

HIV/AIDS AND REFUGEES/INTERNALLY DISPLACED PERSONS

I. OBJECTIVES

1. This paper provides an update on UNHCR's HIV and AIDS policies and activities in follow-up to the HIV and AIDS paper (EC/57/SC/CRP.9) presented to the 35th meeting of the Standing Committee in March 2006.

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

2. UNHCR's policy on HIV and AIDS and the protection of refugees, internally displaced persons (IDPs), asylum-seekers and other persons of concern is firmly embedded in an understanding that human rights underpin all aspects of UNHCR's international protection work. This human rights framework provides the basic normative framework governing UNHCR's protection and assistance activities in relation to persons of concern affected by HIV and AIDS.

3. UNHCR has pursued implementation of its "Strategic Plan for Refugees, HIV and AIDS (2005-2007)"¹ as well as the UNAIDS principle outcomes and key outputs of the latter's Unified Budget and Workplan. Several key policy guidance notes have been published in the past year, including the "Note on HIV/AIDS and the Protection of Refugees, Internally Displaced Persons and other persons of concern"² which informs Governments and UNHCR staff on recognized standards with regard to HIV and AIDS and the protection of persons of concern to the Office. UNHCR has also released a "Policy for Antiretroviral (ARV) Medication for Refugees,"³ offering guidance on the provision of the different forms of available antiretroviral therapies. This policy was followed by the 2007 "Clinical Guidelines on Antiretroviral Therapy Management for Displaced Populations"⁴ published in conjunction with the Southern African HIV Clinicians Society, in support of ongoing advocacy efforts to ensure access to national HIV

¹ *HIV and Refugees Strategic Plan 2005-2007*. UNHCR, Geneva, 2005.
(<http://www.unhcr.org/publ/PUBL/42f31d492.pdf>).

² *Note on HIV/AIDS and the protection of refugees, IDPs and other persons of concern*. UNHCR, Geneva, 2006 (<http://www.unhcr.org/publ/PUBL/444e20892.pdf>).

³ *Antiretroviral medication policy for refugees*. UNHCR, Geneva, 2007
(<http://www.unhcr.org/publ/PUBL/45b479642.pdf>).

⁴ *2007 clinical guidelines for antiretroviral therapy management for displaced populations*. Southern African HIV Clinicians Society/UNHCR, Pretoria, 2007
(<http://www.unhcr.org/protect/PROTECTION/46238d5f2.pdf>)

and AIDS programmes for people of concern. A joint UNHCR/UNAIDS policy brief on HIV and Refugees⁵ was developed to support policy makers in considering the complexities of HIV and Refugees issues in HIV programme decision making.

4. The global UNHCR HIV/AIDS programmes are supported by a Global HIV Coordinator and a Senior HIV Technical Officer based in Geneva, as well as by five Senior Regional HIV/AIDS Coordinators based in Africa (4) and in Asia (1). A Liaison Officer for UNAIDS is also based in Geneva. UNHCR has expanded its support to programmes in the Americas, Eastern Europe, the Middle East and North Africa. UNHCR's HIV programmes are implemented in line with its Strategic Plan for Refugees, HIV and AIDS, and increasing numbers of refugees have access to antiretroviral therapy. A comprehensive HIV/AIDS information system has been developed to guide the reporting, analysis and improvement of programme planning of HIV and AIDS programmes and interventions.

5. To ensure protection and reduce HIV-related stigma and discrimination, UNHCR has reinforced its protection monitoring and interventions in all country operations. In addition, UNHCR, IOM and UNAIDS are issuing a joint statement, calling on resettlement countries and other concerned States to make certain that international HIV counselling and testing standards are respected. Copies of this statement are available at the back of the room.

6. UNHCR works very closely with the UNAIDS Secretariat and all UNAIDS cosponsors as well as with other United Nations agencies. In an effort to address the intersection of sexual violence, protection and prevention of HIV transmission, UNHCR and UNFPA have facilitated regional training-of-trainers' courses on improved clinical management of rape and the provision of post-exposure prophylaxis. In over 50 per cent of the refugee sites, post-exposure prophylaxis is available for survivors who report the rape within 72 hours of the assault.

7. In close collaboration with WHO, UNHCR has developed a draft rapid assessment tool to assess the interlinkages between HIV and substance abuse in two refugee sites and one area of return in Africa and in Asia. Programmatic interventions are under way, and UNHCR will expand its work in this crucial area in 2007. Together with UNESCO, a discussion paper for decision makers: "Educational responses to HIV and AIDS for Refugees and Internally Displaced Persons"⁶ to support policymakers and to strengthen the HIV responses in the education sector, was developed.

8. After two years of planning, the World Bank-funded sub-regional "Great Lakes Initiative against AIDS" is fully operational and programme activities have started in the six countries in the Great Lakes region. Joint and integrated activities for refugees and surrounding host populations, collection of second generation HIV surveillance data (including a modified behavioural surveillance survey), and monitoring of programmes are now being implemented. Furthermore, UNHCR is working in close partnership with the Inter-Government Agency for Development (IGAD) and World Bank to plan HIV and AIDS programmes for refugees, cross-border mobile populations, IDPs and surrounding host populations in the Horn and East of

⁵ *HIV and refugees: policy brief*. Joint United Nations Programme on HIV/AIDS/United Nations High Commissioner for Refugees. Geneva, 2007 (<http://www.unhcr.org/publ/PUBL/45e555dc2.pdf>).

⁶ *Educational responses to HIV and AIDS for refugees and internally displaced persons: discussion paper for decision-makers*. United Nations Educational Scientific and Cultural Organization, United Nations High Commissioner for Refugees. Geneva, 2007 (<http://www.unhcr.org/protect/PROTECTION/45caf0ba2.pdf>).

Africa. Additional funding has enhanced UNHCR's HIV interventions under the multi-country HIV/AIDS programme for the Democratic Republic of the Congo, as well as through AIDS relief interventions in Botswana, Ethiopia, Kenya, Rwanda and Zambia and development interventions in Chad, Côte d'Ivoire, Liberia, the Republic of the Congo, Rwanda and the United Republic of Tanzania.

9. In line with the UNAIDS' Global Task Team and division of labour, UNHCR, as the organization among the cosponsors with the lead responsibility for displaced populations, has worked closely with other agencies to develop an assessment tool for HIV and IDP situations. Inter-agency assessment missions were conducted in Côte d'Ivoire, the Democratic Republic of the Congo and Nepal. Furthermore, HIV and IDP missions were conducted in numerous countries in Eastern Europe and in the Americas. Based on these inter-agency missions, UNHCR organized the First Global Consultation on HIV and IDPs in Geneva in April 2007. The meeting discussed important issues on HIV and IDP assessments, programmatic interventions, advocacy for the inclusion of IDPs in donor proposals and national strategic plans, and how to link with other ongoing initiatives such as the Inter-agency Standing Committee (IASC) humanitarian reform process, the IASC working group on HIV and Emergencies, and the Consortium for the United Nations System-Wide Work Programme on Scaling-up HIV/AIDS Services for Populations of Humanitarian Concern.

10. UNHCR's role as lead agency for HIV and displaced persons is parallel to, rather than formally incorporated within, the IASC humanitarian reform/cluster approach process. However, whenever the cluster approach is adopted for an emergency, UNHCR will help to ensure that an HIV component is included in all clusters where appropriate. Like sexual and gender-based violence, HIV and AIDS are cross-cutting issues that affect all clusters and should not be seen solely as a health problem.

11. Finally, UNHCR and other United Nations agencies, international organizations and non-governmental organizations are working very closely together in the recently re-established Inter-Agency Standing Committee Task Force for HIV in Emergencies. This task force will update and disseminate the "HIV Interventions in Emergency Settings" guidelines as well as coordinate training on HIV and Emergencies.

III. CONCLUSIONS

12. UNHCR continues to strengthen and expand its HIV and AIDS programmes for refugees, IDPs and other persons of concern. A strong emphasis on HIV among IDPs, following the UNAIDS division of labour, will be followed in 2007 and 2008.

13. UNHCR's HIV and AIDS funding and interventions have had direct and indirect benefits in many other sectors including protection health, nutrition, and education sectors.

14. As a cosponsor of UNAIDS, UNHCR actively participated in the formulation of the 2007-2008 UNAIDS Unified Budget and Work Plan. UNHCR looks forward to chairing the UNAIDS Committee of Cosponsoring Organizations beginning in July 2007. This will be an opportunity for UNHCR to advocate for greater inclusion of displaced persons and others affected by emergencies in HIV programmes and interventions.