60th Meeting of the Standing Committee
Introductory Remarks of Dr. Paul Spiegel,
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Update on Public Health and HIV and AIDS

2 July 2014

Thank you, Mr. Chairman

Distinguished Delegates, Ladies and Gentlemen,

I am pleased to introduce the Conference Room Paper 16 on Public Health and HIV and AIDS.

For reasons we all know, many of the world's refugees are in poor health and malnourished. Many lose their lives due to illnesses that are preventable, or suffer from chronic diseases without sufficient treatment. They also struggle to access adequate HIV and reproductive services, clean water and proper sanitation. Earlier this year, UNHCR launched a new five-year *Global Strategy for Public Health* to provide a comprehensive framework for responding to these challenges through 2018. Copies of these are at the back of the room.

This *Global Strategy* promotes and emphasizes sustainable approaches to service delivery through integration into national health care systems and innovative approaches to financing, such as enrolling refugees in health insurance programmes. The *Strategy* also seeks to create synergies among different areas of intervention. For example, ensuring access to clean water and proper sanitation prevents communicable diseases and reduces the need for treatment. I once again noted the importance of this last week when I was in Gambella, Ethiopia working with the South Sudanese refugees. We also know that effective livelihoods pro-

gramming – which we are promoting through the new UNHCR *Global Strategy on* Livelihoods – will have an important positive impact on nutrition and food security. Promotion of livelihoods and solutions strategies together with delivery modalities such as cash and vouchers provide refugees with more choice and dignity. Implementation of our programmes must be driven by data and evidence. Thus, we always attempt to make full use of *Twine*, UNHCR's Health Information System.

Given the scope of UNHCR's programmes for public health and HIV and AIDS, I will only be able to highlight some of the key developments along a few important lines of action.

Let me begin with the challenge of <u>meeting the essential health needs of refugees in emergencies</u>, which has been our overriding priority over the past few years due to the large scale and simultaneous crises. We have seen high mortality rates and acute malnutrition among newly arrived refugee children under five in the recent refugee emergencies arising from the conflicts in the Central African Republic and South Sudan. Many of these children died from causes that are preventable, such as measles, malaria, diarrhea and respiratory illnesses. Together with host Governments, sister UN agencies and our NGO partners, we have no doubt saved many lives, but our common challenge is to be faster and more effective in our health response during the first stages of an emergency.

The massive numbers of Syrian refugees have also overstretched health care systems, including for child birth and other reproductive health needs but also non-communicable diseases that require more long-term treatment. I must pay a special tribute here to the

Member States that allow refugees to access national health services and systems.

In these crises, UNHCR deploys technical coordinators as well as many experienced "hands on" technical experts who work with national authorities and NGO partners to meet the most critical emergency needs and stabilise the health conditions of newly-arrived refugees. UNHCR then seeks to build the foundation for preventative and curative primary health care, while supporting access referrals to hospitals and other health facilities for the treatment of acute illnesses and chronic conditions requiring treatment. Effective strategic and operational partnerships, of course, are the key to our success, most notably with host governments.

Mr. Chairman,

While emergency response continues to be our priority, UNHCR is increasingly focusing on the <u>prevention and control of non-communicable diseases</u>, including diabetes, heart disease and cancer. We have observed important and high levels of non-communicable diseases or NCDs among the Syrian refugees and in many other protracted refugee situations around the world. These NCDs impose tremendous strains on national health care systems or, worse, simply go untreated. UNHCR's focus is on rationalising health care delivery and reducing the cost of treatment, so that more refugees can access specialist care and supporting treatment through primary health care facilities.

We also know more about mental, neurological and substance use disorders among refugees today than we did some years ago. UNHCR and its partners systematically capture data on these issues in *Twine*. The resulting information and analysis informs im-

plementation of UNHCR's *Operational Guidance on Mental Health and Psychosocial Support in Refugee Operations* and joint capacity-building initiatives with the World Health Organisation. Together with WHO, we have developed the humanitarian version of the *Intervention Guide for Mental, Neurological and Substance use Disorders,* which will be piloted in Bangladesh and Kenya.

I would like to emphasize the crucial importance of making available comprehensive reproductive, maternal and new-born healthcare services. Doing well in this area not only impacts on the lives of individuals, but also on families and their broader communities. In Lebanon, almost half of all the UNHCR-supported referrals to hospitals in the first quarter of 2014 were for women giving birth. Apart from the risk of maternal mortality, women and girls face many other significant health challenges during their lives. UNHCR is currently developing operational guidance on newborn health and monitoring tools for reproductive health programmes. We will also re-double our advocacy with national governments to include refugee girls in preventative national cervical cancer activities, including screening.

Mr. Chairman,

Allow me next to provide an update on our efforts to achieve universal access for HIV protection, prevention, treatment and care. Since our last report to the Standing Committee in June 2013, we have seen a positive trend in the inclusion of refugees into national treatment programmes. In 2013, the proportion of operations reporting the inclusion of refugees in national HIV strategic plans stood at 87%.

Refugees also have improved access to antiretroviral therapy or ART, which allows infected persons to remain healthy and continue to live productive lives in their communities, while also decreasing the risk of HIV transmission. At the end of 2013, 97% of the refugees in camps or settlements had access to ART at a similar level to that of the surrounding population. While this is evidently an achievement, access on par with local communities does not always mean *adequate* access. We will build on positive experiences, such as in Liberia and Uganda, where refugees were given access to national ART programmes upon arrival in the country.

UNHCR will also intensify HIV prevention activities for young people in refugee camps by adapting proven practice to local contexts. One such example is the pilot project launched together with the Women's Refugee Commission in the Democratic Republic of the Congo to improve adolescent sexual and reproductive health behaviour.

We have made concrete progress over the past several years that must be preserved. All of us should have a shared commitment to ensuring that possible reductions in global funding for HIV and AIDS and other critical public health challenges do not impact disproportionately on refugees or place them at risk of exclusion from national policies and programmes.

Before concluding, allow me to speak briefly about the inter-agency collaborative processes related to HIV and AIDS. Stronger partnerships and collective efforts are vital to achieving our goal of universal access and elimination of discrimination based on HIV status.

Under the UNAIDS Division of Labour, UNHCR and WFP are co-conveners in the area "*Addressing HIV in humanitarian emergencies.*" We work closely together with WHO, UNFPA, UNICEF, UNODC and UNDP to mitigate the impact of HIV and reduce stigma and discrimination among those affected by HIV. UNHCR is also active within the Inter-Agency Standing Committee Working Group on HIV/AIDS, which seeks to bridge humanitarian and development interventions and promote increased awareness and strengthened HIV response for IDPs.

Mr. Chairman, Distinguished Delegates,

We have much work ahead to make the vision of UNHCR's *Global Strategy for Public Health* a reality over the coming five years. The *Strategy* provides the foundation and framework for further improving the speed, effectiveness and quality of the health response in refugee emergencies and building more efficient and sustainable models for the delivery public health, nutrition and HIV services in more stable or protracted situations. My hope is that you see in this brief statement and the conference room paper in front of you signs of the improvements that we are achieving together. Our continued progress will depend upon the full support and engagement of governments and the solidarity shown by the international community.

Mr. Chairman,

Let me conclude here. I now look forward to receiving the Committee's views and advice and, together with Mr. Corliss, answering your questions.