United Nations High Commissioner for Refugees (UNHCR)

2022 Organizational report
HIV in UNHCR’s mandate

UNHCR is mandated to lead and coordinate international action for the world-wide protection of refugees and the resolution of refugee problems. UNHCR’s primary purpose is to safeguard the rights and well-being of refugees and it strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, and to return home voluntarily. By assisting refugees to return to their own country or to settle permanently in another country, UNHCR also seeks lasting solutions to their plight.

To support implementation of the Global AIDS Strategy (2021–2026) and advance progress towards the 2030 Agenda for Sustainable Development to leave no one behind, UNHCR engages in holistic, multisectoral actions, including life-saving public health and nutrition programming, and advances gender equality and universal human rights in humanitarian settings world-wide. UNHCR works in approximately 137 countries together with governments, civil society and other partners in a multisectoral approach that contributes to SDG 3 and many other SDGs, including: ending poverty (SDG 1); eliminating hunger and malnutrition (SDG 2); ensuring quality education for all (including refugees) (SDG 4); promoting gender equality (SDG 5); water, sanitation and hygiene for all (SDG 6); economic empowerment and inclusion (SDG 8); reducing inequalities (SDG 10); and climate action (SDG 13).

UNHCR aims to ensure that all refugees, forcibly displaced and stateless individuals are able to fulfil their rights to access life-saving and essential health care; HIV prevention, protection and treatment; sexual and reproductive health services; food security and nutrition; and water, sanitation and hygiene services. During 2022, UNHCR provided support to ensure continued HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries around the world.

Key UNHCR strategy for HIV

UNHCR’s Global Strategy for public health (2021–2025) contributes towards the health-related SDGs, translating evidence into action for both quality health service provision and addressing the social determinants of health. The right to health requires equitable health services that are available, accessible and adapted to meet the needs of all persons, with particular attention to groups at-risk, in accordance with UNHCR’s Age, gender and diversity policy.

UNHCR works with governments, partners and communities to design and monitor quality, essential public health services that promote and support equitable outcomes. This includes meeting the needs of forcibly displaced women and girls, children, adolescents and young
people, men and boys, persons with disabilities, individuals engaged in selling or exchanging sex and LGBTI+ persons.

The Global compact on refugees is a framework for more predictable and equitable responsibility-sharing to ensure that host communities get the support they need and that refugees can lead productive, dignified lives. It aims for inclusion of refugees in national policies, strategies and plans and integration in national systems, while emphasizing the importance of supporting those systems. As the majority of refugees live in low- and middle-income countries where national public health systems may be under-resourced and overburdened, UNHCR and partners implement a combination of support to health systems and to refugees themselves to ensure access and advance towards universal health coverage.

Top results in 2022

Inclusion of refugees in national health, social protection and education systems, policies and programmes enhanced through advocacy. Advocating for and pursuing the integration and inclusion of refugees in national health services is central to UNHCR’s approach to public health and shows positive trends. Greater responsibility is being taken by host countries and there is increasing support from donors, including the Global Fund, Gavi, the Vaccine Alliance and the World Bank. For example, while Mauritania is conducting a nation-wide health sector reform (with World Bank support), 67 000 Malian refugees hosted in the Mbera camp are included and health services previously supported by UNHCR are being transferred progressively to the country's Ministry of Health.

In 2022, UNHCR completed the analysis of a Public Health Inclusion Survey, which showed important progress in the situations of refugees at the end of 2019 and 2021. Of the 46 countries that reported on their national health plans in 2021, 35 (76%) included refugees, compared to 29 (62%) of the 47 countries that reported on their health plans in 2019. Refugees’ access to services was generally on par with that of nationals for primary health care (94%), while equitable access to secondary care among refugees improved over time (from 75% in 2019 to 83% in 2021). In countries/contexts where refugees' access to vital secondary care was not on par with that of nationals, UNHCR provided additional support to meet refugees' health and human rights needs.

Access of all refugees to HIV testing, treatment and care enhanced through promotion of refugee health and human rights. In 2022, UNHCR supported the scale-up of national HIV prevention and treatment programmes in humanitarian settings. According to the survey, 47 (98%) countries have adopted a universal test-and-treat approach in their national policies, and 42 (89%) countries have introduced this approach in refugee settings. HIV self-testing has been included in the national policies of 26 (54%) of 48 countries and has been introduced in refugee settings in 14 (54%) countries where a national policy was in place. In addition, pre-exposure prophylaxis (PrEP) for HIV has been included in the national policy for 32 (67%) countries, of which 20 (63%) countries have introduced it for key populations in refugee settings. UNHCR distributed over 7 million male and female condoms to refugees and other displaced populations, and over 1 million refugees and other persons served by UNHCR participated in community sensitization activities.

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1 More countries are including refugees in national health systems, and development partnerships are key to the process. UNHCR blog: 7 December 2022.
Access to essential health and nutrition services for people forced to flee improved throughout the displacement cycle. Results from the survey indicated that, among 49 UNHCR country operations, 45 (92%) countries provided access to antiretroviral therapy (ART) through the national system for refugees, and 39 (87%) countries provided ART to refugees under the same conditions as nationals. In countries hosting Ukrainian refugees, refugees accessed health care services, including continued HIV treatment, through Blue Dots hubs for children and family support (UNHCR and UNICEF), internet portals and hotlines.

Increased support mobilized for HIV prevention, treatment and care among refugees/forcibly displaced populations. UNHCR enables refugees, forcibly displaced and stateless persons to access HIV prevention, treatment and care. It does so by working with and through governments, partners, communities and major donors, such as the Global Fund, to supply medicines (including antiretroviral drugs), condoms, laboratory diagnostics and counselling. As detailed in the report on the inclusion of refugee and internally displaced persons in Global Fund applications for 2020–2022, the inclusion of refugees in Global Fund proposals has increased significantly across HIV, tuberculosis and malaria (for HIV, it increased from 15% in 2017 to 60% in 2021).

Equitable provision of health-care services promoted and supported through strengthened capacity building and multisectoral collaboration. Reducing vulnerability is key to prevent HIV and address underlying socioeconomic and structural drivers of disease and poor health. To enhance protection, enable individuals to meet their basic needs, and facilitate access to essential services, UNHCR scaled up cash-based interventions, 95% of which are unrestricted. This has substantially reduced vulnerability among forcibly displaced populations. Evidence suggests that cash transfers help strengthen people’s dignity, personal agency and life options. In 2022, UNHCR delivered US$ 977 million to some 10 million people in more than 100 countries, including in challenging emergency contexts (e.g., Democratic Republic of Congo, Ethiopia, Pakistan, Syria and Ukraine). Cash-based assistance for people facing chronic disease has been shown to improve access and adherence to treatment, including for HIV.

All UNHCR-supported public health programmes for refugees and other persons of concern are based on the fundamental, rights-based principles of primary health care. The programmes are people-centred, adopt a whole-of-society approach, provide care in and through the community, and improve individual, family, community health, as well as public health. UNHCR (together with partners) further enhanced capacity on related knowledge/skills-building tools, such as:

- **Good practices on cash-based interventions and health (2022);**
- **Tuberculosis prevention and care among refugees and other populations in humanitarian settings: interagency field guide** (with CDC, UNHCR and WHO);
- updated UNHCR maternal and new-born health operational guidelines (2022), including integration of HIV;
- **Operational guidance: community health in refugee settings 2022** (including HIV service delivery);
- training and learning packages on LGBTI+ individuals in situations of forced displacement; and

- a high-level call for action at the 2022 International AIDS Conference's special session on HIV in armed conflict, focusing on protecting those "most left behind" (including adolescent girls, pregnant women, children, key populations, trafficked persons, etc.).

**Inequalities reduced and progress made towards leaving no refugee behind.** UNHCR leads globally in strategic inter-agency initiatives to improve the well-being, security and dignity of refugees and all persons of concern, including advancing gender equality and addressing gender-based violence within the humanitarian response. UNHCR and its partners took multisectoral actions to prevent and respond to gender-based violence, including the provision of medical and psychosocial services, and protection and legal services. Post-exposure prophylaxis was provided to survivors of sexual violence and awareness-raising and capacity-building interventions were made at community level with local authorities in culturally sensitive and appropriate manners. For example, in Moldova, UNHCR, UNFPA and UNICEF, in coordination with the refugee response coordination forum, conducted a "gender-based violence safety audit", which noted and achieved several risk reduction actions through coordination among humanitarian actors.