

Photo: Marten van der Beelen

HIV IN FRAGILE CONTEXTS

CARE. ACT. SHARE. LIKE CORDAID.



Fragile and conflict-affected settings contribute to an increased risk of HIV/AIDS. Higher levels of poverty, displacements, a rise in gender-based violence, and limited access to HIV/AIDS services make young people vulnerable to sexual exploitation exposing them to HIV/AIDS.

LEAVE NO PERSON BEHIND

In 2016, in an historic agreement¹, all countries committed themselves to end HIV/AIDS as public health threat by 2030 through achieving the Fast-Track commitments. In the last 18 years, the HIV response has been robust and managed to turn the tide on the epidemic. However, to ensure an end to HIV/AIDS by 2030, a more comprehensive approach needs to be adopted through the targeting of those who are most vulnerable: women and young girls and those most difficult to reach being affected by fragility and conflict. More attention needs to be given to the HIV prevalence risk rate in fragile and war-torn countries and to ensuring the provision of HIV/AIDS services.

Cordaid works in the most fragile areas of the world to deliver HIV, TB and basic health services for people most in need. Breaking barriers to reach them, because everybody counts.

LEAVE NO COUNTRY BEHIND

This year's theme of the AIDS 2018 conference is "**Breaking Barriers, Building Bridges**", drawing attention to the need of rights-based and adapted approaches to reach more effectively key populations². For instance the City of Amsterdam has set itself an ambitious goal: being 100% HIV/AIDS free by 2030.

To achieve the globally agreed upon Fast-Track commitments and targets set in 2016, and to truly end the HIV/AIDS epidemic, all efforts and resources must include a specific focus on fragile and conflict-affected settings, since 36% of globally AIDS-related deaths occur in Sub-Saharan Africa. In absolute numbers, 760,000 deaths caused by AIDS in Africa (2015)³ alone exceed the targets set for 2030.



Globally agreed upon Fast-Track Targets⁴:

- Reducing new HIV infections to fewer than 500 000 by 2030.
- Reducing AIDS-related deaths to fewer than 500 000 by 2030.
- Eliminating HIV-related stigma and discrimination by 2030.
- Treatment for all 90-90-90: Ensure that, by 2030, 30 million people have access to treatment through meeting the 90-90-90 targets, whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads.



FACTS & FIGURES 2016

36 million
people live with HIV⁵

36 %
of annual AIDS deaths occur in Sub-Saharan Africa⁶

58 %
of new HIV infections among young persons (15-24) occurred among adolescent girls and young women⁷

BUILDING BRIDGES, BREAKING BARRIERS IN FRAGILE SETTINGS

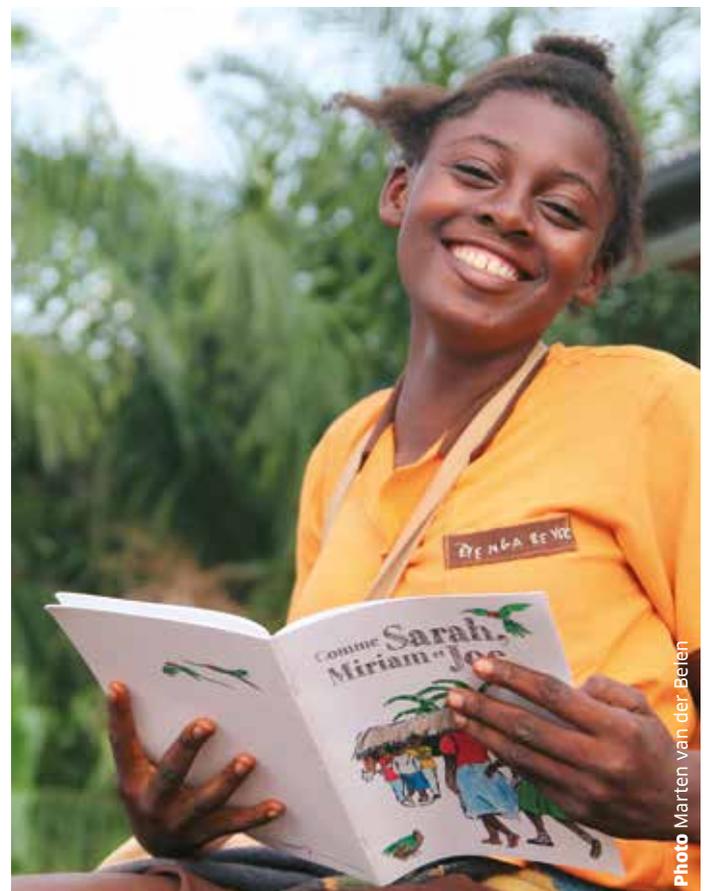
Cordaid aims to integrate HIV prevention and care mechanisms in existing health and community structures. This is a challenge, since HIV & health systems in fragile settings are overburdened due to lack of health staff and financial resources. Moreover, we emphasize the need to have an integrated approach to TB and HIV as co-morbidity is frequent.

Cordaid builds bridges with the following action package for health services:

- A functioning health system at a minimal standard through result-based financing
- An adequate supply chain for HIV-tests, HIV and TB medications
- A client-friendly health service provision, with respectful staff and guarding of confidentiality, with attention of special needs of young people, women and key populations

Cordaid breaks barriers with actions in communities:

- HIV education in communities, by local health workers, people living with HIV/AIDS (PLWHA) and by community radio in unsafe areas
- Removing stigma and discrimination of PLWHA
- Community risk reduction strategies and protection strategies of children and youth. Specific attention in training of community and religious leaders is given towards gender and power imbalances and contexts of violence as aggravating factors.



Beonce is reading Cordaid's SRHR booklet for children to learn about body changes and rights. Cameroon, 2017.

Photo Marten van der Beijen

A CASE OF CORDAID

THE DEMOCRATIC REPUBLIC OF CONGO

The Democratic Republic of Congo (DRC) faces an ongoing epidemic of HIV infection. Only 27.5% of eligible patients to antiretroviral therapy (ART) have access to the treatment. This is about one quarter of the estimated 370,000 people living with HIV. DRC is also among the 30 countries hardest hit by TB worldwide and an increasing number of people is dying of TB and HIV coinfection.

Since 2012, Cordaid has been the Principal Recipient of the Global Fund for HIV/AIDS, and since 2018 for both HIV and TB. It targets nearly the entire country by focusing on 321⁸ health zones (out of 516) in 24 provinces (out of 26), with 28 sub-recipients.



Photo Kenneth Rawlinson

Cordaid and its local partners have achieved some significant results in DRC in the period of 2012 – 2017, then covering half the country:

- **5.546.772** men and women 15+ years old (15-49) have been tested and know the result
- **28.545** HIV-positive pregnant women received antiretrovirals to reduce the risk of mother-to-child transmission
- **85.806** adults are currently receiving antiretroviral therapy

Access to quality HIV/AIDS services in DRC

In DRC, Cordaid tries to complement the limited capacity and limited reach of the health system with strengthened tailor-made community-based models of HIV/AIDS services, such as:

- **Drop-in-Centers / Le centre convivial:** User-friendly centers that provide sexual and reproductive health (SRH) services. They contribute to lowering the risk of HIV-infection by providing PEP (post-exposure prophylaxis) to victims of gender-based and sexual violence. The centers also provide HIV/AIDS services to key populations. Five of these centers are located in some of the most fragile areas in the country including Kisangani, Goma, Bukavu and Bunia.
- **Postes de distribution (PODI):** Community-based structures in remote and insecure areas, managed by people living with HIV/AIDS (PLWHA), providing HIV/AIDS counselling and ARV treatments. In 2014, PODI began with 12 PLWHA and now there are 1,046 PLWHA.

These two models demonstrate the feasibility of increasing access to HIV/AIDS prevention and treatment services through community approaches, even in highly fragile and insecure settings.

Medicine storage in Kinshasa, DRC.

REMAINING BARRIERS AND CHALLENGES

Long term fragility in any given country leads to poor governance and loss of qualified health staff. Recurrent insecurity threats hampers effective adherence to ARV, prevention and accurate measurements on HIV transmission. Damaged roads hampers regular transport for supplies and supervision of health facilities. Surges of violence and complete impunity lead to extreme high levels of involuntary and unprotected sex and rape of girls, women and LGBTs.

Risk mitigation is possible, but it needs multiple simultaneous interventions. To reach the last person in the most difficult-to-reach areas and target groups comes with increased efforts and cost that need to be met. The public health benefits of everybody should be reached and curbing the HIV epidemic in all countries will be effective in the long term.



Photo Martien van der Beelen

Pastor Emmanuel Nyamulinduka Fungulo. Miti Murhesa, South-Kivu, DRC, 2016.

CORDAID ASKS FOR ACCELERATED HIV/AIDS RESPONSE IN FRAGILE SETTINGS

Recognizing HIV as a global health issue which puts all societies at risk, calls for international solidarity. Cordaid calls for the International Community to increase support for fragile countries with the highest burdens of both HIV and TB. If efforts and budgets are not increased substantially, the global targets for 2030 will not be reached, prolonging human and financial costs for many years to come.

Cordaid seeks partners and supporters on the following key asks:

- Scale-up of HIV services in fragile countries of Africa with low HIV prevalence but with and high impact on society
- Sustained and sufficient funding for HIV/AIDS prevention amongst young people in fragile and conflict-affected settings
- Scale-up of community-based models of care in fragile and conflict-affected settings
- Integration of HIV/AIDS and TB services in basic healthcare delivery to avoid competition for scarce human resources for health especially in a fragile context
- Greater availability of PEP (post exposure prophylaxis) and appropriate support at all health care facilities and centers caring for survivors of gender-based violence

Building bridges, breaking barriers, truly leaving no one behind, not even in fragile settings: Can it be achieved? Convince yourself by watching a 5 minute short film 'Follow the pill: The last mile in DR Congo' on Cordaid's YouTube channel.



Photo Kenneth Rawlinson

OUR PARTNERS



MORE INFORMATION

For more information on Cordaid's Health program, please scan this QR code.



ABOUT CORDAID

Cordaid strives to end poverty and exclusion. We do this in the world's most fragile and conflict-affected areas as well as in the Netherlands. We engage local communities to rebuild trust and resilience and increase people's self-reliance. Our professionals provide humanitarian assistance and create opportunities to improve security, healthcare and education and stimulate inclusive economic growth. We are supported by 288,000 private donors in the Netherlands and by a worldwide partner network. This gives us the leverage and implementing power to solve problems and create structural change in the most challenging settings.

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¹ AIDS 2018. About. <http://www.aids2018.org/About>
² AIDS 2018. About. <http://www.aids2018.org/About>
³ <https://africacheck.org/factsheets/factsheets-africas-leading->
⁴ UNAIDS. Fast Track: Ending the Epidemic by 2030. http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf
⁵ (source: UNAIDS 2014) <http://www.unaids.org/en/resources/909090>
⁶ (MSF rapport): https://www.msf.org/sites/msf.org/files/2016_04_hiv_report_eng.pdf
⁷ (UN WOMEN. Facts and Figures on women and HIV/AIDS: <http://www.unwomen.org/en/what-we-do/hiv-and-aids/facts-and-figures>)
⁸ Expanding to 354 health zones