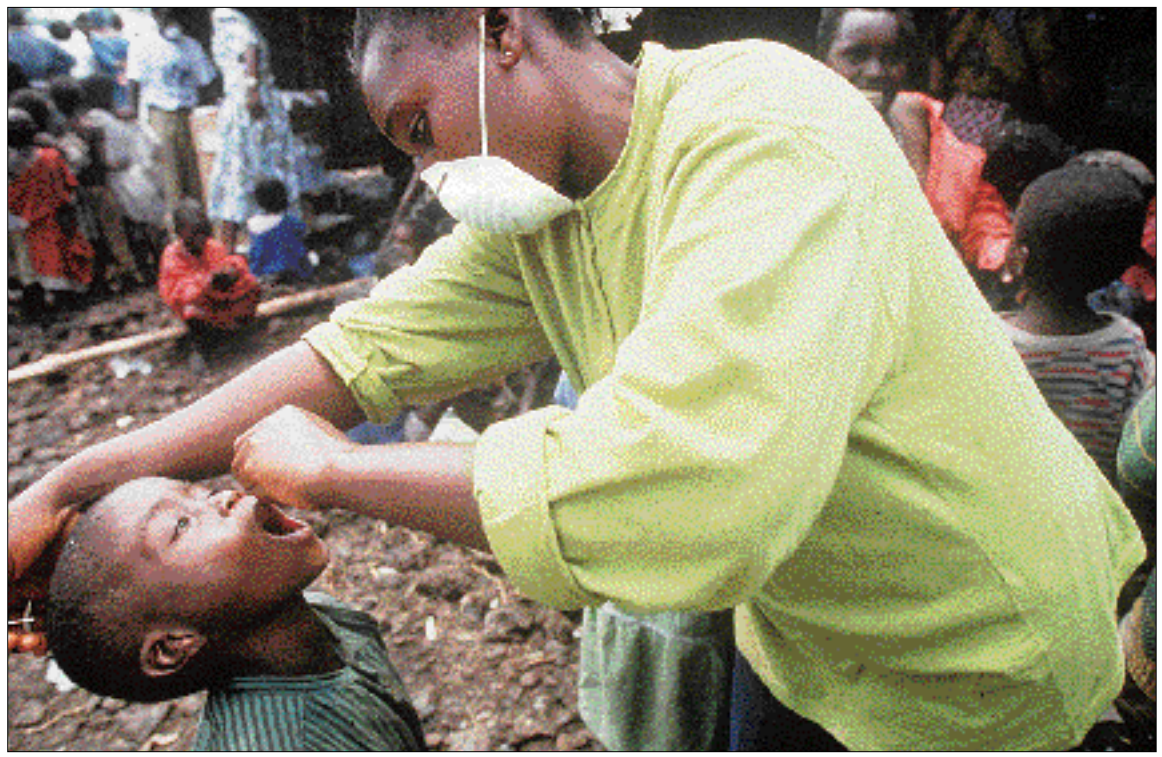

A child receives vitamin A therapy in a refugee camp in Rwanda. Basic health services for refugees must include HIV prevention counselling.

UNHCR/B. Press/021994

agencies and their operational partners ensure that four basic interventions take place in every refugee camp – access to information and skills, access to condoms, screening of all donated blood, and observance of universal medical precautions.

Providing treatment can be more problematic, he says, because "we try not to antagonise the national AIDS control programmes....But community support and food are an integral part of health care for refugees, and that's what all our operational partners are doing."

When infrastructures collapse

Idrissa Sow, WHO's Geneva-based head of Emergency Humanitarian Action for Africa, describes the early stages of a complex emergency at the level of basic health infrastructure. "We find that we have to deal with HIV/AIDS, because local health systems have collapsed and regular programmes are completely without funding," he says. "All prevention efforts are gone. The health personnel have either left the country, or they're dead. This is the kind of challenge we deal with on a daily basis."

Sow says the first order of business in a complex emergency is to re-establish a minimum range of health services. HIV prevention is often seen as a secondary concern. "People may say the first priority is shelter, nutrition, and minimum health, and we can deal with HIV/AIDS later. But in my view, we can't do that."

Judge Michael Kirby of Australia, president of the International Commission of Jurists, paid special attention to HIV/AIDS prevention efforts when he served as the UN Special Representative in Cambodia from 1993 to 1996.

"Asian societies can teach Western societies that issues of human rights are not just what happens at police stations and in prisons, but what happens in hospitals, in schools, and in the fields," he says. "Countries that have suffered so much, like human beings who have suffered so much, tend to go into denial."

In Cambodia, UN efforts to spread HIV/AIDS information through public posters and educational campaigns "ran into the same kind of resistance one sees in every society, based on cultural and religious attitudes of modesty, chastity, and denial," Kirby recalls. After the dislocation of war and genocide, "it may be very difficult to get the messages through. The communication infrastructure may have broken down, or may be controlled and selective in its outlets, and the recipients of the information may be extremely suspicious of the official information they receive.

With refugees, as with the general population, "the most effective way to prevent the spread of HIV/AIDS is to protect the people who are...most at risk," he stresses.

Refugee camps are places where "even the rudimentary means of self-protection may be unavailable," Kirby adds. "In that sense, refugee camps may replicate – but at a much more aggravated level – the problems we see in prisons in Western societies. This places added obligations on the UN and aid agencies to ensure that condoms, cleaning bleach, and educational materials are provided."

"Adopting punitive measures and looking at the question on a macro level turn out to be ineffective, and likely counterproductive," Kirby continues. Rather than attempting to punish or isolate refugees based on their serostatus, "the strategy should be aimed at behaviour modification in a way that protects people at risk."

Migrating South to North: 'the belly of the beast'

Migrants are confronted with an entirely different set of problems if they reach the countries of the industrialised North, where the immediate crisis of war may be replaced by the grinding, day-to-day challenge of exclusion and stigmatisation.

"When the issue of immigrants is raised, people ask what it has to do with bridging the gap," notes Reda Sadki, Paris-based executive director of Migrants contre la sida (MAHA). "But we're part of the Third World, even if we live in the belly of the beast, in the rich North." He says immigrants face denial of health care, structural discrimination, and racist violence that "closely resemble the conditions...people living in the South."

"The fundamental cause of HIV vulnerability is that the health care system is designed to keep out Third World people," Sadki adds. "Almost every country in the rich North denies access to care to people who have been designated as illegal or undocumented, including people with HIV/AIDS." At the most basic level, he charges that a person with a black or brown face is far more likely to be asked for his or her citizenship papers upon entering a hospital in the North for treatment.

"That's the starting point in a long chain of discrimination, violations, abuses, and denial of treatment, the most extreme form of which is deportation," Sadki says.

Statistics are hard to gather, in part because government statistics overlook the existence of immigrant communities. During the *12th World AIDS Conference,* MAHA circulated a questionnaire aimed at gathering "practical, country-by-country information" immigration controls and HIV/AIDS. "Our demand is for access based on need, not status – be it immigration status or economic status."