

54rd Meeting of the Standing Committee
Introductory Remarks
Director of the Division of Programme Support and Management
HIV/AIDS and Refugees

28 June 2012

Thank you, Madame Chair,

Distinguished delegates, Ladies and Gentlemen,

I am pleased to introduce the Conference Room Paper on HIV/AIDS and refugees. With me on the podium to share this progress report on UNHCR's work in the area of HIV and AIDS is Mr. Paul Spiegel, the Deputy Director of the Division of Programme Support and Management.

A significant proportion of the world's 42.5 million forcibly displaced people are living with HIV and AIDS. Universal access to HIV protection, prevention, treatment and care requires national commitment and international solidarity. UNHCR's comprehensive HIV/AIDS programmes, which are made possible only by the cooperation and support of the governments represented here, are today mainstreamed within our overall humanitarian response, from the onset of emergencies through solutions.

We have continued to make progress in our efforts since our last report to the Standing Committee in June 2011. Let me share with you some key developments along four important lines of action.

First, UNHCR sees a positive trend in the elimination of discriminatory legislation that impacts on refugees living with HIV and AIDS. In 2011, 57 per cent of countries, where UNHCR is present, had legislation protecting the rights of HIV positive asylum-seekers and 68 per cent had legislation protecting refugees from mandatory HIV testing. This reflects an improvement of 6 per cent since 2008, although evidently more progress is needed.

Second, refugees have improved access to antiretroviral therapy (ART), which prevents HIV from becoming a death sentence and allows them to remain productive and engaged in their communities, while also decreasing the risk of HIV transmission. At the end of 2011, 93 per cent of the refugees in camps or settlements had access to ART at a similar level to that of the surrounding population, a significant increase since 2008. While this is evidently an achievement, access on par with local communities does not always mean adequate access.

UNHCR sees the inclusion of refugees into national treatment programmes as priority. We will build on good practices – such as the during last year's Côte d'Ivoire emergency, when refugees were given access to national ART programmes in Liberia at a very early stage.

Third, we would like to emphasize the crucial importance of prevention interventions, which are having a steadily increasing impact. In Tanzania, Kenya and Uganda, behavioural surveillance surveys over four years showed a decrease in risky sexual partnerships, and this achievement is linked to successful youth initiatives and refugee support groups.

UNHCR remains concerned that post-exposure prophylaxis is not yet available to all rape survivors, which must be our common goal. We do see sustained improvement, however, in several countries. In Bangladesh and the Republic of Tanzania, for example, PEP coverage increased by one-fifth in only two years.

We also must share the common goal that no child should be born HIV positive. While this remains an aspiration, UNHCR is encouraged by the 8 per cent increase achieved in the expansion of programmes to prevent mother to child transmission from 2008 to 2011. The progress in Chad and Djibouti was particularly notable, where increases in coverage from 25 to 55 per cent and 51 to 98 per cent were recorded among new mothers.

Fourth and finally, UNHCR works to mitigate the long-term effects of HIV and AIDS in the context of return and reintegration. Ensuring initial access to ART is essential, but continuity of treatment when refugees go home is no less important. Strategies and interventions for HIV and AIDS must therefore be an integral part of our policies and programmes for durable solutions. By 2011, some 75 per cent of all UNHCR operations had integrated HIV and AIDS within their overall solutions strategies, an 18 per cent increase over 2008.

Madame Chair,

Before closing, allow me to speak briefly about UNHCR's engagement in inter-agency collaborative processes related to HIV and AIDS. Stronger partnerships and collective efforts are vital to achieving our goal of universal access and elimination of discrimination based on HIV status.

As co-sponsor of UNAIDS and under its Division of Labour, UNHCR together with WFP leads in the area of "*Addressing HIV in humanitarian emergencies*", and is working with WHO, UNFPA, UNICEF, UNODC and UNDP to mitigate the impact of HIV and reduce stigma and discrimination against those affected by HIV.

Following the discontinuation of the Inter-agency Standing Committee Working Group on HIV/AIDS in 2010, UNHCR late last year joined with other agencies in establishing an Inter-Agency Task Team under the UNAIDS umbrella as a successor. A key objective is to bridge humanitarian and development interventions. Another aim is to ensure that people displaced internally by conflict also receive protection and care in emergencies equal to that of the local population.

We have much work ahead to ensure that displaced populations enjoy equal rights in terms of HIV protection, prevention, treatment and care. My hope is that you see in this brief statement signs of the improvements that we are achieving together.

Continued progress will depend upon the full support and engagement of governments and the solidarity shown by the international community. We should have a shared commitment to ensuring that recent reductions in global funding for HIV and AIDS do not impact disproportionately on refugees or place them at risk of exclusion from national HIV policies and programmes.

Madame Chair, Distinguished delegates, Ladies and Gentlemen,

I now look forward to receiving the Committee's views and advice and, together with Mr. Spiegel, answering your questions.