



HIV & SEXUALLY TRANSMITTED INFECTIONS

“We know with increasing certainty what disaster awaits if the response to AIDS continues to be inadequate. We also know how to strengthen that response in ways that will save millions of lives . . . We know what needs to be done to stop AIDS. What we need now is the will to get it done.” -Joint United Nations Programme on HIV/AIDS (UNAIDS)¹

“[Sexually transmitted infections] (other than HIV) cause considerable mortality and morbidity in both adults and newborns. In addition, STIs facilitate the transmission of HIV infection . . . [and] STI prevalence rates continue to rise in most countries.” -The World Health Organization (WHO)²

Together, HIV and sexually transmitted infections (STIs) are responsible for the destruction of health on a massive scale. For people living in emergency settings, preventative measures and treatment for HIV and STIs are rarely available.

By January 2007 AIDS had claimed more than 25 million lives since its recognition in 1981, and some 33 million people were living with HIV around the world.³ STIs account for a significant portion of illness worldwide, with more than 340 million new cases of curable STIs (mainly gonorrhoea, syphilis, chlamydia and trichomoniasis) occurring globally in adults aged 15 to 49 each year.⁴

HIV and STIs spread—and kill—most quickly in populations affected by poverty, social unrest, and lack of health infrastructure. These factors are commonly present in humanitarian emergencies.

Specific factors contribute to the vulnerability of refugees and internally displaced persons (IDPs):

- ❖ As people move during and after crises, populations with low prevalence of HIV and STIs may mix with populations with relatively high prevalence, exposing more people to infection
- ❖ People living with HIV are particularly vulnerable to diseases and opportunistic infections (OIs), and OIs are unlikely to be treated when health resources are lacking

- ❖ The urgent need for blood transfusions and limited resources for screening in emergency settings may lead to lack of universal precautions (practices to prevent the transmission of infection in health care settings) by humanitarian programmes
- ❖ Scarce health resources result in lack of availability of condoms, limiting people's ability to protect themselves from infection
- ❖ The poverty, social instability, and powerlessness that characterise emergencies, as well as the violence endemic to conflict settings, may lead to weakening of social norms that regulate behaviour, including sexual behaviour
- ❖ Rape and other forms of gender-based violence during conflict and displacement enhance the risk of HIV and STI transmission

In the developed world, HIV prevention and AIDS treatment are widely available, and STIs are routinely treated before they lead to permanent disability or death. Refugees and IDPs are entitled to these same options, but there is much to be done before this standard of care becomes a reality.

Priorities for Action

Measures to combat HIV and STIs in emergencies should include:

- ❖ Widespread availability of both male and female condoms, as well as information on correct condom use
- ❖ Provision of post-exposure prophylaxis (PEP) to survivors of rape to minimise HIV transmission

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- ❖ Community education programmes to reduce transmission of HIV and STIs and to encourage appropriate care in the case of infection; all such programmes should include outreach to military and peacekeeping forces
- ❖ Treatment of STIs
- ❖ Confidential voluntary counselling and testing (VCT) for clients with unknown HIV status
- ❖ Prevention of mother-to-child transmission (PMTCT) of HIV
- ❖ Prevention and treatment of OIs for HIV-positive clients
- ❖ Provision of antiretroviral (ARV) therapy for HIV-positive clients, as indicated
- ❖ Enforcement of universal precautions

Recommendations

- ❖ Donors should encourage humanitarian agencies to develop the expertise necessary to provide HIV and STI prevention methods and treatment in humanitarian settings
- ❖ Donors who are mainstreaming HIV should ensure that this also applies to their humanitarian portfolio
- ❖ Humanitarian agencies must ensure that in humanitarian settings, the Inter-agency Standing Committee Guidelines for HIV/AIDS Interventions in Emergency Settings are enforced
- ❖ The United Nations humanitarian system—including Flash Appeals⁵ and the Consolidated Appeals Process (CAP)⁶—must seek to ensure universal access to condoms, including female condoms, in all humanitarian settings, as well as education on their correct use
- ❖ Host governments should cooperate with donors, non-governmental organisations, UN agencies, and research institutions to promote further research on the complex factors that influence the spread of HIV and STIs

Facts and Figures

- ❖ There are an estimated 33.2 million people living with HIV worldwide; of these, 2.7 million were infected in 2007 alone⁷
- ❖ There are 22.5 million people with HIV in sub-Saharan Africa, the region of the world currently experiencing the highest concentration of global emergencies⁸
- ❖ In sub-Saharan Africa, 61% of adults with HIV are women, and young women aged 15 to 24 are more than three times as likely to be infected as young men⁹
- ❖ 5-10% of HIV infections worldwide are due to contaminated blood products and could be prevented through adherence to universal precautions¹⁰
- ❖ Every day, about 500,000 young people, mostly women, are infected with an STI¹¹
- ❖ 80-90% of the global burden of STIs occurs in the developing world¹²

CASE STUDY:

Addressing HIV in the Democratic Republic of Congo

The conflict in the Democratic Republic of Congo, which continues in pockets of heightened violence in a number of provinces, plays a large role in the destruction of a national health system that was already in disrepair.

Now the country is in the grip of a widespread AIDS epidemic. According to UNAIDS, HIV prevalence “varies from 1.7% to 7.6% depending on the region, and may be as high as 20% among women who have suffered sexual violence in areas of armed conflict.”¹³

The RAISE Initiative works with the International Rescue Committee (IRC) in partnership with the Ministry of Health in 17 hospitals throughout five provinces to reduce transmission of HIV. Programme activities include STI treatment, HIV prevention and care including VCT and PMTCT referral services, and ensuring universal precautions are observed.

¹ UNAIDS (2006). “Report on the Global AIDS Epidemic.” (New York: UNAIDS) <http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2006/default.asp>

² WHO (2006). “Global Strategy for the Prevention and Control of Sexually Transmitted Infections, 2006-2015: Key Message.” (Geneva: WHO) <http://www.who.int/reproductive-health/stis/docs/stiskeymsgs.pdf>

³ UNAIDS (2008). “2008 Report on the Global AIDS Epidemic” (Geneva: UNAIDS) http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

⁴ WHO (2007). “Global Strategy for the Prevention and Control of Sexually Transmitted Infections, 2006-2015: Breaking the Chain of Transmission” (Geneva: WHO) http://www.who.int/reproductive-health/publications/stisstrategy/stis_strategy.pdf

⁵ The Flash Appeal is a tool for structuring a coordinated humanitarian response, and coordinating fundraising among participating Inter-Agency Standing Committee organisations for the first three to six months of an emergency.

⁶ The Consolidated Appeals Process (CAP) is a tool used by aid organisations, including the UN and other stakeholders, to plan, coordinate, fund, implement, and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.

⁷ UNAIDS (2008). “2008 Report on the Global AIDS Epidemic” (Geneva: UNAIDS) http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

⁸ Ibid.

⁹ Ibid.

¹⁰ WHO (2002). “Blood Safety: Aide-Memoire for National Blood Programmes.” (Geneva: WHO) http://www.who.int/bloodsafety/transfusion_services/en/Blood_Safety_Eng.pdf

¹¹ UNFPA (2004). “Sexually Transmitted Infections: Breaking the Cycle of Transmission.” (New York: UNFPA) <http://www.unfpa.org/rh/stis.htm>

¹² WHO (2007). “Global Strategy for the Prevention and Control of Sexually Transmitted Infections, 2006-2015: Breaking the Chain of Transmission” (Geneva: WHO) http://www.who.int/reproductive-health/publications/stisstrategy/stis_strategy.pdf

¹³ UNAIDS. “Congo (Democratic Republic of).” <http://www.unaids.org/en/CountryResponses/Countries/>