TRAINING FOR IMPROVED PRACTICE: Public Health and Nutrition in Emergencies

HIV/AIDS in Emergencies

UNICEF Core Corporate Commitments Training

In collaboration with:

Feinstein International Famine Center, Tufts University

Mailman School of Public Health, Columbia University

International Emergency and Refugee Health Branch,

Centers for Disease Control and Prevention

Objectives

- HIV/AIDS Disease
- Overview of HIV/AIDS in emergencies
- Program guidance for HIV/AIDS in emergencies
- TB in relation to HIV/AIDS

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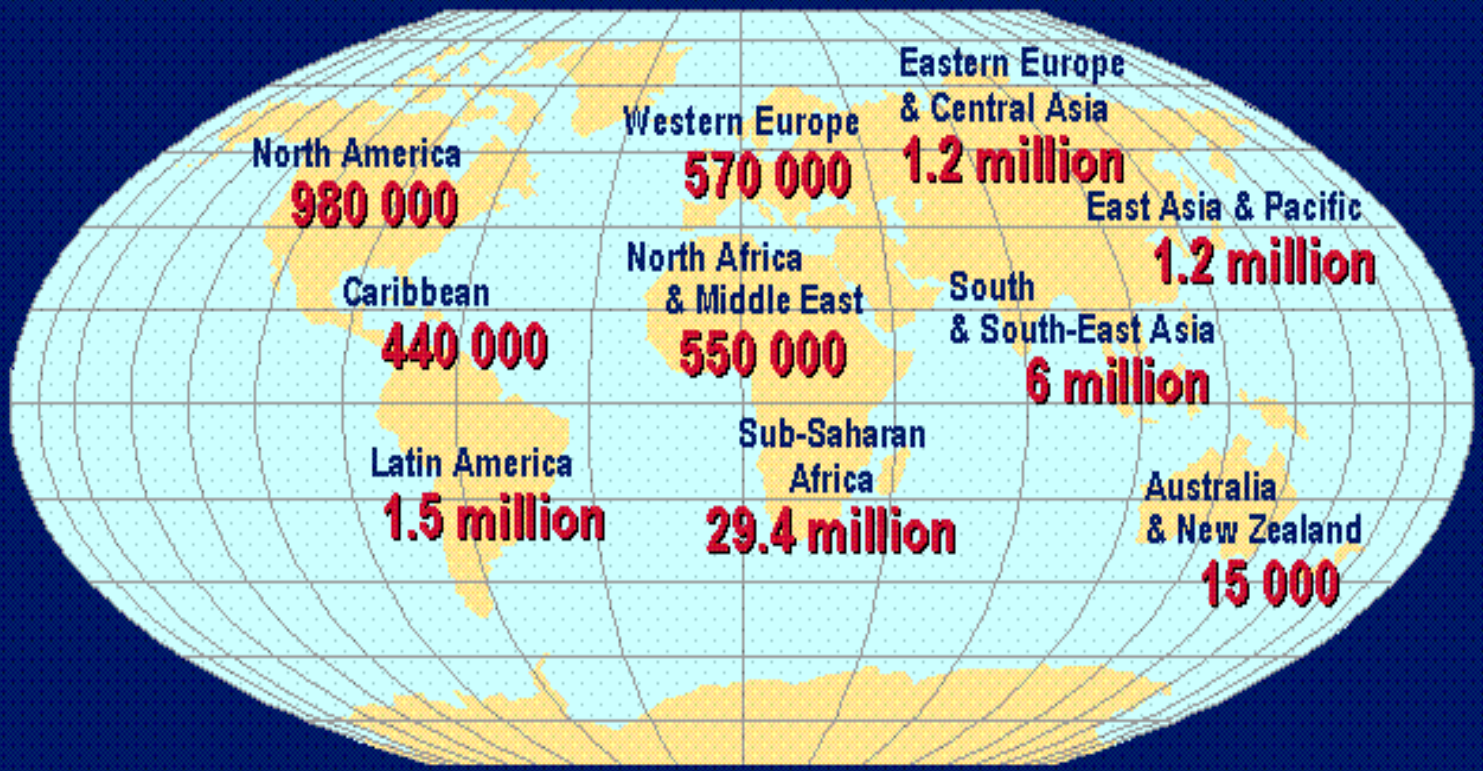
HIV/AIDS Disease

- 5 million new HIV/AIDS cases in 2002
- 3.1 million HIV/AIDS deaths in 2002
- 42 million infected with HIV/AIDS globally
- 50% are women and children
- 3.2 million are children <5 years of age

Source UNAIDS website

Adults and children estimated to be living with HIV/AIDS as of end 2002



Total: 42 million

UNAIDS

00002-E-4 – 1 December 2002

World Health Organization

HIV/AIDS Disease (cont'd)

- Thailand-(population 62 million)
  - 1 out of 60 people are infected with HIV/AIDS

- India- (population 1.03 billion)
  - 3.97 million adults living with HIV/AIDS

- China- (population 1.28 billion)
  - 1 million adults living with HIV/AIDS

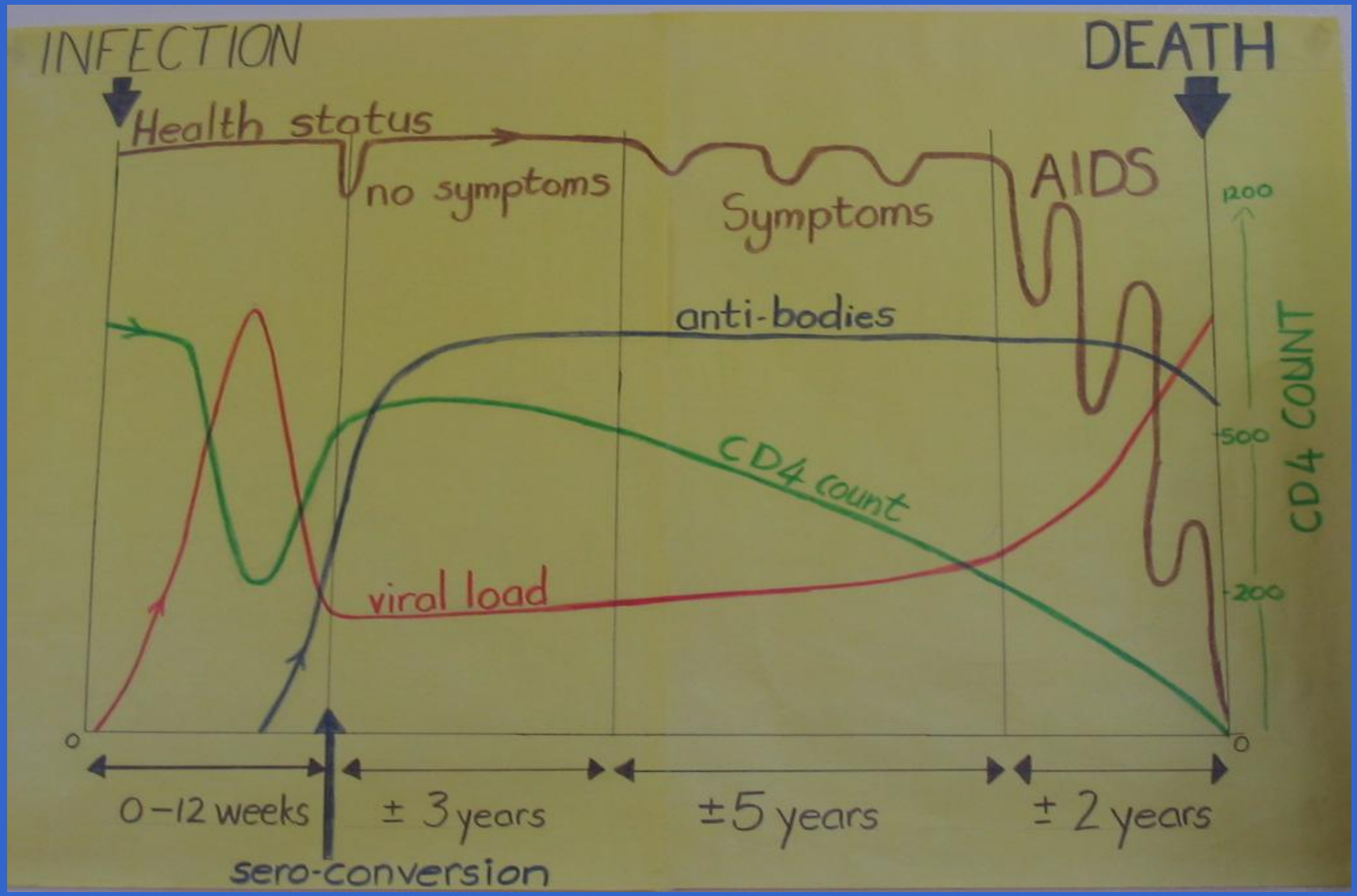
Source UNAIDS website

HIV/AIDS Disease (cont'd)

- Fewer than ¼ of people at risk of infection with HIV/AIDS are able to obtain basic information
- Only 1 in 9 people seeking to know their HIV serostatus have access to VCT
- Less than 1 in 20 pregnant women presenting for antenatal care are able to access services to prevent MTCT

*Source UNICEF website

HIV/AIDS Disease (cont'd)



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- **Overview of HIV/AIDS in emergencies**
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HIV/AIDS Emergencies

- 1.2 million IDPs in Indonesia (MSF-2003)
- 1 million IDPs in Afghanistan
- East Timor Post-Conflict Reconstruction
- 140,000 Burmese refugees and 1 million Burmese migrants in Thailand
- Natural disasters

Do we need to be thinking about HIV/AIDS in these situations?

Why is HIV not a top priority in emergencies?

- Basic survival: food, health, water & sanitation, shelter
- Health actions focused on acute ‘killers’ such as measles, malaria, diarrhoea, ARI, malnutrition
- Concerns that HIV+ refugees or IDPs would be discriminated

Impact of Emergencies on HIV/AIDS
Factors Increasing Risk

What are some HIV risk factors among emergency-affected populations?

Impact of Emergencies on HIV/AIDS Factors Increasing Risk

- Disruption of societal structures, family units, and sexual networks
- Disruption of preventive and curative health services, education and communication infrastructure

Impact of Emergencies on HIV/AIDS Factors Increasing Risk

- Economic vulnerability of women and children
- Sexual violence/coercive sex
- Increased commercial sex work
- Increased human trafficking
- Sexual interaction with armed groups

Impact of HIV/AIDS on Emergencies

- Less access to food, health service provision and community livelihoods
- Lower threshold for a stressor
- Increased malnutrition, morbidity, and mortality
- More difficult for populations to recover

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Policies and Guidelines on HIV/AIDS in Emergencies

- UNAIDS Guidelines for HIV Interventions in Emergency Settings (1996)
- UN Security Council Resolution 1308: HIV/AIDS and international peacekeeping operations (July 2000)
- Graca Machel report on War Affected Children (Sept 2000)
- UNGASS on HIV/AIDS – Declaration of Commitments (June 2001)

New Policies and Guidelines on HIV/AIDS in Emergencies

- IASC guidelines for HIV/AIDS in emergency settings (Draft June 2003)
- Revised Sphere handbook incorporates HIV/AIDS (Draft June 2003)
- UNICEF's CCC-draft

IASC Guidelines for HIV/AIDS in Emergency Settings

- Main elements
  - The matrix on key actions:
    - 3 phases
    - Integration of HIV/AIDS into humanitarian response by sector (e.g., water, health)

Sphere Guidelines

- Acute emergency phase
  - Condoms, universal precautions, safe blood supply, information/education, STI syndromic management, PLWA access to basic services
  - Protection and education programmes to reduce stigma and to protect people against discrimination (as early as possible)

Group Exercise

You have 10 minutes to list on your board ways that UNICEF can appropriately respond to HIV/AIDS in emergencies?

UNICEF's Proposed Core Corporate Commitments (CCC) on HIV/AIDS

1. Rapid assessment
2. Advocacy and coordination
3. Prevent HIV/AIDS infection among young people
4. Protect and respond to sexual violence

UNICEF's HIV/AIDS Considerations for Other Sectors

- Health and nutrition
- Education
- Child protection against sexual violence and exploitation
- Water and sanitation

1. Rapid Assessment

Find out what is happening?

1. Rapid Assessment (cont'd)

- Existing HIV sero-prevalence rates in displaced populations and surrounding communities
- Prevalence and types of STIs
- Level and types of sexual interactions and sexually related behavior
- Level and quality of available health services

1. Rapid Assessment (cont'd)

- Proxy indicators for HIV/AIDS prevalence/sexual risk behavior
  - Morbidity and mortality patterns
  - Teenage pregnancies
  - Clinical data on STIs and TB

2. Advocacy and Coordination

- Advocate for HIV/AIDS to be placed on the humanitarian agenda
  - develop plans of action
  - appeal for funding
  - address human rights
- Coordinate with existing programmes to reduce the vulnerability of people living with HIV/AIDS

2. Advocacy and Coordination (cont'd)

Protecting orphans and vulnerable children

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

3. Prevention of HIV/AIDS in young people

- Information, education, communication
- Condoms
- STI treatment UNFPA kit # 5
  - Supply health services
  - Train personnel

4. Protect and respond to sexual violence

- Educate armed groups
- Provide information on where to get help
- Rape treatment UNFPA kit # 3
  - Supply health services
  - Train personnel

4. Protect and respond to sexual violence (cont'd)

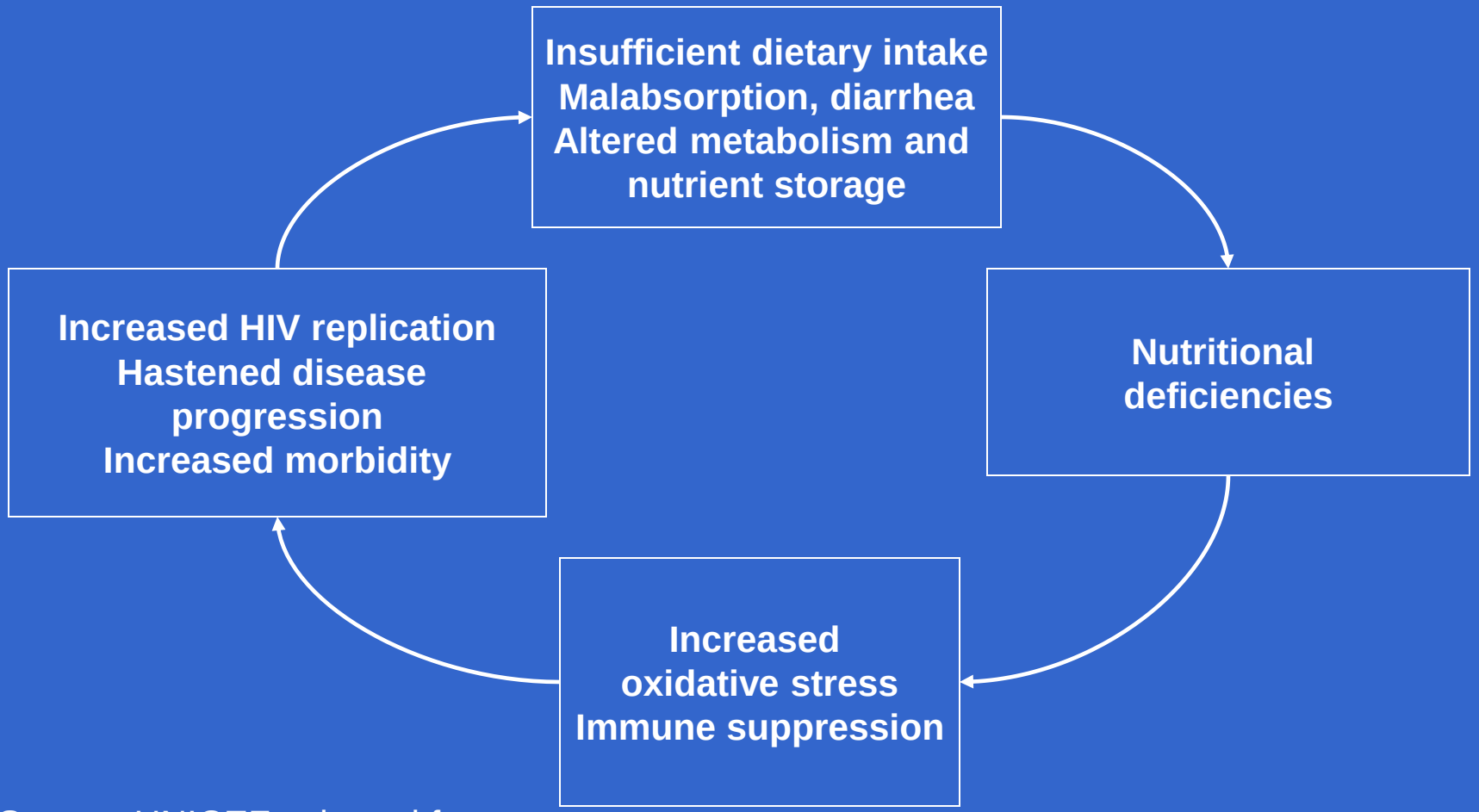
When should you consider using Post exposure prophylaxis (PEP)?

- Use when HIV prevalence >1%
- Main situations for considering PEP: Rape and occupational exposure

UNICEF's HIV/AIDS Considerations for Other Sectors

- Health and nutrition
- Education
- Child protection
- Water and sanitation

The Vicious Cycle of Malnutrition and HIV



Source: UNICEF, adapted from Semba and Tang 1999.

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

Child protection

- Assess levels of sexual violence and exploitation across sectors
- Identify areas of greatest vulnerability
- Advocate strongly against such abuses and for perpetrators to be held accountable for their actions

Water and Sanitation

- Chronic diarrhoea is major problem with HIV/AIDS patients that leads to increased mortality
- Water-borne disease/illness effects immuno- compromised individuals more severely (i.e. Cryptosporidia, Isospora, Giardia)

Water and Sanitation (cont'd)

Actions/programmes:

- Improve hygiene
  - Education / behavioral change
  - Family latrines
  - Sufficient water supply
  - Provision of soap
  - Improve water points

Review
UNICEF's Proposed Core Corporate Commitments (CCC) on HIV/AIDS

1. Rapid assessment
2. Advocacy and coordination
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4. Protect and respond to sexual violence

Review
UNICEF's HIV/AIDS Considerations for Other Sectors

- Health and nutrition
- Education
- Child protection against sexual violence and exploitation
- Water and sanitation

TB in relation to HIV/AIDS and emergencies

- TB Disease
- Issues in TB Control
- TB Control in Emergencies

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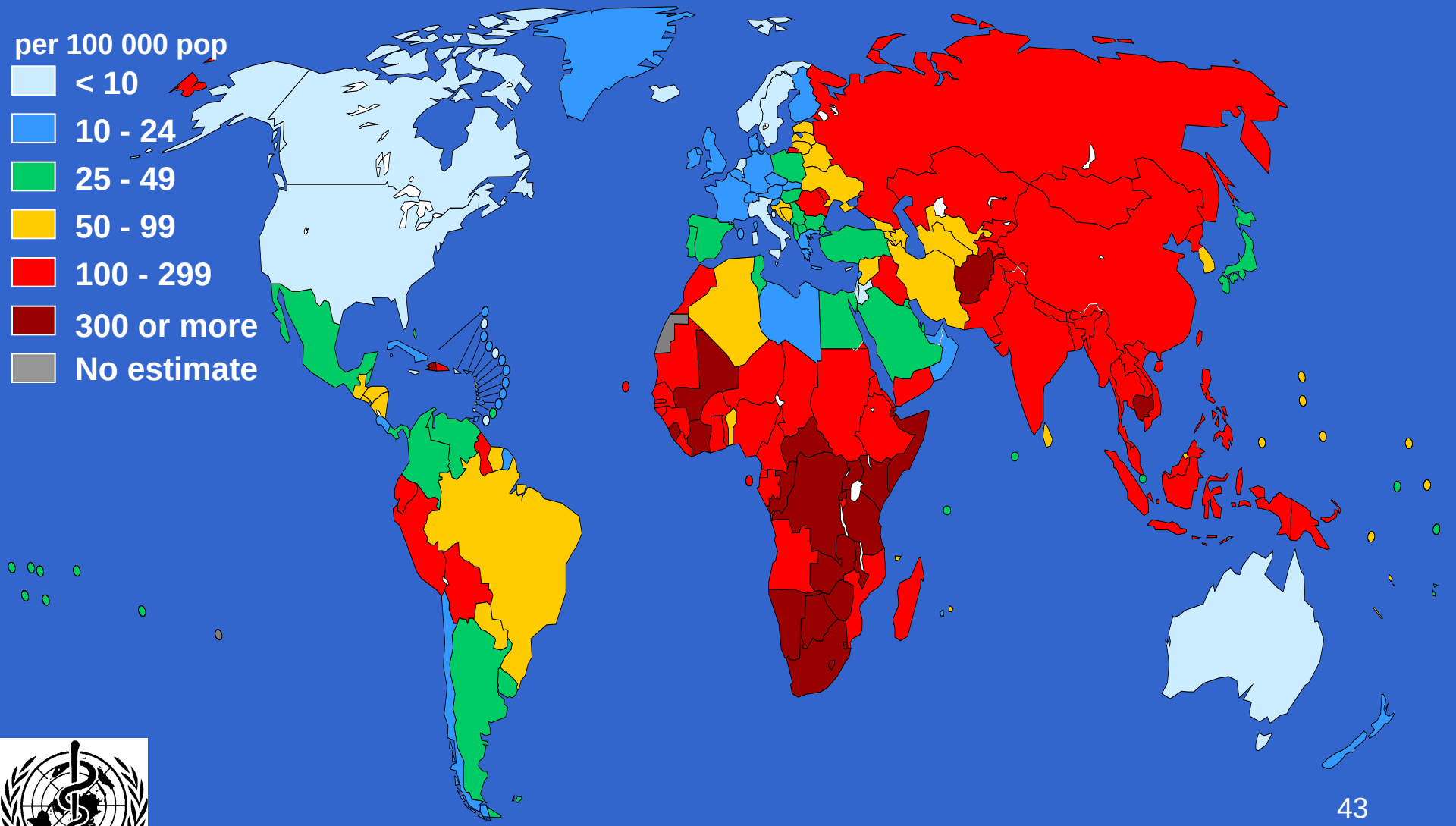
Tuberculosis – another global emergency

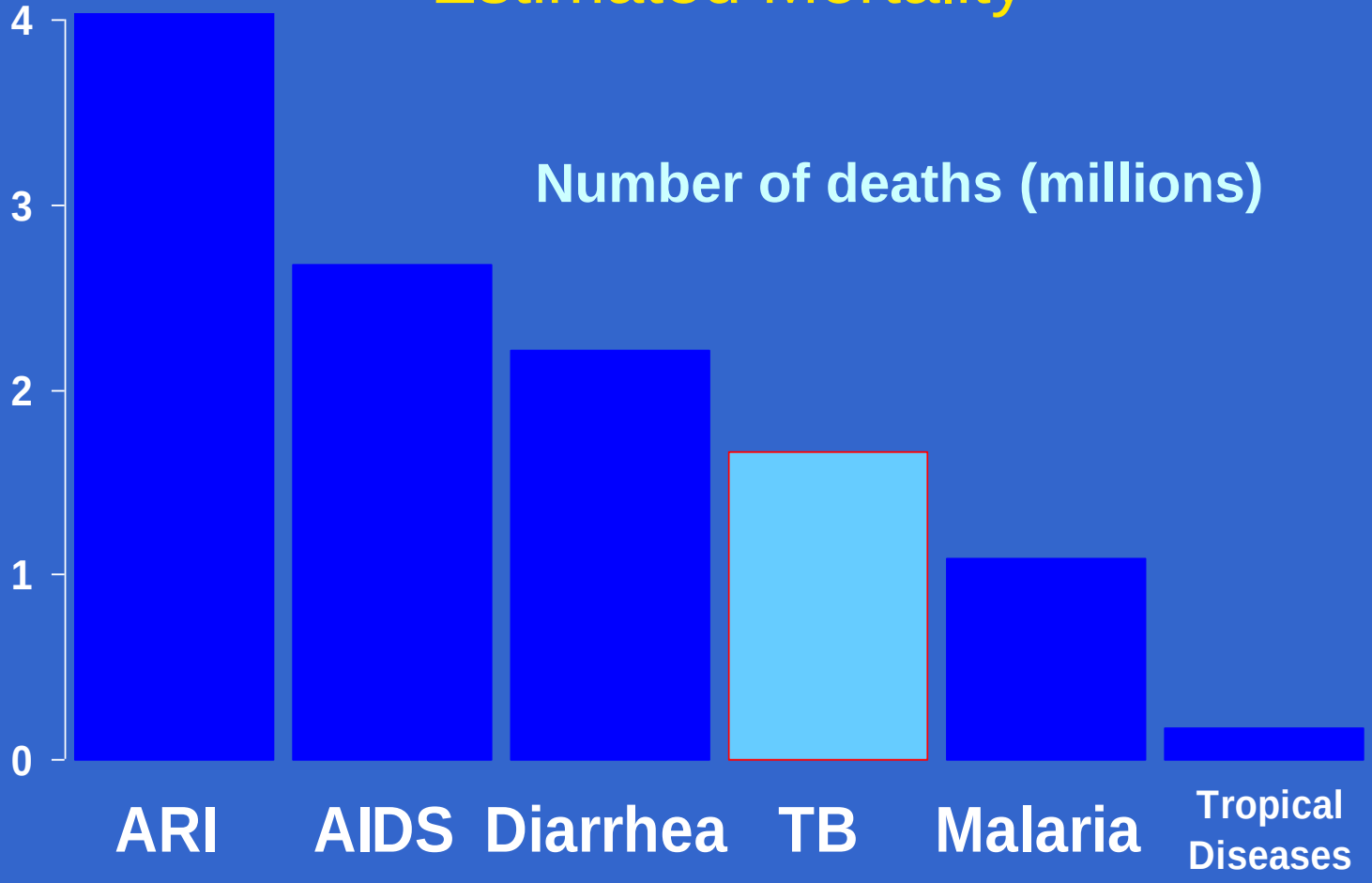
- One third of the world's population is infected with TB
- TB kills 5,000 people a day – 2-3 million each year
- More than 100,000 children will die this year
- Hundreds of thousands of children will become TB orphans this year
- Multi-drug resistance (MDR) is seriously threatening global TB control
- 40% of the TB-infected people in the world live in southeast Asia
- Between 56 and 80% of AIDS patients in the Region have TB

Estimated TB Incidence Rates, 2001



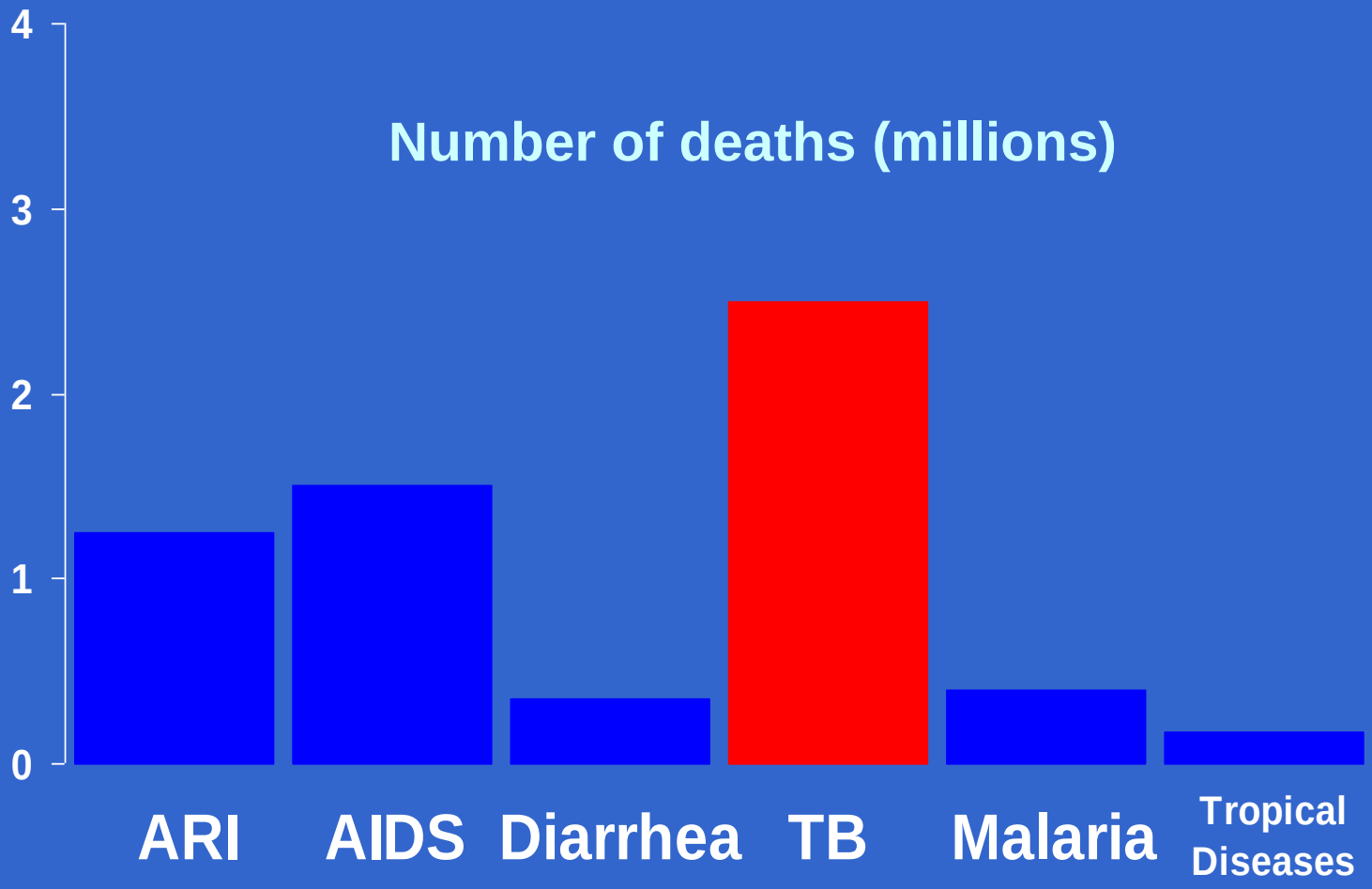
Leading Infectious Causes of Death

Estimated Mortality



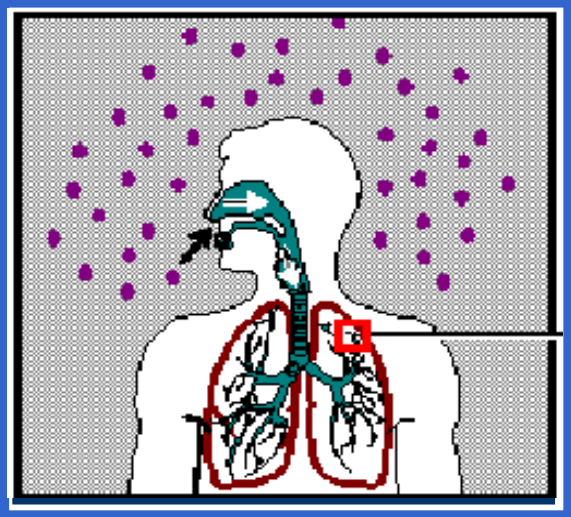
WHO World Report 2000

TB is the Leading Infectious Cause of Death among Persons >5 years old



WHO World Report 2000

How to contract TB



- Inhale droplet nuclei containing mycobacteria

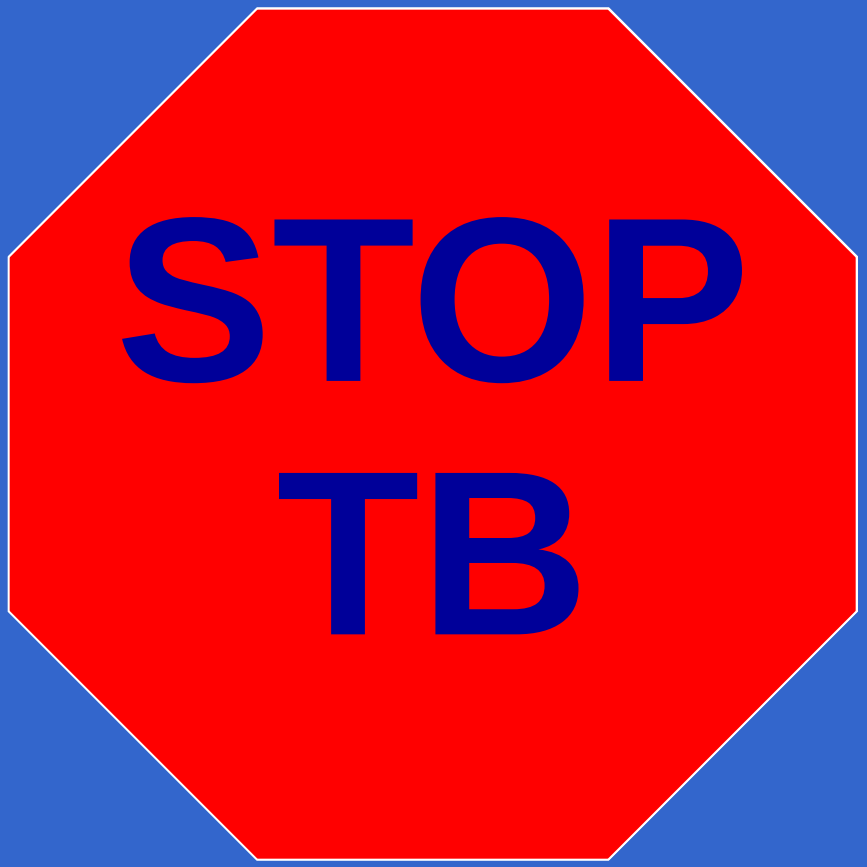
Symptoms of active TB

- Pulmonary
  - Cough, chest pain, hemoptysis
- Systemic
  - Fever, night sweats, and weight loss
- Extrapulmonary
  - Depends upon site

TB and HIV

- Latent TB infection may progress to active TB disease
  - Risk greatest in first 2 years after infection
  - **Lifetime** risk of progressing to active disease is 10%
- If TB and HIV infection co-exist in an individual
  - **Annual** risk of progressing to active disease is 10%

TB in relation to HIV/AIDS and emergencies



- TB Disease
- **Issues in TB Control**
- TB Control in Emergencies

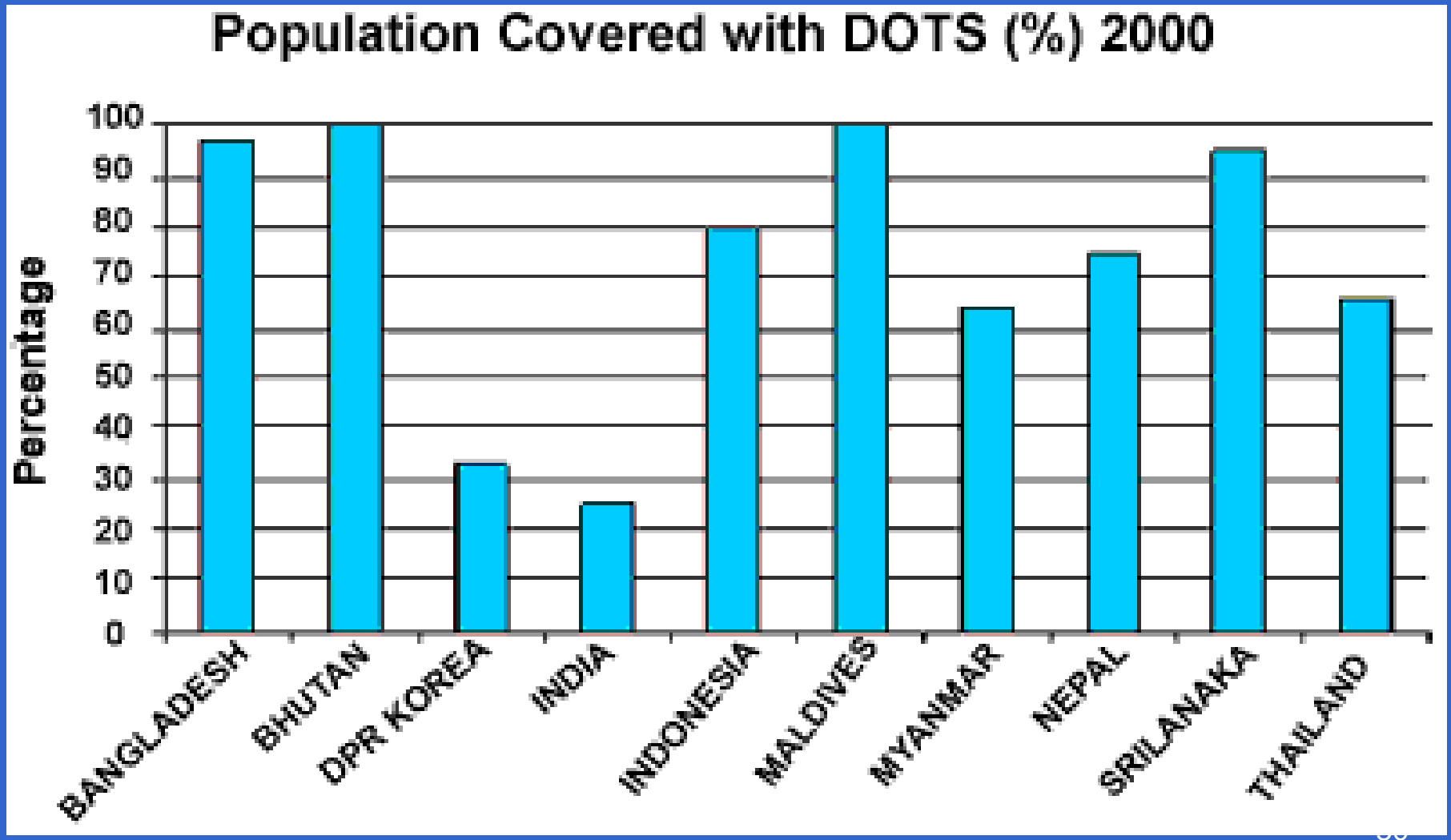
Recommendations for TB Control Programs

- Most effective strategy for prevention is treatment of patients. Program objective: detect 70% of active cases and cure 85% of them.

- Most effective strategy for treatment is Directly Observed Therapy Short-course (DOTS)

- DOTS strategy includes:
  - commitment
  - case-finding (passive)
  - diagnosis by microscopy
  - treatment by standardized short-course chemotherapy
  - regular drug supply
  - monitoring including a recording and reporting system

SEAR TB Control Program



Source: WHO

TB in relation to HIV/AIDS and emergencies

- TB Disease
- Issues in TB Control
- **TB Control in Emergencies**

TB in emergencies

- Over 85% of displaced persons originate from, and move into / or remain within, countries with high burdens of TB

- Increased risk of TB in emergency-affected populations
  - Crowding
  - Poor nutritional status
  - Co-existent poor health

- Risk further elevated in populations with high HIV prevalence

Considerations for a TB control program in an emergency

- **Should only be implemented when:**
  - TB is identified as important problem
  - Crude Death Rate is <1/10,000/day
  - Basic needs are provided, including basic clinical services
  - Security situation stable
  - Population expected to remain at least 6 months
  - Funding available for at least 12 months
  - Laboratory service for sputum smear microscopy is available
  - National TB Program is involved

Key Steps in Starting a TB Program

- Identify lead and partner agencies (National TB-control Program, NGOs, others)
- Prepare budget
- Identify TB coordinator (1 per 50,000 pop)
- Agree with representatives of NTP:
  - Integration of refugee/displaced TB control with NTP
  - Drug regimens
  - Referral of seriously ill to hospitals
  - Coordination with HIV & VCT programs
  - Suitable laboratories
  - Procurement of drugs and supplies
  - Procedures for following cases after repatriation
  - Program monitoring and evaluation
- Develop protocols, evaluation methods
- Assess staff needs, develop job descriptions, recruit
- Train staff: TB coordinators, nurses, CHW, lab
- Identify storage facilities
- Set up reporting system
- Establish a laboratory and quality control system

What information do you need to analyze before starting a TB control program?

- Stability of the situation
- TB incidence rates/ policy/ program coverage in country of origin
- TB incidence rates/ policy/ program coverage in host country
- HIV prevalence of the displaced and host populations
- Demography of displaced population
- Funding sources
- Available expertise in NTP or NGOs in implementation of TB control (DOTS)


HIV,AIDS တၢ်ကစိၣ်ဝဲဒၢး
HIV,AIDS Information Centre
Mae La Camp
HIV/AIDS Information Centre

Surveillance M&E Program Evaluation Framework

Assessment & Planning	Input	Process	Output	Outcomes (Intermediate Effects)	Impact (Long-term Effects)
Situation Analysis Response Analysis Stakeholder Needs Resource Analysis Collaboration plans	Staff Funds Materials Facilities Supplies	Trainings Services Education Treatments Interventions	# Condoms Distributed # Clients Served # Staff Trained # *Test Kits Distributed* # *Tests Conducted*	*Behavior Change* *Attitude Change* *Knowledge Change* *Quality of Life* *Treatment Success*	*HIV Incid/Prev* *AIDS Morb/Mort* *STI Incid/Prev* *Social Norms* *Economic Impact*

Program Development Data

Program-based Data

Population-based Biological, Behavioral & Social Data

Modified from Deborah Rugg, M&E branch, Global AIDS Program, Centers for Disease and Prevention

White: Not feasible as part of current UNICEF CCCs

Main challenges

- HIV testing technically available but not used/not feasible
- Referral services for persons with known or suspected HIV+ status, including provision of ARVs
- Feeding guidelines for malnourished persons with known or suspected HIV+ status
- Prioritization of areas based on food insecurity (and other early warning indicators) and/or known/suspected HIV status and/or proxy indicators for HIV prevalence

Key Points

- Progress has been made on policies and guidelines for HIV/AIDS in emergencies
- Guidelines include IASC, revised Sphere, and UNICEF's CCCs
- Challenges remain and evaluation is needed in the further development of guidelines

“With major movements of populations between countries in every continent we can no longer ignore the opportunities afforded to further HIV transmission by the break up of communities previously protected by geography, social cohesion and demographic factors.”

Hawkes, S. 1993

Thank you

- Any questions?

Exercise

- Emergency with 20,000 IDPs, increasing population movements
- You are UNICEF HIV/AIDS technical officer
  - 1. Doing a rapid assessment in the field
  - 2. Suggest and prioritize interventions