

# 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)

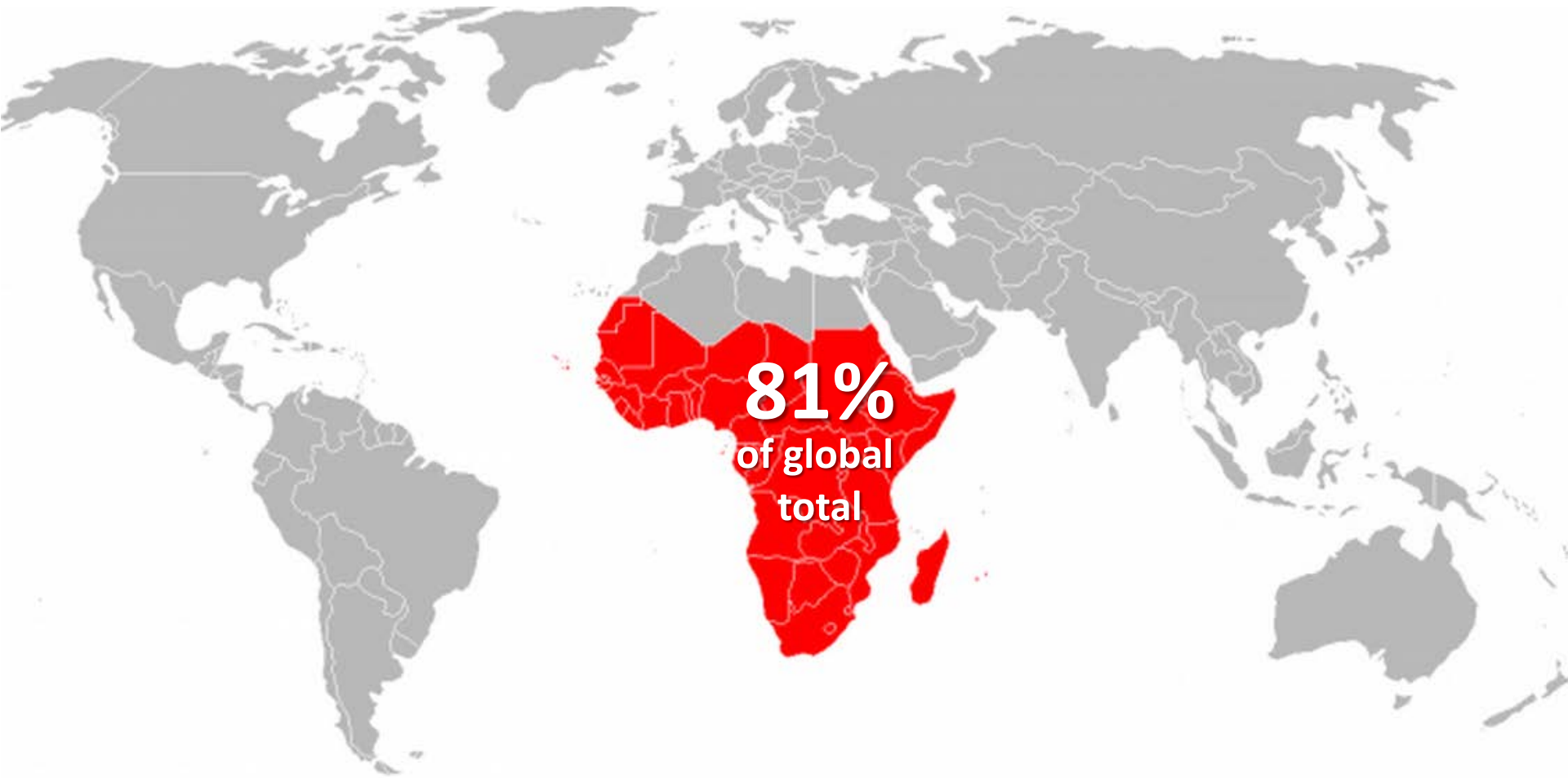
90,000 **pregnant women**



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

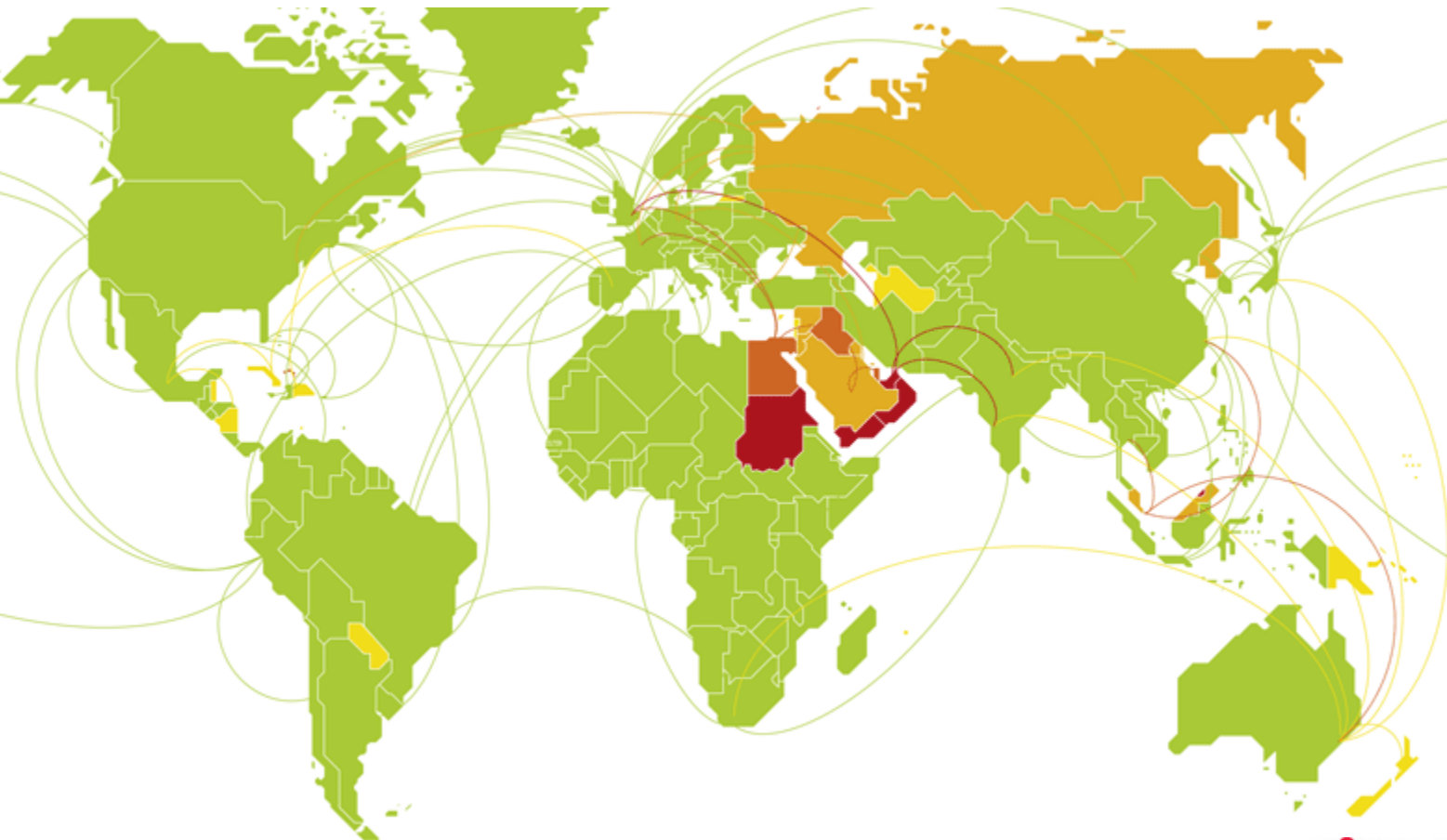




# **PROTECTION IN EMERGENCIES**

# 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:

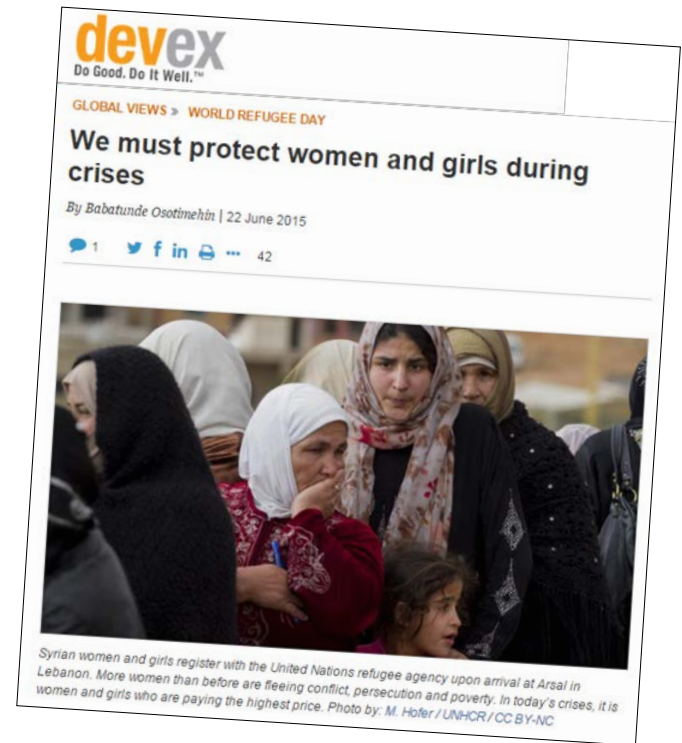
- Behaviour change
- Gender-based violence
- Transactional sex
- Reduction in resources and services

# 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

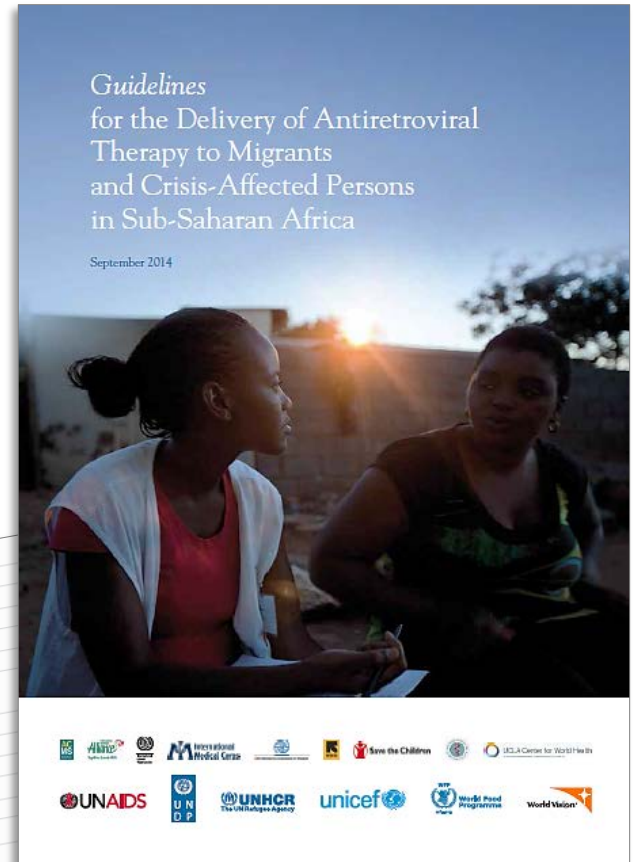
Preparedness is crucial

Logistics and supply chains matter

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

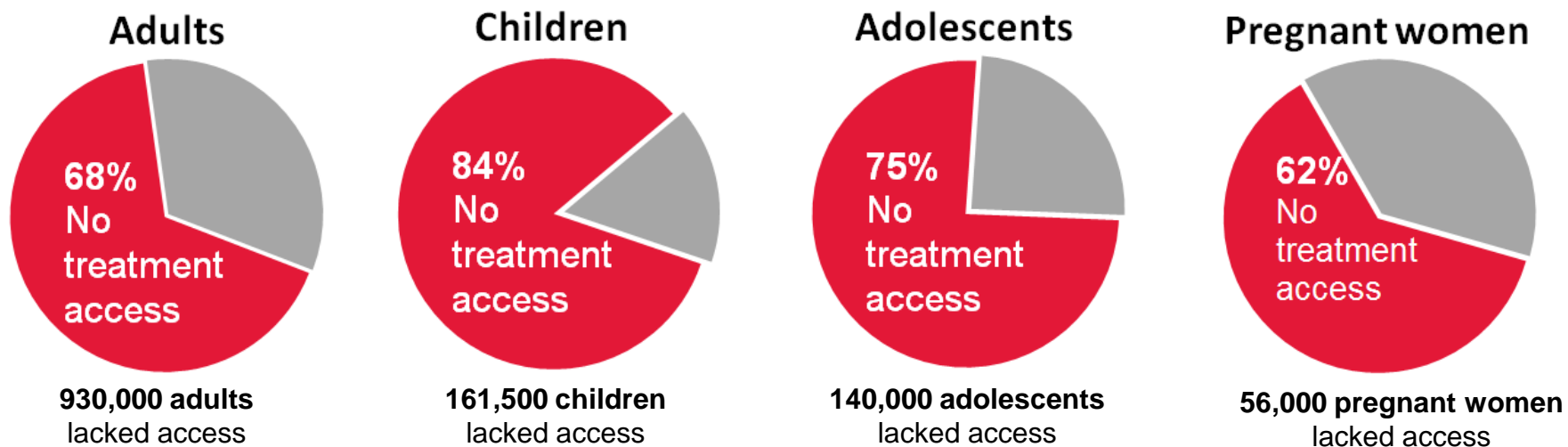
HEALTH TRAVEL CARD

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:

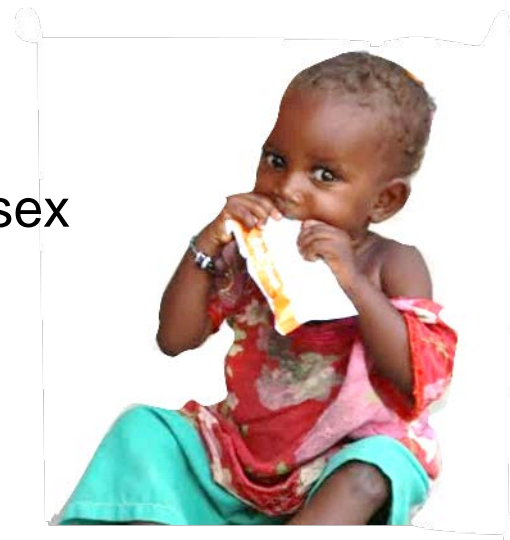
- Need more calories and nutrients
- Have lower appetites
- Are less able to absorb nutrients

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

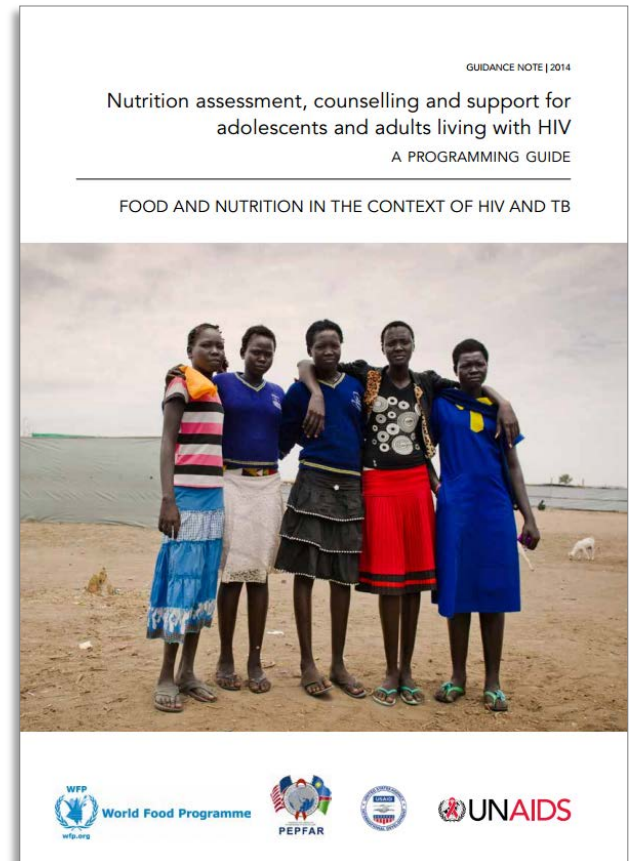
Malnourished people living with HIV are 2–6 times **more likely to die** in the first six months of treatment.



  
WFP Executive Director

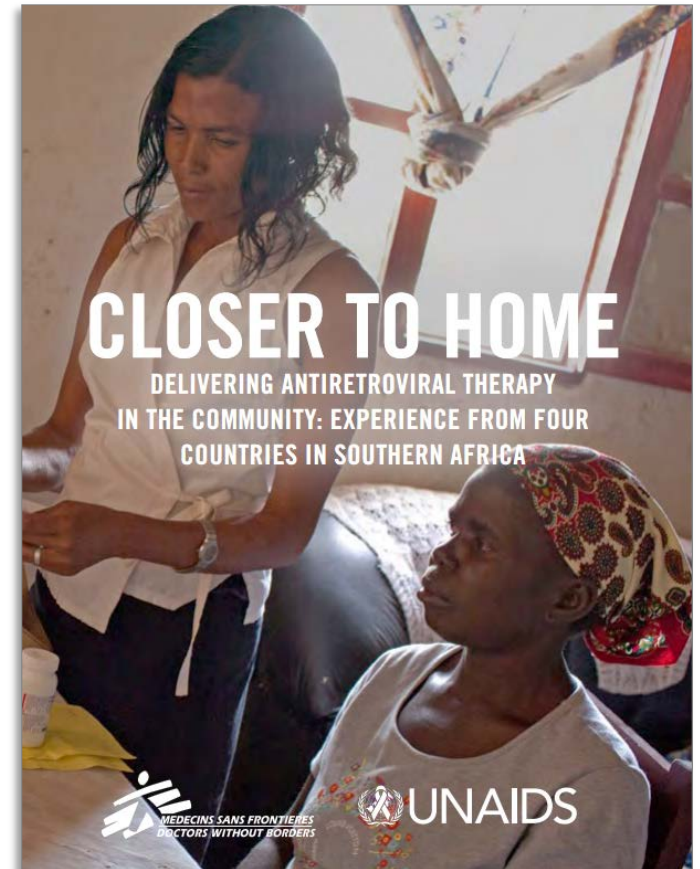
  
UNAIDS Executive Director

  
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

