

HIV Interventions in Emergency Response Settings

I. HIV-related life-saving interventions

The HIV epidemic has a devastating impact on the socio-economic development of severely affected countries, weakening the health, nutrition, and food security status of individuals, households, communities and also on a national scale. Sudden onset disasters and complex emergencies compound this chronic vulnerability and can have major consequences on the health and well-being of the affected population, largely due to the interruption of existing health and social services. Population displacement, limited access to food and shelter, overcrowding, and poor water and sanitation facilities further adds to HIV-related vulnerability in emergencies.

Households affected by HIV are more likely to: be female or single headed, be caring for a sick family member, have lower school attendance, fewer girls in school, a lower economic base, hosting orphans and reliant on loans or remittances from other family members. These households are already highly vulnerable prior to an emergency and their coping capacity is further threatened when additional shocks occur. It is this chronic vulnerability associated with HIV which impacts the ability of people living with, or affected by, HIV to survive when a disaster strikes, and which requires specific programming considerations in the humanitarian response.

In the earliest stages of an emergency response, specific life-saving HIV related activities should be implemented in all situations. As the situation stabilizes, additional HIV programming should be incorporated into humanitarian programming as necessary, until such time as a comprehensive package of HIV services can be provided for the affected population, in line with national AIDS program strategies and objectives. Planning for the restoration/establishment of comprehensive HIV services, linked to national HIV programming, should begin as soon as possible following the onset of an emergency.

HIV life-saving interventions are those which directly:

- Protect against HIV and human right violations
- Prevent exposure of an individual to HIV
- Prevent nosocomial HIV transmission in health care settings (universal precautions, blood safety);
- Prevent mother to child transmission of HIV (PMTCT)
- Ensure access to post-exposure prophylaxis (PEP) for occupational and non-occupational exposure, including sexual assault
- Ensure persons living with HIV have continued access to care and treatment services, including nutritional and food support.
- Ensure access to HIV prevention measures appropriate for the epidemic stages
- Ensure skills of service providers is adequate

II. Sector/Cluster activities related to HIV

The following activities comprise those life-saving interventions related to HIV and AIDS in specific sectors/clusters. *These interventions should be directly targeted to the humanitarian caseload and carried out within the context of the humanitarian response:*

Camp coordination and Camp Management

- Programming to address the specific safety and HIV service needs for PLHIV and vulnerable groups in camp settings.

Education

- Provision of essential HIV life-saving skills, in particular, to vulnerable groups (especially women and young people);
- Access to quality formal and non-formal education for all children, including HIV education.

Food Security and Livelihoods

- Food assistance, as required, for households affected by HIV and AIDS and individuals at risk;
- Food assistance to pregnant women.

Health

- MISP- Minimum Initial Service Package for Reproductive Health (includes condoms, universal precautions)
- HIV prevention commodities and programming, including condoms, safe needles, and education on how to prevent HIV transmission (including information, education and communication (IEC) material and community awareness programming);
- HIV testing;
- Post-exposure prophylaxis (PEP) for occupational and non-occupational exposure;
- HIV care, including prophylaxis, and anti-retroviral treatment (ART) delivered through community and facility-based health services;
- ART for the prevention of mother-to-child transmission of HIV;
- Treatment of sexually transmitted infections (STIs).

Nutrition

- Nutritional support to prevent malnutrition in people living with HIV, including supplemental feeding for HIV positive children.

Protection

- Sexual and gender based violence response, awareness and education with a focus on women and girls.
- Protection of and support for unaccompanied children and orphans.

Shelter and Non-Food Items

- Programming to address the specific safety and HIV service needs for PLHIV and vulnerable groups when establishing shelters.