

**INTER – AGENCY STANDING COMMITTEE – WORKING GROUP
48th MEETING**

**13-14 March 2002
at
WFP Headquarters, Rome
Green Tower, Room 6G19**

**Proposal for an IASC Reference Group on HIV/AIDS in Emergency Settings:
Terms of Reference**

Circulated 1 March 2002

Background

Over the last two decades, complex emergencies resulting from conflict and natural disasters have occurred with increasing frequency throughout the world. Over 72 countries from all Regions are identified as unstable, resulting in over 42 million refugees and internally displaced people (IDPs) worldwide. Many of the refugees and IDPs are exposed to conflict, social instability, poverty and powerlessness, conditions which also favour the rapid spread of HIV/AIDS/STIs.

In this context, during the Inter-Agency Standing Committee Working Group (IASC WG) meeting held in Rome in February 2000, a Reference Sub-Working Group on HIV/AIDS in Emergency Settings, chaired by the World Health Organization, was created. The terms of reference of this Sub-Working Group included the proposal of mechanisms for action-oriented co-ordination at field level. After meeting its stated objectives the formal Sub-Working Group was disbanded and an informal Inter-Agency Working Group was established with WHO/EHA as Chair to ensure that adequate follow-up occurred. Regular meetings have been held in order to keep efforts under-way.

Since the initial inception and disbanding of the Reference Sub-Working Group, increasing activity in the context of HIV/AIDS in conflict settings has been taking place in the UN arena. HIV/AIDS as a security issue is being addressed by UNAIDS; UNICEF has developed an Inter-Agency Task Team (IATT) on children to address HIV/AIDS and children in conflict situations; UNHCR established an Advisory Group on HIV/AIDS and Refugees. In early 2001, given the severity and importance of the HIV/AIDS epidemic, the WHO opened the HIV/AIDS Department six years after the formal closure of the Global Programme on AIDS (GPA). Another IAWG, the IAWG on Reproductive Health in Refugee Situations, is planning a meeting on HIV/AIDS in emergencies in April 2002.

Given the growing interest from other UN agencies to contribute to the efforts of HIV/AIDS prevention and care activities in conflict settings, as well as the need to ensure best practice and to avoid the duplication of efforts, it has been suggested by the members of the Informal Inter-

Agency Working Group (as well as individuals in other agencies) that the formal Sub-Working Group be re-activated.

List of Members

OCHA, WHO, UNAIDS, UNHCR, UNICEF, FAO, WFP, ICRC, IFRC, IOM, UNFPA, ICVA, CMA, ICMH

Objectives

1. Revise the 1996 Guidelines for HIV Interventions in Emergency Settings. Revisions will be according to technological advances and lessons learned from the field to ensure a multisectoral response that addresses the impact of HIV/AIDS in emergency settings.
2. Contribute to the process of developing and/or strengthening operational mechanisms at regional, sub-regional, national and local levels, depending on the context, to address HIV/AIDS in emergencies. Key elements would include assessment and monitoring of the epidemic, planning and support to national and local institutions to address the problem at community and household level. The linkage between structures for the coordination of humanitarian assistance and the UN Theme Group on HIV/AIDS must be made and reinforced.
3. Establishment of dissemination and information network at local, national and international level in close collaboration with the country UN Theme Group on HIV/AIDS.
4. Facilitate coordination of all UN agencies working with HIV/AIDS in emergency settings, and develop strong links with other non-UN agencies. The IASC Reference Group on HIV/AIDS in Emergency Settings should liaise closely with other existing groups (e.g. the IATT on HIV/AIDS and children in conflict situations and the UNHCR Advisory Group on HIV-AIDS). (Refer to attached chart on organisations working in HIV/AIDS.)
5. Develop a minimum service package for the control of HIV/AIDS in emergencies as a new tool for future crisis situations.
6. Develop strategies to be applied at the field level to help focus and mainstream HIV/AIDS in the CAP through systematic problem, impact and vulnerability analysis and using that analysis to strengthen the coordinated programme response by the agencies.
7. Develop proposals to be applied at the field level for HIV/AIDS research in complex emergency settings, including baseline surveys and developing evidence base for emergencies in close collaboration with country UN Theme Group on HIV/AIDS.

Achievements/

The following would be completed by end 2002:

Products

Guidelines for HIV interventions in Emergency Settings revised.

Coordination mechanism developed along continuum from policy to technical level with the country UN theme Group as the main partner for responsibility.

Strategies applied at the field level to streamline HIV/AIDS into the CAP process developed.

Guidance on developing proposals for HIV/AIDS interventions and research in complex emergencies developed.

Minimum service package for HIV/AIDS control in emergency situations developed, field-tested and implemented in initially 3 countries (Angola, Sierra Leone and Democratic Republic of Congo).

A dissemination and information network established with the country UN Theme Group for HIV/AIDS as the responsible entity to ensure a flow of communication at regional, sub-regional, national and local level.

Future Priorities

The following priorities should be addressed in the workplan for 2003:
Ensure that operational mechanisms for addressing HIV/AIDS interventions in emergency settings are sustainable.
Ensuring dissemination of tools and revised guidelines.
Development of best practice materials from experience learned
Impact assessment of efforts undertaken to implement HIV/AIDS interventions in emergency settings.

Time Frame

See attached workplan

Sunset Clause

With the completion of the objectives and priorities stated above, the IASC Reference Group on HIV/AIDS in Emergency Settings will need to re-establish priorities and objectives for 2004-2005. Should this not be done – or should the IASC consider that the Reference Group was not effective in fulfilling its objectives for 2002-2003 – the *IASC Reference Group on HIV/AIDS in Emergency Settings* would be disbanded.