

# HIV AND INTERNALLY DISPLACED PERSONS

## UNAIDS, UNHCR and WHO POLICY BRIEF

### Policy position

In 2001, the General Assembly adopted the Declaration of Commitment on HIV/AIDS, “recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons, and in particular women and children, are at increased risk of exposure to HIV infection” and that there is a need to “implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations ...”<sup>1</sup> The Political Declaration on HIV/AIDS in 2006 reaffirms these commitments in the context of achieving universal access to HIV prevention, treatment, care and support for vulnerable groups.<sup>2</sup>

Governments must ensure internally displaced persons (IDPs) have access, on an equal and nondiscriminatory basis, to HIV services.<sup>3</sup>

### Context

In 2008 there were an estimated 27.1 million internally displaced persons due to conflict and an additional 25 million displaced persons due to natural disasters.<sup>4,5,6</sup> They are present in large numbers in over 50 countries, with almost half residing in Africa.<sup>7</sup> It is estimated that women and children make up two-thirds of internally displaced populations, although profiles differ across regions.<sup>8</sup>

Internally displaced persons are defined as those “persons or groups of persons who have been forced or obliged to flee or to leave their homes ..., in particular ... in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border”.<sup>6</sup>

At a global level, it is estimated that 5.4% of people living with HIV and 7.2% of children

<sup>1</sup> A/RES/S-26/2, para 75, Declaration of Commitment on HIV/AIDS – United Nations General Assembly Special Session on HIV/AIDS, New York, United Nations, 2001.

<sup>2</sup> A/RES/60/262, paras 18 and 37. Political Declaration on HIV/AIDS – United Nation General Assembly High-Level Meeting on HIV/AIDS, New York, United Nations, 2007.

<sup>3</sup> Note on HIV/AIDS and the protection of refugees, IDPS and other populations of concern. Geneva, Office of the United Nations High Commissioner for Refugees (UNHCR), 2006.

<sup>4</sup> The Guiding Principles on Internal Displacement (UN Doc E/CN.4/1998/53/Add.2). See also *Handbook for the protection of internally displaced persons*. Geneva, Global Protection Cluster Working Group, 2007, provisional release.

<sup>5</sup> Global overview of trends and developments in 2009. Geneva, Internal Displacement Monitoring Centre (IDMC), 2010. [http://www.internal-displacement.org/8025708F004BE3B1/\(httpInfoFiles\)/8980F134C9CF4373C1257725006167DA/\\$file/Global\\_Overview\\_2009.pdf](http://www.internal-displacement.org/8025708F004BE3B1/(httpInfoFiles)/8980F134C9CF4373C1257725006167DA/$file/Global_Overview_2009.pdf). Accessed 25 May 2010.

<sup>6</sup> *2008 Global trends: refugees, asylum-seekers, returnees, internally displaced and stateless persons*. Geneva, Office of the United Nations High Commissioner for Refugees (UNHCR), 2008.

<sup>7</sup> A/RES/60/262.

<sup>8</sup> A/RES/60/262.

living with HIV were affected by conflict, humanitarian crises and/or displacement in 2006. In order for governments to meet their obligations under international law to fulfil the right to health for all and to meet their commitment to begin to reverse the spread of HIV by 2015, they must address the HIV-related vulnerabilities, risks and needs among internally displaced persons. They must do so in meeting their obligations to respect, protect and fulfil the rights of internally displaced persons under international and domestic law as for other nondisplaced persons in their country.<sup>10</sup>

### Access to prevention, treatment, care and support

Providing HIV services to internally displaced persons and others affected by humanitarian crises is a difficult undertaking, as health, community structures and other services and infrastructure are often destroyed in situations of conflict or natural disasters.<sup>11</sup> Multisectoral minimum initial HIV interventions (as defined in the 2009 Inter-Agency Standing Committee (IASC) guidelines for addressing HIV in humanitarian settings) should be implemented as early as possible after the onset of a humanitarian crisis, regardless of the context, followed by an expanded package of prevention, treatment, care and support that is tailored to the epidemiological context and integrated within both national HIV programmes and other related local services.<sup>12</sup>

Particular challenges to providing internally displaced persons with HIV prevention, treatment, care and support services include the following.

- **Moving populations:** some internal displacement is temporary or volatile, and internally displaced persons may often be on the move between different locations.
- **Providing outreach:** some internally displaced persons may not want to reveal their HIV status for fear of retaliation or discrimination. This factor, combined with other protection issues, makes outreach difficult.
- **Accessing services:** in some areas, access will be limited due to increased insecurity, restrictions due to lack of identity cards or requirement for payment of services.
- **Deteriorating community and health infrastructure.**
- **Estimating the size and location** of the displaced population in order to develop important indicators such as rates, service coverage and accessibility to services.
- **Developing technical capacity and specific expertise** on HIV in emergency and humanitarian settings.
- **Monitoring and evaluating** the impact of HIV interventions.

<sup>9</sup> See Lowicki-Zucca M et al. Estimates of HIV burden in emergencies. *Sexually Transmitted Infections*, 2008, 84(Suppl. 1):i42–i48. Note that this best available estimate was based on all people affected by conflict and natural disasters, and this constitutes a broader population than internally displaced persons alone.

<sup>10</sup> Principle 1 of the Guiding Principles on Internal Displacement. These rights include the right to privacy and freedom from discrimination (International Covenant on Civil and Political Rights, Articles 17 and 26).

<sup>11</sup> See, for example, Pincock S. Indonesia struggles to resurrect health services. *Lancet*, 2005, 365:281; and Brown H. Sri Lanka banks on sustaining initial success. *Lancet*, 2005, 365:282.

<sup>12</sup> Guidelines for HIV/AIDS interventions in emergency settings. Geneva, Inter-Agency Standing Committee (IASC), 2003 and 2009. <http://www.who.int/hac/techguidance/pht/IASCHIV2009En.pdf>.

UNAIDS, UNHCR and WHO recommend the following:

### Actions for governments

- Incorporate internally displaced persons into national HIV policies, strategic plans and proposals and ensure they have equal access<sup>13</sup> as nationals and other persons in the country to HIV services.
- Ensure that HIV is integrated into emergency preparedness and contingency planning.
- Ensure policies and programmes are designed, implemented, monitored and evaluated with the participation of internally displaced persons.
- Ensure that appropriate laws, policies and programmes, including those related to HIV, are adopted towards the full realization of the rights of all internally displaced persons.
- Ensure HIV programmes are rights- and evidence-based tailored to the epidemiological context.
- Integrate HIV into assessments done among internally displaced persons across key sectors such as health, protection, nutrition, food and education.
- Ensure internally displaced children and young people have full access to information on HIV as part of the education curriculum as well as in the informal educational sector.<sup>14</sup>
- Provide culturally and linguistically appropriate HIV prevention, treatment, care and support programmes that are adapted to the needs of internally displaced persons.

- Implement information and education programmes that aim to dispel misconceptions and counter discrimination and social exclusion of internally displaced persons and people living with HIV among internally displaced persons.

### Actions for civil society

- Provide culturally and linguistically appropriate HIV prevention, treatment, care and support programmes that are adapted to the needs of internally displaced persons.
- Implement information and education programmes that aim to dispel misconceptions and counter discrimination and social exclusion of internally displaced persons and people living with HIV among internally displaced persons.

### Actions for international partners and donors

- Integrate and include responses to the HIV needs of internally displaced persons in humanitarian action plans as well as emergency preparedness and contingency planning.
- Advocate with governments and donors to ensure internally displaced persons are included in national HIV strategic plans, HIV policies and HIV funding proposals.
- Fund and help implement HIV prevention, treatment, care and support services for internally displaced persons.
- Ensure that HIV policies and interventions are mainstreamed into:

<sup>13</sup> Per general comment no. 14 on right to health accessibility has four overlapping dimensions: (1) nondiscrimination, (2) physical accessibility, (3) economic accessibility and (4) information accessibility.

<sup>14</sup> For further recommendations on internal displacement and education, see Educational responses to HIV and AIDS for refugees and internally displaced persons: discussion paper for decision makers. Paris, United Nations Educational, Scientific and Cultural Organization (UNESCO), 2007.

- conflict-prevention activities;
  - peacekeeping operations;
  - disaster preparedness plans;
  - humanitarian responses to crises across all of the humanitarian clusters;
  - post-conflict and post-disaster reconstruction planning, implementation, monitoring and evaluation.
- Advocate for flexibility in HIV and humanitarian funding approaches for the HIV needs of internally displaced persons.
  - Work in partnership with governments and civil society to respond to the changing needs of internally displaced persons as they move through the phases of displacement and recovery.
  - Support strong coordination and communication with government and civil society to ensure HIV-related services are available to internally displaced persons until a durable solution is established.
  - Improve implementation of humanitarian coordination through better linkages between existing coordination mechanisms.