

UNHCR and WFP 2019 | INFORMATION NOTE

# HIV IN HUMANITARIAN CONTEXTS



1 in 14 people living with HIV was in a humanitarian context in 2016

# 479 MILLION PEOPLE WERE IN A HUMANITARIAN CONTEXT IN 2016

## 2.6 million people living with HIV were affected by a humanitarian emergency or in another humanitarian context<sup>1</sup> globally in 2016

- 157,000 were children (0-14 years)
- 162,000 were adolescents (10-19 years)
- 99,000 were pregnant women

Hundreds of millions of people are newly affected by emergencies or remain in another humanitarian context each year. Of the 479 million people in humanitarian contexts in 2016, 2.6 million were people living with HIV. Of these, 1.9 million (73%) were in sub-Saharan Africa. Many were displaced, lacked access to essential HIV services and suffered as a result of potentially avoidable shortcomings in the humanitarian response.

## 1.43 million people living with HIV in humanitarian contexts in 2016 did not access treatment

Of the 2.6 million people living with HIV in humanitarian contexts in 2016, many suffered service disruptions and restrictive policies that impacted their ability to access services, move freely and live in dignity. More than 1.43 million of these were estimated to not have access to anti-retroviral therapy, a situation greatly exacerbated by the humanitarian context.

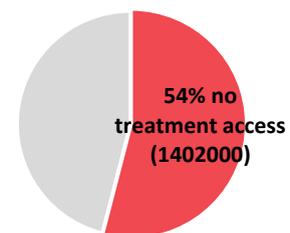
## 1 in every 14 people living with HIV was living in a humanitarian context in 2016

Including humanitarian-affected populations in national HIV programmes promotes cost-effective and impactful HIV responses based on respect for human rights and equity. Including such populations in HIV responses also supports community-based responses, national ownership and localization.<sup>2</sup>

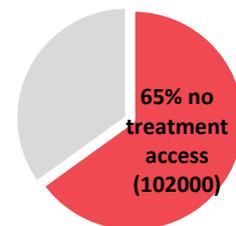


Significant numbers of people living with HIV and affected by emergencies or in other humanitarian contexts in 2016 lacked access to HIV treatment

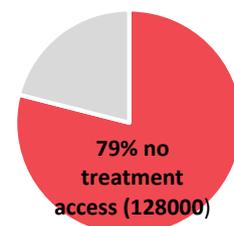
### ADULTS



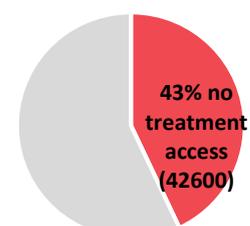
### CHILDREN



### ADOLESCENTS



### PREGNANT WOMEN



Sources: UNHCR, WFP and UNAIDS 2018<sup>3</sup>

<sup>1</sup> In this document we use the term *humanitarian context* to refer to a wide range of situations including sudden onset natural and man-made emergencies and disasters to stable and long-term settings which often involve displacement.  
<sup>2</sup> Country ownership for a sustainable AIDS response: From principles to practice. Geneva: UNAIDS, 2012.

<sup>3</sup> Estimation of people living with HIV affected by humanitarian disasters in 2016: Analysis. Geneva: UNHCR, WFP and UNAIDS; 2018.

To reach zero new HIV infections, zero discrimination and zero AIDS-related deaths, HIV should be included in all aspects of humanitarian responses.

### **Refugees do not increase HIV risk<sup>4</sup>. Refugee communities can have lower prevalence than their hosts.**

Mandatory HIV testing of people in humanitarian contexts is not justified on either human rights or public health grounds. Positive HIV status is not grounds for denial of the right to seek asylum, nor should it influence the pursuit of durable solutions.

### **Sexual violence is widespread in many humanitarian contexts**

Collaborative multi-sectoral responses to conflict-related sexual violence including community consultation and engagement are required both to assist survivors and halt further violence. Combating impunity, ensuring access to justice for survivors, and building the capacity of military and security forces are key to preventing sexual violence in conflict. It is imperative that clinical, psychosocial, legal and protection services for survivors are available and accessible as part of the minimum response.

### **Malnutrition and food insecurity are particular risks for people living with HIV**

HIV, food insecurity and malnutrition are closely interlinked, forming a vicious circle. Energy requirements are likely to increase,<sup>5</sup> while HIV and associated opportunistic infections undermine the immune system, limiting nutrient intake, absorption and use, and increasing the risk of becoming malnourished. Malnourished people living with HIV are two to six times more likely to die in the first six months of treatment than those with a normal body mass index.<sup>6</sup>

In addition, food insecurity is increasingly recognized as a barrier to adherence and optimal treatment outcomes. It can also make people more prone to engage in high-risk behaviours that may increase their risk of exposure to or transmission of HIV. Humanitarian emergencies amplify food insecurity and malnutrition by limiting the availability, affordability, quality and safety of food.

**“Sexual violence continues to be used as a tactic of war around the world. We must continue to step up our efforts to prevent & end these crimes, with victims & survivors at the centre of our response.”** Antonio Guterres, April 2019

### **Act now:**

1. Prepare contextualized contingency and response plans addressing HIV service disruption including prevention services
2. Integrate HIV indicators in multi-sectoral needs assessments
3. Assist PLHIV to access care and treatment through community networks
4. Promote linkages between the HIV response and other complementary services
5. Provide survivors of gender-based violence with appropriate care and support
6. Explore innovative HIV services including with mobile health diagnostic tools and last mile logistical solutions.

<sup>4</sup> Spiegel PB. HIV/AIDS among conflict-affected and displaced populations: dispelling myths and taking action. *Disasters*. 2004 Sep;28(3):322-39.

<sup>5</sup> Nutrient requirements for people living with HIV/AIDS: Report of a technical consultation. Geneva: WHO; 2003 ([https://www.who.int/nutrition/publications/Content\\_nutrient\\_requirements.pdf](https://www.who.int/nutrition/publications/Content_nutrient_requirements.pdf), accessed 22 November 2019).

<sup>6</sup> Food and Nutrition Guidance Note. Geneva: UNAIDS; 2014 (<https://www.wfp.org/publications/guidance-note-integrating-food-and-nutrition-national-hiv-strategies-and-programmes>, accessed 18 November 2019).

# To reach ambitious targets, we must address HIV in humanitarian contexts.

People living with HIV and in humanitarian contexts are often:

## **Overlooked in HIV funding proposals**

Consider their needs.

## **Omitted from national strategic plans**

Factor them in.

## **Excluded from service delivery**

Include them.

## **Stigmatized by local communities**

Promote their rights.

