

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

**25-26 November 2002**

**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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## **Progress Report**

### **1. Background**

The Inter-Agency Standing Committee (IASC) Reference Group on HIV/AIDS in Emergency Settings (IASC RGA) is a subsidiary body formally established by the IASC Working Group) in March 2002. The Reference Group is tasked with facilitating inter-agency work for the control of HIV/AIDS in emergency settings.

The Reference Group is chaired by WHO and its membership includes the following organizations: 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.

### **2. Achievements /progress**

#### **➤ Main assets of Agencies working on HIV/AIDS in emergency settings**

The May 2000 table of the agencies' main assets, that also include the relevant roles of the various agencies with regards to work in HIV/AIDS in emergency settings as defined by their core mandates, has been updated and will be included in the Guidelines under revision.

#### **➤ IASC RG workshop on HIV/AIDS in emergency settings (Sept 2002)**

For the IASC RGA to fulfil its mandate outlined in its terms of reference the RG sought to agree on a detailed plan of action for 2002-2003 by organising a Workshop that was subsequently held on 10-11 September 2002. WHO, chair of the IASC RG, hosted the Workshop.

The objectives of the workshop were accomplished: all key humanitarian actors that are part of the IASC RG working on HIV/AIDS in emergencies settings met and shared views and information on experience in their organisation in the subject matter. Above all, the workshop succeeded to reach consensus on a plan of action for 2002 and 2003 for the Reference Group on HIV/AIDS in emergencies settings.

➤ **Work plan 2002-2003**

Following the workshop of September 2002, the detailed work plan was finalised and consensus reached on clear objectives, expected outcomes, and sets of activities. Moreover the POA binds each activity to a specific time frame and a series of benchmarks. For most activities the plan identifies which member organisation is responsible to take the lead for each activity. See annex 1 workshop report; annex 2 IASC RGA work plan 2002-2003.

➤ **Revision of "Guidelines for HIV interventions in emergency settings, 1996".**

One of its immediately concerns, even before the IASC RGA was officially established, was to embark on the process of revising the "Guidelines for HIV interventions in emergency settings (1996)". A survey on the 1996 Guidelines, was designed in collaboration with UNHCR and UNAIDS, analysed by WHO during 2001, and a first draft of the new guidelines was developed by WHO with extensive input from all IASC RGA members and distributed in May 2002 for comments. To facilitate the follow up towards the second draft, it was agreed to build first consensus among the agencies on what the minimum realistic events are related to HIV/AIDS control in the different phases of an emergency. This HIV/AIDS matrix will facilitate the process towards the final draft of the Guidelines. (See "IASC RG Matrix on HIV/AIDS in emergency settings").

➤ **IASC RG Matrix on HIV/AIDS in emergency settings**

Following the workshop in September, the RGA first and primary task was to develop an operational tool to assist work in the field. A matrix of core activities has been developed aiming at guiding field responses on HIV/AIDS during different phases of an emergency. The matrix delineates actions to be taken as part of emergency preparedness, during the acute phase, the post-acute or chronic emergency phase, and the post-emergency or reconstruction phase. The draft matrix was circulated late October 2002 to the wider audience for field-testing and comments. (See attached the draft IASC RGA Matrix of core HIV Activities)

➤ **Amended TOR of key humanitarian personnel**

Within the context of the currently ongoing process of revision of TOR of humanitarian coordinators, the IASC RG has recommended the inclusion of the

responsibility on prevention and response to HIV/AIDS in emergency settings in the TOR and job descriptions of humanitarian coordinators (ongoing).

### **3. Inter-agency working spirit.**

As the IASC RGA members are showing greater and increased interest and commitment to the efforts of HIV/AIDS prevention and care activities in emergency settings, the response becomes more and truly inter and multi-sect oral. Through the monthly meetings, and when needed ad hoc meetings, there is a constant communication among the agency focal points of the IASC RG and HIV/AIDS is tackled from all angles. The network for information sharing among the IASC RGA members is functioning well.

### **4. Inter-agency collaboration in – and outside IASC RG**

The IASC RG has put emphasis to strengthen its collaboration with more partners outside the IASC RG. Among them is the inter –agency working group on reproductive health in emergency settings with its long-time and rich experience and network with whom the RG build a closer collaboration.

In addition the Chair and representatives of the IASC RG have attended several meetings organised by various agencies during the year to collect and share information and identify new partners in its effort to control HIV/AIDS in emergency settings. The role of UNAIDS in this effort of controlling HIV/AIDS in emergency settings and in the IASC RG has become more prominent. UNAIDS has played a major role in the workshop and committed itself to take the lead in achieving certain activities.

### **5. Support to current crisis situations**

The IASC RG has been involved in the current humanitarian crisis in Southern Africa. The current crisis benefits from the tools developed by the RG, which they can use for immediate action (e.g. Matrix for minimum HIV/AIDS control intervention in an humanitarian crisis) as well as further support they might need form the WG. Given the high prevalence of HIV/AIDS in the Southern Africa Humanitarian Crisis, the RG will pilot test its newly developed tools there for feedback and comments.

### **6. Progress Monitoring**

The newly detailed work plan 2002-2003 allows a closer monitoring for progress made. At this stage the IASC RG is on schedule.

### **7. Constraints, Challenges for IASC WG support**

- Although all RG members have identified a focal point within their respective agencies, the level of seniority of the various agency members varies tremendously

(ranging from intern/P1 level to P5 level). Some agencies expressed concern that this might influence the work and progress of the RG to perform timely and effectively.

- Although UNAIDS is increasingly involved in the RG efforts, their role is still limited and insufficient. To increase their eventual involvement and participation the RG suggest the IASC WG to consider inviting UNAIDS as an observer for next IASC WG meetings.
- Funding: The RG has no financial resources and there is no clear or agreed mechanism in place. So far WHO is the only agency that has contributed to this inter-agency effort (P5 coordinator of RG; being the secretariat and has covered already some activities). Commitment from the RG members is needed to cover certain cost.
- RG Work plan 2002-2003. The work plan has identified clear objectives and activities within a time frame. In some cases (see work plan attached), for the sake of accountability to the RG as well as the IASC WG, the plan identifies which member organisation is responsible to lead or accomplish each activity. Certainly not all activities are covered and therefore there is a risk that certain activities will not take place (this problem links to lack of financial resources needed).

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**Proposed Actions/Decisions required by the IASC-WG:**

- Endorsement of the Plan of Action for 2002 - 2003.
- Request to the IASC WG for recognition of an increase of involvement and participation in the activities of the RG by UNAIDS, and to consider inviting UNAIDS as an observer for next IASC WG meetings.
- Asks the IASC WG recognition of commitment by the RG member to contribution also financially and support the RG members in this.