

HIV/AIDS and Refugees

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Rwandan women's HIV/AIDS youth group performing in Nakivale camp, Uganda. 10/02

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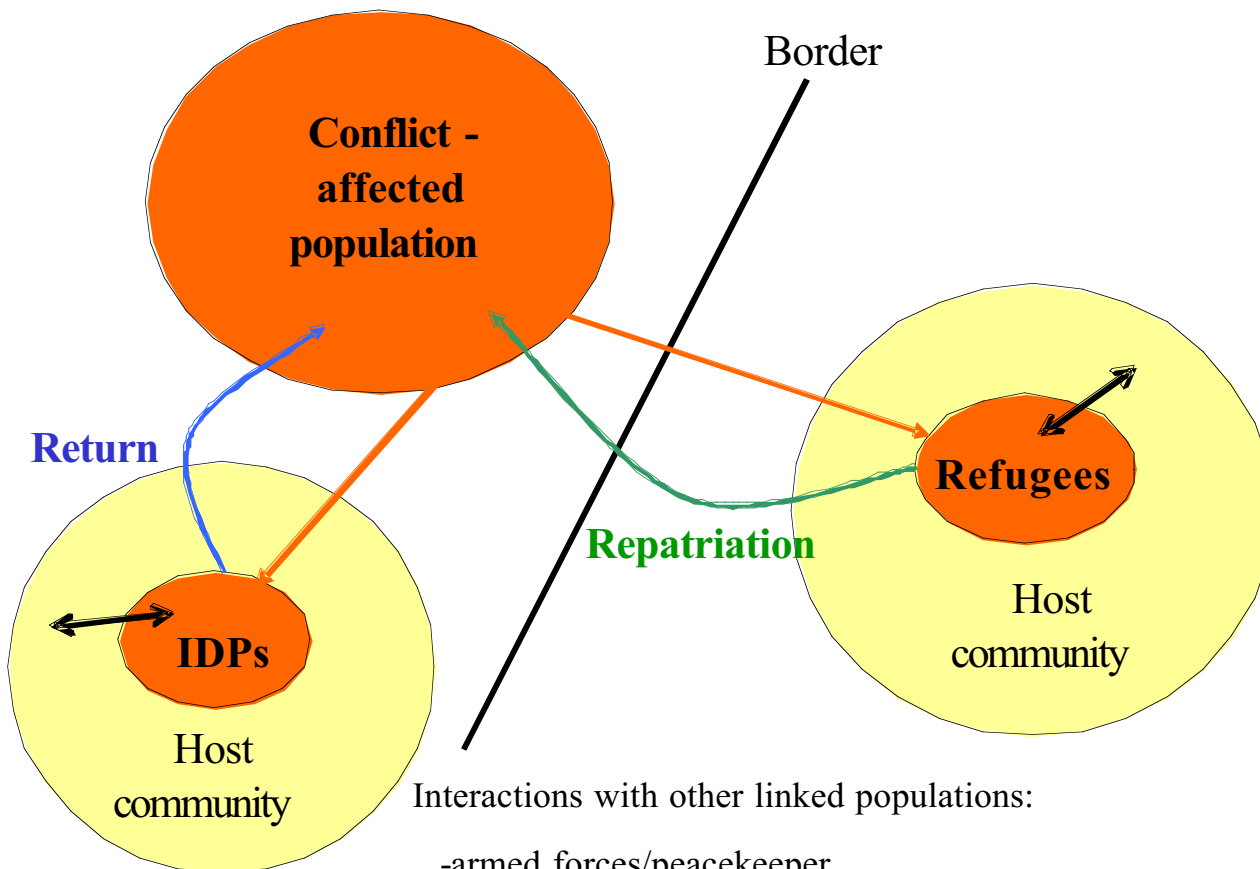


Complex Emergencies, Displacement and HIV/AIDS

- >90% of complex emergencies occur in developing countries
- ~ 40 million refugees and internally displaced persons⁺; large majority in developing countries
- 42 million persons living with HIV; ~90% of HIV/AIDS cases occur in developing countries*
- Poverty and instability facilitate transmission of HIV/AIDS; these conditions predominate in developing countries
- Therefore, there is a **huge and unfortunate overlap** between complex emergencies, displacement and HIV/AIDS



Possible Movements in Complex Emergencies



Interactions with other linked populations:

- armed forces/peacekeeper
- commercial sex workers
- workers: transport, miners, etc..



HIV Risk Factors for Conflict and Displaced Persons Camps

Key Factors

- Area of origin HIV prevalence
- Surrounding host population (pop.) HIV prevalence
- Length of time: conflict, existence of camp

Increased Risk

- Behavioural change
- Gender violence/ transactional sex
- Reduction in resources and services (e.g. health, education, community services, protection, food)

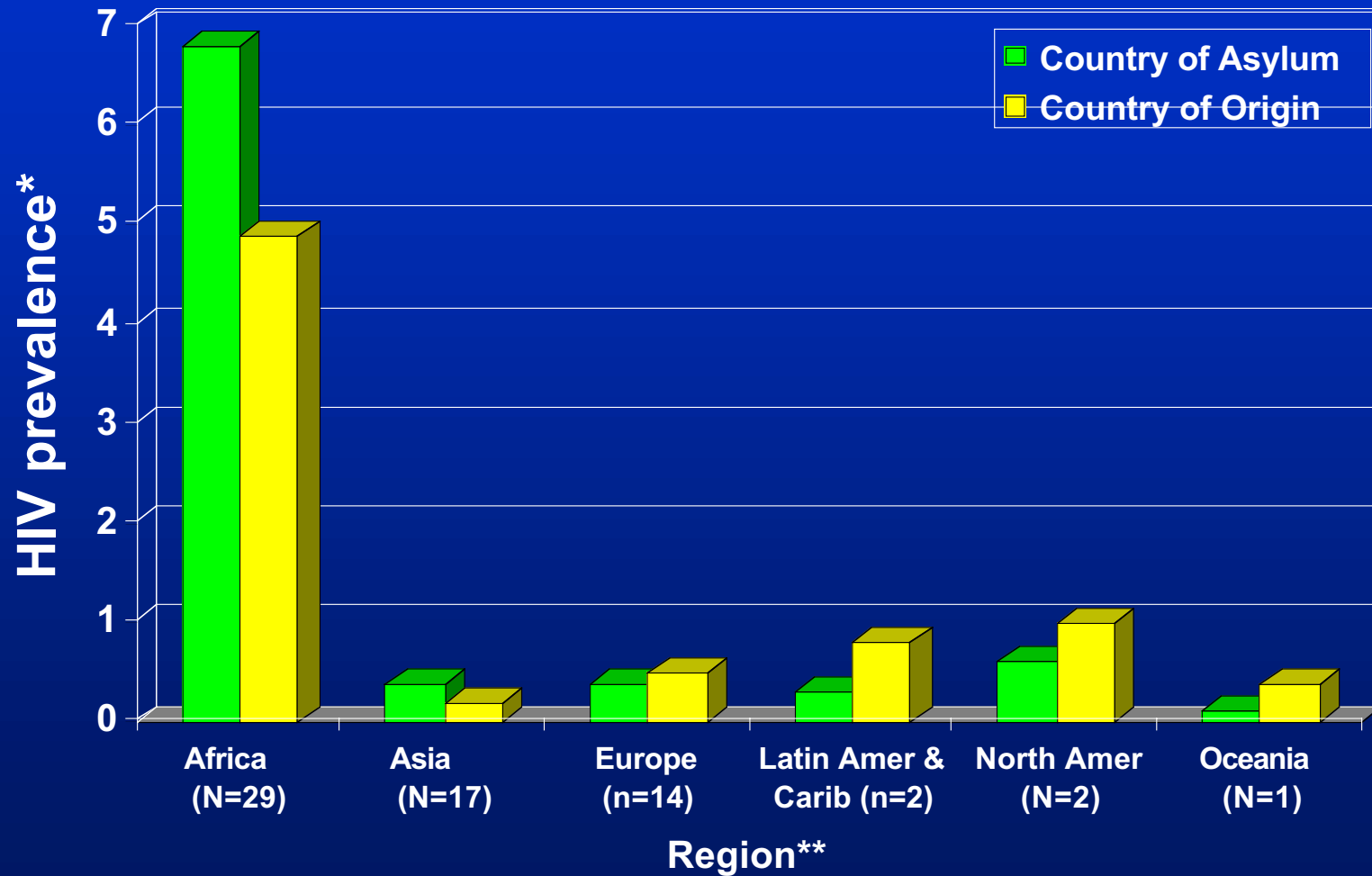
Decreased Risk

- Reduction in mobility
- Reduction in accessibility
- Increase in resources and services in host country





HIV Prevalence by Asylum Country and Country of Origin by Region

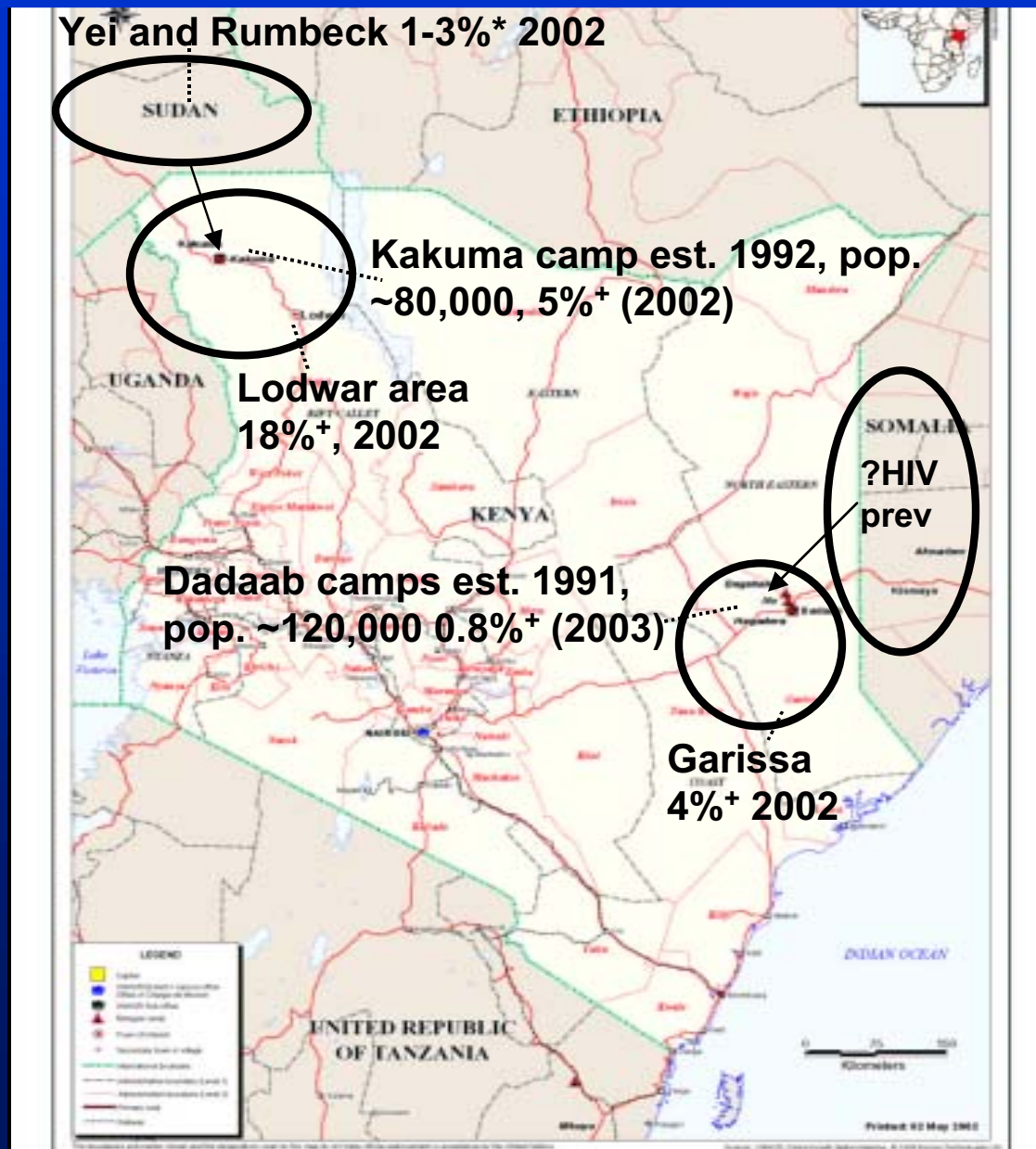


* Weighted means: country of asylum by population size, country of origin by refugee population size

** N refers to countries of asylum with $\geq 10,000$ refugees



HIV Prevalence among Refugees in Kenya, Surrounding Pop., and Country of Origin



Legend

% refers to HIV prevalence (prev.)

+ antenatal sentinel surveillance

* pop.-based survey (preliminary results)

→ refugee movement

Estimated HIV Prevalence among Angolan Refugees and in Angola Proper

Unknown HIV prev. among DRC and Congo-B refs and locals

1-4% areas of return

5-10% in Luanda (3-4 m people)

1-4% areas of return

5-10% in refs in camp (pop. ~18,000)

25% surrounding pop

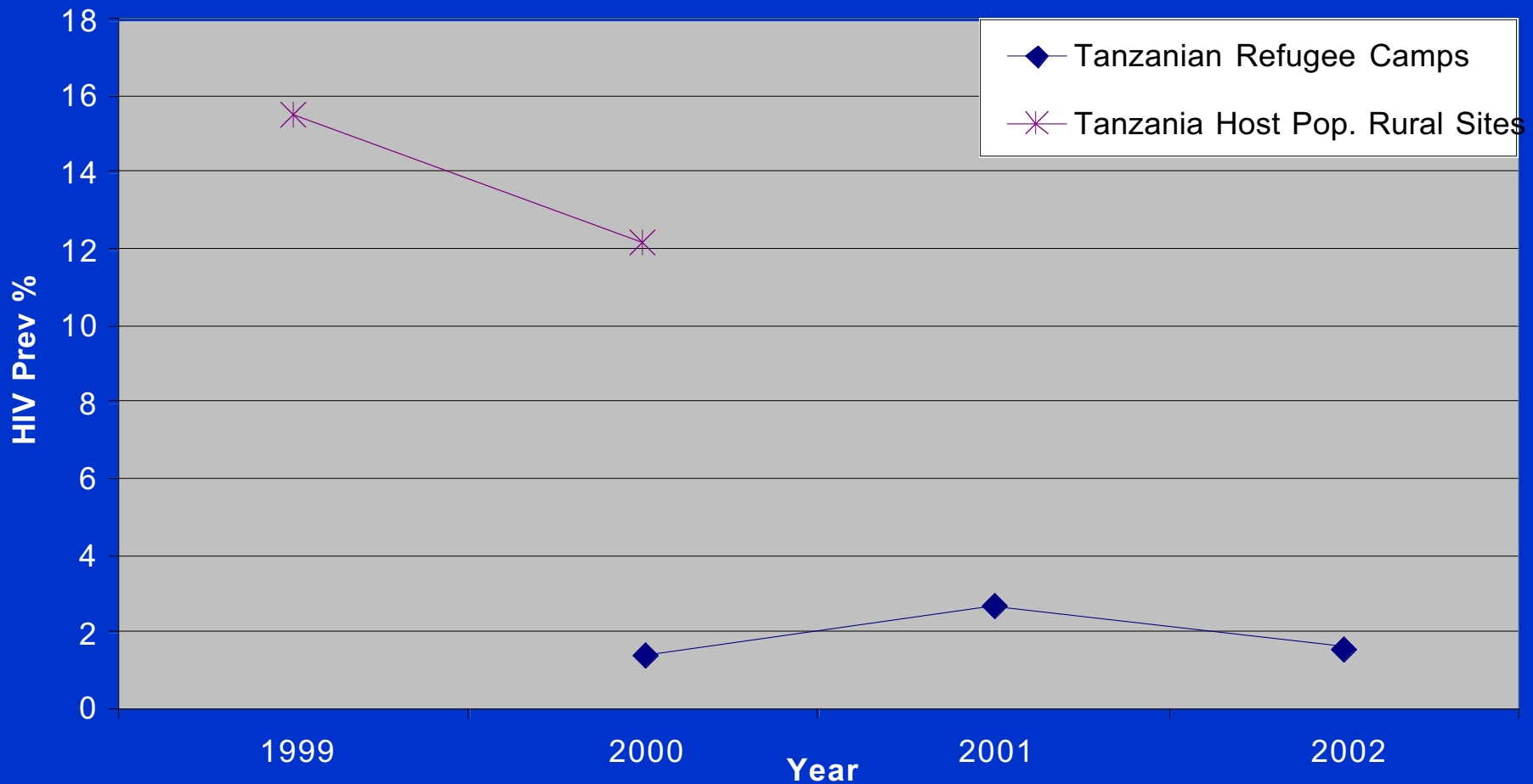


1-4% areas of return

5-10% in refs in camps (pop. ~90,000)

15% surrounding pop

HIV Prev. among Tanzanian Refugees and Rural Host Pop.*



* Estimated by antenatal sentinel surveillance; refugee pop. Size ~511,000; rural Tanz. consists of 12 sites across country.



Limitations of Data

- Variable quality of data and different methods among refugee, host community and country of origin pop.
- Data for surrounding host pop. or region within country of origin may not be available; proxies are used
- Trend data often unavailable or does not include same sites



Conclusions

1. Measuring HIV prevalence among refugee pop. is possible and has thus far not lead to increased discrimination or stigma
2. Some refugee pop. may have lower HIV prev. than surrounding host pop.
 - Most important determinant appears to be baseline HIV prev. of each community
 - Context specific

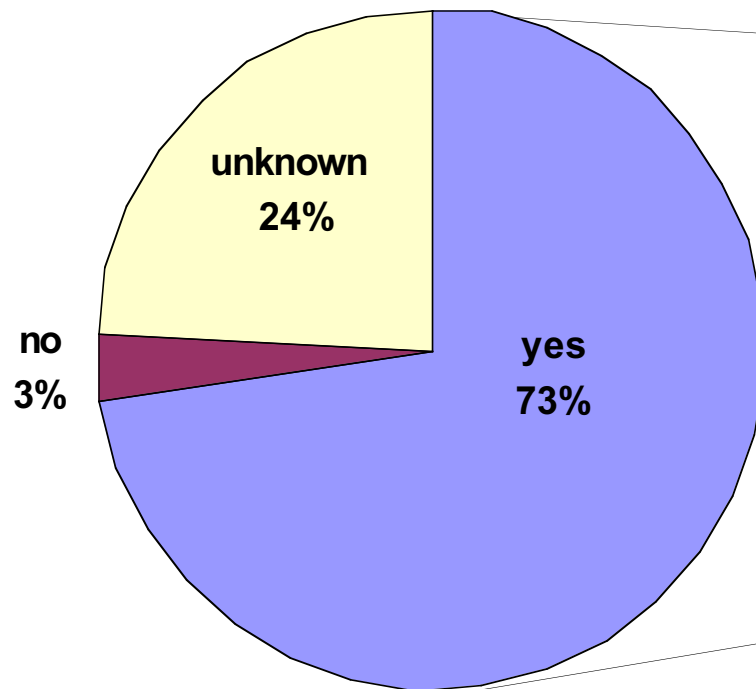


Conclusions cont

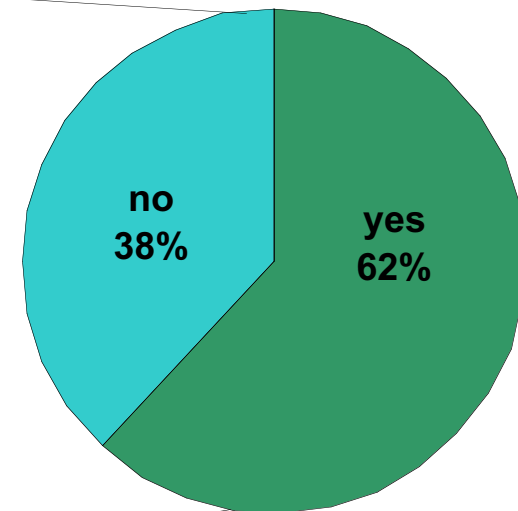
3. HIV prev. trends among refugee, host communities, and country of origin pop. are needed to:
 - Determine how displacement effects epidemic
 - Evaluate HIV/AIDS programmes
 - Plan and coordinate subregional approaches
4. Subregional approach necessary due to constant movement
 - GLIA, Mano River Union
 - Need to improve cooperation and communication between Governments, UN agencies and NGOs

National HIV/AIDS Strategic Plans in Asylum Countries in Africa*

Existence of National Strategic Plans (NSP)
in Asylum Countries in Africa (N=29)



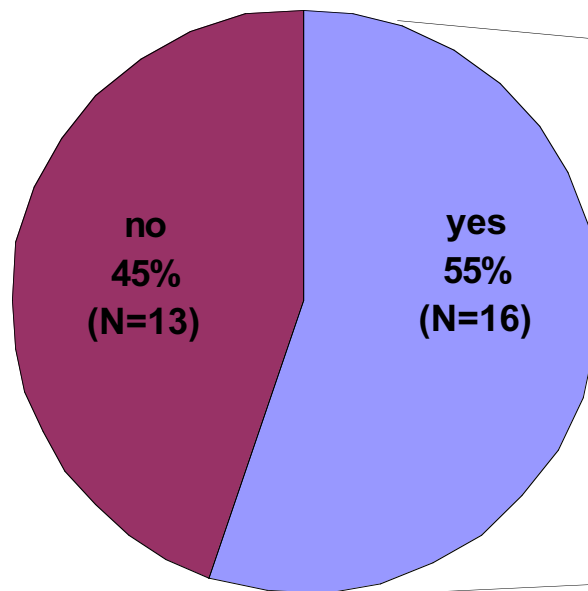
NSP includes
Refugees (N=21)



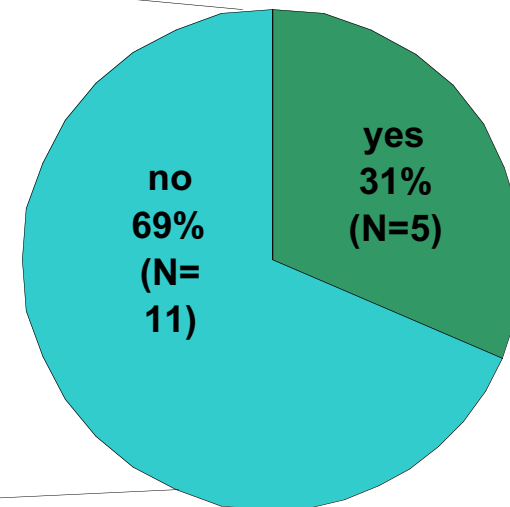
* with $\geq 10,000$ refugees

GFATM⁺ Approved Proposals with HIV/AIDS Components in Asylum Countries in Africa*

Existence of Approved GFATM Proposal with HIV/AIDS Component in Asylum Countries in Africa (N=29)



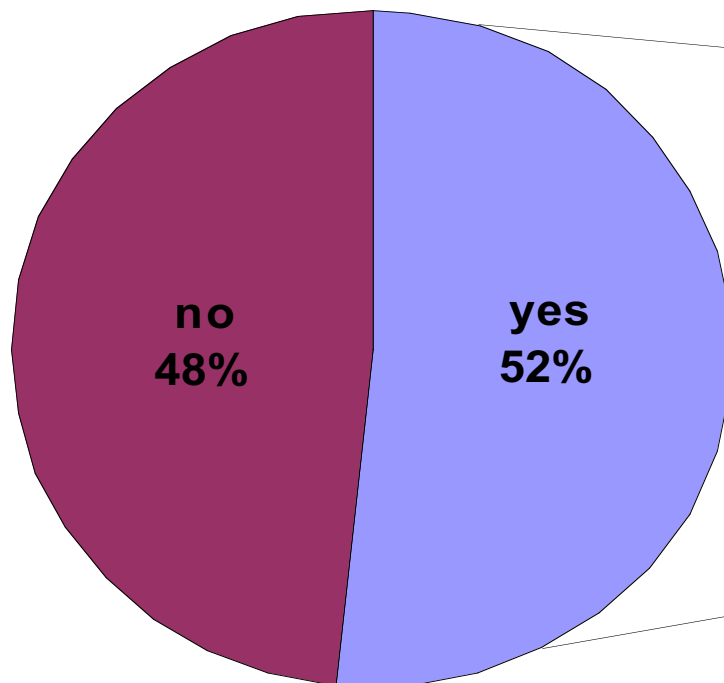
GFATM Proposal includes Refugees (N=16)



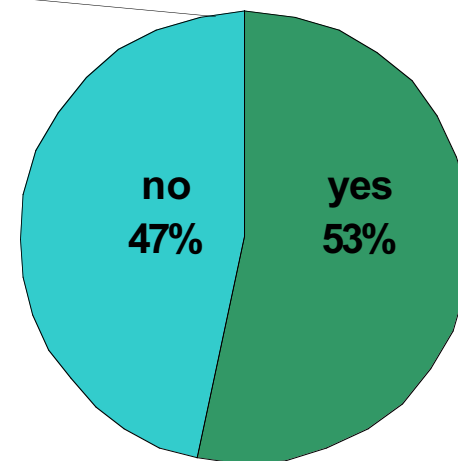
⁺ GFATM: Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. * with $\geq 10,000$ refugees

MAP⁺ Approved Proposals in Asylum Countries in Africa*

Existence of Approved MAP⁺ Proposal
in Asylum Countries in Africa* (N=29)



MAP Proposal
includes Refugees
(N=15)



+ World Bank's Multi-Country HIV/AIDS Program.

* with $\geq 10,000$ refugees



Conclusions

1. Countries of asylum with large refugee pop. do not sufficiently include refugees in their national strategic plans or funding proposals
 - Not comprehensively addressing epidemic
2. Donors should only fund proposals that include all groups within a country
3. UNHCR and other organisations need to improve advocacy