TRANSLATING HIV SCIENCE INTO PRACTICE IN THE MENA REGION

AIDS 2018 POST-CONFERENCE WORKSHOP

Lebanon, 28 June 2019
Workshop – Friday, 28 June 2019

HIV and human rights for key populations

HIV Care In Conflict settings – MER Experience

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Technical Officer TB/HIV - IOM
• Introducing MER.
• Why conflict and HIV?
• Yemen
• Syria
• Jordan and Lebanon
• IOM and HIV in emergency setting:
  – The MER
  – Somalia: 2007 - 2010, groundbreaking research which directly reshaped the national HIV response.
  – South Sudan: 2017 expansion of HI services to the general population.
• Active participation in the global IATT co-chaired by UNHCR and WFP,
• MER TSG and HIV Support Group.
The Middle East Response (MER) is:

- a differentiated approach of the Global Fund, through IOM,

- in Yemen, Syria, Iraq, Jordan and Lebanon.
• Focus of MER is to
  – ensure that PLHIV on treatment continue to receive ART without interruption,
  – maintain and increase access to VCT prioritizing key affected communities and promoting prevention and outreach among these communities.
• The targeted outcomes of the grant for HIV include:

  – Increasing the number of people living with HIV receiving antiretroviral therapy from 2,400 in 2018 to 5,282 in 2021;

  – Reaching 43,550 people with HIV testing services;
“The fight against AIDS, tuberculosis and malaria is more important than ever in a world increasingly affected by conflict, disasters and economic crises. The worst refugee crisis in recent times is affecting all parts of the world, particularly the Middle East – and as people move, so do diseases.”

Global Fund – Focus on MER
In 2014:

- 1.6 million people living with HIV were affected by humanitarian emergencies,
- 81% were in sub-Saharan Africa and
- Two thirds (1 million) did not have access to ART.

WHY ARE MIGRANTS AND DISPLACED COMMUNITIES VULNERABLE TO HIV IN EMERGENCIES?

**CAUSES**
- Lack of **access to health services** and targeted HIV prevention information
- Reduced community **cohesion**
- Weakened **social norms** that regulate behavior
- Unbalanced **power dynamics** in both origin and destination settings (particularly **between genders/ethnicities**)
- Migration **status** and lack of **social protection**
- Exposure to **trauma**, in source, transit and/or destination countries

**EFFECTS**
- Engagement in **risky behaviours**: commercial sex work or transactional sex in exchange for food/protection.
- **Drug and alcohol** abuse
- Increased risk for sexual **trafficking** and sexual abuse
- Worsened **stigma** against migrant population in host community
- Higher likelihood of **violence** against migrants and displaced communities

HIV in Emergencies – IOM KENYA
Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings

Post-Election Violence in Kenya
The post-election violence impacted HIV treatment in Kenya in several key ways:

– disrupting HIV treatment access
– stretching health care worker capacity exacerbating hygiene and food supply concerns,
– Concerns about stigma
– creating shortages of medicine.
Lessons Learned

• Factoring HIV into disaster preparedness and response planning +++

• Engaging key IP’s in planning and in implementing emergency plans.

• Ensuring that coordinating mechanisms function at all levels, from the national government down to the field.
• Support the networks of NGO’s and peers to facilitate rapid, effective response in the emergency.

• Patients can be a key partner in advocating and managing their own treatment in times of emergency.
• Integration of HIV into the humanitarian response to crises, with a particular focus on two phases:
  – the minimum initial response,
  – the expanded response,
Yemen's Humanitarian Crisis: The Should-Be Headline

By Dale Sprusansky

Members of an impoverished Yemeni family in the corner of their one-room home in the slums outside the capital city of Sana’a, Sept. 4, 2012. (Mohammed Huwais/AFP/GettyImages)
Yemen- Background

- Over 2 M IDP. Over 16 M require assistance for adequate access to healthcare.

- 50 % of health care facilities functional.

- Severe shortage in medicines, equipment, and staff.
• Unprecedented scale cholera outbreak; outbreaks of diphtheria, measles, malaria and dengue.

• Administration is fragmented across the North and the South.
HIV in Yemen

• Low prevalence 0.1% among adults (2016 HIV prevalence estimates).


• For FSW (Estimated 59 934), the last Integrated HIV IBBS was carried out in Al Hudaydah in 2011 which reported no HIV case among the study participants.
MER Implementation Challenges

- Coordination between the two programs (Aden and Sana’a).

- Security risks (Health Care worker and PLHIV)

- HIV crisis - April 2018. Staff detained with the allegation of promoting immoral behaviors and spoiling the culture and norms (activities stopped for 5 months in Northern part).
MER Implementation Challenges

- High level of stigma and discrimination against KAP and PLHIV
- Turn over of the health staff which need more investment for capacity building and awareness activities to fight stigma and discrimination
- Emergency/conflict situation with more contributing factors for HIV spreading without enough response and limited resource.
Major achievements

• Timely procurement of ARVs, OIs medicines, tests kits and other commodities.
• No interruption in the ART services even in crisis situation.
• Formation of HIV Crisis Group.
• Commitment and support from decision maker in the ministry and national programmes to implement activities of MER2.
MUHAMMED MUHEISEN

Syria: The face of a tormented childhood
Syria - Challenges

• Main Challenge is accessing Hard to reach areas → Focal persons involved to link patients to testing and treatment.
• Patient Follow-up
• Destruction of both HIV testing centers and HIV labs in some governorates.
• High turn-over of MOH staff
• Quality of data available.
Jordan and Lebanon

• Double Stigma: Refugee/displaced and PLHIV → Integration of HIV services.

• Refoulement policy in Jordan → Addressed through negotiations with UNHCR.

• Lack of studies that provide information to assist the decision makers in prioritizing interventions and designing new HIV projects → IBBS planned in Jordan and completed in Lebanon.
MER achievements in a Nutshell

• Ensuring that there are no stock-outs of ARTs and condoms in the MER countries over the last two years.
• Introducing DTG as first line ART.
• Extending access to Palestinian refugees in Lebanon.
• Improved reporting coordinated with UNAIDS
• Partnerships with community based organizations in Jordan, Lebanon and Yemen (Southern part).
Resolution adopted by the General Assembly on 19 September 2016

[without reference to a Main Committee (A/71/L.1)]

71/1. New York Declaration for Refugees and Migrants

The General Assembly

Adopts the following outcome document of the high-level plenary meeting on addressing large movements of refugees and migrants:

New York Declaration for Refugees and Migrants

We, the Heads of State and Government and High Representatives, meeting at United Nations Headquarters in New York on 19 September 2016 to address the question of large movements of refugees and migrants, have adopted the following political declaration.
30. We encourage States to address the vulnerabilities to HIV and the specific health-care needs experienced by migrant and mobile populations, as well as by refugees and crisis-affected populations, and to take steps to reduce stigma, discrimination and violence, as well as to review policies related to restrictions on entry based on HIV status, with a view to eliminating such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, treatment, care and support.
The Sustainable Development Goals (SDG) 2030 Agenda, the massive increase in humanitarian needs and broader political and economic challenges mean that it is necessary to adapt in order to achieve collective goals and leave no one behind.
• Key messages
  – Factoring HIV into disaster preparedness and response planning is key.
  – Keep it simple at the initial phase.
  – Be innovative.
  – Adapt continuously to leave no one behind.
Thank You