GAP Report 2014

People left behind: Displaced persons





I am a displaced person.

I face these issues.



HIV burden

- By the end of 2013, there were 51.2 million people forcibly displaced worldwide, the highest level on record according to UNHCR. These included 16.7 million refugees, 33.3 million internally displaced persons and 1.2 million asylum seekers.
- Every four seconds, someone is forced to flee their home.
- In 2006, 1.8 million people living with HIV were also affected by conflict, disaster or displacement, representing 5.4% of the global total.
- Given that the numbers of displaced persons in 2013 increased by 24.2%, it is likely that the number of displaced persons living with HIV is also significantly higher.
- In 10 countries, there was no consistent difference in the level of risky sexual behaviour between refugees and the host country population, as documented by behavioural surveillance surveys from 2004 to 2012.
- In 17 studies from 13 countries, 87–99.5% of conflict-affected people adhered to antiretroviral therapy, which was similar to rates among non-affected groups.

People living with HIV affected by emergencies by region (2006)

	Number	Percentage (%)	
Sub-Saharan Africa	1 500 000	7	
East Asia	38 000	5.2	
Oceania	< 1 000	1.4	
South and South-East Asia	90 000	2.3	
Eastern Europe and central Asia	6 200	0.4	
Western and central Europe	11 000	1.5	
Middle East and North Africa	48 000	13.3	
North America	8 200	0.6	
Caribbean	< 1 000	0.2	
Latin America	16 000	1	
Global	1 800 000	5.4	



Why displaced persons are being left behind

- The forcible displacement of people through conflict or disaster is associated with increased food insecurity, the destruction of livelihoods and resulting poverty.
- Emergencies can disrupt care and treatment for people already living with HIV, and the negative impact of HIV on their health and livelihoods can increase the severity of the disasters they experience.
- Available evidence suggests that different types of emergencies have different impacts on people living with HIV, which require tailored humanitarian responses and the integration of HIV-related concerns.



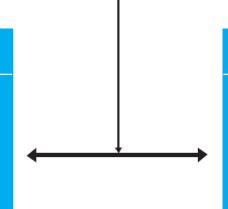
HIV risk factors in conflict zones and camps for displaced persons

Key factors

- HIV prevalence in the area of origin
- HIV prevalence in the surrounding host population

Increased risk

- Behavioural change
- Gender-based 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



WHY DISPLACED PERSONS ARE BEING LEFT BEHIND

THE TOP 4 REASONS

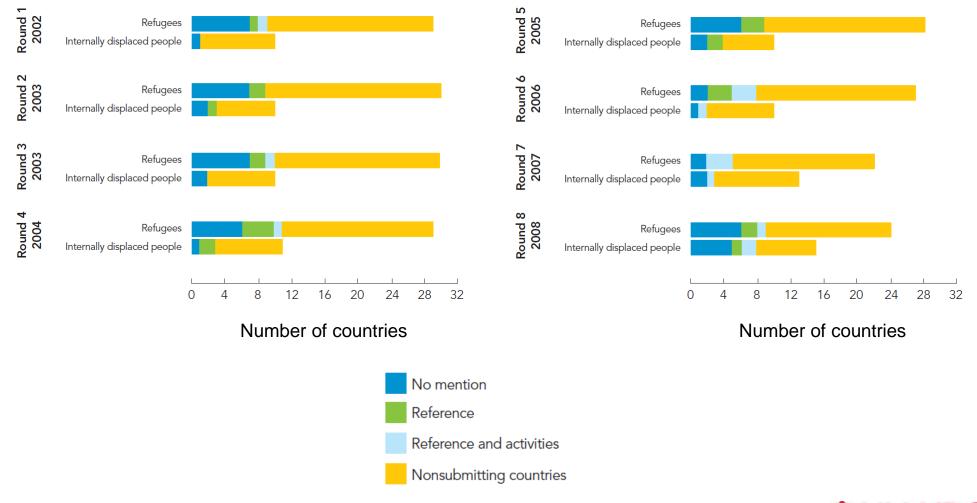
- 01 Restrictive laws, policies and practices
- 02 Limited access to quality health services
- 03 Stigma and discrimination
- 04 HIV services not prioritized in humanitarian responses



Restrictive laws, policies and practices

- Some countries refuse to grant asylum or refugee status to people on the basis of their HIV-positive status who would otherwise qualify.
- Under these circumstances, HIV-positive applicants may be prevented from obtaining asylum. More likely, they may not even seek asylum, instead opting to live illegally in a country other than their country of origin.
- This can have significant adverse effects on their health, since undocumented migrants are less likely to seek health care or acknowledge that they are HIV-positive.
- In a number of countries, mandatory HIV testing of refugees and asylum seekers includes HIV testing without pre- or post-test counselling and a lack of privacy for refugees who undergo HIV tests. In some countries, this occurs even where national legislation clearly states that all HIV testing should be voluntary, conducted with informed consent and combined with counselling and strict confidentiality.

Number of African countries with >10 000 displaced people including refugees and/or internally displaced people in accepted Global Fund proposals with an HIV component (Rounds 1–8; 2002–2008)



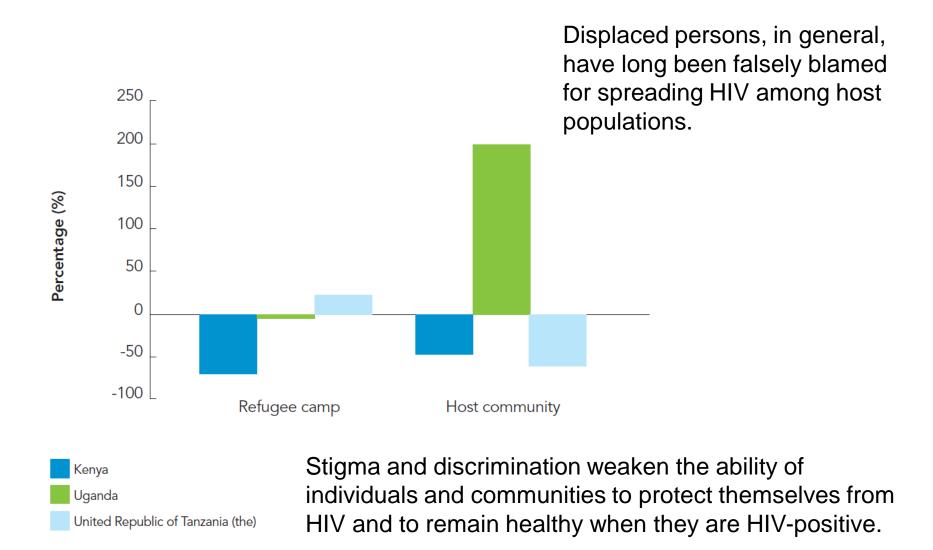


Limited access to quality health services

- Access to HIV-related services may be limited by logistical challenges on the ground, which pose risks for the discontinuation of HIV and tuberculosis treatment, putting lives at risk.
- HIV-related services in conflict settings are neglected for various reasons:
 - Poor health infrastructure and resources.
 - Lack of giving priority to HIV-related health needs given the limited resources.
 - Competing medical priorities.
 - Fears related to the complexity of providing antiretroviral therapy and a lack of relevant guidelines.



Direction and magnitude of change in accepting attitudes towards people living with HIV among people aged 15–49





Humanitarian requirements for the Horn of Africa drought, 2011

	Djibouti	Ethiopia	Kenya	Somalia
Total funding requirement (US\$)	1 062 510 067	644 568 098	740 700 000	1 062 510 067
Health and nutrition funding requirement (US\$)	7 672 500	31 360 739	16 696 699	80 078 772
Funding requirement for HIV-specific projects (US\$)	0	0	0	88 000 Female genital mutilation-HIV link under protection

Donors and humanitarian actors do not adequately prioritize HIV in emergency responses, since HIV is generally subsumed under other health concerns or considered a development issue.



CLOSING THE GAP

HOW TO CLOSE THE GAP

- 01 Reform punitive laws and policies
- 02 Ensure access to treatment
- 03 Address stigma and discrimination
- O4 Integrate HIV into national disaster preparedness and response plans

