Inter-Agency Task Team on HIV and Young People

GUIDANCE BRIEF

HIV Interventions for Young People in Humanitarian Emergencies

Purpose

This Brief has been developed by the Inter-Agency Task Team (IATT) on HIV and Young People[1] to assist United Nations Country Teams (UNCT) and UN Theme Groups on HIV/AIDS[2] in providing guidance to their staffs, governments, development partners, civil society and other implementing partners on effective HIV interventions for young people[3] in humanitarian emergencies. It is part of a series of seven global Guidance Briefs that focus on HIV prevention, treatment, care and support interventions for young people that can be delivered through different settings for a range of target groups.

The purpose of these Briefs is to help decision makers understand what needs to be implemented, based on the latest global evidence on effective interventions for young people. The Briefs provide an overview of evidence-informed interventions (not a blueprint for national programmes) in response to specific epidemic scenarios in different countries.[4] Special attention should be directed to young people most at risk of HIV in all countries. In generalised and hyper endemic settings, interventions to prevent HIV also need to be directed to the general population of young people.[5]

The Briefs do not deal in any depth with "how to" implement the interventions outlined, although key resources are listed to provide further guidance. The Briefs also do not attempt to address the many cultural, institutional and structural specificities and factors that confront decision makers in different countries. They are therefore likely to require further adaptation and translation if they are to be used by national counterparts. The engagement of young people in the adaptation of the materials will enhance their usefulness.

Introduction

Humanitarian emergencies can be the result of: 1) natural disasters such as earthquakes, floods (quick onset) or droughts (slow onset), and 2) external and internal conflict, also known as complex emergencies. As a consequence of humanitarian emergencies, populations are differentially affected. Some may be internally displaced within national borders; others may remain in their homes but lack access to essential services; and still others may become refugees or asylum seekers by fleeing across borders.

Globally, at the end of 2006 there were estimated to be 14.3 million refugees and 24.5 million internally displaced persons (IDPs).[6] About one quarter were young people, and 80 per cent of conflict-displaced persons are women and children. Many of them reside in countries heavily affected by HIV, and about four million live in sub-Saharan Africa.[7] Internal and external displacement may be long-term (up to 17 years).[8] Those who flee their country are no longer guaranteed protection by their country of origin and may not receive adequate assistance from host countries.

The factors that affect HIV transmission are complex, vary by context and depend upon many dynamic factors; for example, HIV prevalence rates in the area of origin and that of the host population, the level of interaction between the displaced and the surrounding population, the length of time of conflict and in camp settings and the location of camps.[9] The relative importance of each of these factors and the response required varies depending on the phase of the emergency:

- Emergency preparedness
- Emergency phase
- Post-emergency phase involving stabilised situation, transition and recovery programmes [10]

Failure to address the HIV-related needs of emergency-affected young women and men not only denies them their rights, but can undermine the effectiveness of HIV prevention and care efforts for surrounding communities.[11] [12]

Emergency-affected young people and HIV

HIV is adversely affecting young people worldwide, and UNAIDS estimates that about 40 per cent, of all new infections are in

[1] The Inter-Agency Task Team on HIV and Young People was established in 2001 to enhance the effectiveness of the global response to AIDS in the context of young people. Further information about the IATT on HIV/YP is contained at the end of the document.

[2] This includes Joint UN Teams on AIDS (JUNTA) and/or Technical Working Groups (TWG) on AIDS.

[3] The UN defines young people as age 10 to 24 years, youth as 15 to 24 years and adolescents as 10 to 19 years.

[4] Detailed information on what actions (for populations of all ages) should be taken for each stage of the epidemic can be found in UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS, Geneva.

[5] Information and education about HIV should be available to all young people, irrespective of the stage of the epidemic. There are global indicators to monitor the percentage of youth age 15 to 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

[6] UNHCR (2007) 2006 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. UNHCR, Geneva.

[7] Seven of the 15 countries with the largest number of people living with HIV were also affected by major conflict between 2002 and 2006.

[8] UNHCR (2004) Protracted Refugee Situations. Standing Committee 30th meeting, UNHCR, Geneva. EC/54/SC/CRP.14

[9] Spiegel, P. (2004) "HIV/AIDS among conflict-affected and displaced populations: Dispelling myths and taking action," Disasters, 28 (3): 322-339.

[10] UNHCR also refers to a final phase when durable solutions are secured and refugees return home, are resettled in a third country, or are permanently integrated within their host country. UNAIDS and UNHCR (2007) Policy Brief: HIV and Refugees, UNAIDS, Geneva. http://data.unaids.org/pub/BriefingNote/2007/policy_brief_refugees.pdf

[11] ibid

[12] HIV was not considered a priority area in emergency settings until the adoption of United Nations Security Council Resolution 1308 in 2000 which called for uniformed personnel to be trained in HIV prevention, and for Member States to create policies and programmes for HIV prevention and treatment of AIDS-related conditions. United Nations Security Council (2000) Resolution 1308 On HIV/AIDS, New York.

youth 15 to 24 years of age.[13] The characteristics that define humanitarian emergencies-such as conflict, social instability, poverty and powerlessness-can also facilitate the transmission of HIV and other sexually transmitted infections (STIs).[14] In addition, power imbalances that make girls and women disproportionately vulnerable to HIV infection become even more pronounced during conflict and displacement. [15] Specific factors that can increase young people's vulnerability to HIV in such situations include:

- Lack of protection and separation from or loss of family members
- Breakdown of community cohesion [16] and social and sexual norms regulating behaviour
- Sexual and gender-based violence, including rape and sexual exploitation primarily directed to females [17 18 19] but also affecting boys
- Disruption in education leading to boredom, loss of friends and a supportive school environment as well as reduced access to HIV-prevention information [20 21]
- Disruption of health services, including sexual and reproductive health services [22] and access to HIV prevention (including condoms) and treatment services
- Lack of access to basic information about HIV, sexual and reproductive health
- Poverty as a consequence of the loss of livelihoods and lack of employment opportunities,[23] which contributes to involvement in sex work in order to survive, especially among young women
- Exposure to mass trauma, such as conflict, which can increase alcohol and other substance use and, in general, influence young people's attitudes towards risk[24]
- Recruitment as combatants or forced labour. Conflict may mobilise young men and women to become soldiers, and child soldiers can be as young as nine. They are particularly vulnerable to HIV infection, either as a result of sexual violence by older officers, or through peer pressure that promotes risk-taking sexual behaviours. Girl soldiers are often forced to have sex with commanders and other fighters, which renders them vulnerable to HIV and sexually transmitted infections.[25]

The main challenge is that young people do not have the social skills needed to cope with conflict and violence, displacement and uncertainty about the future. They may be separated from their parents and have no access to education, health services and community and social support structures. Thus young people may be more likely to engage in HIV risk behaviours[26 27] or be coerced into sex work, although the evidence is not routinely available.[28]

Additionally, staff working in humanitarian settings may not have been trained to respond in a gender-sensitive and youth-friendly manner to the HIV-related and psychosocial support needs of young people.

HIV-prevention interventions for young people that have proved effective in developing countries have not been systematically evaluated within the context of emergency situations,[29] and interventions may need to be delivered in a different manner depending on gender dynamics, the stage of the epidemic and phase of emergency.[30] However, there have been some lessons learned from applying these interventions with refugee adolescents and youth.

Lessons learned

Education and life-skills training for refugee youth can promote confidence, health and psychosocial well-being.[31] When peer educators are trained from within the refugee community, they are more likely to provide age, gender and culturally appropriate information to their peers.[32] This is more likely to result in behaviour change.

[13] UNAIDS (2007) AIDS Epidemic Update: Briefing Booklet. UNAIDS, Geneva. Out of an estimated 6,800 new infections a day, 34.1% are in youth 15 to 24 years of age and 17.7% in children under 15 years.

[14] United Nations Disarmament, Demobilisation and Re-integration Resource Centre (2006). HIV/AIDS and Disarmament, Demobilisation and Re-integration. UNDDRRC, New York. http://www.unddr.org/iddrs/05/60.php

[15] Inter-Agency Task Team on Gender and HIV/AIDS (2001) HIV/AIDS, Gender and Conflict Situations. UNAIDS, Geneva. http://www.unaids.org/fact_sheets/files/GenderFS_en.pdf

[16] More information on the importance of community support can be found in the Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on Community-based HIV Interventions for Young People.-

[17] United Nations Disarmament, Demobilisation and Re-integration Resource Centre (2006) states that rape and sexual abuse have often been used as tools of war in Haiti, Liberia and Sudan.

[18] UNAIDS, UNHCR and WFP (2006). The Development of Programme Strategies for Integration of HIV, Food and Nutrition Activities in Refugees Settings. UNAIDS, Geneva.

[19] Inter-Agency Standing Committee (2005) Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. IASC, Geneva.

[20] Keeping children in school helps protect them against HIV as they are more likely to delay the age of first sex and learn skills to protect themselves from HIV. They are also less likely to join the military and armed groups where sexual abuse can be common. Inter-Agency Standing Committee (2003) Guidelines for HIV/AIDS interventions in emergency settings, and UNESCO (2004) Global Initiative on HIV/AIDS and Education, UNESCO, Paris.

[21] The importance of education and educational interventions is discussed in the Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Education Sector.

[22] The role of the health sector interventions in HIV prevention and treatment is discussed in the Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Health Sector.

[23] Some of the consequences are described in the Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Briefs on HIV Interventions for Young People at the Workplace and Most-At-risk Young People.

[24] UNAIDS and UNHCR (2007) Policy Brief: HIV and Refugees, and UNESCO/UNHCR (2007) Educational responses to HIV and AIDS for refugees and internally displaced persons. UNESCO, Paris.

[25] http://www.aidsandemergencies.org/overview2.html

[26] The HIV risk behaviours are: injecting drugs using non-sterile injecting equipment; unprotected anal, oral or vaginal sex; unprotected sex with multiple sexual partners as sex workers or clients of sex workers. See the Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Most at-risk Young People.

[27] Their risk of becoming infected with HIV will largely depended on the HIV prevalence level, the degree of interaction between them and most-at-risk populations (such as injecting drug users and sex workers), and the presence of context specific risk factors such as systematic rape by military and survival sex.

[28] In many countries, age, gender and diversity/displacement disaggregated data on HIV risk behaviour and prevalence are not available. This makes evidence-informed planning difficult as the true extent of the problem is not known.

[29] WHO (2006) Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries; eds. Ross, D., Dick, B., and Ferguson, J. Geneva: WHO and Inter-Agency Task Team (IATT) on HIV and Young People, WHO, Geneva.

[30] For a range of effective HIV prevention interventions for young people in different settings see the other Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Briefs on HIV and Young People.

[31] UNHCR (2001) HIV/AIDS Education for Refugee Youth: The Window of Hope. UNHCR, Geneva.

[32] UNHCR (2003) Right to Play Information Kit. World Refugee Day 2003, UNHCR, Geneva.

National AIDS Responses

National AIDS responses should ensure that: the human rights of emergency-affected populations of all ages are protected before, during and after an emergency, especially in countries with high HIV prevalence; the needs of emergency-affected populations are integrated with country policies[33] and programmes that focus on gender and young people; and sub-regional approaches are adopted to ensure continuity in HIV services across national borders.[34] These actions can be best achieved through mechanisms that combine humanitarian and development funding to meet immediate HIV-related needs in combination with development funds for longer-term HIV-related programmes.[35]

The HIV interventions that need to be in place for emergency-affected young people include: creation of a safe and supportive environment (human rights, protection issues, vulnerability reduction); behaviour change communication; access to education in schools; and access to an essential package of HIV interventions within the health sector.

HIV interventions for young people in emergency settings

A comprehensive approach to HIV prevention must address not only HIV risk behaviour in young people, but also the deep-seated causes of vulnerability that reduce their ability to protect themselves and others against infection. This calls for interventions to address gender inequalities and the prompt normalisation of an emergency situation so young people are able to return to school and be reintegrated with their family and community.

The Inter-Agency Standing Committee (IASC) has identified principles that should guide HIV interventions in emergencies. These include: the need to build on existing national programmes; multi-sectoral responses; establishment of coordination and leadership mechanisms; involvement of the target population in planning programmes (based on cultural sensitivities) and allocating resources; and HIV-related activities for displaced populations that also serve the host population to the maximum extent possible. The IASC Guidelines specify the HIV interventions that should be in place in different sectors by phase of emergency. Specific interventions for young people are identified below.[36] [37]

Creation of a safe and supportive environment-human rights, protection and vulnerability reduction

A human rights approach is central to HIV and AIDS and the protection of young people affected by emergencies. The response should include: non-discrimination of people living with HIV; access to HIV (and related sexual and reproductive health) information, prevention and treatment services that respect confidentiality and privacy; and protection from unlawful restrictions on freedom of movement. There should be freedom from mandatory HIV testing, and quality voluntary (including pre- and post-test) counselling and testing should be provided.[38]

Specific protection measures should be in place for young people affected by emergencies, including unaccompanied minors, orphans and other vulnerable children.[39] Unaccompanied children require special attention to ensure that their best interests are protected and that they are not subjected to unnecessary procedures, such as mandatory HIV testing before being placed in residential care. States have been called on to take special measures to promote and protect the rights and meet the special needs of girls and boys affected by armed conflict and to put an end to all forms of violence and exploitation, including such gender-based violence as rape.[40]

Protection[41]

Emergency preparedness:

- Review existing protection laws and policies relating to young people and pay attention to access to services for minors.
- Analyse the legal and social situation of orphans and vulnerable children/young people.
- Train law enforcement personnel on HIV and sexually transmitted infections (STIs), gender and discrimination, and the specific needs of young people.[42]

Minimum response:

- Protect unaccompanied and separated children.[43]
- Protect people living with HIV, most-at-risk groups and the population at large (including young people) against HIV-related human rights violations.
- Establish a mechanism to protect against gender-based violence.

[33] In 2007, UNHCR reviewed National HIV/AIDS Strategic Plans in 58 countries and found that 45% did not include refugees and 67% did not mention IDPs at all. UNHCR (2007) Annual 2006 Protection Reports, UNHCR, Geneva.

[34] Emergencies may affect more than one country and refugees/IDPs are often mobile. It is vital to prevent HIV transmission and ensure continuity in treatment, care and support services across national borders, see UNAIDS and UNHCR (2007) Policy Brief: HIV and Refugees. UNAIDS, Geneva.

[35] Such an approach is consistent with the Three Ones and Global Task Team recommendations to harmonise international AIDS funding.

[36] Inter-Agency Standing Committee (2003) Guidelines for HIV/AIDS Interventions in Emergency Settings. IASC, Geneva and revised draft Guidelines (2008).

[37] Interventions associated with coordination, assessment and monitoring, water and sanitation, shelter and site planning and the workplace are not included, although they should all be reviewed from the perspective of emergency-affected young people.

[38] UNHCR (2006) Note on HIV/AIDS and the Protection of Refugees, Internally Displaced Persons and Other Persons of Concerns. UNHCR, Geneva.

[39] UNAIDS (2006) Intensifying HIV Prevention. UNAIDS, Geneva, page 17.

[40] United Nations Security Council (2000) Resolution 1325 On Women, Peace and Security. UNSC, New York.

[41] The following section draws upon the draft revised IASC Guidelines as of April 2008. The Guidelines are due to be finalised by the end of 2008 and should be referred to once they are available.

[42] The WHO has developed a set of modules for training health workers in adolescent health and development, including HIV and STIs WHO (2005 and 2007) Orientation Programme on Adolescent Health for Health Care Providers. WHO, Geneva. http://www.who.int/child-adolescent-health/publications/publist.htm

[43] Consistent with the principles of the UN (1989) Convention on the Rights of the Child. United Nations, New York.

Comprehensive response:

- Re-establish community support networks and structures for orphans and vulnerable children.
- Strengthen protection for orphans, separated children and young people.
- Ensure release of children used by armed forces/groups and provide HIV services.
- Train and support relevant key stakeholders, such as community leaders, women's groups, youth associations and networks of people living with HIV (PLHIV) to raise awareness on HIV and human rights.

Behaviour change communication

Emergency preparedness:

- Prepare, adapt and print culturally, age- and gender-appropriate messages in local languages.
- Prepare a behaviour change communication strategy for most-at-risk young people and youth in general, paying attention to the specific needs of minors.

Minimum response:

- Provide information on HIV prevention and care, involving young people as peer educators and outreach workers.

Comprehensive response:

- Scale-up behaviour change communication with young people.
- Monitor and evaluate activities.

Education[44]

Education provides young people with structure, stability and hope for the future during a time of crisis. It also helps to heal the pain of bad experiences, build skills, and support conflict resolution and peace building.[45]

Emergency preparedness:

- Determine emergency education options for boys and girls.
- Train teachers on facilitating interactive discussions on HIV/STIs, drug use and sexual violence and exploitation.

Minimum response:

- Provide quality formal and non-formal education for all children, with education options for those who are out of school.
- Provide educational opportunities and environments that are protective of all young people, including safe, non-discriminatory and enabling learning environments.
- Deliver essential services for young people with additional needs, in particular, those affected by HIV and AIDS.
- Mainstream HIV-related issues in national education policies and community programming.
- Include comprehensive HIV content and life-skills building in education, mainstreaming them into the formal curriculum.

Comprehensive response:

- Mainstream HIV and AIDS into education sector-wide approaches and include HIV-specific life-skills education in formal curricula and teacher training.
- Protect young people vulnerable to and infected with or affected by HIV and AIDS.
- Develop workplace policies on access to treatment, care and support for students and staff.

Health[46]

Emergency preparedness:

- Map current health services, including voluntary counselling and testing (VCT), referral services for the prevention of mother-to-child transmission (PMTCT) of HIV, opportunistic infection treatment, antiretroviral therapy and gender-based violence management, bearing the needs of young people in mind.[47]
- Adapt and/or develop protocols and train staff for potential emergency settings and the specific needs of young people.[48]
- Conduct situation assessments of most-at-risk groups, including their locations, population size estimations, age, gender, risk behaviours and coping mechanisms.

Minimum response:

- Establish HIV prevention in health care settings (including post exposure prophylaxis, PEP).
- Maintain basic HIV counselling and testing and PMTCT services.[49]
- Provide clinical management of HIV infection, including opportunistic infections (OI) prophylaxis and treatment continuation of antiretroviral therapy (ART) as appropriate.[50]
- Provide case management for gender-based violence and sexually transmitted infections, with emphasis on young people.
- Provide basic health care and support to most-at-risk groups, such as IDUs, sex workers and MSM, paying attention to the needs of the younger age groups.
- Ensure access to male and female condoms.

Comprehensive response:

- Expand/establish new VCT and PMTCT services.
- Expand/establish new OI and ART services.

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[44] See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Education Sector.

[45] Inter-Agency Network for Education in Emergencies (2004) Minimum Standards for Education in Emergencies, Chronic Crises, and Early Reconstruction, UNESCO, Paris. http://www.ineesite.org

[46] See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Young People in the Health Sector.

[47] WHO (2006) Tool for Assessing Coverage of Health Services for HIV Prevention in Young People, Geneva.

[48] YouthNet Brief (2006) Services for Prevention of Mother-to-Child Transmission (PMTCT): Integrating contraceptive information into PMTCT services is challenging, particularly for youth, Family Health International, Arlington. http://www.fhi.org/

[49] ibid

[50] WHO/UNICEF (in press) Strengthening the Health Sector Response to Care, Support, Treatment and Prevention for Young people Living with HIV/AIDS, Report of a WHO/UNICEF global consultation, WHO, 2006.

- Re-establish home-based care services.
- Develop comprehensive strategies to address HIV among most-at-risk groups (with a focus on young people), in collaboration with other sectors.
- Expand condom programming.
- Provide basic home-based care and support for PLHIV.

Food/nutritional support and livelihoods

Emergency preparedness:

- Estimate additional food needs of PLHIV and at-risk populations (e.g. single and child-headed households) in different types of emergencies and plan and stock supplies.

Minimum response:

- Promote and establish appropriate care and feeding practices for PLHIV and orphans, including those on ART.
- Plan and promote food security and livelihood support and protection for affected individuals, households and communities.

Comprehensive response:

- Develop specific livelihood support and HIV-prevention schemes for orphans and vulnerable children (OVCs).

What is Different About the Needs of Emergency-Affected Young People for HIV and Related Services?

Young people affected by emergencies require, by and large, the same range of HIV and reproductive health interventions as adults.[51 52] However, such interventions may need to be developed and implemented in a different way to meet their specific needs:

- When providing HIV prevention and treatment services to minors, issues of informed consent, the best interests of the child, and rights and responsibilities of parents and health care providers should be taken into account.
- Age- and gender-sensitive counselling services need to be available for traumatised and distressed young people.
- All HIV and AIDS training programmes for health and education staff should have a component on young people, with a specific focus on the needs of minors.
- In accordance with the IASC Guidelines, HIV/AIDS interventions should be developed with the full participation of young people (design, implementation, monitoring and evaluation).

Partnerships and Multi-Sectoral Approaches for HIV Programmes for Young People in Emergencies

Within the "cluster approach" adopted under humanitarian reform, HIV is a cross-cutting issue and the responsibility of all UN agencies working in humanitarian emergencies. This calls for agencies to pool resources and response capacity, working in a coordinated manner to ensure age and gender appropriate responses to HIV in emergency situations.

HIV is clearly interrelated with cultural and social factors, human rights and the long-term economic well-being of young people and surrounding populations affected by emergencies. This calls for broad-ranging partnerships to develop and implement sustainable reconstruction, rehabilitation and income-generation opportunities for young returnees, demobilised child soldiers, girls coerced into survival sex and other emergency-affected young people.[53]

Monitoring and Evaluation

The United Nations has set targets to monitor progress of access to HIV prevention intervention and reductions in HIV prevalence by 25 per cent in youth 15 to 24 years of age by 2010.[54] More attention needs to be paid to the collection of age and sex disaggregated data on this indicator for young people in emergency settings. One of the UNGASS core indicators calls for data on the percentage of

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