



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (37)/15.22
Issue date: 30 September 2015

THIRTY-SEVENTH MEETING

Date: 26 – 28 October 2015

Venue: Executive Board Room, WHO, Geneva

Agenda item 7

**Follow-up to the Thematic Segment from the 36th
Programme Coordinating Board meeting:
HIV in Emergency Contexts**

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to:

(see decisions in below paragraphs)

48. *Take note* with appreciation of the summary report of the Programme Coordinating Board Thematic Segment on *HIV in emergency contexts*;
49. *Recognize* that the specific inclusion of persons affected by humanitarian emergencies as a key population would be critical to achieving the fast track goals in the UNAIDS 2016-2021 Strategy.
50. *Encourage* the Joint Programme to:
 - a. *Take* initiatives to ensure that appropriate HIV interventions are routinely incorporated in all humanitarian emergency preparedness and response programmes;
 - b. *Assist* country programmes to incorporate an appropriate level of preparedness and disaster risk reduction strategies to ensure continuation of HIV services during an emergency, particularly prevention, antiretroviral treatment, food and nutrition support including the introduction of innovative approaches to tackle treatment disruption, such as *Health Travel Cards* in contingency planning and response to emergencies;
 - c. *Prioritize* actions to address sexual violence during conflicts;
 - d. *Promote* cross border and regional collaboration to ensure access to essential HIV prevention, care and treatment services for refugees and other displaced populations.

Cost implications for decisions: *none*

BACKGROUND

1. At its 35th meeting in December 2014, the UNAIDS Programme Coordinating Board (Board) agreed that the thematic segment of the 36th Board meeting (30 June-2 July 2015) would focus on ***HIV in emergency contexts***¹. The Board requested that the thematic session:
 - Review and discuss the effects of humanitarian emergencies on HIV-related vulnerabilities and risks in the context of the current high numbers of people affected by emergencies worldwide and the need to ensure that appropriate HIV interventions are routinely incorporated in all humanitarian emergency preparedness and response programmes;
 - Review and discuss the adverse effects of disasters and emergency situations on ongoing HIV programmes and the need to incorporate an appropriate level of preparedness and crisis risk management in all HIV country strategies;
 - Generate recommendations regarding the recognition of persons affected by humanitarian emergencies as a key population in the Fast-Track approach and the extended and updated UNAIDS 2016-2021 Strategy.
2. A broadly collaborative and participatory preparation process took place, led by the UNAIDS Secretariat. This included close collaboration with the co-conveners of the the Inter-Agency Task Team on Addressing HIV in Humanitarian Emergencies (IATT) – the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) – as well as meetings with members of the IATT to solicit support and input for the thematic session. A working group was formed, including participation by Member States, Cosponsors, the PCB NGO delegation, and the UNAIDS Secretariat, to provide technical and strategic input on the content and focus of the thematic segment. An Expert Consultation on HIV in humanitarian settings held in March 2015 in Geneva also informed development of the thematic segment, as well as and contributing input to the Fast Track approach and to the development of the UNAIDS 2016-2021 Strategy, in areas of HIV and emergencies.
3. In response to a call for contributions from the Secretariat, Board members and observer Member States, civil society organizations, United Nations agencies and other partners submitted 41 examples of initiatives and programmes that have effectively addressed HIV in emergency contexts.² These submissions encompassed a broad variety of programmatic responses, highlighting the feasibility of responding effectively to HIV in emergency contexts, the need to adapt rapidly in the wake of a disaster or emergency, and the importance of preparedness planning and crisis risk management in the context of HIV.

SETTING THE STAGE: KEY INFORMATION ON HIV AND EMERGENCIES

4. In preparation for the thematic segment, the Secretariat provided the Board with a background note that surveyed the extent and growth of humanitarian emergencies, their link with the HIV epidemic and response, and key issues for discussion and

¹ See Decisions, Recommendations and Conclusions of the 35th Meeting of the UNAIDS Programme Coordinating Board, available at www.unaids.org

² Of the 41 submissions, 21 were from Africa, six from Europe, three from Asia and the Pacific, three from Latin America and the Caribbean, two from the Middle East/North Africa and one from North America. In addition, there were five multi-country submissions.

consideration during the thematic segment. The background note also provided definitions for key terms (e.g. humanitarian emergencies, people affected by humanitarian emergencies, and conflict-related sexual violence) to ensure a common understanding for the thematic segment.

5. The background note emphasized that while people affected by humanitarian emergencies had historically not been well integrated or addressed in HIV strategies or programmes, the enormity, extraordinary impact and rapid growth of emergencies make it imperative that the AIDS response effectively address the needs of those affected by humanitarian emergencies. With an estimated 1.6 million people living with HIV affected by emergencies in 2013, it is clear that it will be impossible to realize the vision of the three zeros (zero new HIV infections, zero AIDS-related deaths, zero HIV-related discrimination) without effectively addressing HIV in the context of emergencies.
6. Humanitarian emergencies, including both man-made and natural disasters, can cause widespread displacement (51 million people worldwide were forcibly displaced in 2013 alone) and also create dangerous conditions that obstruct the departure of people from their area of habitual residence. Emergencies can increase vulnerability to HIV, increase risk of sexual violence and human rights violations, exacerbate vulnerabilities of key populations, and disrupt vital services, such as antiretroviral treatment. In diverse countries such as Ethiopia, Nepal and Tanzania, studies have found that HIV risks increased among people affected by emergencies.
7. Advance planning, rapid responses and results-driven partnerships have proven effective in mitigating the HIV-related impact of emergencies and ensuring access to essential HIV services for people affected by emergencies. The background note included examples of how rapid action provided vital support and service access for people affected by emergencies in Afghanistan, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Djibouti, Haiti, Iran, Mozambique, Pakistan, Philippines, Russian Federation, Ukraine and West African countries affected by the recent Ebola outbreak. Other country examples highlighted the importance of preparedness and coordinating in responding to HIV in emergency contexts as well as important gaps that undermine effective responses in such settings.

PROGRAMME COORDINATING BOARD THEMATIC SEGMENT

OPENING SESSION

Opening remarks

8. Emphasizing the strategic importance of the issue of HIV and emergencies, the Chair of the Board introduced the session's facilitators, Dr Tom Ellman, Director of Médecins Sans Frontières (MSF) Southern Africa Medical Unit (SAMU) and Ms Mumtaz Mia, Strategic Interventions Adviser, UNAIDS Country Office in South Sudan. Two short videos set the stage for the day's discussions, highlighting key humanitarian issues, including a dramatic increase in the number of displaced people and refugees fleeing conflict. One of the videos specifically focused on South Sudan, where UNAIDS is working to link HIV with the emergency response.
9. In his opening remarks, the UNAIDS Executive Director, Mr Michel Sidibé, emphasized the timeliness and importance of the thematic session, noting that large

numbers of countries are suffering from crises and emergencies, and that many millions of people are displaced. Stressing the need to never lose sight of the human faces behind the numbers of people affected by emergencies, he recalled his visits to various emergency situations and his encounters with people who had suffered traumatic experiences, often resulting in separation from their families and lack of access to services. In emergency settings, key populations often face increased discrimination, vulnerability and difficulties in accessing HIV services. In addition, while highlighting the systematic use of sexual violence as a weapon of war in many countries, Mr Sidibé underlined the urgent need for better strategies to ensure that human rights are protected and that sexual violence is ended in humanitarian emergencies. He expressed hope that the thematic segment will contribute to an enhanced profile of this issue in the updated and extended UNAIDS Strategy 2016-2021.

Keynote: A travers mon regard [*Through my eyes*]

10. Mr Noé Sebisaba, a former refugee from Burundi, gave the keynote address, entitled “A travers mon regard” (“Through my eyes”). Describing two decades in which his life has been marked by national upheaval in Burundi, he noted that he and his family fled the country after his wife was raped during the inter-ethnic violence in Burundi in 1993. After returning to Burundi, the family fled again to Tanzania, where they learned that both Mr Sebisaba and his wife were HIV positive and where their second child died of an AIDS-related illness. After his wife passed away in 2001, Mr. Sebisaba turned to community activism, mobilizing refugees to become more active in HIV prevention and to combat HIV-related discrimination. Returning to Burundi in 2005 he has continued these activities. He emphasized the impact of being uprooted from one’s home – “like a tree taken out of its soil” – and described how displacement increases HIV risk and vulnerability. He emphasized that preparedness is key to an effective emergency response and suggested the creation of dedicated emergency response teams to ensure that appropriate HIV interventions are undertaken in all emergencies. Reflecting on his experience as a community mobilizer, he stressed that those effected by humanitarian emergencies must be actively involved in all aspects of the emergency and HIV responses.

Towards ending AIDS by 2030: the need for increased focus on HIV in emergency contexts

11. A panel discussion set the scene for a new narrative on HIV in emergency contexts. Mr George Okoth-Obbo, Assistant High Commissioner for Operations, UNHCR, noted that the 314 million persons affected by humanitarian emergencies would constitute the fourth largest nation on earth. Of these, 67 million are displaced, which would constitute the 20th most populous nation. With regard to HIV, he noted that refugees and asylum seekers are often seen as a threat and as presenting a risk to the host society, but, he stressed, evidence does not support this misperception; indeed, in most cases, HIV prevalence among refugees and asylum seekers is lower than that of the host population. Yet, the ramifications of this mistaken outlook are considerable as they push refugees and asylum seekers to greater levels of marginalization and stigmatization. In this context, Mr Okoth-Obbo emphasized the central importance of ending discrimination, exclusion and sexual violence in situations of conflict. To date, HIV has not been sufficiently integrated in the management of emergency preparedness and response. Mr Okoth-Obbo cited the particular need to ensure continuity of antiretroviral treatment in emergency situations. He called for a greater focus on HIV in humanitarian emergencies as well as for measures to ensure the integration of displaced populations in all national HIV

programmes. Donors, both for development and for emergency responses, should work together to better ensure that HIV is adequately accounted for in emergency responses, which will require the kind of flexibility recently exhibited by the Global Fund, which has acted swiftly to provide HIV-related funding in emergency settings. HIV responses in emergencies should be evidence-informed, and, he stressed, mandatory testing is never justified in emergency contexts.

12. Lieutenant General G. Paul Cruz, Director of the Office for Peacekeeping Strategic Partnership at the United Nations Department of Peacekeeping Operations (DPKO), reported that peacekeeping missions currently involve military components of nearly 92 000 men and women, more than 13 000 police officers and numerous mission support staff across different countries in crisis. The ultimate goal of peacekeeping operations is to bring a lasting peace to a country or region as a precondition for the State, the general population and humanitarian organizations to perform their daily work in safety. Peacekeepers operate as part of a multidimensional mission under the leadership of a Special Representative of the Secretary General (SRSG) usually comprising two branches. A first branch is aimed at Demobilization, Disarmament and Reintegration (DDR), Security Sector Reform, the promotion of the rule of law, and political capacity building. A second branch is responsible for humanitarian activities and gives special attention to issues such as gender, human rights, family well-being, and HIV. All missions now routinely offer HIV awareness and prevention to personnel. As a critical actor in the early stages of the post-conflict recovery process, DPKO collaborates with other actors to mainstream HIV concerns in the implementation of mission mandates as well as in the broader recovery process as part of an integrated approach to peacekeeping.
13. Her Royal Highness Princess Sarah Zeid, the Convener of the Humanitarian Settings work stream in the UN Secretary General's *Every Woman Every Child* initiative, reported that a renewed Global Strategy for Women and Children's Health is currently under development. She emphasized that humanitarian emergencies and fragile settings must be clearly included in this strategy and stressed the importance of ensuring access to sexual and reproductive health and rights services, including HIV prevention, treatment, care and support, in humanitarian settings. In 2014, women and children accounted for 75% of all people in need of humanitarian assistance, and humanitarian emergencies and fragile settings account for 60% of maternal deaths, 53% of under-five deaths and 45% of newborn mortality. As the populations of countries most exposed to humanitarian emergencies tend to be young, the specific sexual and reproductive health needs of adolescents must be given greater attention in humanitarian emergency programmes. Increased levels of gender-based violence associated with emergency conditions often persist long after a crisis has ended, with devastating, long-term effects on survivors, their families, and their communities. The average duration of a refugee situation has now become 20 years, the same as a person's entire reproductive life cycle. Against this background, she offered three recommendations:
 - Human rights, along with the protection of the health of women and young people, need to be at the center of efforts to address the needs of people affected by humanitarian emergencies;
 - Planning should include an assessment of vulnerability to hazards and risks to enable a rapid response when a disaster occurs; and
 - Humanitarian programmes must partner from the outset with local assets, capacities and competencies and invest in the development of sustainable resilience in the affected country.

14. In response to these presentations, Board members and participants highlighted examples of programmes to address HIV in the context of emergencies, particularly with a focus on HIV and the linkage with sexual violence, such as those of the World Council of Churches. Given the frequency of mass refugee movements between neighboring countries, Board members emphasized the importance of health cards and other service-enhancing innovations, regional programmes such as the Great Lakes Initiative on AIDS, and the availability of flexible funding to allow rapid re-allocation of resources to establish HIV services for newly arriving refugees. Although host communities are critical during the first response to an emergency, they are often sidelined once help finally arrives, a tendency that Board members said should not occur. Board members said donor programmes should take into account the long duration of most refugee situations. MSF, the UNAIDS Joint Programme and others were commended for the concrete advice they have provided regarding continuity of HIV treatment during emergencies through effective measures such as longer refills of medicine.
15. Board members cited with concern the increased incidence of sexual violence in emergency settings, such as in Northeastern Nigeria, noting that most such cases are often never reported due to stigma. Displaced populations often face considerable risks of malnutrition, loss of livelihood, inadequate access to potable water, poor sanitation and interruption of education. In addition, access to antiretroviral treatment for people living with HIV, as well as tuberculosis treatment, has been impeded, underscoring the need for an urgent humanitarian response to this situation and a priority on contingency planning for emergencies in the updated 2016-2021 UNAIDS Strategy. Board members emphasized the need to better integrate local communities and civil society organizations in humanitarian emergency response operations.
16. Emergencies greatly exacerbate vulnerability, especially for women. Focused funding, including from the private sector, needs to be available to reduce women's vulnerability and to ensure the sustainability of HIV responses in emergency settings. Board members cited the critical importance of involving local organizations in HIV responses in emergency settings and recommended that UNAIDS continue to provide space for multi-stakeholder discussions on HIV and emergencies.
17. Board members welcomed the emphasis in the thematic segment on the impact of emergencies on key populations and persons living in fragile communities. Particular concern was expressed regarding the impact of people living with HIV of reported policy changes in the Dominican Republic that threaten to leave 500,000 Dominican born people of Haitian descent stateless. Board members urged an expansive interpretation of the notion of emergency settings and fragile communities. For example, legislation criminalizing same-sex sexual relations increase the vulnerability of men who have sex with men, including in emergency settings, and transition planning is needed in countries where Global Fund support grants are coming to an end to ensure people living with HIV and key populations have continued access to life-saving services.

SCENE SETTING: LATEST DATA AND EVIDENCE

18. Mr Paul Spiegel, Deputy Director, Division of Programme Support and Management, UNHCR, reported that 314 million people were affected by emergencies in 2013, including one in every 22 people living with HIV. In total this represents 1.6 million people living with HIV, including 200,000 children under age 15, 185,000 adolescents aged 10-19, and 90,000 pregnant women). Mr. Spiegel noted that in 2013, it was estimated that 1 million people living with HIV did not access treatment

due to an emergency. Sub-Saharan Africa accounted for 81% of all people living with HIV who were affected by humanitarian emergencies in 2013. More people are being displaced than ever before, with 67million people displaced by natural disasters and conflict in 2013. Restrictions placed on refugees, displaced persons and migrants have a magnified impact on people living with HIV, underscoring the importance of grounding HIV responses in emergencies in principles of human rights and equity. Experience shows that HIV vulnerability and risk can be managed in emergencies, and lessons learned must be taken into account if the world is to reach the vision of zero new HIV infections. Proven measures to meet the continuing demand for HIV services during emergencies include decentralized stockpiles, rapid testing, longer-term prescriptions for medication, safe blood transfusions, condom availability, and health travel card schemes. Although there has rightly been increased focus on the risk of sexual violence faced by women and girls in emergencies, it was noted that men and boys are often also targets of sexual violence as a weapon of war, and that much more action is needed to end violence in emergency contexts for all. Although the need for a robust HIV response in emergency settings is clear and the evidence base for action substantial, people displaced by emergencies have typically been overlooked in HIV funding proposals, omitted by national strategic plans, excluded from services and stigmatized by local communities. Therefore, it is imperative to integrate people affected by emergencies and displaced persons into HIV preparedness and programming. As emergencies are broadly diverse – encompassing conflict, natural disasters and health crises such as the Ebola outbreak in West Africa – and universally disruptive, preparedness is essential.

19. Mr. Martin Bloem, Senior Policy Advisor, Nutrition and HIV/AIDS Policy, WFP, said that WFP provided food to nearly one third of the 314 million persons affected by emergencies in 2013. He stressed that the current increased level of need has not been entirely met by a corresponding increase in donor funding. Humanitarian and development actors need to work together to develop integrated approaches that build systems that are resilient to sudden shocks and prepare for emergencies in advance. Flexibility, predictability and timeliness of funding and programmatic approaches for humanitarian and development actors is essential. He stressed the importance of food assistance in emergencies and cited the example of Ukraine, where displaced people living with HIV have voiced great need for food aid. Malnutrition is a particular risk for people living with HIV during an emergency, as malnourished persons are two to six times more likely to die in the first six months of HIV treatment. WFP provides logistical support to all humanitarian agencies; during the recent Ebola outbreak in West Africa, WFP transported health workers and materials for the construction of health facilities. Mr. Bloem underlined the importance of preparedness as critical to the eventual effectiveness of an emergency response and stressed that the world will not “get to zero” without giving prominence to people affected by humanitarian emergencies.

DELIVERING IN TIMES OF EMERGENCY: WHAT WORKS FOR HIV?

Enabling continued services for conflict-affected communities

20. A panel session addressed the delivery of services during emergencies. The first area of focus was on the question of how to ensure the continuation of services for conflict-affected communities. Ms. Marguerite Samba Maliavo, Minister of Health of the Central African Republic, described the violent conflict that erupted in her country in 2012/13 and the profound effect it had on the local health and HIV infrastructure, of which between 30% and 70% was destroyed. With one million people forcibly displaced, the emergency separated families, and contributed to increased sexual

violence, including among boys who were separated from their parents. Nearly 3,900 people who had been receiving antiretroviral therapy were lost to follow-up as a result of the crisis. In the midst of continued insecurity, the Government, United Nations agencies, and national and international non-governmental organizations developed a strategy to address the most important effects of the crisis. Rehabilitation of HIV services was central to this approach, leading to the reopening of 90% of antiretroviral treatment sites and the tracing and re-engagement in care of 90% of those who had been lost to follow-up. Similar results were achieved for programmes to prevent mother-to-child HIV transmission and to address tuberculosis. Condom distribution programmes were resumed, food assistance was provided to people living with HIV at sites for displaced persons, outreach programmes were initiated to offer HIV testing and counselling to sex workers and men who have sex with men. Ms. Maliavo said that HIV should receive special consideration in humanitarian emergencies, and that the consideration should be given to establishment of an international rapid intervention and early warning mechanism.

21. Ms Annie Clarisse Gonedet, a representative of the NGO Groupe de Soutien du Complexe Pédiatrique in Central African Republic, gave a moving account of the impact of violent conflict on her life. A woman living with HIV and a widowed mother of eight, three of whom are also living with HIV, Ms. Gonodet was receiving antiretroviral treatment when the conflict began. The family was then forcibly displaced resulting in a three-month treatment interruption and a lack of food resources and basic humanitarian assistance. Ms. Gonodet also faced discrimination from her own family who cast her out of the family network. In a weakened state, Ms Gonedet received assistance from other displaced people until she and some of her children were linked with regular food distributions by WFP. When the security situation improved, Ms Gonedet turned to the non-government Groupe Espoir to procure antiretroviral therapy for her and her family, at which point they were admitted to WFP's Food by Prescription programme. Based on her personal experience, Ms Gonedet called on humanitarian agencies to ensure that people living with HIV are protected in situations of crisis, that their treatment is continued and that they receive the necessary food aid and nutritional support. She said that her children survived because of timely intervention by others but noted that many were not as fortunate.
22. Board members expressed appreciation to the speakers for sharing their experiences. They noted that various regions, including the Middle East and North Africa, are currently facing massive and complex emergencies that affect HIV responses. It was noted in the Board discussion that HIV service provision to mobile and vulnerable populations requires culturally sensitive and participatory approaches. Board members cited the country examples explored during the thematic segment to emphasize the importance of inter-country and regional collaboration. It was suggested that a core technical group of concerned states should be created to plan specific HIV responses for emergency contexts.

Delivering community services in public health emergencies

23. The area of focus of the panel discussion was on the issue of service delivery during public health emergencies. Mr Foday Sawi Lahai, Deputy Minister of Health and Sanitation, Sierra Leone, underscored how last year's Ebola outbreak had seriously affected his country and the region and had reversed many development gains. Within the context of this public health emergency, great efforts were made to continue the ongoing HIV response, although the Ebola crisis in West Africa had revealed the fragility of the achievements of the AIDS response. Between January

and September 2014, antiretroviral treatment uptake declined by 61%, the number of pregnant women receiving services for prevention of mother-to-child transmission fell by 34%, and utilization of HIV testing dropped by 59%. Collaboration and ownership by local communities proved critical in mitigating the impact of the Ebola emergency on HIV programmes. For example, the Sierra Leone Inter-religious AIDS Network, the National AIDS Secretariat and the Network of People Living with HIV facilitated the continuation and, if needed, restoration of HIV services, with more than 1,000 people who dropped out of HIV treatment services having been reintegrated into care. Comprehensive strengthening of the country's health system is required in order to ensure a prompt and robust response to a new Ebola epidemic in the future. In addition, as part of lessons learned from the crisis, community structures, particularly community watch instruments, must be further strengthened.

24. Ms. Alexandra Calmy, University Hospital Geneva, worked in the MSF Clinic in Freetown, Sierra Leone, during the Ebola crisis and shared her experiences with the Board. She highlighted the key role of HIV organizations in the first response to the Ebola outbreak, noting similarities between the response to the recent Ebola epidemic and that to HIV in the 1980s, such as the importance of addressing discrimination, the critical value of involving affected communities and the need to ensure access to treatment. She underlined that lessons learned from the AIDS response were important for addressing the Ebola crisis. Ms. Calmy stressed that it was difficult to maintain HIV services during the Ebola emergency, resulting in a significant reduction in the availability of HIV services and the number of persons receiving treatment. MSF's experience highlighted the value of relatively simple measures to benefit patients, such as provision of six-month refills of antiretroviral medicines and the decentralization of services to reduce the need for travel.
25. Ms. Dragica Pajevic-Alp, WFP Chief Logistics Officer for the Ebola response, spoke from the floor to the importance of logistics and supply chains in reaching crisis-affected people, using the Ebola emergency to illustrate her point. Logistics and the logistics cluster play an essential role in delivering the food and nutrition support and lifesaving commodities that crisis-affected people living with HIV need. Without logistics and strong supply chains, drugs are inaccessible, food and nutrition support is unavailable, shelter and tents are absent, clinics and labs have no fuel, staff cannot reach those in need and communication systems remain inoperable. A WFP video clip on the importance of logistics was shown.
26. Board members said the presentations highlighted the importance of strengthening regional approaches for addressing HIV in emergency contexts. They emphasized the importance of preparedness, noting that emergency situations are essentially unpredictable and may strike anywhere. In Burundi, the impact of instability on the HIV service delivery was mitigated by decentralizing services. Board members agreed on the importance of supporting community organizations and stressed that the health sector in emergency responses needs to work effectively with existing national health infrastructure from the earliest stages of preparedness.
26. The discussion touched on several examples of humanitarian emergencies, focusing on HIV-related challenges and important priorities with respect to the integration of HIV into emergency responses. For example, in South Kordofan, Sudan, where the Diocese of El Obeid manages the only functional hospital in the midst of an ongoing violent conflict, efforts at the hospital to ensure access to HIV treatment in the midst of conflict required identification of alternate sources of antiretroviral medicines, as access through the national HIV programme was blocked; it was suggested that innovative approaches for commodity procurement and distribution are needed in circumstances where the national government is not in control. In Haiti, local

communities played a key role in facilitating an HIV response in the aftermath of the earthquake, through such innovative means as the provision of food vouchers to female heads of household. Haiti also demonstrates the importance of involving people living with HIV and key populations at the emergency preparedness stage, as the crisis left many gay men and other populations without access to food and other essential services.

ENABLING PROTECTIVE ENVIRONMENTS FOR KEY POPULATIONS

Services for refugees and migrants: challenges and opportunities

27. Mr. Kassim Issack Osman, Minister of Health, Djibouti, reported on the large influx of refugees to his country from Yemen, including 13,000 recent arrivals. These arriving refugees are in addition to 25,000 refugees and asylum seekers that the country has hosted for many years, as well as 100,000 economic migrants in transit. Djibouti offers universal access to HIV services for migrants. A project supported by UNAIDS and UNHCR has enabled 100% of the refugees living in camps to access voluntary HIV testing services, while a public-private project by Dubai Port World, the United States Agency of International Development and the Ministry of Health has established a voluntary HIV testing center specifically for truck drivers. However, despite these efforts, challenges with stigma and discrimination persist, and HIV has yet to be fully integrated into all clusters of the emergency response. He emphasized the important role that United Nations organizations and regional inter-governmental institutions can play in supporting countries to overcome remaining challenges in national HIV strategies.

Sexual violence and HIV: safe spaces for survivors

28. Ms. Gloria Fagade, of the Young Women's Christian Association in Nigeria, emphasized the importance of safe spaces (i.e. welcoming environments) for providing HIV services to girls who are survivors of rape and sexual violence. Female staff members, particularly female medical staff, have proven to be critical in reaching girls who have experienced sexual violence. Although this work is also conducted in camps for displaced people, it is hampered by a shortage of female personnel. Further, the work has also revealed the critical need for basic sexual and health education for girls and adolescents.

29. The focus on addressing sexual violence was noted not only in this session but throughout the thematic segment. Numerous speakers, as well as many Board members, emphasized the importance of prioritizing actions to address sexual violence during conflicts.

Ensuring dignity: protection and services for key populations

30. Mr Sergii Dmytriiev of the All-Ukrainian Network of People Living with HIV described the impact of the recent violent conflict in the Donetsk and Luhansk regions on the 33,000 people living with HIV who reside in these areas. He said that due to the Government's refusal to continue supplying antiretroviral medicines to these areas, the health of thousands was harmed, with particularly dire consequences for prisoners living with HIV. Non-governmental organizations had assumed responsibility for the delivery of antiretroviral medicines and medical supplies to the regions, including services in penal facilities, with the support of the Global Fund, MSF and WHO. He urged the international community to continue to support these

life-saving activities and to help address the restrictions imposed on their work by the authorities.

31. Manisha Dhakal, Executive Director of the Blue Diamond Society in Nepal, described the change in government policy in 2015, which enables citizens to identify as a third gender category, marked “Other” in their passports, allowing the transgender community in Nepal to register with dignity. However, the earthquake in April 2015 had put implementation of these measures on hold. In camps created in the course of the relief effort, males and females were segregated, effectively leaving “other gender” persons excluded from services. She reported that the initial emergency response operation gave little consideration to the needs of transgender people, people living with HIV, people who inject drugs or other key populations. In response to the lack of services for transgender people in the aftermath of the earthquake, the Blue Diamond Society started organizing tents for transgender people who had lost their homes. The Blue Diamond Care and Support Centre, as well as the National Association of People Living with HIV, contributed to relief efforts by preparing and distributing food to people living with HIV and other key populations as well as providing medical attention. After this initial response, the community-driven response focused on ensuring continued access to antiretroviral treatment and harm reduction tools. The speaker concluded that the earthquake in Nepal and its aftermath have shown how important it is that key populations are fully included in emergency preparedness planning as well in the relief and recovery process, as community groups effectively advocate on behalf of their community members and help build trust and bridge key gaps.

32. In the discussion that followed the session’s presentations, speakers emphasized the adverse effects that emergencies often have on key populations, increasing their vulnerability to gender-based violence, deepening poverty, contributing to further marginalization and discrimination, and prompting many to turn to transactional sex in order to survive. Experience following the 2013 typhoon Haiyan disaster in the Philippines, which led to more than 10,000 deaths and the displacement of 700,000 people in a single night, was also discussed, specifically with regard to the importance of maintaining a focus on HIV-related needs throughout the emergency response. Reports to non-governmental groups indicated that young men who have sex with men and transgender women faced increased risks of sexual assault and other human rights violations as a result of the crisis. The importance of addressing pre-existing vulnerabilities of fragile communities, as well as urgent new needs created by humanitarian emergencies, was noted. Board members reiterated the importance of supporting the work of community groups in emergency contexts, but emphasized that such groups should remain independent.

33. Consideration was given to the experience of Morocco, which implemented a new approach in response to growing numbers of refugees, asylum seekers and irregular migrants arriving in the country. In 2013, a newly created Government department developed specific policies aimed at promoting the integration of refugees and asylum seekers into social and public health services as well as regularizing the status of 30 000 irregular migrants. It was reported that the Ministry of Health, together with the Global Fund and UNAIDS, established a comprehensive HIV programme for these groups, including measures to combat discrimination, promote voluntary testing, integrate into basic health insurance schemes, and provide full access to antiretroviral treatment. To date, over 10,000 people from these groups have taken an HIV test. Of those who tested positive for HIV infection, almost 300 have accessed free antiretroviral treatment.

34. In response to the presentation regarding the emergency response in Ukraine, it was stated that important lessons have been learned. Following up on the interruption of prevention and treatment programmes in conflict-affected areas of Ukraine, the country has created an HIV/TB sub-cluster and supported activities by WHO, MSF, UNICEF and other agencies to operate in hard to reach areas where operations are difficult in the current political climate.
35. UNICEF reported that involvement in restoring HIV treatment for people living with HIV can be facilitated with national government at every level through the health cluster and people living with HIV themselves. The challenges of addressing HIV in emergency situations was stressed, including the impact of service disruption on adherence and the effects of emergency conditions on risk behaviours. UNAIDS was urged to ensure that its updated Strategy 2016-2021 take into account humanitarian emergencies and those affected by them.
36. With regard to the case studies provided in the conference room paper, emphasis was made on the need for national data to be used and checked prior to publication.

PROMOTING PREPAREDNESS AND RESILIENCE

37. Mr. Manuel Carballo, Executive Director, International Centre for Migration, Health and Development, reported that the number of refugees worldwide has never been higher. One in 33 persons is a migrant, with displacement nearly always resulting in disruption of family structures and increased vulnerability. Most refugees are hosted by countries that are least economically equipped to assist them. He questioned the use of the term resilience and said that bereft communities typically need time to bounce back. Emergency situations damage health care systems, as health workers may be forcibly displaced, further diminishing the capacity of the health sector to deal with existing and new challenges. Echoing calls made throughout the thematic segment, and in its lead up consultation, he emphasized the importance of preparedness planning that prioritizes continuity of prevention and treatment services. An essential part of preparedness planning is the creation of new partnerships, including with people living with HIV and, where appropriate, uniformed services, including peacekeeping forces.
38. Ms Karine Duverger of Health through Walls, Haiti, highlighted that prisoners are nearly always omitted in humanitarian emergency operations. As a result of the 2010 earthquake in Haiti, prison buildings collapsed and thousands of prisoners escaped. While the government focused on recapturing escapees, Ms Duverger's organization worked to restore interrupted health care, including HIV treatment for prisoners. In this way, the Health through Walls organization showed enhanced resilience building. Ms Duverger noted that in addition to HIV treatment, serious food shortages posed an equally important challenge for prisoners during the emergency.
39. Ms Berna Beyrouthy of Lebanese Red Cross emphasized the need to ensure that the people living with HIV among the 1.5 million refugees in Lebanon know how and where to access HIV treatment. Emergency response and resilience building plans should include information campaigns for key populations affected by an emergency, although stigma and discrimination often reduce the extent to which this is feasible.
40. Board members welcomed the sessions' focus on prisoners' health in emergency contexts, underscoring the value of a human rights-based approach. The United States of America expressed willingness to explore with UNAIDS whether the US Government could provide additional support to ensure the availability of post-exposure prophylaxis in conflict situations.

41. The impact of mass migratory movements of people on countries such as El Salvador was discussed. It was suggested that regional cooperation is a precondition for development of an effective emergency response and that the thematic segment had inspired countries to take up this challenge.

ISSUES ARISING FROM THE THEMATIC SESSION FOR FOLLOW-UP

The Thematic Segment generated enhanced awareness around several key issues:

42. At the strategic level:

- a. The gains of the past decades towards ending HIV are fragile and emergencies and disasters can quickly set back achievements. However, it is recognized that an opportunity now exists to ensure that people affected by emergencies are not left behind.
- b. Issues such as the denial of human rights, sexual violence and the disruption of HIV services increase the vulnerability of populations affected by humanitarian emergencies. Principles of basic human rights, equity and protection warrant the inclusion of populations affected by humanitarian emergencies in national HIV programmes as well as the inclusion of HIV programming in humanitarian emergency response operations.
- c. As UNAIDS undertakes the updating of the 2016-2021 Strategy, it is critical that humanitarian emergencies are effectively included as they present contexts of fragility, enhanced vulnerabilities and uncertainties that increase HIV infection risk.
- d. Further discussion is required on the inclusion of key population emergencies under the definition of humanitarian emergencies in relation to HIV.
- e. A robust health sector is a critical factor for an effective HIV response in an emergency situation.
- f. Strategic information on HIV in humanitarian emergencies needs to be strengthened, particularly regarding treatment gaps in emergencies, to enable an effective HIV response.

43. Regarding operational coordination:

- a. Concrete action is needed to ensure that HIV is routinely and appropriately addressed in all humanitarian emergency preparedness and response activities. As context-specific HIV interventions are developed during the preparedness and response phases of a humanitarian operation, adequate care should be taken to ensure that the specific needs of key populations who may be affected by an emergency, such as women and children, adolescents, migrants, men who have sex with men, transgender persons, people who inject drugs and prisoners, are duly taken into consideration.
- b. Action is also needed to ensure that ongoing HIV programmes incorporate emergency preparedness planning to enable continuation of prevention and treatment services during an emergency. Likewise, national HIV programmes

need to routinely incorporate people affected by humanitarian emergencies in planning, implementation and monitoring of national responses.

- c. Support is essential for the active participation of affected communities and local organizations, including organizations of people living with HIV, in emergency preparedness and response activities. Their active engagement ensures that programmes reach and include the most vulnerable populations.
- d. HIV responses in emergency settings do not have to be complex: innovative but simple ideas such as the introduction of health cards, food and nutrition support, and longer medicine refills can help mitigate the impact of emergencies on people living with HIV and on the broader HIV response.

44. Regarding sexual violence:

- a. Member States, UNAIDS and other humanitarian organisations recognise the need to intensify efforts to combat the scourge of sexual violence, particularly when used as a weapon of war in conflict situations.
- b. Planning and response to HIV in humanitarian emergencies would be enhanced by the strengthened partnership between UNAIDS and DPKO, particularly with a view to eliminating sexual violence in conflicts.

45. Regarding funding:

- a. Humanitarian and development funders need to increase funding for HIV interventions in humanitarian emergencies. The private sector should also be engaged to provide greater support.
- b. Humanitarian emergencies require flexible funding mechanisms to enable rapid responses to changing circumstances and needs and to implement rapid-impact interventions.

CLOSING REMARKS AND CONCLUSIONS OF THE 36th PROGRAMME COORDINATING BOARD THEMATIC SEGMENT

46. In his closing remarks, Mr. Luiz Loures, Deputy Executive Director of UNAIDS, cited concerning trends, including the increase in the number of people affected by humanitarian emergencies and changes in the nature of civil conflict, with civilians becoming the primary targets of war. It will not be possible to end the AIDS epidemic without addressing the needs of what Mr. Loures termed “the most fragile community on earth”: the more than 300 million persons who have been affected by emergencies. Extensive evidence presented during the thematic session demonstrates the feasibility of developing and implementing robust, effective HIV responses in emergency contexts, and efforts to move forward to strengthen HIV responses in emergency settings should build on lessons learned. The significant efforts of UNHCR and WFP were applauded, and Mr. Loures suggested that WFP’s logistics and coordination systems should be leveraged to reach people living with HIV affected by emergencies. Particular efforts are needed to mobilize increased funding to ensure that HIV is routinely addressed in all humanitarian emergencies and that uninterrupted HIV services are ensured when disasters and emergencies occur. Mr. Loures reiterated key points emerging from the thematic segment, including the importance of emergency preparedness, partnerships, sound logistics and the role of peacekeeping forces. UNAIDS’ partnership with United Nations peacekeeping missions should be revitalized, and innovative partnerships with the

private sector, as well as regional, sub-regional and intergovernmental initiatives are also essential. The Ebola outbreak in West Africa underscores both the need to place survivors and local communities at the centre of the response to HIV in emergencies as well as the importance of innovative approaches in ensuring the delivery of lifesaving services in situations of insecurity or where access is difficult. Eliminating the use of rape and sexual violence as weapons of war is critical, as is ensuring the provision of post-exposure prophylaxis and HIV treatment to rape survivors in emergency settings. Mr. Loures suggested that a Task Force approach is needed to ensure the effective and urgent implementation of the recommendations from the meeting.

47. The Chair thanked all participants and expressed appreciation that this thematic segment had provided an important opportunity to consolidate compelling evidence for the inclusion of populations affected by humanitarian emergencies in the UNAIDS Strategy.

SUGGESTED DECISION POINTS

Based on the discussions from the July 2015 Thematic Segment, the Programme Coordinating Board is invited to:

48. Take note, with appreciation, of the summary report of the Programme Coordinating Board Thematic Segment on “HIV in emergency contexts”;
49. *Recognize* that the specific inclusion of people affected by humanitarian emergencies as a key population is critical to achieving the goals of the Fast Track in the UNAIDS 2016-2021 Strategy.
50. *Encourage* the Joint Programme to:
- a. *Take* initiatives to ensure that appropriate HIV interventions are routinely incorporated in all humanitarian emergency preparedness and response programmes;
 - b. *Assist* country programmes to incorporate an appropriate level of preparedness and disaster risk reduction strategies to ensure continuation of HIV services during an emergency, particularly prevention, antiretroviral treatment, food and nutrition support including the introduction of innovative approaches to tackle treatment disruption, such as *Health Travel Cards* in contingency planning and response to emergencies;
 - c. *Prioritize* actions to eliminate sexual violence during conflicts;
 - d. *Promote* cross-border and cross-regional collaboration to ensure access to essential HIV prevention, care and treatment services for refugees and other displaced populations.

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