

Action Sheet 14

HIV



Key message

HIV is a global epidemic that affects persons of all ages, gender and socio-economic status. The epidemic has serious personal, social and economic consequences for those living with HIV as well as their families and communities. It is essential that appropriate HIV prevention, treatment, care and support is provided in all humanitarian emergencies, including in situations of internal displacement.

The *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings* provide guidance on HIV prevention, treatment, care and support in emergency settings. They are available, in English and French, at www.aidsandemergencies.org. This Action Sheet provides basic guidance on HIV in situations of internal displacement but does not replace or duplicate the Guidelines, which should be implemented in all emergencies.

1. HIV and AIDS in the context of internal displacement

Currently over 40 million people are living with HIV, many of them in countries ravaged by conflict and displacement. There is no causal link, however, between displacement and HIV. Existing data confirms that prevalence rates among internally displaced persons do not, in general, differ from those of the general population. HIV infection rates depend on a number of complex factors, such as existing prevalence rates within the country, overall population mobility, the level of risk-taking behaviour, access to accurate information, and access to prevention, treatment, care and support services. Factors such as gender inequality, poverty and marginalization also play a part.

The conditions that often characterize displacement, such as conflict, human rights violations and breakdown of families and communities, can however increase the risk of a person's exposure to HIV. In particular, sexual violence and abuse can increase the risk of HIV infection.

Persons living with HIV or AIDS and their families, whether displaced or not, may face serious protection risks. They are often subject to discrimination, stigma and social exclusion as a result of their HIV positive condition and may be barred from accessing education, livelihood opportunities, and public services, such as health care. In some cases, they have seen their freedom of movement limited; been arbitrarily arrested and detained; subjected to physical or psychological violence, and suffered other similar violations of their rights. Their right to privacy

Some facts about HIV and AIDS

The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the human immune system, destroying or impairing their function. In the early stages of infection, a person has no symptoms. However, as the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to *opportunistic infections*.

The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take several years for an HIV infected person to develop AIDS. Antiretroviral treatment can slow the progress of HIV infection and allow those infected to lead normal lives.

HIV is transmitted through body fluids such as blood, semen and vaginal fluids, for instance during unprotected sexual intercourse (vaginal, anal or oral), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding.

and confidentiality, including as regards their HIV positive status, is also frequently compromised.

Such risks may be further compounded by the situation of displacement with devastating consequences for the displaced individuals, families and communities. Internally displaced persons often face additional discrimination and have limited access to information and HIV prevention, treatment, care and support, in particular where they suffer multiple displacements. Separation of families and lack of adequate shelter, food, water and basic services, such as health care, may seriously undermine their ability to cope with the physical, social and economic impact of the epidemic. Such factors may also weaken their ability to benefit from existing HIV treatment programmes, which require a long-term effort and the ability to closely follow a certain medical scheme.

2. Individuals and groups at particular risk

While HIV affects people without regard to their age, gender, ethnic or religious origin, sexual orientation or other status, women and children bear the brunt of the epidemic in many ways. Discrimination, inability to negotiate safe sex, and exposure to sexual violence and abuse, including forced prostitution and survival sex, can increase the risk of HIV infection. In addition, women and girls often have limited access to HIV information, prevention, treatment, care and support. They are also more likely to suffer from stigma, social exclusion and violence as a result of an HIV positive status. The responsibility for caring for orphaned children or ill family members also falls primarily on the shoulders of women and girls, often limiting their access to education and livelihood opportunities. Their property and inheritance rights are also frequently violated, with dire economic consequences.

Children and adolescents, of both sexes, as well as older persons, and persons living with disability, are particularly vulnerable to the effects of HIV. Children and adolescents may become infected as a result of mother-to-child transmission or exposure to sexual violence or drug abuse, and may have to take responsibility for younger siblings and older relatives upon the death of their parents. Similarly, older persons often carry the burden of caring for sick relatives and children orphaned by AIDS.

3. A multi-sectoral response

An effective HIV response will require a multi-sectoral approach that addresses both the short-term and long-term physical, social and economic aspects of the epidemic. Comprehensive guidance on HIV prevention, treatment, care and support can be found in the **Guidelines for HIV/AIDS Interventions in Emergency Settings**,¹ which should be implemented in all emergencies, including those involving internal displacement. For ease of reference, the table below gives examples of activities which may be appropriate and which are described in greater detail in the Guidelines.

Examples of multi-sectoral HIV prevention, treatment, care, support, and mitigation activities	
Prevention	<ul style="list-style-type: none"> • Develop HIV awareness-raising and sensitization programmes that encourage reduction in risk-taking behaviour • Ensure adequate prevention and response to sexual and gender-based violence • Ensure provision of post-exposure prophylaxis (PEP) to rape survivors • Implement universal precautions, such as safe blood transfusion and injection practices, in health-care settings to prevent HIV transmission

¹ Guidelines for HIV/AIDS Interventions in Emergency Settings, IASC, 2003. See www.aidsandemergencies.org

	<ul style="list-style-type: none"> • Support promotion and distribution of male/female condoms • Offer voluntary, and confidential, HIV counselling and testing (VCT) • Ensure early and effective treatment of sexually transmitted infections (STI), including ensuring links between such treatment, VCT services and tuberculosis programmes • Prevent mother-to-child transmission (PMTCT) • Provide evidence-based sexual and reproductive health education in schools and through other means in order to reach out-of-school adolescents • Ensure targeted prevention and care programmes for individuals or groups most at risk
Treatment	<ul style="list-style-type: none"> • Ensure provision of antiretroviral treatment (ART) • Ensure provision of prophylactic and other treatment for opportunistic infections
Care and support	<ul style="list-style-type: none"> • Provide nutritional support for those in need • Organize and support community-based home-care programmes • Provide targeted support to care-givers of those living with HIV, particularly single-female or child-headed households • Ensure family tracing and reunification for unaccompanied or separated children and adequate foster care arrangements for children orphaned by AIDS
Mitigation	<ul style="list-style-type: none"> • Ensure that those living with, at risk of, or otherwise affected by HIV are not discriminated against and are able to exercise their rights • Support information and education activities that aim to dispel misconceptions and counter prejudice, discrimination and social exclusion • Provide training on HIV, human rights and gender to all relevant stakeholders, including national and international actors in the health, social services, law enforcement and humanitarian sectors • Ensure that the land, property and inheritance rights of women and children are respected

4. The role and responsibility of the State

Ensuring equal and effective access to HIV prevention, treatment, care and support is the responsibility of the national authorities. This responsibility flows from the duty of the State to protect, respect and fulfill its human rights obligations, particularly the right to the highest attainable standard of health. States should take all appropriate measures to ensure that such mechanisms are available, accessible, affordable and culturally acceptable to the population, including to internally displaced persons. In addition, States must ensure that their laws, policies and practices on HIV respect human rights and that those living with HIV are not discriminated against, excluded or exposed to violence and abuse. These and other obligations are outlined in greater detail in the *International Guidelines on HIV/AIDS and Human Rights*, which provide valuable guidance to States, civil society and other stakeholders on effective national HIV policies and strategies.

5. The role of human rights and humanitarian actors

Given the significant protection implications of HIV, protection staff and partners have a crucial role to play in ensuring that protection concerns are integrated into the broader multi-sectoral response.



In our work we can ...

Assessment and analysis

(see Part III.1)



- Ensure that attention to HIV is integrated into protection assessments, analysis and response. This will require identifying the causes, contributing factors and consequences of HIV; individuals and groups most at risk; existing coping mechanisms and capacities; gaps in the existing response; and priority areas for intervention.

Advocacy

(see Part IV.3)



- Support the development and implementation of a comprehensive HIV advocacy strategy that promotes respect for the rights of persons living with HIV. This may, for instance, include advocacy aimed at ensuring that national HIV policies and programmes include displaced persons and that they have full and equal access to public services and support, including shelter, food, water and health care, and to humanitarian assistance.
- Train and support relevant stakeholders, such as community leaders, women's groups, youth associations, and networks of people living with HIV, to raise awareness of HIV, combat stigma and discrimination, and promote human rights, including gender equality and universal access to prevention, treatment, care and support.

Information

(see Part IV.6)



- Support awareness raising and information activities that provide evidence-based, yet culturally sensitive, information about HIV, including information about prevention, treatment, care and support, for both women and men of all ages.

Technical expertise and advice

(see Part IV.4)



- Provide advice about the protection implications of HIV to relevant stakeholders, including national authorities, local NGOs, civil society and IDP community leaders. This can, for instance, include advice to national authorities on ways to integrate human rights in national HIV policies and programmes.

Training

- Support training on HIV and human rights for all relevant stakeholders, including government officials, armed forces, law enforcement officials, peacekeeping forces, IDP community leaders, and humanitarian workers. Training for humanitarian workers should also include codes of conduct, particularly regarding sexual violence, exploitation and abuse.

Health care

(see Part V.15)



- Advocate and take other action to ensure that the following health-related services are available, accessible, affordable and provided in a culturally acceptable manner:
 - primary health-care services that address physical, mental, psycho-social and reproductive health;
 - targeted health-care services for rape survivors, including provision of Post-Exposure Prophylaxis (PEP);
 - voluntary counseling and testing programmes;
 - prevention, treatment and care services, including prevention of mother-to-child transmission for people living with HIV; and
 - community-run home-based care and support programmes. Privacy and confidentiality of medical information should be respected at all times.

Education

(see Part V.17)



- Ensure that children living with, at risk of, or otherwise affected by HIV have full and equal access to education, vocational training and recreational activities. Pay particular attention to girls which may have more limited access to education than boys.
- Ensure that education and peer-education activities raise awareness of and provide information about HIV prevention and response. Where possible this should be incorporated into the school curriculum.



Livelihoods <i>(see Part V.16)</i> 	<ul style="list-style-type: none"> • Ensure that those living with HIV and their families have equal access to vocational training and income-generating activities that promote self-reliance, thus providing protection from economic dependency and exploitation, such as forced prostitution and survival sex.
Targeted humanitarian assistance <i>(see Part IV.7)</i> 	<ul style="list-style-type: none"> • Provide targeted material or financial assistance to individuals and families living with or affected by HIV, including in particular single-headed households and households headed by children or older persons. • Support community-based male/female condom promotion and distribution.
Family reunification <i>(see Part V.9)</i> 	<ul style="list-style-type: none"> • Ensure that separated and unaccompanied children are identified and registered, that determinations of the best interests of the child take place, and that they are reunited with their families, if appropriate. In some cases, adequate foster care arrangements might be required.
Land and property <i>(see Part V.11)</i>	<ul style="list-style-type: none"> • Help ensure that the land, property and inheritance rights of women and children are respected.
Durable solutions <i>(see Part VI)</i> 	<ul style="list-style-type: none"> • Advocate to ensure attention to HIV prevention, treatment, care and support in return, relocation, and/or (re)integration programmes run by the government, the UN and other partners. This may include advocacy aimed at ensuring that (former) IDPs living with HIV can continue their treatment and are not discriminated against, regardless of whether they choose to return, relocate or integrate in the area of displacement. This may also require efforts to sensitize the host community or communities in areas of return to the rights and needs of persons living with HIV.
<p>Do you have suggestions about other activities? If so, share them with us at hqidphb@unhcr.org</p>	

6. Key actors and coordination arrangements

Effective HIV prevention and response requires coordinated efforts by a range of actors – local, national, regional and international – with different mandates, expertise and operational capacity. At the field level, HIV response in displacement settings is coordinated jointly by UNHCR and UNAIDS, working closely with all relevant stakeholders. HIV is a cross-cutting issue in the “cluster approach,” meaning it should be integrated and mainstreamed into the work of all clusters and sectors of the humanitarian response (*see Part I.3*).  Key stakeholders include:

- **National:** displaced individuals and communities; networks of persons living with HIV; ministries of health, education and social services; national AIDS commissions and/or programmes; health-care providers; national human rights commission; local NGOs and civil society; religious organizations; and the media.
- **Regional:** an array of initiatives is being undertaken at the regional level such as the Great Lakes Initiative against AIDS and the Asia Pacific Network of People Living with HIV.
- **International:** UNHCR, UNAIDS, WHO, UNFPA, OHCHR, UNICEF, WFP, FAO, World Bank, ILO, IOM, Special Envoy of the Secretary-General for HIV/AIDS in Africa; international NGOs, networks of persons living with HIV/AIDS, and peacekeeping forces.²

² See UN Security Council Resolution S/1308/2000 (2000) on HIV/AIDS and Peacekeepers.

7. Key legal principles and standards

Ensuring that human rights are respected and protected is critical both for reducing exposure to HIV and to mitigating its adverse effects on individuals and communities. International human rights law contains a number of **rights that are of direct relevance to those living with or otherwise affected by HIV**. These include the rights to:³

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| <ul style="list-style-type: none"> • life, liberty and security of person • non-discrimination, equal protection and equality before the law • freedom of movement • the highest attainable standard of health • an adequate standard of living • equal access to education | <ul style="list-style-type: none"> • privacy • work • freedom of peaceful assembly and association • marry and to found a family • be free from torture and cruel, inhuman or degrading treatment or punishment • to seek and enjoy asylum | <ul style="list-style-type: none"> • freedom of opinion and expression and to freely receive and impart information • social security, assistance and welfare • share in scientific advancement and its benefits • participate in public and cultural life |
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States have recognized the importance of gender equality, empowerment and participation of **women and girls** in all aspects of HIV prevention and response.⁴ In particular, gender-specific protection risks must be adequately addressed and special attention paid to the health needs of women and girls, including ensuring access to reproductive health care and services, and appropriate counselling and treatment in all cases of sexual and gender-based violence.

Children are entitled to special protection under the law, as highlighted by the UN Committee on the Rights of the Child in its General Comment on HIV/AIDS and the rights of children.⁵ In particular, the general principles of the Convention on the Rights of the Child – including non-discrimination (Art. 2), best interests of the child (Art. 3), the right to life, survival and development (Art. 6), and participation of the child (Art. 12) – should guide the response in all cases involving children. Other important rights include the rights to:

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| <ul style="list-style-type: none"> • the highest attainable standard of health and health care • access information and material aimed at the promotion of their social, spiritual and moral well-being and physical and mental health • preventive health care, sex education and family planning education and services • an adequate standard of living • not to be separated from parents right to privacy • be protected from violence • special protection and assistance by the State | <ul style="list-style-type: none"> • rights of children with disabilities • social security, including social insurance • education and leisure • be protected from economic and sexual exploitation and abuse, and from illicit use of narcotic drugs • be protected from abduction, sale and trafficking as well as torture or other cruel, inhuman or degrading treatment or punishment • physical and psychological recovery and social reintegration |
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The rights of persons living with or affected by HIV are sometimes limited or restricted based on purported public health concerns. Such measures, which have included deprivation of liberty, denial of access to public services, and mandatory HIV testing, are unlawful and in violation of basic human rights. In addition, such measures are rarely effective in dealing with HIV, which is not casually transmitted. In fact, such measures may be counter-productive and may discourage people from undergoing voluntary testing or accessing prevention, care and support programmes.



³ Based on the *International Guidelines on HIV/AIDS and Human Rights* (OHCHR/UNAIDS, 2006, p. 80-103) and *General Comment No. 3* (2003) of the UN Committee on the Rights of the Child (CRC/GC/2003/3), para. 6. See also Principle 19(3) of the *Guiding Principles on Internal Displacement*. For further discussion see also *Note on HIV/AIDS and the Protection of Refugees, IDPs, and Other Persons of Concern*, UNHCR, 2006.

⁴ *Declaration of Commitment on HIV/AIDS* (General Assembly Resolution A/RES/S-26/2 of 2 Aug 2001), paras. 14, 37, 58–62. See also Principle 19(2) of the *Guiding Principles on Internal Displacement*.

⁵ HIV/AIDS and the Rights of Children, *General Comment No. 3* (2003) of the UN Committee on the Rights of the Child (CRC/GC/2003/3), in particular paras. 5 and 6.



Resources

(available from www.refworld.org unless otherwise stated)

Tools and guidelines

- *Guidelines for HIV/AIDS Interventions in Emergency Settings*, IASC, 2003. www.aidsandemergencies.org
- *International Guidelines on HIV/AIDS and Human Rights: Consolidated Version*, OHCHR/UNAIDS, 2006.
- *Practical Guidelines for Intensifying HIV Prevention*, UNAIDS, 2007.
- *Strategies to Support the HIV-related Needs of Refugees and Host Populations*, UNAIDS/UNHCR, 2005.
- *HIV and IDP Assessment Tool*, UNHCR/UNAIDS, 2007.

Further reading

- *HIV/AIDS and the Rights of Children*, General Comment No. 3(2003) of the UN Committee on the Rights of the Child, CRC/GC/2003/3. www.ohchr.org/english/bodies/crc/comments.htm
- *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF, 2004. www.unicef.org/aids/index_documents.html
- *Enhanced Protection for Children Affected by AIDS*, UNICEF, 2007 www.unicef.org/publications/index_39192.html
- *Educational responses to HIV and AIDS for Refugees and Internally Displaced Persons: Discussion Paper for Decision-makers*, UNESCO/UNHCR, 2007.
- *Gender and HIV/AIDS: Resource Pack*, WHO, 2005.
- *HIV and Conflict: A Double Emergency*, International Save the Children Alliance, 2002.
- *HIV/AIDS and Children Affected by Armed Conflict* (fact sheet), UNICEF, 2002.
- *HIV/AIDS and Internally Displaced Persons in Eight Priority Countries*, UNHCR/OCHA-IDD, 2005.
- *HIV-Related Stigma, Discrimination and Human Rights Violations: Case Studies of Successful Programmes*, UNAIDS, 2007.
- *Note on HIV/AIDS and the Protection of Refugees, IDPs, and Other Persons of Concern*, UNHCR, 2006.



Useful websites

- Joint United Nations Programme on HIV/AIDS (UNAIDS): www.unaids.org
- Global Coalition on Women and AIDS: www.womenandaids.unaids.org
- UNHCR: www.unhcr.org/hiv-aids
- UNICEF: www.unicef.org/aids
- UNFPA: www.unfpa.org/hiv/index.htm
- UNIFEM: www.genderandaids.org
- WHO: www.who.int/topics/hiv_infections/en/
- OHCHR: www.ohchr.org/english/issues/hiv/index.htm
- FAO: www.fao.org/hivaids
- IOM: www.iom.int

Key Principles

Relating to HIV Prevention, Response, Care and Support in the Context of Internal Displacement

- **Non-discrimination, equal protection and equality before the law**

Persons living with or otherwise affected by HIV/AIDS are entitled to full respect for their human rights without discrimination of any kind. Human rights law prohibits discrimination on a number of grounds, including on the basis of “other status,” such as health status, including HIV/AIDS. Misconceptions that IDPs are associated with an increased prevalence of HIV might lead to discriminatory practices and should be dispelled.

- **Access to HIV and AIDS health care**

The right to the highest attainable standard of health includes non-discriminatory access to HIV and AIDS prevention, treatment, care and support, including psycho-social support. This includes access to voluntary (and confidential) HIV counseling and testing (VCT); antiretroviral therapy (ART); protection from mother-to-child transmission; and access to reproductive health care, including appropriate pre-natal, delivery and post-natal care.

- **Protection from arbitrary detention and unlawful restrictions on movement**

There is no public health justification for depriving liberty or restricting movement, including forced return or relocation, solely on the basis of actual or suspected HIV status. Such measures are not only ineffective, as HIV is not casually transmitted, but are also likely to be discriminatory and violate the rights to liberty and security, and freedom of movement.

- **Respect for confidentiality and privacy**

Personal data, including data on health status, is confidential and should not be shared without the prior informed consent of the individual concerned. Ensuring confidentiality is the responsibility of all those that have access to such information. Informed consent requires that individuals clearly understand what information will be shared, with whom, for what purposes, and what the potential consequences may be.

- **Freedom from mandatory testing**

There is no public health justification for mandatory HIV screening. Mandatory testing violates the rights to privacy, personal integrity and security. It is also ineffective and does not prevent the occurrence or spread of HIV. Public health interests are best served by voluntary counseling and testing in an environment where confidentiality and privacy is respected.

- **HIV/AIDS-related needs of women, girls and boys**

Women and children are disproportionately affected by HIV and AIDS. Appropriate measures should be taken to address the particular protection problems they face, including the risk of rape, sexual violence and exploitation, social exclusion and discrimination, and violations of a number of other rights, including access to health care, property and education.

- **Access to HIV/AIDS information and education**

The right to the highest attainable standards of health and health care includes access not only to HIV treatment, but also to HIV-related information and education, and to information about sexual and reproductive health. The rights to education and to seek, receive and impart information guarantee access to life-saving information. For children, such information must be relevant, appropriate, and timely and presented in a manner appropriate for their age.

- **Access to durable solutions**

Access to and the choice of a durable solution to internal displacement should not be adversely affected by positive HIV status. Persons living with HIV and their families should be able to decide, freely and in safety, whether to return, integrate in the place of displacement, or settle elsewhere in the country. They should have full and equal access to HIV prevention, treatment, care and support regardless of their choice of a durable solution.