Responding to HIV in humanitarian and conflict settings

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NO CONFLICT OF INTEREST IN RELATION TO THIS PRESENTATION

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Introduction

- Humanitarian crises—whether caused by war, natural disasters, or political instability—severely impact healthcare systems.
- **For people living with HIV (PLHIV)**, these crises disrupt essential services, including **testing, treatment (ART), prevention, and psychosocial support**.
- The **2023 WHO report** highlights that during humanitarian crises, disruptions in ART can lead to **drug resistance, treatment failure, and increased mortality**.
- **Lebanon's Current Crisis**
  - Ongoing war with Israel has **strained healthcare infrastructure**, displaced thousands, and worsened economic instability.
  - Healthcare facilities are overwhelmed, leading to **delays in ART distribution and HIV care**.

Challenges in Providing HIV Services During Crises

- **Lack of Policy & Funding**
- Many **low- and middle-income countries (LMICs)** lack emergency response plans for PLHIV during crises.
- Governments **prioritize emergency trauma care**, leaving chronic disease management like HIV on the backburner.
- **Lebanon's situation:**
  - Reliance on **external funding (Global Fund, PEPFAR, USAID)** means that funding cuts lead to ART shortages.
  - Recent funding cuts have **threatened ART supply for over 2,500 PLHIV** in Lebanon.

- **Supply Chain Disruptions**
- Conflict affects **importation and distribution of ART** due to closed borders, insecurity, and damaged infrastructure.
- **Yemen's war** caused **ART stockouts for months**, forcing patients to interrupt treatment.
- Lebanon: ART procurement has been **challenging due to currency devaluation and global supply chain disruptions**.

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Challenges in Providing HIV Services During Crises

- **Healthcare System Strain**

  - Many **HIV treatment facilities shut down** or operate at **limited capacity** during crises.
  - In Lebanon, **hospitals have been repurposed for trauma care**, and many **PLHIV fear stigma if they seek care in emergency settings**.

- **Displacement & Stigma**

  - **PLHIV who flee** conflict zones often lose access to medical records and care continuity.
  - In **South Sudan**, displaced people with HIV struggled to access ART due to stigma and lack of resources.
  - **Lebanon's displaced population** (Syrian & Palestinian refugees) already had **limited access** to HIV services before the war. The situation has now worsened.

Lebanon’s Experience

- The **National AIDS Program (NAP)** and NGOs played a key role in securing medications despite financial and political challenges.
- **Decentralized Distribution**: Partnering with primary healthcare centers to improve ART access.
- **Role of Community-Based Organizations**: Peer support networks helped ensure treatment continuity.

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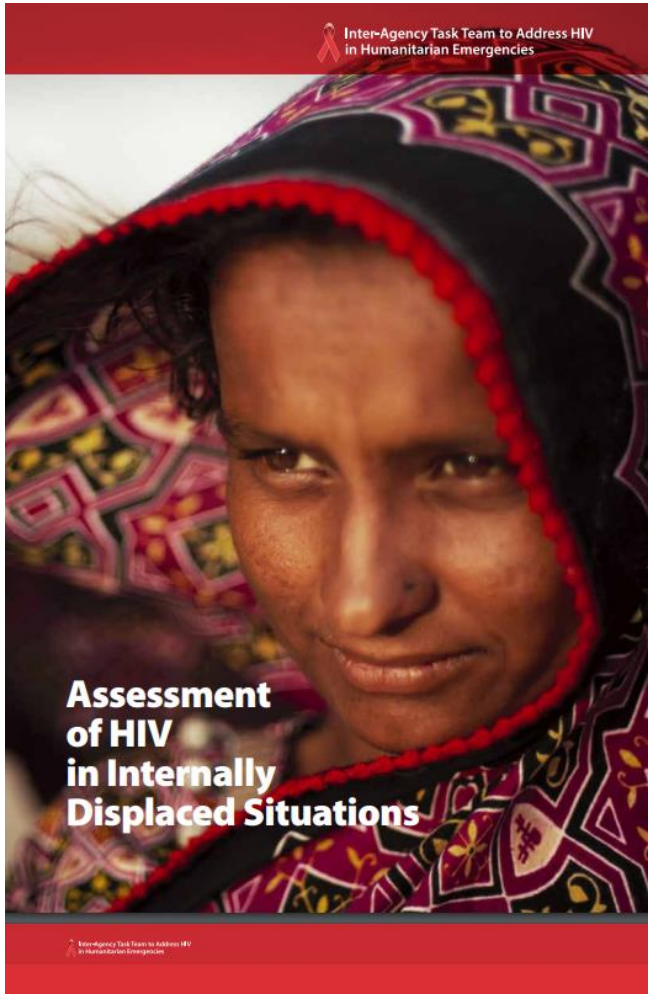
Can We Develop a Protocol for PLHIV in Conflict Settings?

A standardized emergency protocol is crucial.

- Every time conflict emerges, PLHIV are left without supplies.

A structured protocol would prevent gaps in care.
WHO & UNAIDS Recommendations for Conflict Settings



https://www.unhcr.org/sites/default/files/legacy-pdf/53cfafb99.pdf

Can We Develop a Protocol for PLHIV in Conflict Settings?

WHO & UNAIDS Recommendations for Conflict Settings:

1. **Prepositioning ART Supplies**
    1. Stockpiling **3–6 months of ART** in high-risk areas before crises occur.
    2. Example: **Uganda's HIV response in refugee camps** uses **pre-distributed ART packs** for displaced persons.
    3. In Lebanon, efforts are underway to **secure emergency HIV medication stockpiles** through partnerships with **local NGOs & UN agencies**.
2. **Decentralized Care Models**
    1. **Community-based ART delivery** (pharmacies, mobile clinics, peer-led distribution).
    2. Example: **Nigeria's community ART groups** continued treatment despite Boko Haram conflicts.
    3. Lebanon: Exploring options to **integrate ART distribution in primary healthcare centers**.
3. **Task Shifting**
    1. Training **non-specialist healthcare workers** to provide HIV care.
    2. Example: In **Haiti**, community health workers were trained to support ART adherence.
    3. Lebanon: Plans to **train general practitioners in ART management**.
4. **Digital Health Tools**
    1. **Telemedicine, mobile adherence reminders, and electronic health records** ensure continuity of care.
    2. Example: In **Ukraine**, a telemedicine system connected PLHIV to providers during the war.

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Integrated Service Packages for Conflict & Humanitarian Settings

What Should Be Included?

- **ART Access & Continuity**
- **Prevention Services** (PrEP, Condoms, Harm Reduction for PWID)
- **PMTCT** (Prevention of Mother-to-Child Transmission)
- **Mental Health & Psychosocial Support**
- **Survivor Services for Sexual Violence**

- **Existing Frameworks**: WHO's **Minimum Package for HIV in Humanitarian Settings**, UNHCR's HIV response model.

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Organizations Working on HIV in War Zones & Strategies for Safe Service Delivery

- **Key Players**: WHO, UNHCR, MSF, Global Fund, Red Cross, national NGOs.
- **How They Operate Safely**:
  - Decentralized service models.
  - Mobile clinics & community-based ART delivery.
  - Strong security measures & partnerships with local actors.
- **Lebanon's Context**:
  - **NAP & local NGOs (SIDC, Marsa, etc.)** are keeping services running despite instability.
  - Increased need for **innovative delivery methods** as traditional clinics become harder to access.

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Addressing Sexual Violence & STI Risks in Conflict Zones

- **Key Challenges**:
  - Increased sexual violence during conflicts leads to higher HIV transmission rates.
  - Limited access to **PEP (Post-Exposure Prophylaxis)**, STI treatment, and psychosocial support.
- **Best Practices for Response**:
  - Integrating **sexual violence services** into HIV response programs.
  - Ensuring **PEP availability** at emergency healthcare sites.
  - Expanding community-based reporting mechanisms to support survivors.

Innovative Strategies Amidst Funding Cuts

How do we sustain HIV care with reduced international funding?

1. **Leveraging Local Resources**
    1. Integrating HIV services into **general primary healthcare settings**.
    2. Lebanon: **Exploring partnerships with local clinics** for ART distribution.
2. **Public-Private Partnerships**
    1. Engaging private sector donors and pharmaceutical companies to **subsidize ART costs**.
    2. In **South Africa**, pharma companies provided ART at reduced rates.
3. **Regional Cooperation**
    1. Cross-border **ART access agreements** for displaced populations.
    2. Example: **East African HIV Partnership** allows refugees to continue treatment across borders.

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Ensuring Uninterrupted ART Access Despite Aid Cuts

1. **Diversifying Funding Sources**
   Seeking **bilateral & regional donors** beyond USAID & PEPFAR.
2. **Alternative Supply Chains**
   Local ART manufacturing (if possible) or regional procurement networks.
3. **Community-Based ART Distribution**
   Zimbabwe's "Fast Track" ART pickup reduced clinic visits for stable patients.

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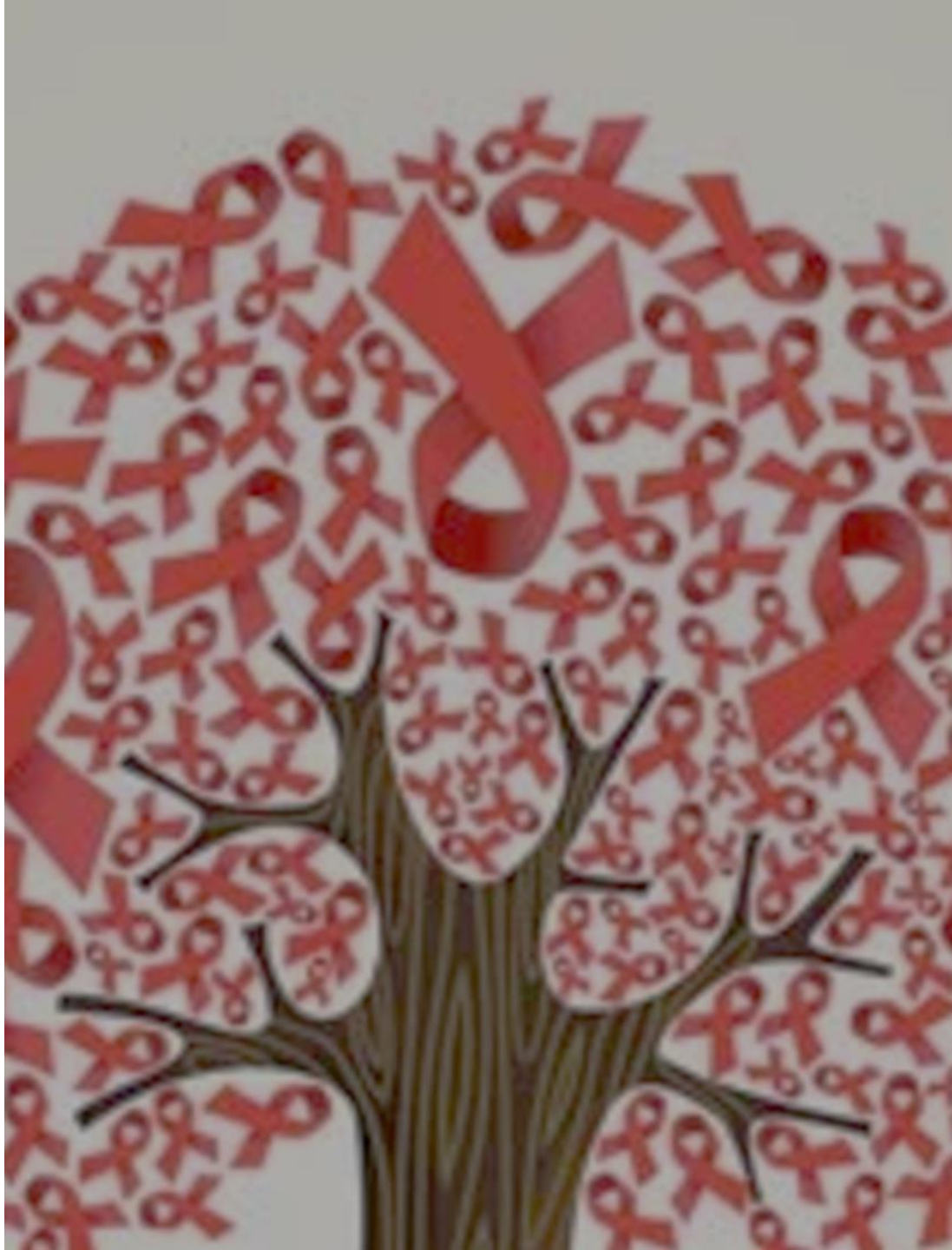
Closing Thoughts

- HIV services in humanitarian crises require **resilience, adaptability, and multi-sectoral collaboration**.
- Lebanon's response to HIV amid the war highlights **both challenges and innovations**, but sustained funding and global attention are critical.

- **Call to Action**:
  - **Need for emergency HIV response protocols** in all conflict-prone regions.
  - **Increased local ownership of HIV programs** to reduce dependence on international donors.
  - **Prioritizing HIV within humanitarian health responses** to prevent treatment gaps and rising transmission rates.



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