

A photograph of several wooden human-shaped figures standing on a dark grey chessboard with white grid lines. The figures are arranged in a line, with some in the foreground and others further back. The background of the image is a geometric design with blue and olive green triangles.

# **EMERGENCY PREPAREDNESS PLAN FOR HIV & HARM REDUCTION SERVICE PROVIDERS**

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# **EGYPT**

# INTRODUCTION

The harms inflicted by the COVID-19 pandemic on the availability of HIV and harm reduction services have threatened the sustainability of prior development efforts in controlling the HIV prevalence at the global level.

According to a recent modelling exercise carried out by WHO and UNAIDS “a six-month disruption to treatment could lead to half a million extra deaths from AIDS-related causes in sub-Saharan Africa, while a 6 months disruption in outreach and condom programming is predicted to lead to a 25% increase in new infections over one year”.<sup>1</sup>

The immense ramifications of the pandemic on key populations and the health systems failure to sustain HIV and harm reduction services during the pandemic has necessitated a unified call of action from UN and International development agencies to safeguard the rights of marginalized populations and ensure the continuity of harm reduction services while fighting the COVID-19 pandemic.<sup>2</sup>

The situation in the Middle East and North Africa (MENA) region was even worse. A study conducted by UNAIDS in five countries of the MENA region showed that harm reduction programmes in these countries have experienced major challenges in sustaining their services, maintaining an adequate supply of antiretroviral medicines (ARVs), and have suspended HIV preventive, testing and treatment services in response to the pandemic restriction and lockdown policies.<sup>3</sup> The unprecedented aftermath of the Ebola outbreak in West Africa (2013-2016) and the most recent crisis of the COVID-19 pandemic has triggered increased global interest in strengthening public health systems resilience and emergency preparedness to prevent future health crisis.

Resilient public health systems have been defined as: “those that rapidly acquire information about their environments, quickly adapt their behaviors and structures to changing circumstances, communicate easily and thoroughly with others, and broadly mobilize networks of expertise and material support”.<sup>4</sup>



To that end several Public Health Emergency preparedness frameworks were developed by UN agencies to guide countries around the globe in developing their emergency preparedness plans to ultimately enhance readiness, improve response and reduce the impacts of emergency events. Examples of such frameworks, include the World Health Organization (WHO) strategic framework for emergency preparedness (EPP).<sup>5</sup> This framework identifies the principles and elements of effective emergency preparedness and lays out the planning process by which countries can determine their priorities and develop or strengthen their operational capacities in all hazards emergency events.<sup>5</sup>

Following global trends, MENAHRA in collaboration with the Global Fund aimed at supporting the development of the emergency preparedness plans for harm reduction services for four countries of the MENA region, including Egypt, Jordan, Morocco, and Tunisia to improve access to quality HIV and harm reduction services for Key Populations- specifically PLHIV and PWUD, and enhance harm reduction service providers' resilience and preparedness for emergency response in the context of health emergencies.

The purpose of this document is to present the emergency preparedness plan, developed for harm reduction services providers in Egypt, so as to enhance the country response to all hazard's emergencies in the future.



**THOSE THAT RAPIDLY ACQUIRE  
INFORMATION ABOUT THEIR  
ENVIRONMENTS, QUICKLY ADAPT THEIR  
BEHAVIORS AND STRUCTURES TO  
CHANGING CIRCUMSTANCES**

• 1 WHO. (2020). The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV [website]. <https://www.who.int/news/item/-2020-05-11-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>

• 2 UNDP. (2020). COVID19-: Ensuring access to quality, safe, and nondiscriminatory services for HIV key populations and migrants. UNDP press release. Retrieved from: <https://www.undp.org/press-releases/covid-19-ensuring-access-quality-safe-and-non-discriminatory-services-hiv-key>

• 3 WHO. (2020). Resilience of HIV services during the COVID19- pandemic. Voices of people living with HIV. <https://applications.emro.who.int/docs/WHOEMSTD207E-eng.pdf?ua=1>

• 4 Khan, Y., O'Sullivan, T., Brown, A. et al. (2018). Public health emergency preparedness: a framework to promote resilience. BMC Public Health 2018) 1344 ,18). <https://doi.org/10.1186/s-12889-7-6250-018>

• 5 WHO. (2016). A strategic framework for emergency preparedness. Geneva: World Health Organization; 2016. License: CC BY-NC-SA 3.0 IGO. Retrieved from: <http://www.who.int/ihr/publications/9789241511827/en/>.

# WHAT IS THE PURPOSE OF THE EPP FOR HIV AND HARM REDUCTION SERVICES IN EGYPT?

The Emergency Preparedness (EPP) for HIV and harm reduction services was designed to guide the preparedness and the initial response of HIV and harm reduction service providers to ensure their readiness and timely response in emergency situations.

## WHO IS THIS PLAN INTENDED FOR?

The EPP is intended for HIV and harm reduction service providers in Egypt, including the MOH, the National Aids Program (NAP), other public health facilities and civil society organizations (CSOs) working with PLHIV and PWUD.



## WHAT IS THE SCOPE OF THE PLAN?

Emergency preparedness is defined as “the knowledge and capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies”.<sup>6</sup>

Accordingly, the proposed EPP scope is limited to the pre-emergency actions to be adopted by harm reduction CSOs and other stakeholders in preparation for the initial response to mitigate the impacts of adverse emergency situations. Thus, the proposed plan doesn't cover/ include the actions needed for the comprehensive response and the recovery phase of the emergency planning cycle.

## HOW HAS THE PLAN BEEN DEVELOPED?

The EPP for HIV and harm reduction services for Egypt comes as the second phase of a two-phase project that was carried out in May 2022. The first phase of the project involved identifying the impacts of the COVID-19 pandemic on the lives of KPs, and the repercussions of the pandemic on essential harm reduction/ health services in the country. The assessment findings revealed that the COVID-19 strict precaution measures that were imposed by the government to contain the pandemic had a very negative impact on the wellbeing and live hood of KPs in the country as well as the ability of HIV and harm reduction service providers to provide essential services to the extent that they had to halt their therapeutic, health protection and promotion programs for a long period of time. The assessment findings also showed that harm reduction service providers both public and CSOs were unprepared to deal with the tremendous chocks of the COVID-19 and provided insights on the challenges and gaps that has hindered their timely response in the context of the covid-19 pandemic.

The insights provided through the situational assessment were then used to identify the key actions that needed to be developed by HIV and harm reduction service providers to strengthen their readiness by using the WHO strategic framework for emergency preparedness<sup>7</sup> as a tool to guide the development of the EPP that is relevant to the public health system in Egypt. The selection of the WHO strategic framework for emergency preparedness to guide the development of the EPP for HIV and harm reduction services in Egypt was based on two main reasons, including the framework relevance to all healthcare systems, and its applicability to all - hazards emergency preparedness.<sup>8</sup>

As such, the EPP presented in this report provides a high-level orientation to the findings of the situational assessment study on KPs needs in the context of the COVID-19 pandemic and the recommendations brought forward by key stakeholders working in the field of harm reduction services in the country.

<sup>6</sup> WHO (2016). A strategic framework for emergency preparedness. Geneva: World Health Organization; 2016. License: CC BY -NC-SA 3.0 IGO. Retrieved from: <http://www.who.int/ihr/publications/9789241511827/en/>.

<sup>8</sup> Khan, Y., O'Sullivan, T., Brown, A. et al. (2018). Public health emergency preparedness: a framework to promote resilience. BMC Public Health 2018) 1344,18). <https://doi.org/10.1186/s7-6250-018-12889>

# PROPOSED EMERGENCY PREPAREDNESS PLAN FOR HIV AND HARM REDUCTION SERVICE PROVIDERS IN EGYPT

The WHO strategic framework for emergency preparedness (EPP), emphasizes the actions needed to strengthen public health systems preparedness and response to emergency situations under the following core themes : (1) Having a multi-sectoral governance structure that can lead the development and the execution of emergency preparedness, response, and recovery plans ; (2) Building the capacities of Public health care systems to ensure timely response; and (3) the availability of adequate financial, human and physical resources to support the execution of the emergency response.

The section below illustrates the main challenges that were found to impact HIV and harm reduction services providers' timely response to the COVID-19 pandemic under each of the three core themes of the WHO strategic framework for emergency preparedness, and elaborates the actions needed to strengthen HIV and harm reduction services readiness to future crises that are of relevance to HIV and harm reduction healthcare systems in Egypt:

## Governance

Stakeholders acknowledged the commitment demonstrated by the government to mitigate the effects of the pandemic. The Government of Egypt has an established Crisis and Disasters Response sector composed of different stakeholders. The sector was responsible for health and non-health crises and providing strategic guidance and management of the situation. This sector handled the crisis and suggested measures to contain the pandemic and was made up of representatives from several ministries, including the ministries of interior and health and various governmental agencies. Despite this high-level coordination forum at the government level, there were no such arrangements where health stakeholders (outside the MOH) were represented and were part of the coordination arrangements. The establishment of such operational level coordination forums before any disaster situation was important to ensure the capacities to manage the emergency situation are well built as part of the preparedness.

To strengthen preparedness, efforts are highly needed in establishing a multi-sectoral governance structure with identified roles and responsibilities that can lead the development and execution of the Emergency preparedness, response and recovery plans for HIV and harm reduction services as well as strengthening collaboration and coordination between all HIV and harm reduction stakeholders in the country.

This structure should be developed by the MOH which already encompasses several departments and collaborates with different entities specializing in PLHIV and PWUD and must include membership from both health and none health sectors, including but not limited to all MOH units specific to PLHIV and PWUD, pharmacies, representatives from both, private and public health centers and drug addiction treatment facilities, internal security forces, CSOs, KPs and international development agencies. The main responsibilities of this structure /committee are:





- Lead the development and execution of HIV and harm reduction services emergency response and recovery plans
- Develop strong networks/ partnerships with key stake holders with identified roles and responsibilities
- Develop digital platforms that can enhance coordination, communication and sharing of essential information among partners including CSOs and other key players such as the internal security forces
- Integrate HIV and harm reduction preparedness plan in existing health coordination systems
- Advocate for modification of existing national policies and legislations that proved to be harmful to KPs/ HIV and harm reduction services in times of the pandemic

## HIV and harm reduction service providers' capacities

Even before the pandemic, there was a growing interest and commitment from the MOHP on the importance of integrating HIV service with other STIs control programs. Other strategic priorities in the plan include integrating HIV testing with rapid testing for hepatitis B and C, integrating HIV testing with SRH services within antenatal care and maternity hospitals, STI clinics, and improving mechanisms of integrating HIV services with TB, HCV and HBV services. The integration could be extended to include other priority infectious diseases such as COVID-19 (or any other future novel infectious diseases). The integration of these services can provide important opportunities, not only to achieve better efficiencies, but also to offer a stigma free service to all patients who suffer from these diseases. This will become an important policy change that will enhance the provision of HIV and harm reduction services in the future (including during emergency situations). On the other hand, most of the organizations did not integrate HIV services but few offered HIV services under harm reduction for PWIDs, or under programs targeted to women and gender-based violence. Integration of the services was an important change that needs to happen during the next period. Accordingly, to be more prepared there is an urgent need to strengthen the HIV and harm reduction organizational and technical capacities under the following areas:

**a. Generating and sharing information to inform decision making:** During the pandemic, CSOs were working with PLHIV and PWIDs to enhance their awareness about the modes of transmission and preventive measures of COVID-19. These organizations provided educational information about the COVID-19 virus, through awareness sessions through an online means. However, the situational assessment indicated the lack of structured process to receive tailored information to PLHIV as special vulnerable groups. For instance, COVID-19 has a dramatic effect on the health of PLHIV. Access to ART, basic health care, and timely and dependable sources of health information were the three primary obstacles that PLHIV encountered during the epidemic. Stakeholders emphasized the importance of crafting a specially tailored information package to this population segment to be offered to them during any kind of crises. As such, there is a need to build capacities in generating and sharing information and strengthening HIV and harm reduction systems response. Suggested actions to enhance readiness include establishing a comprehensive information system specific to key populations, assess particular hazards that are of relevance to the country, assess HIV and harm reduction services' capacities and needs, assess human resources capacities to identify needs for development, and accelerating the use of digital technology to facilitate sharing and dissemination of information between and among key players.



**TO BE MORE PREPARED, THERE IS AN URGENT NEED TO STRENGTHEN THE HIV AND HARM REDUCTION ORGANIZATIONAL AND TECHNICAL CAPACITIES**

**b. Strengthening service capacities to ensure the sustainability of HIV and harm reduction services in times of crisis:** The situation assessment showed some challenges facing existing HIV and harm reduction services in Egypt, including limited scale of services, shortage of staff specialized and qualified to work with PLHIV and PWUD, and stigma and discrimination toward KPs. The gaps highlighted the significant need to strengthen expansion and decentralization of the existing services, hire and train staff (health professionals including infectious disease specialists, psychiatrists, and psychologists) to treat and care PLHIV and PWUD, and develop and increase efforts in reducing stigma and discrimination among health professionals, police, and housing/shelter specialists.

Suggested actions include, integrating HIV and harm reduction services within primary health care settings especially outside the main cities where HIV and harm reduction services are limited/ not sought due to fear from stigma, establishing mobile clinics/out- reach programs to reach KPs where they are , developing referral systems for KPs to facilitate access to services, improve the quality of psychosocial services in hospitals and treatment centers working with PLHIV and PWUD, enhance the network of testing and care services so that any PLHIV or PWUD can begin and/or continue treatment during a time of crisis, invest in digital solutions to support the on-line delivery of essential services and programs, as well as enhance the organizations' digital presence to strengthen KPs knowledge on how and where to find services in times of crisis.





**c. Strengthening access to basic and safe health and emergency services:** KPs access to essential health services was obstructed during the COVID-19 pandemic mainly due to stigma and discrimination toward KPs among health workers, and due to shortage of existing programs, hospitals and clinics. Therefore, actions such as increasing infrastructure and staff for clinical settings, building a referral system that can facilitate admission to hospitals and housing shelters, establishing continuity plans for health and basic services to enable availability and access to specialized services that address physical, financial, gender and cultural barriers, providing PLHIV and PWUD with medical identification cards that can facilitate their access to essential health services, improve health facilities policies to create a more supportive environment for PLHIV and PWUD seeking care, assigning focal persons at public and private clinics, centers, and importantly shelters to facilitate PLHIV and PWUD admission and counter the stigma and discrimination from health and social workers are recommended to address these challenges.

**d. Risk communication:** Despite the quick response by the NAP to provide multi-month dispensing of lifesaving ARVs to PLHIV to reduce in-person visits to hospitals with the aim of controlling infection rates, there was an urgent need to support and advance targeted communication channels to bridge the information gap between service providers and recipients. Targeted efforts are needed to relay this information in a timely manner through rapid resource mobilization. HIV and harm reduction service providers did not have a risk communication plan to keep KPs informed about how and where to access services such as ARV and methadone treatment; the repercussions of the pandemic on their health; how to protect themselves and those around them. Thus, building capacities in risk communication is a highly recommended action to enhance the institutions communication capacities particularly those affiliated with the MOH.

**e. Community engagement:** In Egypt, there was a growing interest among the community (especially the youth) for volunteering. Many of CSOs rely on volunteers to fulfil their work and some lack dedicated staff for monitoring and evaluation activities. Given the limited resources available to cover all of the need, especially during the time of emergencies; building on the volunteering culture and incorporate a large group of volunteers to mobilize community resources was essential. Building the capacity of these groups on strategies to address the needs of PLHIV and PWIDs during the emergency situations was a good opportunity. An official entity representing CSOs and KPs is needed for an effective and timely response during a time of crisis. Continuous engagement of KPs in identifying solutions to their problems is essential in an emergency. Establishing peer to peer programs need to be developed to strengthen KPs engagement in emergency response.

## Resources

The WHO strategic framework for EPP emphasizes the importance of ensuring the availability of sufficient human, physical and financial resources for timely response. As such, enhancing readiness is highly determined on the availability and access to resources needed in times of crisis. Challenges with qualified human resources and shortages of staff were identified within the local health system and the CSOs, indicating the need for actions to develop human resources capacities particularly in emergency management. Availability of therapeutic treatment for PLHIV and PWUD was made available for PLHIV and PWUD already in the system but not for people who tested positive or people who needed OST during the pandemic, indicating the need for enhancing the MOH procurement protocols, as well as purchasing and inventory processes. Furthermore, there was a limited number of hygiene kits distributed to CSO staff, thus delaying their ability to work. As to financial resources, the CSOs asked for the establishment of an “emergency fund” to be made available at all times and specific to key populations, and the establishment of a financial compensation plan for PLHIV and PWUD during a time of crisis.

In conclusion, the lessons learned from the COVID-19 pandemic has exposed the weaknesses in the existing HIV and harm reduction services in Egypt and revealed the dire need for collective action to strengthen the system readiness for emergency situations. The proposed EPP for HIV and harm reduction services (Table 1) elaborates the actions needed to enhance preparedness in the context of emergencies and the importance of building strong collaborations to face the adversity of major emergencies under the main three themes of the WHO strategic emergency preparedness framework.



**Table 1**

## Proposed EPP for HIV and Harm reduction service providers for Egypt

Theme 1: Governance	
Strategic objectives	Recommended Actions
To establish a high-level national multi-sectoral emergency preparedness, response and recovery plan for HIV and harm reduction services for Egypt that supports collaboration and coordination among stakeholders (stakeholders include community, local, national, regional and global stakeholders)	<ul style="list-style-type: none"> <li>• Advocate to establish a local governance structure that can develop, lead, and implement a multi-sectoral emergency preparedness and response plan for harm reduction services</li> <li>• Identify Key Stakeholders</li> <li>• Define and map the mandate and strengths of each stakeholder to identify each organization's areas strengths, so that each can lead in its area of expertise</li> <li>• Establish coordination mechanisms and continuity plans for emergency preparedness of all relevant sectors, including public, private and civil society in public health, prisons and slums, emergency services and migration</li> <li>• Use technical assistance and guidance from international stakeholders for preparedness, response, and recovery planning (applying international frameworks)</li> <li>• Develop memoranda of understanding with clear roles and responsibilities for each partner</li> <li>• Identify the focal point to lead the coordination and collaboration among key stakeholders</li> <li>• Establish digital platforms that would facilitate collaboration, coordination, referral, and communication among various stakeholders</li> <li>• Develop a multi-sectoral all-hazard emergency response plan that sets out the responsibilities to all partners and includes updated medical treatments for PLHIV and PWUD, and support modalities for 1st line health workers</li> <li>• Carry out community level drills and exercises to test planning for emergency preparedness, response, and recovery</li> </ul>
To ensure that HIV and harm reduction multi-sectoral EPP is aligned with and integrated within the government emergency national plan	<ul style="list-style-type: none"> <li>• Advocate for integrating HIV and harm reduction EPP within the government emergency plan with continuity plans for each population -PLHIV and PWUD, including foreigners, migrants, displaced persons, women, and women with children</li> <li>• Advocate for reforms and modification of existing government policies and legislations based on assessment and analysis of needs and risks</li> <li>• Map out the weaknesses in the government emergency response plan and its impact on the health of PLHIV/PWUD Increase the awareness of decision makers on the needs of KPs and the policies that proved to be harmful to KPs/ harm reduction CSOs in times of the pandemic.</li> <li>• Lead and advocate for actions that reduce stigma and discrimination against PLHIV and PWUD</li> <li>• Lead and advocate for actions that reduce gender inequality</li> </ul>

## Theme 2: Capacity

Strategic objectives	Recommended Actions
To build institution capacities in generating, sharing, and disseminating essential information related to risks, KPs and harm reductions services to inform decision making	<ul style="list-style-type: none"> <li>• Carry out risk and vulnerability analysis assessments to determine priority interventions in times of emergencies and to understand KPs needs</li> <li>• Carry out HIV and harm reduction capacity assessment processes to identify capabilities/strengths/ assets that are relevant to emergency response</li> <li>• Update the national surveillance system for PLHIV and include PWUD to accelerate emergency preparedness surveillance and early warning information specific to KPs</li> <li>• Advocate to establish a central management information system for PLHIV and PWUD to enhance information sharing and reporting between all focal points</li> <li>• Enhance CSOs research, and evaluation skills to be able to generate supporting evidence on the effectiveness of their programs.</li> <li>• Develop protocols and processes to increase visibility and ensure information sharing/ reporting among stakeholders</li> </ul>
To build institutions operational capacities to enhance KPs access to essential HIV and harm reduction services in the context of emergencies	<ul style="list-style-type: none"> <li>• Establish alternative ways to deliver services due to forced closure of fixed sites in-times of crises</li> <li>• Advocate to integrate HIV and harm reduction services within primary health care to expand the availability of services across all areas of Tunisia</li> <li>• Advocate to expand HIV testing and access to diagnostic testing with inclusion of treatment/medication during emergency</li> <li>• Implement HCV integrated programs</li> <li>• Develop CSOs mobile clinics/ out- reach programs to reach KPs</li> <li>• Provide plans for multi-month distribution to ensure availability of medications for ARV</li> <li>• Provide plan for PWUD on overdose prevention and management</li> <li>• Provide PLHIV and PWUD with ID cards that can facilitate KPs mobility and their access to essential health services</li> <li>• Adopt new digital solutions to support on-line delivery of psychosocial, legal assistance and counselling services for KPs and personnel working with KPs</li> <li>• Develop peer support programs to reduce stress and anxiety due to isolation for KPs and staff working with KPs</li> </ul>

## Theme 2: Capacity

Strategic objectives	Recommended Actions
To enhance KPs access to Basic and safe health and emergency services	<ul style="list-style-type: none"> <li>• Build the capacity of hospital and non-physician workforce for positive patient-provider interactions when delivering HIV care and with PWUD</li> <li>• Change health facilities policies to create a more supportive environment for PLHIV and PWUD seeking care</li> <li>• Train police officers on the laws pertaining to KPs and code of conduct in law enforcement to improve their conduct with KPs</li> <li>• Advocate for OST, overdose prevention and management</li> <li>• Build shelters and adapt scope of services delivered based on KPs needs, such as financial and social assistance programs (i.e. cash assistance, food provisions, medication, basic needs and housing accommodations for PLHIV and PWUD, and women living with HIV- with kids, and women injecting drugs)</li> <li>• Build a referral system that can facilitate PLHIV and PWUD (especially women with children) referral to health centers</li> </ul>
To strengthen facilities risk communication capacities to avoid treatment and services disruptions	<ul style="list-style-type: none"> <li>• Develop a risk communication plan which uses on-line and offline communication channels to relay important messages to KPs in emergency situations.</li> <li>• Strengthen institutions websites and digital presence to facilitate KPs access to essential information</li> <li>• Engage all concerned parties, including KPs in the development of enhanced communication programs for PLHIV and PWUD</li> <li>• Develop public health messages/ material to reach KPs without labeling them</li> <li>• Train designated communication staff on risk communication</li> <li>• Improve communication between CSOs and PLHIV/PWUD</li> <li>• Build the capacities of the MOH to improve communication targeting PLHIV and PWUD</li> </ul>
To strengthen KPs engagement in the development of emergency response to be able to mobilize them in times of emergency	<ul style="list-style-type: none"> <li>• Develop strong networks of KPs all over the country</li> <li>• Facilitate KPs participation and engagement in the development of emergency response plans</li> <li>• Train KPs on community outreach programs and allow them to participate in times of emergency</li> </ul>

## Theme 3: Resources

Strategic objectives	Recommended Actions
To ensure the availability of sufficient and trained human resources for the execution of any emergency response plan	<ul style="list-style-type: none"> <li>• Develop protocols for human resources management during crisis</li> <li>• Carry out a training needs analysis of staff and train workforce on emergency response tools that address skill shortages and include public, private and civil society organizations</li> <li>• Expand, decentralize and train health professionals in all regions of Tunisia to work with PLHIV and PWUD</li> <li>• Address stigma and discrimination in trainings and awareness campaigns to create a supportive environment for PLHIV and PWUD</li> <li>• Emphasize human rights and gender rights approaches for PLHIV and PWUD during trainings</li> <li>• Establish and maintain specialized teams (e.g. emergency medical team, rapid response team, experts)</li> <li>• Train PLHIV and PWUD on emergency response tools</li> <li>• Strengthen CSOs community volunteer programs to allow them to participate/ work during emergencies especially if shortage of staff</li> </ul>
To ensure the availability of financial resources	<ul style="list-style-type: none"> <li>• Advocate for establishing emergency funds for HIV and harm reduction emergency response plan at governmental, and CSO levels</li> <li>• Engage all stakeholders in identifying and approaching funding opportunities</li> <li>• Work with international donor agencies to advocate for faster funding for HIV and harm reduction services during an emergency</li> </ul>
To ensure the availability of adequate material and medical supplies for the execution of any emergency response plan	<ul style="list-style-type: none"> <li>• Use predictive systems to forecast demand of essential medicines and preventive commodities relevant to the emergency context</li> <li>• Conduct mapping of essential medical supplies and commodities that need to be stocked in case of emergency (i.e. hygiene kits, PPE, ARV, agents for HIV test and viral load screening, painkillers)</li> <li>• Agree with international stakeholders on global and regional preparedness, prioritization and distribution of key supplies during an emergency.</li> </ul>







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