

HIV/AIDS AND REFUGEES

I. OBJECTIVES AND FOCUS OF PAPER

1. The first part of this paper provides an update of UNHCR's HIV and AIDS policies and activities since the introduction of its 2005-2007 Strategic Plan and is a follow-up to the HIV and AIDS paper presented to the 32nd Standing Committee (EC/55/SC/CRP.8) in March 2005.
2. The second part describes the recommendations of the Global Task Team of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The governance bodies of other UNAIDS cosponsors have endorsed these recommendations and the Standing Committee is also asked to endorse them in the form of a draft decision (Annex I).
3. Background information on the evolution of UNHCR's HIV and AIDS policies and strategies is provided in the Explanatory Note to this update (Annex II).

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

4. The fundamental principles of international protection and durable solutions for refugees, as well as the universally recognized human rights standards, remain the core framework upon which UNHCR's policies are formulated. Since the 2005-2007 Strategic Plan (see Explanatory Note at Annex II), UNHCR has published a field experience that evaluates the introduction of post-exposure prophylaxis for rape survivors in several refugee camps in Western Tanzania,¹ and has begun widespread implementation of support and care for rape survivors. A joint UNAIDS-UNHCR Best Practice paper on supporting the HIV-related needs of refugees and host populations² has been widely circulated and it is hoped that this document will influence governments and organizations providing HIV/AIDS interventions to both populations. UNHCR is currently finalizing two important documents on HIV and Protection as well as an Antiretroviral Therapy (ART) Policy for Refugees: both will be published in the second quarter of 2006.
5. UNHCR has created an HIV unit that consists of two Technical Officers at Headquarters, a UNAIDS Liaison/Technical Officer based in Pretoria and five HIV Regional Coordinators (one in Asia and four in Africa). As of February 2006, HIV technical and financial support to country programmes has been expanded to cover 29 countries. Besides assuring the implementation of essential HIV services

¹ UNHCR. Field Experience: Evaluation of the introduction of post-exposure prophylaxis in the clinical management of rape survivors in Kibondo refugee camps, Tanzania. Geneva: UNHCR, 2005.

² UNAIDS, UNHCR. Strategies to support the HIV-related needs of refugees and host populations. Geneva: UNAIDS Best Practice Collection, 2005.

following the Inter-Agency Standing Committee (IASC) guidelines on HIV/AIDS Interventions in Emergency Settings,³ UNHCR has been undertaking a number of more comprehensive activities. These include voluntary counselling and testing in over 30 refugee camps in 11 countries for approximately 900,000 persons; prevention of mother-to-child transmission programmes in over 18 camps in 8 countries for approximately 650,000 persons; and the provision of ART for a limited number of refugees in 26 countries, through a variety of informal and formal mechanisms.

6. UNHCR works closely with all UNAIDS cosponsors and other United Nations agencies, governments, non-governmental organizations, as well as with refugees and other conflict-affected persons and surrounding host communities. UNHCR has implemented a capacity-building project on community responses to HIV/AIDS⁴ with refugees and their host population in the Republic of the Congo which will be emulated in other refugee and surrounding host communities. The programme provides methods to aid the community to deal with important HIV issues. Together with WFP and UNICEF, UNHCR has begun implementation of selected food and nutrition support strategies that are integrated with HIV activities in refugee settings⁵ in Uganda and Zambia. An already close partnership with UNFPA has grown further to include a range of reproductive health interventions as well as joint training; and field programmes in the provision of care and support for survivors of rape, including HIV post-exposure prophylaxis, have been expanded.

7. UNHCR has continued to work closely with the World Bank, governments and the UNAIDS Secretariat on a subregional HIV initiative in East and Central Africa, the Great Lakes Initiative on AIDS (GLIA). Joint needs assessments and planning have been carried out among refugee and surrounding host populations in order to ensure the effective implementation of the GLIA that should begin in March 2006.

8. Finally, UNHCR and other United Nations agencies have worked collaboratively in a DFID-funded United Nations system-wide work programme on scaling up HIV/AIDS services for populations of humanitarian concern. Work plans have been finalized and implementation is due to begin in March 2006.

III. THE GLOBAL TASK TEAM RECOMMENDATIONS

9. The Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT) published its final report on 14 June 2005. The executive summary states that "Strengthening coordination, alignment and harmonization, in the context of the "Three Ones" principles, UN reform, the Millennium Development Goals, and the OECD/DAC Paris Declaration on Aid Effectiveness, is essential for rapid scale-up of the AIDS response." The recommendations are presented under four main headings:

- a) Empowering inclusive national leadership and ownership;
- b) Alignment and harmonization;
- c) Reform for a more effective multilateral response;
- d) Accountability and oversight.

³ Inter-Agency Standing Committee (IASC). Guidelines for HIV/AIDS interventions in emergency settings. Geneva: IASC reference group, 2004.

⁴ UNHCR. Field Experience: Community conversations in response to HIV/AIDS - a capacity building project with refugees and the host population. Republic of Congo. Geneva: UNHCR, 2005.

⁵ UNHCR, WFP. Integration of HIV/AIDS activities with food and nutrition support in refugee settings: specific programme strategies. Geneva: UNHCR and WFP, 2004.

The main areas addressed in the recommendations include the following:

- a) National mechanisms that drive implementation and provide a basis for the alignment of external support;
- b) Macroeconomic policies that support the response to AIDS;
- c) Alignment of external support to national strategies, policies, systems, cycles, and plans;
- d) Approaches to progressively shift from project to programme financing, and harmonization of programming, financing, and reporting;
- e) Closer UN coordination on AIDS at country level;
- f) UN system-Global Fund problem-solving mechanisms at global level;
- g) Clarification of the division of labour among multilateral institutions;
- h) Increased financing for technical support;
- i) Country assessments of the performance of multilateral institutions, international partners and national stakeholders;
- j) Strengthening of country monitoring and evaluation mechanisms and structures that facilitate oversight.

The attached draft decision (Annex I) proposes that the Standing Committee endorse these recommendations.

IV. CONCLUSIONS

10. As the above sections show, UNHCR has expanded its HIV and AIDS interventions for refugees and other persons of concern in a comprehensive manner. Becoming a cosponsor of UNAIDS has allowed for the inclusion of HIV interventions among conflict-affected and displaced populations in numerous policies and guidelines at the global and regional levels as well as more comprehensive HIV interventions for affected populations at the country level. UNHCR has placed particular emphasis on partnerships, both among UNAIDS cosponsors, other United Nations and international organizations, and among governments and affected populations, in pursuit of the provision of HIV and AIDS prevention, care and treatment programmes, as an essential component in the overall protection of refugees and other persons of concern to UNHCR.

11. Further reporting will be provided in 2007 on progress under the 2005-2007 Strategic Plan and in preparation for the 2008-2010 Plan.

DRAFT DECISION ON UNAIDS GLOBAL TASK TEAM RECOMMENDATIONS

The Standing Committee,

Recalling the Executive Committee's 2003 General Decision on administrative, programme and financial matters (A/AC.96/987, para. 24 (h)) which welcomed the decision of the High Commissioner to request cosponsorship of UNAIDS, and decided to keep issues regarding HIV/AIDS and refugees under regular review as part of the programme of work of the Standing Committee,

Further recalling the Executive Committee's 2005 General Conclusion on International Protection (A/AC.96/1021, para. 20 (w)) as well as its discussions under the programme/protection policy item on the Strategic Plan on HIV and AIDS for 2005-2007 at the thirty-second meeting of the Standing Committee (EC/55/SC/CRP.8),

Reaffirming the importance of recognizing that access to HIV and AIDS prevention, care and treatment, as far as possible in a manner comparable with the services available to the local hosting community, is an essential component in the protection of refugees, returnees and other persons of concern,

1. *Takes note* of document EC/57/SC/CRP.9 on HIV/AIDS and Refugees which provides an update on UNHCR's HIV and AIDS policies and activities since the introduction of its Strategic Plan for 2005-2007 and presents the recommendations of the Global Task Team of the Joint United Nations Programme on HIV/AIDS (UNAIDS);
2. *Endorses* the recommendations of the Global Task Team on Improving AIDS coordination among Multilateral Institutions and International Donors;
3. *Requests* UNHCR to develop appropriate action plans, in collaboration with the UNAIDS Secretariat and other cosponsors, and to maintain the momentum created by the Global Task Team, within the specified timeframes;
4. *Notes* the emphasis on support to country-level action and strengthening national responses and *encourages* UNHCR to provide effective technical support to national Governments and focus on their respective areas of comparative advantage;
5. *Encourages* UNHCR to pursue collaboration with UNAIDS and other relevant partners on developing subregional initiatives such as the Great Lakes Initiative on AIDS; and
6. *Notes* that this will require coordination and harmonization of efforts and a clear division of responsibilities with the UNAIDS Secretariat and with other cosponsors as well as coordination with national and global stakeholders.

EXPLANATORY NOTE

BACKGROUND TO UNHCR'S HIV AND AIDS POLICIES AND ACTIVITIES

1. UNHCR's mandate to provide international protection to refugees includes the responsibility to ensure that their human rights and well-being are promoted and protected throughout the Office's operations. HIV and AIDS prevention and impact mitigation are essential components in the overall protection of refugees. While refugees often have lower HIV prevalence than their surrounding host communities, they are often disproportionately vulnerable to HIV due to the environment in which they find themselves.⁶ This is especially so in the case of women, young people and children. Refugees and other persons affected by conflict are also inextricably linked to any successful effort to combat the pandemic. In order to reduce stigmatization and to ensure that the whole population has access to HIV and AIDS prevention and care interventions, UNHCR advocates for refugees to be integrated into host government HIV and AIDS policies and programmes.⁷ Having signed a Cooperation Framework with UNAIDS in 1998, UNHCR became a UNAIDS Cosponsor in June 2004.

2. UNHCR's Strategic Plan on HIV and AIDS for 2005-2007 is a follow-up to its 2002-2004 Strategic Plan. Both plans were developed in consultation with UNHCR's Advisory Committee on HIV/AIDS and Refugees. The 2005-2007 plan is based on UNHCR's policies, lessons learned from implementation of the 2002-2004 Strategic Plan, technical guidance from the UNAIDS Secretariat and other Cosponsors, and the Inter-Agency Standing Committee (IASC) guidelines on HIV/AIDS in emergency settings. The Plan presents UNHCR's objectives and key strategies from 2005 to 2007 for combatting HIV and AIDS among refugees, returnees and other persons of concern, as well as for ensuring that the human rights of persons of concern to UNHCR who are living with HIV and AIDS are duly respected.

⁶ Spiegel PB. HIV/AIDS among Conflict-affected and Displaced Populations: Dispelling Myths and Taking Action. *Disasters* 2004;28(3):322-39.

⁷ UNAIDS, UNHCR. Strategies to support the HIV-related needs of refugees and host populations. Geneva: UNAIDS Best Practice Collection, 2005.