HIV/AIDS in complex emergencies

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Overview

1. Factors influencing transmission of HIV
2. HIV/AIDS response in complex emergencies
3. HIV treatment in complex emergencies
1. Factors influencing sexual transmission of HIV

Direct factors

1. Likelihood of being exposed to HIV positive sex partner
   • HIV prevalence in populations
   • Number of sexual partners

2. Probability of HIV transmission when exposed to a positive sex partner
   • Condom use
   • Type of sex act
   • Presence of sexually transmitted infection
   • Male circumcision
   • Viral load

3. Duration of infectiousness
   • Approximately 8-10 years without treatment
   • Asymptomatic for majority of those years
Indirect factors

Underlying factors
- HIV prevalence in area of origin
- HIV prevalence in surrounding population
- Level of interaction (e.g. displaced, host, military)
- Type of environment (e.g. rural, urban, camp)
- Phase of emergency
- Length of conflict/displacement

Increased vulnerability factors
- Insecurity
- Less health & HIV services
- Loss of food supplies
- Loss of income/livelihoods
- Changing social norms/behaviour
- High risk groups (e.g. military)

Decreased vulnerability factors
- Reduced mobility
- Improved security
- Increased health & HIV services
- Improved food supplies
- Decreased sexual activity

Increased risk exposure
- Sexual violence
- Transactional sex
- Higher risk behaviour
- Infected blood supplies

Decreased risk exposure
- Less sexual violence
- Lower risk behaviour
Vulnerable groups

- Women (and men) who have been raped
- Wives/partners of clients of sex workers
- Wives/partners of men with concurrent sex partners
- Non-commercial sex partners of sex workers
- Sex partners of injection drugs users
- Infants born to mothers who are HIV positive
- Female & child headed households
- Non-camp based displaced populations

High risk groups

- Commercial sex workers
- Injection drug users
- Men who have sex with men
- Clients of commercial sex workers
Distribution of HIV prevalence and conflicts in Africa

Source: Mock et al. Emerging Themes in Epidemiology 2004 1:6

2. HIV/AIDS response in complex emergencies

Address 10 sectors:
1. Coordination
2. Assessment and monitoring
3. Protection
4. Water and sanitation
5. Food security and nutrition
6. Shelter and site planning
7. Health
8. Education
9. Behaviour communication change
10. HIV/AIDS in the workplace

Matrix with three phases:
1. Emergency preparedness
2. Minimum response
3. Comprehensive response
## Health sector response activities

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>Emergency phase</th>
<th>Stable phase</th>
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</thead>
<tbody>
<tr>
<td>Map current services &amp; practices</td>
<td>Coordination mechanisms</td>
<td><strong>Emergency phase activities plus</strong></td>
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<tr>
<td>Plan &amp; stock supplies</td>
<td>Access to basic care (v. vulnerable)</td>
<td>Programmes to reduce SGBV</td>
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<tr>
<td>Assess universal precautions</td>
<td>Safe blood supply</td>
<td>Post-exposure prophylaxis</td>
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<tr>
<td>Adapt/develop protocols</td>
<td>Universal precautions</td>
<td>Targeted IEC for high risk groups</td>
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<tr>
<td>Train health personnel</td>
<td>Basic HIV education materials</td>
<td>Voluntary counselling and testing</td>
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<tr>
<td>Train staff on GBV</td>
<td>Provide condoms</td>
<td>RH services for young people</td>
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<tr>
<td>Train staff on RH</td>
<td>Syndromic STI treatment</td>
<td>Prevention of MTCT</td>
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<tr>
<td>Plan quality assurance system</td>
<td>Appropriate care for IDUs</td>
<td>Medical &amp; psycho-social support</td>
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<tr>
<td>Map and support HIV initiatives</td>
<td>Manage consequences of SGBV</td>
<td>PLWA - palliative &amp; home-support</td>
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<tr>
<td>Determine prevalence of IDUs</td>
<td>Safe maternal deliveries</td>
<td>Treatment of opportunistic infect.</td>
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<tr>
<td></td>
<td>Monitoring HIV</td>
<td>Provide ARVs</td>
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HIV Monitoring, evaluation and research

Methods
• Rapid assessments/situation analysis
• Sentinel sero surveillance
• Behavioural surveillance surveys
• Qualitative methods

Challenges
• Access
• Methodological rigour
• Multiple sources of stigma
• Ethical issues (e.g. consent, confidentiality, beneficence)
• Post-conflict and return

http://www.unhcr.org/protect/PROTECTION/4843c19d2.pdf
3. HIV treatment in complex emergencies

Obstacles to treatment

<table>
<thead>
<tr>
<th>Health services-related obstacles</th>
<th>Population-related obstacles</th>
<th>Conflict-related obstacles</th>
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</thead>
<tbody>
<tr>
<td>Limited health infrastructure</td>
<td>Poverty</td>
<td>Instability of security</td>
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<tr>
<td>Limited human resources</td>
<td>Stigma</td>
<td>Interruption in programme</td>
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<tr>
<td>Limited political capacity</td>
<td>Discrimination</td>
<td>Instability of populations</td>
</tr>
<tr>
<td>Limited financial resources</td>
<td>Limited HIV knowledge</td>
<td>Population movement</td>
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</tbody>
</table>

Access to treatment

Evidence:
MSF provision of ARVs to conflict-affected population in Bukavu, DRC
- Drop out rate in Bukavu: 5.4% [95%CI 3.2–7.5]
- Drop out rate in low-income setting: 15% [No CI given]
- Drop out rate in high-income setting: 5% [No CI given]


Policy:
“The increase of ARV resistance by stopping and then re-starting the therapy in a controlled fashion is not considered to be more of a risk for populations that have been displaced by conflict than other populations. The largest threat to developing ARV resistance remains persons taking ARVs in an incorrect manner; this threat is no larger for forcibly displaced populations than other populations.”

UNHCR guidelines – key principles
• Provide ARVs at earliest possible stage of emergency response
• Continuity in provision of ARVs is priority
• Provide equivalent services for host community
• Only provide when can meet minimum criteria
• Treatment protocols should follow host community, unless…
• Sustainability
• Return

Sources of information

HIV in Humanitarian Situations: http://www.aidsandemergencies.org/cms/

HIV InSite: http://hivinsite.ucsf.edu/InSite

Médecins Sans Frontières Field Research: http://fieldresearch.msf.org/msf/


UNHCR: http://www.unhcr.org/protect/401915744.html

WHO: http://www.who.int/hiv/en/
FEST'AFRICA 2003 SOUS LES E

QUAND JE DIS NON C'EST NON!!

Suis-je avec EUTOF ??
Les JST/ISO en
Rappels et Fantômes !