

RESEARCH ARTICLE (ORIGINAL) 

Repercussions of the humanitarian crises on the health of adolescents and young people with HIV/AIDS

Repercusión de las crisis humanitarias en la salud de adolescentes y jóvenes con VIH y SIDA

Repercussões das crises humanitárias na saúde de adolescentes e jovens que vivem com HIV e AIDS

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Abstract

Background: In the context of a humanitarian crisis such as the HIV pandemic, adolescents and young people, who are a critical population in this struggle, will face an uncertain and bleak future if action is not taken in time.

Objective: To reflect on how humanitarian crises impact the health of adolescents and young people with HIV/AIDS.

Main topics under analysis: Humanitarian crises impacted access to HIV diagnosis and treatment for adolescents and young people with HIV/AIDS. In humanitarian emergencies, responses focus on providing supplies to address issues like hunger, poverty, water scarcity, lack of education and shelter, and ecosystem management.

Conclusion: Humanitarian crises have an impact on the health of adolescents and young people with HIV/AIDS and pose a major challenge in terms of access to and care for health services.

Keywords: humanitarian crisis; adolescent health; young adult; HIV; acquired immunodeficiency syndrome

Resumen

Marco contextual: En tiempos de crisis humanitarias, como en el caso de la pandemia del VIH, los adolescentes y jóvenes, quienes son poblaciones críticas en esta lucha, enfrentarán un futuro incierto y desolador si no se toman acciones a tiempo.

Objetivo: Reflexionar sobre cómo las crisis humanitarias repercuten en la salud de adolescentes y jóvenes que viven con VIH y SIDA.

Principales temas en análisis: Las crisis humanitarias influyeron en el acceso al diagnóstico de VIH, así como al tratamiento de los adolescentes y jóvenes que viven con el VIH y SIDA. Y las respuestas en el contexto de emergencias humanitarias están dirigidas más a la disponibilidad de suministros para abordar problemas como el hambre, la pobreza, la escasez de agua, la educación, la vivienda y la gestión de los ecosistemas.

Conclusión: Las crisis humanitarias repercuten en la salud de los adolescentes y jóvenes que viven con VIH y SIDA y representan un gran desafío, ya que dificultan el acceso y la atención a los servicios de salud.

Palabras clave: crisis humanitaria; salud del adolescente; adulto joven; VIH; síndrome de inmunodeficiencia adquirida

Resumo

Enquadramento: Em tempos de crises humanitárias, como no caso da pandemia do VIH, os adolescentes e os jovens, que são populações críticas nesta luta, enfrentarão um futuro incerto e sombrio se não forem tomadas medidas a tempo.

Objetivo: Refletir sobre como as crises humanitárias repercutem na saúde de adolescentes e jovens que vivem com HIV e AIDS.

Principais tópicos em análise: As crises humanitárias influenciaram o acesso ao diagnóstico do HIV, bem como ao tratamento de adolescentes e jovens que vivem com HIV e AIDS. E as respostas no contexto das emergências humanitárias centram-se mais na disponibilidade de suprimentos para evitar a fome, a pobreza, a água, a educação, a habitação e a gestão dos ecossistemas.

Conclusão: As crises humanitárias repercutem na saúde de adolescentes e jovens que vivem com HIV e representam um grande desafio, pois dificultam o acesso e o atendimento aos serviços de saúde.

Palavras-chave: crise humanitária; saúde do adolescente; adulto jovem; HIV; síndrome de imunodeficiência adquirida



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Introduction

In environments characterized by inequality, poverty, and lack of basic services, the absence of protective measures or preventive programs can trigger humanitarian crises. A humanitarian crisis occurs when a community or group of people in a region faces a scenario marked by high mortality rates, malnutrition, the spread of disease, epidemic outbreaks, and health emergencies. This scenario may result from a lack of safe drinking water, food insecurity, and lack of medical care and shelter. It may be exacerbated by political events, armed conflicts, regime changes, ethnic or religious persecution, natural disasters, and other similar events that require intervention. In such circumstances, external cooperation is essential, as the affected country does not have sufficient resources to deal with the crisis on its own (Amimo et al., 2021; Iberdrola, 2023; Logie et al., 2023).

Environmental factors, such as the effects of climate change, play a crucial role in triggering humanitarian crises. In fact, 90% of disasters are caused by this phenomenon, resulting in events such as floods, droughts, heat waves and intense storms that affect human lives and create shortages that force populations to migrate in search of shelter. In addition, several factors can trigger a humanitarian crisis, including political causes such as armed conflicts and civil wars, which result in human losses, food shortages and displacement crises. Epidemics are also a major challenge for humanitarian aid, as the spread of diseases such as the human immunodeficiency virus (HIV) has claimed millions of lives and remains one of the world's greatest public health problems (Iberdrola, 2023).

At this point, it is important to consider data from UNAIDS, which indicates that 29.8 million of the 39 million people living with HIV worldwide are currently receiving life-saving treatment. In addition, a total of 1.6 million people have received HIV treatment in 2020, 2021, and 2022. If this annual growth continues, the global goal of reaching 35 million people on HIV treatment by 2025 will be achievable. Access to antiretroviral therapy has expanded significantly in sub-Saharan Africa and Asia and the Pacific, which together account for approximately 82% of people living with HIV worldwide (United Nations on HIV/AIDS, 2023).

The largest declines in new infections have been among girls, boys, and young people, who have been the focus of effective interventions in recent years. Globally, about 210,000 adolescent girls and young women (aged 15-24) were infected with HIV in 2022, half the number in 2010. In the same year, 140,000 adolescent boys and young men (15-24 years) were newly infected with HIV, a 44% reduction since 2010 (United Nations on HIV/AIDS, 2023).

Sexual and reproductive health care is considered an essential aspect of primary health care. However, it is often neglected in humanitarian settings as efforts focus on other priority needs (Logie et al., 2019). These efforts aim to address the devastating effects of humanitarian crises on affected societies, such as population displacement, famine, and malnutrition. In addition, the lack of basic

services due to the destruction of education and health facilities, which are targeted during conflict, jeopardizes the health and educational care of the population (Iberdrola, 2023).

Humanitarian emergencies have posed significant challenges to the delivery of HIV-related services, hampering the ability to track patients on antiretroviral treatment (ART) and maintain and access care records, disrupting services and supply chains, and even displacing care providers. All of this often occurs in health systems that may already suffer from known weaknesses. In addition, some affected populations become more vulnerable to HIV infection due to displacement, food insecurity, and poverty, situations that can persist long after crisis periods end (Forero-Peña et al., 2024; Rossi et al., 2021; Roxo et al., 2019).

War within a humanitarian crisis, such as the Ukraine-Russia conflict, has multiple negative consequences. Access to medical care is severely impacted due to security concerns, restricted mobility, disrupted supply chains, and massive population displacement (Dzhus & Golovach, 2023).

The COVID-19 pandemic has led to significant gaps in social protection coverage around the world, with alarming underinvestment, particularly in Africa and Asia. Today, around 4 billion people lack any form of reliable social protection, despite abundant evidence showing how social protection programs can reduce poverty and address the diverse needs of marginalized people, as well as contribute to combating HIV (Ahmed et al., 2023; United Nations on HIV/AIDS, 2023; Logie et al., 2023). Progress made in the global fight against HIV is leaving a noticeable and relevant footprint on a global scale. The advances in health systems and communities that underpin these achievements have benefits beyond the public health sphere, contributing to progress on other Sustainable Development Goals (SDGs, Roxo et al., 2019).

It is important to ensure that key populations and other priority populations, such as adolescents and young people, are protected from HIV, even in humanitarian emergencies. Otherwise, the pandemic will continue unabated, imposing high costs on affected communities and societies (Roxo et al., 2019). The aim, therefore, is to reflect on the humanitarian crises in the health of adolescents and young people with HIV/AIDS.

Development

It is a theoretical-reflective study that allows reflection on the current literature, as well as the construction of a given topic from the perspective of a researcher. The study was developed during the postgraduate course "Planetary Health and Global Health: Current Challenges and Opportunities" of the Postgraduate Program in Nursing of the State University of Maringá, shared with the Postgraduate Program in Health and Nutrition of the Federal University of Ouro Preto, both in Brazil.

The relevant literature used to support this reflection was identified through non-systematic database searches in Web of Science, Medical Literature Analysis and Retrieval



System Online (MEDLINE) via PubMed and *Base de Dados Bibliográficas Especializada na Área de Enfermagem* (BDENF), Latin American and Caribbean Health Literature (LILACS) via Virtual Health Library. The following keywords were used: VIH and HIV; Síndrome de Inmunodeficiência Adquirida/Acquired Immunodeficiency Syndrome; Crisis Humanitaria/Humanitarian Crisis; Adolescente/Adolescent. The boolean operators AND and OR were used to structure the searches. This moment was important for the authors to identify the most relevant aspects and, therefore, to theorize the object. The study was conducted between October and November 2023 and was limited to articles in Portuguese, English, and Spanish, given the researchers' reading and comprehension skills in these languages. The texts considered were published between 2013 and 2023 and focused on the impact of humanitarian crises, including war, famine, pandemics, and poverty, on the health and lives of adolescents and young people with HIV/AIDS. This timeline is justified by the World Health Organization's Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. This document addresses the use of HIV treatment and prevention in all populations and age groups, building on the broad continuum of HIV care in all settings (World Health Organization, 2013).

To broaden the scope of the selected studies, a hand search was conducted, allowing for the addition of relevant articles that contributed to the findings of this theoretical discussion and were not identified in the previous database search.

Once the relevant texts had been identified, a meticulous reading was conducted to acquire information on the impact of humanitarian crises on adolescents and young people with HIV/AIDS. The information was

summarized by two of the authors of this reflection, who met regularly to compare and share the process of textual synthesis. Throughout the process of selecting, reading, and analyzing the texts, the researchers produced reflective-theoretical notes that recorded the main analytical decisions and interpretations. In the event of discrepancies or uncertainty regarding the content, the more experienced members of the group were consulted to achieve a consensus.

As this was a reflective study that did not entail the direct collection of data from individuals, it was not necessary to submit it to a Research Ethics Committee for review. However, the authors were meticulous in ensuring that the primary studies utilized to construct this reflection study were in strict adherence to ethical principles.

The reflective text is structured around two thematic axes: "To what extent have humanitarian crises affected the ability of adolescents and young people to receive an HIV diagnosis?" and "What has been the response to help adolescents and young people with HIV/AIDS in humanitarian crises?"

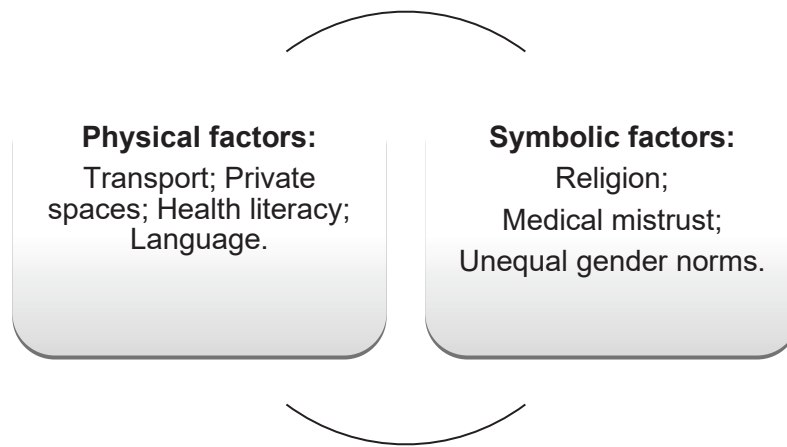
To what extent have humanitarian crises affected the ability of adolescents and young people to receive an HIV diagnosis?

It is clear that during humanitarian crises, barriers to accessing sexual and reproductive health services, such as HIV prevention and testing, are exacerbated by inadequate health services, language barriers, and lack of information (Logie et al., 2019).

Adolescent and young refugees who have experienced humanitarian crises in their countries of origin have been found to have several factors influencing their access to HIV prevention and testing, including material and symbolic contextual factors (Logie et al., 2021; Figure 1).

Figure 1

Diagram of the physical and symbolic factors that influence the access to HIV diagnosis for adolescents and young people in humanitarian crises. Antofagasta, Chile, 2023



Source: Adapted from “The role of context in shaping HIV testing and prevention engagement among urban refugee and displaced adolescents and youth in Kampala, Uganda: Findings from a qualitative study”, by Logie, C. H., Okumu, M., Musoke, D. K., Hakiza, R., Mwima, S., Kacholia, V., Kyambadde, P., Kiera, U. M., Mbuagbaw, L., & The Migrant Health Dermatology Working Group. 2021, *Tropical Medicine & International Health*, 26(5), 572-581. (<https://doi.org/10.1111/tmi.13560>).

As noted above, among the challenges adolescents and young people face in accessing HIV prevention and testing are physical factors, including transportation and the location of health services, as this age group often cannot afford the cost of travel due to poverty and unemployment. They are also unaware of the location of services and how to reach them because they are refugees (Logie et al., 2021).

In addition, many adolescents and young people are housed in large facilities, and when the opportunity to self-test for HIV arises, they do not have access to private spaces, let alone a place to dispose of the self-test kits (Logie et al., 2021). Another factor is a lack of health literacy, with adolescents and young people not understanding the need for early diagnosis, as well as language barriers to accessing HIV testing and care, and the need to provide HIV prevention and self-testing materials in different languages (Logie et al., 2021).

Among the symbolic factors, many young people have religion as a way of maintaining their culture. However, religious bodies have seen HIV prevention efforts, such as condom distribution and HIV testing, as an opportunity to encourage and support early sexual activity, which is seen as a sin and therefore hinders access to HIV diagnosis (Logie et al., 2021).

Mistrust of health care providers has become a barrier to adherence to HIV testing, as adolescents and young people fear that they are not real health care professionals and also because of the possibility of spreading the results to the community, which fears that they may be HIV positive (Logie et al., 2021).

Another factor that draws much attention to access to

HIV testing and prevention is the unequal gender norms that often lead to sexual and gender-based violence among adolescents and young people during their careers. Early marriage and violence among sex workers are present, with young people citing fear of asking their partners to take an HIV test and that it could affect their marriage. Sex workers and health workers are harassed by police in some locations for providing condoms and lubricants, making it difficult for them to access HIV prevention (Logie et al., 2021).

This context increases vulnerability to HIV in humanitarian crises, as the priority is to meet daily needs for food, shelter, and safety before providing access to HIV testing (Logie et al., 2019). This makes it difficult to achieve global targets such as 95% of people knowing their HIV status (UNAIDS, 2023).

What has been the response to help adolescents and young people with HIV/AIDS in humanitarian emergencies?

Adolescents and young people are a generation with the potential to achieve social and economic success in the future, which is critical for them and their countries (Cluver et al., 2022). However, in the face of humanitarian crises, responses focus on hunger, water, poverty, education, housing, and ecosystem management. As a result, there is little discussion of sexual and reproductive health, HIV/AIDS, and the specific development needs of adolescents and young people (Roxo et al., 2019).

Guidelines for a rapid public health response to HIV and AIDS include the Inter-Agency Standing Committee Guidelines for HIV and AIDS Interventions in

Emergency Settings (Inter-Agency Standing Committee, 2003), the Minimum Initial Service Package for Sexual and Reproductive Health of the Inter-Agency Working Group on Reproductive Health in Crisis, and Minimum Standards in Humanitarian Response (United Nations Population Fund, 2020).

Careful attention must be paid to prevention needs in the context of emergencies, such as screening for acute HIV infection, even more critical attention to adolescents and young people, the availability of post-exposure prophylaxis (PEP) and, more recently, pre-exposure prophylaxis (PrEP; Ademe et al., 2023; Roxo et al., 2019).

In addition, the Inter-Agency Task Team to Address HIV in Humanitarian Emergencies (2015) recommends, at a minimum, ensuring a continuous supply of antiretroviral therapy, especially for adolescents and young people who are most vulnerable to health risk behaviors. In addition, HIV-positive pregnant and breastfeeding women on antiretroviral treatment should have access to safe delivery, infant feeding counseling, and perinatal prophylaxis for HIV-exposed infants. These are essential strategies to achieve the 95-95-95 targets by 2030 (United Nations on HIV/AIDS, 2023).

However, in the absence of a structure to provide adequate treatment for all, it will be more difficult to achieve the targets of the 2030 Agenda. The SDGs may also be missed in a number of places, and the world will remain at risk in the future. HIV pandemics and in the midst of humanitarian crises in the face of disasters and displacement. SDG target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all) may therefore not be met in a number of countries, particularly in low- and middle-income countries. As a result, other SDGs, such as target 3.3 by 2030 to end the AIDS epidemic (Amimo et al., 2021), may not be achieved, especially among adolescents and young people living with HIV and AIDS, who exhibit behaviors that are more detrimental to their health (Piran et al., 2023).

José Moya and Mónica Uribe point out that the spread of HIV is influenced by social, economic and political conditions. Although Latin America and the Caribbean reflect the global trend, the diversity of contexts calls for specific approaches. The HIV epidemic should not be limited to the poorest or least developed countries, as it affects all social classes. However, economic and social inequalities make the most vulnerable more vulnerable. Factors such as poverty, lack of education, taboos about sexuality, discrimination based on gender and sexuality, and the specificities of each country create a complexity that requires analysis in order to develop effective responses to HIV and humanitarian crises (Pérez, 2023).

In challenging times and responses to humanitarian crises, nurses are called upon and assigned global and local leadership roles to work with other health professionals to address the universal human health, social, and political crisis (Wilson et al., 2022; Lima et al., 2023). In this way, the study enables nurses and other health professionals to reflect on the contexts of humanitarian emergencies,

particularly in the lives of adolescents and young people with HIV/AIDS.

Conclusion

This reflection revealed that humanitarian crises impact the health of adolescents and young people with HIV/AIDS. Humanitarian crises remain a major challenge and necessitate significant global efforts to address essential needs such as food, water, shelter, and security, among others. Emergencies, as well as the political, health, and socioeconomic circumstances of each country, can affect the ability to access, monitor, control, detect, and prevent HIV among adolescents and young people. Government authorities and global health and educational organizations must collaborate and work across diversities and inequalities to develop plans and programs that ensure care for adolescents and young people with HIV in humanitarian crises. Furthermore, it is essential to guarantee that their rights are respected and valued in all contexts.

Author contributions

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