

United Nations High Commissioner for Refugees (UNHCR)

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



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Achievements

UNHCR's Global Health Strategy: delivering within a framework of public health, protection and community development

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 UNHCR's key priorities for HIV and reproductive health programming at global, regional and country levels. 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 (IDPs) and other populations affected by humanitarian emergencies into national health systems to improve access to HIV and reproductive health services. UNHCR's teams at global, regional and country levels will 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.

KEY PRIORITIES FOR HIV AND REPRODUCTIVE HEALTH

[UNHCR PUBLIC HEALTH STRATEGY 2014-2018](#)

- 1. Reduce transmission of HIV using a protection and rights-based approach.**
- 2. Facilitate universal access to antiretroviral therapy.**
- 3. Facilitate the elimination of mother-to-child transmission of HIV.**
- 4. Improve access to comprehensive reproductive, maternal and newborn health services.**

Highlights of results in 2016-2017

UNHCR worked in over 35 countries to provide comprehensive integrated HIV and reproductive health services to its populations of concern. Annual reporting on all its public health programmes at both global and country levels, including reproductive health and HIV, can be found at <http://twine.unhcr.org/ar2017/>. UNHCR's data is collected through Twine, UNHCR's web-based data platform, which combines different streams of information to inform evidence-based decision making in the humanitarian sector. Some of the key data and highlights of our achievements in 2017 include:

Reproductive Health & HIV

2017 ANNUAL GLOBAL OVERVIEW

REPRODUCTIVE HEALTH & HIV PROFILE

Proportion of countries



Number of countries included in analysis: 43, 31, 17, 13, 18

SKILLED BIRTH ATTENDANCE

Proportion of all births (lowest-highest proportions)

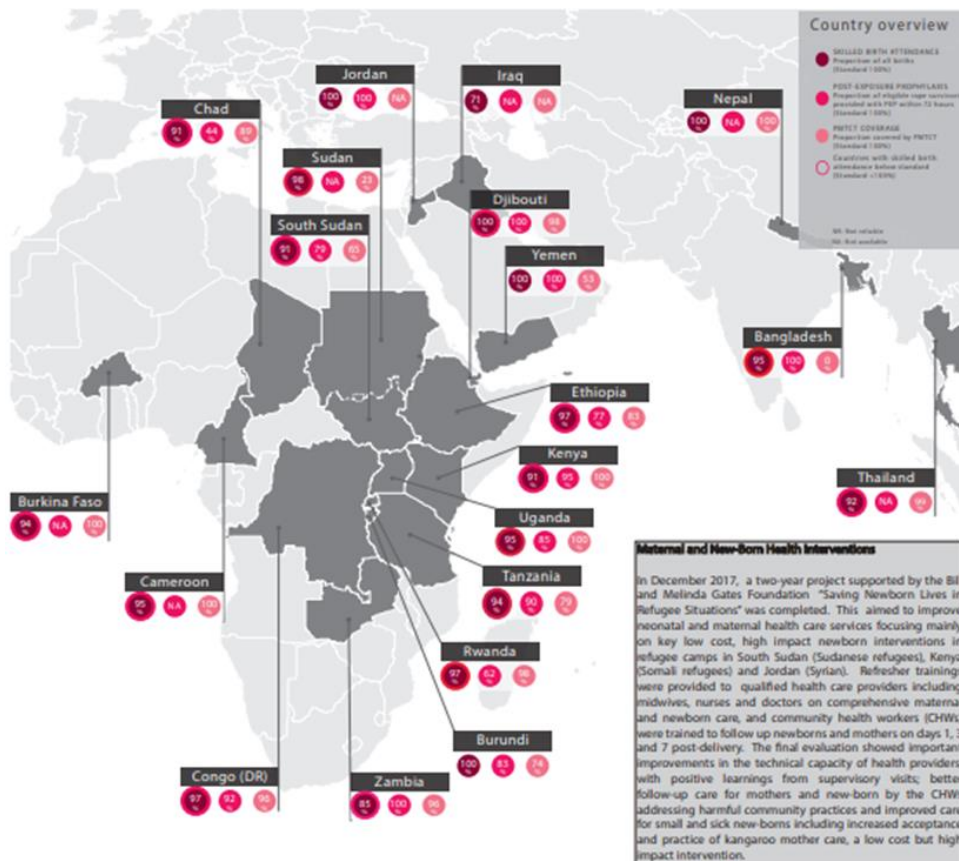


Figure 1: HIV services provided by UNHCR in humanitarian emergencies

Key achievements by Strategy Result Area

UNHCR provided support during 2016 and 2017 to ensure the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 of its operations. Some of the key results are outlined below:

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Innovative HIV testing and counselling programmes

During 2016-2017, UNHCR continued to work to ensure that refugees and other populations affected by humanitarian emergencies have improved access to HIV testing and counselling services, through community-based services for populations of concern in UNHCR operations. For example, in 2017 in South Sudan, UNHCR provided support for the scale up of HIV testing services in six camps and two referral hospitals, where more than 15 600 people were tested throughout the year. UNHCR also continued to work with vulnerable and high-risk groups to strengthen their access to HIV counselling and testing services for refugee and host communities.

HIV-related services in humanitarian emergencies

Following the implementation of the “Treat All” guidelines, there was an increase of over three times (from 3357 in 2014 to 10 581 in 2017) in the number of patients supported by UNHCR to access antiretroviral therapy (ART). Increased access to ART has led to increased need for services for the continuation of HIV treatment in areas affected by humanitarian emergencies. After the massive refugee influx from South Sudan to Uganda the Ministry of Health, UNHCR and other partners provided treatment through UNHCR-supported clinics to 12 019 people (3967 refugees and 8052 host population) in 2017. Of these, 2616 people arriving from South Sudan were linked to treatment in the refugee settlement facilities in West Nile.

UNHCR is also working with various partners to scale up and strengthen regional and country-level responses addressing HIV. In 2017, UNHCR was a sub-grantee of a 21-month US\$ 2.8 million regional grant with the Intergovernmental Authority for Development (IGAD) on HIV and tuberculosis (TB) in Djibouti, South Sudan, Sudan and Uganda, and a partner in Kenya and Ethiopia. The grant focuses on scaling up HIV and TB services in 13 refugee camps and aims to improving the availability and utilization of HIV and TB services, through complementing existing UNHCR funded programmes. Key 2017 achievements of this grant included 414 992 refugees aged 15 years and older receiving HIV testing and results; 6978 of whom were supported to access ART, and the identification of 2178 cases of TB (all forms). HIV testing, ART uptake and TB case finding have considerably improved since 2015. Other

achievements included improved coordination mechanisms with refugee stakeholders, and improved linkages with national HIV and TB programmes and supply chain management.

In Rwanda, UNHCR successfully mobilized a US\$ 2.09 million grant in 2017 from the Global Fund, which enabled continued access to HIV screening, care and treatment; TB screening and management; as well as malaria prevention to new arrival Burundian refugees. Among these, 13 388 refugees aged 15 years and older in camp, reception centres and urban areas were tested for HIV. Of the 953 persons identified as living with HIV, 97% were enrolled in treatment services including nutrition support. UNHCR conducted research on adherence in two refugee camps in Zambia which demonstrated the strength of the programme; among refugees sampled 78.8%, had adherence levels of at least 95% in the four days prior to the interview. UNHCR also provided recommendations to facility and community-based partners on how adherence can be improved for both refugees and the surrounding host communities, which will be scaled up during 2018 and will include a focus on management of side effects; strengthening privacy and confidentiality in health facilities; improved nutritional and livelihood support; and reducing stigma and discrimination in camp settings. In 2016-2017 UNHCR supported peer-led community interventions to improve adherence in several countries including Egypt, Ethiopia, Kenya, Malawi, Rwanda, South Sudan, Uganda and Zambia.

Data management systems were significantly strengthened at field level for HIV and reproductive health indicators through the on-going revision and update of UNHCR's health information system (HIS). Updates were made to standards and indicators as well as the way data is collected, analysed and visualized, leveraging the latest developments in information technology to improve data quality and timeliness to enable evidence-based decision making. Relevant HIV indicators have been revised and aligned with the latest Global AIDS Response Progress Reporting (GARPR) indicators. The system was feature tested and piloted in five countries in 2017 and will be rolled out in all UNHCR operations by the end of 2018.

Medicines and commodities

UNHCR provides technical inputs to strengthen health systems, including for procurement and distribution of HIV related commodities and provided logistical support for access to commodities during emergencies.

UNHCR works with UNFPA to provide both male and female condoms to populations affected by humanitarian emergencies. In 2016-2017, over 9.6 million condoms were distributed to refugees, IDPs and other populations affected by humanitarian emergencies both inside refugee camps and in out-of-camp settings.

In 2017, there were new influxes of refugees in Angola (34 000) and Zambia (14 000) from the Democratic Republic of Congo (DRC). Timely interagency assessments and responses to these emergencies were mounted in order to offer the Minimum Initial Services Package

(MISP) for reproductive health. This included support to survivors of sexual violence and essential HIV services, such as continuation of ART treatment and other essential prevention and care activities, including the availability and distribution of condoms. Overall, it is estimated that UNHCR supported services for the clinical management of sexual violence in 27 countries.

Strategy Result Area 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained

Comprehensive PMTCT services

UNHCR advocates for equal access by refugees, asylum seekers and other populations affected by humanitarian emergencies to prevention of mother-to-child transmission (PMTCT) services, in urban settings, out-of-camp and camp settings. In 2017, UNHCR conducted a review of HIV prevention policies and practices in ten operations from different regions, including a key focus on PMTCT in humanitarian settings. It was found that six of the operations targeted in the study provided PMTCT services for refugees through the national health facilities, five provided early infant diagnosis (EID) and eight reported that ART stock-outs never occurred. UNHCR in Tanzania has defaulter follow-up systems implemented by community health workers. UNHCR in Lebanon provides follow-up systems through national services, while in Malawi, Rwanda and Zambia adherence partners visit patients in case a scheduled dose is missed.

In 2017, UNHCR achieved a global PMTCT coverage (proportion of first time antenatal clinic (ANC) visits who were pre-test counselled) of 86% whilst over 65% of reporting countries had PMTCT coverage of over 80%. In several operations, progress towards PMTCT has been hampered by low rates of retention in care. In order to overcome this, UNHCR established mother support groups (MSGs) to improve rates of retention in care as well as mobilise community support in camp settings in countries including Ethiopia, Kenya, South Sudan, Tanzania and Zambia.

UNHCR also supports implementing partners to provide PMTCT services in low prevalence settings. For instance, in Yemen, UNHCR implementing partners (International Medical Corps (IMC) and the Charitable Society for Social Welfare (CSSW) ensured that PMTCT services were available to pregnant women in urban and camp-based refugee centers at the same level as the host population.

Additionally, UNHCR completed an online distance-learning tool on PMTCT in humanitarian settings, which will be rolled out to UNHCR staff and other humanitarian partners in 2018.

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

Combination prevention

During 2017, UNHCR conducted a global review of HIV prevention practices and policies, including a survey on behavioural change programming, PMTCT, male circumcision and HIV prevention for key populations and young people in ten country operations. This review will feed into an update of prevention policies and guidelines in 2018.

UNHCR works to increase national and local capacity to deliver integrated services for adolescents and young people in humanitarian situations. In 2016, 86% of surveyed country operations achieved the standard of at least 90% of deliveries occurring in health facilities, an improvement from 68% in 2014. In 2016, UNHCR worked in Cameroon, DRC, Ethiopia, Ghana, Kenya, Rwanda, South Sudan and Zambia to provide youth-friendly HIV services to adolescents and young people in and out of camp. In 2017, adolescent-friendly sexual and reproductive health services were strengthened in Rwanda and Tanzania, through piloting an adapted adolescent friendly toolkit in camp settings aiming at, inter alia, strengthening health facility capacity, peer education, community referral mechanisms and stakeholder consultation.

In South Sudan in 2016, more than 62 000 refugees and the surrounding host communities were reached by UNHCR with HIV prevention information. More than 64 340 male condoms and 1200 female condoms were distributed.

UNHCR utilises community-based approaches to ensure HIV prevention services are accessible to populations of concern. For example, in Malaysia in 2016, UNHCR continued to support HIV prevention among refugees and asylum seekers at community level through a team of community health workers. Health workers were stationed at NGO clinics, the main HIV referral centre and UNHCR office to disseminate information related to HIV prevention, as well as provide linkages to other services, including sexual and reproductive health (SRH) services, psychological and livelihoods support.

Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants

HIV prevention among key populations

UNHCR works with sex workers, men who have sex with men, people who inject drugs, and other at-risk populations among refugees and asylum seekers, both within refugee camps and in out-of-camp settings, to provide HIV prevention activities; continuation of treatment and care services; and programming to reduce stigma and discrimination. For example, in Kenya in 2016 and 2017, sex workers amongst refugees and the host communities were provided with HIV information through sensitization, HIV counselling and testing services, family planning and sexually transmitted infection (STI) services, condom distribution, and other prevention services.

During 2017, UNHCR conducted a review of sex work programming in Malawi and Mozambique. The review found that sex work was widespread in camp settings and that there was a lack of comprehensive knowledge about issues surrounding HIV and SRH, low levels of condom use and a lack of alternative livelihood options. In many instances, it was also found that there was a lack of access to sex worker-friendly SRH services. In order to address this, UNHCR will scale up community-based programming aimed at improving SRH services for sex workers in 2018. UNHCR has also been working with key populations such as sex workers, people who inject drugs and transgender populations in several countries (including Iran, Kenya, Malawi, Mozambique and Pakistan) to provide outreach to improve access to HIV services and reduce stigma and discrimination.

In 2017 in Rwanda and Tanzania, UNHCR piloted youth-friendly SRH services in clinics in camp settings in order to improve access and usage of reproductive health and HIV prevention services among adolescents and young people. Services were based on guidelines that are being developed by UNHCR on adolescent SRH in humanitarian settings. Over 10 000 adolescents and young people were reached through this programme in Rwanda. This approach will be scaled up to other operations in 2018.

UNHCR also works with people who inject drugs among populations who are affected by humanitarian emergencies. During 2017, UNHCR distributed 133 569 syringes to people who inject drugs, distributed 53 989 condoms and provided 31 879 information, education and communication (IEC) materials for prevention of HIV among people who inject drugs in Pakistan.

UNHCR also worked with LGBTI populations in both camp and urban settings in 2016-2017, focusing particularly on improving the protection of internally displaced LGBTI persons, as

well as promotion of HIV prevention. For instance, in Ukraine, protection training was held in 2016 with UNHCR and protection staff from partners, focusing on protection challenges for displaced LGBTI persons, as well as health issues, including HIV. The training led to the establishment of a referral pathway with a network of LGBTI NGOs. In 2017, UNHCR continued to focus on protection issues among LGBTI IDPs. In 2017, UNHCR Ukraine supported the NGO “Tema”, which represents the interests and concerns of the LGBTI community. Additionally, UNHCR has developed joint initiatives with the Argentinean Federation for LGBTI persons (FALGBT), which provides assistance to LGBTI population in matters related to access to the health system, including HIV prevention and treatment.

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

Gender-based violence

In all operations in 2016-2017, UNHCR continued to provide or support services for the clinical management of rape and sexual violence in humanitarian emergencies. UNHCR promotes access to sexual and gender-based violence (SGBV) prevention, redress mechanisms and SRH services, including through the provision of the MISP for reproductive health at the onset of the emergencies. This includes the provision of Post-exposure Prophylaxis (PEP) and other health services for survivors of sexual violence in conflict, violence prevention and care, psychosocial support and mental health services for survivors.

In 2017, global PEP coverage of reported instances of refugee sexual violence increased to 89% compared to 86% in 2015. Furthermore, in Nepal, in 2016 UNHCR provided protection training to camp-based state actors including armed and national police to tackle issues including child protection and SGBV. Meanwhile, in Bangladesh in 2016 and 2017, a comprehensive programme was implemented to strengthen community-based protection and prevention, including the creation of women’s support groups and community-based shelters for GBV survivors.

UNHCR regularly partners with national and international NGOs to provide community-based services to survivors of SGBV, as well as increasing awareness. For example, in Iran during 2017, UNHCR partnered with HAMI NGO to establish a comprehensive social centre for Afghan refugees. Through this intervention, 6,532 refugees received psychological and legal counselling, social work services and training on life skills, HIV prevention and awareness of domestic violence.

UNHCR also undertook advocacy activities to increase awareness of issues surrounding SGBV in humanitarian settings. For instance, during 2016-2017, under the “16 Days of

Activism against Gender-Based Violence” campaign, UNHCR and its partners organized a number of awareness raising events, seminars, flash mobs and trainings, targeting students, young adults and women of different ethnic groups, in more than 30 countries around the world. During August and September 2017 in Ukraine, UNHCR (together with the creative agency, PROVID, and the International Women Human Rights Centre ‘La Strada Ukraine’) launched the first wave of a social campaign “Stop the Silence”. The campaign intends to draw attention to SGBV, particularly in the area affected by the armed conflict. The campaign reached over 1.5 million people.

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

Legal and policy reforms

UNHCR successfully advocated for the protection and human rights of people living with HIV in emergencies. During 2016-2017, 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); and an end to mandatory testing for asylum seekers, refugees, IDPs and other marginalized groups. This was achieved through various fora, including protection clusters.

UNHCR also continued to facilitate the inclusion of emergency affected communities such as refugees, IDPs and surrounding host populations in national HIV programmes, plans and legislation. As a result, up to 25% of the beneficiaries accessing services in refugee camp-based facilities globally were from the surrounding host populations.

UNHCR also advocated for the removal of punitive laws, policies and practices during 2016-2017, including towards ending the practice of mandatory testing in four countries in the Middle East and North Africa, which continue to conduct mandatory HIV testing of refugees and asylum seekers as part of asylum procedures.

UNHCR also took active measures to ensure inclusion of newly arrived refugees in national services. In Rwanda during 2017, UNHCR actively engaged in the Country Coordination Mechanism (CCM) and other national fora to successfully advocate for Burundian refugees’ inclusion in the national HIV programme with additional support provided through the Global Fund. UNHCR is also an active member of the UN Joint Team and the President's Emergency Plan for AIDS Relief (PEPFAR) team to contribute to the discussions on strategies and plans for HIV programming for refugees in the country.

In Yemen during 2017, UNHCR collaborated with the National AIDS Programme (NAP) to provide continued advocacy on stigmatization and discrimination against people living with HIV, through a sensitization campaign targeting the directorates of several hospitals in Sana

and Aden (including military hospitals). The key topics of this campaign included the denial of treatment or refusal of admission to the hospital and mandatory HIV testing before any surgery and during pregnancy.

In South Africa during 2017, HIV training, peer educator activities and outreach was undertaken across the country, to mobilise refugees and asylum seekers to identify and meaningfully address stigma and discrimination within communities and in health care, reaching over 1000 persons.

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