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United Nations High Commissioner for Refugees (UNHCR)

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

Organizational report 2018

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Key strategies and approaches

UNHCR leads and coordinates global action in humanitarian contexts to protect the rights and well-being of tens of millions of refugees, internally displaced people, and other people of concern, including stateless people, asylum seekers, returnees, and people living in surrounding host communities. UNHCR strives to ensure that refugees are able to access life-saving and essential health care. UNHCR is active in more than 120 countries and makes a unique contribution to the international HIV response. UNHCR reaches people who may have become more vulnerable to HIV as a result of displacement or exposure to conflict situations. Using HIV-related competence and expertise it has developed over decades, UNHCR implements interventions and programmes in a wide array of HIV-related areas, including HIV prevention, protection and treatment; reproductive health services; food security and nutrition; and water, sanitation and hygiene services.

UNHCR has been a UNAIDS Cosponsor since 2004. With the World Food Programme (WFP), it co-convenes the Division of Labour area of HIV services in humanitarian emergencies. UNHCR is also a partner of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in delivering HIV services in humanitarian contexts. UNHCR supports substantial HIV and related programmes in Africa, Asia, the Americas, the Middle East and parts of Europe.

UNHCR's HIV and reproductive health programmes are delivered within a framework of public health, protection and community development. The UNHCR Global Strategy for Public Health 2014–2018 outlines the key UNHCR priorities for HIV and reproductive health programming at global, regional and country levels. These priorities include:

- reducing transmission of HIV using a protection and rights-based approach;
- facilitating universal access to antiretroviral therapy;
- facilitating the elimination of mother-to-child transmission of HIV;
- improving access to comprehensive reproductive, maternal and newborn health services.

Significant progress has been made in improving access to comprehensive HIV and reproductive health services in the past five years, particularly in terms of integrating refugees, internally displaced people, and other people affected by humanitarian emergencies into national health systems in order to improve access to HIV and reproductive health services. UNHCR teams at global, regional and country levels continue to work with communities to ensure populations affected by humanitarian emergencies are not left behind

as the agency contributes towards achieving the targets set out in the Sustainable Development Goals (SDGs) and the UNAIDS 2016–2021 Strategy.

Highlights of results

Considerable progress has been achieved towards ensuring that refugees living with HIV are able to obtain the health care they need. A UNHCR survey in 37 countries hosting refugees, all but 2 of which were in sub-Saharan Africa, found that refugees in 93% of settings could access antiretroviral medicines and 100% could access free first- and second-line tuberculosis (TB) medicines provided through the national health systems. A total of 96% of settings said they provide access to early infant diagnosis to refugees. All 9 of the countries surveyed among the 14 World Health Organization (WHO) high-priority countries in eastern and southern Africa for voluntary medical male circumcision provided such services for refugees through their health services.

The number of refugees receiving antiretroviral therapy increased nearly four-fold between 2014 and 2018.

In December 2018 the United Nations General Assembly adopted the Global Compacts on Refugees, and for Safe, Orderly and Regular Migration. These endorsements follow the September 2016 New York Declaration for Refugees and Migrants, and extensive and sustained high-level advocacy by UNHCR, the International Organization for Migration (IOM) and other organizations. Although the Compacts are non-binding, they clearly highlight the need for increased cooperation between nations to manage and support refugee and migrant movements more effectively.

The Global Compact on Refugees extends beyond the 1951 Refugee Convention and the existing international legal system for refugees, specifying how to share the burden and responsibility. It is designed to provide a robust and systemic model to improve the lives of refugees and their host communities, noting the importance of states and relevant stakeholders in contributing resources and expertise to expand and enhance the quality of national health systems. The compact refers specifically to improving national health systems for people with chronic illnesses, including HIV, and the importance of combating all forms of discrimination.

Between 2014 and 2018 UNHCR deployed senior protection officers focusing on sexual and gender-based violence to 25 operations, typically at the onset of a new emergency. These experts play a critical hands-on role to ensure sexual and gender-based violence is prioritized and addressed properly from the outset of every emergency. Over the past 4 years, it is estimated that 1.3 million additional people of concern to UNHCR have been reached through expanded sexual and gender-based violence-relevant medical referral systems; 1.2 million

people have gained access to mental health and psychosocial support; 1.1 million people have been reached through sexual and gender-based violence awareness campaigns; and over 450 training sessions have strengthened community-based protection mechanisms.

In 2018 UNHCR promoted access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement, including the right to return (regardless of HIV status) in the context of voluntary repatriation, and an end to mandatory testing for asylum seekers, refugees, internally displaced people, and people from other marginalized groups. UNHCR also facilitated the inclusion of emergency-affected communities, including refugees and internally displaced people, into national HIV programmes, plans and legislation.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

Across its operations, in 2018 UNHCR provided HIV counselling and testing, including testing for pregnant women, to over 440 000 people of concern to UNHCR. Training was provided to more than 1700 health-care workers and laboratory workers and more than 800 outreach workers and peer educators to help them offer counselling, treatment, care and support, including ensuring more effective viral load testing.

UNHCR worked with various partners to scale up and mainstream regional and country-level responses to addressing HIV in 2018. For instance, UNHCR continued as the subgrantee of a 21-month US\$ 2.8 million regional grant with the Intergovernmental Authority for Development on HIV and TB in Djibouti, South Sudan, Sudan and Uganda. This grant is focused on scaling up HIV and TB services in 13 refugee camps and aims to improve the availability and use of HIV and TB services through complementing existing programmes funded by UNHCR. Key achievements of the grant include improved coordination mechanisms with refugee stakeholders and improved linkages with national HIV and TB programmes and supply chain management. For the TB component, nearly 1000 health-care workers were trained in active case-finding and management, assuring adherence, and helping to raise awareness regarding HIV and TB.

UNHCR provided voluntary counselling and testing in Bangladesh, Burkina Faso, Burundi, Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Egypt, Ethiopia, Iran (Islamic Republic of), Jordan, Kenya, Malaysia, Nepal, Pakistan, Rwanda, South Sudan, Sudan, Thailand, Uganda, Ukraine, the United Republic of Tanzania and Venezuela (Bolivarian Republic of). More than 25 000 people were referred for antiretroviral

therapy or prevention of mother-to-child HIV transmission services. The majority of the people reached were in Uganda (over 300 000 people received HIV counselling and testing; 73 809 of those tested were women), South Sudan (16 297 people received HIV counselling and testing; 8566 of those tested were women) and Rwanda (16 274 people received HIV counselling and testing; 6246 women were tested). Nearly 150 000 people in 6 camps were sensitized by community health workers and peer educators and through HIV clubs.

More than 832 UNHCR staff, outreach and community workers and peer educators received training in Cameroon, Côte d'Ivoire, Djibouti, Malawi, Malaysia, South Sudan, Sudan and Venezuela (Bolivarian Republic of). In South Sudan, this included training community leaders on the basics of HIV, stigma and discrimination, and concurrent multiple sexual partnerships. In the Bolivarian Republic of Venezuela, training focused on efforts by community promoters to reach sex workers in the capital and border areas, providing a comprehensive package including condom distribution and promotion and syphilis and HIV testing.

UNHCR supported training for 1758 health-care and laboratory workers in Burkina Faso, Cameroon, the Democratic Republic of the Congo, Djibouti, Nepal, South Sudan, Sudan, the United Republic of Tanzania, Uganda and Venezuela (Bolivarian Republic of). In Uganda, training reached 180 village health teams on intensified case-finding for TB; 30 laboratory staff on TB diagnosis, sample management and laboratory quality; and 201 health-care workers on new guidelines for management of TB/HIV coinfection, management of drug-resistant TB, TB screening and intensified case-finding, and TB health management information systems. In Sudan, in collaboration with the Sudanese Red Crescent and the State Ministry of Health, 205 health workers in the Shagarab, Wadsharifey and Umugargour camps were trained in a wide variety of interventions, including information, education and communication materials and dissemination, antenatal care, sexually transmitted infections, family planning, HIV testing and prevention of mother-to-child transmission.

In Rwanda UNHCR continued to manage a US\$ 2.09 million Global Fund grant, which enabled continuous access to HIV screening, care and treatment, malaria prevention, and TB screening and management for Burundian refugees in the Mahama camp, reception centres and urban settings.

UNHCR launched a short online training course on prevention of mother-to-child transmission at www.disasterready.org. The course describes the main causes and consequences of disruption to prevention of mother-to-child transmission services during a humanitarian crisis; strategies to ensure the continuation of activities; and how to develop an emergency preparedness plan. The course is designed for managers, clinicians and programme managers in risk-prone, emergency-affected and fragile settings.

For World AIDS Day 2018, a message on the theme Know Your Status was sent to all staff, inviting them to join the #knowyourstatus campaign and stand up for the rights of refugees,

displaced and stateless people, and other vulnerable people to access free, voluntary and confidential HIV testing. A range of activities took place at the country level in Bangladesh, Chad, Congo, Egypt, Pakistan, Rwanda, South Sudan and Sudan.

The Inter-Agency Task Team on HIV in Humanitarian Emergencies is co-convened by UNHCR and WFP and has 76 members from 29 organizations, including IOM, the UNAIDS Secretariat, the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the United Nations Population Fund (UNFPA) and WHO. In July 2018 the Inter-Agency Task Team brought together 28 participants from 15 organizations at its annual meeting in Amsterdam, considering themes of integration, collaboration, technical support and guidance, and resource mobilization. A teleconference of the Inter-Agency Task Team addressed the response to the refugee and migrant crisis in the Bolivarian Republic of Venezuela and other countries in the region, providing a platform for information exchange and coordination. Inter-Agency Task Team members also contributed to HIV crisis group coordination calls in Yemen, providing technical support to government staff and colleagues as the situation for people living with HIV deteriorated. At the beginning of the year, the Inter-Agency Task Team provided technical advice to develop the HIV action plan in South Sudan.

At the end of 2018, at the annual training for country-level health cluster coordinators, UNHCR and WFP led a pilot session on HIV and the health cluster. It is envisioned that this session will be added to the annual health cluster coordinator training package. Further, a survey was circulated to all 28 health cluster coordinators to identify their in-country HIV-related experience and potential support required.

UNHCR, with input from WFP, commissioned modelling of the trends of populations affected by humanitarian emergencies between 2013 and 2016. As the number of people affected by humanitarian emergencies rose from 314 million to 479 million, the number of people living with HIV affected by humanitarian emergencies increased from 1.71 million to 2.57 million; and the ratio of people living with HIV affected by a humanitarian emergency increased from 1 in 20 to 1 in 14. This modelling will be important in advocacy to demonstrate the rising numbers and levels of vulnerability of people living with HIV in humanitarian emergencies.

In December 2018, the Inter-Agency Task Team ensured emergency contexts were included in the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. The associated working group will ensure effective linkages between the Inter-Agency Task Team and the Global Partnership to better address stigma and discrimination in emergency contexts. Finally, in addition to developing a shared 2018–2019 workplan, the Inter-Agency Task Team revised and streamlined its terms of reference.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

In 2018, UNHCR distributed over 7.6 million condoms, including over 120 000 female condoms to people of concern, including 3.7 million condoms in Uganda, over 1 million condoms in Ethiopia, and nearly 1 million condoms in Rwanda.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

In the first half of 2018 UNHCR undertook a needs assessment of access to health and protection services for refugees engaging in sex work in Bangladesh. The assessment provided important insights into the dynamics and vulnerabilities of sex workers from both host and refugee populations, including access to services, knowledge on HIV and sexually transmitted infections, testing, family planning and protection. Recommendations from the needs assessment include providing a comprehensive package of services both inside and outside camps; strengthening referral mechanisms between implementing partners and local health services providers to provide a service continuum for refugees engaging in sex work; and strengthening the capacity of and collaboration between relevant stakeholders to better understand and respond to the needs of refugees engaging in sex work. Planning has started to respond to the recommendations.

UNHCR began working with UNFPA to draft guidelines on responding to the health and protection needs of people engaged in selling sex in humanitarian settings. The guidelines aim to support the tailored provision of health and protection needs of this population in all contexts (e.g. camp, urban, acute, recovery, with restrictive national laws), with relevance to a wider audience such as people responsible for camp management and food security. The guidelines will be completed in 2019.

SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

In all operations, UNHCR supports services for the clinical management of rape and other forms of sexual violence in humanitarian emergencies. UNHCR promotes access to sexual and gender-based violence prevention and redress mechanisms, and sexual and reproductive health services, including through the Minimum Initial Service Package for Reproductive Health in Emergencies. This includes the provision of post-exposure prophylaxis, pregnancy prevention and prophylaxis for sexually transmitted infections for

survivors, psychosocial support and mental health services, and referral for legal and protection services.

Across UNHCR's operations in 2018, sexual and gender-based violence services (including referrals for clinical services, mental health and psychosocial support, and community-based protection) were provided to over 27 000 refugees and other displaced people. Training of trainers, principally in community-based organizations, was provided to 5800 people.

The sustained American Government initiative Safe from the Start has led to marked achievements by UNHCR in 2018, most notably towards institutionalizing prevention of and response to sexual and gender-based violence. This includes the development of the first UNHCR policy on the prevention of, mitigation of and response to sexual and gender-based violence, the drafting and dissemination of a number of tools, protocols and policies, and impressive headway made in building the capacity of UNHCR staff and partners to mainstream prevention, mitigation and response in the operations and across sectors. Eight Safe from the Start multisectoral projects in seven countries have allowed UNHCR and partners to identify key learning and to apply more effective approaches for improving the protection of women and girls in different settings.

MADE51, an artisan model for survivors of sexual and gender-based violence, has helped link refugees with safe value chains that offer a source of income without risk to their safety or well-being. One of the objectives of expanding the basic structure of MADE51 is to facilitate access to essential services such as health and counselling. This helps promote healthy gender norms to end gender-based violence and mitigate the risk of HIV.

Using a multisectoral response across all operations, UNHCR supports community-based activities to promote sexual and gender-based violence awareness and prevention both in camps and in out-of-camp settings. Work is regularly undertaken with partner organizations, for which a training package on sexual and gender-based violence prevention and response was launched.

Given the operational work of UNHCR, and the fact that many staff and contractors are often in touch with vulnerable populations, the organization has in place a robust approach to address sexual abuse and exploitation and harassment in all its forms. UNHCR implements mandatory sexual and gender-based violence prevention and response internet-based learning for all staff. An information note, Tackling Sexual Exploitation and Abuse, and Sexual Harassment at UNHCR, was sent to all Executive Committee members and staff in March 2018, outlining the steps already undertaken by the organization and presenting a number of accelerated actions. Separately, a duty of care instruction for staff working at high-risk duty stations has been developed, reflecting lessons learnt from previous deployments. Six operations (Ethiopia, Iraq, Kenya, Lebanon, Uganda, United Republic of Tanzania) undertook targeted workshops on mainstreaming.

Sexual and gender-based violence services (including information) were provided to over 27 000 people in Angola, Burkina Faso, the Central African Republic, the Democratic Republic of the Congo, Egypt, Iran (Islamic Republic of), Malaysia, South Sudan, Uganda, the United Republic of Tanzania and Zambia. In Lebanon posters and leaflets publicizing services and telephone hotlines were distributed to 300 health facilities.

In Uganda incidents were identified, managed and documented from 13 districts hosting refugees. Of the incidents reported, 26% were sexual violence (rape and sexual assault), and 89% of survivors were female; reporting for male survivors remains low due to cultural taboos. Intimate partners perpetrated the majority of incidents reported. The number of reported incidents of sexual and gender-based violence increased during and after food distribution or harvest. Survivors received psychosocial support and other services, such as medical services (631 people; 12% of incidents), legal services (1993 people; 37% of incidents), safe houses (136 people; 3% of incidents), livelihood services (486 people; 9% of incidents), and safety and security services (319 people; 6% of incidents). Survivors of sexual and gender-based violence with mental or psychosocial symptoms were referred to specialized mental health partners for psychological and clinical mental health assistance.

Over 5800 people were trained in various aspects of sexual and gender-based violence in Angola, Cameroon, the Democratic Republic of the Congo, Malaysia, Nepal, Pakistan, Rwanda, Uganda and the United Republic of Tanzania. In the United Republic of Tanzania, training for staff from UNHCR and partners (including government) and community volunteers included case management, referral pathways, protection from sexual exploitation and abuse, and sexual and gender-based violence.

In Ukraine, where there are approximately 1.8 million internally displaced people, UNHCR provided services to people living with HIV and key populations, including raising awareness of and reaching out to survivors of sexual and gender-based violence.

UNHCR continued its support to activities of Marie Stopes International in delivering information, commodities and services on sexual and reproductive health through clinic-based interventions, including sexual and gender-based violence response services, in areas of internally displaced people.

UNHCR also undertakes advocacy to increase awareness of issues regarding sexual and gender-based violence in humanitarian settings. For instance, under the 16 Days of Activism against Gender-Based Violence campaign in 2018, UNHCR and its partners organized a number of awareness-raising events, seminars, flash mobs and training sessions targeting students, young adults, and women from different ethnic groups and origins in its operations around the world.

UNHCR is actively engaged in an interagency rollout of the gender-based violence information management system jointly with IMC, the International Rescue Committee, UNFPA, UNICEF and other partners across 32 humanitarian operations.

In the Islamic Republic of Iran, working with the Joint United Nations Team, UNHCR supported sexual and gender-based violence prevention and management initiatives in refugee communities in the cities of Qom, Semnan and Mashhad. In 2018 more than 6100 refugees received psychological counselling, legal counselling, social work services, life-skills training, and prevention of domestic violence under this scheme through partnership with the Association for Protection of Refugee Women and Children, a national nongovernmental organization. In addition, two experts were recruited to upgrade data collection and programme surveillance.

SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

In 2018 UNHCR advocated for the inclusion of refugees in national responses in Bangladesh, Burkina Faso, Chad, Colombia, the Democratic Republic of the Congo, Egypt, Ghana, Lebanon, Malaysia, Morocco, Nigeria, Rwanda, Senegal, South Sudan, Syria, Uganda and the United Republic of Tanzania.

Examples of UNHCR work to ensure that refugees were considered in national responses include:

- advocacy in Bangladesh with government authorities and local nongovernmental organizations;
- collaboration in Chad with Conseil National de Lutte contre le SIDA and health partners, raising awareness about the needs of adolescents and pregnant women;
- assurance that a wide range of HIV services for refugees are sustained in partnership with Refuge Egypt and under Egypt's National Strategic Plan and Ministry of Health;
- continued advocacy to stop mandatory testing of Syrian refugees in Jordan, and for direct and confidential reporting mechanisms for cases from testing centres in order to establish timely protection interventions and linkage to treatment;
- work towards refugees having free access to general medical consultations in local health services and being included in the National Strategy for Immigration and Asylum in Morocco;

- promotion of access to treat-all strategies and 90–90–90 interventions for refugees at the same level as nationals in Rwanda;
- integration of the Refugee Response Plan (a tool for advocacy and resource mobilization and a strategy document to guide the refugee health response in the country) into the National Health Plan in Uganda.

As a result of work by UNHCR, 68 radio broadcasts in South Sudan, Sudan and Uganda addressed common myths and misconceptions about HIV and TB. In total, over 68 000 information, education and communication materials were distributed to people of concern¹.

UNHCR worked with members of the Joint United Nations Team in:

- Democratic Republic of the Congo—the results of a rapid needs assessment on the needs of internally displaced people living with HIV and other affected communities were widely disseminated and used as an opportunity for integrating HIV into the emergency humanitarian response in the Kasai region. UNHCR brought together the Government, other United Nations agencies and other technical partners in the region and other parts of the Democratic Republic of the Congo;
- Lebanon—with support from the Global Fund, UNHCR and other organizations, including IOM and WHO, are working to close the gap in the HIV response for refugee and migrant key populations from Syria and the occupied Palestinian territory;
- Malaysia—advocacy with the Ministry of Health with other Cosponsors focused on ensuring the integration of refugees and asylum seekers living with HIV into the National Strategic Plan for Ending AIDS 2016–2030;
- Senegal—work was undertaken to address the social protection and health needs for refugees in the Programme National de Lutte contre le SIDA, and advocacy was undertaken for inclusion in other United Nations agencies and Senegalese partners;
- South Sudan—UNHCR worked to sensitize Parliamentarians and relevant South Sudanese Government ministries on key protection issues for people living with HIV, and to ensure HIV is not criminalized and testing is voluntary. UNHCR participated in various working groups to advocate for refugees and to ensure that all related issues are included in health policies, programmes and funding proposals;
- United Republic of Tanzania—UNHCR worked to address the restricted policy environment, including closed borders, forced returns and a strict encampment policy that

¹ People of concern to UNHCR are as follows: refugees, persons in refugee-like situations and returnees; internally displaced persons or returnees, asylum-seekers and stateless persons

provided minimal livelihood opportunities, leaving refugees vulnerable to various protection risks, including sexual and gender-based violence.

UNHCR participated in the IOM-led HIV Crisis Group for Yemen, which also included the Global Fund, the UNAIDS Secretariat, WFP and WHO. The Crisis Group provided support and guidance to government and United Nations staff working in the country, including advocacy to seek to avoid stigmatizing legislation for people living with HIV.

Financial information

Table 1

Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	-
Sub-total	2,000,000
2018 country envelope	559,700
TOTAL	2,559,700

Table 2

Expenditure and encumbrances by Strategy Result Area (US\$)

Strategy Result Area (SRA)	Core*	Non-core	TOTAL
SRA 1: HIV testing and treatment	1,462,000	15,410,731	16,872,731
SRA 5: Gender inequalities and gender-based violence	308,000	6,360,805	6,668,805
SRA 6: Stigma, discrimination and human rights	230,000	4,085,395	4,315,395
TOTAL	2,000,000	25,856,931	27,856,931

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 3

Expenditure and encumbrances by region (US\$)

Region	Core *		Non-core	TOTAL
	Global	Country envelope		
Asia and the Pacific	128,400	70,000	1,938,883	2,137,283
Eastern and southern Africa	688,944	158,350	11,671,530	12,518,824
Latin America and the Caribbean	-	44,000	726,112	770,112
Middle East and North Africa	374,500	50,650	4,722,274	5,147,424
Western and central Africa	449,400	166,885	6,085,794	6,702,079
Global	358,756	-	712,338	1,071,094
TOTAL	2,000,000	489,885	25,856,931	28,346,817

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 4

Core expenditure and encumbrances by category (US\$)

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	308,665	31,917	340,582
Contractual services	816,424	44,056	860,480
General operating expenses	5,729	21,384	27,113
Transfers and grants to counterparts	582,016	287,397	869,413
Equipment, furniture and vehicles	14,014	29,233	43,247
Travel	142,311	43,849	186,160
Programme Support cost	130,841	32,049	162,890
Total Expenditure	2,000,000	489,885	2,489,885
Encumbrances	-	-	-
TOTAL	2,000,000	489,885	2,489,885

Case study: strengthening the HIV response in South Sudan

In South Sudan, a country with just over 12 million people, 2.2 million refugees have fled the country and another 2.2 million people of concern to UNHCR reside inside the country, including 1.9 million internally displaced people. To address this humanitarian emergency, UNHCR is active in neighbouring countries (Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Sudan, Uganda) and in South Sudan itself.

A persistent state of conflict has engulfed the country since July 2016, generating complex patterns of displacement and famine. The Inter-Agency Task Team on HIV in Humanitarian Emergencies published a South Sudan brief in 2017, and the work of the Joint Programme in the country was profiled in the Committee of Cosponsoring Organizations report at the 42nd PCB meeting in June 2018.

South Sudan was one of 37 countries surveyed by the Public Health Section of UNHCR in 2018 across a range of indices. The survey found that refugees are well integrated in the national health system, having access to rapid test kits, antiretroviral therapy and early infant diagnosis. TB services are also quite well integrated, with first- and second-line medicines being free of charge. However, the survey showed that refugees living with TB do not receive additional support (nutrition support and cash-based interventions) through the national system, and TB outcome data are not disaggregated by refugee and national populations.

Of a total expenditure of US\$ 115.3 million, UNHCR spent US\$ 1.78 million in South Sudan on reproductive health and HIV services in 2018. Expenditure in this area was divided between care and treatment of people of concern living with HIV (24%); comprehensive safe motherhood services (40%); and services to prevent mother-to-child HIV transmission (36%). Expenditure included a US\$ 15 000 country envelope grant used to train 9 health professionals in task-shifting for HIV testing services and provider-initiated testing and counselling. It also includes US\$ 107 000 from UNHCR's US\$ 2 million core contribution to UNAIDS.

UNHCR support contributed to specific achievements for people of concern in South Sudan in 2018, including the following:

- HIV testing services and prevention of mother-to-child transmission services were available in all 10 refugee camps and 2 referral hospitals, and antiretroviral therapy services were available in 6 refugee camps and 2 referral hospitals. In addition, broader HIV prevention, condom promotion and distribution, and prevention and treatment of sexually transmitted infections were provided.
- Prevention of mother-to-child transmission coverage was 85%, with 99% of mothers and partners receiving post-test counselling.

- Only 19% of newborns were given antiretroviral therapy within 72 hours, underscoring the need to strengthen early infant diagnosis and treatment.
- UNHCR trained 180 health-care workers to provide HIV, TB and reproductive health services, and 171 health workers were trained in the development of information, education and communication and behaviour-change materials.
- A range of multimedia activities were conducted, including 6 radio talk shows addressing myths and misconceptions around HIV and AIDS; installation of 13 message boards at health posts and schools; and performances by drama groups.
- 94% of survivors of rape received post-exposure prophylaxis within 72 hours; 58% of women survivors received emergency contraception within 120 hours; and 67% of survivors received presumptive treatment for sexually transmitted infections.

Many implementation issues persist in the challenging operating environment, among them periodic stockouts, insecurity and stigma, and limitations of virological monitoring.

Knowledge products



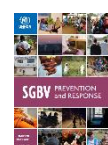
UNHCR Public Health 2017 Annual Global Overview

Key global and country-level results in public health, HIV and reproductive health, nutrition, and water, sanitation and hygiene



2016 Toolkit on HIV and Emergencies in West Africa

Practical guidance on preparedness, contingency planning and response



UNHCR SGBV Prevention and Response Training Package

Training package designed to help facilitators deliver introductory interactive training on the prevention of and response to sexual and gender-based violence



Cash-based Interventions for Health Programmes in Refugee Settings: A Review

Review of existing evidence and recommendations on cash interventions for health



Improving Newborn and Neonatal Care

Provides key recommendations from a baseline assessment in newborn and neonatal care in humanitarian settings in Jordan, Kenya and South Sudan



PMTCT in Humanitarian Settings: Part I—Lessons Learned and Recommendations

Provides recommendations to staff implementing prevention of mother-to-child transmission services in humanitarian settings



PMTCT in Humanitarian Settings: Part II—Implementation Guide

Provides guidance on the implementation of prevention of mother-to-child transmission services in humanitarian settings, synthesized in an online course on www.disasterready.org



Global Strategy for Public Health

The UNHCR Global Strategy for Public Health encompassing four major related sectors (public health; HIV and reproductive health; food security and nutrition; water, sanitation and hygiene) that are of vital importance in providing protection and services to refugees and other people of concern.

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