

# Addressing HIV in the Context of Resettlement in Nepal

## Context

Over 104,000 refugees from Bhutan were residing in seven camps in Eastern Nepal. This is a protracted refugee situation with the first refugees arriving in 1992. A large-scale programme of resettlement to third countries was launched in October 2007 making this one of the largest resettlement operations globally within UNHCR. As a component of the pre-resettlement medical examination a number of countries require HIV testing before departure.



UNHCR and the International Organization for Migration (IOM) established mechanisms to ensure that HIV infection identified during the resettlement process is handled appropriately with particular emphasis on maintaining confidentiality and timely referral of persons for further health and psychosocial support.

## HIV Situation in Refugees in Nepal

Nepal is classified as having a concentrated HIV epidemic with low HIV prevalence in the general population and infection concentrated in most at risk

populations such as sex workers, injecting drug users (IDUs) and men who have sex with men (MSM). The estimated HIV prevalence in adults aged 15-49 years is 0.49%. The HIV prevalence in the refugee population is very low. IOM has tested all refugees aged over 15 years that are resettling to countries requiring HIV testing. Between December 2007 and December 2008, there have been 4 confirmed cases out of the 9461 refugees tested (prevalence of 0.04%).

Refugees are not mentioned in Nepal's National HIV Strategic Plan 2006-2011. In the first National HIV and AIDS Action Plan 2008-2011 reference is made to the many humanitarian situations that Nepal faces (both man-made and natural), however only in reference to HIV prevention and it does not include access to treatment.

## Actions for Change

Six<sup>1</sup> countries<sup>2</sup> require HIV testing as a component of the pre-resettlement medical examination. In the context of resettlement UNHCR has protection related concerns relating to the requirement to test, the testing process itself and rejection on the basis of HIV status.<sup>3</sup>

1 Australia, UK, USA, Canada, New Zealand and Denmark

2 The United States dropped their requirement for HIV testing prior to immigration or resettlement effective January 2010.

3 The only country that rejects refugees on the basis of HIV (as well as other significant health conditions or disabilities) is Australia; all other countries that require testing accept persons living with HIV (though New Zealand and Denmark have an annual quota)



Most resettlement applicants undergo HIV testing not because they want to know their HIV status but because it is a requirement of the medical examination<sup>4</sup>. As a result, many are not prepared for a positive result and if not adequately supported in this process, serious consequences may result. For example, problems arise when proper notification of a refugee living with HIV does not occur or confidentiality is broken. There is also a need to ensure care, treatment and psychosocial support pending resettlement or after rejection. There are numerous psychological and social impacts experienced by refugees prior to and during the resettlement process; however, these impacts are further affected when HIV is added to this equation.

UNHCR and IOM have developed a Joint Statement on HIV Testing in the Context of Resettlement which urges that HIV testing:

- Be implemented under the conditions of the three C's: informed Consent, Confidentiality and Counselling.
- Not prejudice the right to seek asylum and the provision of resettlement as a durable solution
- Involve adequate resources and quality assurance, including appropriate pre and post test counselling<sup>5</sup>

As a result it is recommended that all resettlement countries that require HIV testing prior to resettlement should have guidelines on HIV testing and counselling in place that call for international standards to be applied and ensure that their application is monitored.

A key area of concern is the need to respect an individual's right to privacy and to confidentiality of all information relating to his or her HIV status. Procedural safeguards should be put in place to ensure that HIV test results are kept

<sup>4</sup> See also UNHCR/WHO/UNAIDS Policy Statement on HIV Testing and Counselling in Health Facilities for refugees, internally displaced persons and other persons of Concern to UNHCR, 2009.

<sup>5</sup> 2006, UNHCR, UNAIDS, IOM – Joint Statement on HIV Testing in the context of resettlement

confidential and are only shared with 3rd parties, including family members, implementing partners and UNHCR staff, *after having obtaining the informed consent of the concerned individual.*<sup>6</sup>

### **Interventions and Positive Outcomes**

With the above in mind, considerable work has been done by UNHCR in Nepal along with the physicians in charge of screening of health status for resettlement, to establish mechanisms to address HIV within the context of resettlement and to ensure timely and appropriate referral for health and psychosocial support.

### **Counseling, testing and support**

- When a new HIV positive refugee is identified during the resettlement process, the IOM Physician counsels the refugee and seeks his/her consent to inform the health NGO, Association of Medical Doctors of Asia for follow up or to give the refugee the option of presenting him/herself to the already established voluntary counseling and testing (VCT) centres in the refugee camp.
- Refugees are counseled by the physician on what a positive HIV outcome will mean for their resettlement prospects. This reassurance is important as in most cases HIV status does not affect resettlement prospects, yet many refugees are naturally concerned about this issue.
- Refugees found to be HIV positive during the resettlement process know that they can receive ongoing support and counseling in the refugee camp VCT centres as the resettlement process is long.
- The VCT centre in the camps arranges adequate referral for medical care including antiretroviral treatment if needed.

### **Conclusions**

When HIV testing is conducted as part of the resettlement process, human rights should be respected and international HIV counseling and testing standards should be met. These standards include adequate pre- and post-test counseling, proper (private and confidential) notification of test results, referral for medical care, and psychosocial support and other follow up in a language understood by the applicant.

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6 See UNHCR's Confidentiality Guidelines of August 2001 (IOM/71/2001-FOM/68/2001) and UNHCR Note on HIV/AIDS and the Protection of Refugees, IDPs and other Persons of Concern, IOM 30/2006 / FOM 30/2006 of 5 April 2006.