

UNHCR/WHO/UNAIDS

Policy Statement on HIV Testing and Counselling in Health Facilities for Refugees, Internally Displaced Persons and other Persons of Concern to UNHCR



© UNHCR, 2009. All rights reserved.

Reproduction and dissemination for educational or other non-commercial purposes is authorized without any prior written permission from the copyright holders provided the source is fully acknowledged. Reproduction for resale or other commercial purposes, or translation for any purpose, is prohibited without the written permission of the copyright holders. Applications for such permission should be addressed to the Public Health and HIV Section of the Office of the United Nations High Commissioner for Refugees (UNHCR) at hivaid@unhcr.org

All reasonable precautions have been taken by the United Nations High Commissioner for Refugees to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the United Nations High Commissioner for Refugees be liable for damages arising from its use.

Copies of this document can be obtained from:

UNHCR – Public Health and HIV Section

CP 2500

1202 Geneva, Switzerland

Email: hivaid@unhcr.org

<http://www.unhcr.org/hivaid>

Purpose

This Policy Statement examines the role of HIV testing and counselling in health facilities in increasing access to HIV prevention, treatment, care and support services for refugees, Internally Displaced Persons (IDPs) and other persons of concern to UNHCR (see **Glossary** for definitions). It also identifies specific issues regarding HIV testing and counselling amongst these populations as well as makes recommendations for future action.

This policy statement complements and should be used in conjunction with the 2007 WHO/UNAIDS Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities. Information on an enabling environment, training of workers, health care facilities are all found in the above mentioned WHO/UNAIDS Guidance.

It is anticipated that the recommendations in this document will remain valid until 2012. UNHCR will initiate a review of this document and its recommendations at that time.

Glossary

Refugee: The *1951 Convention relating to the Status of Refugees* describes refugees as people who are outside their country of nationality or habitual residence, and have a well-founded fear of persecution due to their race, religion, nationality, membership of a particular social group or political opinion.

Asylum-seeker: Individuals who have sought international protection and whose claims for refugee status have not yet been determined.

Internally Displaced Person (IDP): People or groups of individuals who have been forced to leave their homes or places of habitual residence, in particular as a result, or in order to avoid the effects of armed conflict, situations of generalized violence, violation of human rights or natural- or human-made disasters, and who have not crossed an international border.

Stateless Person: Someone who is not considered as a national by ANY state (de jure stateless); or possibly someone who does not enjoy fundamental rights enjoyed by other nationals in their home state (de facto stateless). Unlike the other groups outlined here, they may have never moved away from the country where they were born, however some stateless people are also refugees.

Voluntary Counselling and Testing: Involves individuals actively seeking HIV testing and counselling at a facility that offers these services.

Persons of Concern to UNHCR: This term is used throughout the document to refer to refugees, Internally Displaced Persons, stateless persons and other persons of concern to UNHCR in this document.

Provider Initiated Counselling and Testing: Refers to HIV testing and counselling which is recommended by health care providers to persons attending health care facilities as a standard component of medical care.

Abbreviations:

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Treatment
IDP	Internally Displaced Person
HIV	Human Immunodeficiency Virus
PoC	Persons of Concern (to UNHCR)
UNAIDS	UN Joint Programme on AIDS
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Background

HIV testing and counselling are important in the context of scaling up access to HIV prevention, care and treatment for two reasons:

- To be able to diagnose those living with HIV early and offer them appropriate care, support and treatment as well as provide important health information during post-test counselling.
- As part of an HIV prevention programme to support people to change their behaviour so as to avoid transmitting HIV to others if they are HIV-positive, and to remain sero-negative if they are negative¹

At the 2005 World Summit² and at the United Nations General Assembly High-Level Meeting on HIV/AIDS in June 2006,³ governments endorsed the continued scaling up of HIV prevention, care and treatment with the goal of achieving universal access by 2010⁴. In May 2007, UNAIDS and WHO released *Guidance on provider-initiated HIV testing and counselling in health facilities*.⁵ The *Guidance* and the UNAIDS/WHO *Policy statement on HIV testing*⁶ only briefly address issues related to HIV testing and counselling for refugees and do not address concerns for other conflict-affected displaced populations.

Therefore, it is imperative to ensure that any guidance for refugees and other conflict-affected displaced persons promotes appropriate access to voluntary HIV testing and counselling, mitigates the stigma and discrimination related to HIV and AIDS, and protects the human rights of refugees, Internally Displaced Persons (IDPs), stateless persons and other persons of concern (PoC) to UNHCR; this includes upholding the standards of informed consent, confidentiality and non-discrimination⁷.

Irrespective of whether HIV testing is client or provider-initiated, it should always occur under conditions of informed consent, confidentiality and counselling⁸. It should also include sufficient and appropriate information for both those testing negative and positive as well as referral to medical and psychosocial support services for those testing positive. Testing for HIV without informed consent is unethical and violates human rights.⁹

UNHCR, WHO and UNAIDS do not support compulsory or mandatory HIV testing of individuals on public health grounds or for any other purpose.

At the end of 2008, there were estimated to be 16.0 million refugees and 26 million conflict generated IDPs¹⁰. Many of them reside in countries heavily affected by HIV and about approximately four million live in sub-Saharan Africa¹¹. Internal and external displacement may be long term (In 2003, refugees stayed in the country of asylum for an average of 17 years).¹² Those who flee their country may no longer be guaranteed protection by their country of origin and may not receive adequate assistance from host countries. Some of the most vulnerable of those displaced include women and children who have suffered human rights violations that may have resulted in HIV infection. Such violations include rape, other forms of sexual violence and exploitation, forced separation from family and other support systems, and denial of health information and services¹³.

In the 2007 UNAIDS/WHO *Guidance on provider-initiated HIV testing and counselling in health facilities*, refugees are noted as one group that may be at higher risk for HIV. However, based on biological and behavioural data, it is not correct to categorise refugees as “at higher risk of HIV”. In fact, the factors that affect the rates of HIV transmission amongst emergency-affected populations are complex and dynamic. They include, for example, HIV prevalence rates among the displaced as well as among the host population, the level of interaction between the displaced and the surrounding population, the length of time of conflict and in camp settings, and the location of refugee camps¹⁴. There is no evidence to show that refugees are more likely to engage in higher HIV risk behaviour than the surrounding populations¹⁵. However, displacement as a result of conflict can sometimes increase *vulnerability* to HIV by reducing access to HIV prevention services, disrupting social support networks, increasing exposure to sexual violence, encouraging sex in return for food and shelter, or moving to an area of higher HIV prevalence¹⁶.

Implications of the Guidance for UNHCR's Persons of Concern

The UNAIDS/WHO *Policy statement on HIV testing*⁶ and the *Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities*⁵ provide useful frameworks and contain important principles and recommendations that should guide the approach to expanding access to HIV testing and counselling for all refugees, IDPs and other PoCs to UNHCR, hereafter called Persons of Concern to UNHCR.

In particular, the policy statement:

- Notes that refugees and other marginalised populations often suffer worse health problems and have more difficulty accessing quality health services.
- Strongly supports efforts to scale up testing and counselling services, including client-initiated and provider-initiated testing and counselling in the context of universal access to HIV prevention, treatment, care and support.
- Unequivocally opposes mandatory or compulsory testing.
- Emphasises that, regardless of whether HIV testing and counselling is client- or provider-initiated, it should always be voluntary. People need to receive sufficient information to enable them to give informed consent, confidentiality of the test results must be ensured and counselling must be provided.
- Recognises that emergency-affected populations may be more susceptible to mandatory testing and additional means must be taken to ensure informed consent.
- Recognises that emergency-affected populations may be more susceptible to discrimination, violence and abandonment, or other negative consequences upon disclosure of an HIV-positive test result, and thus require particular efforts to protect confidentiality.
- Acknowledges that scaling up of HIV testing and counselling must be accompanied by:
 - Ensuring access to HIV prevention, treatment and care and support services; where access is not yet available, there should be a reasonable expectation that it will become available within the framework of the national HIV strategies to achieve universal access.
 - A supportive social, policy and legal environment for people living with HIV and AIDS and those most at risk of acquiring HIV infection.

Additional issues relate to specific situations facing PoCs to UNHCR are described below.

Refugees and Asylum Seekers

The HIV status of a asylum-seeker should not constitute a bar to admission to the territory of the country of asylum or to accessing asylum procedures. The right to be protected against *refoulement* is the cornerstone of international refugee law, and HIV status is not a ground for any exception to this principle¹⁷. Moreover, an asylum claim should not be denied on the basis of positive HIV status alone nor should family reunification be denied.

There is no legal basis for imposing HIV mandatory testing of refugees and asylum seekers in international human rights law. Such testing violates the rights to privacy, liberty and security of the person and may lead to a violation of the right to non-discrimination. Mandatory testing may be combined with measures restricting the freedom of movement for people who test HIV positive. However, any restrictions of the right to liberty and security of the person or the right to freedom of movement based on suspected or real HIV positive status alone are discriminatory and cannot be justified by public health concerns¹⁸.

Examples of mandatory HIV testing amongst refugees and asylum seekers have been identified in a number of countries. These include compulsory and mandatory testing of refugees and/or testing being conducted without pre- and post-test counselling or protection of confidentiality. In some countries, this occurs even where the national legislation clearly states that all HIV testing should be conducted with informed consent. Furthermore, in some situations, refugees and asylum seekers do not have access to affordable HIV prevention and treatment services, (e.g. in some countries, refugees must pay for services where it is free to citizens) or only have access to emergency or basic primary health care.

UNHCR reiterates that positive HIV status alone should not adversely affect a person's right to seek asylum, to access protection, or to avail oneself of appropriate durable solutions.

Resettlement

There are refugees living with HIV who are in need of resettlement to a third country, based on core protection grounds unrelated to their HIV status. Others might be in need of protection and resettlement due to human rights violations related to their HIV status. In both situations, UNHCR believes that HIV status should not adversely affect their right to access protection and appropriate durable solutions.

Resettlement countries generally require a medical examination including medical screening for some communicable diseases including hepatitis B, syphilis and tuberculosis. Some countries require a test for HIV.¹⁹ The resettlement of persons with medical needs is challenging, and resettlement opportunities are limited. Specific criteria for medical resettlement exist and must be carefully followed²⁰. UNHCR clearly states that HIV status should not adversely affect resettlement opportunities. Whereas States may exclude people, including those living with HIV, who are not self-supporting, if those people also have a legitimate need for asylum, UNHCR stresses that the need for asylum override any concerns about potential costs associated with treatment and care.

Any HIV testing in the context of asylum or resettlement should be conducted under the conditions of the “Three Cs”: informed Consent, Confidentiality and Counselling, as stated above. UNHCR urges all resettlement countries to have guidelines on HIV testing and counselling that call for international standards to be applied, and to ensure that these are monitored and enforced.

Refugees seeking resettlement need to be aware that a positive HIV test result may prolong the resettlement process and can result in exclusion from resettlement to some countries.

In order to address these issues, a Joint UNHCR/IOM/UNAIDS statement on *HIV Testing in the Context of Resettlement*²¹ was produced in 2007 which:

- Notes the obligation of all parties concerned to meet international HIV counselling and testing standards.
- Jointly calls on resettlement countries to ensure adequate resources are provided, and quality assurance is in place, for HIV programmes.
- Calls for activities, including HIV testing and pre- and post- test counselling for resettlement applicants, to follow UNAIDS and WHO international guidelines for testing and counselling as well as the UNHCR and IOM resettlement guidelines.

Internally Displaced Persons

IDPs should be able to access the same HIV testing and counselling and HIV prevention, treatment, care and support services as other citizens of the country. However, in the emergency phase of a disaster, there is often considerable disruption to services, and it may be difficult to provide anything other than basic care and support.

Persons living with HIV and their families, whether displaced or not, may face serious protection risks. Such risks may be further compounded in situations of internal displacement during armed conflict. In some cases, displaced persons living with HIV have seen their freedom of movement limited and their rights to privacy and confidentiality compromised.

HIV testing and counselling for UNHCR's Persons of Concern

UNHCR is in favour of PoCs to UNHCR having access to client-initiated HIV testing and counselling as well as provider initiated testing and counselling as the gateway to HIV prevention, treatment, care and support. In most situations, UNHCR follows the national protocols. UNHCR allocates considerable resources towards enhancing the provision of HIV counselling and testing in refugee settings globally. HIV testing and counselling is not considered a priority intervention in the early stages of the onset of an emergency crisis as it is not considered a life-saving intervention in the immediate term. When the emergency situation stabilises, offering HIV testing and counselling for people who need to know their HIV status becomes an important intervention.

The promotion of HIV testing may however increase protection issues for persons to be found HIV positive. Before integrating provider initiated testing and counselling into existing health systems, assessments need to be made to ensure that laws, policies and practices regarding HIV respect human rights and that those living with HIV are not discriminated against, excluded or exposed to violence and abuse. The challenge, therefore, is to ensure that the principles espoused in the *Guidance on provider-initiated HIV testing and counselling in health facilities*, in particular, that any testing should be on voluntary basis, are adhered to. Moreover, a system for monitoring their application in accordance with international human rights legislations should be put in place.

In the post-emergency phase, both client-initiated testing and counselling (the classic model of voluntary counselling and testing where an individual approaches a HIV testing service and *requests* a HIV test) and provider initiated testing and counselling, (where health care workers *recommend* HIV testing routinely in high prevalence settings and/or where HIV-related symptoms are evident) should be offered. This is to ensure that HIV testing and counselling is appropriately within reach of those most likely to be affected by HIV and assists in efforts to scale up towards universal access to HIV prevention, treatment, care and support. It is important to note, however, that neither of these two forms of testing nor counselling are the same as mandatory testing²².

In the context of these two types of HIV testing and counselling, the following considerations should be made in the provision of HIV testing and counselling to PoCs to UNHCR:

1. Ensuring Access to Evidence-based HIV Prevention, Treatment, Care and Support Services.

HIV testing and counselling should not be a goal in itself, but a means to enable PoCs to UNHCR to access HIV prevention, treatment, care and support services. PoCs to UNHCR need access to evidence-based HIV prevention measures to prevent HIV transmission, including condoms, prompt diagnosis and treatment of sexually transmitted infections, sterile injection equipment, and other harm reduction interventions.²³ These services should be reflected in national HIV strategies and plans of action.

2. Linking HIV Testing and Counselling with HIV Prevention, Care and Treatment.

Such linkage is essential to encourage conflict-affected displaced persons to participate in HIV testing and counselling programmes. While access to antiretroviral treatment (ART) should not be an absolute precondition, HIV testing and counselling should never be done without assured links for access to care and support, and within the context of efforts to ensure access to treatment *in the near future*.²⁴ Efforts to increase access to HIV testing and counselling in emergency situations and where health services have been disrupted should only be made if access to care and support services are also available. Successful HIV treatment requires the uninterrupted provision of ART, and treatment for tuberculosis and other opportunistic infections. As large numbers of displaced persons move from camp to camp or to other countries, it is essential to ensure continuity of treatment and care, particularly with regard to ART.

3. Integrating HIV Testing and Counselling With and Referral to Other Services.

HIV testing and counselling should be integrated with and be part of a referral network to other services such as those for reproductive health, services to prevent mother to child transmission, sexually transmitted infections and tuberculosis services, psychosocial support services and protection.

4. Protecting of PoCs to UNHCR from HIV-related Stigma, Discrimination and Other Human Rights Violations.

HIV-positive persons often experience stigma, discrimination and other human rights violations, which, among other things, can be powerful deterrents to HIV testing and counselling, as well as to the uptake of HIV prevention and treatment. In addition, HIV risk behaviours, such as selling sex, injecting drugs and sex between men are often highly stigmatized activities and/or often il-

legal in many countries. Thus, HIV-positive displaced persons who engage in HIV risk behaviour may experience discrimination on several counts and require additional protection efforts.

5. Prohibiting Mandatory and Compulsory HIV Testing.

For public health and human rights reasons, UNHCR strictly opposes mandatory HIV testing of PoCs to UNHCR. It is important that staff of UNHCR and its partners are aware of what constitutes mandatory testing and monitor this in their programmes. Instances of possible mandatory testing must be investigated and reported.

6. Providing Easy Access to Voluntary HIV Testing and Counselling (also called “Client-Initiated Testing and Counselling”).

UNHCR, WHO and UNAIDS strongly support the continued scaling up of client-initiated testing and counselling. It should be free and available to displaced persons, where it is available to the surrounding communities. PoCs to UNHCR should be informed about the availability of the service regularly.

7. Recommending HIV Testing and Counselling through Provider-Initiated HIV Testing and Counselling in Health Facilities.

Uptake of HIV testing and counselling can be enhanced when testing and counselling is proactively recommended by health-care providers. When a health-care provider initiates the HIV testing and counselling process, this should include providing adequate information, obtaining informed consent, maintaining confidentiality and providing post test counselling.

Following the UNAIDS, WHO *Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities*, provider-initiated HIV testing and counselling is recommended as follows:

In generalised HIV epidemics, with a supportive social, policy and legal framework, HIV testing and counselling should be *recommended* to *all* PoCs to UNHCR, during contact with health care providers, in line with the guidance of the country and where this is available to the surrounding populations. Since resources and capacities can be constrained UNHCR, WHO and UNAIDS recommend a phased implementation of provider-initiated HIV testing and counselling²⁵. The following should be considered priorities for the implementation of provider-initiated HIV testing

and counselling in health care facilities for PoCs to UNHCR; tuberculosis clinics, services for sexually transmitted infections, reproductive health, including antenatal, childbirth and family planning services, as well medical inpatient and outpatient facilities.

It is important to note that the *recommendation* of HIV testing implies that the person also has the right to refuse testing. In addition, the “Three Cs” (Confidentiality, Counselling, Consent) must be in place.

In **concentrated and low level** epidemics, with a supportive social, policy and legal framework, *recommendation* of HIV testing and counselling should be considered in services for sexually transmitted infection, services for most at risk populations, antenatal, childbirth and postpartum health services and tuberculosis services, in line with the guidance of the country and where this is available to the surrounding population.

8. HIV Testing and Counselling for Most at Risk Groups.

For those in the population that engage in **risk behaviour** (injecting drugs, selling or buying sex, or sex between men) UNHCR, WHO and UNAIDS advise that an *opt in* approach to provider-initiated HIV testing and counselling may merit consideration. Since the most at risk groups, may be more susceptible to coercion to be tested, it is important that the health care provider, emphasize the voluntary nature of the HIV test and the patient’s right to decline it. The HIV test should only be performed if the individual specifically states that he or she wants the test. It is important that provider-initiated HIV testing and counselling for these sub-groups be done in full awareness of the legal framework and implemented in a supportive social, policy and legal framework that protect these groups.

Additionally it is important that health care providers are sufficiently trained to be able to provide appropriate HIV prevention messages during counselling and ensure that adequate referrals for care, treatment and support are offered.

9. Ensuring PoCs to UNHCR Can Give Informed Consent.

In order to ensure PoCs to UNHCR can provide informed consent to HIV testing, the following should be in place:

- HIV information and counselling should be available in appropriate languages and culturally acceptable.
- Health-care staff must provide sufficient information for the person to be able to fully understand implications of HIV testing and counselling and follow-up procedures. This includes reasons why HIV testing and counselling is being offered or recommended; benefits and potential risks; services available if person tests positive (including whether or not ART is available); right to decline the test; fact that the test results will be treated confidentially, and opportunity to ask health-care provider questions²⁶.
- Within the resettlement context, counsellors need to inform refugees seeking resettlement that their HIV status will be communicated to the concerned immigration and health authorities of the resettlement countries.

10. Recognising the Special Needs of Children.

Children require special attention to ensure that the best interests of the child are protected, and that they are not subjected to procedures such as mandatory HIV testing. The Committee on the Rights of the Child has explicitly stated that States must refrain from imposing mandatory HIV testing of children in all circumstances and to ensure protection against it²⁷. Some children maybe in need of HIV treatment and it is important to identify their positive HIV status as early as possible to save their lives; this includes children born to HIV-positive women and severely malnourished children in generalized epidemics who are not responding to appropriate nutritional therapy.

Depending on the age and maturity of the child, HIV testing should be recommended either directly to the children or to their parents or guardians. Pre-test information and post-test counselling should also be provided and access to needed treatment, care and support services should to be ensured to all children in need of these and their parents or guardians. Testing and counselling services should pay due attention to the evolving capacity of the child as well as to his or her right to be involved in all decisions affecting him or her.²⁸

11. Building Capacity of Staff Providing HIV Testing and Counselling Services.

Any introduction and scale up of HIV testing and counselling services for refugees, asylum seekers and IDPs should ensure that health-care staff are properly trained to provide these services, including government staff providing services as well as staff of non-governmental organisations working with these populations. This calls for assessment of the effectiveness and quality of existing testing and counselling services and the capacity of staff providing such services to people from different ethnic groups and socio-cultural backgrounds, or those with special needs, such as children. The counselling skills of all staff providing HIV testing and counselling should be strengthened, as well as their capacities to obtain informed consent, protect confidentiality and ensure they do not discriminate.

12. Ensuring Adequate Monitoring, Evaluation and Research.

To improve the effectiveness, acceptability and quality of HIV testing and counselling and detect and respond to protection concerns such as discrimination, violence or *refoulement*, services need to be appropriately monitored and evaluated. In addition to the collection and reporting of routine programmatic data on uptake and coverage of services, specific evaluations should be made on the quality of counselling through direct observation and assessment of client satisfaction, programme effectiveness, reliability and accuracy of HIV testing and assessment of positive health and social outcomes.

Summary of Recommendations

1. UNHCR, WHO and UNAIDS do not support mandatory or compulsory HIV testing of persons of concern to UNHCR on human rights and public health grounds. Therefore, countries should review and, if necessary, change their laws, regulations, policies and practices to prohibit mandatory or compulsory HIV testing of persons of concern to UNHCR, including children.
2. Efforts to scale up access to HIV testing and counselling amongst persons of concern to UNHCR should be part of a comprehensive HIV programme aimed at achieving universal access to HIV prevention, treatment, care and support.
3. All HIV testing and counselling of persons of concern to UNHCR should ensure that confidentiality and informed consent are ensured.
4. Persons of concern to UNHCR should have the same right to HIV testing and counselling with referral to other HIV prevention, treatment, care and support services, as do citizens. It is essential to ensure confidentiality of results and for those who are HIV-positive that their human rights are respected and protected.
5. Persons of concern to UNHCR should have access to HIV prevention and treatment information in a language the person can understand, and client-initiated testing and counselling programmes should be available.
6. In **generalised HIV epidemics**, with a supportive social, policy and legal framework, HIV testing and counselling should be *recommended* to *all* persons of concern to UNHCR during contact with health care providers, in line with the guidance of the country and where this is available to the surrounding populations. A phased implementation of provider-initiated HIV testing and counselling is recommended.

In **concentrated and low level** epidemics, with a supportive social, policy and legal framework, *recommendation* of HIV testing and counselling should be considered in sexually

transmitted infections services, services for most at risk populations, antenatal, childbirth and postpartum health services and tuberculosis services, in line with the guidance of the country and where this is recommended to the surrounding national populations.

7. All health care workers conducting HIV testing and counselling should be trained to obtain informed consent, ensure confidentiality, pre test information and post test counselling and how to recommend the test. Health care workers providing HIV testing and counselling in the context of resettlement should be informed of resettlement criteria in relation to HIV so that they can adequately inform applicants. UNHCR should document rejection on basis of HIV status and protection concerns arising out of the HIV testing in the context of resettlement.
8. It is important to establish monitoring mechanism to ensure that all HIV testing conducted amongst persons of concern to UNHCR is done so in a confidential manner, with informed consent in accordance with agreed standards on testing and counselling and with positive health and social outcomes.
9. National HIV programmes should ensure that person of concern to UNHCR are an integral part of national efforts to scale up access to HIV testing and counselling, and more broadly, achieve universal access to HIV prevention, treatment, care and support.

Notes

- 1 UNAIDS, *The impact of voluntary counselling and testing: A global review of the benefits and challenges*, UNAIDS, Geneva, June 2001.
- 2 <http://www.who.int/hiv/universalaccess2010/worldsummit.pdf>
- 3 <http://www.un.org/ga/aidsmeeting2006/>
- 4 WHO estimates that only about 10 percent of persons living with HIV in low- and middle-income countries know their HIV status (WHO, UNAIDS, 2007).
- 5 UNAIDS/WHO. *Guidance on provider-initiated HIV testing and counselling in health facilities*. Geneva WHO, 2007. Available at www.who.int/hiv; http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf
- 6 UNAIDS/WHO. *Policy statement on HIV testing*. Geneva, WHO, 2004. Available at <http://www.who.int/hiv/topics/vct/en/index.html>. (A revised version will be available in 2008.)
- 7 UNHCR, *Note on HIV/AIDS and the Protection of refugees, IDPs and Other Persons of Concern*, 2006.
- 8 WHO/UNAIDS *Statement on Testing and Counselling, Geneva 2004*
- 9 Mandatory testing of blood and blood products or organs for transplants is ethical and necessary.
- 10 UNHCR, *2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*, Geneva, 2009.
- 11 Seven of the 15 countries with the largest number of people living with HIV were also affected by major conflict between 2002 and 2006.
- 12 UNHCR, *Protracted Refugee Situations*, Standing Committee 30th meeting. EC/54/SC/CRP.14, 2004
- 13 UNHCR, *Note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern*. Geneva, 2006.
- 14 Spiegel, P. 'HIV/AIDS among conflict-affected and displaced populations: dispelling myths and taking action', *Disasters*, 28 (3): 322-339, 2004.
- 15 Spiegel, P. et al. 'Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan countries: a systematic review', *The Lancet*, Volume 369: 2187 – 2195, 2007.
- 16 UNAIDS and UNHCR, *Strategies to support the HIV related needs of refugees and host populations*, Geneva, 2005.
- 17 UNHCR, *Note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern*, UNHCR. Geneva, April 2006.
- 18 Ibid, paras 28 and 29
- 19 UNHCR, *Note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern*, UNHCR. Geneva, April 2006.
- 20 UNHCR. Chapter 4: *UNHCR criteria for determining resettlement as the appropriate solution* (pg IV/10). Geneva, November 2004.
- 21 UNHCR, UNAIDS and IOM, *Joint Statement on HIV Testing in the Context of Resettlement*, Geneva, 2007.
- 22 UNAIDS, *Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access*. UNAIDS, Geneva, 2007.
- 23 WHO/UNAIDS. *Guidance on provider-initiated HIV testing and counselling in health facilities*. Geneva WHO, 2007..
- 24 See WHO/UNAIDS. *Guidance on provider-initiated HIV testing and counselling in health facilities*. Geneva WHO, 2007 (page 23 and page 45).
- 25 See WHO/UNAIDS. *Guidance on provider-initiated HIV testing and counselling in health facilities*. Geneva WHO, 2007 (page 36).
- 26 CRC Committee General Comment, No 3 (2003) on "HIV/AIDS and the rights of the Child.

UNHCR/WHO/UNAIDS

**Policy Statement on HIV Testing
and Counselling in Health Facilities
for Refugees, Internally Displaced Persons
and other Persons of Concern to UNHCR**



UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK