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
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

Sources: UNHCR, UNICEF, UNAIDS 2015
1 of every 22 people living with HIV was affected by an emergency in 2013

Source: UNHCR, UNICEF, UNAIDS 2015
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.

Source: UNAIDS 2015
Refugees do not increase HIV risk
Refugee communities can have lower prevalence than hosts

Image: Agence France-Presse, 2015 (Rohingya migrants, Indonesia)
HIV vulnerability and risk can be managed during emergencies

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

Source: Spiegel, Disasters 2004
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*

Source: UN-SG’s 2015 Report on conflict-related sexual violence (S/2015/203)
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

Sources: Ndawinz JDA, AIDS, 2015; UNAIDS et al 2014
>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:

- **Adults**: 68% lacked access. 930,000 adults lacked access.
- **Children**: 84% lacked access. 161,500 children lacked access.
- **Adolescents**: 75% lacked access. 140,000 adolescents lacked access.
- **Pregnant women**: 62% lacked access. 56,000 pregnant women lacked access.

Sources: UNHCR, UNICEF, UNAIDS 2015
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.

Source: Spiegel, Conflict and Health 2010
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.

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.

Source: http://goo.gl/ruyjRu
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

Source: UNHCR, UNICEF, UNAIDS 2015