needs of people living with HIV and key populations. Although PLHIV networks often require training to develop management capacity, their motivation, local knowledge and ability to address stigma best places them – with the support of international nongovernmental organizations – to intervene effectively to address HIV needs during an emergency.
- HIV is not often perceived as a priority during emergencies, particularly at the onset, and countries rarely have emergency and contingency plans that ensure a minimum HIV response.
- There is a lack of adequate funding for HIV in emergencies as it is seen as an issue that should be addressed in the longer term. This is evidenced by its exclusion from Central Emergency Response Fund (CERF) calls and the MIRA (multi-cluster/sector initial rapid assessment) approach, designed to identify humanitarian priorities during the first weeks following an emergency.
- Due to the number of emergencies in 2012 and 2013, mounting a swift HIV response at the onset of a crisis was not always possible. This emphasizes the need to further invest in strengthening programmes for HIV in emergencies. Country and regional IATTs can be more dynamic and operational than global ones, as coordination has immediate programmatic benefits.
- Existing monitoring systems and data on addressing HIV in emergencies are limited, and the inclusion of HIV-related data is not consistent in rapid assessments. For example, data on patients requiring ART in the immediate aftermath of an emergency is not easily available.
- There is often weak capacity in countries with fragile health systems to respond to emergencies.
- In some cases, the lack of a defined leadership in a country-level response results in unnecessary delays.
- Coordination and communication between stakeholders at the onset of an emergency is key for effective responses that integrate HIV.
- In order to advocate for better inclusion of HIV at the onset of emergencies, IATT participation in Global Health Cluster coordinating calls is critical.

Key future interventions

- Engage humanitarian clusters on their experiences, using HIV guidance notes such as protection, shelter, camp coordination and management. Complete a cluster notes guidance package to be used as a benchmark to determine progress on HIV inclusion in emergencies.
- Strengthen engagement with the health cluster.
- Adopt methodology used in Kenya and Mozambique as a model, advocate for appropriate HIV interventions in all contingency plans to be initiated at the onset. Provide a more active coordination platform through the global IATT, while encouraging the regional and country IATT to respond in a timely manner.
- Document lessons learnt from interagency assessments, coordination mechanisms and programme

implementations, and evaluate the IATT response to HIV in new emergencies.

- Actively include networks and groups of people living with HIV in the IATT at all levels.
- Develop a consistent approach to working with key populations in emergency settings.
- Launch the official website on HIV in humanitarian contexts.
- Develop skills-building workshops and disseminate tools to assist the HIV response in humanitarian emergencies.
- Create a technical working group to support the Global Fund in administering grants and determining fund reprogramming in fragile states.
- Organize an IATT HIV emergencies satellite session at the 20th International AIDS Conference (AIDS 2014) in Melbourne to encourage scientific and political engagement.
- Forward thematic segment topic on HIV in emergencies for the Programme Coordinating Board (PCB) session in 2016.
- Engage with the Treatment 2015 initiative, to advance efforts in scaling up access to HIV testing and treatment, and to develop clear indicators to determine progress.

Supporting documents

- *A rapid assessment report – addressing HIV in the South Sudan humanitarian response.*
https://drive.google.com/file/d/0B_9FWx_E-scGZS15d2Qzdkk1S0U/edit?usp=sharing
- *CAR advocacy brief for HIV August 2013*
https://drive.google.com/file/d/0B_9FWx_E-scGV05hQWpfQ05jX3M/edit?usp=sharing
- *South-Sudan-advocacy-30-12-2013*
https://drive.google.com/file/d/0B_9FWx_E-scGQUw2amhKeGt6UnM/edit?usp=sharing
- *Strengthening National Responses to HIV and Adolescents in Emergency Situations*
https://drive.google.com/file/d/0B_9FWx_E-scGMUJsUWRDNHk3ZFU/edit?usp=sharing
- *National Kenya guidelines for HIV interventions in emergency settings*
https://drive.google.com/file/d/0B_9FWx_E-scGaVM4Rm9oMEQtaTg/edit?usp=sharing
- *Issue paper NSP MTR humanitarian settings Myanmar 2013*
https://drive.google.com/file/d/0B_9FWx_E-scGYmtvSW9HYUxkbDA/edit?usp=sharing
- *IDP HIV tool 2013*
https://drive.google.com/file/d/0B_9FWx_E-scGZlpYSGo4VmhvUG8/edit?usp=sharing

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