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Key strategies and approaches to integrate HIV into broader agency mandate

Integrating HIV into the humanitarian response

The United Nations High Commissioner for Refugees (UNHCR), focuses on saving lives, protecting rights, and building a better future for refugees, forcibly displaced communities, and stateless people. The agency works in 135 countries, with 90% of staff based in field locations. It addresses HIV through work with key partners, including governments, humanitarian partners and communities throughout the cycle of humanitarian response.

UNHCR's strong field presence allows for direct engagement with communities on HIV as a health and human rights issue. The agency's protection mandate and expertise seek to ensure that HIV does not impact on refugee rights. HIV is integrated into various aspects of protection following a multisectoral approach through interventions that address the structural barriers that increase risk and vulnerability to HIV. This includes in relation to community-based protection, health, nutrition, water, sanitation, and hygiene, education, gender equality and responses to gender-based violence and social protection, among other aspects.

Providing access to life saving and essential health care for refugees

The health and well-being of refugees is undermined by years or decades of forced displacement. UNHCR helps refugees rebuild their lives and supports good health through public health programming, working with governments and partners to provide essential health services, improving local health services and including refugees in national health systems and plans. UNHCR aims to ensure that all refugees can fulfil their rights in accessing life-saving and essential health care, including HIV prevention, treatment, care and support. During 2020, UNHCR supported the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries, building on progress made over the past few years on health-care access to ensure that refugees are included in national health systems.

UNHCR's Integrated Refugee Health Information System captures refugee health data to improve humanitarian decision making and integrates HIV and sexual and reproductive health (SRH) to effectively monitor the health status of refugees. That information system guides UNHCR and partner programme objectives and priorities through key HIV and SRH indicators, including coverage of prevention of vertical transmission services, people living with HIV accessing antiretroviral therapy (ART), skilled birth attendance and complete antenatal care, and access to commodities such as condoms. The system covers more than 4 million refugees in 114 sites across 17 countries.

Through UNHCR, health staff, community workers and peer educators worldwide, receive training and capacity building to improve the delivery of health-care services for refugees and other persons of concern. This includes addressing the health needs of refugees in different contexts, including SRH and HIV components. Training on other health and protection needs includes SRH and HIV in relation to gender-based violence, services for lesbian, gay, bisexual, transgender plus (LGBTI+) people, and screening and treatment of cervical cancer. During 2020, more than 950 health-care workers and laboratory workers, and more than 1,850 community health workers and peer educators received training on HIV-related topics such as the delivery of effective viral load testing, outreach for tuberculosis (TB) and HIV, improving services for adolescents and young people and improving services for key populations, including sex workers. In Kenya, 65 health workers were sensitized on health and psychosocial needs of LGBTI+ people to enhance access to services. In Uganda, 27 health-care workers were trained on the provision of adolescent-friendly health services, and 128 health-care workers were trained on clinical management for survivors of rape.

Preventing and responding to sexual and gender-based violence

Programming and risk mitigation for sexual and gender-based violence saves lives, reduces HIV-related risks, and is an institutional priority. UNHCR works across all sectors with partners, governments, and communities to implement quality programming to prevent, mitigate and respond to sexual and gender-based violence, and in 2020, along with partners, implemented multisectoral gender-based violence prevention and response programmes. Medical, psychosocial, protection and legal services were provided. Culturally sensitive awareness-raising, capacity building and safe education sessions on gender-based violence prevention and response were conducted with partners at community level.

Preventing and responding to sexual and gender-based violence has been vital in the COVID-19 context. Sexual and gender-based violence incidence—particularly intimate partner violence—increased due to COVID-19 movement restrictions, as did the risks of sexual exploitation and abuse. Access to health and other essential services was hampered. Through UNHCR’s commitment to the COVID-19 Global Humanitarian Response Plan, 81% of GHRP countries showed that gender-based violence services were maintained or expanded in response to COVID-19 and 3 million women and girls at risk were reached with gender-based violence support and services.

Forcibly displaced women and girls and other vulnerable populations have been impacted by COVID-19. UNHCR established a number of projects to help support and build resilience among vulnerable populations, including young women and girls. In Ecuador, UNHCR together with its partner, Federación de Mujeres de Sucumbios, provided personal protective equipment, which allowed for re-opening of safe spaces for gender-based violence survivors. gender-based violence and HIV counselling were continued through remote delivery. Through the "Safe from the Start" programme, UNHCR gender-based violence experts were deployed

to 36 emergency contexts, contributing towards 1.56 million additional persons of concern having access to gender-based violence programming and services in the last five years.

Ensuring legal and physical protection for displaced or stateless people

While governments normally ensure basic human rights and physical security of their citizens, this safety net disappears when people become refugees. Refugees fleeing war or persecution often have no protection from their own states in situations of government persecution, and if other countries do not let them in or don't protect them, their basic rights and security are compromised, their lives may be in danger. In some situations, their HIV risks are increased. During 2020, UNHCR promoted access to asylum procedures and protection from expulsion, arbitrary detention, and unlawful restrictions on freedom of movement—including the right to return (regardless of HIV status)—in the context of voluntary repatriation. This includes ending mandatory testing for asylum seekers, refugees, internally displaced populations and other marginalized groups.

UNHCR facilitated the inclusion of emergency affected communities, including refugees and internally displaced persons, into national HIV programmes, plans and legislation. This involved advocacy for improved services for adolescents, young people, and key populations in humanitarian settings. UNHCR advocated for the continued inclusion of refugees into national HIV responses and into Global Fund to Fight AIDS, TB and Malaria (Global Fund) grants at country level. For example, in Algeria, UNHCR took part in the revision of the national HIV plan, and with the support of UNAIDS Secretariat and UNICEF, advocated for the inclusion of refugees and asylum seekers. This is the first time that mobile populations were mentioned in the national plan and this inclusion ensures that they will have better access to national initiatives involving HIV and other SRH services.

UNHCR has worked to improve policy and practices at country level and has promoted improved service delivery for refugees and other persons of concern. This includes a specific focus on improving services for key populations. For example, in Chile, UNHCR conducted a qualitative study to explore knowledge of, and access to, HIV prevention and treatment by asylum seekers and refugees, and policy recommendations to strengthen services for LGBTI+ refugees and migrants were developed as part of the National AIDS Programme.

Contributing to progress towards the Sustainable Development Goals (SDGs)

UNHCR is firmly committed to the 2030 agenda for sustainable development, noting that the SDGs cannot be achieved without taking into account the rights and needs of refugees, internally displaced people and stateless people. The 2030 Agenda and the SDGs are critical frameworks that can help strengthen their protection and support solutions for these

populations. While the drive to leave no one behind is a strong advocacy tool to promote the inclusion of refugees and other populations of concern in national, regional, and global policies and programmes, it is only the first step in ensuring that programming and resources address the needs of these populations.

In line with SDG10 to reduce inequality within and among countries, UNHCR works with ministries of health and partners to design and monitor health services to promote equal access and utilization of healthcare and to promote equitable health outcomes. This requires health services that respond to the specific needs of refugees, including groups such as people with disabilities, LGBTI+ people, older people and adolescents and young people. UNHCR works to ensure that health services meet the specific needs of refugees and other persons of concern. For example, refugees may require services in languages they understand or interpretation support and adaptations of health services such as scheduling for catch up vaccinations and/or accelerated antenatal care. It is important that service providers are trained to reduce discrimination against nonnationals. As part of the HIV response, this means ensuring that refugees and other emergency-affected populations are considered in global, regional, and national strategies, as well as partnerships and funding—including ensuring that HIV services are adapted to their specific needs. Throughout 2020, UNHCR continued to advocate for such inclusion and adaptation.

Contribution to the COVID-19 response

The COVID-19 pandemic and the related mitigation and prevention activities had a significant impact on healthcare for refugees and other populations of concern. Reports highlighted that the impact of COVID-19 on SRH and HIV was of concern, with projected increases in unintended pregnancies and sexually transmitted infections, as well as increasing risks for people living with HIV, mothers, new-borns and children.

In humanitarian settings, healthcare provision and access were negatively influenced by staff redeployments, health facility closures, and interruptions to supply chains. UNHCR and partners supported activities to protect refugees from exposure to COVID-19 and ensured access to medications and treatment—for example, supporting the provision of multimonth refills of ART for people living with HIV and adapting delivery mechanisms for essential HIV and sexually transmitted infection (STI) services. Camp pharmacies in remote settings were advised to increase stock levels of critical drugs such as ART to avoid potential stock-outs. Outreach activities were redesigned to avoid crowds in clinics and through modified house-to-house visits while maintaining appropriate protection measures and using community networks to facilitate distribution to prevent treatment interruption. Prevention communication in communities continued, with messages, including a focus on the need to ensure access to condoms and lubricants.

Case study: Improving HIV services for refugees, internally displaced persons and other populations affected by humanitarian emergencies

Venezuelan migration represents the largest population movement in Latin America's recent history. People continue to leave Venezuela to escape violence, insecurity and shortages of food, medicine, and essential services. This situation has led to the largest displacement crisis in the world, with more than five million Venezuelans seeking refuge in other countries in Latin America and the Caribbean. Colombia hosts 1.7 million Venezuelans—34% of the regional total. Some 55% of Venezuelans in Colombia have irregular migratory status. They are not insured by the Colombian health system, and only 18% have access to the national health system for essential services, protection, and assistance.

Refugees, internally displaced persons and other populations in humanitarian settings need consistent access to SRH services, including for HIV prevention and treatment. During 2020, Venezuelan refugees and migrants living with HIV were not included in national ART programmes. Refugees and migrants were also not considered for Global Fund funded projects because they were not affiliated with the health system, and consequently, HIV prevention and treatment could not be assured. Following advocacy from UNHCR and other partners, Venezuelan refugees and migrants were included in HIV prevention programmes funded by the Global Fund from mid-2020. Their inclusion and funding will be further strengthened in 2021.

Due to the gaps in services for refugees and migrants, UNHCR stepped up the provision of SRH services in border areas for those not covered under the Colombian national health system, including the provision of services for sex workers, transgender people, and other populations at increased risk of HIV infection. This was supported as follows:

- UNHCR worked to build the capacity of two civil society organizations (CSOs) to provide HIV prevention, treatment and care services with refugees who sell or exchange sex and transgender people;

- UNHCR partnered with organizations led by people living with HIV as implementers, contributing towards strengthening civil society and closer collaboration with LGBTI+ people, sex workers and people living with HIV;

- Implementing partners provided condoms and lubricants medical services, and access to SRH information and contraceptives across 12 regions of Colombia—Norte de Santander, Santander, Arauca, Boyacá, Cundinamarca, Valle del Cauca, Cauca, Chocó, Nariño, Putumayo, Antioquia, and Atlántico;

- Due to the high cost of treatment, and not being insured in the National health-care system, refugees living with HIV could not afford to start treatment. UNHCR covered the cost of CD4 and viral load testing and referred people living with HIV to organizations providing free treatment to refugees and migrants. Nearly 3 500 people received HIV counselling and testing and more than 450 received viral load testing;

- Three million condoms were donated to the Ministry of Health for distribution to the departments with the highest concentration of refugees and migrants. More than 65 000 condoms were distributed through CSOs in the field, more than 3 800 people were screened for STIs, and more than 7 300 people were provided with contraceptive services. Of all services provided, 6.7% were provided to LGBTI+ people and refugees; and

- Comprehensive services were provided to survivors of sexual and gender-based violence, including access to medical services and psychosocial support. Safe spaces were provided for survivors of gender-based violence in two hospitals on the border with Venezuela.

Knowledge products

	**Clinical management of rape and intimate partner violence survivors: Developing Protocols for Use in Humanitarian Settings** 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.
	**COVID-19 and HIV in Humanitarian Situations: Considerations for Preparedness and Response** Guidance from the inter-agency Task Team on Addressing HIV in humanitarian situations on key actions, issues for consideration and additional resources on addressing Covid-19 with refugees, IDPs and other displaced populations living with and affected by HIV.
	**Identifying and Mitigating gender-based violence risks within the COVID-19 response.** The COVID-19 pandemic continues to present an array of challenges, forcing nearly all types of basic service delivery—including, but not limited to, humanitarian response—to drastically adapt. This document presents an initial summary of potential gender-based violence risk mitigation actions, based on established good practice, that are starting points to address gender-based violence risks in this unprecedented situation.

	**Integrating HIV in the Cluster Response.** This document highlights key considerations which affect the HIV response in humanitarian situations. For each cluster (health, nutrition, food security and protection) the guide details the key actions for a minimum initial response which need to take place to ensure the continuum of care as soon as possible following an emergency.
	**Inter-Agency Task Team on Addressing HIV in Humanitarian situations website.** The website contains references, guidance and tools to support HIV, reproductive health and sexual and gender-based violence programming in humanitarian situations. Available here.

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