



**Asia-Pacific
Economic Cooperation**

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**HIV, INTERNALLY DISPLACED PERSONS AND
CONFLICT-AFFECTED POPULATIONS -
RECOMMENDATIONS FOR APEC
COOPERATION**

Submitted by: UNHCR

**APEC SEMINAR ON SOCIAL POLICIES FOR MIGRANTS TO
PREVENT THE TRANSMISSION OF HIV/AIDS**

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HIV, Internally Displaced Persons and Conflict-affected Populations

Recommendations for APEC cooperation

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Outline

1. Definitions
2. Epidemiology of HIV and Conflict
3. Strategies to Prevent and Respond to HIV in IDPs and other conflict-affected populations
4. HIV Coordination in IDPs
5. Principles of HIV Programming in Conflict-affected Populations
6. HIV and Protection





Definition: Refugee

- A refugee is a person who is outside his/her country of origin (or residence in the case of stateless persons)
- Owing to a well-founded fear of being persecuted for reasons of: race; religion; nationality; political opinion or membership of a particular social group and
- Is unable or, owing to such fear, unwilling to avail him/herself of the protection of that country (1951 Refugee Convention and 1967 Protocol)



Definition: Internally displaced persons(IDP)

- Persons who have been forced or obliged to flee or to leave their homes or places of habitual residence
- As a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters AND
- Who have not crossed an internationally recognized State border



Factors Associated with HIV Transmission in Emergencies

Key Factors

- Area of origin HIV prevalence
- Surrounding host population HIV prevalence
- Level of interaction bw DP and surr. host pop.
- Type and location of DP env. (e.g. urban vs. camp)
 - Phase of emergency
- Length of time: conflict, existence of camp

Increased vulner/risk

- Behavioural change
- Gender violence/ transactional sex
- Reduction in resources and services (e.g. health, education, community services, protection, food)

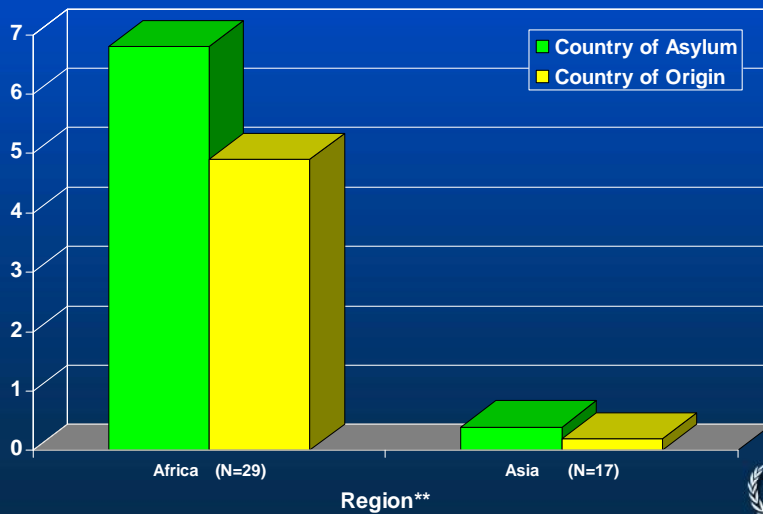
Decreased vulner/risk

- Reduction in mobility
- Reduction in accessibility
- Slowing down of urbanisation
- Increase in resources and services in host country

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



HIV Prevalence by Asylum Country and Country of Origin by Region



* Weighted means: country of asylum by population size, country of origin by refugee population size

** N refers to countries of asylum with $\geq 10,000$ refugees





Key points - epidemiology

- In reality a number of context-specific factors influence HIV transmission in emergencies
- Each situation needs to be examined for specific risks and vulnerabilities
- Cannot assume that the HIV prevalence is higher in displaced populations; the opposite is more likely to be true
- In post-conflict settings vulnerability remains but protective factors become less prominent which may lead to increased transmission



Strategies to Prevent and Respond to HIV



UNAIDS BEST PRACTICE COLLECTION



1. Integrate refugees and IDP issues into national HIV programs and policies
2. Implement sub regional (cross-border) initiatives
3. Combine humanitarian and development funding



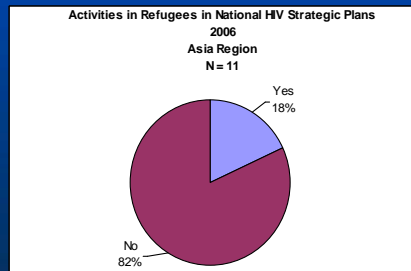
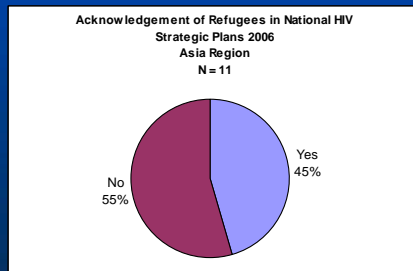


Declaration of Commitment on HIV/AIDS

- Signed by UN Member States in 2001
- Recognises that refugees and IDPs are at increased vulnerability to HIV
- Need to “implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment ... into programmes ...that respond to emergency situations...”
- The *Political Declaration on HIV/AIDS* reaffirms these commitments in the context of achieving universal access to HIV prevention, treatment, care and support for vulnerable groups, including IDPs and refugees

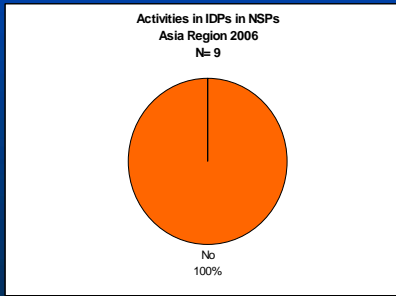
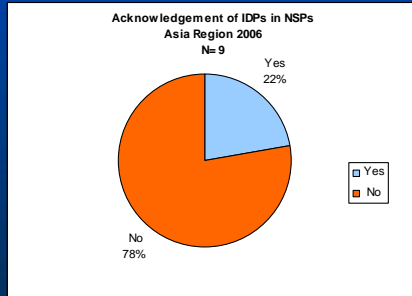


Inclusion in National HIV Strategic Plans - Refugees

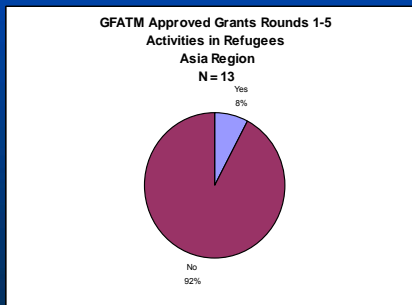
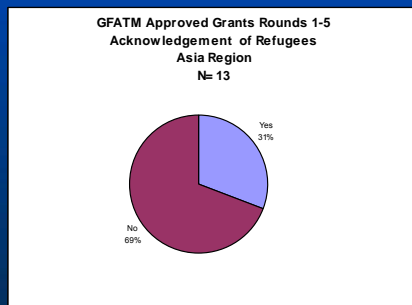




Inclusion in National HIV Strategic Plans -IDPs



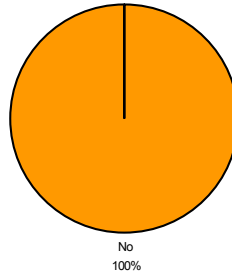
Inclusion in GFATM Proposals - Refugees





Inclusion in GFATM Proposals - IDPs

GFATM Approved Grants Rounds 1-5
Acknowledgement of IDPs
Asia Region
N=11



Key Points - Inclusion

- Inclusion of all segments of the population
 - Upholds basic human rights principles
 - Is sound public health practice
- Inclusion does not mean conflict-affected populations are to be “targeted” or considered to be an “at-risk population”
- Conflict-affected populations are:
 - heterogeneous
 - microcosms of communities elsewhere
 - contain persons with varying degrees of risk (sharing of injecting equipment, unprotected sex work and unprotected male to male sex)





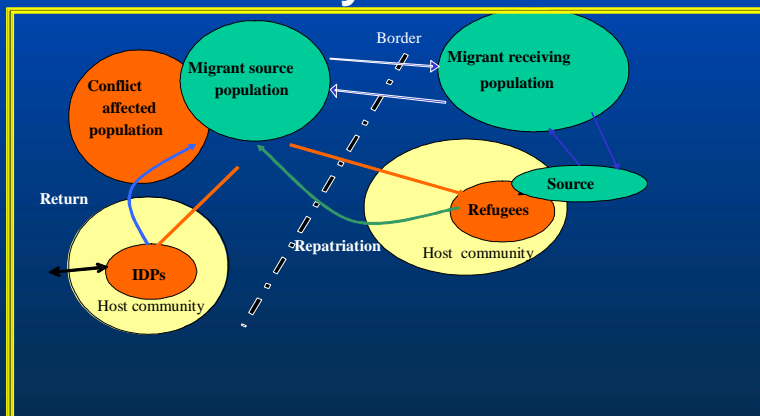
Inclusion cont'd

- Inclusion means consideration of refugee or IDP needs in assessment, planning, implementation and M&E at local and national level
- In line with:
 - UNAIDS “Three Ones”
 - Universal Access to HIV Prevention, Care and Treatment by 2010



Sub-regional approaches to address HIV

Mobility in Conflict





Sub-regional approaches cont'd

Advantages :

- Help to ensure access and continuity of HIV and AIDS prevention and care for mobile populations
- Are cost effective
- Strengthen inter-country collaboration
- Allow for the development of standardized interventions
- May allow for the comparative advantages of different UN agencies to be utilized and
- May allow for a number of areas to be addressed simultaneously such as HIV and trafficking



Combine humanitarian and development funding

- Funding for refugees and IDPs usually falls under humanitarian or emergency grants (greater flexibility, fewer restrictions but short-term)
- Funding for NSPs comes from multilateral and bilateral assistance (multi-year, but less flexibility)
- These two funding streams should be used to benefit conflict-affected populations and their host community





Recommendations - Strategies

1. Develop National HIV Strategic Plans and Policies that specifically state that refugees and IDPs are included; where relevant, activities involving refugees and IDPs should be clearly stated
2. Work with neighboring countries to develop sub-regional initiatives that address the needs of all mobile populations that cross borders including conflict-affected populations
3. Use humanitarian funding and development aid in a complementary fashion to benefit host communities as well as displaced populations



HIV Coordination and Technical Support in Emergencies

1. UNAIDS Technical Support Division of Labour
 - HIV among persons affected by natural disasters and security settings including uniformed services - UNAIDS secretariat designated lead organisation
 - HIV among persons affected by conflict-induced displacement (refugees and IDPs) - UNHCR designated lead organization
 - Lead organisation's role
 - Coordinate HIV technical support
 - Serves as a single entry point for government and other relevant country-level stakeholders requiring particular technical support





HIV Coordination cont'd

2. Cluster Approach to Internal Displacement
 - HIV integrated throughout all clusters -no specific HIV cluster
 - Cluster leads need to ensure that HIV adequately addressed within that cluster
 - Like SGBV, HIV is a cross-cutting theme that affects all clusters and NOT solely a health issue
 - IASC Guidelines provide guidance on the minimum interventions by sector



Principles of HIV Programming in Conflict-affected Populations

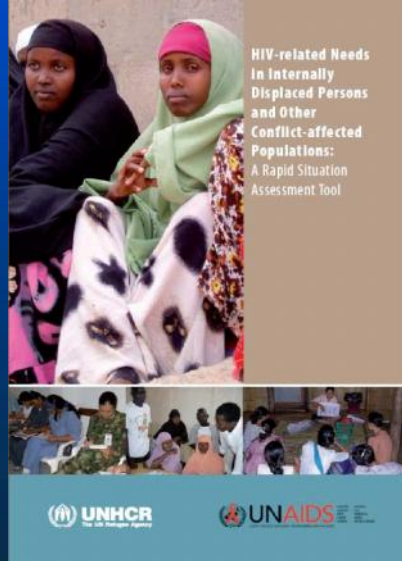




HIV Assessment in Emergencies

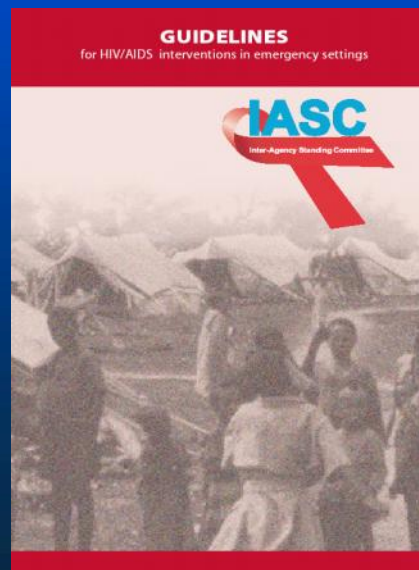
IDPs

- Comprehensive Assessment Tool
- Key Informant Interviews, FGD guides field tested in 2006 and 2007
- First Global IDP Consultation in April 2007
- Tools finalized in 2007



Emergency Phase

- Guidelines for HIV/AIDS Interventions in Emergency Settings, IASC, 2003
- Matrix in 3 phases
 - Emergency Preparedness
 - Minimum Response (to be conducted even in emerg.)
 - Comprehensive Response (Stabilised Phase)By sector





Minimum Essential HIV Activities in Emergencies

1. Coordination
2. Protection
 - Prevent and respond to sexual violence and exploitation
 - Protect orphans and separated children and vulnerable women
3. Universal precautions in the health care setting and safe blood supply
4. Condom distribution (including for uniformed forces, peacekeepers and humanitarian staff)
5. Appropriate prevention and care for IDUs and other at risk populations
6. Services for survivors of sexual violence
7. Continued care and support for PLWH/A including continuation of ART for those that were on ART pre emergency



Comprehensive Phase Intervention Principles

- Once situation stabilizes more comprehensive HIV interventions should be introduced
- Level and type of interventions will be guided by:
 - HIV prevalence (low level, concentrated, generalized)
 - Local and national capacity
 - Level of interventions available to the host community





Comprehensive Phase cont'd

- In the post emergency phase aim is to provide similar level of interventions as the host community once **minimum essential services** have been provided
- Consider interactions between displaced populations and host community in HIV programming as usually significant mixing of populations; aim is to **integrate** programming for displaced populations and host community



Recommendations - Programming

1. In emergency provide essential HIV interventions as in the IASC guidelines
2. Ensure that NACP, disaster preparedness staff and relevant sectoral staff are trained in the revised IASC Guidelines
3. Include considerations outlined in the IASC Guidelines in NSP and disaster preparedness planning





Recommendations cont'd

4. Post-emergency/reconstruction phase may provide environment where HIV transmission can increase
 - Concerted effort must be made to provide strong HIV prevention, support, care and treatment programmes
 - HIV programmes during conflict should help to reduce HIV transmission during this phase

5. Need to examine (and program for) interactions between displaced persons and host populations as well as returnees and those persons in area of return



HIV and Protection

- Ensure that laws, policies and programmes respect, protect and fulfil the rights of all IDPs and refugees:
 - No discrimination towards IDPs and refugees on basis of HIV status
 - No refoulement or forced return and no denial of right of return (in safety and dignity) on basis of HIV status
 - No mandatory HIV testing





HIV and Protection cont'd

- No travel related restrictions for PLHIV
- Access to durable solutions (repat., local integration and resettlement) not hindered by HIV status
- During third country resettlement where countries may deny entry to individuals who are HIV +ve UNHCR requests that automatic waivers be given to resettlement applicants
- Protection of women and children from sexual violence and exploitation



Further information

- www.unhcr.org/hiv
- burton@unhcr.org

