

PRESS RELEASE

UNAIDS warns of worsening conditions for internally displaced people in Central African Republic

Under-Secretary-General of the United Nations Michel Sidibé and high-level delegation visit IDP sites

GENEVA/BANGUI, 20 February 2014—The Executive Director of UNAIDS Michel Sidibé has witnessed the desperate conditions for internally displaced people (IDP) in the Central African Republic. He flew to Bossangoa in the northwest part of the country on 20 February with Under-Secretary-General of the United Nations and Emergency Relief Coordinator Valerie Amos and other senior high-level officials.

Bossangoa has suffered a wave of sectarian violence and the city which once had some 50 000 residents is now nearly empty as people have left their homes to escape the violence between Muslims and Christians. Now most of the city's former residents live in two separate sites—one for Muslims and the other for Christians.

The delegation visited both IDP sites and Mr Sidibé spoke with Christians and Muslims and met with religious leaders from both faiths. Several attempts by religious leaders have so far failed to bring about reconciliation and people are refusing to return home out of fear of further violence.

“The human suffering and misery must end,” said Mr Sidibé. “We must ensure the existence of minimum security conditions so that people can return to their homes without fear of violence.”

“We are calling for security and protection. We don't want to leave the Central African Republic and flee to Chad. This is where we have our families and our life,” said the Imam of the Boro district of Bossangoa, Ismaël Naffi.

Life at the IDP sites is hard. While numbers fluctuate, it is estimated about 36 000 Christians are on the grounds of the Catholic mission of Saint Antoine de Padoue—and about 1 200 Muslims are living in a school called “Liberté”. Conditions are very difficult with food, clean water, medical care and proper sanitation in short supply. The coming rainy season is likely to worsen conditions.

“We are speaking in the name of all the people who are still living in abandoned sites and don't have any recourse,” said the Archbishop of Bangui, Monsignor Dieudonne Nzapalainga. We are asking that a solution is found on the international level so that security returns...so that cohesion returns and each one of us can rebuild this country that we all love.”

According to latest UN reports the unrelenting violence has forced around 700 000 people to flee their homes searching for safety within the country's borders and many others have crossed the borders into neighbouring countries. There are growing food shortages and increasing numbers of displaced people with acute nutrition needs are arriving in the capital city of Bangui. Life-saving medical and health care services are needed in the most affected areas

including essential medicines, laboratory supplies, safe blood and medicines to prevent outbreaks of infectious diseases.

There is also growing concern over the safety of women and girls as there are an alarming number of reports of sexual attacks in IDP sites.

“It is intolerable that violence stalks women and girls as they try to rebuild their lives in temporary homes,” said Mr Sidibé. “It is already traumatic to be up-rooted by warring militias from familiar communities, and so IDP centres must provide true safe havens for women and girls.”

At the moment there are limited funds for gender-based violence emergency-response efforts and few IDP sites offer adequate medical and psychosocial response services to survivors of violence.

Prior to the start of the current crisis, the country was already struggling with its AIDS response and the ongoing violence is making the situation even more difficult. According to the country’s authorities 125 000 people were living with HIV in 2012, of whom 15 000 were receiving antiretroviral therapy. Since the violence began, two-thirds of people living with HIV on treatment have fled their homes and are no longer able to access the medicines and care they need. There is growing concern that the interruption in treatment will cause a resistance to the life-saving drugs, making future care difficult.

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