Humanitarian Fact Sheet

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1 The new UNAIDS strategy: End Inequalities. End AIDS. Global AIDS Strategy 2021-2026 contains bold targets to reach populations of humanitarian concern (PoHC), as well as refugees, internally displaced people and migrants (Ref: Strategic Priority 3: Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses).

2 While overall HIV prevalence is reducing, among certain regions of the world and among key populations, it is on the rise. The Global Aids Monitoring (GAM) shows that 62% of all new global infections were in key populations. Within humanitarian settings, vulnerabilities are compounded, especially for key populations, requiring a tailored response ensuring provision of health and protection services. Even before COVID-19, the HIV response was off-track in reaching global targets set for 2020 and to end AIDS by 2030. The situation is now likely worse .

3 COVID-19 has negatively affected HIV programs – in all operational settings - lockdowns limiting possibility for testing, diagnosis, linkage to treatment, continuing adherence to ART, and achieving viral suppression. In some instances, humanitarian emergencies combined with COVID-19 have led to limited functioning or closed clinics and absence of community health workers. Cadres of health care workers in humanitarian emergencies providing HIV and COVID-19 related services require urgent support, both facility- and community-based.

4 Different types of emergencies can have different impacts on people living with HIV, which in turn require tailored actions to ensure HIV is successfully integrated into the emergency response. This approach, captured in the Inter Agency Standing Committee standards, is often not implemented due to a lack of preparedness and funding. The multiple competing health needs in an emergency may skew the focus to populations who are advanced in the disease or who are already on treatment, thus missing the opportunity to prevent new HIV infections and get people on treatment early.

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We need to further strengthen an evolving evidence base to inform collective action. Valuable information already exists, but data gaps remain, such as lack of disaggregation in national reporting systems and exclusion of irregular migrants in insecure and precarious situations. We need to pioneer new innovations in data generation suited to humanitarian settings and highly mobile populations. Community-led monitoring and other community-based initiatives in urban and rural settings have proved effective as a means for providing Strategic Information and protecting human rights.

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The human rights imperative demands everyone should have access to quality assured health care. A person's legal status must not be a criterion for accessing services in a country of destination or country of asylum. Initiatives taken by member states in the COVID-19 pandemic to ensure all people within their borders access care and support are to be supported and expanded, including the right to access the people's vaccine.

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There is a rise in all forms of humanitarian emergency including climate-based disasters and settings of violent conflict. These situations have led to unprecedented levels of forced displacement and uprooted entire communities leaving little to go back to. At the end of 2019, more than 79.5 million people were forcibly displaced worldwide due to armed conflict, widespread or indiscriminate violence, or human rights violations. Disasters displace an estimated 26 million people annually. It was estimated in 2016 that 1 in 14 people living with HIV was in a humanitarian context. At least 155 million people experienced acute food insecurity (IPC/CH Phase 3-5) across 55 countries/ territories in 2020 - an increase of around 20 million people from the previous year. It is estimated that a 20% higher risk of hunger and malnutrition by 2050 if actions are not taken now to address climate change.

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Marked so often with a breakdown of social order, humanitarian situations have shown a reported increase in gender-based violence, including rape and other forms of sexual violence, leading to unwanted pregnancies and transmission of HIV – and deeply felt trauma lasting a lifetime. Rape as a weapon of war remains pervasive across situations of violent conflict. The pandemic amplified gender-based inequality, a root cause and driver of sexual violence in times of conflict and peace and led to a global spike in GBV. Addressing GBV in all its manifestations is critical in tackling HIV in emergencies.

9

Refugee communities can have lower prevalence than their hosts. Misinformation on HIV, infection and prevalence is often a result of dubious politics and ill-formed policy that fails to see the social, structural, and environmental factors behind the continuing HIV epidemic including stigma and exclusion that limits access to health and protection services.

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There needs to be renewed conceptualization of urban slums as spaces of humanitarian concern and already with the worst health outcomes – and so often the place where refugees and migrants go seeking shelter and sustenance. An integrated and inclusive approach is required.

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The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) is a coordinated set of lifesaving priority SRH activities and services to be implemented at the onset (within 48 hours whenever possible) of every humanitarian emergency. The goal of the MISP for SRH is to prevent SRH-related morbidity and mortality while protecting the right of the affected community to life with dignity. Its objectives are to ensure identification of an organization to lead the implementation of the MISP for SRH, prevent sexual violence and respond to the needs of survivors, prevent the transmission of and reduce morbidity and mortality due to human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), prevent excess maternal and newborn morbidity and mortality, prevent unintended pregnancies, and plan for comprehensive SRH services integrated into primary health care as soon as possible.

KEY RESOURCES

Inter Agency Task Team (IATT) on Addressing HIV in Humanitarian situations website - The website contains references, guidance and tools to support HIV, reproductive health and SGBV programming in humanitarian situations., including the following:

- **Integrating HIV in the Cluster Response** This document highlights key considerations which affect the HIV response in humanitarian situations. For each cluster (health, nutrition, food security and protection) the guide details the key actions for a minimum initial response which need to take place to ensure the continuum of care as soon as possible following an emergency. Available on the IATT website.

- **COVID-19 and HIV in Humanitarian Situations**: Considerations for Preparedness and Response -Guidance from the inter-agency Task Team on Addressing HIV in humanitarian situations on key actions, issues for consideration and additional resources on addressing Covid-19 with refugees, IDPs and other displaced populations living with and affected by HIV.

- **Clinical Management of rape and intimate partner violence survivors**: Developing Protocols for Use in Humanitarian Settings In humanitarian settings, women and children who are refugees, internally displaced persons (IDPs), or otherwise affected by conflict-related or natural humanitarian crises, are at increased risk. This guide is intended for use by qualified health-care providers who are working in humanitarian emergencies or other similar settings, and who wish to develop specific protocols for the medical care of survivors of sexual violence and IPV.