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Key strategies and approaches to integrate HIV into UNHCR's mandate

UNHCR, the UN Refugee Agency, works with key partners, including governments, humanitarian actors and communities, to address HIV across the cycle of humanitarian responses. UNHCR works in 135 countries, with 90% of personnel based in field locations.

HIV is not just a health issue, but also a human rights issue. UNHCR's protection mandate and expertise has contributed to significant progress in ensuring that the rights of forcibly displaced populations are protected in the context of HIV. As a multisectoral agency, UNHCR promotes integration of HIV in protection, health, social protection, education, gender equality and responses to gender-based violence, among others. This includes interventions that address the structural barriers that increase risk and vulnerability to HIV.

UNHCR's [Global strategy for public health 2021–2025](#) aims to progress further towards the health-related SDGs, requiring attention to both health service provision and the social determinants of health. The right to health requires that health services are available, accessible and adapted to meet the needs of all persons, with particular attention to groups at greatest risk, in accordance with UNHCR's [Age, Gender and Diversity policy](#). UNHCR works with governments and partners to design and monitor health services that promote and support equitable outcomes, including for people in forced displacement.

UNHCR promotes the inclusion and integration of refugees into national systems, including health, education and social protection, in line with the Global Compact on Refugees. According to preliminary data from 35 refugee hosting countries, 32 are recipients of Global Fund grants for tuberculosis (TB) and 31 (97%) of these countries provide TB treatment to refugees. In addition, 33 operations are Global Fund grant recipients for HIV and 30 (91%) provide antiretroviral therapy (ART) to refugees.

Fundamental to UNHCR's work are partnerships with national and international civil society organizations to support service delivery and jointly develop approaches. UNHCR is working to expand partnerships with national civil society organizations, currently constituting 62% of its NGO partners in health and nutrition, as well as academic and other national institutions. In Chile UNHCR collaborated with the National Network of LGBTQI+ refugees and migrants to strengthen the network of nine national organizations, promote visibility of their support for LGBTQI+ refugees and migrants, and influence public policies.

High-quality, life-saving gender-based violence programming and risk mitigation within the humanitarian response is an institutional priority for UNHCR. In 2020–21, UNHCR and its partners implemented multisectoral action to prevent and respond to gender-based violence, providing medical and psychosocial services, protection and legal services, including the provision of post-exposure prophylaxis to survivors of sexual violence. Awareness-raising and capacity building were conducted at community level with partners and local authorities on gender-based violence prevention and response in a culturally sensitive and appropriate manner. In Ecuador, UNHCR donated 492 paediatric PEP kits to the Ministry of Health, allowing the expansion of gender-based violence care to 134 health-care units in 24 provinces.

UNHCR promotes 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) in the context of voluntary repatriation, and an end to mandatory testing for asylum seekers, refugees, internally displaced populations and other marginalized groups. In several countries, UNHCR intervened to prevent the refoulement (or forced return) of refugees living with HIV and linked them to treatment and care or arranged resettlement to a third country.

Top achievements on HIV in 2020-2021

- **Continued progress in refugee inclusion in national health, education and social protection, plans, strategies and systems.** According to preliminary results from a survey of 47 UNHCR country operations, 42 countries (89%) provide access to ART through the national system for refugees and 39 countries (83%) provide, ART under the same conditions as nationals.
- **Progress in diagnosis and linkages to treatment and care.** Across UNHCR's refugee operations and in conjunction with ministries of health and partners, 271 815 people in 2021 received HIV testing and counselling (161 914 females and 67 763 males aged 18 years; 24 001 females and 18 137 males younger than 18 years). Among them, 2,280 people tested HIV-positive and 2,118 (93%) were newly initiated on ART.
- **Maintained and adapted specialized programming to prevent and respond to gender-based violence throughout the different stages of the COVID-19 pandemic.** In 2021, 89 742 survivors received psychosocial counselling, 4,066 received legal assistance and 3,845 received medical assistance.
- **Joint roll-out of the UNHCR and UNFPA [operational guidance on responding to the health and protection needs of people selling or exchanging sex](#).** The guidance was rolled out through joint webinars with some 100 participants; internal global and regional webinars with some 250 participants, including partners in humanitarian settings; and focused support to 9 countries with some 200 participants. In 2021, 19 UNHCR country operations indicated that specific health and protection services were available to refugees who engage in the sale of sex.
- **[Launch of "COVID-19 and HIV in humanitarian situations: considerations for preparedness and response"](#)** publication by UNHCR and WFP, in conjunction with the UNAIDS Secretariat, in 2020. Guidance was also provided remotely to actors in or supporting humanitarian contexts on the integration of HIV in COVID-19 preparedness and response.

Contribution to progress towards the Sustainable Development Goals

To advance towards the Sustainable Development Goals (SDGs), UNHCR played a leading role in supporting life-saving sexual and reproductive health (SRH) programming in emergencies in over 48 countries. UNHCR's work on the ground contributes not only to the health goal (SDG 3), but also to a number of 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); clean water and sanitation for all (SDG 6); economic empowerment and inclusion (SDG 8); and reducing inequalities (SDG 10).

The essence of the SDGs is to "leave no one behind", including refugees as well as stateless and internally displaced people, who are often neglected, invisible, stigmatized and excluded. While refugees and internally displaced people are not explicitly mentioned in the 17 SDGs, they are specifically highlighted in the 2030 Declaration, which forms part of the overall 2030 Agenda, recognizing that the SDGs cannot be achieved without ensuring equal rights and progress for refugees and other persons of concern. UNHCR's operations work to serve and support multiple, diverse populations at risk of being left behind, including those at risk for or affected by HIV; [adolescents and youth](#); [people with disabilities](#); survivors of gender-based violence; LGBTIQ+ persons and the poorest of the poor.

Contributing to the global goal of ending AIDS by 2030 and in line with the vision of the new global AIDS strategy, UNHCR supported HIV programming in over 48 countries. To promote equity and inclusion, UNHCR continued to advocate with national governments and international donors, resulting in increased inclusion of people of concern in national policies and programmes and enhanced access to HIV services. As a UNAIDS cosponsor, UNHCR worked with partners at national, regional and global levels to scale up services for adolescents, improve health and protection services for people who sell or exchange sex and strengthen TB programming and linkages with HIV care.

HIV in the context of the COVID-19 response

To protect the health, human rights and security of refugees, internally displaced and stateless populations (including, but not limited to those living with or at risk of HIV), UNHCR acted to reduce the significant risks posed by HIV in the context of COVID-19. UNHCR supported evidence-based measures to protect livelihoods, reduce socioeconomic vulnerability (of individuals, households and communities) and foster agency and dignity in the face of the multifaceted devastation wrought by the COVID-19 pandemic.

UNHCR scaled up cash-based interventions that reduced vulnerability, helping meet basic needs and facilitating access to services and protection. Evidence suggests that cash offers people more choices and that it is a [preferred modality](#) of assistance. In 2021, UNHCR delivered some US\$ 670 million to 10.7 million people in over 100 countries, including in challenging contexts, such as Afghanistan, the Democratic Republic of Congo and Yemen. [Post-distribution monitoring](#) in more than 60 countries in 2021 [found that](#) cash assistance was effective in responding to people's needs and helping to improve their overall well-being.

Nevertheless, vulnerability persists. Data from over 44 countries confirm that refugees receiving cash assistance are still unable to fully meet their basic needs (73% of the households reported that they can meet only half or less of their basic needs).

UNHCR intensified efforts to ensure that all refugees and persons of concern have access to life-saving and essential health services, as well as vaccination, including through inclusion in national health programmes, and access to services that promote mental health and psychosocial wellbeing. A major focus was on the continuity of essential services, including services for people living with HIV. At country level, UNHCR and partners supported activities to maintain access to essential services, while at the same time reducing risk of exposure to COVID-19, including through adapted service delivery through community volunteers and mobile phone consultations. In Chad, nearly 1,000 refugees and host community members living with HIV benefited from multimonth dispensing of ART to overcome movement restrictions. Community-based distribution reduced the need for monthly clinic visits, and a WhatsApp group for psychosocial counsellors was created to facilitate remote communication.

UNHCR successfully advocated for the inclusion of refugees in national COVID-19 vaccination plans and implementation, including for high-risk groups such as persons living with HIV. In 2021, 162 countries included refugees in their national COVID-19 vaccine plans. Despite the slow vaccine roll-out in a number of humanitarian settings, encouraging progress has been seen in the number of countries providing access to vaccines. By the end of 2021, 4.79 million doses of COVID-19 vaccine had been distributed to some 3.25 million refugees and other forcibly displaced people in 66 countries. An additional 72 countries confirmed to have started vaccinating refugees, asylum-seekers, stateless persons and internally displaced persons.

UNHCR reported a surge in intimate partner violence, child marriage, teenage pregnancy, and sexual exploitation and abuse during the COVID-19 pandemic. At the same time, access to essential health and protection services was reduced due to social restrictions, requiring intensified efforts to ensure services were accessible to women and girls. This was done by shifting to remote service provision (including 24/7 gender-based violence hotlines) and strengthening collaboration with community-based structures, displaced women-led organizations and local partners. Those actions were combined with community-based outreach and referrals, information campaigns and targeted assistance.

Despite the adversities, forcibly displaced women and girls continued to play a key role in the frontline response to, and recovery from, the COVID-19 pandemic. UNHCR supported local responses by building on the strength and capacities of women and girls, promoting their full participation in the pandemic response, decision-making and leadership structures. Collaboration with women-led organizations, in all their diversity, was strengthened through a mix of collaboration for outreach work, support for leadership skills and self-management, and use of telecommunications and virtual tools. In Malaysia, UNHCR partnered with refugee women and nongovernmental organizations (NGOs) in a social media project to facilitate virtual safe spaces and support women's general well-being and positive coping strategies, as well as their response to gender-based violence, during the pandemic.

Case study: Peru regularization of stay for Venezuelan refugees and migrants living with or at risk of HIV

As of end of 2021 there were some 1.2 million Venezuelan refugees and migrants in Peru, as well as some 3,200 refugees and over 532 000 asylum-seekers of other nationalities. About 61% of the 1.3 million Venezuelans in Peru are in an irregular migratory situation. In this context, people living with HIV face significant difficulties accessing treatment, due to lack of documentation. In 2021, UNHCR successfully advocated for an amendment to the Ministry of Health policies regarding comprehensive assistance for foreign citizens in Peru living with HIV. The amendments simplified the procedures that were required prior to starting ART and reduced the number of tests required to be eligible for therapy. In 2021 UNHCR and its partner PROSA provided legal guidance to some 1,700 Venezuelan refugees, asylum-seekers and migrants living with HIV and/or part of the LGBTIQ+ community to regularize their migratory status, obtain the required documentation and gain access to the national health system.

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