

HIV in Emergency Contexts

Presentation to the UNAIDS
Programme Coordinating Board
July 2015



**TO REACH ZERO
WE MUST ADDRESS
EMERGENCIES**

314 million people were affected by emergencies in 2013



Source: UNHCR, UNICEF, UNAIDS 2015
Image: Associated Press (Syria)

Forced displacement affects more people than ever before

67
MILLION
PEOPLE WERE
DISPLACED
BY NATURAL DISASTERS
AND CONFLICTS IN 2013
MANY WERE
CHILDREN



Source: UNHCR, UNICEF, UNAIDS 2015
Image: New York Times 2015



1,600,000

**PEOPLE LIVING WITH HIV
AFFECTED BY HUMANITARIAN
EMERGENCIES GLOBALLY (2013)**

200,000 **children** (0-14 yrs)

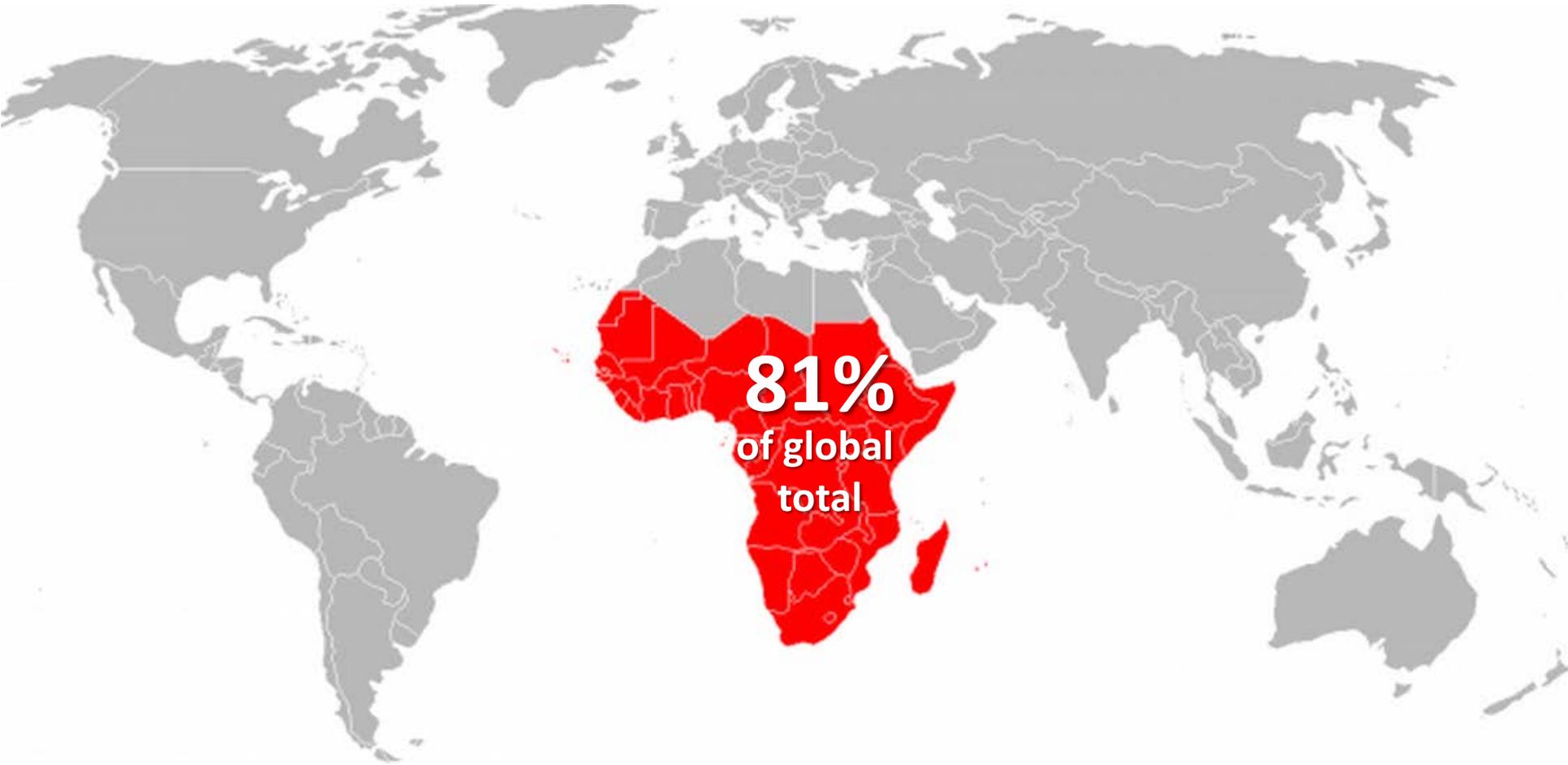
185,000 **adolescents** (10-19 yrs)

90,000 **pregnant women**

1 of every 22 people living with HIV was affected by an emergency in 2013



1.3 million people living with HIV were affected by humanitarian emergencies in sub-Saharan Africa in 2013



Sources: UNHCR, UNICEF, UNAIDS 2015



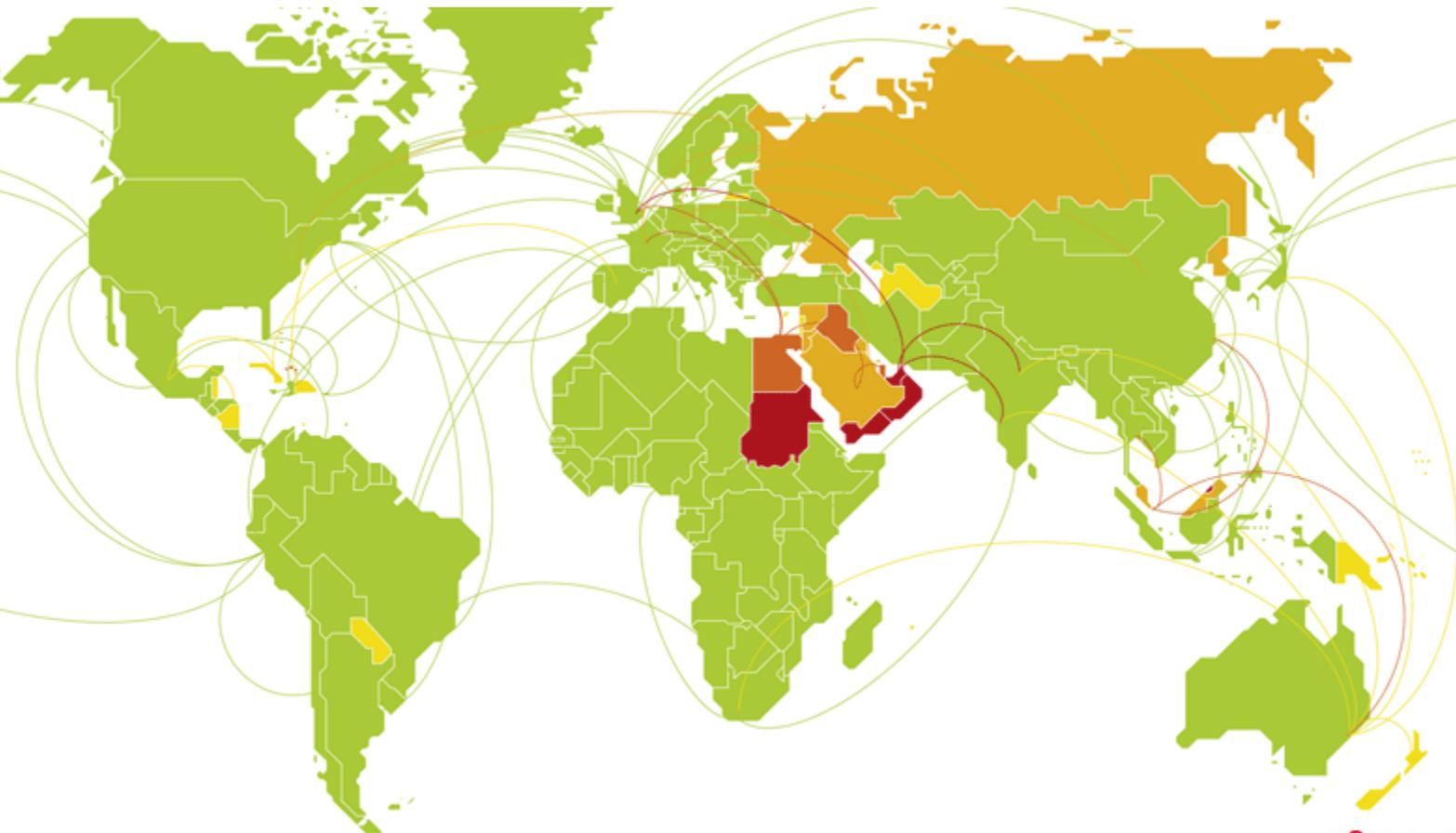
Emergencies are diverse but are universally disruptive



PROTECTION IN EMERGENCIES

Double discrimination:

Restrictions on migrants, refugees and displaced people are **magnified** on people living with HIV



36 locations

Limit entry, stay or residence for people with HIV



17

Deport HIV+



5

Demand status



5

Completely bar

Refugees do not increase HIV risk

Refugee communities can have lower prevalence than hosts



Sources: UNHCR, UNICEF, UNAIDS 2015; Spiegel et al Lancet 2007
Image: Agence France-Presse, 2015 (Rohingya migrants, Indonesia)



HIV vulnerability and risk can be managed during emergencies

- HIV prevalence at origin
- HIV prevalence in host area
- Length of time: conflict, existence of camp

DECREASING RISK:

- Reducing mobility
- Reducing accessibility
- Increasing resources and access to services in host area

INCREASING RISK:

- Behaviour change
- Gender-based violence
- Transactional sex
- Reduction in resources and services

Sexual violence is widespread in emergency contexts

“Harrowing accounts” of rape, sexual slavery and forced marriage in conflict.

Medical care and post-exposure prophylaxis **“largely out of reach”**.

Ban Ki-moon, March 2015



ACCESS

IN EMERGENCIES

Demand continues for HIV services even during emergencies

Preparedness is crucial

Logistics and supply chains matter

- Decentralized stockpiles
- Rapid tests
- Longer-term prescriptions
- Condoms
- Safe blood transfusions
- Health travel card

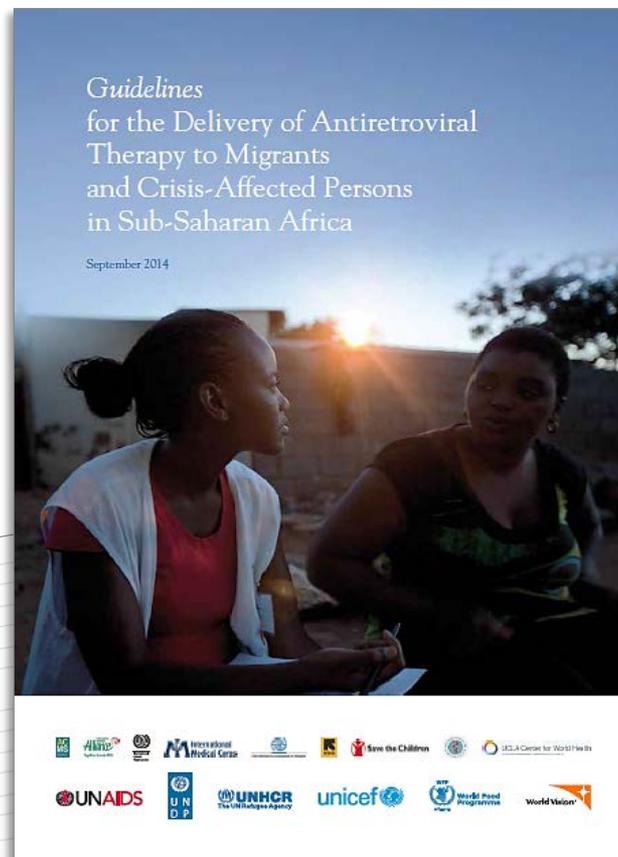
HEALTH TRAVEL CARD

Name: _____
Clinic Unique I.D. Number: _____
Clinic name: _____
Clinic location: _____
Clinic/Pharmacy telephone number: _____ Date started: _____ Date of last refill: _____ #Days given: _____

Current medication(s)

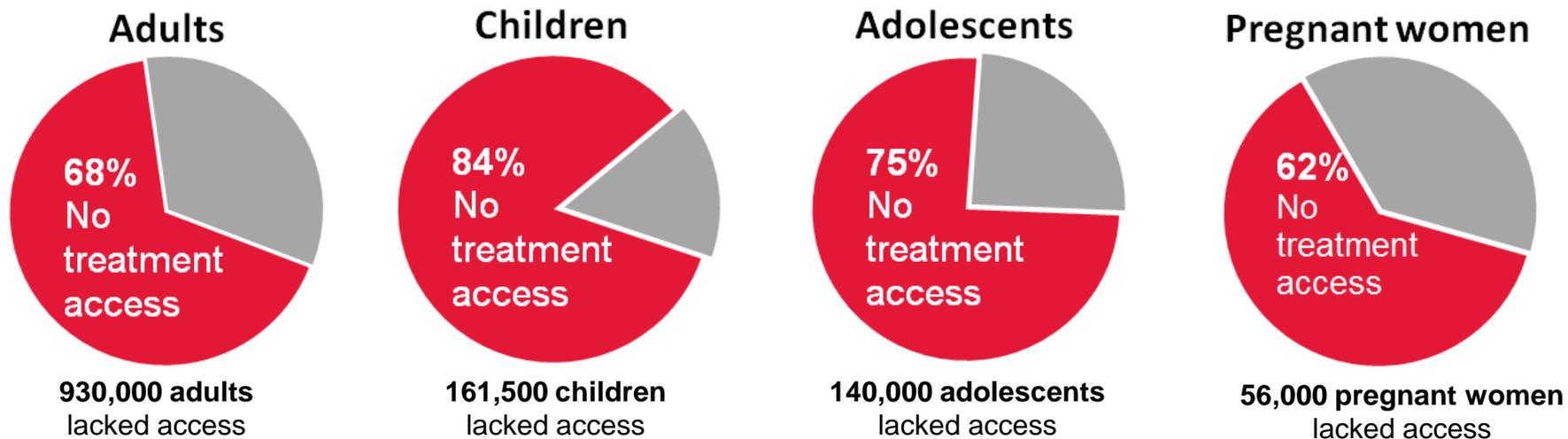
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Last viral load (if available): _____ Date: _____
Last CD4 (if available): _____ Date: _____
Date: _____
Clinician's signature: _____



>1 million people living with HIV did not access treatment in emergencies in 2013

People affected by emergencies in 2013 who lacked access to HIV treatment:



Integration of displaced persons into local HIV programmes needs to improve

- **Overlooked** in HIV funding proposals.
- **Omitted** by national strategic plans.
- **Excluded** from service delivery.
- **Stigmatized** by local communities.

Food insecurity is amplified by emergencies

People living with HIV:

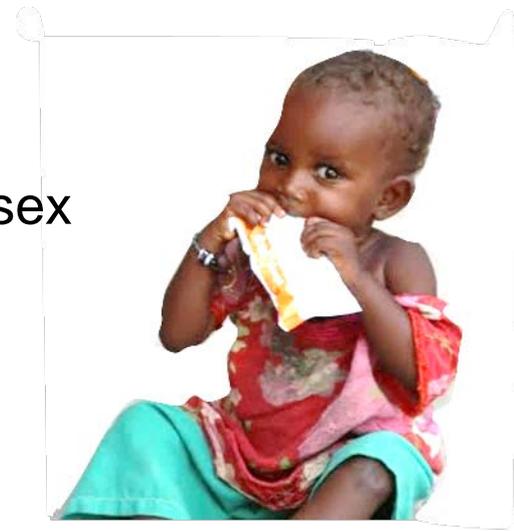
- Need more calories and nutrients
- Have lower appetites
- Are less able to absorb nutrients

Food insecurity:

- Makes it harder to adhere to treatment
- Can result in HIV risk behaviors e.g. transactional sex

11 of 30 Fast-Track priority countries are among the world's most food insecure.

Source: WFP analysis of the Global Food Security Index 2014.



Malnutrition is a particular risk for people living with HIV

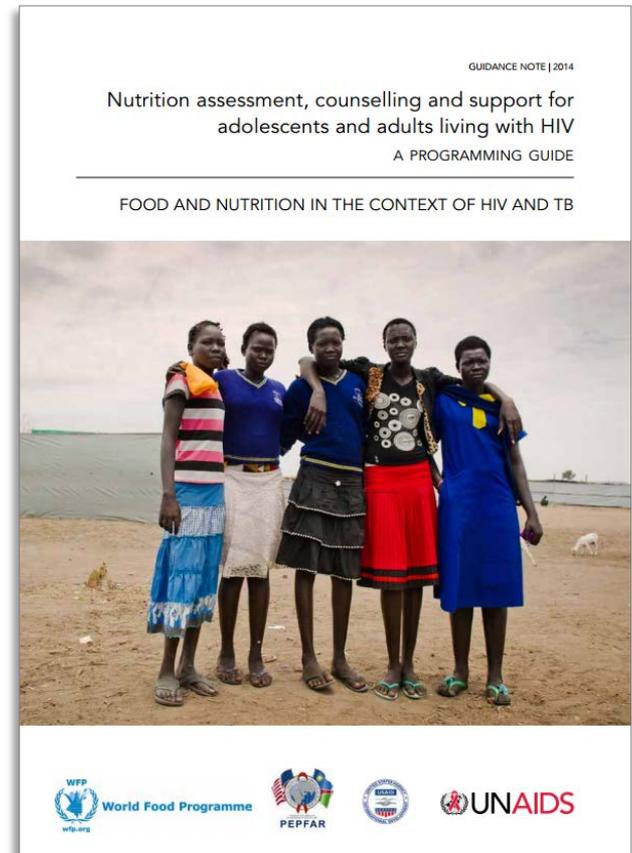
Malnourished people living with HIV are 2–6 times **more likely to die** in the first six months of treatment.




WFP Executive Director

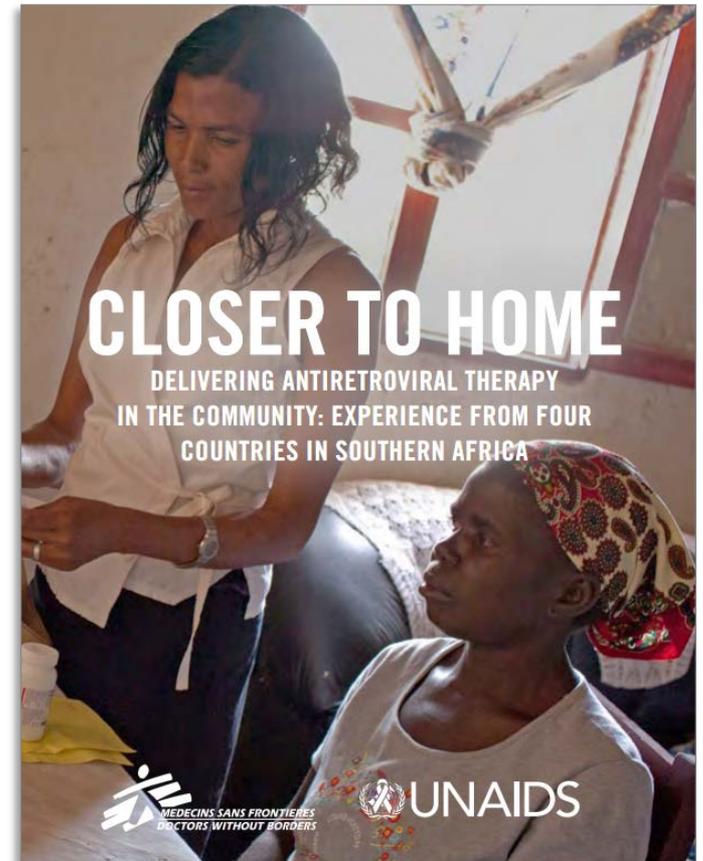

UNAIDS Executive Director


U.S. Global AIDS Coordinator



Engage communities to end the AIDS epidemic

- Communities are central to the AIDS response
- Need to involve *both* affected communities *and* host communities



1 of every 22 people living with HIV was affected by an emergency in 2013

