



Refugee Law Project

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World AIDS Day 2024 Statement

Addressing the Intersectionality of Conflict, Displacement, and HIV-Health Inequalities

On this World AIDS Day, the Refugee Law Project joins the global community in reaffirming its commitment to tackling HIV as a critical rights issue under the theme Take the **rights** path. This year's theme underscores the need to amplify the voices of those who remain disproportionately impacted by HIV, particularly refugees and survivors of conflict-related sexual violence (CRSV) and their families who are affected and those living with HIV. Placing human rights at the centre, with communities in the lead, we can end AIDS as a public health threat by 2030.

Uganda is home to 1.74 million refugees (UNHCR, September 2024) making it the third-largest refugee population in the world and the largest in sub-Saharan Africa. Ugandan Refugee Settlements house refugees and asylum seekers mostly from **South Sudan, Democratic Republic of Congo,** and Burundi. Nearly 81 percent of the asylum seekers and refugees are women and children who co-exist with the communities that host them. Conflict and displacement make women and children, particularly girls, disproportionately vulnerable to HIV. The prevalence of HIV among people aged 15 years and older living in Ugandan Refugee Settlements stands at 1.5 percent (CDC, 2021). This rate is lower compared to the 5.8 percent prevalence rate for Uganda's general population.

While the prevalence rate is low among refugees in the Settlements, we continue to see predisposing factors among the refugee population in urban and in the Settlements. We continue to witness profound intersection between conflict, displacement, and health vulnerabilities, especially regarding HIV.

Key among them is the high rate of Gender Based Violence within the Settlements. Behaviours such as having a high number of sexual partners, drugs abuses or excessive alcohol consumption, and reluctance to seek medical care for sexually transmitted infections remain common within the Settlements and highly predispose refugees to HIV. The risk of acquiring HIV is higher among women and girls who have been exposed to violence than those who have not.

Violence against women is an obstacle to prevention efforts: it often inhibits women from getting tested and limits their access to prevention and treatment. In addition to curtailing health-seeking behaviours, it also prevents them from making informed decisions about their health and their future.

In any case, victims or survivors of violence are afraid or unable to negotiate condom use.

Sexual violence in conflict settings continues to be a grim reality, leaving survivors not only physically and emotionally scarred but also at heightened risk of HIV. Survivors often grapple with long-term consequences of sexual violence, including stigma and limited access to post-exposure prophylaxis (PEP) or other critical interventions during and after displacement. Survivors of CRSV who contract HIV endure a dual burden—psychological and physical trauma from their abuse and the stigmatization and health challenges associated with HIV. RLP findings indicate that 60% of refugees and host communities screened for war-related experiences have faced one or more mental health issues. This exacerbates domestic violence and the psychological, psychosexual, and psychosocial challenges faced by refugee households. Additionally, alongside the traumatic experiences of displacement, both refugees and hosts struggle to secure sustainable livelihoods due to reduced funding to humanitarian and development organizations. This double trauma hinders their ability to rebuild their lives, especially in resource-scarce settings. As a result, many are forced to navigate the emotional and physical burden of living with HIV while dealing with the psychosocial impacts of sexual violence, such as shame, isolation, and broken trust with limited or no support at all.

Refugees, whether in the Settlements or urban areas, face unique vulnerabilities to HIV. Overcrowding, inadequate access to information, and limited autonomy in Settlements can lead to higher rates of transactional sex and unprotected encounters. Clients in Kampala, for example, tell stories of how they are left with no choice but engage in transactional sex in order to survive.

Now is the time to have a conversation on sustainable livelihoods of urban refugees in a bid to ensure their health and protection.



The risk of acquiring HIV is higher among women and girls who have been exposed to violence than those who have not. Violence against women is an obstacle to prevention efforts

Despite Uganda's commendable efforts to provide healthcare services to refugees, gaps remain in ensuring comprehensive HIV care services provision that takes into account the unique circumstances of refugees especially the survivors of conflict related violence. RLP with support from the Dutch Embassy is training Doctors to be more aware of these unique burdens of sexual violence in conflict and how clients carry these with them and which often goes unrecognised. Through the Gender and Sexuality programme, RLP has over the years supported clients of CRSV comprehensive medical repair and rehabilitation including linking them to HIV care and treatment.

Our multi survival approach and support groups have improved disclosure and addressed stigma which liberates individuals and their communities to talk about their health issues and seek health services that benefit them. There is however need to have the participation of the refugee voice and the support groups in the greater HIV community in the country and internationally. This would ensure that their issues become subject matters of discussions and decision-making by policy makers. HIV is not just a health issue. HIV touches on all aspects of life—in this sense it is a social, cultural, political, economic, rights, health and development issue. Community collective actions

are fundamental to combatting stigma, discrimination and raising awareness of HIV as a human rights issue, and for delivering programmes for prevention, treatment, care and support.

Over the past year, there has been a reduction in global and national funding for the migration sector which directly impacts the livelihoods of refugees living with HIV. Many are unable to access critical prevention tools, proper nutrition, consistent ART, and psychosocial support, threatening to reverse progress in combating HIV among the refugees.

Call to Action

To address these challenges, the Refugee Law Project calls on stakeholders—national and local governments, donors, humanitarian actors, and civil society—to:

- Expand Access to Comprehensive Healthcare for refugees: This should not only ensure access to equitable access to HIV testing, treatment, and prevention services, but it should include mental health and intentional services to address conflict related sexual violence.
- Advocate for and towards towards sustained and increased funding for refugee-specific HIV programs to address their unique needs effectively.
- Enhance Community Engagement: Work with refugee communities to promote awareness, reduce stigma, and build trust in health services.
- Strengthen Legal Protections: Ensure that refugees and CRSV survivors living with HIV are protected under Uganda's laws and policies, reaffirming their right to health and dignity.

