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27th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
6-8 December 2010

AIDS, Security and Humanitarian Response

Action required at this meeting - the Programme Coordinating Board is invited to:
Take note of the progress made in the thematic area of HIV and Security and Humanitarian Response.

Cost implications for decisions: *none*

I INTRODUCTION

1. This information item has been prepared to update the Programme Coordinating Board on the progress made with regards to the implementation of the recommendations related to AIDS, Security and Humanitarian Response that were adopted at the 19th Programme Coordinating Board meeting in Lusaka in December 2006 (see annex).
2. Substantial progress has been made on all recommendations from the 19th Programme Coordinating Board meeting. The integration of HIV as a priority cross-cutting issue into the humanitarian reform process (the “humanitarian cluster approach”) and associated planning and coordination mechanisms has been advanced. At country level, priority focus countries affected by protracted crisis and/or natural disaster have been supported and have increasingly integrated HIV into the humanitarian response as well as, in many cases, have included humanitarian populations into their national AIDS strategies. Universal access to HIV programmes has increased for these populations since 2006.
3. Uniformed services, including peacekeepers, national militaries and police forces have been sensitized on the importance of HIV prevention and awareness-raising programmes and pre-deployment trainings have become institutionalized. There is an increasing realization that uniformed services can be useful “agents of change”, who can promote HIV prevention among the crisis-affected populations with whom they interact.
4. Further work remains to be done though, jointly by the UNAIDS Secretariat and relevant cosponsors (UNDP, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO), in partnership with other UN agencies, the UN Department for Peacekeeping Operations (DPKO), humanitarian actors, including NGOs, and national governments to ensure that populations affected by humanitarian emergencies as well as uniformed services and demobilized personnel are fully included in efforts to achieve universal access to HIV prevention, treatment, care and support services.

II HIV AND HUMANITARIAN RESPONSE

a.) Background:

5. Since 2006 the UNAIDS Secretariat has managed the implementation of the UN system-wide work programme for scaling-up HIV services in emergencies. This programme, which made approximately US\$ 12 million available over a period of 4 years, brought together the UN Food and Agricultural Organization (FAO), the UN Office for the Coordination of Humanitarian Affairs (OCHA), the OCHA-Integrated Regional Information Network (IRIN), the UNAIDS Secretariat, UNDP, UNFPA, UNICEF, UNHCR, WFP and WHO to jointly work on better integrating HIV into humanitarian mechanisms and scaling-up of HIV services at country level and to strengthen the prevention and mitigation efforts around Gender Based Violence (GBV). The programme laid the foundation for many aspects of the implementation of the 2006 Lusaka recommendations regarding HIV and humanitarian response.

The activities have now been fully implemented and an independent evaluation noted its strong catalytic function for this area of work. A grant from DFID and a subsequent follow-up grant from Irish Aid helped to implement this work.

6. In parallel to the above-mentioned programme, the Inter-Agency Standing Committee (IASC)¹ HIV Task Force was reconvened in 2007 to revise the IASC HIV guidelines. The programmatic work informed the revision process and the new HIV guidelines were endorsed by the IASC in late 2009 and are currently being rolled out in various focus countries (Central African Republic, Democratic Republic of Congo, Haiti, Sudan and Zimbabwe). In various regions, for example in Asia-Pacific and Latin America and the Caribbean, the guidelines are currently being adapted to regional-specific circumstances and will be used as a basis for inter-agency work to strengthen HIV in the humanitarian response in regional focus countries.
 7. Two joint letters from the former Executive Director of UNAIDS and the former Emergency Relief Coordinator (also head of OCHA) to UN Resident and Humanitarian Coordinators have been sent, calling for better integration of HIV into the humanitarian cluster approach, to make use of the IASC HIV guidelines and to invite the UNAIDS Country Coordinators to become part of humanitarian country teams.
 8. The UNAIDS Secretariat and cosponsors have worked with key humanitarian clusters (eg. health, nutrition, protection, education, early recovery) at global and country level (eg. Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Uganda, and Zimbabwe) on strengthening the integration of HIV into their work. This work is an ongoing effort and will need to be continued through close collaboration with cluster lead agencies and the new cluster focal points for HIV, which the IASC called for during its July 2010 meeting.
- b.) From Preparedness to Recovery:
9. The UNAIDS Secretariat, together with OCHA and WHO, developed HIV needs assessment tools jointly with key partners. HIV has been integrated as a cross-cutting issue into the new humanitarian needs assessment list, compiled by the IASC Needs Assessment Task Force.
 10. HIV has been increasingly integrated into emergency preparedness and contingency planning process, especially in areas that experience recurrent natural disasters. Country-level examples are: Eritrea, Mozambique, Namibia, Uganda, Zambia and Zimbabwe as well as the highly disaster-prone Latin America and Caribbean region. A key element in this process is the establishment of close links between national / regional disaster management authorities and networks of people living with HIV (PLHIV). This area of work is gaining further importance with the frequency and intensity of natural disasters set to increase over coming years as a result of global climatic changes.

¹ The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. It involves key UN and non-UN (including NGOs and the Red Cross / Red Crescent movement) humanitarian partners.

11. There has been increased cooperation with the Early Recovery cluster working group on addressing HIV in early recovery and transition settings, where field research (eg. AIDS, Security and Conflict Initiative) has indicated rising vulnerabilities to HIV infection as a result of high levels of mobility and interaction between different prevalence groups. HIV has been integrated into Post-Conflict / Post-Disaster Needs Assessments (PCNAs/PDNAs). A training module on mainstreaming HIV into early recovery was developed by UNDP.
12. There has been growing attention on integrating HIV in Disarmament, Demobilization and Reintegration (DDR) initiatives given the high potential for increased HIV transmission in the post-conflict setting. In collaboration with other partners, UNDP has supported activities integrating HIV into DDR in a number of countries including Comoros, the Democratic Republic of Congo, Indonesia (Aceh), Ivory Coast and Sudan.

c.) Displaced populations and HIV-services:

13. UNHCR adapted and developed policies and guidelines in collaboration with other cosponsors to offer guidance to staff, implementing partners, operational partners, host governments, as well as to the UN Country teams, and to ensure that AIDS policies and programmes are consistently integrated into humanitarian responses. These include antiretroviral medication policy and guidelines for refugees; a policy statement on provider-initiated HIV testing and counseling for refugees and internally displaced persons (IDPs) in health facilities; a note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern to UNHCR; guidance on infant feeding and HIV in the context of refugees and displaced populations and a policy brief on HIV/AIDS and IDPs.
14. UNHCR and the UNAIDS Secretariat developed a Rapid Situation Assessment Tool for HIV-related needs in IDPs and Other Conflict-affected Populations; and a manual for HIV behavioral surveillance surveys among displaced populations and their surrounding communities. UNHCR and partners conducted joint IDP and HIV/AIDS assessments in 8 countries and supported HIV/AIDS programmes in returnee areas in Afghanistan, Angola, Burundi, Central African Republic, Democratic Republic of Congo, Liberia, south Sudan and Togo. HIV information systems in 85 refugee camps, including in urban areas, in 18 countries were strengthened.
15. Access to HIV/AIDS prevention, treatment, care and support programmes improved for refugees: access to ART increased from less than 40% in 2006 to over 85% in 2009. Refugees in Southern Africa and all countries in the Asia region that host more than 5,000 refugees, with the exception of Papua New Guinea, have access to ART under the same conditions as nationals. Access of refugees to PMTCT increased from 57% in 2007 to 75% in 2009; access to voluntary counseling and testing (VCT) increased from 60% in 2007 to 90% in 2009. As per an ongoing agreement between UNFPA and UNHCR, UNFPA has continued to provide Reproductive Health commodities and supplies, including male and female condoms to all UNHCR managed camp settings in approximately 25 countries each year.
16. WFP has continued to scale-up its food and nutritional assistance programmes for PLHIV in humanitarian settings as part of the wider efforts to ensure availability of

comprehensive HIV service packages. A key element in this strategy remains the support for PLHIV on ART in order to increase treatment adherence.

d.) Country example: Haiti:

17. Following the devastating earthquake in Haiti in early 2010, the UNAIDS Secretariat and cosponsors facilitated the negotiations between the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the US President's Emergency Plan for AIDS Relief (PEPFAR), the UN Country Team, the GFATM Country Coordinating Mechanism (CCM) and the government on the reconstruction of the National AIDS response, including the rebuilding of a National AIDS Commission, and adequate funding. This also included the development of an interim HIV plan for post-earthquake Haiti, which has received the support of PEPFAR with US\$ 35 million and the reprogramming of GFATM support to take into consideration the humanitarian HIV needs, for example of the over 1 million Haitians still living in temporary camps. UNDP was requested to take on the role of Principal Recipient for the GFATM HIV and tuberculosis grants to ensure ongoing implementation and to assist in rebuilding the capacity of the public health sector. The UNAIDS Secretariat and the Haitian Ministry of Health conducted a post disaster assessment and two joint inter-agency HIV missions were organized by the UNAIDS Secretariat together with cosponsors, which helped identify key issues of concern, such as ensuring condom availability, strengthening programs to address GBV (jointly with UNFPA) - and provide support for networks of PLHIV and sexual minorities.

e.) Sexual and Gender-Based Violence:

18. Direct programmatic support to combat GBV has been provided through DFID- and Irish-funded programmes, in collaboration with FAO, UNFPA, UNHCR, UNICEF, and WFP. Priority countries were Colombia, Democratic Republic of Congo, Ivory Coast, Kenya, Sudan and Zimbabwe. This work is still ongoing.

19. Capacity development of national partners in addressing GBV in emergencies has been carried out in partnership with UNFPA and regional partners in Eritrea, Mozambique, Namibia, Zambia and Zimbabwe. The UNAIDS Secretariat, UNFPA and UNDP have supported programmes on DDR, which aim at addressing the strong linkages between Reproductive Health, HIV, and GBV. In 2010, the UNAIDS Secretariat and FAO produced a documentary / advocacy video on HIV transmission and GBV in an emergency setting (Uganda). UNHCR, WHO and UNFPA developed a global e-learning programme on clinical management of rape. 100% of major refugee operations have Standard Operating Procedures for GBV response including integrated HIV prevention activities for women and girls.

20. The UNAIDS Secretariat and cosponsors have collaborated closely with the UN Action against Sexual Violence in Conflict network and ensured that the integration of prevention and mitigation of sexual violence into HIV programming in conflict affected areas is part of the network's Strategic Framework. In May 2010 the UNAIDS Executive Director met with the Special Representative of the Secretary General on Sexual Violence in Conflict, Margot Wallström, and both agreed on the inextricable links between HIV prevention and the prevention of sexual violence against women and girls in conflict, and to look at areas of mutual reinforcement in

the two agendas, particularly in the Outcome Framework priority on violence against women and girls.

f.) National AIDS Commission and National Strategic Plans:

21. Five joint inter-agency technical support missions to priority humanitarian countries have been conducted during 2009 and 2010 to strengthen national efforts to integrate HIV as a priority cross-cutting issue in humanitarian settings (Democratic Republic of Congo, two in Haiti, Sudan and Zimbabwe).
22. The leadership of various national AIDS commissions (NACs) has been successfully involved in planning for HIV in emergencies and supported in countries with prolonged/recurrent emergencies (Kenya, Mozambique, Namibia, Uganda, Zambia and Zimbabwe). Since 2007, members of NACs have also been included in humanitarian HIV trainings (IASC guidelines) together with cluster members to strengthen the links between humanitarian and longer-term HIV responses. This integration of NAC leadership will be further increased in the upcoming trainings on the revised guidelines.
23. Since 2008, humanitarian HIV concerns have been integrated within National Strategic Plans (NSPs) and national AIDS response mechanisms in Eritrea, Kenya, Somalia, and Zimbabwe. 52% and 43% of updated National Strategic Plans in countries in Africa with refugee and/or IDP population of more than 10,000 persons included refugees and IDPs respectively. In 2007-08, UNDP provided support to Liberia and Sierra Leone to integrate HIV in Poverty Reduction Strategy Plans.

g.) Regional initiatives:

24. The capacity of regional and national partners (government, UN, international and national NGOs) and regional Inter-Agency Working Groups has been strengthened to enhance the integration of HIV in humanitarian responses, utilizing the IASC Guidelines and related tools. Action sheets for UN Joint Teams on AIDS in selected countries to support their advocacy efforts have been developed for 8 priority countries in Asia.
25. UNHCR has worked with Regional AIDS Initiatives in Africa – the Great Lakes Initiative on AIDS (GLIA) and the Inter-Governmental Authority on Development (IGAD) Regional Partnership Program - targeting refugees, internally displaced persons and returnees in 11 countries.

h.) Collaboration with OCHA and the IASC²:

26. No formal strategic framework between OCHA and the UNAIDS Secretariat has been developed, but constructive collaboration on development of tools, needs assessments, integration of HIV into humanitarian preparedness, funding and response mechanisms and HIV training for humanitarian workers took place. Joint work has been done with OCHA at regional level on Information Management regarding HIV in emergencies and development of indicators for a regional data warehouse in Eastern and Southern Africa. In the Latin America and Caribbean

² For explanations of these two abbreviations see paragraphs 6 and 7 above.

region the UNAIDS Secretariat – through its Regional Support Team (RST) - and OCHA concluded an agreement that includes participation of the UNAIDS Secretariat in the Inter-agency Coordination Task Force for Risk, Emergency and Disasters (REDLAC) lead by OCHA and integration of HIV into its annual workplan.

27. Formal membership of the IASC has not been sought by the UNAIDS Secretariat, since humanitarian cosponsors are already members and the UNAIDS Secretariat wishes to strengthen the UN delivering as one and to deliver Division of Labor results on HIV in humanitarian settings. The UNAIDS Secretariat also wanted to strengthen and support the role of non-governmental organizations (NGOs), especially in the IASC HIV Task Force (World Vision as co-chair). The UNAIDS Secretariat does, however, continue to represent HIV as a cross-cutting issue within the IASC processes and subsidiary bodies.

i.) Funding mechanisms:

28. There are ongoing discussions with the GFATM on the need for alignment of GFATM funding with humanitarian HIV needs in countries affected by humanitarian emergencies. A presentation to the GFATM Executive Board and to the Portfolio and Implementation Committee (PIC) has been given by the UNAIDS Secretariat and UNHCR on behalf of a joint inter-agency working group formed at global level with interested humanitarian cosponsors (UNHCR, WFP, UNDP, UNICEF, WHO and the UNAIDS Secretariat) jointly with GFATM. A paradigm shift in GFATM grant procedures is expected to better include humanitarian HIV needs.

29. There has been an increase in funding for humanitarian HIV actions in Flash Appeals and funding from the Central Emergency Response Fund (CERF) - for example in Mozambique, Uganda, and Zimbabwe as well as in Chad, the Dominican Republic and Guatemala for CERF funds - since 2006, also as a result of joint work between the UNAIDS Secretariat and OCHA under the DFID-funded work programme, including support and training for country teams in preparation of Consolidated Appeals Processes (CAPs).

j.) Lessons learnt, research and information-sharing:

30. Lessons-learnt have been documented through inter-agency assessments of HIV response in Kenya (post-election violence 2007/08) and a joint HIV and gender assessment in Mozambique (floods 2008) and in the Dominican Republic (2010).
31. The UNAIDS Secretariat through its SHR unit supported, commissioned and contributed directly to research in a variety of areas with different partners:
- HIV in emergencies – A typology (with WFP) (2006-2008);
 - HIV and skipped generation households in emergencies (with OCHA, UNICEF, Help Age International) (2008 - 2009);
 - HIV-sex work in humanitarian settings (Technical Note being finalized by UNFPA and UNHCR);
 - HIV and DDR (UNFPA and UNDP);
 - HIV and undocumented migrants in emergencies (with the International Organization for Migration / IOM) (2008-2010);
 - HIV and Faith Based Organizations (with World Vision / Tearfund) (2009);

- HIV and Pastoralism: vulnerability and access to services (with IGAD and IOM) (2008-2009);
 - The AIDS, Security and Conflict Initiative (ASCI) – the most comprehensive research on HIV, Security and Conflict to date includes 45 pieces of research and recommendations on alignment of HIV prevention with GBV prevention and the need to address HIV in post conflict transitions and DDR processes because of the increased vulnerabilities to HIV (2006-2009). The journal “Forced Migration Review” published a special supplement on this work in 2010.
32. The above-mentioned documents as well as further documentation and links for HIV in humanitarian situations can be found on **www.aidsandemergencies.org** This website is maintained by the UNAIDS Secretariat (SHR) on behalf of the IASC HIV Task Force as an information sharing platform. It contains relevant documents on the work of the Task Force, the revised IASC HIV guidelines, and reports on programmatic work at country level as well as research reports, best practice / lessons learnt documentation and thematic materials and links that have been jointly developed with partners.

III HIV, SECURITY AND UNIFORMED SERVICES

33. The AIDS response among uniformed services is at the core of efforts to achieve universal access and eliminate all types of violence against women. A joint UNAIDS Secretariat / UN DPKO report will be presented to the UN Security Council in 2011 to keep alive the AIDS and Security agenda.
34. The UNAIDS Secretariat, with active support from UNDP and UNFPA, is reporting to the UN Security Council in 2011 on the implementation of Security Council Resolution (SCR) 1308. The alignment of HIV prevention with GBV prevention will be at the heart of a newly proposed agenda which will harness high-level political commitment and provide advocacy for continued and scaled-up efforts to intensify work intersecting HIV and GBV. The UNAIDS Secretariat is using opportunities such as the Security Council reporting to strongly underline linkages between HIV (SCR 1308) and gender, peace and security (SCR 1325, 1820 and 1888), in addition to having already discussed the alignment of sexual violence and HIV prevention in peacekeeping and peacebuilding at the Women, Peace and Security High Level consultation and colloquium in Geneva, which marked the 10th anniversary of SCR 1325 in September 2010.
35. Since 2006, there have been increased capacities and funding within countries for HIV programming among militaries as part of NSPs and national budgets. Out of 62 countries reviewed, more than 40 had policies for militaries, police and other uniformed personnel as part of their NSPs. Increased donor support for HIV programming among militaries and police forces has been for example through PEPFAR/ the United States Government, which supports 71 countries. The GFATM for the first time awarded US\$ 55 million for a regional project submitted by LAC COPRECOS³ for uniformed services in the Latin America and the Caribbean region.

³ Comité de Prevención y Control del VIH/SIDA de las Fuerzas Armadas y Policía Nacional de Latinoamérica y el Caribe (COPRECOS LAC) – The Committee for Prevention and Control of HIV/AIDS in the Armed Forces and National Polices of

This project, which received technical assistance from UNAIDS and the UNFPA Latin America and Caribbean regional office, will be focused on the development of systems, infrastructures and capacity to prevent and control the transmission of HIV within the uniformed services and will also, by 2012, strengthen capacities to reduce HIV-related stigma and discrimination in 15 Latin American countries.

36. HIV programming for international peacekeepers has been strengthened, HIV Policy Advisers / Focal Points are an integral part of every UN peacekeeping mission now and pre-deployment HIV trainings have become standardized in all countries. Cosponsors such as UNFPA are taking an active role in pre-deployment trainings for police and military (Bangladesh, Nepal, Pakistan) and are working with HIV advisers in peacekeeping missions to strengthen their HIV programmes (Democratic Republic of Congo, Ivory Coast, Lebanon, Sudan/Darfur) and are providing joint support to DDR programmes to support successful demobilization and reintegration of ex-combatants (Democratic Republic of Congo, Ivory Coast, Liberia, Nepal, Sudan).
37. Since 2008, regional networks on HIV and militaries have been set up within the Southern African Development Community (SADC), the East African Community and West-and Central Africa to support, harmonize and coordinate the national responses among the military and peacekeeping missions.
38. The Global Task Force on HIV and Uniformed Services is fully operational and has been the driving force behind the establishment /capacity building of the regional networks and development of standards for HIV programming among uniformed services.
39. A regional network on HIV and police has been established and supported in the Asia-Pacific region. A first global workshop on HIV and police took place in 2007 and identified specific vulnerabilities and role of police/ law enforcement agencies in overall national responses and recommended that specifically tailored interventions are identified and implemented. The UNAIDS Secretariat and UNODC jointly reviewed practices of police with most vulnerable populations affected by HIV, as well as HIV strategies programming for police staff, to feed into global guidance for building capacities of police in creating the enabling environment for the national HIV responses.
40. Documentation of good practice and lessons learned for integrating Reproductive Health and HIV programmes among uniformed services has been carried out by UNFPA and compiled in an inventory report.
41. The above-mentioned documents as well as further information on HIV and uniformed services can be found at www.ustfhiv.org/cms - This website is maintained by the UNAIDS Secretariat /SHR on behalf of the Uniformed Services Task Force on HIV as an information sharing platform for a combination of military and non-military institutions, to work with military, police, prison, customs and immigration personnel throughout the world to develop HIV/AIDS programming and

share lessons learned. It provides sections on meeting information, research initiatives and tools along with a list of resources on prevention, care and treatment related to the uniformed services.

42. Therefore, the Programme Coordinating Board is invited to take note of the progress made in the thematic area of HIV and Security and Humanitarian Response.

[Annex follows]

ANNEX

Excerpt from Decisions, recommendations and conclusions from the 19th meeting of the UNAIDS Programme Coordinating in Lusaka, Zambia, 6-8 December 2006

- 9.1 Recognizing that AIDS policies and programmes are not consistently integrated into security and humanitarian responses, *calls* on UN Resident and Humanitarian Coordinators, UN Country Teams and UNAIDS Country Coordinators to actively address the AIDS needs of emergency-affected populations and uniformed services at country level, through promoting the systematic use of existing guidelines, through building and sustaining AIDS mainstreaming capacity within UN Country Teams and national partners, and through the cluster approach in humanitarian responses and to develop stronger linkages between humanitarian recovery and national development responses;
- 9.2 *Endorses* the efforts of UNAIDS and its partners (such as the Department of Peacekeeping Operations), to continue addressing AIDS within national uniformed services and peacekeeping forces, including through the better integration of military with civilian national AIDS programmes and the promotion of comprehensive prevention, treatment, care and support services;
- 9.3 *Recommends* that UNAIDS address the impact of AIDS on key government cadres other than the military, including the judiciary, police and local government, and *recognizes* that programmes must target other institutions and groups, taking into account the demands and challenges of the particular epidemic;
- 9.4 *Calls* on both national governments and international donors to ensure that AIDS is accounted for in humanitarian preparedness and response, including needs assessments and *further calls* on international donors to adapt development and humanitarian funding instruments to allow sufficient AIDS funding in humanitarian response and during the transition between emergency and recovery and reconstruction periods;
- 9.5 *Requests* UNAIDS to strengthen AIDS responses in humanitarian emergencies and security operations including through, inter alia, the development of a strategic framework for action between the United Nations Office for the Coordination of Humanitarian Affairs and UNAIDS; pursuing membership or formal association between the UNAIDS Secretariat and the global-level United Nations Inter-Agency Standing Committee and through strengthened leadership in the Task Force on AIDS and Security;
- 9.6 *Recognizes* that the complex links between security, humanitarian emergencies and HIV vulnerability and services demand further research, and *requests* UNAIDS to advocate, support and collaborate in such research; and
- 9.7 *Calls* on UNAIDS to intensify programmatic efforts on the intersection between gender- based violence and HIV, including but not limited to situations of conflict, particularly acknowledging the unique contributions of women survivors and those affected by violence.

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