

UNAIDS 2020

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# United Nations High Commissioner for Refugees (UNHCR)

Unified Budget Results and Accountability Framework  
(UBRAF) 2016-2021

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Organizational report 2018-2019



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## **Key strategies and approaches to integrate HIV into broader agency mandate**

### *Integrating HIV into the humanitarian response*

As the agency mandated to protect and assist refugees and other persons of concern, UNHCR works with key partners, including governments, to integrate HIV prevention and response across all stages of the humanitarian response. Recognizing the human rights dimensions of HIV, UNHCR has effectively leveraged its protection mandate and expertise towards ensuring that HIV does not negatively affect refugee rights. UNHCR's assistance and protection help address key factors that increase risk and vulnerability to HIV.

UNHCR has integrated HIV as appropriate in its work on protection, including community-based protection; health; nutrition; water, sanitation, hygiene; education and other aspects of its work. UNHCR promotes effective synergies and capitalizes on the comparative advantages of a broad spectrum of partners, including refugees and host communities, governments, donor agencies, UN agencies, national and communities, international nongovernmental organizations, including faith-based organizations, academic and research institutions and the private sector.

### *Providing access to essential health care for refugees*

UNHCR works to ensure that all refugees are able to fulfil their rights in accessing essential health care, HIV prevention, protection and treatment, sexual and reproductive health services, food security and nutrition, and water, sanitation and hygiene services. UNHCR works to ensure that refugees, asylum seekers and other populations affected by humanitarian emergencies have equal access to HIV-related health information, prevention, testing and treatment services as host populations. In 2018–2019, UNHCR supported the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries. Considerable progress has been achieved in recent years towards ensuring that refugees living with or affected by HIV can access the services they need, including improved access to prevention, treatment, and care through national health systems.

Among 42 refugee-hosting countries (all but 2 in sub-Saharan Africa) surveyed by UNHCR in 2019, 88% reported that refugees could access antiretroviral (ARV) medicines (and 100% for free first- and second-line tuberculosis drugs) provided through national health systems. Among 9 of the countries in eastern and southern Africa prioritized for voluntary medical male circumcision and surveyed by UNHCR, all provide this service for refugees through their health services, although these services encountered important challenges, including commodity stock-outs and unreliable supplies in some health centres.

UNHCR has also integrated HIV and sexual and reproductive health into its [Integrated Refugee Health Information System](#), which captures refugee health data from 73 sites across 15 countries, covering nearly 2.3 million people, to improve humanitarian decision-making. This includes routine data collection on a number of key HIV and reproductive health indicators, such as coverage of prevention of mother-to-child transmission, numbers of people receiving antiretroviral therapy (ART), condom distribution and skilled birth attendance.

UNHCR gathers strategic data on the global burden of HIV in emergencies. In 2019, modelling commissioned by UNHCR, with WFP inputs, calculated that from 2013 to 2016 the number of people living with HIV affected by humanitarian emergencies rose from 1.71 million to 2.57 million, equal to 1 in 14 people living with HIV. These study results will support advocacy for increased funding and programmatic and policy action to address the needs of people living with HIV in humanitarian emergencies.

Every year, UNHCR, in collaboration with the relevant government entities and partners, trains health staff, community workers and peer educators to improve the delivery of health care services for refugees and other persons of concern, including training specific to HIV and reproductive health where relevant. HIV is integrated in training on other health needs such as antenatal and postnatal care, contraception and family planning, screening and treatment of cervical cancer and nutrition.

In 2018–2019, UNHCR trained over 3500 health-care workers and laboratory workers, and over 4000 community health workers and peer educators, to provide treatment, care and support, including ensuring more effective viral load testing. Examples included training on outreach for HIV/tuberculosis (TB) in Uganda, training of community leaders on stigma and discrimination in South Sudan and training of community promoters to reach sex workers in the capital and border areas with a comprehensive package including condoms, condom promotion and syphilis and HIV testing.

### *Preventing and responding to sexual and gender-based violence*

Across its operations, UNHCR supports services for the clinical management of rape and other forms of sexual violence in humanitarian emergencies. UNHCR works to prevent sexual and gender-based violence before it happens and to respond effectively to the needs of all survivors, including sexual and reproductive health services (e.g. Minimum Initial Service Package for Reproductive Health in Emergencies). Care for rape survivors includes emergency medical care, the provision of post-exposure prophylaxis for HIV, pregnancy prevention and prophylaxis for sexually transmitted infections, psychosocial support and mental health services, and referral for legal and protection services. Between 2014 and 2019, UNHCR deployed senior protection officers in 25 operations (typically at the outset of a

new emergency) to ensure that sexual and gender-violence was prioritized and addressed from the outset.

Between 2014 and 2018, an estimated 1.3 million additional people of concern to UNHCR were reached through expanded medical referral systems relevant to sexual and gender-based violence. About 1.2 million people gained access to mental health and psychosocial support and 1.1 million people were reached through awareness campaigns, while over 450 training sessions strengthened community-based protection mechanisms.

In 2018–2019, UNHCR provided services for sexual and gender-based violence to more than 27 000 refugees and other displaced populations people in Angola, Arab Republic of Egypt, Burkina Faso, Central African Republic, Democratic Republic of Congo, Islamic Republic of Iran, Malaysia, South Sudan, Uganda, United Republic of Tanzania and Zambia.

#### *Providing social protection and cash-based assistance to refugees*

UNHCR uses cash-based interventions to aid the most vulnerable. Cash and vouchers help displaced people meet diverse needs, including access to food, water, health care, and shelter, allowing them to build and support livelihoods and to facilitate voluntary repatriation. In some contexts, UNHCR provides cash transfers to cover transport and community costs associated with accessing health services, which has been shown to improve service access and treatment adherence for HIV and other health conditions.

UNHCR partners with ILO to facilitate integration of refugees into existing national social protection systems, notably health insurance schemes that enable refugees to access HIV and other health services to the same degree as nationals, through shared risk mechanisms. With the aim of improving self-reliance and promoting a life with dignity, work is ongoing to support inclusion of refugees at various levels in eight countries in Africa: Burkina Faso, Cameroon, Djibouti, Kenya, Mauritania, Rwanda, Senegal and Sudan.

#### *Ensuring legal and physical protection for displaced or stateless people*

UNHCR seeks to uphold the basic human rights of uprooted or stateless people in their countries of asylum or habitual residence, ensuring that refugees will not be returned involuntarily to a country where they could face persecution. UNHCR helps refugees find solutions, including repatriating voluntarily to their homeland, integrating in countries of asylum or resettling to third countries. UNHCR works alongside partners in many countries to promote or provide legal and physical protection and minimize the threat of violence, including sexual assault.

Legal and physical protection is also extended to refugees and other populations affected by humanitarian emergencies who are living with and affected by HIV. In 2018–2019, UNHCR

advocated to end mandatory HIV testing of refugees in a number of countries. UNHCR continues advocacy for direct and confidential reporting mechanisms for cases from testing centres to establish timely protection interventions and link individuals to treatment. Support was also provided to refugees and asylum seekers at risk of deportation due to HIV status on a case by case basis. In 2018–2019, UNHCR successfully advocated to prevent the deportation of refugees living with HIV in more than one country in the Middle East, ensuring access to treatment, medical and psychosocial support until a durable solution was found.

UNHCR also facilitates the inclusion of emergency-affected communities in national HIV programmes, plans and legislation. In 2018–2019, such efforts were undertaken in the Arab Republic of Egypt, Bangladesh, Burkina Faso, Chad, Colombia, Democratic Republic of Congo, Ghana, Lebanon, Malaysia, Morocco, Nigeria, Rwanda, Senegal, South Sudan, Syria, Uganda and United Republic of Tanzania.

## **Contributing to progress towards the SDGs**

The SDGs cannot be achieved without considering the rights and needs of refugees, internally displaced and stateless people.

UNHCR has long addressed many of the key issues prioritized in the SDGs. This has included UNHCR's longstanding efforts to ensure healthy lives (SDG 3); promote gender equality and prevent and respond to sexual and gender-based violence (SDG 5); and, provide legal and physical protection to refugees living with and affected by HIV (SDG 10).

UNHCR views the 2030 Agenda as a framework that can help protect and find solutions for displaced and stateless people. The SDG framework includes the first indicator on refugees, and SDG monitoring now tracks the number of refugees by country of origin as a proportion of the national population. The prevention of forced displacement and the provision of durable solutions for people already displaced are now part of the SDGs. This enables UNHCR, as custodian agency for an SDG indicator, to leverage broader efforts to improve SDG reporting that is related to refugees and asylum seekers, including facilitating access to validated information on how refugees are faring compared to other population groups.

Data disaggregation is needed to identify gaps in SDG achievements for refugees, consistent with the goal of the 2030 Agenda to leave no vulnerable group behind. For the HIV response, this means ensuring that refugees and other emergency-affected populations are considered in global, regional and national strategies, partnerships and funding—an effort that was a major focus of UNHCR advocacy in 2018–2019.

## **Case study: Providing sexual and reproductive health services to sex workers and other persons at increased risk of HIV in Venezuela**

By the end of 2019, more than 4 million Venezuelans had left their country, in the largest exodus in recent history in Latin America and the Caribbean. Although there has been an 8000% increase since 2014 in the number of Venezuelans seeking refugee status (principally in the Americas), hundreds of thousands of Venezuelans remain without documentation or permission to remain in nearby countries. Lacking access to basic rights, this renders them vulnerable to labour and sexual exploitation, trafficking, violence, discrimination, and xenophobia.

Across the region, UNHCR is working closely with host governments and partners, particularly the International Organization for Migration (IOM), to support a coordinated and comprehensive approach to the needs of refugees and migrants from Venezuela. UNHCR has strengthened its presence along key borders to limit possible risks, in particular with regard to access to territory, trafficking, exploitation, and to identify people who may require dedicated protection and services, such as unaccompanied and separated children and pregnant women.

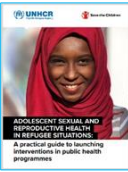




In 2018–2018, UNHCR, through expenditure of US\$ 525 000 (including US\$ 94 300 in country envelope funding) intensified its provision of sexual reproductive health (SRH) services in border areas, including for sex workers and other populations at increased risk of HIV infection. Achievements in 42 communities across 8 states in border areas included:

- an HIV prevalence survey with female sexual workers was conducted in the States of Apure, Distrito Capital, Merida, Táchira and Zulia to identify the dynamics of HIV transmission in border and urban areas, with 500 female sex workers receiving counselling and (in the case of reactive test results) linkage to health services.
- more than 73 600 male condoms were distributed in the states of Amazonas, Apure, Bolivar, Distrito Capital, Merida, Miranda, Táchira and Zulia.
- transnational referrals were made to HIV care services in bordering countries for refugees and other people on the move.
- nearly 8000 people in border areas received HIV counselling and testing services and other sexual and reproductive health services, including STI testing.
- equipment, training of health personnel and distribution of 3450 HIV and 3240 syphilis tests build the capacity of 15 primary care centres in the border states of Apure, Amazonas, Bolivar, Capital District, Táchira and Zulia.



- support was given to survivors of sexual violence, including the provision of PEP.
- community events and activities promoted HIV prevention and stigma reduction during World AIDS Day, World Day against homophobia and LGBTQI Pride Day.
- community capacities to respond to HIV were strengthened through the establishment of community structures to enable linkages with public health institutions providing HIV prevention, treatment, care and support.

## Knowledge products

	<p><b>Adolescent Sexual and Reproductive Health in Refugee Situations</b> This practical guide provides information and guidance in the form of Ten Steps on how to effectively launch adolescent sexual and reproductive health interventions in refugee situations. It outlines steps UNHCR and partner staff, in cooperation with refugee communities and adolescents, can follow to ensure a successful programme</p>
	<p><b>Clinical management of rape and intimate partner violence survivors: Developing Protocols for Use in Humanitarian Settings</b> In humanitarian settings, women and children who are refugees, internally displaced persons , or otherwise affected by conflict-related or natural humanitarian crises, are at increased risk. This guide is intended for use by qualified health-care providers who are working in humanitarian emergencies or other similar settings, and who wish to develop specific protocols for the medical care of survivors of sexual violence and intimate partner violence.</p>
	<p><b>Promoting Treatment Adherence for Refugees and Persons of Concern in Health Care Settings: Tips for Health Workers</b> UNHCR supports primary health programmes in refugee settings and has identified promotion and monitoring of adherence as a neglected component of service delivery. The aim of this short guide is to provide practical recommendations to improving adherence to treatment for chronic communicable diseases, non-communicable diseases and MNS disorders including HIV for refugees and other persons of concern to UNHCR.</p>
	<p><b>Online Course on Disaster Ready on Prevention of Mother to Child HIV Transmission in Humanitarian Emergencies</b> Services for prevention of mother-to-child transmission can be disrupted during a humanitarian crisis. This online course provides training on the causes of disruption, consequences that can occur, and strategies to ensure the continuation of prevention services during an emergency situation.</p>
	<p><b>Refugee and Internally Displaced Persons Inclusion in Global Fund Applications 2002—2019</b> This resource highlights findings of research undertaken between UNHCR and the UN foundation on the inclusion of emergency affected populations in Global Fund Applications. The findings are available <a href="#">here</a>.</p>



**UNHCR Public Health 2018 Annual Global Overview**  
Key global and country level results in public health, HIV and reproductive health, nutrition and WASH are summarized. The document is available [here](#).



**UNHCR SRH Website**  
The website contains references, guidance and tools to support HIV, reproductive health and sexual and gender-based violence programming in humanitarian situations. The website can be accessed [here](#).



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