

HIV AND AIDS POLICIES AND INTERVENTIONS

I. OBJECTIVES

1. This paper provides an update on UNHCR's HIV and AIDS policies and programmes, and is a follow up to the HIV and AIDS paper (EC/58/SC/CRP.16) presented to the 39th meeting of the Standing Committee in June 2007.

II. ACTIVITIES: UPDATE ON UNHCR'S HIV AND AIDS POLICIES AND INTERVENTIONS

2. The fundamental principles of international protection and durable solutions for refugees, as well as the universally recognized human rights standards, are the core guiding principles for the new UNHCR HIV and AIDS Strategic Plan 2008-2012. The plan is built upon lessons learned from the two previous Strategic Plans on HIV, AIDS and Refugees (2002-2004 and 2005-2007) and is designed to ensure that UNHCR's operations are built upon national and international standards for comprehensive programmes, ensuring universal access to HIV prevention, care and treatment and support services.

3. UNHCR has continued to be active as the lead agency for HIV among displaced persons (refugees and internally displaced persons) according to the UNAIDS' Division of Labour. Following the HIV and IDP Global Consultation in April 2007 as well as a number of multi-agency assessments with Governments, non-governmental organizations and other United Nations agencies in Côte d'Ivoire, the Democratic Republic of Congo, Nepal and Sri Lanka, a *Rapid Assessment Tool on HIV-related Needs in Internally Displaced Persons and Other Conflict-affected Populations* was published in late 2007.

4. In late 2007, the HIV unit merged with other sectors to become the Public Health and HIV section, covering HIV, public health, reproductive and child health, nutrition, food security, avian and human influenza, and water and sanitation. The HIV unit consists of a senior HIV technical officer and HIV liaison officer based in Geneva, with five regional HIV coordinators based in Africa (4) and Asia (1). Technical support to the Americas, Europe and the Middle East/North Africa is provided by the Geneva-based staff and a part-time consultant for the Americas.

5. In partnership with other United Nations agencies, UNHCR has developed stronger HIV prevention programmes for vulnerable and at risk populations among persons of concern, such as injecting drug users, substance users, and sex workers and their clients. Close

collaboration with the World Health Organization's (WHO) department for Mental Health and Substance Abuse has enabled the office to undertake rapid assessments and programmatic interventions on alcohol and substance abuse and their linkages to HIV transmission and prevention, as well as on other health and social issues among refugees and IDPs in selected countries in Africa and Asia. A *Rapid Assessment tool of Alcohol and Other Substance Use in Conflict-affected and Displaced Populations* has been published in 2008. In the Asia region, UNHCR is working closely with the United Nations Office on Drugs and Crime (UNODC) on HIV transmission among injecting drug users among refugees and returnees. In partnership with the United Nations Population Fund (UNFPA), UNHCR has started to work more comprehensively on HIV and sex work in eastern Africa and eastern Europe. This is being carried out through a series of capacity building workshops and programmatic reviews of the extent of access of sex workers, their families and clients to HIV protection, prevention, care and treatment programmes.

6. Despite the efforts of UNHCR to continue to advocate for the inclusion of refugees, IDPs and other persons of concern to UNHCR into HIV National Strategic Plans, in the past two years, fewer countries in most of sub-Saharan Africa have included specific activities for refugees in their updated strategic plans. However, more have been included in revised plans in countries in West Africa and Asia. To improve the inclusion of refugees and IDPs into new strategic plans, regional advocacy briefs have been developed for UN thematic groups and bilateral donors, in order to raise awareness and seek support for UNHCR's efforts with national Governments.

7. To ensure protection and reduce HIV-related stigma and discrimination for people living with HIV, UNHCR is an active member of the Inter-Agency Task Team on HIV-related travel restrictions. This task force is developing advocacy platforms and seeking to galvanize the global community to eliminate HIV-related travel restrictions. Information on travel-related restrictions for people of concern to UNHCR will be used for advocacy purposes and to support country programmes in their endeavours to advocate for changes in legislation.

8. UNHCR's chairmanship of the UNAIDS' Committee of Cosponsoring Organizations created an opportunity for advocacy on HIV issues in respect of displaced persons and other groups affected by emergencies among the various cosponsors, member States and civil society. As the CCO Chair, UNHCR played a significant role in a number of key actions taken by the UNAIDS Programme Coordination Board. These included laying the foundations for the 2nd Independent Evaluation of UNAIDS; involvement in the process of selection of the next UNAIDS Executive Director; and finalization of the Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria. Throughout, UNHCR has advocated for the inclusion of people affected by humanitarian emergencies in all policy and programme documents. In June 2009, the theme for the 24th Programme Coordination Board will be "People on the Move - Forced Displacement and Migrant Populations."

9. UNHCR continues to work very closely with the UNAIDS cosponsors and Secretariat as well as with other United Nations agencies on all HIV policies and programmes related to HIV and conflict and displacement. UNHCR is an active member of the Inter-agency Standing Committee (IASC) task force on HIV, contributing to the update of the IASC guidelines for HIV interventions in emergencies, and advocating for the inclusion of HIV as

cross-cutting issue within the humanitarian reform process at global, regional and country levels. Under the UNAIDS Inter-Agency Task Team for Young People, UNHCR helped to develop a global guidance brief on HIV and young people in humanitarian emergency settings.

10. Following the success of the sub-regional initiative for the Great Lakes Initiative against AIDS (GLIA), UNHCR has signed a similar sub-agreement with the Inter-Government Agency for Development (IGAD) and the World Bank for the inclusion of refugees and cross-border populations in the East and Horn of Africa. Furthermore the continued additional funding¹ has enhanced the development of comprehensive HIV programmes and contributed to the overall improvement in general and reproductive health services for refugees and IDPs.

11. Through a concerted effort by all stakeholders engaged in the protection of and assistance to people of concern to UNHCR, there is now 100 per cent coverage of essential HIV prevention interventions in refugee operations where UNHCR is coordinating health, HIV and community services. Furthermore, prevention of mother-to-child transmission coverage increased from 57 per cent in 2007 to 63 per cent in 2008, while access to HIV voluntary counselling and testing coverage increased from 60 per cent in 2007 to 70 per cent in 2008. There is also encouraging progress in anti-retroviral treatment coverage for refugees: 75 per cent of refugees have access to anti-retroviral therapy when it is available to surrounding host populations, compared with 44 per cent in 2007; and 84 per cent of rape survivors reporting within 72 hours have access to post-exposure prophylaxis to reduce HIV transmission.

III. CONCLUSIONS

12. Refugees, and to some extent IDPs and returnees, have benefited from increasing international recognition of their rights to access national HIV prevention and treatment programmes. Increasingly, they are becoming integrated into UNAIDS policies and guidance. Within the UNAIDS division of labour, UNHCR will play a more prominent role in the response to HIV in conflict-affected situations that include refugees and IDPs.

13. Based on the new UNHCR 2008-2012 Strategic Plan for HIV and AIDS, UNHCR will focus further on expanding its programmes for refugees, IDPs and other persons of concern at the field level. The Office will continue to emphasize strong partnerships with Governments, UN sister agencies, as well as international and national organizations, to ensure protection of populations of concern and improve HIV prevention, care and treatment programmes.

14. Through the chairmanship of the UNAIDS Committee of Cosponsoring Organizations, UNHCR has advocated strongly for the inclusion of displaced persons into UNAIDS policies and programme. The Office will continue to play a major role as a UNAIDS Cosponsor, including taking part in the selection of the next UNAIDS Executive Director and the 2nd Independent Evaluation of UNAIDS.

¹ The United States President's Emergency Plan for AIDS relief in Botswana, Ethiopia, Kenya, Rwanda and Zambia; the OPEC Fund for International Development in Central Africa and West Africa; and the DFID-funded United Nations System-Wide Work Programme on Scaling Up HIV Services for IDPs in Colombia, Central African Republic and Kenya.