

Interagency group establishes new guidelines for HIV/AIDS interventions in emergency settings



Over the last 20 years, the number of complex emergencies resulting from conflicts and natural disasters has been on the rise. At the same time, HIV/AIDS has spread at an unprecedented rate, particularly among people living in developing countries with a high incidence of disasters. While emergency assistance typically focuses on immediate threats, such as injury, starvation and death, the growing presence of HIV/AIDS is underscoring the need for activities that address the epidemic – and changing the way that crises are viewed by the humanitarian community.

In March 2002, the Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings (IASC TF) began revising a set of guidelines designed to deliver a multisectoral response to HIV/AIDS during the early phase of a crisis. The *Guidelines for HIV/AIDS interventions in emergency settings*, released in 2004, detail the minimum required actions to manage HIV/AIDS during an emergency.¹ Prevention and preparedness strategies, as well as more comprehensive actions, are also highlighted in order to ensure appropriate rehabilitation and recovery. According to the authors, “[t]he guidelines are applicable in any emergency setting, regardless of whether the prevalence of HIV/AIDS is high or low”, but should certainly be applied in emergency settings with high HIV prevalence in order to prevent the epidemic from having an even greater and more devastating impact.

The rationale behind the guidelines

For years, HIV/AIDS interventions have been limited primarily to prevention and awareness-raising activities. Household food security, however, has recently become recognized as another key element in minimizing people’s risk of contracting HIV. The disease has been shown to undermine livelihoods, and eventually create malnutrition and food insecurity – which can, in turn, accelerate the onset of full-blown AIDS and lead people to engage in at-risk behaviours such as migration or commercial sex. The result can be a vicious cycle that exacerbates the spread of HIV/AIDS.

Emergencies can further fuel the epidemic by producing severe social instability, poverty and powerlessness. In such situations, regular HIV/AIDS prevention and treatment programmes are usually disrupted and there are high levels of food insecurity. People’s vulnerability to the disease is also heightened in a variety of other ways: for example, families and communities usually become more fragmented, threatening stable relationships and support systems; social norms are often ignored or abandoned and sexual violence – particularly towards women and children – may intensify; and displaced or migrating populations can come into contact with populations with high-HIV-prevalence, increasing their risk of contracting the virus.

Emergencies also compound the many burdens facing households that are already affected by HIV/AIDS, especially when such households are not able to benefit from emergency relief interventions. Since health care systems are usually highly stressed during emergencies, it is “important that emergency response projects and activities give specific attention to protecting and promoting food security among HIV-affected and at-risk households and communities,” state the guideline authors.

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¹ The full text of the *Guidelines for HIV/AIDS interventions in emergency settings* is available at <http://www.humanitarianinfo.org/iasc/IASC%20products/FinalGuidelines17Nov2003.pdf>

Moreover, the guidelines stress the potential for emergency interventions to protect and promote livelihoods among HIV/AIDS-affected households and communities, thereby stemming one of the fundamental causes of the disease. The consequences of living with HIV/AIDS can often be more devastating than the emergencies themselves. In fact, more people die from HIV/AIDS each year than from natural disasters and conflicts – and without due attention to the disease, HIV/AIDS will persist and expand beyond the crisis itself, jeopardizing future prospects for rehabilitation and recovery.

Outline of content

The first two chapters of the guidelines provide an orientation to the publication, as well as background information about the issues at hand. The third chapter features a user-friendly matrix, which serves as an overview of various HIV/AIDS responses according to ten specific sectors (coordination, assessment and monitoring, protection, water and sanitation, food security and nutrition, shelter and site planning, health, education, behaviour change communication, and HIV/AIDS in the workplace) and is divided among three different emergency phases: emergency preparedness, minimum response and comprehensive response.

The last chapter presents the actual guidelines, which are based upon the minimum response to an emergency. (The authors note, however, that emergency responses should not be limited to minimum required actions and stress that more comprehensive actions need to take place as soon as possible to ensure appropriate rehabilitation and recovery.) The guidelines are presented in a series of “action sheets” providing detailed information on how each sector should respond.

The publication includes a companion CD-ROM featuring many of the articles, documents, reference and training materials cited in the printed text, in addition to other resources. It is envisaged that this CD-ROM will be updated every year as new materials become available.

Using the guidelines

The guidelines are designed to be used by authorities, organizations and personnel operating in emergency settings at local, national and international levels. As a general rule, these interventions should be integrated into existing emergency plans and employ local resources. “A close and positive relationship with local authorities is fundamental to the success of the response”, the authors acknowledge. Involving local and national governments, institutions and target populations in planning and implementation can also help strengthen local capacity in the future. (However, in cases where local governments have lost their ability to act or non-state entities have taken control, activities may need to be conducted in the absence of national policies or programmes.)

Because such interventions call for a multisectoral response, it is important to establish coordination and leadership mechanisms prior to an emergency, and leverage each organization’s different strengths, according to its area of expertise. The international organizations that contributed to the revision and publication of the guidelines (see box) represent a broad range of mandates, experience and strategies – and, together, demonstrate the complexity of addressing HIV/AIDS in emergency settings and the need for collaboration.

The Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings (IASC TF) is comprised of members from various NGOs and the following agencies:

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| Food and Agriculture Organization of the United Nations (FAO) | United Nations Development Programme (UNDP) |
| Joint United Nations Programme on HIV/AIDS (UNAIDS) | United Nations High Commissioner for Refugees (UNHCR) |
| The Civil and Military Alliance (CMA) | United Nations Office for the Coordination of Humanitarian Affairs (OCHA) |
| The International Centre for Migration and Health (ICMH) | United Nations Population Fund (UNFPA) |
| The International Committee of the Red Cross (ICRC) | World Food Programme (WFP) |
| The International Council of Voluntary Agencies (ICVA) | World Health Organization (WHO) – Chair |
| The International Federation of Red Cross and Red Crescent Societies (IFRC) | |
| The International Organization for Migration (IOM) | |
| United Nations Children’s Fund (UNICEF) | |