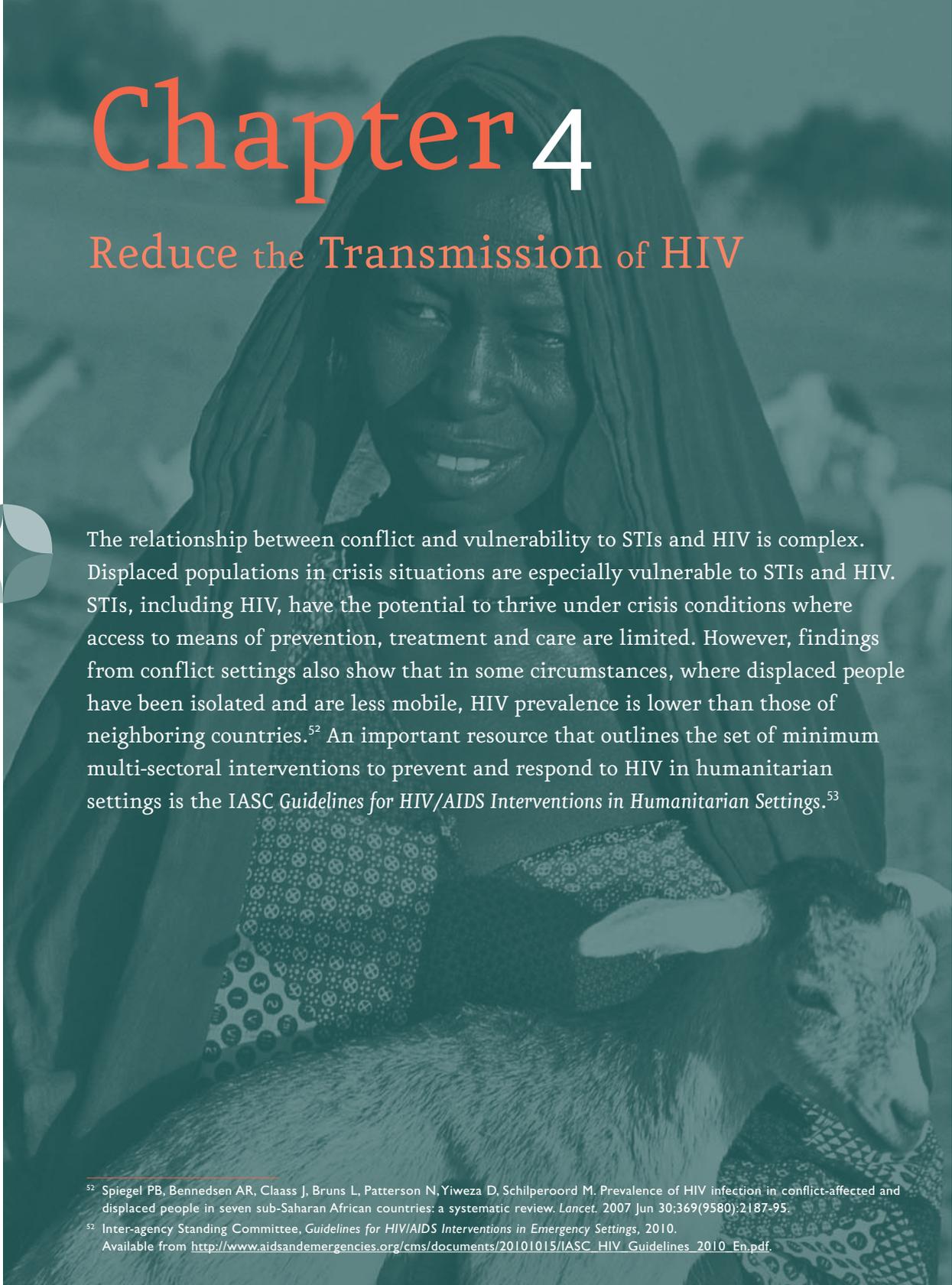


Chapter 4

Reduce the Transmission of HIV

A photograph of a woman with a goat, overlaid with a teal tint. The woman is looking down and slightly to the side, with a somber expression. The goat is in the foreground, partially visible. The background is blurred, showing other people in a crowd.

The relationship between conflict and vulnerability to STIs and HIV is complex. Displaced populations in crisis situations are especially vulnerable to STIs and HIV. STIs, including HIV, have the potential to thrive under crisis conditions where access to means of prevention, treatment and care are limited. However, findings from conflict settings also show that in some circumstances, where displaced people have been isolated and are less mobile, HIV prevalence is lower than those of neighboring countries.⁵² An important resource that outlines the set of minimum multi-sectoral interventions to prevent and respond to HIV in humanitarian settings is the IASC *Guidelines for HIV/AIDS Interventions in Humanitarian Settings*.⁵³

⁵² Spiegel PB, Bennedsen AR, Claass J, Bruns L, Patterson N, Yiweza D, Schilperoord M. Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review. *Lancet*. 2007 Jun 30;369(9580):2187-95.

⁵³ Inter-agency Standing Committee. *Guidelines for HIV/AIDS Interventions in Emergency Settings*, 2010. Available from http://www.aidsandemergencies.org/cms/documents/20101015/IASC_HIV_Guidelines_2010_En.pdf.

THE OBJECTIVE

TO REDUCE THE TRANSMISSION OF HIV BY:

- Ensuring safe and rational blood transfusions;
- Enforcing respect for standard precautions; and
- Guaranteeing the availability of free condoms.

Why is reducing HIV transmission a priority?

In most settings, HIV and other STIs spread faster where there is poverty, powerlessness and instability—all characteristics of displaced settings. In this environment, it is necessary to do everything possible to contribute to the efforts to stop new infections.

What are some risk factors for the spread of HIV in displacement settings?⁵⁴

STIs, including HIV infections, if not addressed or checked, may increase among displaced populations for many reasons:

- ✦ Poor or destroyed health infrastructure.
- ✦ Protective supplies in health centers, such as clean needles, syringes and gloves, may not be available.
- ✦ Staff may feel they are too busy to adhere to, or are not aware of, the importance of standard precautions.
- ✦ Limited or no access to condoms.
- ✦ Increased vulnerability to STIs for refugees and displaced persons for reasons including poverty; food insecurity; lack of access to health services; mobility; and lack of protection against violence and/or exploitation by military, peacekeeping forces and others.⁵⁵
- ✦ Women and children coerced into transactional sex to obtain their survival needs.
- ✦ Gender-related factors, such as increased GBV due to the breakdown of social and community structures.⁵⁶
- ✦ Power imbalances that make girls and women disproportionately vulnerable to the infection become more pronounced during conflict and displacement.⁵⁷
- ✦ Disturbance of community and family life among displaced populations can disrupt social norms governing sexual behavior.
- ✦ Adolescents may begin sexual relations at an earlier age and/or are more likely to take sexual risks, such as having sexual intercourse without using a condom.

⁵⁴ International Rescue Committee, *Protecting the Future: A guide to incorporating HIV prevention and care in refugee settings*, 2002.

⁵⁵ United Nations Joint Programme on HIV/AIDS, United Nations High Commissioner for Refugees, *Strategies to support the HIV-related needs of refugees and host populations*, 2005. Available from http://data.unaids.org/publications/irc-pub06/JCI157-refugees_en.pdf.

⁵⁶ United Nations Joint Programme on HIV/AIDS Inter-Agency Task Team on Gender and HIV/AIDS, *Operational Guide on Gender and HIV/AIDS*, 2005. Available from <http://www.unfpa.org/hiv/docs/rp/op-guide.pdf>.

⁵⁷ United Nations Joint Programme on HIV/AIDS Inter-Agency Task Team on Gender and HIV/AIDS, *Operational Guide on Gender and HIV/AIDS*, 2005. Available from <http://www.unfpa.org/hiv/docs/rp/op-guide.pdf>.

- ✦ Adolescents face exploitation in the absence of traditional socio-cultural constraints.
- ✦ Due to forced displacement, populations from low HIV prevalence areas may mix with populations from high prevalence areas.

It is important to note, however, that HIV transmission among conflict-affected and displaced populations is complex. The common assumption that these populations' increased vulnerability *necessarily* translates into more HIV infections is not supported by data. Various competing and interacting factors affect HIV transmission during conflict and displacement.⁵⁸

HIV Transmission

The main transmission routes of HIV are through unprotected sex, infected blood and mother-to-child transmission. While the majority of infections are generally a result of unprotected sex, the proportion of transmission routes varies by setting.

Safe and Rational Blood Transfusion

The rational and safe use of blood is essential to preventing the transmission of HIV and other transfusion-transmissible infections such as Hepatitis B and C and syphilis. If conducted properly, blood transfusion can save lives, but it does carry the risk of the transmission of infectious agents such as HIV, malaria, hepatitis viruses and syphilis. If HIV-contaminated blood is transfused, transmission of HIV to the recipient is almost 100 percent. Improperly screened or unscreened blood and the incorrect use of blood and blood products increase the risk of HIV to recipients. Blood transfusions must not be undertaken if the facilities, supplies and appropriately qualified staff do not exist. Decreasing unnecessary blood transfusion is also critical to avoid the risks of infection and preventing blood shortages. Unnecessary transfusion can be reduced by ensuring the appropriate clinical use of blood, avoiding the needs for transfusion and use of alternatives to transfusion.

Urban Settings: Determine national policies and practices on safe blood transfusion. In collaboration with the health sector/cluster, distribute blood test kits and supplies for safe blood transfusion and the practice of standard precautions to health facilities as needed. Ensure that condoms are available in health facilities, mobile clinics, throughout the urban area in community centers, popular bars, and at food and non-food item distribution points. Advocate for the displaced community to have full access to the national HIV programs, including prevention standard precautions, voluntary counseling and testing (VCT), PMTCT, antiretroviral therapy and PEP programs. Early detection and prevention with culturally appropriate HIV IEC materials, translated into the language of displaced persons is important. These services also must be targeted for groups engaged in high-risk behaviors.

⁵⁸ Spiegel, PB., "HIV/AIDS among conflict-affected and displaced populations: dispelling myths and taking action," *Disasters* 2004; 28: 322-39

Use the standard criteria for blood transfusions⁵⁹ as outlined by WHO:

Reduce the need for blood by:

- ✦ Transfusing blood only in life-threatening circumstances and when there is no other alternative—using medicines to prevent or reduce active bleeding and using standard blood substitutes to replace lost blood.

Safe blood transfusion includes:

- ✦ Developing stringent blood donor selection criteria and collecting blood only from voluntary, unpaid blood donors at low risk of acquiring transfusion-transmissible infections; and
- ✦ Using the most appropriate assays to screen all blood for at least HIV 1 and 2, hepatitis B, hepatitis C and syphilis.⁶⁰

In order to make rational and safe blood transfusion available, RH Officers and staff must work with the health sector/cluster partners to ensure that:

- ✦ Referral-level hospitals have sufficient supplies for safe and rational blood transfusion;
- ✦ Staff know how and have access to supplies to reduce the need for blood transfusion;
- ✦ Safe, voluntary donors are recruited;
- ✦ SOPs for blood transfusion are in place;
- ✦ Responsibility for the decision to transfuse is assigned and medical staff are held accountable;
- ✦ Staff are informed of protocols and follow SOPs at all times to ensure safe blood transfusion practice at the bedside;
- ✦ Waste products, such as blood bags, needles and syringes, are safely disposed of; and
- ✦ Sites where blood is screened and where transfusion is performed have reliable light sources. To minimize the risk of errors, blood transfusion at night should be avoided as much as possible.⁶¹

What are standard precautions?

Standard precautions are infection control measures that reduce the risk of transmission of blood-borne pathogens through exposure of blood or body fluids among patients and health care workers. Under the standard precautions principle, blood and body fluids from all persons should be considered potentially infectious and handled accordingly. Standard precautions prevent the spread of infections such as HIV, hepatitis B and C and other pathogens in health care settings.

Why are standard precautions particularly important in an emergency setting?

Standard precautions are essential in any setting but, in an emergency, infrastructures and supplies may be destroyed or unavailable. Due to high work pressure, among other reasons, health care staff are more likely to have work-related accidents and may resort to taking shortcuts in procedures, which endangers the safety of both patients and staff. Therefore, infection control measures must be enabled and enforced during a crisis.

⁵⁹ WHO blood transfusion safety website is accessible from <http://www.who.int/bloodsafety/en/>.

⁶⁰ For further information on selecting safe donors, visit http://www.who.int/bloodsafety/voluntary_donation/en/.

⁶¹ For further information on blood safety, visit http://www.who.int/bloodsafety/clinical_use/en/.

Enforce Respect for Standard Precautions

Standard precautions must be emphasized during the first health coordination meeting. Keep in mind especially that cleaners and other support staff, who are often newly recruited, may not have worked in health setting environments before and therefore may not have received adequate training.

What are the minimum requirements for infection control?⁶²

Ensure all staff (both medical and support staff) in health care settings understand standard precautions.

Standard precautions are:

- ✦ Frequent hand washing:
 - ❖ Wash hands with soap and water before and after all patient contact.
 - ❖ Make facilities and supplies for hand washing easily available for all service providers.
- ✦ Wearing gloves:
 - ❖ Wear non-sterile single use gloves for all procedures where contact with blood or other potentially infected body fluids is anticipated.
 - ❖ Wash hands before putting on and after removing gloves.
- ✦ Wearing protective clothing:
 - ❖ Waterproof gowns or aprons must be worn where blood or other body fluids might splash.
 - ❖ Require staff to wear masks and eye shields where there is possible exposure to large amounts of blood.
- ✦ Safe handling of sharp objects:
 - ❖ Minimize the need to handle needles and syringes.
 - ❖ Use a sterile disposable syringe and needle for each injection.
 - ❖ Set up a work area where injections are given to reduce the risk of injury.
 - ❖ Do not recap needles.
 - ❖ Position and inform patients correctly for injections.
 - ❖ Dispose needles and sharps in puncture-and liquid-proof safety boxes. Ensure puncture-resistant containers for sharps disposal are readily available, close at hand and out of reach of children. Sharp objects should never be thrown into ordinary waste bins or bags.
- ✦ Disposal of waste materials:
 - ❖ Burn all medical waste in a separate area, preferably within the health facility grounds.
 - ❖ Bury items that still pose a threat, such as sharp objects, in a covered pit at least 10 meters from a water source.

⁶² For further information on infection prevention, visit <http://www.engenderhealth.org/files/pubs/qi/ip/ip-ref-eng.pdf>.

- ✦ Using single-dose vials rather than multi-dose vials and:
 - ❖ If multi-dose vials are used, avoid leaving a needle in the stopper.
 - ❖ Once opened, store multi-dose vials in refrigerator.
- ✦ Instrument processing: Process used instruments in the following order:
 1. *Decontaminate* instruments to kill viruses (HIV and hepatitis B) and make items safer to handle.
 2. *Clean* instruments before sterilization or high-level disinfection (HLD) to remove debris.
 3. *Sterilize* (eliminates all pathogens) instruments to minimize the risk of infections during procedures. Steam autoclaving is recommended. HLD (through boiling or soaking in a chlorine solution) may not eliminate spores.
 4. *Use or properly store* items immediately after sterilization.
- ✦ Housekeeping:
 - ❖ Clean up spills of blood or other body fluids promptly and carefully.

What should RH Officers do to support health sector/cluster workplace policies for occupational exposure?

Despite putting standard precautions in place and adhering to them, occupational exposure to HIV may occur. RH Officers must advocate and provide assistance within the health sector/cluster to ensure that workplace policies for occupational exposure are established and implemented, including:

- ✦ Ensure PEP⁶³ is available within the health sector as part of a comprehensive standard precautions package for reducing staff exposure to infectious hazards at work.
- ✦ Post first aid measures in relevant workspaces and inform all staff how to access treatment for exposure.
- ✦ Maintain confidentiality of the exposed health worker and the person who is the source of exposure at all times.
- ✦ Counsel the source patient regarding HIV testing and conduct an HIV test if consent is obtained.
- ✦ Assess the risk of HIV transmission in case of occupational exposure: the type of exposure (percutaneous injury, mucous membrane splash, etc.); the type of material exposed to (blood, other body fluids, etc.); and the likelihood of HIV infection of the source patient.
- ✦ Provide counseling for the exposed worker on the implications of the exposure, the need for PEP, how to take it and what to do in case of side effects.
- ✦ Take a medical history and conduct an exam of the exposed worker only after informed consent; recommend HIV voluntary counseling and testing and provide PEP when appropriate. An HIV test is not required before prescribing PEP and no one should be forcibly tested.
- ✦ Educate on risk reduction through review of sequence of events and advise exposed worker to use condoms to prevent secondary transmission during the next three months.

⁶³ World Health Organization, *Post-exposure Prophylaxis to Prevent HIV Infection: Joint WHO/ILO Guidelines on Post-Exposure Prophylaxis (PEP) to prevent HIV infection*, 2007.

- ✦ Provide HIV voluntary counseling and testing at three and six months after the exposure, whether or not the exposed worker received PEP.
- ✦ Complete an incident report.

How can RH Officers work with the health sector/cluster partners to ensure the application of standard precautions?

- ✦ Ensure that protocols for standard precautions are posted in each health facility and that supervisors enforce adherence to these.
- ✦ Organize in-service orientation sessions on standard precautions for health care workers and auxiliary staff where needed.
- ✦ Establish supervisory systems such as simple checklists to ensure compliance with protocols.
- ✦ Ensure first-aid measures in case of occupational exposure are posted and staff are informed and know where to report and obtain PEP if needed.
- ✦ Review occupational exposure incidence reports regularly to determine when and how exposure occurs, and to identify safety concerns and possible preventive measures.

Noted Practices in Preventing and Managing the Consequences of HIV from Darfur⁶⁴
At a clinic in North Darfur, a medical assistant was identified who was specifically responsible for ensuring standard precautions. Trainings on standard precautions were held with village midwives, and necessary supplies were distributed, including condoms.

Adolescents: Provide discreet access to free condoms at adolescent-oriented distribution points, and ensure that health workers provide condoms to adolescents presenting with symptoms of STIs. Ensure that adolescent-friendly health services are available for adolescents presenting to facilities.

Make Free Condoms Available

Condoms are a key method of protection for the prevention of HIV and other STIs. Although not all of the population will be knowledgeable about them, condoms should be available in accessible, private areas from the earliest days of an emergency so that anyone who is familiar with them, both the affected populations and humanitarian staff, has access. Sufficient supplies should be ordered immediately. (See exercise box, page 42, on how to calculate the correct number of condoms to order.)

⁶⁴ The Women's Refugee Commission sub-granted to international agencies to coordinate the implementation of the MISIP in the three states of Darfur, Sudan from 2005 to 2006. Some practices observed by the Women's Refugee Commission's field team are noted.

Exercise

Calculate a 3-month supply of male condoms for a population of 10,000	
SEXUALLY ACTIVE MALE POPULATION = 20%	$10,000 \times .2 = 2,000$
PERCENTAGE OF SEXUALLY ACTIVE MEN WHO USES CONDOMS = 20%*	$2,000 \times .2 = 400$
CONDOMS USED PER MONTH PER MALE = 12	$400 \times 12 = 4,800$
WASTAGE OR LOSS = 20%	$4,800 \times .2 = 960$
CONDOMS USED PER MONTH + WASTAGE/LOSS	$4,800 + 960 = 5,760$
CALCULATE FOR A 3-MONTH SUPPLY**	$5,760 \times 3 = 17,280$

* Twenty percent is a general estimate which can be modified if additional information from previous surveys or studies indicate a higher or lower condom usage rate.

** Condoms usually come in boxes of 144.

Female condoms

Female condoms provide women and girls with a female-initiated method of preventing HIV and protection against other STIs and pregnancy. This is especially important since many women and girls are unable to negotiate male condom use with their partners due to a lack of power in their relationship. Female condoms are typically more expensive and are usually not as well known as male condoms among the population. If, however, the affected community is known to use female condoms, then they can be procured at the onset of an emergency. If the affected community is not familiar with them, explore whether it is possible to secure a stable supply of female condoms; then once a stable phase of the emergency is reached, provide information to the population about this method and provide training for women, girls, boys and men on correct use.

Where can humanitarian staff order condoms?

There are many brands of condoms on the market. It may be useful to check with the national MoH and local NGOs that work in the family planning and HIV prevention or treatment sectors, as they may also be able to help with condom procurement and may be able to do so more rapidly than UN agencies. If an agency does not have experience in procuring condoms, contact UNFPA,⁶⁵ the organization that procures for the whole UN system, to facilitate the purchase of bulk quantities of good-quality condoms at low cost. Male condoms are available as part of Inter-agency RH Kits in Kit 1, part A. Female condoms are available in the Inter-agency RH Kit 1, part B. (See Chapter 7 for more information on RH Kits.)

⁶⁵ Contact information is available at <http://www.unfpa.org/public/contact>.

The Reality of Implementing the MISP in Chad⁶⁶

The Women's Refugee Commission and UNFPA conducted an assessment of the MISP among Darfuri refugees in Chad in March 2004. At the time, priority activities to prevent the transmission of HIV in this setting were nonexistent or limited at best. One humanitarian worker remarked, "Condoms would probably melt here." Another worker stated, "We need to concentrate on basic activities—not complicated activities like HIV."

How should condoms be made available?

In addition to providing condoms upon request in health facilities, humanitarian staff should make sure that condoms are made visible to the displaced population and provide information that condoms are available at various locations. Condoms can be set out at health facilities as well as at a range of other sites such as registration; food and non-food distribution points; youth and community service offices; and anywhere that people congregate or come to access services or supplies. It may be a good idea to make condoms available in private locations, such as latrines and to supply hotels and bars with condoms. Discuss with people from the affected population (men, women and youth) about how condoms can be made available in a culturally sensitive way—particularly for individuals who engage in behavior that increases their risk of transmission, such as sex workers and their clients, men who have sex with men, injecting drug users and young people. Adolescents may also be helpful in identifying locations where their peers congregate.

Designing and implementing an appropriate IEC condom distribution campaign is time and resource consuming and is thus not a priority intervention at the beginning of an emergency. It is best not to conduct a mass IEC campaign on condom distribution until after all components of the MISP have been implemented, when more comprehensive HIV, AIDS and family planning programs can be carefully designed.

Noted Practice

When asked by a national staff why there were condoms in the toilet area, an international organization representative explained: "X agency is an international organization and, wherever we work in the world, we make condoms available to prevent HIV transmission in the region we are working." The staff person was satisfied with this answer and condoms slowly began to be taken from the condom basket located in the staff toilet.

⁶⁶ Women's Refugee Commission and UNFPA, *Lifesaving Reproductive Health Care: Ignored and Neglected: Assessment of the Minimum Initial Service Package (MISP) of Reproductive Health for Sudanese Refugees in Chad, 2004*. Available from http://www.rhrc.org/resources/cd_misp_final.pdf.

MISP HIV Monitoring

- ✦ Safe and rational blood transfusion protocols in place
- ✦ Units of blood screened/all units of blood donated x 100 ____
- ✦ Sufficient materials and checklists to ensure standard precautions in place
- ✦ Condoms available free of charge at:
 - ✦ Health facilities
 - ✦ Community level
- ✦ Approximate number of condoms taken this period _____
- ✦ Number of condoms replenished in distribution sites this period (specify locations)

Which supplies are needed or which Inter-agency RH Kit(s) could be ordered to address this issue?⁶⁷

Number	Name	Color
Kit 1:	Condom Kit (Part A + B)	Red
Kit 12:	Blood Transfusion Kit	Dark green

* *It is important that supplies are procured in collaboration with the overall health sector/cluster procurement to ensure coordinated supply procurement, management and distribution.*

Challenges and Solutions

1. What if the health facilities do not have the capacity to screen donors for HIV?

Do not administer blood that has not been screened. Strongly advocate to the MoH, UN agencies such as WHO and UNFPA, or a humanitarian organization such as International Committee of the Red Cross, to establish blood screening services.

2. What if the culture of the displaced population objects to condoms?

Humanitarian workers sometimes assume that the wide availability of condoms may be frowned upon by some cultures. It is still important to make condoms visible and available, however, because such an assumption may not be true or may not be true for everyone in the population. There are creative ways to provide this life-saving material for those who want to protect themselves or others from HIV transmission, such as placing condoms in less public yet still accessible areas. In one displaced setting in Indonesia, for example, an agency engaged local kiosks to keep a bowl of condoms available for the community free of charge.

⁶⁷ Most kits include supplies to ensure universal standard precautions. In addition, the Reference and Training Package, a library of resource materials, is included with each kit order. Please see Chapter 7 for the list of materials in this package. The Inter-agency RH Kit booklet is available at <http://www.rhrc.org/resources/rhrkit.pdf>.

Chapter 4 Quiz

(Answers on page 105)

- 1** Which is **not** a risk factor for HIV transmission in displaced settings?
- a. Exploitative relationships among women and girls who are in need of money, goods or services
 - b. People living with HIV participating in food distribution
 - c. Adolescents who may initiate sexual relations at an earlier age
 - d. Armed forces and other uniformed services surround the displacement area
 - e. Making condoms available only to married couples
- 2** Which of the following activities should be undertaken in order to ensure safe blood transfusion?
- a. Ensure that all blood for transfusion is safe by ensuring that it is screened for HIV and other transfusion transmissible infections such as hepatitis B and C and syphilis
 - b. Avoid unnecessary blood transfusions
 - c. Ensure there are sufficient HIV and other tests and supplies available for screening blood where needed
 - d. Ensure that an appropriate facility, supplies and qualified staff are in place
 - e. All of the above
- 3** Which is a requirement for infection control?
- a. Facilities for frequent hand washing
 - b. X-ray services
 - c. Decontaminating, cleaning, disinfecting and sterilizing used instruments
 - d. Safe handling of sharp objects
 - e. a, c and d
- 4** PEP should **not** be provided if HIV testing is unavailable or the patient refuses a test.
- True
 - False
- 5** Condoms can be made available at:
- a. Health facilities
 - b. Food and non-food distribution points
 - c. Latrines
 - d. Popular bars in urban areas
 - e. All of the above