

**INTER-AGENCY STANDING COMMITTEE-WORKING GROUP
51st MEETING**

**25-26 November 2002-11-13
WHO Headquarters, Geneva
Room M505**

**Agenda Item: Review of the Work of the IASC Subsidiary Bodies: Reference
Group on HIV/AIDS in emergency Settings**

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Plan of Action for 2002-2003

**Inter-Agency Standing Committee Reference Group on HIV/AIDS
in Emergency Settings**

Geneva, 18 October 2002

IASC Reference Group on HIV/AIDS in emergency settings Plan of Action for 2002-2003

Background Information

Over the last two decades, complex emergencies resulting from conflict and natural disasters have occurred with increasing frequency throughout the world. At the end of 2001 it was estimated that over 70 countries from different regions experienced an emergency situation resulting in over 50 million affected persons world-wide. Many are exposed to conditions of conflict, social instability, poverty and powerlessness that also favour the rapid spread of HIV/AIDS and sexually transmitted infections.

In February 2000 the Working Group of the Inter-Agency Standing Committee (IASC WG) created a Reference Group on HIV/AIDS in Emergency Settings that was chaired by the World Health Organisation. The Reference Group was disbanded in May 2000 after meeting its objectives.

Given the growing interest in responding to prevention and care in HIV/AIDS in emergency settings, as well as the need to ensure best practice and co-ordination, the Working Group of the Inter-Agency Standing Committee re-activated the Reference Group on HIV/AIDS in Emergency Settings in March 02. The Reference Group is chaired by WHO, and its membership includes Civil and Military Alliance (CMA), FAO, The International Centre for Migration and Health (ICMH), ICRC, ICVA, IFRC, IOM, OCHA, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF and WFP.

Since its re-activation in March 02, the Reference Group started the process of revising the "Guidelines for HIV interventions in emergency settings." It also updated the matrix on the main assets role of agencies that work on HIV/AIDS in emergency settings that was first developed in May 2000.

To fulfil its mandate outlined in its terms of reference the Reference Group organised a workshop on 10-11 September 02 with the aim to develop and elaborate a detailed plan of action for 2002 and 2003. The workshop achieved its stated aim and identified 6 objectives and 12 products (expected outcomes) that the RG commits itself to achieve in the remaining life span of the Group.

The plan of action is a result of extensive consultation with all member organisations of the IASC Reference Group on HIV/AIDS in emergency settings at the workshop. All data in the plan of action was extensively discussed and provided by 40 participants representing the members of the Reference Group (RG) at the workshop.

The detailed plan of action that follows below identifies the *objectives* to be fulfilled in the next 18 months. The objectives were discussed within 3 thematic areas: (1) capacity building and training (2) developing an essential package and guidelines, as well as its dissemination (3) research and advocacy. The plan of action pinpoints *expected outcomes (or products)* as well as a set of *activities* that must be executed to achieve the expected outcome and objectives. Moreover, the plan of action binds each activity to a

specific *timeframe* and a series of *benchmarks (or milestones)*. In some cases,¹ for the sake of accountability to the Reference Group and ultimately the IASC Working Group, the plan identifies which member organisation is *responsible* to lead or accomplish each activity. The *resources needed*² to accomplish an activity are rarely identified in the plan of action.

The plan of action appears as a table at the end of the narrative section. The plan of action clearly specifies in the column on notes the priority of the activity of the RG. An activity was categorised as *priority 1* or *priority 2* on the basis of whether the RG would play an active role in carrying out the activity, or whether the RG would recommend that the activity be led by a third party. Nevertheless, the RG would commit itself to follow up issues related to the *priority 2* activities without taking an active role in carrying it out.

Finally, attached as an annex is a timeline of benchmarks per objectives of the plan of action.

The aim of the IASC Reference Group on HIV/AIDS in emergency settings

The aim of the IASC Reference Group on HIV/AIDS in emergency settings is to consolidate and ensure best practice and avoid duplication in efforts on prevention and care in response to HIV/AIDS in emergency settings.

The Plan of Action for 2002-2003 of the IASC Reference Group on HIV/AIDS in emergency settings

The following is a summary of the plan of action for 2002-2003 of the Inter Agency Standing Committee (IASC) Reference Group on HIV/AIDS in emergency settings. The detailed plan of action follows on the next page and is presented in a table format.

Objectives

1. Mobilise political will and commitment at national and global levels to respond to HIV/AIDS in emergency settings
2. Improve the evidence base of HIV/AIDS in emergencies settings
3. Build support, capacity and responsibility for HIV/AIDS in emergency settings amongst the humanitarian community
4. Finalise and disseminate the "matrix" of essential elements for HIV/AIDS action in emergency settings
5. Develop and disseminate guidelines

¹ At the time of writing the allocation of responsibilities for activities is incomplete. The working groups at the workshop did not provide a finished list of organisations in the RG that are responsible to lead specific activities. This task is subject to further discussion in the RG and will be elaborated in provided in future drafts of the plan of action.

² Similar to the allocation of responsibilities, the RG must complete the discussion on resources needed for each activity.

6. Identify and formulate training needs in consultations with humanitarian field workers

Products (expected outcomes) and activities

- A. *Issues related to HIV/AIDS in emergency settings integrated into relevant components of humanitarian interventions*
 - A1. Advocate at major events, forums, and info systems on the importance of responding to HIV/AIDS in emergency settings.
 - A2. Raise the awareness of the heads of the IASC WG at HQ and the field, trust funds and foundations, etc., on the importance and need to integrate HIV/AIDS in emergency settings into relevant components of humanitarian response.
- B. *More human, material and financial resources allocated to HIV/AIDS in emergency settings*
 - B1. Identify resource mobilisation mechanisms for the purpose of tapping potential resources and as a forum to advocate a response to HIV/AIDS in emergency settings
- C. *Readily available and useable existing data on HIV/AIDS in emergency settings*
 - C1. Review the published quantitative (first round) and qualitative evidence (second round) available at agencies and organisations on HIV/AIDS in emergency settings
 - C2. Review the data that is available
- D. *Information concerning current and planned activities on HIV/AIDS in emergency settings shared among concerned agencies*
 - D1. Identify and share with concerned agencies current and planned activities on HIV/AIDS in emergency settings
- E. *Ongoing process(es) to collect, document and share best practices and lessons learned on HIV/AIDS in emergency settings*
 - E1. Facilitate the discussion and the exchange of information by the use of existing information exchange systems
- F. *Core principles of prevention and response to HIV/AIDS incorporated into operational protocols, policies, strategies etc. in all sectoral activities in emergency settings.*
 - F1. Design a proposal on the core principles
 - F2. Present the proposal to the IASC WG for endorsement and inclusion into the operating procedures of ALL IASC members, as appropriate.
- G. *Amended ToR of key humanitarian personnel (e.g. HC, RC, humanitarian workers) that includes the responsibility on prevention and response to HIV/AIDS in emergency settings*

- G1. Recommend the inclusion of the responsibility on prevention and response to HIV/AIDS in emergency settings in the ToR and job descriptions for HC, RC and humanitarian workers

- H. *A "matrix" of essential elements for HIV/AIDS action in emergency settings that is endorsed by the IASC RG*
 - H1. Make available the draft matrix of essential elements for HIV/AIDS action in emergency settings for review by other IASC members and NGOs
 - H2. Complete and make widely available the matrix

- I. *The matrix of essential elements for HIV/AIDS action in emergency settings incorporated in tools used to operationalise response to HIV/AIDS in emergency settings*
 - I1. Advocate the use of the matrix in CAP, training tools, SPHERE, etc.

- J. *IASC Guidelines on responding to HIV/AIDS in emergency settings*
 - J1. Recruit a consultant and graphic artist to develop the Guidelines
 - J2. Establish a working group on the development of the Guidelines
 - J3. Produce the Guidelines
 - J4. Submit to the IASC WG

- K. *Issues and concerns related to HIV/AIDS in emergency settings mainstreamed into existing training processes*
 - K1. Conduct a workshop with humanitarian field personnel to establish needs and key areas for training
 - K2. Conduct an expert consultation with key actors
 - K3. Develop a mid-level Training of Trainers programme for workshops on HIV/AIDS in emergencies

- L. *A core training module on HIV/AIDS in emergency settings integrated into existing training packages and materials*
 - L1. Design a core module on training in HIV/AIDS and emergency settings
 - L2. Hold a training workshop on HIV/AIDS in emergency settings for trainers & facilitators that is part of existing training processes (i.e., CAP, DMTP, etc) in which the core training module on HIV/AIDS in emergency settings is integrated