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**HIV/AIDS and Refugees**

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## I. Introduction and focus of the paper

1. UNHCR's policies and programmes on HIV and AIDS and the protection of refugees, internally displaced persons (IDPs) and other persons of concern are firmly embedded in the human rights principles which govern all aspects of the Office's international protection work. This paper provides a comprehensive mid-term update on the Office's HIV and AIDS policies and activities in line with the UNHCR Strategic Plan for HIV and AIDS, 2008–2012<sup>1</sup>. It also reviews progress made with respect to UNHCR's role as a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

## II. Update on HIV and AIDS policies and activities in UNHCR

2. In recent years, UNHCR has worked to ensure the quality and sustainability of its HIV activities, integrating them into public health, protection, and community and social services programmes. Furthermore, HIV programmes have been expanded to target population groups most at risk. For example, UNHCR has improved access of populations of concern to quality maternal and newborn care, including HIV prevention and mother-to-child transmission programmes. These efforts contribute to the achievement of Millennium Development Goals 5 and 6.

3. Despite the efforts of UNHCR to include refugees in national strategic plans to address HIV, currently only 38 per cent of countries with under 10,000 refugees have done so. UNHCR continues to advocate at the country level, and in regional and global fora, for the inclusion of refugees in national strategic plans, projects and funding proposals.

4. UNHCR has paid particular attention to ensuring that HIV programmes are evidence-based, through the monthly collection of data in the health information system, as well as through the inclusion of refugees and other populations of concern in national HIV sentinel surveillance studies and HIV behavioural surveillance surveys. In addition, a comparative study on antiretroviral adherence in refugee and surrounding communities has been conducted in urban and refugee camp settings, the results of which will be published late in 2011.

5. Progress has also been made in improving access to antiretroviral therapy. Currently, approximately 87 per cent of refugees have access to treatment programmes that were established for surrounding populations/host communities. Access to programmes to prevent mother-to-child transmission increased to 75 per cent.

6. Building upon the UNHCR Antiretroviral Medication Policy for Refugees<sup>2</sup>, in 2009 the Office co-published with the World Health Organization (WHO), and UNAIDS, a Policy Statement on HIV Testing and Counselling in Health Facilities for Refugees, Internally Displaced Persons and other Persons of Concern to UNHCR<sup>3</sup>, to ensure that HIV testing occurs in supportive social, policy and within legal frameworks.

7. In 2010, the partnership with the Great Lakes Initiative on AIDS (GLIA) came to a close as planned. Evaluations of the programme conducted through behavioural surveillance surveys<sup>4</sup> showed that positive behaviour change contributed to the stabilization and lowering of HIV prevalence in the participating communities. UNHCR continues to

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<sup>1</sup> UNHCR Strategic Plan for HIV and AIDS, 2008–2012: <http://www.unhcr.org/488495642.pdf>

<sup>2</sup> 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, 2009: <http://www.unhcr.org/4b508b9c9.pdf>

<sup>3</sup> UNHCR, Changing Regional Trends in HIV-related behaviors in refugee camps and surrounding communities, April 2011: <http://www.unhcr.org/4de5054c9.html>

<sup>4</sup> UNHCR Changing Regional Trends in HIV-related behaviours in refugee camps and surrounding communities, April 2011: <http://www.unhcr.org/4de5054c9.html>

work with the World Bank and the Intergovernmental Authority on Development (IGAD) in cross-border HIV/AIDS partnership programmes to address HIV and sexual and gender-based violence in countries in the Horn and East of Africa region.

### III. UNHCR and UNAIDS

8. In 2010, UNHCR played an active role as a UNAIDS co-sponsor and contributed to the development of the UNAIDS 2011-2015 Getting to Zero Strategy,<sup>5</sup> including a new Division of Labour Matrix. The current UNHCR Strategic Plan on HIV is being updated to ensure alignment with the Getting to Zero Strategy, and coherence on efforts to achieve universal access to HIV prevention, treatment, care and support, and the Millennium Development Goals.

9. In 2011, UNHCR will work together with the World Food Programme (WFP) on the UNAIDS Division of Labour area entitled, "Addressing HIV in Emergency Situations". In doing so, the Office will play a steering role to ensure that HIV-related needs during humanitarian emergencies are identified and addressed from the early stages, as well as throughout the post-emergency phases to ensure integration into development programmes. Together with its partners, UNHCR will develop and implement an operational plan to improve the HIV response for IDP situations and natural disasters in which the Office is involved. Strong linkages with the Inter-Agency Standing Committee (IASC) humanitarian cluster process, in which UNHCR is the global lead for the protection, shelter, and camp coordination and camp management clusters, will be essential in this regard.

10. Partnerships with UN sister agencies in other areas remain equally important for UNHCR to meet the objectives in its Strategic Plan on HIV. UNHCR continued to work closely with WFP on feeding programmes for people of concern living with HIV. Close partnership with the United Nations Population Fund (UNFPA) has further expanded in the field of reproductive health and HIV, and includes support of reproductive health commodities for refugee operations, joint programming for clinical response to survivors of sexual and gender-based violence (including post-exposure prophylaxis), and adolescent HIV and sexual and reproductive health, with a focus on populations most at risk. UNHCR is collaborating with the United Nations Office on Drug and Crime (UNODC), on programmes to address drug-injecting users in Asia. The Office is also working with the United Nations Children's Fund (UNICEF) on establishing support networks for children affected by HIV.

### IV. Conclusion

11. UNHCR has consolidated and integrated its HIV and AIDS interventions for refugees, internally displaced persons and other persons of concern in a comprehensive manner. The development and implementation of an operational plan under the UNAIDS Division of Labour, combined with UNHCR's role on HIV in the clusters it leads under the IASC process, will further support the efforts to ensure that these populations will be included in national strategic plans and that they will have full and comprehensive access to HIV prevention, treatment and support programmes. These efforts will be bolstered by UNHCR's direct linkages with civil society, non-governmental organizations (NGOs), and affected communities.

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<sup>5</sup> UNAIDS, 2011-2015 Strategy, Getting to Zero, 2010:  
[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034\\_UNAIDS\\_Strategy\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf)