UNAIDS

Background to the call for submissions of country case studies on
HIV in emergency contexts

The forcible displacement of people due to conflict or disaster is associated with increased food insecurity, the destruction of livelihoods and resulting extreme poverty. Emergencies also often lead to increased vulnerability to HIV infection and treatment interruption for people living with HIV. Emergencies can arise anywhere. HIV programmes in stable as well as those in fragile environments may experience severe disruptions as a consequence of sudden emergencies causing the rapid erosion of achievements made over decades. HIV in emergency contexts is often addressed through a generic set of interventions. However, evidence suggests that emergencies differ in their impact, requiring tailored responses and the integration of specific HIV-related concerns. Yet, for persons affected by emergencies, access to HIV prevention or life-saving treatment often remains limited, not prioritised or non-existent.

At the end of 2013, more than 51 million people worldwide were forcibly displaced due to violent conflict or habitual human rights violations, the largest number since the end of the Second World War[1]. Also the number of persons affected by natural disasters has increased exponentially during recent years. In 2003, floods, hurricanes and other disasters forced the displacement of an estimated eight million persons[2].

The determinants of HIV among people affected by emergencies are complex and prevalence levels vary according to a number of interacting factors[3,4]. In 2006, 1.8 million people living with HIV—5.4% of the global total—were affected by conflict, disaster or displacement. In the same year, an estimated 930,000 women and 150,000 children under 15 years of age living with HIV were affected by emergencies. Given that the number of displaced persons increased by 24.2% from 2006 to 2013, it is likely that the number of people living with HIV who are affected by conflict, disaster or displacement also has increased.

Among the stakeholders in the global AIDS response there is strong consensus that, building on the significant gains made during the past three decades, the tools now exist to end the AIDS epidemic by 2030. To achieve this ambitious goal, UNAIDS has embarked on developing a new strategy for the period 2016-2021 as well as developing a Fast Track strategy[5] which focus on countries with high HIV prevalence and with significant numbers of key populations[6]. Unfortunately, despite the fact that the UNAIDS GAP report[7] (July 2014) advocated that in order to end the AIDS epidemic no population should be left behind, persons affected by humanitarian emergencies are not considered in the Fast Track approach. It is evident that the targets set forth under the Fast Track will not be reached if populations affected by humanitarian emergencies continue to be neglected.

There is an opportunity to influence the development of the UNAIDS 2016-2021 strategy and the Fast Track targets through a full day Thematic Segment on "*HIV in emergency contexts*" at the UNAIDS Programme Coordinating Board (PCB) meeting in June/ July 2015. The session will provide an opportune platform for deliberations on the topic, bringing to the fore

[1] War's Human Cost, Global Trends 2013; UNHCR, June 2014.
[2] The forgotten millions. Strohmeyer HJ, OCHA, 22 January 2015.
[3] Spiegel PB, Bennedsen AR, Claass J, Bruns L, Patterson N, Yiweza D, Schilperoord M. Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review. Lancet. 2007;369(9580):2187–95.
[4] Mills EJ, Singh S, Nelson BD, Nachega JB. The impact of conflict on HIV/AIDS in sub-Saharan Africa. Int J STD AIDS. 2006;17(11):713–717.
[5] http://www.unaids.org/sites/default/files/media_asset/JC2686reeport_en.pdf
[6] Sex workers and their clients, men who have sex with men, people who inject drugs and transgender persons.
[7] UNAIDS. Gap Report. 2014. Available at: http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport/

the varied aspects of HIV related challenges in emergency contexts as well as effective solutions.

A Working Group comprised of UNAIDS Programme Coordinating Board Member States as well as civil society representatives has recently been established to prepare for the Thematic Segment, including the development of a background paper to inform and guide the discussions. The paper will propose a new narrative on "HIV in emergency contexts" as well as offer key messages and operational entry points. Meetings of the Inter-Agency Task Team on Addressing HIV in Humanitarian Emergencies (IATT) as well as an Experts Meeting on HIV in Emergencies were recently held to share experiences and provide relevant inputs for the development of this paper. The Working Group is now calling for the submission of relevant case studies on HIV in emergency contexts that can be used to nuance and enrich the background paper as well as to illustrate the importance of the topic. Please refer to the call for case studies and template for submission for further details.