

INTER-AGENCY STANDING COMMITTEE
Sub-Working Group on HIV/AIDS in Complex Emergencies

Controlling the Spread of HIV/AIDS
In Complex Emergencies in Africa

FOREWORD

A. Scope of Work of the Reference sub-Working Group

During the IASC WG meeting held in Rome on 17 and 18 February 2000, it was concluded that in the context of HIV/AIDS, the main focus of its further consideration would, at this stage, be on HIV/AIDS *in emergencies* as opposed to HIV/AIDS as *an emergency*. The IASC WG agreed on the creation of a Reference sub-Working Group, led by the World Health Organization, whose task would be to consider the options and recommendations put forward by UNAIDS with the view of “delimiting” the scope of the involvement of IASC members and to formulate a plan of action. Given below are the Terms of Reference of the Reference sub-Working Group:

1. Draw up a draft document recommending specific actions addressing HIV/AIDS in complex emergencies, with special emphasis on Africa. Among the specific components that need to be addressed, the following are among the priorities:
 - produce a matrix with all organizations relevant to the subject and their role; aiming at looking at their “main assets”
 - spell out current gaps encountered in the guidelines “HIV Interventions in Emergency Settings”
 - propose principles to help focus and mainstream HIV/AIDS issues in the Consolidated Appeal Process
 - propose mechanisms for action-oriented co-ordination at the field level, especially when acute crises impede the development of the Theme Group approach.
2. Propose ways and mechanisms to put into operation the recommended actions (who is to do what- timetable)

Modus Operandi and Timetable

WHO and UNAIDS to prepare a preliminary document to be discussed, completed and endorsed by the Reference Sub-Group and to be transmitted to .

Focal points to be appointed by each IASC member.

Aiming at elaborating synthetic proposals, coordinators for the specific components which are mentioned above to be appointed by the Reference sub-Working Group .

The sub-Working Group to be operational for two months, from February to May 2000, and the operational activities be continued by the appointed agencies, subject to approval of the document by the IASC WG.

The membership of the Reference sub-Working Group includes representatives from WHO, UNAIDS, UNHCR, UNICEF, FAO, ICRC, IFRC, IOM, OCHA, UNFPA, MSF on behalf of ICVA¹.

Based on the above, the Reference sub-Working Group, under the WHO's overall guidance, drafted this document entitled “Controlling the Spread of HIV/AIDS in Complex Emergencies in Africa” and drew up the enclosed matrix outlining the “Main Assets of Agencies” in the context of HIV/AIDS in complex emergencies.

¹ The Civil Military Alliance (CMA), NGO also attended the meetings as an observer.
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B. SITUATION ANALYSIS

- ❖ In recent decades, Africa has experienced a great number of complex emergencies in countries such as Rwanda, Burundi, Democratic Republic of Congo, Angola, Liberia, Uganda, Ethiopia, Eritrea, Somalia, and Sierra Leone, where the prevalence of HIV is known to be high². Sub-Saharan Africa is most heavily hit by the HIV/AIDS pandemic. It accounts for almost 70 percent of the total global burden of HIV-positive people and 83 percent of cumulative AIDS deaths, yet the region contains only 10 percent of the world's population. Currently, 23.3 million people are living with HIV/AIDS in Sub-Saharan Africa, of which 12.2 million are women. In 1999, nearly 90 percent of infants who acquired the virus perinatally or through breastfeeding were African. [UNAIDS December 1999 - AIDS Epidemic Update]. The already massive security threat posed by the devastating epidemic is exacerbated by existing complex emergencies.
- ❖ HIV spreads fastest during complex emergencies when conditions such as poverty, powerlessness, social instability and violence against women are most extreme. Psychosocial stress resulting from insecurity (physical, financial, and social) can cause coping mechanisms of individuals and communities to deteriorate. This results in high-risk sexual behaviour and renders individuals powerless against sexual abuse. Moreover, in situations of war and civil strife, activities intended to control HIV/AIDS, whether undertaken by national governments or by other international and national entities, tend to disrupt or break down altogether. Thus all population groups in the country, national and international, become more vulnerable.
- ❖ The spread of HIV is accelerated by war, which eclipses the gravity of the problem³. The frontline is a high-risk environment for armed forces. Awareness of the risk of the HIV/AIDS infection in soldiers—who are in a sexually active age group—can be very limited during war because of the overwhelmingly stressful situation and danger linked to the conflict. This applies to national armies and international peacekeepers. In addition, these young people often leave their partners in poor economic situations, which may lead to prostitution as a last resort for survival⁴. 'Military troops are a target particularly vulnerable to HIV infection'⁵ and can be at the same time both victim and vehicle of the HIV infection, since HIV transmission is a two-way street. There is evidence that spatial patterns in the spread of the HIV infection, and the subsequent development of AIDS are significantly and positively correlated with ethnic patterns of recruitment⁶.
- ❖ In situations of war and civil strife, women and children are at a heightened risk of violence, including rape. In some conflicts, rape is used as a method of persecution and intimidation. Women and girls are more vulnerable to sexual abuse and may find themselves coerced into sex to gain access to basic needs such as food, shelter, and security. This becomes even more apparent when they are displaced. The risk of passing the virus on is especially high in coercive sex since it is likely to result in tears or other injuries. Displaced men and boys may also be powerless and therefore more vulnerable to physical abuse. They may be subjected to a similar form of sexual violation as well. Prisoners and captives are at special risk.
- ❖ Data reveal a tendency for increased HIV risk in refugee and displaced populations⁷. Displacement, mainly as a consequence of war, certainly plays a role in the spread of the HIV infection⁸. It is often associated with the disruption of existing social structures and relationships, and increased promiscuity is often a consequence of inadequate shelter. Evidence from refugee camps indicates that children become sexually active at an earlier age than do children living under normal conditions. The experience of many IDP and refugee camps shows that the sex industry often becomes part of the interaction between the refugee or displaced population and the local community.

² Sow I; Shibib K; Kita E. EHA/WHO HIV prevention in complex emergency countries. *Int. Conf AIDS* 1998;12: 201

³ Pachau V et al. Strategies for providing HIV/AIDS prevention and care services in armed conflict situation. *Int Conf AIDS* 1998; 12:354

⁴ Talugende S. HIV/AIDS and the Demobilisation in the Armed Forces: the Socio-Economic Dimensions. *Int Conf AIDS* 1998; 12:1008

⁵ Hailegnaw E. Poverty, War and the AIDS Epidemic in Ethiopia. *Int Conf AIDS* 1992 Jul 19-24;8(3):164

⁶ Smallman-Raynor MR; Cliff AD. Civil War and the Spread of AIDS in Central Africa. *Epidemiol Infect* 1991 Aug; 107(1): 69-80

⁷ Barreto A et al. Interventions to Control STD/HIV Risk Situation Induced by Population Movements During Resettlement in Post-war Mozambique Kabagabo, C et al. 'Migration During the War and Risk of HIV Infection in Rwanda'. Paper presented at the XI International Conference on AIDS and STDs in Africa. 12 – 16 September, 1999, Lusaka, Zambia.

⁸ Santos-Ferreira MO et al. A study of Seroprevalence of HIV-1 and HIV-2 in Six Provinces of People's Republic of Angola: Clues to the Spread of HIV Infection. *J Acquir Immune Defic Syndr* 1990;3(8):780-6
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- ❖ Forced migration often involves people moving from rural areas to heavily populated areas at the periphery of towns. People from rural areas are less aware of the means of prevention and generally have a significantly lower prevalence of HIV than urban areas. The risk of being infected under these conditions increases dramatically.
- ❖ In emergency settings, the spread of HIV/AIDS through unsterilized needles and contaminated blood transfusions is high. The handling of injections by unqualified persons and the increased need for transfusions in situations of war and civil strife augment the risk of transmission.
- ❖ Because of the structural nature of the HIV risk environment in complex emergencies, international personnel are exposed to greater risk as well. This applies to peacekeepers as well to UN and NGO relief and development personnel.
- ❖ A number of actions in HIV/AIDS in complex emergencies are already in place. Evaluation of implemented strategies and their impact is to be carried out. Based upon the experiences and the lessons learned from these strategies, best practices can then be developed.

C. SPECIFIC STRATEGIES FOR ACTION

- ❖ Further studies on how to integrate the UN's approach to HIV/AIDS into the broader agenda of conflict prevention should be carried out. The UN family, therefore, must look at war and civil strife as a cause and a consequence of the spread of HIV.
- ❖ HIV/AIDS is a problem that requires a multi-sectoral approach, especially in complex emergencies. Health, poverty, human rights and legal issues, forced migration and refugees, security, military forces, and violence against women are only some of the priority sectors related to the transmission of HIV that must be considered in any intervention that seeks to have an impact.
- ❖ Governments must be reassured, particularly those hosting refugees, that the international community is aware of the extra burden imposed upon them and that it will do whatever is possible to help shoulder the responsibility. Regarding HIV/AIDS, this requires ensuring that interventions planned by local and international entities are in line with the national programmes. In countries where HIV control programmes are less effective, assistance to strengthen national policies and strategies for HIV/AIDS is a priority.
- ❖ In the context of forced migration, it should be recognised that there is considerable interaction between communities, and that providing services for one and not for the other can be counterproductive, weakening the impact of the intervention. Also, equity would be severely jeopardised by uneven distribution of interventions. In other words, every effort should be made to provide the same services for refugees/displaced persons and the surrounding population. Thus, governments and agencies, according to their respective mandates, should make sure that both populations are evenly attended through a co-ordinated and comprehensive approach.
- ❖ Specific vulnerable groups (refugees, IDPs, humanitarian workers, peacekeepers, soldiers, sex workers, etc.) should be identified and their needs assessed. When targeting a certain vulnerable group, however, enhancing the stigma associated with certain pathologies characteristic to the group should be avoided. This is certainly more important in the case of the HIV/AIDS infection where social exclusion is likely to occur.
- ❖ Building on already existing resource tools, it might be useful to consider/refine two different "standardised basic packages for HIV/AIDS in countries with complex emergencies", according to at least two different situations of the crisis cycle. The first would be implemented during the acute stage of the crisis when chaos leads to the breakdown of the political, social and/or physical infrastructure. The second package would cover pre- and post-crisis situations where a certain degree of stability exists and/or the rehabilitation phase has commenced. It would be advisable to mainstream and identify essential components for such strategies. Below are a number of items for HIV/AIDS packages that still require integration among themselves:

1. Identification and assessment of needs. Vulnerability assessment concerning HIV/AIDS should be developed by all relevant agencies working in complex emergencies (guidelines to be revised and 'translated' according to specific contexts).
2. Distribution of information and other promotional activities will help increase awareness among the population and UN and NGO staff on issues related to HIV/AIDS in complex emergencies. This should include the elaboration of information and training packages on HIV prevention as well as material concerning high-risk behaviour such as unsafe sex. Condoms should also be provided.
3. Early detection of sexually transmitted infections (STI) and possible AIDS cases should be put in place and, as laboratory services for confirmation might not be available, existing national 'syndromic' management guidelines for health workers should be elaborated or updated and applied (guidelines for health workers).
4. Organisation of emergency response units and emergency reproductive health services that incorporate the Minimum Initial Service Package (MISP⁹).
5. Development or strengthening of the health delivery services (health facilities, training of staff, drugs and medical supplies, laboratory services, etc.) to ensure quality HIV care to the displaced populations.
6. Work with adolescents and children to reinforce self-esteem, thus enhancing the positive role that young people can play in promoting positive values and healthy lifestyles in complex emergencies. The promotion of safe sexual behaviour needs to be included into the educational curricula.
7. Provision of medical protection¹⁰ - - for people who have been sexually assaulted, including humanitarian workers. A clear policy must be implemented in all health care facilities to ensure that health care workers are protected from the risk of exposure to HIV/AIDS.
8. Strengthening of local organisations in high-prevalence areas to provide appropriate assistance to HIV/AIDS affected households and communities with a view to protect and promote sustainable livelihoods. Social support to patients and families, including food and other basic items, will decrease their vulnerability and the need to sell sex for food, shelter and security.
9. HIV-free blood supply and test-kits for safe blood programmes.
10. Mainstreaming of HIV/AIDS considerations into humanitarian and rehabilitation projects and programmes in complex emergencies.
11. Co-ordination, networking, community mobilisation and planning instruction in the field (with national authorities, specialised agencies, NGOs, etc). It is necessary to help all partners, including NGOs and other social subjects of civil society, network among themselves and address the problem with a holistic approach.
Individuals from the affected population are to be identified and involved in conducting and expanding educational activities among refugees and displaced people. The existing "Guidelines for HIV Interventions in Emergency Settings" elaborated by WHO, UNHCR and UNAIDS Joint United Nations Programme on HIV/AIDS are an important resource and must be disseminated and implemented in the field. Capacity building programmes are imperative for the implementation of the guidelines.

D. ACTIONS FOR THE IASC WORKING GROUP

- ❖ **Agencies' main assets.** A matrix including various agencies' main assets - activities relevant to an agency's core mandate –as they relate to HIV/AIDS in complex emergencies was elaborated by the IASC Reference Sub-group. The IASC WG will ensure that the matrix is published and distributed.
- ❖ **CAP revision.** The Consolidated Appeal Process (CAP) for the African countries could be one of the best humanitarian tools to address HIV/AIDS in complex emergencies. In fact, the countries that need the assistance sought through the CAP are often those at risk and more severely affected by HIV/AIDS. The IASC WG is concerned about the weak focus placed on HIV/AIDS in the CAP 2000 and the lack of financial resources to control the spread of HIV in complex emergencies. The IASC WG recommends that UNAIDS, in co-ordination with all relevant partners, carry out an assessment exercise of the previous

⁹ Reproductive Health in Refugee Situations and Inter-Agency Field Manual (1999) UNHCR. Components of the MISP are: (1) Identify an Organization(s) and Individual(s) to Facilitate the Coordination and Implementation of the MISP; (2) Prevent and Manage the Consequences of Sexual Violence; (3) Reduce HIV Transmission; (4) Prevent Access, Neo-natal, Maternal, Morbidity and Mortality; (5) Plan for the Provision of Comprehensive LHRH Services, Integrating Into Primary Health Care, As Soon As Possible.

¹⁰ Kits with contraception and anti retroviral treatments together with other specific strategies might be considered as an integral component of HIV prevention programmes in complex emergencies.
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CAPs in order to mainstream HIV/AIDS in the CAP 2001. Specific guidelines to assist the UN address HIV/AIDS strategies in the CAP 2001 will be elaborated by August 2000.

- ❖ **Existing guidelines on best practices.** The IASC Reference Sub-group has compiled a list of guidelines on HIV/AIDS in complex emergencies. The IASC WG will ensure its distribution. The existing guidelines on “HIV Interventions in Emergency Settings” have been analysed by the IASC Reference Sub-group, which concluded that the guidelines are to be disseminated and implemented in the field rather than re-written. Nevertheless, a few additions need to be considered: a multidisciplinary approach; peacekeepers; school and young people’s behaviour role and its positive effect; and the active role that the ‘recipients’ should play. There is a need to develop an intervention package for pre- / post- conflict situations. Finally, methodology of implementation for the principles described in the guidelines should also be included. The IASC WG recommends that UNAIDS co-ordinates the efforts for dissemination and implementation of the “HIV Interventions in Emergency Settings” guidelines in the field, as well as their revision.
- ❖ **Action-research.** While implementing HIV/AIDS interventions in complex emergencies, it is advisable, in order to assess the impact of these new strategies, to conduct a systematic evaluation of impact in a few countries (DRC, Sierra Leone and Angola). The IASC WG proposes that UNAIDS, UNICEF and WHO lead the UN effort to co-ordinate activities with national authorities, and to share the findings with all concerned partners, including UN agencies, the Red Cross Movement, NGOs, and bilateral agencies.
- ❖ **Action oriented co-ordination mechanisms.** When operational, the specific UN Theme Group at the country level and the ‘national control programmes’ will ensure co-ordination and synergy among the different partners and activities. In case of acute conflict, when the government is disrupted or no longer in existence, or the specific UN Theme Group on HIV/AIDS is not operational, the Humanitarian Co-ordinator (HC) will ensure that HIV/AIDS activities are carried out. The IASC WG will ensure that HIV/AIDS is included in the list of priority issues for the HC’s ToR. Special arrangements, such as a sub-regional task force on HIV/AIDS in complex emergencies should be considered for inter-country – cross border operations (i.e. Great Lakes).

HIV/AIDS IN COMPLEX EMERGENCIES

MAIN ASSETS OF AGENCIES

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Agency	Domain of competency	Instruments developed	Areas of current involvement in Africa	Main assets of agencies
FAO	-Agriculture rehabilitation -Protection of HFS and nutrition		All major emergency situations	<ul style="list-style-type: none"> • Nutrition at household • Network in every country
IOM	-Movement of people: Immigration medical examination & HIV test +counsel -HIV/AIDS education among refugees to be resettled -Retraining of former combatants (Guatemala, Haiti, Kosovo)	-Migrants: HIV testing and counseling. A manual for IOM counselors. Panza, Alessio, IOM, 1993. -IOM Medical Manual, Fourth Edition. Keane, V. IOM Geneva, 1993 (currently being revised)	DRC, Kenya West Africa/Dakar Ethiopia, South Africa Maybe soon: Angola	<ul style="list-style-type: none"> • Focus on refugees, IDP, Ex-combatants • Possibility of rapid response
OCHA	-Coordination of international humanitarian response. -Policy development -Advocacy	-Consolidated Appeal Process including HIV/AIDS components as coordination tool and fundraising platform	Guinea B, Liberia, sudan, Somalia, Ethiopia, Erithrea Uganda, Rwanda, Burundi, DRC, Congo, Kenya	<ul style="list-style-type: none"> • Field coordination • Strategic negotiation on security and access.

UNAIDS	<ul style="list-style-type: none"> -Advocacy for political commitment and involvement of partners -Coordination of UN agencies and other partners under International Partnership against HIV/AIDS in Africa -Guidance and technical support in various areas: strategic planning, prevention, care and support, surveillance, monitoring and evaluation 	<ul style="list-style-type: none"> - HIV interventions in emergency settings in collaboration with UNHCR and WHO - Booklet for prevention in Peace Keeping Forces - Collection of best practices on various topics: technical issues, management, policy. (detailed list upon request) 	All African countries	<ul style="list-style-type: none"> • Strong advocacy skills at high levels • Coordination of UNAIDS cosponsors and other partners • Resources in various technical areas
UNDP	<ul style="list-style-type: none"> -Advocacy towards highlighting the importance of integrating HIV/AIDS into transitional projects bridging relief to recovery and development phases. 		Rwanda, Burundi	<ul style="list-style-type: none"> • Advocacy for integrating AIDS into transitional projects
UNFPA	<ul style="list-style-type: none"> -Advocacy for political commitment from African leaders. -Provision of information and services: VCT, condoms provision, Emergency RH kits, counseling to refugees women. -Training on RH/FP (in collaboration w/ other UN agencies) -Needs assessment 	<ul style="list-style-type: none"> - Expanding and Improving UNFPA's Responses to HIV/AIDS at Country Level (draft) -Establishment of MISP including essential drugs. -Production of needs assessment manual and materials. -An interagency Field manual: Reproductive Health in Refugee Situations. -The review and the recommendations of the Technical Meeting in Rennes, France "Reproductive Health Services in Crisis Situations". - Reproductive Health kit - CD-Rom on the Reproductive Health Kit 	most African countries	<ul style="list-style-type: none"> • Reproductive health and FP including AIDS • Training on RH including AIDS • Provision of condoms

UNHCR	<p>-Protection and welfare of refugees</p> <p>-Help finding durable solutions through voluntary repatriation, local integration, resettlement.</p> <p>-Work in partnership with other UN agencies, Gvts, regional organizations and NGO's.</p> <p>-Coordination with other UN Agencies, guidance and technical support to implementing partners.</p>	<p>- Joint guidelines (UNAIDS/WHO/UNHCR) for HIV interventions in emergency settings.</p> <p>- Inter-agency field manual on reproductive health in refugee situations (including STI,HIV/AIDS).</p> <p>- UNHCR handbook for emergencies</p>	All African countries directly affected by population displacements	<ul style="list-style-type: none"> •Protection, welfare of refugees •Help finding durable solutions for refugees • Guidance, technical support
UNICEF	<p>-Advocacy: Breaking the silence on HIV/AIDS</p> <p>-Prevention among young people.</p> <p>-Reduction of MTCT</p> <p>-Care for orphans and children in families affected by HIV/AIDS</p>	<p>Recent tools produced at HQ level:</p> <p>-Action plan for programming to reduce vertical transmission of HIV (CF/PD/PRO1997-009)</p> <p>-Update on implementing the WHO,UNICEF, UNAIDS policy guidelines on HIV and infant feeding (CF/PD//PRO/99-005)</p> <p>-Update on prevention of MTCT(CF/PD/PRO/99-006)</p> <p>Country specific guides produced by field offices.</p>	All African countries	<ul style="list-style-type: none"> • Right based programs. • Intersectoral programs. • Focus on children, youth, and women. • Strong communication and advocacy skills • Strong field presence
WB				
WFP				

WHO	<p>- Guidance and technical resources in various areas: STI, care, VCT, MTCT, Post exposure (rape and needles) prevention, communic. diseases, essential drugs, substance abuse, safe blood, reproduct. health, adolescent and youth health.</p> <p>-Health system (HS): advocacy for HS strengthening, develop of health information system, advocacy and strategy/policy for strengthening HS to improve care and support of PLWHA.</p> <p>-Advocacy and policy in emergency situations.</p> <p>-Planning for special groups and areas in emergency situat.</p>	<p>-With UNFPA, UNHCR, other IAWG 'Training module on reproductive health in conflict and displacement for institutions' (under discussion</p> <p>- Guidelines on HIV interventions in emergency situations (in collaboration with other agencies).</p> <p>-Guidelines on various technical issues (detailed list upon request)</p>	All African countries	<ul style="list-style-type: none"> • Experience and resources in various technical areas: specially in drugs, communicable diseases (TB), blood transfusion, HIV testing, STI and RH. • Training modules in various technical areas. • Institutional mandate for health • Advocacy and health sector strategy for improving health system's response to HIV/AIDS/STI
CMA (Civil-Military Alliance to Combat HIV and AIDS)	<p>-Technical support for policy development, planning, evaluation and management.</p> <p>-Training in HIV prevention for armed forces</p> <p>-Advocacy for HIV prevention in conflict & post-conflict settings</p>	<p>-“HIV Prevention and Behaviour Change in Military Populations” – a 7-module training course for peacekeepers and uniformed services at home</p> <p>-“Winning the War Against HIV and AIDS” – a Handbook on Planning, Monitoring and Evaluation of HIV Prevention & Care in Uniformed Services</p> <p>-Technical Reference Library for the “Winning the War” Handbook on CD-ROM - 90 reference works</p> <p>-“Protect Yourself ...” booklet for peacekeepers</p>	<p>Providing support through 3 technical networks:</p> <p>-15 countries of East/Southern Africa</p> <p>-20 countries of Francophone Africa</p> <p>- 5 countries of Anglophone West Africa</p>	<ul style="list-style-type: none"> • Focus on armies and peace keeping forces: training, policy development. • 3 Networks of CMA in Africa
ICRC	<p>-Protection of war victims</p> <p>-Technical assistance, including HIV/AIDS prevention, to populations in conflict areas.</p> <p>- Advocacy</p>	ICRC policy on HIV/AIDS	All African countries	<ul style="list-style-type: none"> • Contact with armies in conflict areas. • Access to populations in conflict areas or not covered by Government programs. • Visit to prisoners.

MSF	<p>-Medical assistance in emergency situations</p> <p>-Witnessing and speaking out against mass violations of human rights</p>	<p>-Refugee health, an approach to emergency situations.</p> <p>-MSFs AIDS policy paper.</p> <p>-Procedures to be followed after accidental blood transfusion</p> <p>-Hygiene dans les soins de santé en situation précaire</p> <p>-STD/HIV/AIDS course, run yearly by MSF Switzerland</p> <p>-Clinical guideleines, diagnostic and treatment.</p> <p>-Essential drugs, practical guidelines</p>	<p>Angola, Burundi, Rwanda, Congo, DRC, Guinea, Liberia, Sierra Leone, Somalia, Sudan, Tanzania, Zambia.</p> <p>Also projects in many non emergency situations</p>	<ul style="list-style-type: none"> • Rapid response in emergencies. • Presence in many conflict situations.
IFRC	<p>-IEC</p> <p>-Youth peer education</p> <p>-Human rights and dignity</p> <p>-Advocacy for HIV prevention and care</p> <p>-Home care for PLWHA</p> <p>-Condom promotion</p> <p>-Safe blood transfusion</p>	<p>-AIDS, Health and Human rights.</p> <p>-Caring for people with AIDS at home</p> <p>-Guidelines for blood donors counseling in HIV</p> <p>-An introduction on Sexual Health</p> <p>-Action for Youth-Youth peer education training manual.</p> <p>-Action with Youth HIV/AIDS and STD; training manual for Youth population.</p> <p>NB. In many countries the manuals have been adapted according to the culture and language.</p>	<p>All African countries</p>	<ul style="list-style-type: none"> • Extensive indigenous network in each country. • Task forces comprising group of countries (RANYWA:10 countries in West Africa) • Extensive experience with communities, Gov and other partners during emergencies. • Focus on Youth

