UNAIDS 2015 | INFORMATION NOTE

HIV IN HUMANITARIAN EMERGENCIES

1 of every 22 people living with HIV was affected by a humanitarian emergency in 2013

314 MILLION PEOPLE
WERE AFFECTED BY EMERGENCIES IN 2013

1.6 million people living with HIV were affected by humanitarian emergencies globally in 2013

- 200,000 were children (0-14 yrs)
- 185,000 were adolescents (10-19 yrs)
- 90,000 were pregnant women

Hundreds of millions of people are affected by humanitarian emergencies each year. Of the 314 million people affected by humanitarian emergencies in 2013, 1.6 million were people living with HIV. Of these, 1.3 million people (81%) were in sub-Saharan Africa. Many were displaced, lacked access to essential HIV services and suffered as a result of shortages that could have been avoided.

1 million people living with HIV did not access treatment in humanitarian emergencies in 2013

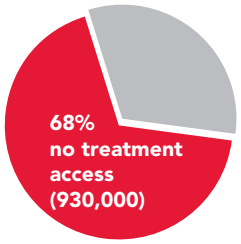
When 1.6 million people living with HIV were affected by humanitarian emergencies in 2013, they suffered service disruptions and restrictive policies that threatened their lives. More than one million people were estimated to have been unable to access anti-retroviral therapy, due to humanitarian emergencies.

1 of every 22 people living with HIV was affected by a humanitarian emergency in 2013

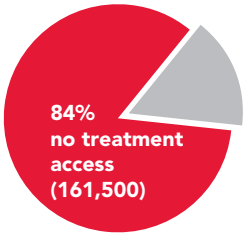
The fundamental principles of human rights, equity and protection should be the basis for the inclusion of populations affected by humanitarian emergencies, in both national HIV programmes and in humanitarian responses.

Significant numbers of people living with HIV and affected by emergencies in 2013 lacked access to HIV treatment

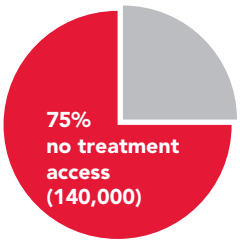
ADULTS



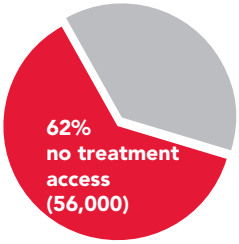
CHILDREN



ADOLESCENTS



PREGNANT WOMEN



Sources:
UNHCR, UNICEF, UNAIDS 2015

Unless HIV is addressed when dealing with people affected by humanitarian emergencies, we will not reach zero new HIV infections, zero discrimination and zero AIDS-related deaths.

Refugees do not increase HIV risk. Refugee communities can have lower prevalence than their hosts.

Mandatory HIV testing of people in humanitarian emergencies is never justified and should have no basis for determining refugee status or in the pursuit of durable solutions.

A 2013 study has again confirmed that displaced populations, including refugees, do not have a higher HIV prevalence than host communities. Refugees came from countries with overall median HIV prevalence of one quarter the prevalence in neighbouring countries of asylum.

Sexual violence is widespread in emergency contexts

Conflict-related initiatives offer important opportunities to assist survivors and prevent future abuses, through collaborative programming on reconstruction, HIV and sexual violence.

Malnutrition is a particular risk for people living with HIV

People living with HIV have lower appetites and are less able to absorb nutrients. Malnourished people living with HIV are 2–6 times more likely to die in the first six months of treatment.

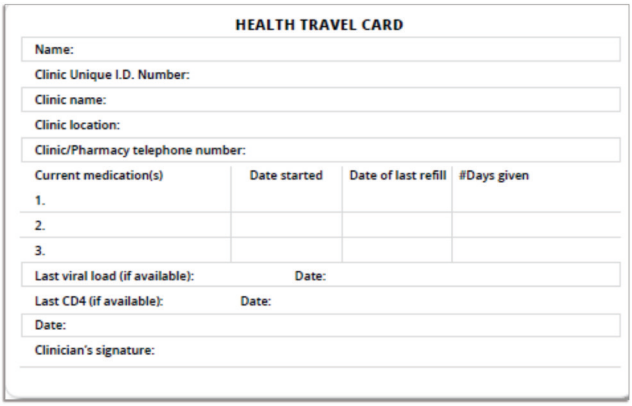
Food insecurity makes it difficult for people living with HIV to adhere to treatment and can also result in HIV risk behaviors e.g. transactional sex. Humanitarian emergencies amplify food insecurity and malnutrition by limiting the availability, affordability, quality and safety of food.

"Harrowing accounts" of rape, sexual slavery and forced marriage in conflict. Medical care and post- exposure prophylaxis "largely out of reach".

Ban Ki-moon, March 2015
Report on conflict-related sexual violence

Act now:

1. Plan ahead for emergencies
2. Decentralize commodity stockpiles
3. Involve affected communities in response
4. Improve HIV-related data management
5. Innovate with tools such as health travel cards



HEALTH TRAVEL CARD

Name:

Clinic Unique I.D. Number:

Clinic name:

Clinic location:

Clinic/Pharmacy telephone number:

Current medication(s)	Date started	Date of last refill	#Days given
1.			
2.			
3.			

Last viral load (if available): Date:

Last CD4 (if available): Date:

Date:

Clinician's signature:

To reach ambitious targets, we must address HIV within humanitarian emergencies.

People living with HIV and affected by humanitarian emergencies are:

Overlooked in HIV funding proposals
So consider their needs.

Omitted from national strategic plans
Factor them in.

Excluded from service delivery
Include them.

Stigmatized by local communities
Accept them.