UNAIDS PCB
Thematic Session – HIV in Emergencies
NGO Observer Statement

We want to take this opportunity to thank you for today's very timely thematic segment and a special thanks to Noi and Annie for sharing their incredible stories with us. This statement is made on behalf of a loosely formed coalition of the non-governmental organizations of Stop AIDS Alliance, the International HIV/AIDS Alliance, and the Interagency Coalition on AIDS and Development.

We are pleased to see the increasing focus on HIV in emergencies, where risk and vulnerability to HIV is often increased. Reaching the 90-90-90 will require us to work effectively to reach those affected by emergencies with high impact HIV interventions.

But we also recognize that in our increasingly complex world, fragile and emergency contexts are diverse and reach beyond the definitions provided in the background document for today's session. In fact, we recognize a humanitarian emergency as also being **an event or series of events and conditions that represent a critical threat to the health, safety, security or wellbeing of a community or other large group of people**. These contexts are driven by socio-economic status, isolation and social exclusion, and fuelled by other social and structural drivers (such as lack of access to housing, employment, health services and community resources). All of which, exacerbate conditions that place individuals at greater risk and vulnerability to HIV infection and create barriers to attaining optimal health and wellbeing.

Additionally, while many fragile, conflict and emergency settings are supported through international humanitarian agencies, **there has been limited success to date in initiating locally-led responses to HIV and other health related challenges, and in building long-term capacity.**

Local communities, organisations and networks, including networks of people living with HIV (PLHIV), make significant **contributions to HIV and emergency responses**, and this role needs to be better communicated and acknowledged. The background document for this thematic session presents good examples, lessons learnt and challenges we need to take into account.

Communities and community health workforces bring local expertise, on-the-ground agility and established networks, which are responsive to the changing circumstances that fragility brings. Communities and community health workers, including volunteers, represent a sustainable and critical resource by **working with the formal health system, mobilizing communities, implementing** innovative community-based service delivery models, **assuring sustainability of health responses** through community systems strengthening, **out-reaching vulnerable** community members and linking them to care.

With this intervention, we **highlight five key areas** where we call upon the UNAIDS family for its strong voice and leadership:

1. Capacity, preparedness and coordination must be strengthened. Although the UN set up clusters around specific themes, some countries are concerned about disorganisation within the HIV cluster. Communities and national civil society organizations need to be better linked to national and local disaster preparedness training and systems so they are better equipped to respond to the needs of communities in crisis.

2. Strengthen strategic information on HIV burden in emergency contexts.

3. Advocate for greater flexibility in funding for emergency situations, including cross border and regional proposals; and, ensure that new funding for public health responses supports longer-term community system strengthening with an emphasis on human resources for health.

4. Call for and fund - innovative testing, treatment and retention strategies, making use of community based peer-led approaches, and integration in services. Focus on inequity in access to HIV and health services to avoid further exclusion and marginalisation. **The ambitious goal to end the AIDS epidemic by 2030 can only be met if all populations affected by the epidemic are included**.

5. And finally, that a broader definition of emergency contexts be considered in the follow-up to today's session. **Within that definition, we need to emphasize the need for a differentiated response to different conditions that cause fragility**.

Thank you.