

Practical measures

HIV/AIDS is a complex problem with impacts that extend far beyond the issue of health into all areas of socioeconomic development.

It should be dealt with as early as possible in an emergency, and HIV prevention, care and mitigation must be multisectoral and integrated into all areas of assistance for those affected. For this reason, efforts to plan for and mitigate the effects of HIV/AIDS in emergency settings have been intensified and now involve the UN's Inter-Agency Standing Committee (IASC).

A Task Force, established by the IASC, has developed a series of **Guidelines for HIV/AIDS interventions in emergency settings**. They illustrate, for governments and cooperating agencies (including UN Agencies and NGOs), how to incorporate HIV/AIDS considerations in their response, and how to coordinate to assure the minimum multisectoral response during the early phase of an emergency. This response should be integrated into existing plans and the use of local resources should be encouraged.

A set of briefing and training materials are being developed to help implement the Guidelines. The package includes materials for:

1. information and briefing—for policy and senior-level personnel;
2. orientation training—as a stand-alone workshop or incorporated into existing training;
3. self-study—a CD-ROM, designed to assist programme-level staff and officers.

Details of the steps that must be taken to deliver this minimum response, and then expand it to a comprehensive response once the situation has stabilized, are listed in the attached matrix. Sufficient funding to implement steps listed in the Guidelines is the best way to ensure that the HIV/AIDS factor in an emergency does not precipitate a long-term crisis.

Making progress



In recent years, the urgent need to address the particular aspects of HIV/AIDS in emergency settings has resulted in a wide range of responses being devised and implemented by the relevant agencies of the UN system.

The Declaration of Commitment on HIV/AIDS adopted unanimously at the UN General Assembly's Special Session on HIV/AIDS in 2001, recognizes that populations affected by emergencies face increased risk of HIV exposure.

The Declaration calls for all agencies and NGOs dealing with emergencies to incorporate HIV awareness, prevention and care into their programmes with special attention to women and children; it urges governments to set up national strategies dealing with HIV spread among armed forces; and it recommends including HIV awareness when training peacekeeping troops.

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The compounding effect of crisis and HIV

Both natural and man-made disasters bring with them an immediate and devastating additional danger—the increased risk of HIV infection. Disasters create chaotic conditions that accelerate the spread of the epidemic.

The ways in which people have traditionally coped with famine and poverty are undermined by HIV/AIDS, which increases mortality and morbidity among those who may already be weak and malnourished.

Refugees or internally displaced persons are often highly vulnerable to HIV infection, not only because of the disruption displacement brings, but also due to the breakdown of normal social behaviour during such events.

Sexual violence and rape are commonplace in wars. Combatants often use rape to terrorize a population and force people to flee.

When there is civil strife, the 'formal rules' of war do not apply. Most government military recruits receive little sexual-health or HIV education, and rebel forces or other armed forces even less.

Child soldiers are particularly vulnerable to HIV infection as a result of sexual violence, through peer pressure that promotes risk-taking sexual behaviour or as a result of explicit orders to perform rape.

Drug abuse by children, encouraged by their superiors in order to make them less sensitive to killing, is yet another chilling reality that exposes them to the possibility of HIV infection.

Counting the cost



Peacetime HIV infection rates among the military are up to five times higher than in civilian populations in some countries and contribute to the spread of the epidemic in rural areas. In war, these rates rise significantly. For example, in Uganda in 1991, an increase in the prevalence of HIV was reported in areas where the National Liberation Army was located.

In 1998, Hurricane Mitch pounded the Central American country of Honduras, which already had one of the highest number of adult HIV infections in the region. The country's health infrastructure was severely damaged, and NGOs suspended HIV-prevention programmes, providing shelter and food instead. The number of women and children in sex work increased, and sexual violence soared.

In the 1990s conflict in Bosnia, up to 40,000 women were raped. Studies show that soldiers and men in these situations no longer feel bound by social conventions, making them a threat to the occupants of refugee camps (up to 95% of whom are women and children) where they may work as guards.

Peacekeeping efforts can also lead to higher HIV vulnerability. For instance, in the UNTAC peacekeeping mission to Cambodia between 1991 and 1995, local NGOs reported that sex workers doubled their nightly number of customers. Studies of returning Uruguayan and American soldiers showed they were infected with a particular sub-type of HIV found only in South-East Asia and Central Africa.

Emergencies increase HIV vulnerability

Many of the conditions that facilitate the spread of HIV are common in emergency settings.

Such conditions include but are not limited to the following:

- loss of income, livelihood, homes, food, water, health care and education
- increased powerlessness leading to rape and sexual violence, including rape used as a weapon of war by fighting forces against civilians—most often exacerbated by impunity for crimes of sexual violence and exploitation
- severe impoverishment that often leaves women and girls with few alternatives but to exchange sex for survival
- mass displacement that leads to the break-up of families and relocation into crowded camps for refugees and internally displaced people, where security is rarely guaranteed
- the breakdown of school, health and communication systems usually used to programme against HIV transmission
- unaccompanied and unsupervised children and young people who have lost family and community guidance, have no income and may be traumatized or simply bored
- limited access to condoms and treatment for sexually transmitted infections

Losing life's foundations



How HIV aggravates crisis and delays recovery

Just when people are at their most vulnerable, HIV creates a huge burden not only on the affected population, but also on the support systems and people that are there to help them recover from the crisis.

- Persons living with HIV/AIDS are more prone to disease and death as a consequence of limited access to food, clean water, and good hygiene.
- Caregivers may be killed or injured during an emergency.
- Women, girls and boys are especially vulnerable to HIV infection.
- Health-care systems break down and financial resources are much more limited than usual.

HIV can be both a factor in triggering a crisis, or it can be a consequence of one. While there is no direct link between HIV and emergencies, all groups affected by an emergency are subject to an increased vulnerability to HIV infection—soldiers, rebels, humanitarian workers, for example. No group is immune to the threat.

There is, however, a relationship between HIV/AIDS and food security. By affecting livelihoods, HIV/AIDS reduces food security through illness and death, which, in turn fuel the spread of HIV as people are driven to adopt risky behaviour in order to survive.

Vulnerability to HIV, created by many factors, including those mentioned above, can significantly influence the outcome of an emergency. Crises may be triggered more easily, with the risk of heightened malnutrition, mortality and morbidity. In the long term, economic recovery and development can be severely impeded.

Impact on the vulnerable



What is an ‘emergency’?

An emergency is a situation that threatens the lives, livelihoods and well-being of large numbers of a population, with extraordinary action required to ensure the survival, care, protection and adaptation of those affected.

Emergencies fall into two general categories:

- **natural crises, such as earthquakes, droughts and floods**
- **armed conflict, which may take the form of protracted warfare, civil unrest or military coups**

A complex emergency is a humanitarian crisis in which a significant breakdown of authority and security has resulted from internal or external conflict, requiring an international response that extends beyond the mandate of one single agency. Such emergencies have a devastating impact on large numbers of men, women and children, and call for a complex range of responses.

In such situations, all affected population groups—soldiers, rebels, humanitarian workers, displaced persons and others—are at greater risk of exposure to HIV. However, women and children are often the least able to protect and support themselves, and are therefore the most vulnerable.

HIV/AIDS brings additional dimensions to emergency situations. It increases their impact, depletes the abilities of both the affected populations and aid agencies to deal with them and creates the potential for further, prolonged crises once initial emergency situations have stabilized.

Emergencies and HIV

In times of peace and stability, the devastation caused by HIV/AIDS is grave enough, but the risks of HIV infection are significantly increased when an emergency—war, civil strife, man-made or natural disaster, or an epidemic—develops.

As communities and their socioeconomic structures break down, people are subjected to situations that are known to substantially increase their risk of contracting HIV—massive displacement of people from their homes and communities; women and children left to fend for themselves; social services overwhelmed or destroyed and a lack of information and the means to prevent HIV infection, such as clean needles, safe blood transfusions, and condoms.

For many years, humanitarian and relief organizations did not see HIV as a priority in emergencies, focusing their attention on life-saving measures such as the provision of health care, water, food and shelter. HIV was not seen as a direct threat to life, nor was the need to address HIV/AIDS as a long-term development issue fully understood.

With the evidence of the HIV/AIDS dimension in the recent southern Africa crisis this perception is now changing.

Coordinated responses to increased HIV vulnerability in emergency settings are starting to be integrated into humanitarian and relief agency workplans at the earliest possible stage of an emergency.

Guidelines for HIV/AIDS interventions in emergency settings: The Matrix

Sectoral Response	Emergency preparedness	Minimum response (to be conducted even in the midst of emergency)	Comprehensive response (Stabilized phase)
1. Coordination	<ul style="list-style-type: none"> • Determine coordination structures • Identify and list partners • Establish network of resource persons • Raise funds • Prepare contingency plans • Include HIV/AIDS in humanitarian action plans and train accordingly relief workers 	1.1 Establish coordination mechanism	<ul style="list-style-type: none"> • Continue fundraising • Strengthen networks • Enhance information sharing • Build human capacity • Link emergency to development HIV action • Work with authorities • Assist government and non-state entities to promote and protect human rights
2. Assessment and monitoring	<ul style="list-style-type: none"> • Conduct capacity and situation analysis • Develop indicators and tools • Involve local institutions and beneficiaries 	2.1 Assess baseline data 2.2 Set up and manage a shared database 2.3 Monitor activities	<ul style="list-style-type: none"> • Maintain database • Monitor and evaluate all programmes • Assess data on prevalence, knowledge attitudes and practice, and impact of HIV/AIDS • Draw lessons from evaluations
3. Protection	<ul style="list-style-type: none"> • Review existing protection laws and policies • Promote human rights and best practices • Ensure that humanitarian activities minimize the risk of sexual violence, and exploitation, and HIV-related discrimination • Train uniformed forces and humanitarian workers on HIV/AIDS and sexual violence 	3.1 Prevent and respond to sexual violence and exploitation 3.2 Protect orphans and separated children 3.3 Ensure access to condoms for peacekeepers, military and humanitarian staff	<ul style="list-style-type: none"> • Involve authorities to reduce HIV-related discrimination • Expand prevention and response to sexual violence and exploitation • Strengthen protection for orphans, separated children and young people • Institutionalize training for uniformed forces on HIV/AIDS, sexual violence and exploitation, and non-discrimination • Put in place HIV-related services for demobilized personnel • Strengthen IDP/refugee response
4. Water and sanitation	<ul style="list-style-type: none"> • Train staff on HIV/AIDS, sexual violence, gender, and non-discrimination 	4.1 Include HIV considerations in water/sanitation planning	<ul style="list-style-type: none"> • Establish water/sanitation management committees • Organize awareness campaigns on hygiene and sanitation, targeting people affected by HIV
5. Food security and nutrition	<ul style="list-style-type: none"> • Contingency planning/preposition supplies • Train staff on special needs of HIV/AIDS affected populations • Include information about nutritional care and support of PLWHA in community nutrition education programmes • Support food security of HIV/AIDS-affected households 	5.1 Target food aid to affected and at-risk households and communities 5.2 Plan nutrition and food needs for population with high HIV prevalence 5.3 Promote appropriate care and feeding practices for PLWHA 5.4 Support and protect food security of HIV/AIDS affected & at risk households and communities 5.5 Distribute food aid to affected households and communities	<ul style="list-style-type: none"> • Develop strategy to protect long-term food security of HIV-affected people • Develop strategies and target vulnerable groups for agricultural extension programmes • Collaborate with community and home-based care programmes in providing nutritional support • Assist the government in fulfilling its obligation to respect the human right to food
6. Shelter and site planning	<ul style="list-style-type: none"> • Ensure safety of potential sites • Train staff on HIV/AIDS, gender and non-discrimination 	6.1 Establish safely designed sites	<ul style="list-style-type: none"> • Plan orderly movement of displaced
7. Health	<ul style="list-style-type: none"> • Map current services and practices • Plan and stock medical and RH supplies • Adapt/develop protocols • Train health personnel • Plan quality assurance mechanisms • Train staff on the issue of SGBV and the link with HIV/AIDS • Determine prevalence of injecting drug use • Develop instruction leaflets on cleaning injecting materials • Map and support prevention and care initiatives • Train staff and peer educators • Train health staff on RH issues linked with emergencies and the use of RH kits • Assess current practices in the application of universal precautions 	7.1 Ensure access to basic health care for the most vulnerable 7.2 Ensure a safe blood supply 7.3 Provide condoms 7.4 Institute syndromic STI treatment 7.5 Ensure IDU appropriate care 7.6 Management of the consequences of SV 7.7 Ensure safe deliveries 7.8 Universal precautions	<ul style="list-style-type: none"> • Forecast longer-term needs; secure regular supplies; ensure appropriate training of the staff • Palliative care and home-based care • Treatment of opportunistic infections and TB control programmes • Provision of ARV treatment • Safe blood transfusion services • Ensure regular supplies, include condoms with other RH activities • Reassess condoms based on demand • Management of STI, including condoms • Comprehensive sexual violence programmes • Control drug trafficking in camp settings • Use peer educators to provide counselling and education on risk reduction strategies • Voluntary counselling and testing • Reproductive health services for young people • Prevention of mother-to-child transmission • Enable/monitor/reinforce universal precautions in health care
8. Education	<ul style="list-style-type: none"> • Determine emergency education options for boys and girls • Train teachers on HIV/AIDS and sexual violence and exploitation 	8.1 Ensure children's access to education	<ul style="list-style-type: none"> • Educate girls and boys (formal and non-formal) • Provide lifeskills-based HIV/AIDS education • Monitor and respond to sexual violence and exploitation in educational settings
9. Behaviour communication change and information education communication	<ul style="list-style-type: none"> • Prepare culturally appropriate messages in local languages • Prepare a basic BCC/IEC strategy • Involve key beneficiaries • Conduct awareness campaigns • Store key documents outside potential emergency areas 	9.1 Provide information on HIV/AIDS prevention and care	<ul style="list-style-type: none"> • Scale up BCC/IEC • Monitor and evaluate activities
10. HIV/AIDS in the workplace	<ul style="list-style-type: none"> • Review personnel policies regarding the management of PLWHA who work in humanitarian operations • Develop policies when there are none, aimed at minimizing the potential for discrimination • Stock materials for post-exposure prophylaxis (PEP) 	10.1 Prevent discrimination by HIV status in staff management 10.2 Provide post-exposure prophylaxis (PEP) available for humanitarian staff	<ul style="list-style-type: none"> • Build capacity of supporting groups for PLWHA and their families • Establish workplace policies to eliminate discrimination against PLWHA • Post-exposure prophylaxis for all humanitarian workers available on regular basis

The need for HIV/AIDS interventions in emergency settings



The Inter-Agency Standing Committee (IASC) was established in June 1992 in response to General Assembly Resolution 46/182 that called for strengthened coordination of humanitarian assistance. Within the humanitarian community IASC provides a forum that brings together a broad range of UN and non-UN humanitarian partners. The primary role of the IASC is to formulate humanitarian policy to ensure coordinated and effective humanitarian response to both complex emergency and to natural disasters.

To assist in developing a policy and operational guidelines for humanitarian assistance activities, the IASC established the Task Force on HIV/AIDS in Emergency Settings. This task force has produced the Matrix and the guidelines, based on best practices currently accepted for responding to HIV/AIDS in emergency situations, agreed upon through the combined field experience of the Task Force members.

“There is an urgent need to incorporate the HIV/AIDS response into the overall emergency response. If not addressed, the impacts of HIV/AIDS will persist and expand beyond the crisis event itself, influencing the outcome of the response and shaping future prospects for rehabilitation and recovery. Increasingly, it is certain that, unless the HIV/AIDS response is part of the wider response, all efforts to address a major humanitarian crisis in high-prevalence areas will be insufficient.”

IASC Guidelines

For further information and a copy of the IASC guidelines, visit

www.humanitarianinfo.org/iasc

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