



Seminar report

Date: 24th March 2009

Venue: Main Auditorium, Danish Institute for Human Rights, Strandgade 71, 1401 Copenhagen K

Time: 10:00 - 16:00 pm

Organized by: Aidsnet - The Danish NGO Network on AIDS and Development; Copenhagen School of Global Health; Danish Institute for Human Rights; Save the Children Denmark; ENRECA Health - Danish Research Network for International Health

Seminar programme

Programme:

10:00 - 10:05	Welcoming participants of the seminar by Susanne Olejas, Coordinator, Aidsnet
10:05 - 10:20	Opening remarks by Steven L. B. Jensen, Project Manager, HIV/AIDS & Human Rights, Danish Institute for Human Rights.
10:20 - 11:10	Fiona Samuels, Research Fellow, Overseas Development Institute. Presentation of the ODI Synthesis report on HIV in Emergencies: Impact that different types of emergency situations have on people living with HIV. Impact that different types of emergency situations have on HIV-related services and on vulnerability to new HIV infections.
11:10 - 11:45	Dr. Volker Westerbarkey, MSF. Medical interventions in emergencies and in settings of high political instability. Service delivery and treatment possibilities and constraints (Experiences from Zimbabwe): General involvement of MSF in HIV care in conflict settings” Character of the conflict situation in Zimbabwe during election period. Adjustments to the conflict situation of the Epworth HIV programme (MSF) Outcomes and problems Possible improvements and general recommendations (tools) for HIV programmes in conflict settings.
11:45 - 12:00	Break.
12:00 - 12:30	Questions & Discussion facilitated by Ib Bygbjerg, Professor, University of Copenhagen and Chairman of ENRECA Health.
12:30 - 13:15	Lunch
13:15 - 14:00	Wilma Doedens, Humanitarian Responses, Technical Advisor for Sexual and Reproductive Health UNFPA. HIV Prevention/ Sexual and Reproductive Health in an emergency setting. IA HIV guidelines Sexual and gender based violence Armed groups
14:00 - 14:35	Rasmus Stuhr Jakobsen, Head of Disaster Management Unit, Danish Red Cross. What can NGOs do? Experiences and comparative advantages.
14:35 - 14:50	Break
14:50 - 15:45	Questions and Discussion facilitated by Siri Tellier, Former Director of UNFPA, Geneva.
15:45 - 16:00	Most significant conclusions. Summing up main messages and possibilities for increased collaboration with the Humanitarian Response Team in UNAIDS as well as international research institutions in the area of HIV in Emergencies by Susanne Olejas Aidsnet

Concept note

Background:

An increasing number of Danish NGOs work with HIV/AIDS and with Disasters Management world wide, individually or in combination. However, discussions and knowledge update and knowledge sharing about the many complexities related to HIV/AIDS in conflict settings and emergencies are still missing and much needed. The University of Copenhagen and Lund University Sweden in cooperation decided to launch a new Master of Disaster degree in 2009. The aim is to provide appropriate skills for disaster management at both national and international level. HIV and vulnerability to HIV and its association with different types of humanitarian emergencies and the vulnerabilities it in turn brings is of great and ongoing concern. This calls for increased attention and highlights the need to incorporate the theme of 'HIV in emergencies' in the curriculum.

The Danish Ministry of Foreign Affairs is currently revising their 'Strategic Priorities in Danish Humanitarian Assistance' and is interested in receiving suggestions and ideas for this process from humanitarian actors and anyone else with experience and interest in this field. It is important to grab this opportunity to be able to influence the strategy to ensure that HIV/AIDS is included in the strategic priorities. This emphasizes the need for a qualified discussion and update on the linkages between HIV and emergency situations and how to respond adequately and effectively.

The Overseas Development Institute recently (November 2008) published a synthesis report entitled "ODI HIV in Emergencies Synthesis report", gathering the results of research studies on HIV in emergencies. A background group consisting of the Aidsnet secretariat, research coordinators at the Institute of International Health and Master of Disaster education, The Danish Institute for Human Rights and Save the Children Denmark took this new report as an entry point to plan a seminar on HIV in conflict and emergencies.

Objectives and key questions during the seminar:

- The impact of different types of conflicts and emergencies on people living with HIV and impact of conflicts and emergencies in relation to exposure to HIV infection.
- Sexual and reproductive health in conflict and emergencies.
- Sexual violence and its impact on HIV prevalence.
- Uniformed services and its impact on HIV prevalence
- Health service provision, ARV treatment, adherence, logistical challenges and barriers
- Challenges of NGOs in tackling HIV/AIDS in conflict and emergency situations and the role of NGOs compared to other stakeholders in the area
- UN responses to HIV in humanitarian situations
- Context-specific responses / concrete experiences related to HIV in emergency situations.
- Links between research and practice
- Danish responses to humanitarian crises

Outputs:

- Increased knowledge of the specific issues, needs and possible interventions of HIV in conflict and emergencies.
- Networking opportunities- sharing of knowledge and experience.
- Increased knowledge on how to tackle HIV in fragile states and places with high political instability.

Exploration of how Danish NGOs, research institutions and other relevant partners can collaborate more closely with the Humanitarian Response Team in UNAIDS and international research institutions in the area of HIV and emergencies.

Activities and duration:

Full day seminar hosted by the Danish Institute for Human Rights with a mix between presentations and discussions. The topic will be introduced by:

- Steven L. B. Jensen, Project Manager, HIV/AIDS & Human Rights, Danish Institute for Human Rights
- Dr. Fiona Samuels, Research Fellow, Overseas Development Institute UK
- Dr. Wilma Doedens, Technical Advisor for Sexual and Reproductive Health in Humanitarian Responses, UNFPA.
- Dr. Volker Westerbarkey, MSF
- Rasmus Stuhr Jakobsen, Head of Disaster Management Unit, Danish Red Cross

Beneficiaries:

Representatives from the Danish development and humanitarian organisations working with HIV/AIDS and humanitarian responses in conflicts and emergencies, university students, researchers and advisers/experts from the Danish Ministry of Foreign Affairs.

❖ **Steven L. B. Jensen, Project Manager, HIV/AIDS & Human Rights, Danish Institute for Human Rights:**

Steven Jensen opened the seminar by presenting how a health issue like HIV for the first time in its history was dealt with by the Security Council in 2000. Member states were at that time extremely worried by the impact of HIV/AIDS in conflict situations, including where UN peacekeeping missions took place. HIV/AIDS was seen not only as a threat to the host population touched by the emergency but also as a concern to international peacekeepers and other armed service personnel as they were at increased risk of contracting HIV while in service. A practice survey conducted among peacekeepers in West Africa had found that a significant proportion of peacekeepers returning from deployment had engaged in high risk sexual behaviour during and therefore had an increased infection rates. HIV/AIDS had therefore become a factor that could potentially undermine the stability of several member states due to the high infection and mortality rates affecting security and governance institutions.

A resolution was therefore made as a result of the need to take responsibility to HIV in peacekeeping forces. Security Council Resolution 1308:

“Emphasizes its determination to continue to sensitize peacekeeping personnel in the prevention and control of HIV/AIDS in all operations” (Adopted by the Security Council at its 4194th meeting, on 7 September 2000).

A call was equally made by the UN General Assembly in the Declaration of Commitment from 2001; “Keeping the Promise” (paragraph 76) for international organizations to address this issue;

“Call on United Nations regional, international and Non-governmental organizations that provide assistance in conflicts, humanitarian crises and natural disasters to urgently incorporate HIV/AIDS prevention, care and awareness into their programmes and personnel training” (Declaration of Commitment on HIV/AIDS United Nations General Assembly Special Session on HIV/AIDS 25-27 June 2001, New York).

A Re-affirmation to commit to implementing the 1308 (2000) resolution was additionally made in 2005 stating that

“Men and women in the uniformed services are vital elements in the fight against HIV/AIDS and welcomed efforts by Member States, the Department of Peacekeeping Operations and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to counter the spread of the disease”.

The Council also recognized that United Nations peacekeeping personnel could be important contributors to the response to HIV/AIDS, particularly for vulnerable communities in post-conflict environments. It was here estimated that significant progress had been made, but challenges still remained.

Since then there has been growing attention to HIV/AIDS both as a broader development issue and in the context of conflicts and humanitarian emergencies. In the early years of this decade, there was limited evidence on the relationship between HIV, conflicts and emergencies but this has now started to change.

The debates in the Security Council and the UN General Assembly Special Session on HIV/AIDS (UNGASS) in 2001 sparked a significant research interest in the implications and impact of the HIV epidemic. Leading international foreign policy think tanks and research institutions paid special attention to the area (e.g. The Council of Foreign Relations, Centre for Strategic and International Studies, Brookings Institution and The American Enterprise Institute). Many articles studied or speculated on the links between AIDS, security, conflicts and emergencies – some providing profound analysis, others were more speculative based on data that was often anecdotal.

Minutes

At the same time, new emergencies arose like the food crisis in several Southern African states in 2002-03 where HIV/AIDS proved to be a contributing factor. This food crisis became known as the 'Triple Threat' because of the inter-relatedness of food insecurity, the impact of HIV/AIDS and the deteriorating governance capacity due to increased AIDS mortality. This sparked even greater interest in a more evidence-informed analysis of the situation.

In the recent years, this research has been undertaken and with the ODI/UNAIDS report we have taken a significant step forward in professionalizing the research in this field and in substantiating our knowledge-base. Great challenges remain however but we know a lot more on the interconnectedness of HIV/AIDS, security, conflict and emergencies today. This is an important step forward which helps us to address the concerns of the Security Council and meet the needs of some of the most vulnerable people living with HIV.

❖ **Fiona Samuels, Research Fellow, Overseas Development Institute UK:**

Fiona Samuels presented the ODI research project 'HIV and AIDS in Emergencies' designed to look more closely at the impact that different types of emergency situations have on people living with HIV, on HIV-related services and on vulnerability to new HIV infections as well as the report was set to develop a conceptual framework and a typology for HIV in Emergencies.

More than 1.8 million people living with HIV also live in conflict and emergency settings. The dynamics of HIV in emergencies however depend on what kind of emergencies you are dealing with. All crisis and emergencies are complex – (slow onset, rapid onset or war/conflict). It is therefore important to consider the context in order to know whether an emergency translate into increased HIV prevalence or not.

Factors that determine if an emergency will translate into HIV include:

- Pre-emergency HIV prevalence
- Prevalence rates among groups of combatants (in conflict-/post-conflict settings);
- Nature of the epidemic - whether it is concentrated or generalised and /or affecting the broader population
- Type and duration of the emergency
- Levels of population mobility, displacement
- Pre-existing knowledge and awareness of HIV prevention and transmission.
- Effects of the emergency on health services will be determined by the infrastructure and service environment in existence prior to the emergency

The report is furthermore meant to identify gaps in the existing literature in order to produce future recommendations for programming purpose.

The report is guided by three main questions:

- What impact does emergencies have on the risk of contracting HIV?
- What impact does emergencies have on resilience and the ability to cope?
- What impact does emergencies have on HIV related health services?

Important conclusions in relation to **risk** are:

- All emergencies how an increase in transactional sex
- Slow onset emergencies, especially droughts contribute to increased migration and result in increased vulnerability of people
- Rapid onset emergencies often result in people moving into camps with more consensual sex resulting in more babies!

These factors increase people's vulnerability to HIV because they lead to poverty, dependency and powerlessness. In turn, these circumstances increase the likelihood of sexual bartering and/or violence; consensual unprotected sex; the use of illicit drugs as a coping mechanism; increases injury and illness, and exposure to blood in the context of rudimentary health service set ups.

Important conclusions in relation to **resilience** and people's ability to cope are:

- Networks are used as key coping strategies for people in emergencies
- Food and shelter is often inadequate highly affecting people's ability to cope with HIV
- Reduced food intake highly exacerbates people's immune systems and ability to cope with ART.
- Resilience and ability to cope in emergencies is highly affected by forced movement and displacement.

People's ability to cope with the pre-existing impacts of AIDS-related illness and death is likely to be undermined by rapid-onset natural disasters and that similarly, the impacts of AIDS-related illness and death could undermine people's ability to cope with disasters

It has generally been found that PLHIV are harder hit by low onset emergencies as both social- and livelihoods are affected whereas in other type of emergencies they remain intact.

Important conclusions in relation to how emergencies affect HIV related **health services**:

- There is a general lack of access to health services in emergencies
- Currently NO major disruption of ART witnessed in emergencies
- Emergencies do NOT seem to disrupt ART supplies as much as it was expected

Policy/programmatic recommendations:

- Need to explore coping strategies
- Need for an amelioration of condom accessibility
- Kitchen kits could be added with condoms!
- Need to enforce anti-stigma campaigns. No increased stigma found in rapid onset emergencies but in slow onset emergencies!
- Increased targeting of PLHIV especially in slow onset natural disasters
- Need for increased multi-sectoral response and joint programmatic approach

We need to consider the context in order to know whether an emergency translate into increased HIV prevalence!

❖ Dr. med. Volker Westerbarkey, DTMPH

“Management of a HIV clinic during conflict: How to provide continuity and quality? “
- Following an ethical mind MSF HIV clinic in Epworth, Harare, Zimbabwe

Volker Westerbarkey described in short what **HIV care consists of** in an MSF program:

- Prevention
- Diagnosis
- Counselling and Health education
- Treatment and Prophylaxis of opportunistic infections

Volker presented his lessons learnt from managing an HIV clinic in Zimbabwe from managing an HIV clinic in the midst of conflict and the country's severe political crisis, Dr. Westerbarkey especially focused on the challenges with quality and continuation of HIV treatment and HIV care.

What is important to have in place in order to manage and distribute ART in an emergency is:

- Emergency packs (three days of treatment)
- Contingency packs (one month of treatment)
- Tail packs (in case of interrupting ART)
- Valuable to have a treatment 'buddy' you can send if your are hindered in coming to the clinic

There are several barriers to securing adherence to treatment in an environment where social and political breakdown is a constant challenge. The four main barriers are:

- Transport problems (availability and cost of transport for sick people)
- Personal safety (displacements, violence and the political conflict affecting the health facility)
- Food insecurity (high food prices, no international food aid, malnutrition)
- Healthcare facility (curfews reducing opening hours, no labs, no home visits for safety reasons)

Each barrier provides challenges that must be addressed. While this can be done with varying degrees of success, there are important lessons for protecting and promoting the right to health of people living with HIV in these difficult circumstances. The lessons include:

- HIV comprehensive care can be effectively administered in post conflict and chronic conflict settings
- Many useful preparations can be made to help manage most situations if contingency plans are developed before instability and conflict erupts
- The efforts made during the conflict or emergencies can lay the groundwork for rapid scale-up of services in the post-conflicts stage
- It reduces mortality and saves lives

Westerbarkey emphasised that HIV care is indeed possible in emergencies, is a sign of hope for people, reflects humanitarian and ethical considerations from programmers and is a human right!

Remember:

HIV care is not necessarily a high priority for people in emergencies!

Be flexible, patients have very difficult general circumstances in emergencies; do therefore not blame them for not necessarily living up to the standards set by your program!

❖ Wilma Doedens, Humanitarian Response Technical Advisor for Sexual and Reproductive Health UNFPA

“HIV Prevention in Emergency Settings- Reproductive Health and Vulnerable Groups“

Wilma Doedens focused on which factors increase vulnerability for contracting HIV in emergencies and mentioned that displacement and the mixing of populations (high-low HIV prevalence), disintegration of community and family life causing intimate partner violence and resulting in difficulty in negotiating safe sex as well as increased substance abuse are some of the most important factors contributing to increased vulnerability.

Wilma furthermore explained that conflicts and emergencies exacerbates the level of poverty which is often seen to breed increased levels of following factors; commercial or transactional sex, increased levels of violence with sexual assaults and rape as a result, increased risk-taking behaviour and finally public services being overwhelmed and /or destroyed

It was furthermore emphasized that EVERYONE is vulnerable to HIV in emergencies however certain groups are considered particularly vulnerable such as women, children, sex workers and mobile populations. Armed forces, police officers and humanitarian workers and truck drivers are also among the group of people that are vulnerable to both contracting HIV but also the risk of passing it on to others.

The IASC Guidelines for HIV interventions in Emergency Settings were presented as the overall tool to guide and direct national authorities, personnel and organisations operating in emergencies at international, national and local levels on how to ensure delivery of the **required minimum multisectoral response** to HIV/AIDS in an emergency.

Following activities should be carried out immediately prior to any assessment in any new refugee situation (including emergency) to ensure that standard (universal) precautions for prevention of transmission of HIV/AIDS in emergencies can be met:

- Occupational exposure: first aid
- Ensure Rational and Safe blood transfusion
- Guarantee availability of free condoms
- Manage the consequences of Sexual Violence
- Ensure syndromic STI Treatment
- Ensure access to basic health care for most vulnerable groups
- Staff training

Finally, it was emphasized that interventions must always be based on human rights and the guiding principles, taking into account the different needs of people. To avoid the escalation of HIV/AIDS in emergency and displaced settings it is necessary that referral networks and standard operating procedures be in place and to have a holistic response and thus address all the factors that contribute to the spread of HIV in emergencies.

Unless the problem is dealt with comprehensively by addressing causal factors, agencies are simply dealing with the symptoms. Core to this holistic approach is a multi-sectoral response

A general lack of preparedness makes it more difficult to set up a relevant response and obtain funding for it. If not addressed, the impacts of HIV/AIDS will persist and expand beyond the crisis event itself, influencing the outcome of the response and shaping future prospects for rehabilitation and recovery.

The guiding principles must always be based on Respect, Confidentiality Safety / Security and always Non Discriminatory!

❖ **Rasmus Stuhr Jacobsen, Head of Disaster Management Unit, Danish Red Cross.**

“What can NGOs do? Experiences and comparative advantage”

It is vital to separate the different emergencies in regards to the vulnerabilities it presents. In rapid onset emergencies, 150 organisations might be working in the area with poor communication and it is therefore vital to coordinate responses and know your own role as an organisation.

It is furthermore imperative that the issue of HIV is addressed at the needs assessment stage of any agency response. In general, lack of preparedness makes it more difficult to set up a relevant response and obtain funding for it.

In all Red Cross programs, HIV/AIDS is a crosscutting theme.

HIV components in conflict and emergencies are:

- Info about HIV/AIDS
- Condoms
- VCT
- Food, shelter and hygiene
- Identification of people with PLHIV and other vulnerabilities

To Red Cross a strong community based response is important as the community can act fast and efficiently to gather info about people, can work to fight stigma, can assist assessments and often has the extra capacity often needed in conflicts and emergencies.

Challenges:

- Collaboration with communities can often be prepared before instability and conflict erupts however, the challenge is the rapid increase of natural disasters and how to prepare for unpredictable situations.
- Responses must also come out to smaller regions and local areas.
- PLHIV should not be labelled with a special status during conflict and emergencies.

Conclusion

Overall, the lesson is that significant efforts can be successful in ensuring the right to health and the right to an adequate standard of living related to people living with HIV who live in conflicts and emergency situations.

However, it is important that a contextual analysis of the humanitarian crisis situation is always made with regard to its HIV needs and implications, instead of the application of a standard set of interventions.

Main conclusions are that:

- Emergencies do not disrupt ART supplies as much as is often feared
- Even when ART supplies are not disrupted, adherence can be severely affected by emergency-related circumstances, especially lack of food, which has been reported by respondents as one of the key challenges for ART adherence
- Patients on ARVs are often unable to continue their treatment because the side effects are too strong when people do not have sufficient food
- Increased risks of transactional sex as a coping strategy during all kinds of emergencies
- Lack of availability and access to condoms
- No evidence of an increase in stigmatisation as a result rapid onset emergencies but found in slow-onset natural disasters
- HIV-related prevention and treatment came 'on the back of' the emergencies response
- HIV care is possible in emergencies, is a sign of hope for people, reflects humanitarian and ethical considerations from programmers and is a human right

Need for further research:

In order to continue the work to integrate HIV in conflicts and emergency settings effectively some areas still need further research to give continuing directions and fill gaps for policy makes and programmers. These areas include:

- Men who have sex with men,
- Female sex workers
- Intravenous drug users

Over all there is a need for increased understanding of the dynamics and the shifting patterns of vulnerabilities and coping mechanisms caused by different emergencies.

List of Danish development and humanitarian organisations and researchers working with HIV in Conflict and Emergencies

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