

Note for the Record

Inter-Agency Task Team (IATT) for HIV in Humanitarian Emergencies (HIV-E)

Sunday 22 July 2018, Amsterdam

Participants and documents

The list of participants (registering before the event) and other meeting presentations and documents are in a [Dropbox Folder](#).

Participants noted at event

Ferenc BAGYUNSZKY (AIDS Action Europe); Jagessar NAROESHA (AIDS Fonds); Valeria RACHINSKA (AUN PLHIV); Rod BENNETT (Consultant, by WebEx); Ana Maria BARACALDO (Global Fund, by WebEx); Lasha GOGUADZE (IFRC); Kweku ACKOM (INTERNATIONAL MEDICAL CORPS); Nevin WILSON (IOM); Hayley GLEESON, Daniel McCARTNEY (IPPF); Laura MORETO, Charles SSONKO (MSF); Mamadi DIAKITE, Henriette VAN GULIK (UNAIDS); Ann BURTON, David SUNDERLAND (UNHCR); Fariba SOLTANI (UNODC); Hugo FARIAS, Annmarie ISLER, Lise-Marie LEQUERE, Manaa MUMMA, Tafara NDUMIYANA, Allison OMAN, Briony STEVENS, Fatiha TERKI, Nonhlanhla XABA (WFP); Marco VITORIA (WHO); Ando Tiana RAOBELISON (WVI)

Opening and context

The meeting was opened by Ann Burton and Fatiha Terki, Global Coordinators for the IATT-E co-convenors, UNHCR and WFP, as well as Mamadi Diakite, Senior Adviser for UNAIDS.

The face-to-face (F2F) meeting took place ahead of the International AIDS Conference in Amsterdam, Holland, and was the first IATT F2F since 2017.

The notes aim to capture the main points of the discussion and provide a basis for the next steps of the IATT.

Expectations

Participants introduced themselves and listed an expectation, grouped below.

Theme 1: Integration

- How can UN agencies address HIV through specific and sensitive activities?
- How can HIV programming be integrated across sectors and clusters?
- How can we ensure HIV players are involved in country/response level response plans?
- How can we ensure that HIV in emergencies is on the agenda of clusters?
- How can civil society's role be expanded and strengthened?

Theme 2: Collaboration

- How can we work together, as one, at country and field level as well as global and regional level?
- How can agencies work together to address HIV in emergencies; harmonising efforts and ensuring no one is left behind?

Theme 3: Technical support/guidance

- How to ensure tools and resources are practical to governments and civil society?
- How can we better support countries facing emergencies?
- All the tools and guidance documents we need are available; just need to be better shared and used
- Existing tools and guidance documents are outdated; we need updated guidance documents
- Should we update the IASC HIV in Emergencies Guidelines or use SPHERE only?
- How to address key population groups in humanitarian situations?

Theme 4: Resource mobilisation

- How can we reach targets with limited resources?
- What resources are available to support HIV in emergency efforts?

Thematic Session 1: Data on Global Burden of HIV in Emergencies

Rod Bennett, a consultant with UNHCR, presented an analysis on the data of the global burden of HIV in emergencies, including Vulnerability Analysis and Mapping, and potential areas for research. The analysis built on similar work done in 2013, using 2016 data that replicated the methodology but updated it to include an analysis of food insecurity (IPC phases 4 & 5).

Trends between 2013 and 2016 showed that:

- Conflict affected populations increased from 196 million to 248 million, despite conflicts decreasing from 57 to 33
- Natural disaster affected populations increased from 100 million to 226 million; and natural disasters increased from 245 in 127 countries to 783 in 167 countries
- Total PLHIV affected by emergencies increased from 1.67 million to 2.5 million; within this total, pregnant women LHIV increased from 81,000 to 102,000, and children LHIV decreased from 174,000 to 156,000
- Adults without treatment in emergencies increased from 1 million to 1.25 million; within this, pregnant women decreased from 45,000 to 28,000, and children decreased from 145,000 to 107,000

Adding food security and nutrition, the number of PLHIV living in IPC phases 4 & 5 increased 139% to 3.2 million, and those undernourished increased 196% to 4.6 million.

This was work in progress and five 'deep dives' will look at the situation in individual countries.

Thematic Session 2: HIV Integration and Guidelines (Facilitator: Ferenc Baguinszky, AIDS Action Europe)

There were four presentations:

1. Update of the Sphere Guidelines and the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (Ann Burton, UNHCR)

Both documents were being revised following the original versions of 2010/2011. They take account of the changing environment (e.g. more people affected by humanitarian situations are on HIV, and that HIV is more seen as a manageable, chronic illness) and changing differentiation and

understanding of the HIV response (e.g. a wider and more nuanced approach to key populations, contexts and settings). In both, HIV receives more prominence as a cross-cutting issue. As regards the use of PrEP in the Inter-Agency Field Manual (responding to a question), this is included; the priority in the emergency phase is to continue those already on PrEP and then expand programming after stabilisation of an emergency situation.

2. Improving integration of HIV in the IASC Cluster approach (Ann Burton, UNHCR)

The presentation noted that humanitarian situations exacerbate HIV-related risks and vulnerabilities, but also affect people who may be in need of HIV-related services. HIV is meant to be integrated through all sectors/clusters, and incorporated in preparedness efforts. The Inter-Agency Standing Committee (IASC) guidelines for addressing HIV in humanitarian settings outline minimum interventions per sector, and the Sphere guidelines provide standards and additional guidance for sectors. Some regional tools (Asia-Pacific and Central and West Africa) have also been developed, but in many situations HIV is not adequately addressed. Given the context of the changing face of HIV and reduced funding, it is important to be strategic and promote an appropriate response to HIV. Questions for discussion were:

- Where are the opportunities to do more to address HIV risks and vulnerabilities in humanitarian situations?
- How can we achieve real impact at country level in ensuring access to HIV services for affected populations?
- Key populations are some of the most marginalised even in stable contexts. How can humanitarian responses better meet their needs with a rights-based approach?
- How can civil society's role be expanded and strengthened?

3. Experiences from the field: lessons learnt from WCA (Lise-Marie LeQuere, WFP)

WCA is a region prone to emergencies with a lagging HIV response. The presentation focused on the need to strengthen the capacities of HIV actors in humanitarian responses, noting that the IASC guidelines remain a key reference but could benefit from a revision. Examples from Guinea and CAR of good practice were presented, both in terms of ensuring provision of ARTs in fragile situations, and community-based organizations and PLHIV networks noted to be the cornerstone of the response. The presentation concluded by stressing the need to continue to share good practice, ensure a multisectoral approach, promote HIV integration in the clusters, and strengthen coordination and assessment, data and monitoring for advocacy and resource mobilization.

4. New directions in ARV treatment guidelines (Marco Vitoria, WHO)

The guidelines have evolved since 2002 and are evidence-based, follow a public health approach, and are globally consolidated to support country adaptation and implementation. They include clinical and programmatic recommendations and the main audience are programme managers. Some of the key messages are that a significant of patients continue to have advanced HIV disease; that a rapid ART initiation (including on the same day for people ready to start) is recommended; evidence continues to support the use of dolutegravir (DTG) containing regimens as the preferred choice in most instances, including as a 3rd drug agent for PEP; and programmes should strengthen the integration of sexual and reproductive health services within HIV treatment programmes to ensure reliable and consistent access to contraception for women and adolescent girls with HIV using DTG. The interim treatment guidelines update on use of DTG released in July 2017 was shared and participants of the meeting expressed interest in their increased use in emergency situations, and better links with HIV-E.

Discussion on HIV integration and guidelines

Coordination

- The IATT-E could better link with OHCA, and take steps to more meaningfully include civil society voices (including reaching key vulnerable groups).
- Rather than update the IASC guidelines, the new Sphere guidelines might be appropriate as a common basis.
- Improving access to data will support resource mobilization efforts.

Technical assistance and guidance

- To what extent have guidelines been implemented? What are the bottlenecks? When updating and developing them, how can organizations support (particularly at country level).
- How can we provide technical support at a country level towards documents such as Humanitarian Response Plans (HRPs)?
- There is a need to be consistent on terminology of emergencies (e.g. governments declaring L2 or L3 emergencies), as this results in activation of different protocols at country level.
- How can we programme and integrate the services we want to provide within ongoing activities to minimise stigma-related issues?
- How can we address programming particularly in settings where certain issues are 'illegal' (particularly across national borders)?
- UNHCR confirmed that its services for refugees are always available to host communities, unless the government for some reason restricts their access to host populations.

Emergency preparedness

- In Latin America, few emergencies are mentioned but the threat from food insecurity is high.
- The question of better integrating HIV into Emergency Response Preparedness Plans (EPRPs) was discussed. *It was proposed that the IATT-E provide remote technical assistance to countries requiring support.*

Response

- UNHCR reporting on research on Rohingya refugees engaged in selling sex in Bangladesh. The main findings are that sex workers want to access services outside of the camp situation and not services within camps, but have to pay for services provided free to the host population.

Thematic Session 3: Security Sector, Peacekeeping and HIV, H6 agenda (Facilitator: Lasha Giogvadze, IFRC)

Mamadi Diakite, UNAIDS Secretariat, presented on:

- The UN General Assembly side event on UNSC 1983 resolution on 24 September 2018, which will build on reflections of the H6 (noting the relevance of this to four agencies not included - IOM, OCHA, UNHCR and WFP).
- Progress of a UNAIDS internal paper on fragility. UNAIDS draft list of 15 fragile countries (within the 35 Fast-Track countries) was shared, drawing on a selection of indicators.

Cosponsors had some questions about the list (e.g. Uganda was included) and had not been consulted on it. Furthermore, the indicators of fragility were not consistent with those in other documents such as the Fragile States Index. The list will appear as an annex in an internal UNAIDS document on fragility, and input was not required.

Thematic Session 4 Emergency (and fragile state) Funding Mechanisms: successes and lessons learnt (Daniel McCartney, IPPF)

1. Global Fund Emergency Fund: country examples, including the Central African Republic and Yemen (Ana Baracaldo, Global Fund)

The Global Fund policy on challenging operating environments (COEs), is based on innovation, flexibility and partnership, with two strategic deliverables to (i) increase impact and coverage; and (ii) create a robust network of partners. USD 50 million have been set aside in the Emergency Fund (2014-2019), of which USD 30.6 million had been committed to date. As a consequence of this work, the Global Fund has been integrating COEs in Country Coordinating Mechanisms and streamlining refugees and migrants into its programming. Challenges have included defining the right interventions and granting flexibilities while ensuring donor confidence. In Yemen, some of the challenges have included the limited/constricted space for civil society, accompanied by high levels of stigma, and weak health systems constraining programming. Responding to a question, the criteria for the Global Fund's funding decision is based on the availability of funding and needs of the population. The Fund is constantly seeking to appraise the risks involved and improve the way it works to be more effective.

2. WFP's experience in southern Africa: Addressing the impacts of the El Nino induced drought on HIV (Nonlanhla Xaba, WFP)

Thirty-nine million people lived with food insecurity in the region at the peak of the 2016/2017 lean season, which led to nutrition and health impacts – including HIV & TB – as well as gender and education. To address the challenges, some WFP work included co-chaired (with FAO) an interagency technical working group promoting integration of nutrition, HIV and gender indicators in vulnerability assessments; a range of other regional interagency efforts; and other country-based initiatives to understand the effects of the drought on HIV. With PEPFAR assistance WFP also undertook emergency drought relief procurement and distribution in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe. The project helped to identify and extend support to malnourished PLHIV and others affected in the implementation areas.

Discussion on funding mechanisms: successes and lessons learnt

- The two examples demonstrate how HIV players must be involved in emergency response planning processes.
- WFP confirmed that although they have close links to FAO on the food and nutrition security working group, they do not have joint programmes.
- Prisoners in Southern Africa are also affected by food insecurity but were not included in WFP's work.
- Resource mobilization must consider longer-term sustainability and the transition to this.

5. 'People on the move': introduction to planned PCB NGO Delegation report for December 2018 PCB

Ferenc Baguinszky and Valeria Rachinska noted that as there has been limited attention paid to HIV among mobile populations, the NGO report for the December 2018 PCB meeting will be on 'people on the move and HIV'. Addressing HIV in this population group is essential as otherwise we cannot meet the Fast-Track targets.

To prepare the report and document the lived experience of people on the move, the NGO Delegation aims to have interviews with migrants, refugees and other mobile populations (considering different groups such as labour migrants, rural to urban internal migration, and other internally displaced people). The Delegation will also speak with healthcare providers to better understand the situation.

IATT-E members are invited to contact Ferenc (ferenc.pcbngo@gmail.com) and Valeria (v.rachinska@network.org.ug) to provide suggestions, contacts and any background materials that could be useful for inclusion in the report.

6. Review of IATT Workplan

The following were presented for initial reactions for the IATT workplan (from mid-2018 to end 2019), noting that there is a need for more focused and smarter language:

Result 1: Strengthen responses to HIV and related areas in the Health Cluster responses (and potentially other IASC clusters) in x number of emergencies (it is suggested a total of two to three results are developed in total)

Suggested actions:

Advocacy	<ul style="list-style-type: none"> Identify underfunded emergencies that are impacting PLHIV and advocate with donors and Clusters for appropriate resources Continue to advocate for HIV to be integrated in humanitarian contexts Finalize the IATT Website
Guidance	<ul style="list-style-type: none"> Regional Guidance/Tools
Evidence	<ul style="list-style-type: none"> Update and circulate the data on HIV in Emergencies Improve the collection of HIV-related data regarding IDPs
Populations of concern	<ul style="list-style-type: none"> Focus on IDPs in line with the anniversary of the guiding principles on IDPs in 2018
Access and adherence	<ul style="list-style-type: none"> Work to provide continuous access treatment in emergencies
Coordination and integration	<ul style="list-style-type: none"> Improve the integration of HIV in the Health Cluster and other IASC Clusters (Protection, Food Security and Nutrition) Better integrate HIV into health programming and make sure it remains a priority in emergency contexts
Government/ NGO and UN Partnerships	<ul style="list-style-type: none"> Work closely with the Global Fund to ensure the funds are available at the country level to address humanitarian emergencies

Discussion

The following were suggested to consider when refining the workplan:

- Regional workplans or cluster workplans (e.g. for South Sudan) could guide development
- May be useful to use the areas expressed as expectations: integration, collaboration, resource mobilization, technical support
- Provide more emphasis on civil society
- Note data gap for IDPs and key populations
- Recommendation to revise and simplify the Terms of Reference of the IATT before finalizing the workplan
- Consider including responses to other diseases such as viral hepatitis and TB
- Responses need to be prioritised based on agreed criteria

The workplan must focus on the role of the IATT, clearly differentiating it from the work of individual agencies.

WFP and UNHCR, as IATT co-convenors, will refine the workplan and share the draft with members.

Closing remarks

Fatiha Terki felt that the meeting provided a very good basis for relaunching the IATT-E, and thanked UNAIDS for their support and commitment. She stressed the importance of finalizing the workplan in the near future. Ann Burton noted that revising the Terms of Reference of the IATT-E would also be important, and that civil society engagement – particularly in terms of support reaching key populations – was vital.