

# HIV prevention, support, treatment standards

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## Key points

- HIV infection prevention and the continuation of antiretroviral treatment (ART) represent essential emergency measure and directly contribute to the reduction of morbi-mortality.
- Emphasis the importance of standard precautions (frequent hand washing, wearing gloves and protective clothing, safe handling of sharp objects, disposal of waste materials, instrument processing, and cleaning up spills).
- Ensure safe blood supply and rational use to prevent the transmission of HIV and other transfusion-transmissible infections, such as hepatitis B and C and syphilis.
- Antiretrovirals should be continued for people who were enrolled in a program prior to the emergency, including women who were enrolled in PMTCT of HIV and syphilis programs.
- PEP should be provided to survivors of sexual violence and occupational exposure. An HIV test is not required (neither for the source patient or the health worker) before prescribing PEP, and no one should be forcibly tested.
- Lubricated male condoms and, where applicable, female condoms should be available in accessible and private areas in health facilities and the community and promoted from the earliest days of a humanitarian response.

## 1. Overview

Although a significant proportion of people affected by humanitarian emergencies are people at risk of or living with HIV, access to HIV prevention, treatment, and care is often not prioritized during emergencies. HIV transmission in humanitarian settings is complex and is dependent on the dynamic interaction of a variety of factors. This includes HIV prevalence and vulnerability of some groups within the population in the region of origin and that of the host population, the level of interaction between displaced and surrounding populations, the duration of displacement, and the location and extent of isolation of the displaced population (e.g., urban

versus camp-based refugees).

The Minimum Initial Service Package (MISP) components related to HIV interventions at the onset of a humanitarian response focus on prevention of HIV transmission and reduction in morbidity and mortality due to HIV and other STIs. Once the conditions allow, scaling up should occur from the initial minimum HIV package to comprehensive HIV prevention, treatment and care services for people at risk of acquiring HIV and people living with HIV and their families.

## 2. Main guidance

### Emergency standard

- Establish safe and rational use of blood transfusion.
- Ensure application of standard precautions.
- Guarantee the availability of free, lubricated male condoms and, where applicable (e.g., already used by the population), ensure provision of female condoms.
- Support the provision of antiretrovirals to continue treatment for people who were enrolled in an antiretroviral therapy program prior to the emergency, including women who were enrolled in prevention of mother-to-child transmission (PMTCT) programs.
- Provide post exposure-prophylaxis (PEP) to survivors of sexual violence as appropriate and for occupational exposure.
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV.
- Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs.

### Longer-term standard

- Conduct needs assessment: SRH coordinators and programme managers collect or estimate relevant information regarding population characteristics, health services characteristics, national legislation and policies, and HIV epidemic characteristics.
- Expand public information campaigns: Raise community awareness about how HIV is and is not transmitted and promote the rights of people living with HIV, the benefits of knowing one's HIV status, and the availability of services for HIV prevention, testing, care, and support.
- Ensure HIV prevention: Tailor combination HIV prevention programs by including different interventions depending on local HIV geographic population vulnerabilities.
- HIV counselling and testing:
  1. Voluntary counselling and testing (VCT)
  2. Provider initiative counselling and testing
    - Prevention of mother-to-child transmission (PMTCT)
    - The use of antiretroviral (ARV) for prevention and treatment purposes
    - Care for persons living with HIV
    - Management of opportunistic infections, STIs and tuberculosis
    - Coordinate and make linkages: Work with other sectors and stakeholders to integrate HIV services.

## **Annexes**

[IASC, Guidelines for addressing HIV in humanitarian settings, 2010](#)

[UNHCR, WHO, UNAIDS, Updated policy Statement on HIV Testing and Counselling for Refugees and other persons of concern to UNHCR](#)

[WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016](#)

[UNHCR, Inter-agency Guidelines for the Delivery of Antiretroviral Therapy \(ART\) to Migrants and Crisis-Affected Persons in Sub-Saharan Africa, 2014](#)

## **3. Links**

[UNHCR WHO IAWG MISP](#)

## **4. Main contacts**

Contact the Public Health Section, Division of Programme Support and Management. At: [hqphn@unhcr.org](mailto:hqphn@unhcr.org).