

Importance of mainstreaming HIV prevention into Tsunami Response

As we are gradually moving into the next phase (the long term) of the Tsunami disaster response, it is imperative to mainstream HIV/AIDS prevention and care programs as part of a long term re-reconstruction of the affected communities and individuals. Though natural calamities do not transmit HIV, some of the post disaster situations may provide a fertile environment which would enhance vulnerability of individuals to HIV. Although, a systematic analysis has yet to be undertaken on how natural disasters could enhance vulnerability to HIV, based on health professionals' understandings about the social context of HIV vulnerability, it could safely be predicted that the post Tsunami situation could lead to insecure conditions, exacerbating the spread of HIV/AIDS, for example inadequate safe blood, shortage of clean injecting equipment for injecting drug users, an insufficient supply of condoms and health care; and the vulnerability of displaced people, especially women and children to sexual abuse and violence. In addition, during the periods of population displacement, HIV/AIDS prevention and care is often disrupted.

Specific organisational response may include: putting in place policies and practices that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS, whilst also ensuring that training and recruitment takes into consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity and mortality. Humanitarian organisations must ensure those infected and affected by the pandemic are included and are able to benefit from their activities. Agencies must also ensure that their activities do not increase the vulnerability of the communities to HIV/STIs, or undermine their options for coping with the affects of the pandemic. The United Nations Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings has produced a detailed guideline for HIV/AIDS interventions in emergency settings. Paul Harvey has analysed the relationship between livelihood and HIV/AIDS in humanitarian programming. Based on Harvey's and UNADS/GTZ observation there are 20 points that should be taken into consideration. Please see more information in the attached British Medical Journal rapid response article <http://bmi.bmjournals.com/cgi/eletters/330/7482/59#92036>