

**Introductory Remarks of Steven Corliss and Paul Spiegel, Director and Deputy Director  
of the Division of Programme Support & Management**

**Update on HIV/AIDS and refugees (EC/64/SC/CRP/18)**

**57th meeting of the Standing Committee**

*27 June 2013*

Thank you, Madame Chairperson,

Distinguished Delegates, Ladies and Gentlemen,

It is my pleasure to appear once more before this 57<sup>th</sup> meeting of the Standing Committee to introduce Conference Room Paper 18 and provide an update on UNHCR's interventions in the area of HIV and AIDS prevention and response for refugees and other persons of concern.

With me again on the podium is Dr. Paul Spiegel, the Deputy Director of the Division of Programme Support & Management. Dr. Spiegel is UNHCR's most senior public health officer and has also led our efforts in the area of HIV and AIDS for well over a decade.

As we gather here today, the crisis in the Central African Republic is affecting more than 15,000 people living with HIV and who are – or should be – taking antiretroviral therapy on a daily basis. To stay healthy, these people need to continue their treatment. To do so, they need to reach a facility where health care personnel have the medicines and supplies to support continuation of their ART. The emergency in the Central African Republic only illustrates the challenges of ensuring HIV protection, prevention, care and treatment during a humanitarian crisis. Sadly, many other similar situations are unfolding around the world today.

More than one third of the 35.8 million persons of concern to UNHCR reside in sub-Saharan African countries, where access to HIV prevention, care and support services is not always available to them or even to the local population. UNHCR has been a steadfast advocate and active actor in ensuring that HIV interventions are fully integrated within the overall humanitarian response from the onset of emergencies. When left unaddressed, the risks and consequences of HIV will extend beyond the immediate crisis and influence the not only the outcomes of the humanitarian effort but will also shape and negatively impact upon the prospects for rehabilitation and recovery in the future.

The Conference Room Paper before you provides an update on UNHCR's HIV and AIDS interventions. The paper focuses, in particular, on sub-Saharan Africa, which continues to be among the most heavily affected regions in the world and where, as I have just noted, access to HIV services remains challenging. We also highlights in the paper progress made by UNHCR and WFP – as co-conveners of the UNAIDS Division of Labour area "Addressing HIV in humanitarian emergencies" – together with numerous partners, toward achieving the

global objectives of zero new HIV infections, zero discrimination, and zero AIDS-related deaths.

I now hand over to Dr. Spiegel who will continue the presentation.

Madame Chairperson,

Distinguished Delegates, Ladies and Gentleman,

Antiretroviral Therapy reduces the risk of HIV transmission and increases the capacity of people living with HIV to live a productive life. Currently, an individual at age 20 years starting successful HIV treatment can be expected to live to 63 years; hopefully this will increase as advances continue.

Access to ART in low and middle-income countries has increased significantly. In sub-Saharan Africa, a record 2.3 million people were added to treatment programmes in the last two years—an increase of 59%. To provide a few examples, South Africa scaled up its treatment services to reach 1.7 million people—an increase of 75% in the last two years. In Kenya, 200,000 people were added—a 59% increase. Five countries in the region have achieved more than 80% coverage of HIV treatment—Botswana, Namibia, Rwanda, Swaziland and Zambia.

Ensuring that refugees have access to ART is both an equity and a public health issue. In UNHCR's operations, the accelerating use of HIV testing, counselling services and treatment has been aided by provider-initiated HIV testing, reduced medication costs and continued advocacy for the inclusion of refugees into national AIDS programmes.

By the end of 2012, global access to ART for refugees was 93% as compared with surrounding host populations who have access to ART.

In 2012, the percentage of women with access to elimination of mother-to-child transmission of HIV programmes continued to rise, contributing to a 5% increase since 2008. Nevertheless, UNHCR will need to increase efforts in this area as only 35% of operations currently meet UNHCR's objective of 90% coverage. There were some significant improvements in some refugee settings such as in Burundi and Uganda.

Provision of post-exposure prophylaxis or PEP within 72 hours of an incident requires strong coordination of protection, community service and health officers. Security, respect and confidentiality as well as adequate communication to refugees on service availability are a necessity. For the past four years, most countries have showed sustained improvements in coverage, such as Tanzania and Kenya.

However, in some countries, rape survivors reach medical services too late to receive PEP. UNHCR is working on the bottlenecks to ensure timely and adequate care for rape survivors.

In addition, UNHCR advocates for national programmes to extend voluntary male medical circumcision to refugees. By the end of 2012, many refugee operations were effectively implementing these programmes or had ensured that refugees could access national programmes.

As the co-conveners of the UNAIDS Inter Agency Task Team or IATT on “**Addressing HIV in humanitarian emergencies,**” UNHCR and WFP have strengthened coordination and together with an increasing number of NGO partners. Collectively, we have achieved many results in 2012, including:

- Improved advocacy for the inclusion of HIV-related issues into contingency and response plans, and building the capacity of country teams.
- The provision of direct support to country operations to improve the HIV response for populations displaced from the DRC, Mali, South Sudan, Sudan and Yemen.
- Strong representation at the international AIDS conference in Washington where the IATT highlighted the need to plan for HIV systems disruptions.
- The strengthening of information sharing by developing a website dedicated to addressing HIV in emergencies. This site serves as a resource for stakeholders working in the field. It contains information on regional initiatives and provides links to relevant information in different languages.

Madam Chairperson, Ladies and Gentlemen,

I hope that this overview has provided you with better understanding of UNHCR’s interventions in the area of HIV/AIDS prevention and response for refugees during the past year.

We would now welcome the opportunity to hear your observations and respond to your questions.

Thank you.