

# Refugees and HIV

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# Disclosure

- I have nothing to disclose

# Objectives

- Recognize the difference between a refugee, asylum seeker and internally displaced person
- Discuss the gravity of the refugee situation in the world today
- Discuss refugee vulnerability to HIV
- Identify what limits the optimization of care of HIV+ refugees in the US

# Who is a Refugee?

- A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence.
- A refugee has a **well-founded fear of persecution** for reasons of **race, religion, nationality, political opinion or membership in a particular social group.**
- Most likely, they cannot return home or are afraid to do so.
- War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.

# What is an Asylum Seeker?

- When people flee their own country and seek sanctuary in another country, they apply for asylum – the right to be recognized as a refugee and receive legal protection and material assistance.
- An asylum seeker must demonstrate that his or her fear of persecution in his or her home country is well-founded.

# What is an Internally Displaced Person?

- An internally displaced person (IDP) is a person who has been forced to flee his or her home for the same reason as a refugee, but remains in his or her own country and has not crossed an international border.
- Unlike refugees, IDPs are not protected by international law or eligible to receive many types of aid.
- As the nature of war has changed in the last few decades, with more and more internal conflicts replacing wars among countries, the number of IDPs has increased significantly.

# International Refugee Law

- The **1951 Geneva Convention** for Refugees is the main international instrument of refugee law.
- The Convention clearly spells out who a refugee is and the kind of legal protection, other assistance and social rights he or she should receive from the countries who have signed the document.
- The Convention also defines a refugee's obligations to host governments and certain categories or people, such as war criminals, who do not qualify for refugee status.
- The Convention was limited to protecting mainly European refugees in the aftermath of World War II, but another document, **the 1967 Protocol**, expanded the scope of the Convention as the problem of displacement spread around the world.

# Refugee Facts

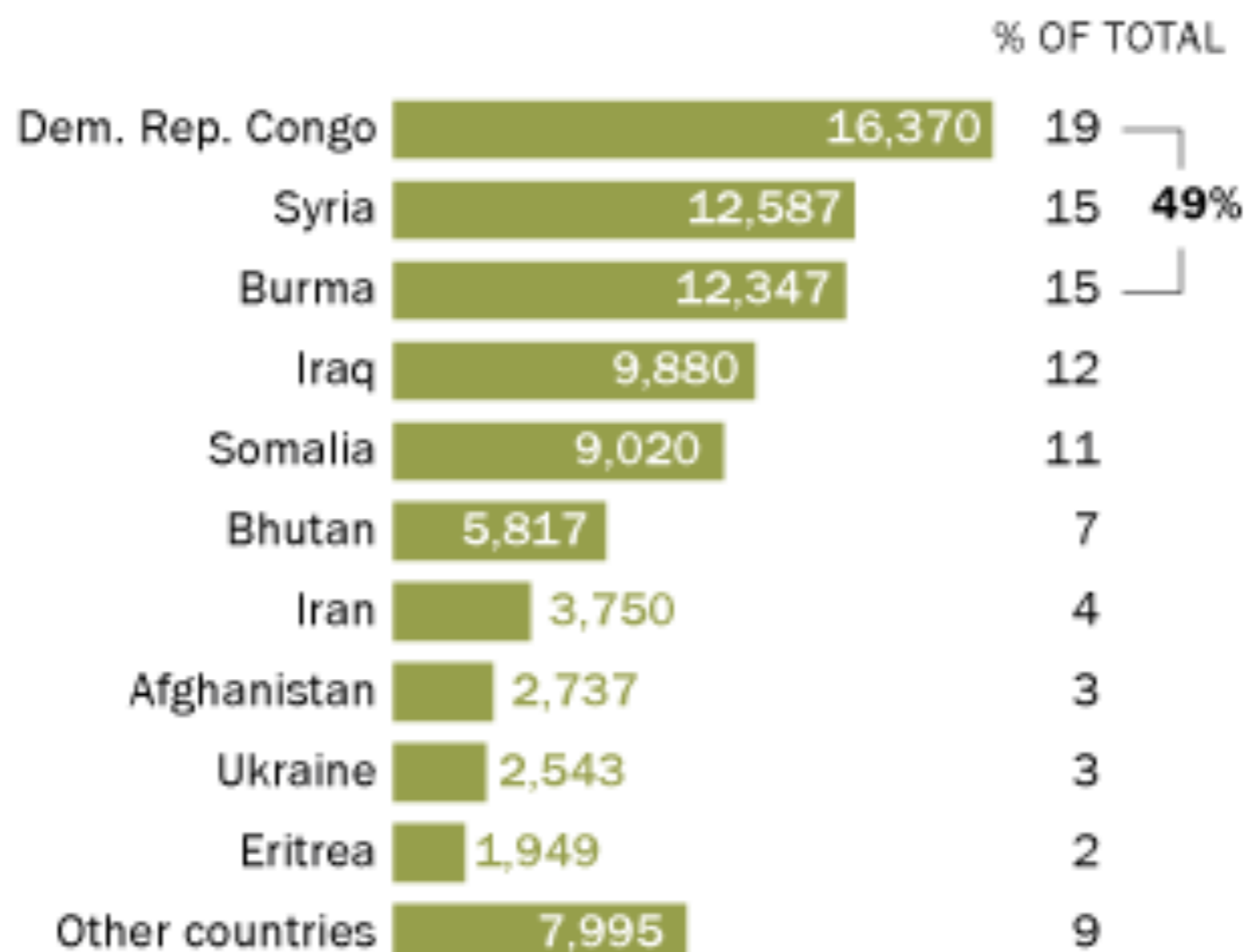
- **65.5 Million People** were living displaced in 2016
  - 22.5 Million Refugees (SYRIA, AFGHANISTAN, SOMALIA)
  - 2.8 Million Asylum Seekers
  - 40.3 Million Displaced (COLUMBIA, SYRIA, IRAQ)
- **1 in every 113** people on the planet
- 1 person every 3 seconds
- 51% of refugees are **CHILDREN** (almost 100,000 were alone)



# Refugee Facts

- Protracted Exile, Extreme Poverty, Hopelessness
- >3,500 deaths in the Mediterranean in 2015
- 17 years - 26 years
- <1%
- Fear and Suspicion

*Number of refugees entering the U.S. in fiscal 2016, by origin country*



Note: Data do not include special immigrant visas and certain humanitarian parole entrants.

Source: U.S. State Department's Refugee Processing Center accessed Oct. 3, 2016.

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# The Democratic Republic of Congo

- War and conflict since 1996
- Over 7 million killed
- Mass displacement, especially in Eastern part of DRC
- Rape as a weapon of war, HIV cheaper than bullets
- HIV prevalence rates in Eastern DRC (1.9%) is significantly higher than the rest of the country (1.3%)

Population: 79, 723,000

Number of IDPs: 2,230,000

New Displacements (2016): 922,000

Refugees: 517,000



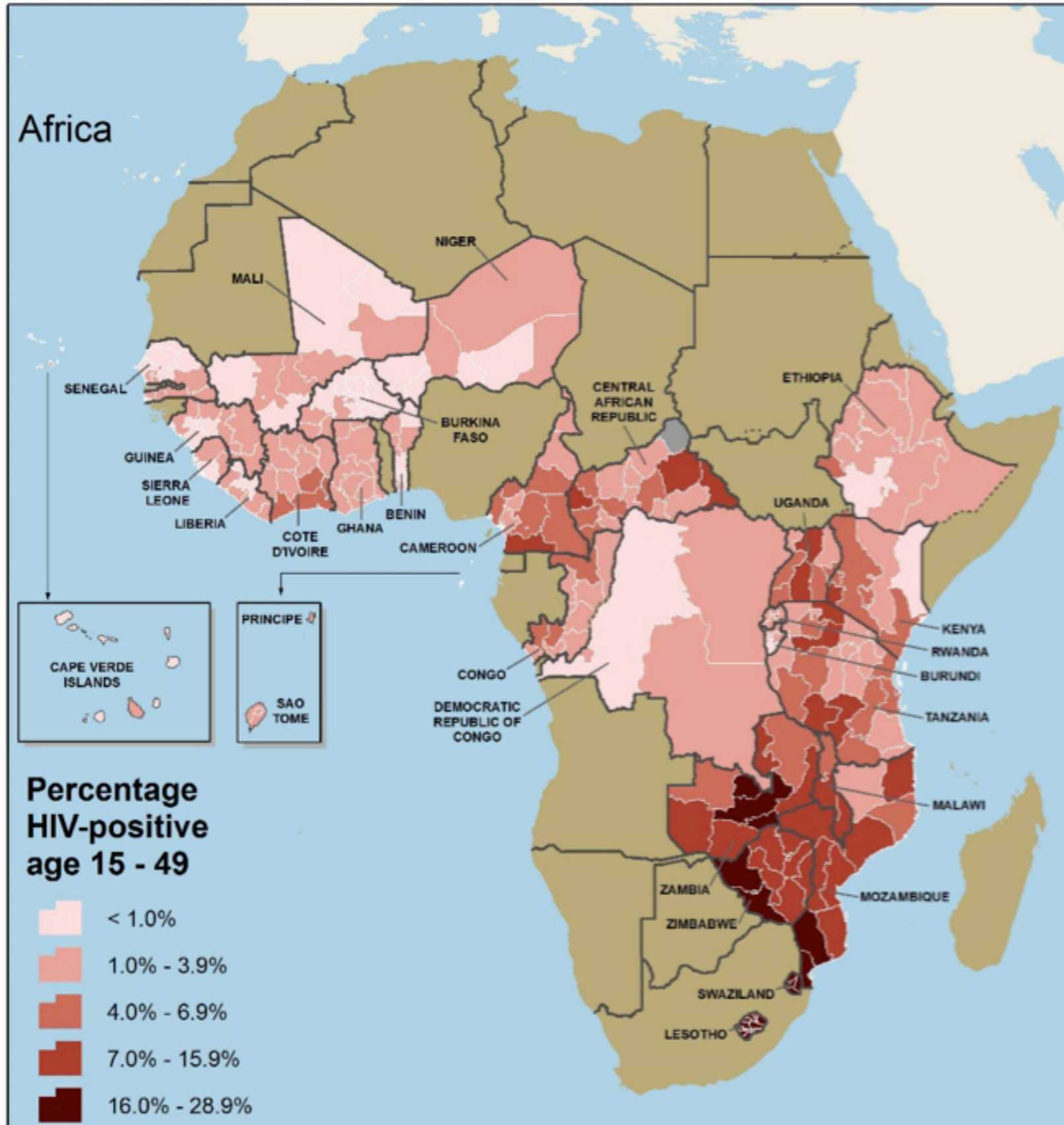
# Rape

- 433,785 in one year period/48/12%
- weapon of war
- fistula
- infections
- pregnancy
- under-reported



# Sub-National HIV Prevalence - 2012

Percent of women and men age 15-49 who are HIV-positive



Source: The Demographic and Health Surveys (DHS) Program. June 2012. ICF International. Rockville, MD, USA.



# Refugees and HIV

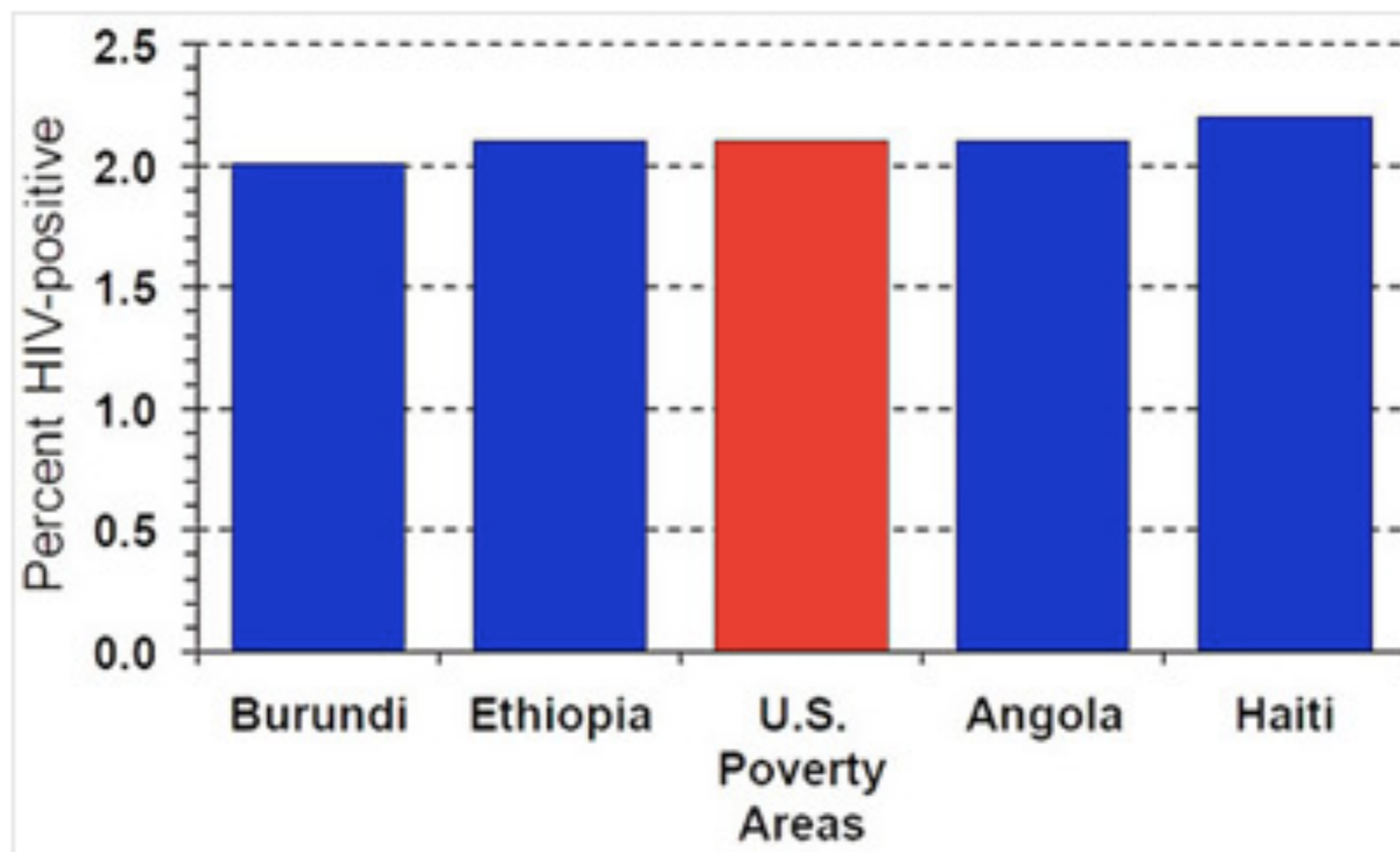
- Rape as a weapon of war
- Limited protection of women and children
- Forced migration and vulnerability during travels
- Reliance on rationed food, money, clothes, and housing
- Poor education of children
- Often go from an area of low-HIV prevalence to high-HIV prevalence
- Lack of testing and treatment options
- Balance between self-care and the care of family
- The cost of treatment (transportation, stigma, 'compliance')

# Limitations to Care in the US

- Poverty
- Lack of English Language Skills
- Interpreters
- Cultural Differences
- Lack of Education
- Lack of Transportation
- Stigma in the Community

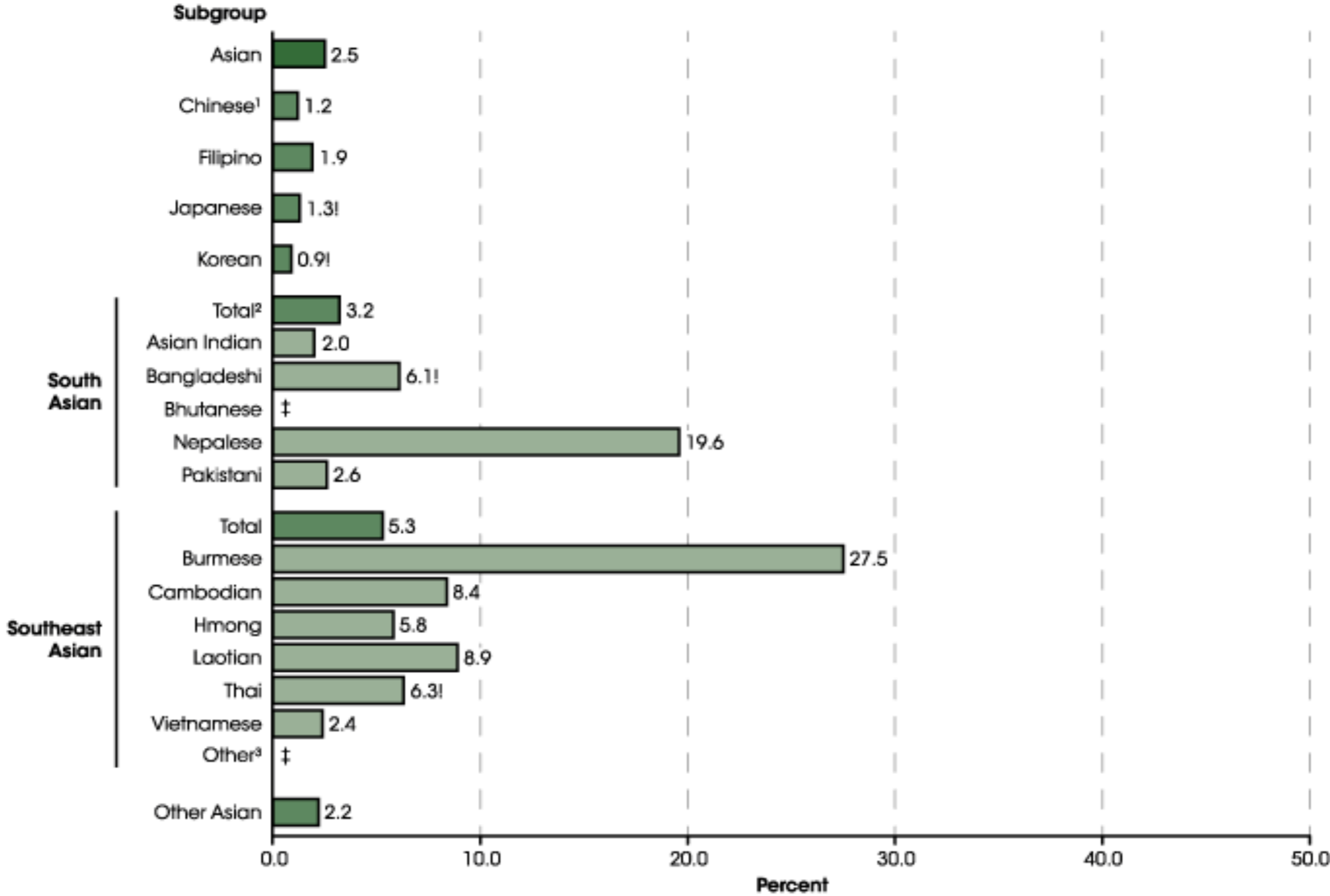


## HIV Prevalence Rate, by Country



Data Sources: NHBS-HET-1 2006–2007 and UNAIDS HIV Estimates 2007.<sup>1</sup>

Figure 6. Status dropout rates of 16- to 24-year-olds, by selected Asian subgroups: 2014



# Take-Home Points

- Refugees overseas are vulnerable to the acquisition of HIV due to war, migration and poverty
- Due to the effects of poverty and decreased human agency, refugees are vulnerable to poor-treatment outcomes
- Structural changes and more intensive social interventions need to be made in order to provide optimal HIV care to HIV+ refugees in the US and to decrease the risk of future infection for those who are HIV-

# Questions?

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