

HIV/AIDS and Children Affected by Armed Conflict

Tamar Renaud, Bogota 5-Nov-09



Outline of Presentation

- Dynamics of HIV in conflict
- International action
- UNICEF commitments



Dynamics of HIV in conflict

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Conflict exacerbates the risk factors associated with HIV/AIDS

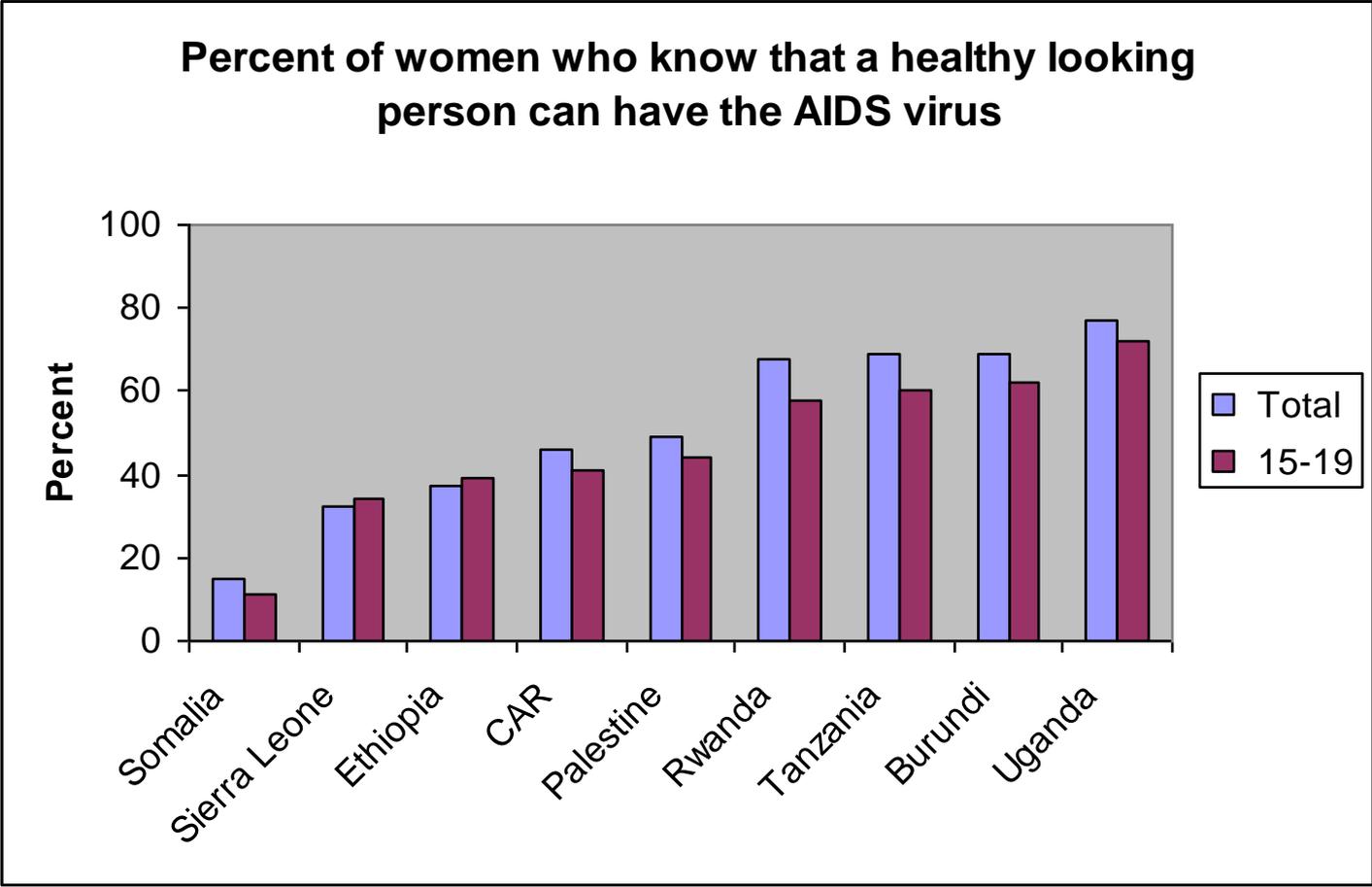
Conflict breaks down the systems we use to prevent HIV/AIDS

Knowledge about HIV/AIDS

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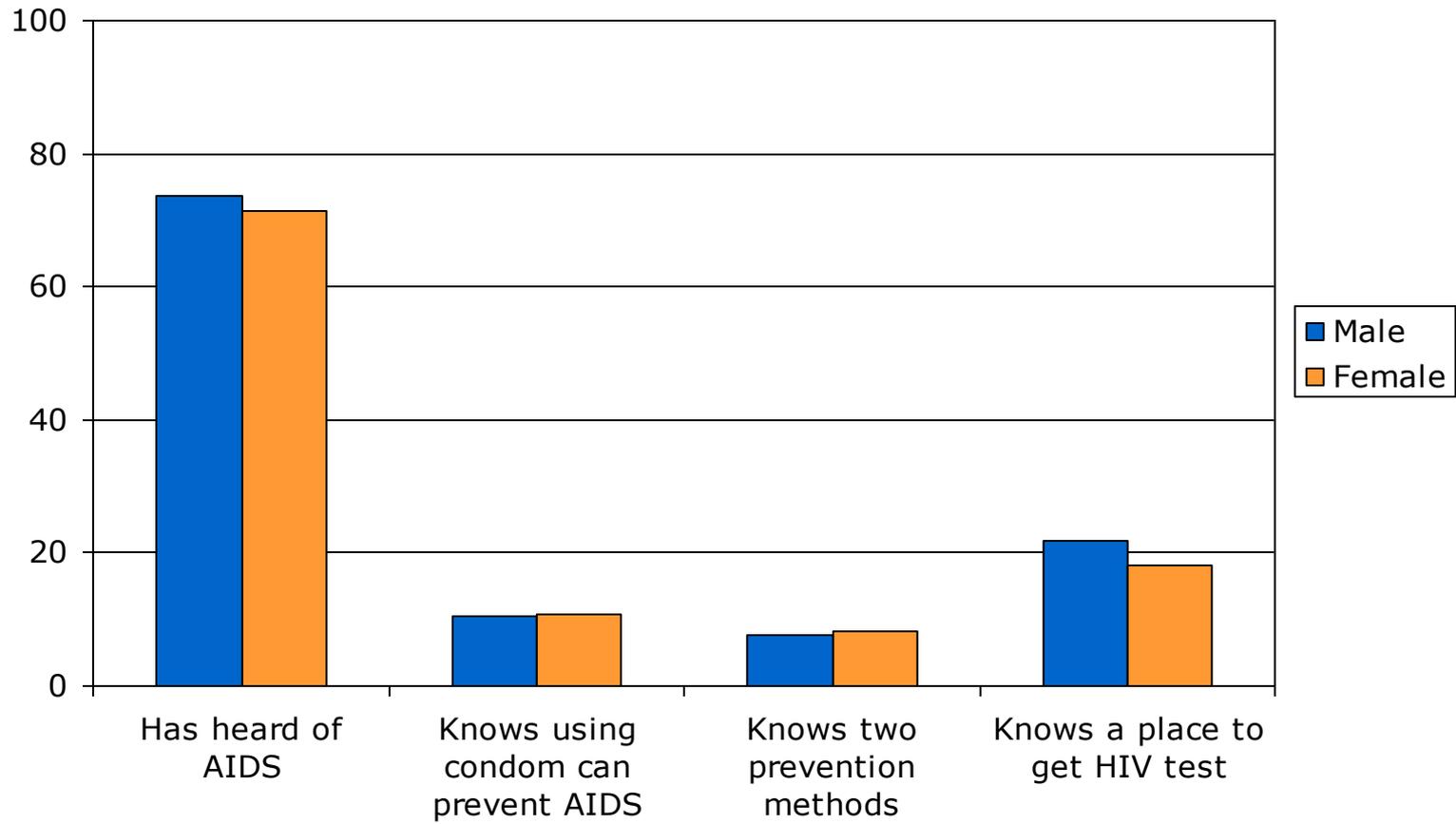


People in conflict settings have low knowledge of HIV/AIDS



Post conflict AIDS knowledge in Sierra Leone

% of youth (ages 12-22)



Increase in Sexual Violence

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Sexual Violence

- Bosnia: an estimated 30,000 women were raped.
- Congo: From March 2000 to December 2001, 294 victims of sexual violence presented at a MSF-supported facility. 51% were less than 18 years old and 18% were less than 13 years old.
- Rwanda: Of 2,000 raped women tested for HIV after the war, 80 percent were found to be positive.



Increase in Drug Use

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Drug use

- Pakistan: The start of the US-Afghan war was associated with nearly a 3-fold increase in needle sharing in Lahore, Pakistan
- Increase in HIV in Afghanistan thought possible because of high levels of drug use among returnees

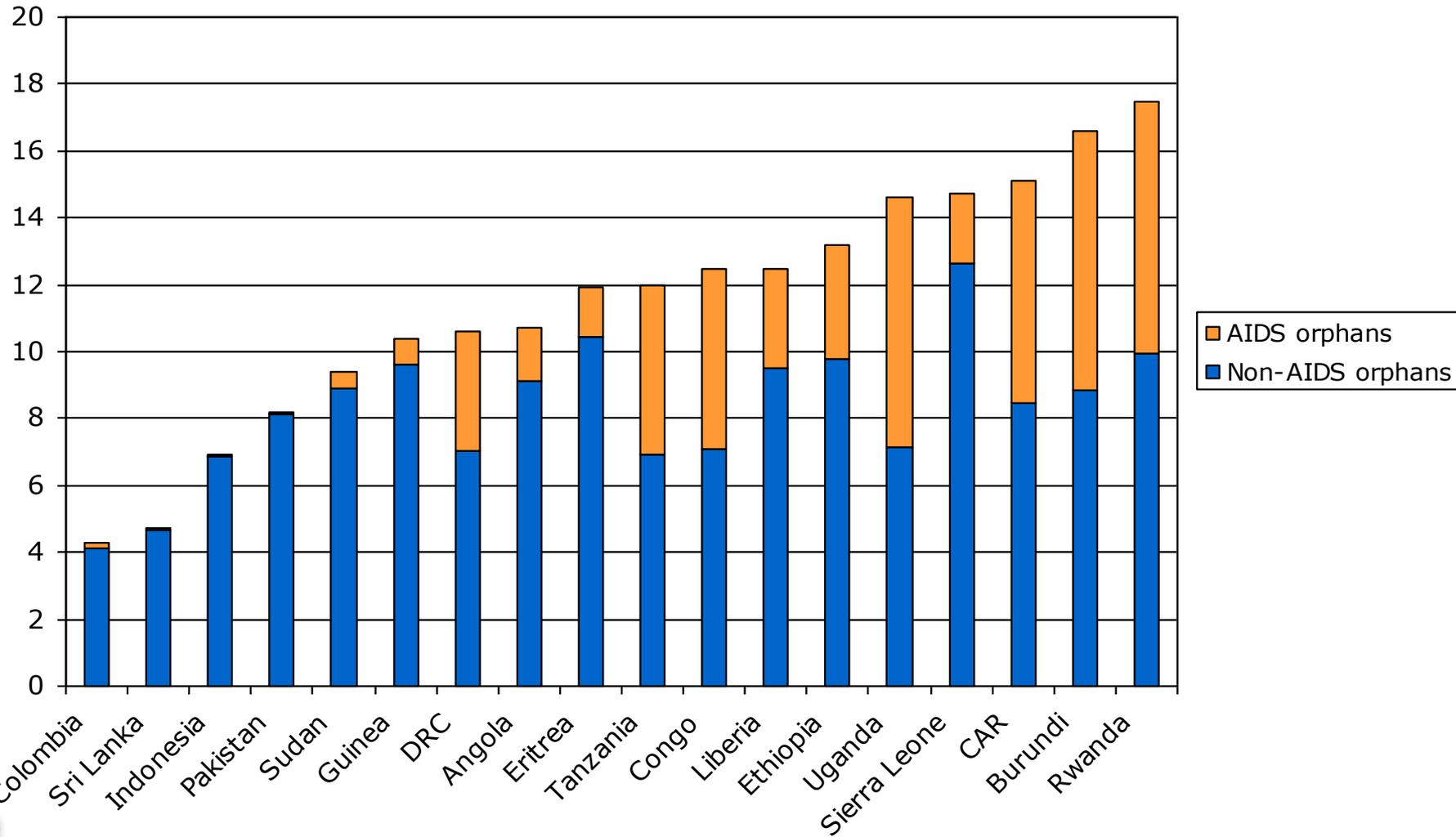


Increasing Numbers of Orphans

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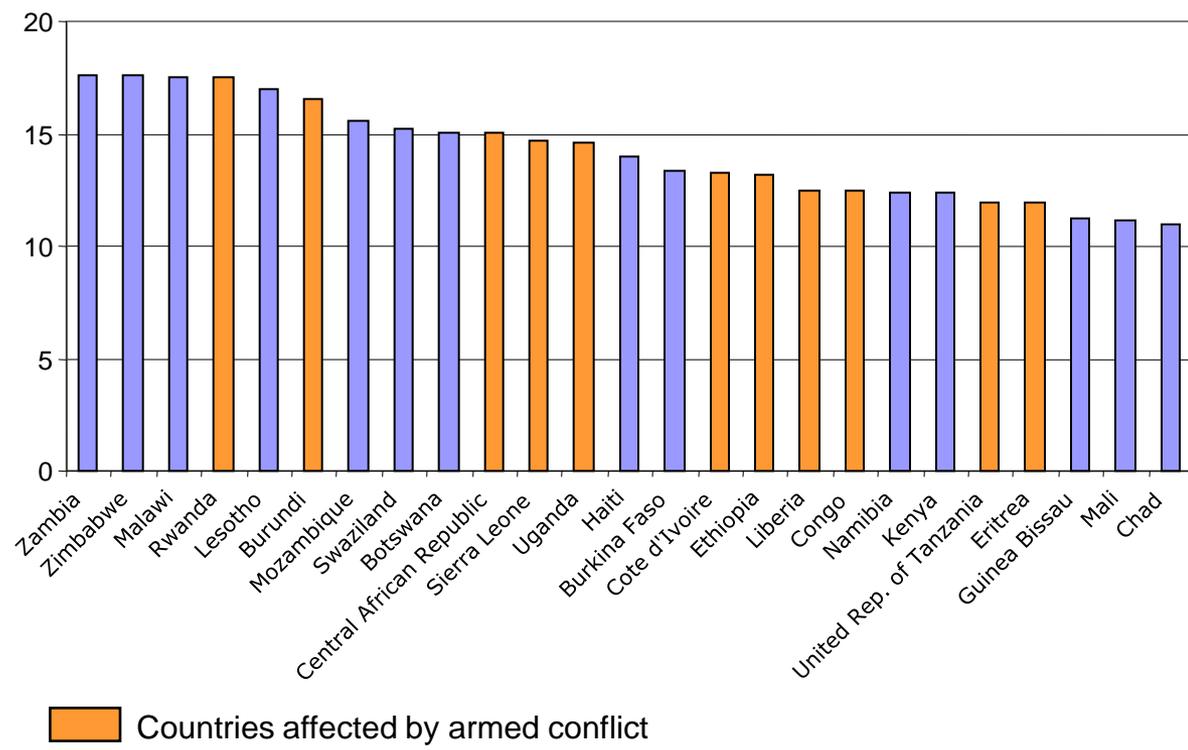
AIDS and Conflict Results in More Orphans



Source: Children on the Brink, UNAIDS and UNICEF 2002.

Of the 25 countries with the highest proportion of orphaned children ...

... almost half have been affected by recent armed conflict



Source: Children on the Brink, UNAIDS and UNICEF 2002.

Interruption in Services

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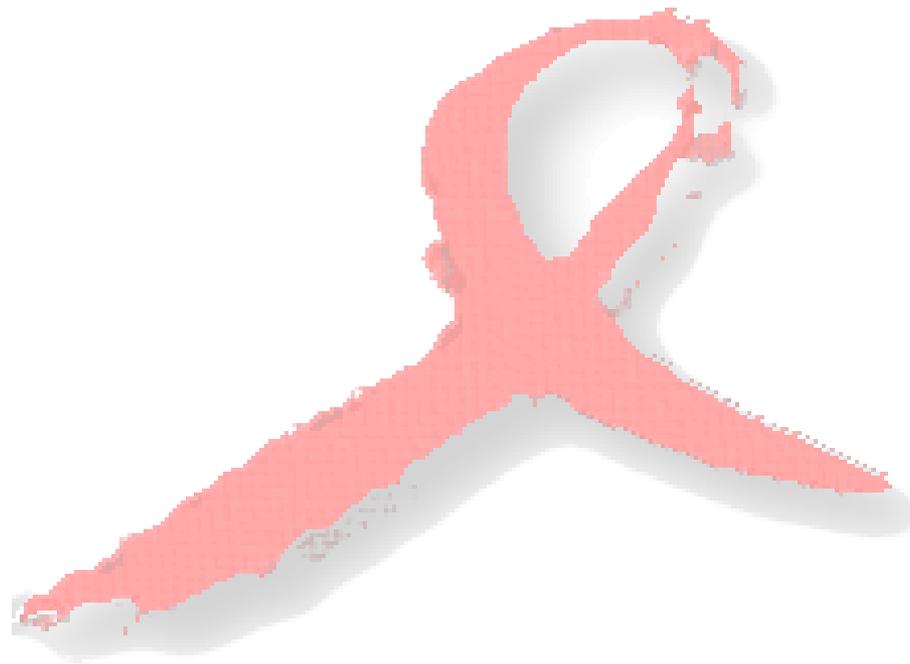
Lack of access to services for STI treatment and condoms

- Sierra Leone, 62 % of health units were not functioning immediately after the war
- In Burundi, the genocide eliminated many doctors.
- Afghanistan: Among 143 Afghan drug users in Quetta, Pakistan, none had ever used condoms.



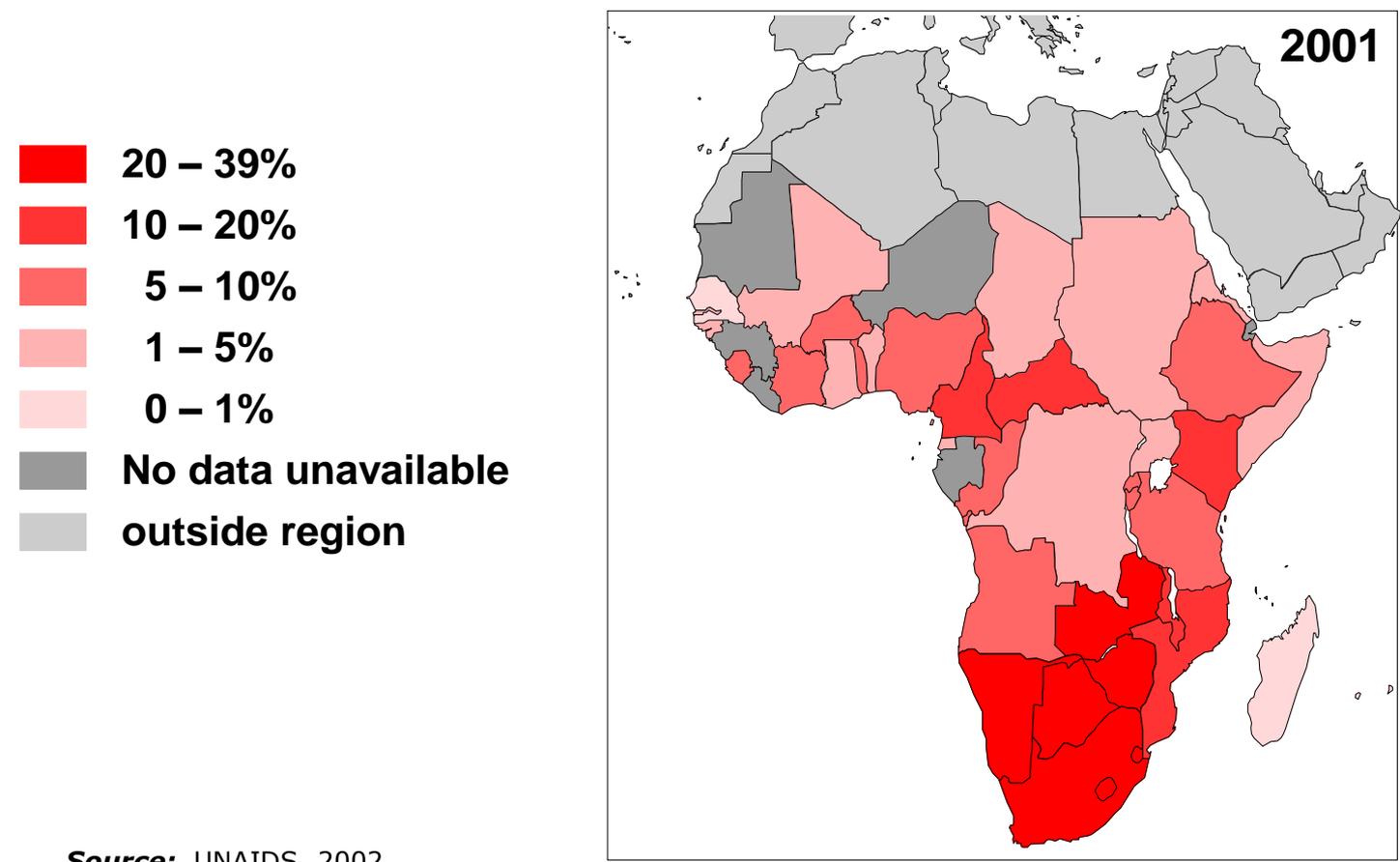
So does HIV increase in conflict?

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Dynamics of HIV in Situations of Armed Conflict : Does conflict increase the spread or protect?

HIV prevalence in adults in sub-Saharan Africa, end 2001



Source: UNAIDS, 2002.



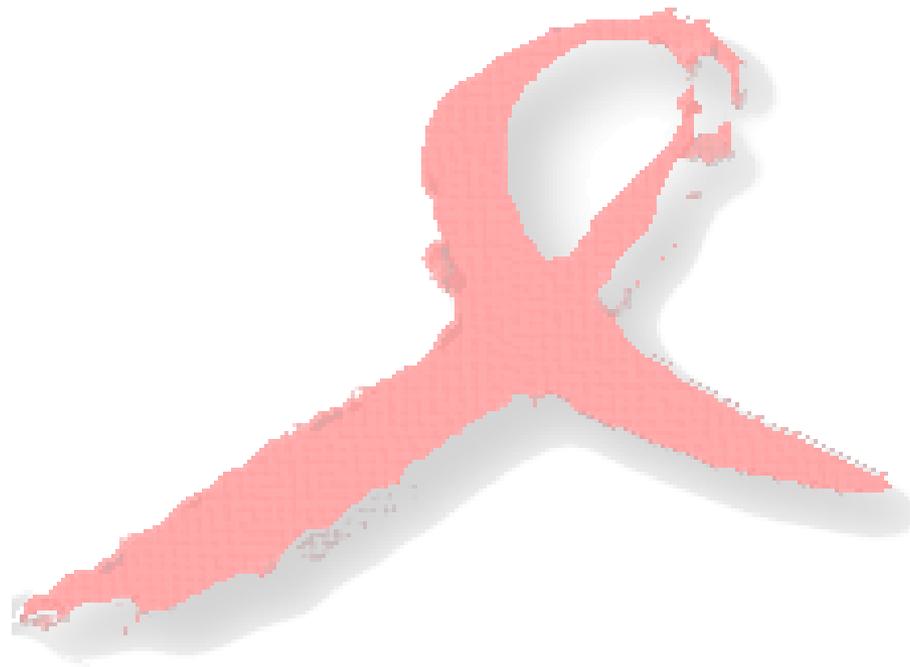
Main messages

- HIV risk factors increase in conflict situations
- In areas with population mixing and existing high levels HIV can explode
- If populations are isolated and HIV levels are low, conflict can be protective
- Post conflict can increase risk by opening up trade and access to previously isolated populations



The Response

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Current Action/Inaction

Responses to HIV in Emergencies tend to be:

- Small scale
- Uncoordinated
- Lack situation analysis and evaluation
- Donors split by development and humanitarian assistance

Source: SCF-UK, UNICEF, UNAIDS study in Great Lakes Region 2002-2003



History of International Action on HIV in Conflict

1. Graca Machel's Study and Review (1996, 2000)
2. Security Council Resolution 1308 (2001)
3. UNGASS on HIV/AIDS (2001) and Children (2002)
4. IASC Guidelines on HIV/AIDS in Emergencies
5. UNICEF's Core Corporate Commitments



UN Agencies and non-governmental organizations are responding

- WHO chair of the IASC group: Guidelines
- UNAIDS -- uniformed personnel
- DPKO -- training on HIV/AIDS and provision of condoms to all peacekeepers
- UNHCR -- counseling and testing, behavior change education, surveillance
- UNFPA -- STI services for young people in Angola, SL, Sudan
- IRC, SCF-UK HIV education in refugee camp settings



UNICEF's Commitments

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**What UNICEF commits to do in
rapid onset emergencies
(Draft Martigny II, June 2003)**



UNICEF's Core Corporate Commitment on HIV/AIDS

1. Know what is happening
2. Advocate for action on children and HIV in emergencies
3. Prevent HIV infection among young people
4. Protect and respond to sexual violence



1. Know what is happening

Rapid assessment by collecting info on:

- Existing HIV sero-prevalence and STI rates in displaced and host communities
- Types of sexual interactions
- Level and quality of health, education and communication services



1. Know what is happening -- rapid assessment

Examples of action

- UNICEF Balkans rapid assessment with involvement of young people
- Women's Commission on Refugee Women and Children -- young researchers : Kosovo, Sierra Leone, Northern Uganda
- UNICEF Somalia child protection study

BUT NO RAPID ASSESSMENT done yet



2. Advocate for action on children and HIV in emergencies

- Lobby for HIV and children to be included in agenda of humanitarian meetings
- Include HIV in Consolidated Appeals
- Push Theme Groups on HIV/AIDS to consider conflict affected areas



2. Advocate for action on children and HIV in emergencies

Examples of Action

- HIV included as major issue in Southern African food crisis, increasingly being discussed in child demobilization plans
- HIV in almost all Consolidated Appeals in Africa
- Theme Groups on HIV/AIDS -- Colombia



3. Prevent HIV infection among young people

Provide or facilitate access to:

- Information, education, communication
- Condoms
- Treatment for sexually transmitted infections
 - Supply health services
 - Train personnel



3. Prevent HIV infection among young people

Examples of Action

- Theater at food distribution sites (Ethiopia), peer education by young refugees and IDPs (Eritrea, Colombia), radio programmes (Sierra Leone), as part of mines awareness (Angola)
- Condoms (Angola)
- Treatment for sexually transmitted infections -- (MSF, MERLIN, IRC, UNFPA in Sudan, Angola)



4. Protect and respond to sexual violence

- Advocate for prevention with armed groups
- Do no harm
- Provide info on where to get help
- Provide rape treatment kits
 - Supply health services
 - Train personnel
 - Provide post exposure prophylaxis if HIV prevalence above 1%



4. Protect and respond to sexual violence

Examples of Action

- Advocate for prevention with armed groups (DRC)
- Do no harm -- sexual exploitation training (West Africa, Southern Africa, Nepal); make camps safe (Liberia)
- Info : where to get help (DRC)
- Rape treatment kits and post exposure prophylaxis (DRC)



Other opportunities for UNICEF action

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**When CCCs are in place,
can expand action**



HIV/AIDS in child demobilization programmes



- Discussion groups on HIV and non-violent behavior
- Screening for sexually transmitted infections
- Guidance on positive living and caring practices



HIV/AIDS in Emergency Education

- Train teachers in HIV/AIDS based life skills
- Adapt teachers' guide and students' manual for emergency settings
- Integrate education materials into UNICEF school in a box

Example : Southern Sudan



Protecting orphans and vulnerable children

- Child friendly spaces -- education, health
- Reunification and rehabilitation
- Attention to children in child headed or elderly headed households

Example: Southern Africa



HIV/AIDS

Nutrition and water and sanitation

- Malnutrition and dirty water accelerates deterioration.
- People with HIV need more calories and protein. Food distribution should take into account different needs in high HIV affected areas and the especially vulnerable
- Hygiene education
- Sufficient water supply



What to avoid

- Jump into action without rapid assessment
- Miss opportunities (e.g. CAPs)
- Jump into seemingly simple actions such as prevention of mother to child transmission



Conclusions

- Conflict can protect from HIV or help to spread HIV depending on isolation; post conflict is particularly high risk
- The international community is reacting
- UNICEF has committed organizationally to act on HIV in emergencies:
 1. Know what is happening
 2. Advocate for action on children and HIV in emergencies
 3. Prevent HIV infection among young people
 4. Protect and respond to sexual violence

