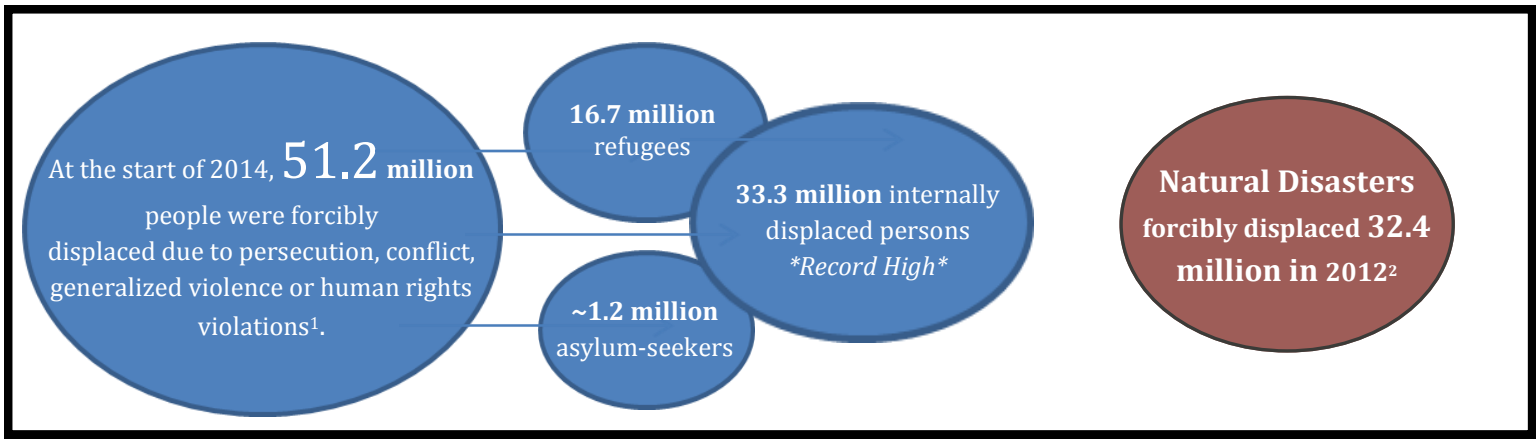
HIV IN EMERGENCIES

Humanitarian crises due to natural disasters and conflict result in the breakdown of social networks and institutions, often leading to a mass displacement of people who become especially vulnerable to HIV and other diseases.

The beginning of 2014 marked the **highest displacement figures since World War II**, and the numbers continue to increase. **Natural disasters** also play a large role, displacing 32.4 million in 2012 alone[2].



WHY ARE MIGRANTS AND DISPLACED COMMUNITIES VULNERABLE TO HIV IN EMERGENCIES?

CAUSES

- Lack of **access to health services** and targeted HIV prevention information
- Reduced community **cohesion**
- Weakened **social norms** that regulate behavior
- Unbalanced **power dynamics** in both origin and destination settings (particularly **between genders/ethnicities**)
- Migration **status** and lack of **social protection**
- Exposure to **trauma**, in source, transit and/or destination countries

EFFECTS

- Engagement in **risky behaviours**: commercial sex work or transactional sex in exchange for food/protection.
- **Drug and alcohol** abuse
- Increased risk for sexual **trafficking** and **sexual abuse**
- Worsened **stigma** against migrant population in host community
- Higher likelihood of **violence** against migrants and displaced communities[3]

INCREASED VULNERABILITY TO HIV

FORCED DISPLACEMENTS & HIV TREATMENT: Ensuring access to **antiretroviral therapy (ART)** in humanitarian crises is crucial to combatting HIV. ART extends life expectancy and reduces transmission for people living with HIV. However, in emergencies, refugees and internally displaced persons may be forced to enter countries or move to locations with differing treatment protocols and are particularly **vulnerable to disruption** of ART treatment, which might lead to viral resistance and treatment failure.

GAPS IN EMERGENCY RESPONSE: Funds from major donors are likely to prioritize short-term, lifesaving interventions such as food and water over HIV services, which are **not recognized as life-saving interventions**. Specific marginalized groups are often omitted from National Strategic Plans that tend to give preferential treatment to nationals[4]. In addition, **limited capacity** exists among emergency actors to integrate HIV services in contingency and response plans, and HIV funding does not include contingency funds for disaster response.

CASE STUDIES: KENYA & SOMALIA

Kenya experiences a continuous cycle of emergencies instigated by floods, droughts and political conflicts that often lead to mass displacement as experienced during the 2007/2008 post-election violence (PEV). Other internally displaced persons (IDPs) emanate from evictions and sporadic conflict across the country. During the 2007-08 PEV, an estimated 600,000 people were internally displaced. Among them, an estimated 15,000 people living with HIV were unable to access treatment, as essential health and HIV services were disrupted. Many of those displaced were women, some of whom suffered sexual abuse and limited access to treatment for trauma and prevention of STIs, including HIV.

As member of the Joint UN Programme of Support on HIV/AIDS in Kenya (JUPSA) IOM Kenya implements the following activities: 1) **strengthening the capacity** of government partners in coordinating HIV response in Kenya; 2) **supporting the training** of emergency responders; 3) **empowering** emergency actors to include HIV services in their contingency plans, and 4) **supporting the development** of National Guidelines for HIV Response in Emergency Settings in

Somalia has long suffered from **cyclical drought, famine and armed conflict**. From 2007 - 2010, IOM Somalia conducted **ground-breaking research** to identify the key populations for HIV as well as epidemiological evidence, which directly reshaped the national HIV response. Based on the evidence, IOM implemented **community and youth-based projects** on HIV prevention, awareness and stigma reduction, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Key activities included conducting community outreach for positive behavioural change, increasing voluntary counselling and testing, facilitating community dialogue among key stakeholders to reduce stigma, and providing forums for people who are HIV positive to have a voice and space for advocacy. IOM has provided **micro-finance training** to internally displaced women who are vulnerable to sexual and gender-based violence. In 2013, IOM supported Somali AIDS Commissions to present AIDS responses for conflict and post conflict settings at the 17th International Conference for AIDS and STIs in Africa.

Guidelines for Addressing HIV in Humanitarian Settings

Inter-Agency Standing Committee,

The guidelines are intended to assist in planning for the delivery of HIV prevention, treatment, care and support services to people in humanitarian crises. HIV is a cross cutting issue, and the IASC recommends including the HIV response in the following sectors:

- **HIV awareness-raising and community support**
- **Health**
- **Protection**
- **Food-security, nutrition and livelihood support**
- **Education**
- **Shelter**
- **Camp Coordination and Management**
- **WASH**
- **HIV in the Workplace**

International Organization for Migration: Department of Migration Management-Migration Health Division
17 route des Morillons – 1211 Geneva 19 – Switzerland – www.iom.int – mhddpt@iom.int July 2014

1 .Internal Displacement Monitoring Centre (IDMC) of the Norwegian Refugee Council, 'World refugee day,' 2014.
2. Internal Displacement Monitoring Centre (IDMC) of the Norwegian Refugee Council, 'Global Figures,' 2014.
3. International Organization for Migration (IOM). Guidance Note for IOM Programme Managers: Mainstreaming HIV into Camp Coordination/Camp Management (CCCM) & Shelter in Humanitarian Emergencies,' 2008.
4. Karim, S. A. S., Karim, Q. A., 'Antiretroviral prophylaxis: a defining moment in HIV control,' *Lancet*, 2011. e1001643, 2014.
5. Guidelines for Addressing HIV in Humanitarian Settings: Action Framework – The Matrix . Inter-Agency Standing Committee, Task Force on HIV, 2010