Mainstreaming: A Response to HIV and AIDS in Humanitarian Assistance

source: www.stoprapenow.org
Introduction

An estimated 200 million people are at any time affected by humanitarian emergencies. HIV and conflict overlap in many places. In 2006, 1.8 million people living with HIV or AIDS were also affected by conflict, disaster or displacement. Emergency situations may affect the risks of HIV and AIDS transmission in two ways. Factors which may lead to increased transmission include breakdown of social structures, lack of income, sexual violence and transactional sex, lack of health infrastructure and education, and increased mobility. A state of emergency can, however, also present situations favourable to decreasing HIV transmission (improved protection, improved access to health and other social services is often the case in refugee settings).

Universal access to prevention, treatment and care of HIV and AIDS cannot be achieved without addressing the specific needs of populations affected by humanitarian emergencies. Numerous and effective policies and programmes can be introduced from the onset of humanitarian emergencies to address HIV. For all these reasons, it is crucial to mainstream HIV and AIDS in the work of humanitarian assistance. A major challenge is to bring together key players from both the humanitarian aid and the AIDS “community,” in the often complex aid architecture. Following the “do no harm approach,” humanitarian assistance also needs to anticipate interventions that could be associated with increased transmission risks, and to plan corrective actions.

SDC’s HIV/AIDS Response in Humanitarian Assistance

HIV and AIDS are considered crosscutting issues in SDC’s humanitarian aid department. In various emergency settings reaching from Zimbabwe, Angola, Sudan, Uganda, and the Great Lakes region, to Haiti, North Caucasus and Asia, where SDC supports “emergency aid, reconstruction and advocacy” activities, HIV and AIDS have been addressed in terms of prevention, protection, treatment and care, psychosocial support, and workplace programmes. They are often integrated parts of comprehensive multi-sectoral approaches. SDC is a donor to bilateral partners and multilateral humanitarian and development agencies, such as the World Food Programme, the UNHCR, and international networks such as the International Federation of the Red Cross and Red Crescent Societies, and supports the strengthening of their HIV response.

Supported Activities

HIV and AIDS are addressed by the Humanitarian Aid Department giving a special focus to Southern and Eastern Africa. Concrete activities include mainstreaming of HIV and AIDS at strategic and project levels, and several capacity building efforts, such as the participation at “SOSA” workshops, workshops in Bern, and also the “Great Horn” HIV and AIDS Humanitarian Aid workshop that was held in Uganda in November 2009. Headquarters mainstreaming workshops were held for the Personnel Division and in the Asia and America Divisions. SDC has also funded the HIV and AIDS specialist of the Mid-Term Evaluation of the Southern Africa Protracted Relief and Recovery Operation and the team leader of the broader and
in-depth Thematic Evaluation of WFP's HIV and AIDS Interventions in Sub-Saharan Africa. In addition, ART pilot initiatives received SDC support.

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More about SDC’s HIV/AIDS Response in Humanitarian Assistance

Gender & Humanitarian AID: why and how should SDC integrate gender into Humanitarian Aid (Thematic Checklist 7 on HIV and AIDS)

WFP’s HIV response: www.wfp.org/hiv-aids

The Salvation Army’s Masiye camp received SDC support: www.masiye.com