

Refugee Newsletter



UNHCR/Earp-Jones

Somali refugees in New Zealand. Good settlement services can help refugees integrate.

From the Regional Representative

In the five months since I took the role of Regional Representative, I have been reflecting on the protection climate and UNHCR's work in the Australasian and Pacific region, including Papua New Guinea.

The tragic events in Iraq and Afghanistan that we see on our televisions may seem far removed from the relative tranquility of our region. And yet, even here we see reverberations and examples of a more restrictive environment for refugee protection.

In South-east Asia, many UNHCR staff play a significant 'front line' role to protect refugees in countries which have not acceded to the Refugee Convention but which host quite large numbers of people needing protection. Most of these states have little or no legal and regulatory framework to protect refugees and UNHCR's long-term objective is for them to assume this responsibility for themselves. In the meantime, and because of the uneven quality of protection available to refugees in South-east Asia, it is likely and, indeed, understandable that many genuine asylum-seekers will try to get to Australia and New Zealand – where the quality of 'on-shore' refugee protection is highly regarded.

Clearly, states have a responsibility to protect sovereign borders from the twin scourges of global terrorism and transnational crime. Australia and New Zealand are investing significant time and resources to combat people-smuggling and human trafficking and to prevent the movement of all forms of 'unauthorised' migration across international borders.

Whilst UNHCR generally supports efforts to deal with the criminal side of people-smuggling and border control, we must not overlook the plight of the victims themselves. Many refugees have no choice but to put their lives, and often entire family savings, into the hands of people smugglers to escape from persecution and serious violations of human rights. What governments call 'irregular' or 'unauthorised' travel is an inevitable part of much of the refugee 'experience' for people who cannot use normal migration channels.

If we are to address the complex problems of forced displacement and movements of people through the region, UNHCR is convinced that we need multilateral initiatives that place the protection of refugees as the paramount consideration. We are encouraging an approach where the burden on states to protect refugees is shared fairly and not deflected from one border to another.

Of course, the plight of asylum-seekers, particularly those travelling by boat, is not a phenomenon confined to this region. Every year tens of thousands of desperate people from sub-Saharan Africa try to cross to Europe and many lose their lives to storms, piracy or dilapidated boats. We need to ensure responses by states remain within the letter and humanitarian spirit of the Refugee Convention.

In relation to Australia, UNHCR has longstanding concerns about the policy of 'off-shore processing centres' (OPC) for

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Introducing Richard Towle

Richard Towle took up the post as UNHCR Regional Representative for Australia, New Zealand, Papua New Guinea and the South Pacific on 22 March 2007.

Richard is a New Zealander who joined UNHCR in Hong Kong in the early 1990s when he worked in a variety of capacities with the Vietnamese boat people, then moved to the London office of UNHCR. He has since held various senior legal roles in the Department of International Protection at UNHCR headquarters in Geneva and has been involved in the UNHCR development of policies and operations relating to human rights, internally displaced persons and asylum-migration issues. His other UN experience includes a role as Chief of Mission for the United Nations High Commissioner for Human Rights in Belgrade, Yugoslavia, from 2001 to 2003.

More recently, Richard was a Member of the New Zealand Refugee Status Appeal Authority, during a temporary absence from UNHCR. Prior to joining the UN, he was a Deputy Chair of the Hong Kong Refugee Status Review Board, after working as a lawyer in New Zealand specialising in refugee and human rights issues.



New Regional Representative Richard Towle.



Regional Representative Richard Towle with displaced people in Sudan.

asylum-seekers who have tried to enter Australia by boat without a visa. Notwithstanding, we hope that even within the constraints of the current policy a number of improvements can be made to the refugee status determination process, including access to state-funded legal representation and an independent review for unsuccessful claimants.

At the end of July, I visited the OPC facility on Nauru and met with senior Government officials and donors at a roundtable meeting on the island state's sustainable future. Overall, I was impressed with the physical conditions and range of health and other services provided by IOM to asylum-seekers. However, it was also clear that many of these young men are suffering deeply from isolation and separation from their families and that any underlying psychological trauma caused by events in their home countries can only be exacerbated by a protracted and uncertain future on Nauru. We are concerned that their refugee claims be resolved quickly and that their time on Nauru is kept to an absolute minimum.

UNHCR enjoys and appreciates a good level of dialogue with government ministers and senior officials in the New Zealand Department of Labour (DOL) and

the Australian Department of Immigration and Citizenship (DIAC), which allows for a fruitful and frank exchange of views on domestic and regional refugee issues.

I have been impressed by the level of commitment and professionalism of Australian and New Zealand non-governmental and community organisations working on refugee issues, from legal advocates to those who provide a wide range of services to refugees and 'on-shore' asylum seekers. UNHCR would like to explore ways to strengthen its contacts with these groups, as well as with judges and the academic community.

In New Zealand, the Government has just tabled an Immigration Bill that will substantially revamp the present tribunal structure, including the merger of the Refugee Status Appeal Authority with several other immigration tribunals. The Bill also provides a wider remit to consider New Zealand's protection responsibilities beyond the Refugee Convention, including the Convention against Torture. UNHCR generally supports the move to streamline the tribunal process and a wider form of 'complementary' protection, provided it does not lead to any dilution of the core Refugee Convention standards and builds upon the excellent record of the RSAA.

Both Australia and New Zealand have generous off-shore resettlement

programmes and UNHCR will continue to work very closely with both Governments to identify, on an annual basis, the most vulnerable refugees around the world for whom resettlement is the only viable option.

Recently, we have noticed a trend among resettlement countries to introduce selection criteria based on perceived national interests, such as the 'integration potential' of refugees, rather than their protection needs. This question was raised in June during the Annual Tripartite Consultations on Resettlement in Geneva and is an issue UNHCR is discussing with the governments in both Australia and New Zealand. We understand their concerns that migrants should be able to integrate and contribute to society in both countries but believe that, in the case of refugees, this can be achieved by providing sound settlement services post-arrival rather than being a central

component of a pre-arrival selection process – which must still focus on the protection of people most in need.

In Papua New Guinea, UNHCR is developing a three-year strategy for 2007-2010 to address the main protection challenges. We will hold a stakeholder consultation with development partners later this year with a view to integrating 10,000 Papuan refugees from Indonesia into a broader development pathway. We also hope to make further progress on the regularisation of their legal status and provide them with the means to earn a living on a more sustainable basis. UNHCR will also work with the Government of PNG to create the legal framework and capacity of officials to deal with the relatively few asylum-seekers who come to PNG.

In the Pacific, which covers a vast geographical region, UNHCR covers a further 12 countries, each with different

capacities to cope with refugees. Although the number of asylum-seekers is likely to remain small, these island states have limited capacity and resources to manage them. I hope that over the next few years, UNHCR can support these Pacific Island states to put in place modest but practical procedures to deal with these refugee cases in a cost-effective way while meeting international protection standards.

All of this short *tour d'horizon* shows that we have many challenges ahead. UNHCR has a small but dedicated team based in Canberra and Port Moresby and I am confident that, in partnership with many committed people and organisations, we can make a positive difference to the lives of refugees who ask for protection in this part of the world.

**Richard Towle,
Regional Representative**

New contact details for UNHCR Canberra

The regional office of UNHCR in Canberra has moved to new premises in Lyons, near the Woden town centre and just a ten minute walk from the Woden Bus Interchange.

We regret we could not carry over our previous phone numbers and advise the new contact details are:

Phone: 61 (0)2 6260 3411

Fax: 61 (0)2 6260 3477

**Address: 3 Lyons Place,
Lyons, ACT 2606, Australia**

Individual emails remain the same and the general office email is aulca@unhcr.org



The new UNHCR office at 3 Lyons Place, Lyons.

UNHCR/A. Donato

Review of the New Zealand Immigration Act 1987

By Ellen Hansen, Senior Protection Officer

On 8 August, the New Zealand Government tabled the Immigration Bill to amend the *Immigration Act 1987*, following a comprehensive review of the Act started in May 2005.

The primary objective of reforming the immigration legislation was to *establish a stronger, more flexible, and enduring legislative foundation for New Zealand's immigration system. The stated purpose of the Bill is to manage immigration, through balancing the rights of the individual and the national interest as determined by the Crown* and, in doing so, to support the New Zealand workforce; the security of New Zealand; the settlement of migrants, refugees, and protected persons; New Zealand's immigration related international obligations; the integrity of the immigration system; and New Zealand families and national identity (see Explanatory Note to Bill, website reference set out below).

UNHCR appreciated the opportunity to provide comments on the options being canvassed in the review process.

UNHCR particularly welcomes the proposed introduction of a new integrated international refugee and protection determination procedure which codifies in domestic legislation New Zealand's obligations under the *1951 Convention relating to the Status of Refugees, the 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the 1966 International Covenant on Civil and Political Rights*. This is consistent with UNHCR's submission which supported the Government of New Zealand's proposal to implement a broadly comprehensive single procedure protection system in which one central and



Scoop.co.nz/K

NZ Immigration Minister David Cunliffe presenting the new Immigration Act tabled in parliament.

expert authority determined the protection needs of an individual.

UNHCR further supported the proposal that New Zealand's international commitments to protect persons facing torture, arbitrary deprivation of life or cruel, inhuman or degrading treatment or punishment be set out in the legislation; and that claims under the Refugee Convention, the Convention against Torture and the International Covenant on Civil and Political Rights (Articles 6 and 7) be assessed in a single procedure with a single right of appeal.

The new integrated procedure is also consistent with the Executive Committee Conclusion on the Provision on International Protection Including Through Complementary Forms of Protection adopted in 2005 (No. 103(LVI)) which encouraged states to use complementary forms of protection and to consider whether it might be appropriate to establish a comprehensive procedure before a central expert authority making a single decision which allows the assessment of refugee status followed by other international protection need, as a means of assessing all international protection needs without undermining

international protection needs without undermining refugee protection (paras. (i) and (q) of the Conclusion).

The Bill establishes a new Tribunal, the Immigration and Protection Tribunal, to replace the four existing appeals bodies. Existing rights to appeal are maintained and the Bill allows for the Tribunal to consider all grounds for appeal together in a single decision.

The Bill contains a number of other provisions which may impact on refugees and asylum-seekers, and the implementation of which UNHCR will follow with interest, notably with regard to:

- the collection and use of limited biometric, including fingerprints and iris scans, to confirm a person's identity;
- wider powers to use classified information in cases involving refugees, migrants and asylum seekers;
- reviewed detention powers, including to allow detention at the border for up to four hours; to make the maximum period of detention without a warrant four days; to ensure tiered restrictions on longer-term detention; and to provide for legal aid for detainees;
- greater information sharing between Immigration and other departments; and
- simplification of the visa system.

The New Zealand Immigration Bill was tabled in the House of Representatives by Hon. David Cunliffe, Minister of Immigration on 8 August 2007, and may be found at: parliament.nz/en-NZ/PB/Legislation/Bills

Further details on UNHCR's submission on the Review of New Zealand's Immigration ACT 1987, 1 July 2006 may be found at: unhcr.org.nz/subinq

Resettlement issues

Refugee and humanitarian resettlement quotas

Australia's Immigration Minister Kevin Andrews last month announced the regional priorities for the refugee and humanitarian programme for 2007-08.

The programme will be kept at 13,000 places comprising 6,000 places for the offshore refugee category and 7,000 places for the Special Humanitarian Programme and protection visas.

Mr Andrews said the intake from the Africa region will be reduced to 30 percent, while the intake from the Middle East region and the Asia region will increase to around 35 percent each.

According to Mr Andrews, the increased intake of Iraqis from the Middle East follows an UNHCR-convened international conference in April 2007 on the Iraq crisis which 'called on host countries, including those further afield, to continue providing protection, humanitarian assistance and hospitality to Iraqis.'

He also said that the increased intake from Asia is part of the Government's commitment to resettle Burmese refugees in Thailand and Bhutanese refugees in Nepal as part of international efforts to resolve those protracted situations.

In relation to the intake from Africa, Mr Andrews said the intake "reflects an improvement in conditions in some countries and increase in the number of people returning home to their country of origin."

UNHCR has welcomed the maintenance of Australia's refugee resettlement programme at 6,000 places per year, and the additional funding of \$209.2 million for specialist settlement services, announced in the May budget.

"Australia has a very good record of giving protection to some of the world's most vulnerable refugees through its refugee resettlement programme," said UNHCR's Regional Representative Mr Richard Towle.

He said he hoped that compelling protection needs would continue to be the overriding and paramount consideration in the Government's refugee programme, following an announcement by Minister Andrews last month that 'integration potential' questions would be introduced for humanitarian entrants, including refugees.

While UNHCR is yet to see further details of the policy, to be introduced under existing 'public interest' provisions in the Migration Regulations, the agency would be concerned to see more restrictive criteria for the selection of refugees under the resettlement programme.

"The primary purpose of the refugee resettlement programme is to provide protection to refugees on the basis of need, not their capacity to integrate and settle," said Towle.

"Only a tiny fraction (less than 1 percent) of the world's refugees will ever receive a resettlement place in countries like Australia. That's why it's reserved for the most vulnerable, for whom there is no foreseeable prospect of voluntary repatriation and for those who face serious difficulties in their current place of asylum," he said.

Mr Towle emphasised that UNHCR does not use 'integration criteria' when deciding which refugees to refer to resettlement to Australia or New Zealand. Decisions about eligible cases were field-based and took into account key protection concerns.

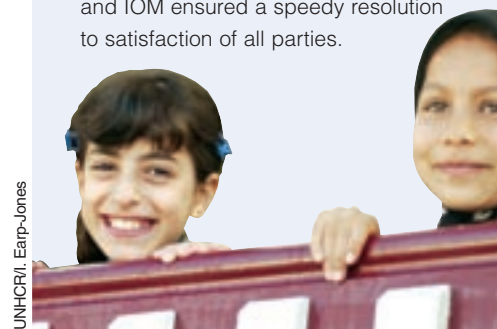
However, the final decisions about the composition of resettlement quotas rested with governments.

At the time of going to press, New Zealand had not yet announced its quota composition for 2007/08. For this period, UNHCR asked New Zealand to consider taking caseloads from East Asia, South Asia, the Middle East, Africa and the Americas.

Emergency rescue provisions working well

UNHCR greatly appreciates the emergency rescue provisions in place with Australia and New Zealand which allow us to remove refugees at extreme risk of danger in asylum countries or *refoulement* very quickly to safety.

Earlier this year, UNHCR, working in partnership with the Department of Immigration and Citizenship, was able to move an extremely vulnerable Iraqi woman from Jordan to Australia in a matter of days from first referral. The case, which met the resettlement criteria of Women at Risk and Survivor of Violence or Torture, was prioritised as an emergency. Emergency cases are generally complex and processing in such limited time is extremely demanding. The close cooperation UNHCR, the Australian Government and IOM ensured a speedy resolution to satisfaction of all parties.



UNHCR/I. Earp-Jones

Concerns about 'integration criteria' aired at global talks in Geneva

Concerns about the rise of integration criteria in government resettlement programmes received an airing at UNHCR's Tripartite Consultations on Resettlement (ATCR) in late June. The annual event held in Geneva was attended by government and NGO representatives from the major resettlement countries and UNHCR staff from the field, receiving countries and headquarters.

NGO participants in particular noted that the increasing focus on security issues was giving rise to a greater

tendency by states to apply integration criteria when allocating resettlement places. While acknowledging the underlying factors behind the shift, there was concern about the skewing of protection and humanitarian priorities and the 'mischaracterisation of legitimate and harmless refugees as threats to a country's security.'

In his opening statement to the meeting on behalf of NGOs, Mr Peter Cotton from New Zealand's Refugee and Migrant Service (RMS) argued for the preservation of fairness and burden sharing in the resettlement system.

"NGOs believe that the use of 'integration potential' as a primary

determinant in the resettlement selection process erodes the primacy of "protection and need" as the most critical factors in selection decisions.

"The use of integration potential as a major determinant is discriminatory, and unjustly locates responsibility for successful integration at the feet of refugees living in dire circumstances – before they have even stepped foot on the shores of a potential country of resettlement," he said.

In a separate presentation to the meeting, Paris Aristotle from Victoria's Foundation House argued that "improving integration potential is primarily achieved by improving the integration capacity of resettlement countries," and that "overall success depends on a partnership between governments, UNHCR, NGOs, receiving communities and refugees themselves."

While it was recognised that everyone has an interest in resettlement being successful and that states will want to maintain a balanced quota, concerns about the practicalities of applying 'integration criteria' as well as the discrimination concerns were raised.

This year's ATCR, chaired by the New Zealand Government, was attended by 13 established resettlement states and a number of prospective or emerging resettlement countries, including the European Union, Germany, Romania, Spain, Belgium, Japan, Brazil, Portugal and Switzerland. Other issues discussed at the forum included emerging resettlement caseloads like the Myanmar in Bangladesh and the refugee crises in the Middle East and around Darfur.



Settlement services help refugees navigate a new way of life in New Zealand.

UNHCR/J. Earp-Jones

Cracking down on resettlement fraud

As part of its commitment to combat fraud and corruption and preserve the integrity of resettlement programmes, UNHCR is undertaking a number of measures to hear allegations, carry out investigations and raise awareness about fraud related to resettlement or other UNHCR processes.

An electronic copy of a standard format for reporting allegations of fraud is available via email at inspector@unhcr.org or from the UNHCR Canberra office at aulca@unhcr.org

At the same time, UNCHR has run a number of workshops this year to better inform its own staff, government and IOM officials on the issue, including a session in New Delhi in April, attended by UNHCR Canberra.

The interactive workshop included modules on recognising, responding to and preventing resettlement fraud. A presentation by the Inspector General's office highlighted investigative techniques to detect fraud, and a session on registration fraud was included.

Amanda Paxton of the Australian High Commission, New Delhi, described the workshop as valuable. "It has opened up lines of communication and made me much more aware of the fraud issues faced by UNHCR field offices. It is fascinating to see the shared challenges we face and stimulating to discuss strategies to prevent this kind of fraud," she said.

UNHCR Canberra's Associate Resettlement Officer Mike Clayton said "the workshop was an excellent chance to



Participants at the New Delhi anti-fraud workshop.

explore the points at which our systems might be vulnerable to misuse and re-evaluate response mechanisms."

"Having the field, headquarters, the Inspector General's Office, IOM and

resettlement countries all in one room was great to look at the problem from all angles, and ensure we don't respond in a vacuum to lose the impact of a coordinated response," he said.

New legal references

Rescue at Sea: A guide to principles and practice as applied to migrants and refugees was developed by the International

Maritime Organisation (IMO) and UNHCR, and provides guidance on legal provisions and practical procedures to ensure the prompt disembarkation of survivors of rescue operations and measures to meet their specific needs.

The companion compilation **Selected Reference Materials: Rescue at Sea, Maritime Interception and Stowaways**



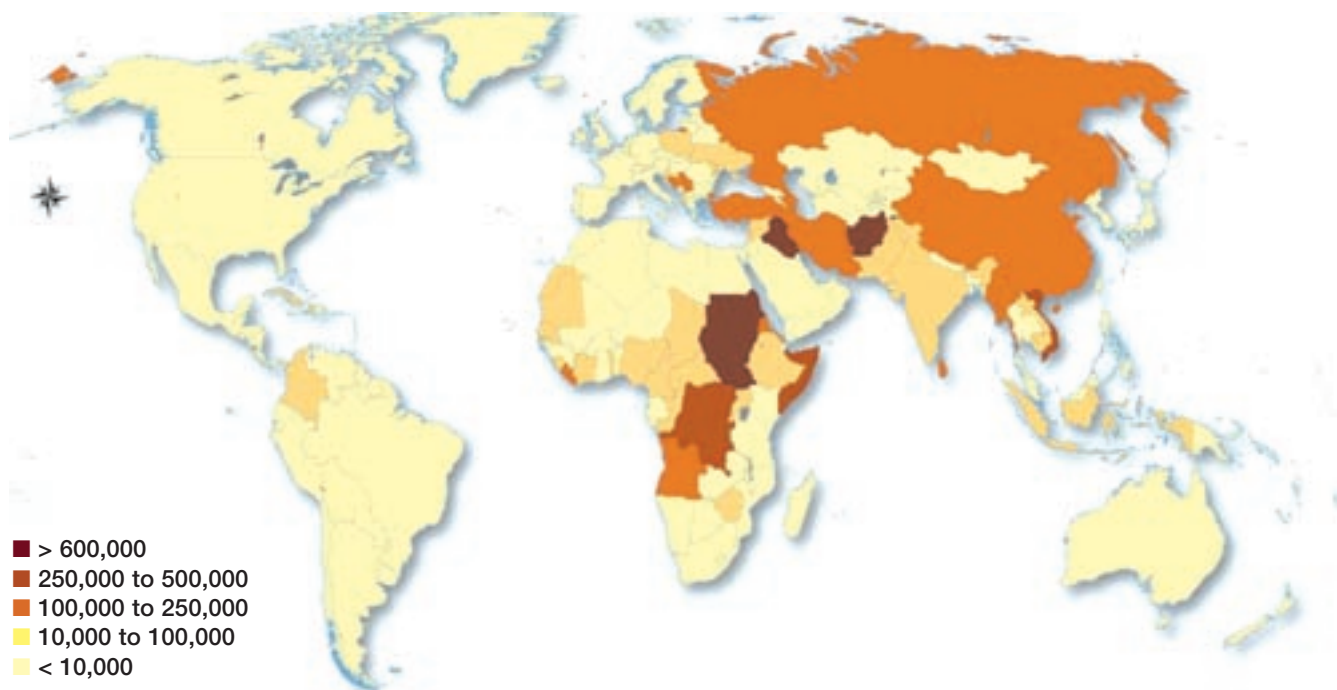
(November 2006) is a useful collection of applicable provisions of the international law of the sea, refugee, human rights and criminal law.

Collection of International Instruments and Legal Texts Concerning Refugees and Others of Concern to UNHCR, June 2007

This new edition of the Collection replaces the last 'blue book' of 1995, and contains over 260 essential universal and regional instruments and texts concerning refugees and other persons of concern to UNHCR. The 2007 edition takes into account the inter-relationship between international refugee law and human rights, humanitarian, criminal and other bodies of law.

These new resources are available online or by emailing your local UNHCR office at aulcapi@unhcr.org

Refugee numbers up for first time in five years



Map 1: Major source countries of refugees, end-2006

UNHCR's *2006 Global Trends*, released in June, shows an increase in the number of refugees worldwide by 14 per cent to almost 10 million, largely as a result of the crisis in Iraq.

This is the first increase in the yearly refugee figures since 2002.

At the same time, the share of other categories of people under the agency's different mandates also grew sharply, in most cases as a result of improved registration systems and more accurate statistics.

In 2006, the main group of refugees under UNHCR's mandate continued to be Afghans (2.1 million), followed by Iraqis (1.5 million), Sudanese (686,000), Somalis (460,000), and refugees from the Democratic Republic of Congo and Burundi (about 400,000 each.)

UNHCR figures do not include some 4.3 million Palestinian refugees in Jordan, Syria

and the Palestinian Occupied Territories, who fall under the mandate of a separate agency, the United Nations Relief and Works Agency for Palestinian Refugees in the near East (UNRWA). If added, the total number of refugees under both agencies' mandates is over 14 million.

In 2006, the largest number of refugees (39 %) was hosted by countries in Central Asia, South-West Asia, North Africa and the Middle East. Africa hosted a quarter of all refugees, followed by Europe (18%), the Americas (10%) and Asia and the Pacific (9%).

Pakistan continued to be the asylum country with the single largest number of refugees, followed by the Islamic Republic of Iran. By the end of the year, both countries hosted one out of five (20%) of the world's refugees.

In addition to the rise in refugees, hundreds of thousands of people were

displaced within their own countries by the conflicts in Iraq, Lebanon, Sri Lanka, Timor-Leste and Sudan. By the end of 2006, the number of IDPs protected or assisted by UNHCR as part of the collaborative UN effort reached a record high of almost 13

Refugee Population by UNHCR regions	
UNHCR Regions	End-2006
Central Africa and Great Lakes	1,119,400
East and Horn of Africa	852,300
Southern Africa	187,800
West Africa	261,800
Total Africa*	2,421,300
CASWANAME**	3,811,800
Americas	1,035,900
Asia and Pacific	875,100
Europe	1,733,700
Total	9,877,800

* Excluding North Africa
 ** Central Asia, South West Asia, North Africa and Middle East



Map 2: IDPs protected/assisted by UNHCR, end-2006

million (more than half of the estimated IDP population in the world.) This is almost double the previous year's figure and is the single biggest reason for the sharp increase in the overall number of people under UNHCR's mandates – from 21 million in 2005 to almost 33 million in 2006.

By 2006, the total number of stateless people identified in the *Global Trends* report had more than doubled to 5.8 million. This increase does not reflect new situations of statelessness, but rather, is the result of improved data coverage. The identification of stateless people – those who do not have any nationality, and therefore in extreme cases do not officially exist – has benefited from a more focused approach by UNHCR, in concert with host states and donors. As a result of an ambitious survey of states, launched in 2003, a more comprehensive view of the scale and complexity of this issue has been emerging.

“Paradoxically, big increases in the numbers of stateless people may represent a sign of improvement – rather than deterioration – in their situation,” High Commissioner Gueterres said. “Recognition that stateless people exist is a vital first step towards finding a solution to their predicament. And, indeed, after years of slow progress, an increasing number of states have implemented or are seriously contemplating implementing, lasting solutions for some of the world's forgotten stateless people.”

The full 2006 *Global Trends* – a statistical overview of refugees, asylum seekers, internally displaced and stateless persons – is available at unhcr.org.au

1. At the end of 2006, the total number of conflict-related IDPs worldwide was estimated at 24.5 million by the Norwegian Refugee Council's Internal Displacement Monitoring Centre.

Persons of concern to UNHCR, end-2006

'Persons of concern' to UNHCR comprise: refugees, asylum seekers, internally displaced persons (IDPs), refugees who have returned home (returnees), IDPs who have returned home, stateless persons, and a category for other persons in a refugee or returnee-like situation.

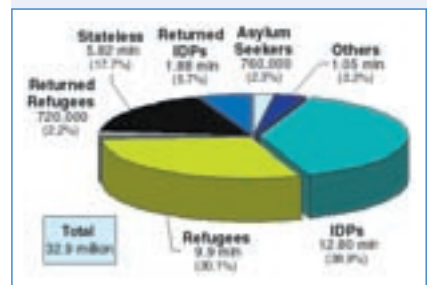


Fig 1: Total population by category, end 2006

Thanks to our donors

UNHCR Regional Office Canberra extends its warmest thanks to the Australian and New Zealand Governments for their financial support to UNHCR this year and to the private sector donations in Australia. UNHCR has so far received the following donations for its work world-wide for the calendar year 2007.

Australia

Source	Programme	Amount (USD)
AusAID	Core Contribution	5,826,772
AusAID	Afghanistan -- Returnees and IDPs	2,713,178
AusAID	Myanmar – refugees in South East region	157,480
AusAID	Sri Lanka IDPs	1,959,147
AusAID	Thailand protection of refugees border areas	1,435,883
AusAID	Iraq Situation – Jordan and Syria	2,380,952
DlaC	Nepal – assistance to Bhutanese Refugees	318,092
DlaC	Nepal – Refugee Registration Project	45,000
DlaC	India – Resettlement of Protracted Refugees	57,318
DlaC	Thailand – staffing for ProGRES Database	73,003
DlaC	Beirut – ICMC Deployment	90,000
DlaC	Afghanistan – Reintegration Programme	826,446
DlaC	Malaysia – Refugee Status Determination	189,805
DlaC	Malaysia- Health & Education Activities	126,353
DlaC	India – staff cost Resettlement Clerk	10,182
DlaC	Turkey – Eligibility Assistant Position	35,534
DlaC	Indonesia – Protection and Assistance	192,838
DlaC	India – Resettlement of Protracted Refugees	35,515
DlaC	Iran – ICMC Deployee in Tehran	80,000
	Total	16,553,499

We also extend warm thanks and appreciation to our private sector donors who support us through our National Association *Australia for UNHCR* which, so far in 2007, has transferred A\$1,682,680 to the following UNHCR programmes: the Darfur emergency; Sudanese refugees in Chad; Somali refugees in Ethiopia and Kenya; malnutrition project in Dadaab refugee camp in Kenya; Malaria programmes in Kakuma refugee camp in Kenya; support to Papuan refugees from Indonesia in Papua New Guinea; and reproductive health programmes in Chad and Myanmar.

New Zealand

Source	Programme	Amount (USD)
NZAID	Core Contribution – Unearmarked	2,484,000
NZAID	Kenya – Flash Appeal	438,500
NZAID	Somalia – Floods 2006 Response Plan	250,000
NZAID	Iraq – Situation Response	748,083
NZAID	Pakistan flood assistance	381,679
	Total	\$4,302,262

Appeal to get Iraqi children back to school

UNHCR and UNICEF launched a \$129 million joint appeal in July to ensure tens of thousands of uprooted Iraqi children who have fled their homeland can resume their education.

Warning that a generation of Iraqis could grow up uneducated and alienated, the two UN agencies presented a plan to support host governments such as Syria, Jordan, Egypt and Lebanon in providing schools for an additional 155,000 young Iraqi refugees during the 2007-08 school year.

More than 2 million Iraqis have fled to nearby countries, primarily Syria and Jordan, to escape continuing violence in their homeland. About 500,000 of them are of school age and most currently have limited or no access to education.

Individuals can support UNHCR's response to the Iraq situation through Australia for UNHCR (at unrefugees.org.au) or through unhcr.org/donate



Iraqi refugee children listen to stories read at a UNHCR-funded community centre in Damascus.

Australia for UNHCR has just launched its education appeal to help send refugee children to school. To find out more, please visit unrefugees.org.au

Discussion Paper

HIV and refugee resettlement

The issue of mandatory HIV-testing for refugees and access to resettlement programmes is an important and at times contentious issue for governments, UNHCR and others working to protect and care for refugees. It raises important health management and human rights considerations but can be easily distorted in the media debates of refugee receiving countries.

It would be easy to get the impression there were scores of untested refugees bringing HIV and other diseases into western countries. In fact, there is mandatory HIV-testing for all refugees coming to Australia and New Zealand through resettlement programmes and concerns about medical costs and 'public interest' criteria already exclude vulnerable refugees who need a resettlement place on protection grounds. While waivers exist and are exercised in small numbers by Australia and New Zealand, UNHCR has for some time been concerned to promote informed discussion on the issue.

To get a range of perspectives, in this newsletter, UNHCR invited contributions on the issue from the Australian and New Zealand Governments and medical experts from the Centre for International Health, Burnet Institute in Melbourne. The Australian Government was unable to contribute a paper at this time. UNHCR's own paper is drawn from existing policy on the issue developed in consultation with UNAIDS and WHO and some 'real life' case studies from the field.

Group counselling on HIV/AIDS for refugee women attending antenatal classes in Mae La Camp, Thailand.

UNHCR/P. Spiegel

HIV/AIDS in the New Zealand refugee resettlement programme by New Zealand Government

New Zealand has been accepting refugees for resettlement since the end of the Second World War. In 1987, the Government established a formal annual quota for the resettlement of refugees. Over time, New Zealand's refugee policy has evolved in response to changing global circumstances and needs. In recent years, a focus on refugees in need of protection – identified by the UNHCR – has resulted in the resettlement of a diverse range of nationalities and cultures who have added to the richness of New Zealand society.

As a signatory to the 1951 United Nations Convention Relating to the Status of Refugees and its 1967 Protocol New Zealand is committed to working with the international community to resolve refugee problems. The size and composition of the refugee resettlement quota is set annually by the Minister of Immigration and the Minister of Foreign Affairs, after consulting widely with relevant Government departments, the UNHCR, NGOs, existing refugee communities and other stakeholders.

Refugee Division of the Department of Labour works closely with the UNHCR, IOM and other governments to promote international responsibility sharing, co-

ordinated responses to refugee issues, capacity building, and the ongoing development of norms, policies and best practice in refugee protection.

Under its refugee resettlement programme New Zealand accepts 750 refugees (+/- 10%) who have been mandated by the UNHCR and referred by them for resettlement. Refugees referred by UNHCR are interviewed by Refugee Quota Branch officers in the country of asylum, before decisions are made on the cases. The Government aims to ensure that the resettlement quota remains targeted to refugees in greatest need of resettlement, while also balancing this with New Zealand's capacity to provide good

settlement outcomes to those accepted under the programme.

The 750 places are comprised of the following subcategories:

- Up to 75 places for Women-at-Risk refugees
- Up to 75 places for Medical/Disabled refugees
- UNHCR Priority Protection 600 (including up to 300 places for family reunification and up to 35 places for emergency referrals).

All subcategories within the refugee resettlement quota generally include the immediate family members (i.e. spouse and dependent children) of the principle applicant.

The Medical/Disabled subcategory provides for the resettlement of refugees with medical, physical or social disabilities which place them outside the normal criteria for acceptance by resettlement countries. Applicants under this category generally must have a medical condition that cannot be appropriately treated in their country of refuge, and resettlement to New Zealand would be life-saving or significantly enhance their medical condition and well-being. In all cases where there is an apparent physical or psychological condition, full medical reports must be provided by the UNHCR for assessment by the relevant health authorities in New Zealand. The full disclosure of the condition and its effects are essential for planning purposes.

Up until November 2005 New Zealand did not require refugees to complete any health screening offshore before acceptance into New Zealand. Up until then New Zealand had accepted people with medical conditions, including HIV/AIDS. Persons identified with medical conditions or disabilities were accepted

under the 75 places for Medical/Disabled refugees within the 750 quota.

On 4 April 2005 a new New Zealand immigration health screening policy came into force.¹ Under this policy, refugees who came under the refugee resettlement programme would now be required to complete health screening offshore for TB and HIV/AIDS. Those found to be TB positive would not be declined for resettlement, but their travel would be temporarily delayed while they received treatment to ensure they were fit to travel.²

For those found to have HIV/AIDS the policy set out that up to 20 places³ within the refugee resettlement programme would be available. This policy was not however set in place with the primary aim of keeping refugees with HIV/AIDS out of the New Zealand. New Zealand's programme has always aimed to focus on providing protection to those most in need. As stated above, New Zealand accepts medical/disabled cases if that acceptance will mean that the person will be able to get treatment in New Zealand that will significantly improve their health status and enhance their chances of survival. In the case of refugees with HIV/AIDS this now appears to be possible with the introduction of antiretroviral treatment.

In the early years of the epidemic the rise in numbers of AIDS diagnoses was mirrored by a similar rise in deaths a year or so later, a reflection of the survival of people with AIDS then being around 18 months. In recent years the number of deaths has remained well below the number of AIDS notifications indicating dramatic success in treatment of HIV infection which has allowed prolonged survival in many people with AIDS.⁴

New Zealand completes full medical screening onshore and prior to the offshore screening policy coming into force, historically New Zealand had found approximately 1% of its 750 quota to have HIV/AIDS. Therefore when the new policy cap was set at 20 it was highly unlikely to result in actual declines on the basis of HIV/AIDS status. What the policy does do is provides an effective early warning process whereby health authorities in New Zealand are prepared before a refugee arrives in New Zealand with HIV/AIDS, so appropriate and necessary treatment and support can be given to them as soon as possible.

While New Zealand has no obligation to automatically accept every refugee referred to it for consideration by UNHCR, having the cap of 20 HIV/AIDS cases does provide New Zealand with an additional level of control, in the event the programme focuses on an area where there are significant numbers of refugees with HIV/AIDS.

The Department of Labour is aware of some of the extreme challenges that refugees living with HIV/AIDS face. For example where HIV/AIDS positive family members are separated from the family through a number of means (for example by leaving of their own choice, divorce or suicide), as they believe that having a family member with HIV/AIDS will prevent them from being accepted into a country through their refugee resettlement programme. The Department of Labour therefore ensures the offshore HIV/AIDS screening process also includes both pre and post screening counselling so that refugees know that HIV/AIDS will not automatically mean non-acceptance into the New Zealand refugee resettlement programme.



UNHCR/C. Schwetz

Myanmar Maternal and Child Welfare Association (MMCWA) demonstration of HIV transmission methods to trainee community education volunteers, many of whom are returnees.

Where a refugee is found to have HIV/AIDS an assessment is then completed whereby many factors are considered, including existing family connections in New Zealand, the cost of health care and the potential contribution to New Zealand that refugee and their family could make.

There was initial concern that the HIV/AIDS subcategory could be used or seen as a potential pull factor. The concern was that where New Zealand had approximately six refugees with HIV/AIDS coming to New Zealand per year under the refugee resettlement programme prior to the new HIV/AIDS policy, now 20 refugees each year with HIV/AIDS would come to New Zealand under the refugee resettlement programme. However the New Zealand refugee HIV/AIDS subcategory is not such that UNHCR submits 20 refugees to New Zealand for consideration under that subcategory. The HIV/AIDS status is taken into consideration during the assessment process, not as the catalyst to it. In fact, since New Zealand started its offshore screening for refugees for HIV/AIDS in November 2005 only three

refugees have been found to be positive and have arrived in New Zealand.

Confidentiality of refugees' HIV/AIDS status is of course paramount. New Zealand has processes in place to ensure that only those that need to know the HIV/AIDS status of quota refugees are informed. Those who need to know in the first instance are the team of medical officials at the Mangere Refugee Reception Centre where all quota refugees spend their first six weeks in New Zealand. The Auckland Regional Public Health Service operate a medical clinic (including dentistry) at the Mangere Refugee Reception Centre. They medically assess all refugees during their stay and treat or refer to health specialists, as appropriate. This service is essential to those found to have HIV/AIDS to ensure they are set up with ongoing treatment and support as early as possible. Health funding authorities also support refugee-specific mental health counselling services, for survivors of torture and trauma, through non-government agencies. In addition, some refugee specific community education and health programmes

(including HIV/AIDS prevention) are funded by the Government, as well as community liaison and co-ordinator positions that assist refugees with gaining access to health services in the community.

In summary, while accepting people who have any medical condition within New Zealand's refugee resettlement programme presents challenges, the establishment of a subcategory for those with HIV/AIDS has not presented New Zealand with unmanageable risks or stresses on its health system. As a resettlement country New Zealand believes it must aim to provide protection to those most in need. The current policy on HIV/AIDS in its resettlement programme assists New Zealand in doing this.

1. Due to the processing time between offshore screening and arrival in New Zealand, the first refugees who arrived in New Zealand who were screened for TB and HIV/AIDS under this policy arrived in November 2005.
 2. Usually approximately eight weeks.
 3. Unlike with the other subcategories, immediate family members (i.e. spouse and dependant children, or parents and their dependant children if the refugee with HIV/AIDS is a child) are accepted in addition to the 20 places.
 4. AIDS – New Zealand, Issue 57 – February 2006, ISSN 1170-2656, AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago Medical School, Dunedin, New Zealand.

HIV and refugees: improved responses and attendant dilemmas

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More than twenty years into the human immunodeficiency virus (HIV) pandemic, the international community is reaching consensus on the need for interventions for HIV at all stages of the response for refugees (and displaced populations).

These interventions are becoming standardised and as circumstances allow, increasingly sophisticated. However, a number of important problems remain to be solved before efforts to address HIV can be maximised. False beliefs that refugees are

dangerous reservoirs of HIV infection are held by governments, humanitarian agencies and host populations. There are programmatic, coordination and funding difficulties associated with the medical relief and health development paradigms. Some countries accepting refugees for resettlement have inappropriate HIV testing policies. And there are challenges implementing new developments in responses to HIV in refugee settings including the latest effective HIV preventive measure, male circumcision.^{1, 2, 3}

Are refugees “importers of HIV”?

According to some of Australia's political leaders, we live in a xenophobic world where foreigners threaten our security and health. In recent months, they have cast asylum seekers as terrorists or “medical

tourists”, justifying our ‘processing’ of them, our checks on their story, their accent and our testing to exclude infections of public health importance, including HIV. After all, refugees do encounter circumstances that could increase their vulnerability to HIV: conflict and rape; displacement with loss of food security, income and resources; social fragmentation; and collapse of health services. Indeed, rapid increases in HIV infection appear to have followed conflicts characterised by extensive sexual violence such as the Ugandan civil war during the 1970s⁴ and eastern Democratic Republic of Congo more recently⁵ It has also been suggested that the greater increase in risk of death for adults compared with under five year olds observed during many conflicts may be due in part to previously unrecognised HIV-related mortality.⁶

However, these patterns are not uniform for all refugees and conflict affected populations. In Angola, Sierra Leone and Sudan, all countries that have endured years of war, HIV-prevalence is much lower than their neighbours.^{7, 8, 9} And although limited, assessments of the HIV burden in refugee camps across Africa have generally shown lower HIV-prevalence among refugees than among local host populations.⁵ The reasons why HIV transmission may be slowed during conflict are not well understood. Protracted conflict may impede mobility, lessening sexual networking. ‘Closed’ refugee camps may have the same effect. Organised camps frequently provide refugees with better security, health and education services than they had before they were displaced and compared to host communities. Conflict is associated with poverty perhaps restricting opportunities for men to pay for sex.



UNHCR/A. Burton

UNHCR Community Services staff discuss HIV/AIDS with Bhutanese refugees in Beldangi extension, Nepal.

Neither conflict nor refugee populations then can simply be said to increase the spread of HIV. Transmission of the virus amongst refugees is contingent on many tangled factors including the existing prevalence of HIV and sexually transmitted infections in both host and original populations, the level of interaction of host and refugee communities, sexual behaviours such as condom use, numbers of partners and the frequency of rape, the number of sexually active men who are circumcised and the amount of drug use in the population.

Moving toward HIV programs comprehensive in content and coverage

Given that the HIV risk for refugees is context-specific, how should we respond to HIV in an emergency? In 2001, the UN General Assembly advised relief agencies to “incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes”.¹⁰ Refugees are not separate groups; instead they are linked to the wider host and relief communities through complex behavioural networks. Excluding them may limit the success of national (and regional) programs. Consequently, we now consider the same range of interventions for refugees as used in national responses although insecurity, lack of access and limited resources necessitate a “focused, hierarchical approach”.¹¹ Such interventions always begin with urgent preventive measures. Procuring and distributing condoms and health education materials and prevention of sexual violence and treatment of sexually transmitted infections are vital elements of emergency sexual and reproductive health programs. Training

healthcare workers in the practice of universal precautions and screening donor blood ensure that health systems do not spread HIV during emergencies.¹¹ Technical developments have also made care and treatment interventions feasible in resource-poor settings and are now advocated for the “earliest possible stages of an emergency response”.¹²

The imperative for HIV interventions in emergency settings to include preventive, and treatment elements has also been defended on moral grounds, with communicable disease control evidence that shows that “prevention and treatment are mutually reinforcing components of controlling AIDS”¹³, and through studies of the long-term cost-effectiveness of expanding treatment programs.¹⁴ As a

result, the provision of an expanding range of interventions for HIV during the emergency phase is challenging the dichotomy of medical relief with brief, expensive, palliative measures¹⁵ “driven by the humanitarian imperative”¹⁶ and health development based on health as a human right and aiming for effective, financially viable healthcare systems. A (semantic) middle ground of *developmental relief* and “emergency development”¹⁷ now infers a continuum of support for refugees from flight to repatriation and acknowledges the links between the level of development and the scale of humanitarian emergencies.¹⁷ Nonetheless, this ideal of providing the full range of HIV prevention and treatment programs for refugees must be considered carefully. Costs and benefits and



UNHCR/B. Heger

UNHCR's Kitty McKinsey and Kisut Gebre talk with Somali women about health and AIDS problems at Aisha refugee camp in Ethiopia.

sustainability factors need to be assessed. We should also consider whether the objectives of humanitarian relief might be compromised by attempts to meet broader human development needs through providing universal access to prevention and treatment.

Clear mechanisms for supporting comprehensive responses for refugees from displacement to repatriation or resettlement are not yet established. Lack of cooperation, coordination and funding, have always been impediments to successful relief and development operations and are especially pertinent for an infection requiring lifelong pharmacotherapy and laboratory and clinical monitoring.

For example, there are dilemmas in coordinating funding for HIV treatments. Many refugees come from poor countries that have under-financed health systems

incapable of providing treatment for people with HIV. But even wealthier countries may not be able to provide free treatment because they cannot always access cheaper generic drugs. What happens, then, when a refugee provided with HIV treatment by relief agencies either returns to their home country or is resettled in a third country? Who pays for the necessary ongoing healthcare? Some regional responses to the epidemic are finding it difficult to weigh up the costs of providing HIV medicines to mobile populations migrating for economic reasons, let alone examine the more complex issues of treating asylum seekers.* And what about the opportunity cost of providing HIV treatment? If the same amount of funding was used for HIV prevention programs in refugees' countries of origin this could ensure that even the most marginalised

people in those countries would be less likely to become infected with HIV in the first place. In considering the implications of *developmental relief*, broader questions about effective prioritisation are relevant.

HIV programs are tailored to address the epidemic (or epidemics) occurring within a country. Refugees crossing borders may therefore move from an area experiencing one type of epidemic with a particular health, educational and social response into an area undergoing a different pattern of HIV spread with a different local response in place. Relief agencies must be aware of these variations and donors will be required to assist programs incorporating both relief and development elements. Success will need to be demonstrated in practice and models adapted to specific circumstances. UNHCR anticipates that treatment components of national HIV programs in host countries and in refugees' countries of origin would be simultaneously strengthened. Perhaps the acceptance of morally contentious preventive measures in development programs such as male condom distribution – a mainstay of the initial response during an emergency – will also be positively influenced by this intermingling of development and relief responses to HIV.

The controversy of screening asylum seekers for HIV

UNHCR has developed strict guidelines for HIV testing to minimise discrimination and ensure appropriate counselling and education for those offered testing.⁵ Contrary to these recommendations however, many governments, including Australia, continue mandatory HIV testing as part of off-shore health screening of asylum seekers. Not only does this threaten



UNHCR/B. Gonzalez

A World Refugee Day Anti-Sida (anti-AIDS) performance by Burundian refugees from Kigeme camp, Rwanda.

the success of HIV programs for refugees and slow resettlement processing, but Australian doctors have questioned the quality and timing of these health checks in light of cases of missed infections.^{18, 19} A UK All-Parliamentary group echoed the concerns of UNHCR finding that mandatory testing of asylum seekers would not only “be in breach of international obligations and human rights, but there was no evidence that the policy would be effective in protecting public health.”²⁰ In this light, pre-departure screening of refugees for HIV appears to be a mechanism for estimating prospective costs of treatment upon resettlement. According to UNHCR, “concerns about costs of resettled refugee health support do, in practice, exclude other refugees including people with HIV/AIDS [from Australia].”²¹

Incorporating the latest preventive measure?

HIV prevention strategies, treatments and care programs continue to rapidly evolve. Novel advances have sometimes proved difficult to incorporate in refugee and post-conflict settings. The inclusion of a new HIV preventive strategy, male circumcision, is a case in point: it has yet to be extensively discussed for stable, resource-poor settings let alone emergencies. There are already reports of discrimination of young men in Africa because they retain their foreskin²², but also reports of *increased* transmission associated with unhygienic circumcision²³; so how will this promising means of reducing the risk of HIV transmission for men transpose to refugee contexts? For instance: what effect will beliefs about male circumcision have on the reception of refugees by host populations and relief workers in future? Will circumcision have any impact at all in relatively small refugee

populations where HIV prevalence may be low? How will ethical research on this intervention be conducted in refugee settings? If it is found to be effective, how will a *surgical* public health measure be safely and sensitively incorporated into the international community’s increasingly holistic, graded HIV response for refugees? Will men have the right to decline circumcision when they are dependent on relief organisations for their livelihoods? And what impact will this have on the resettlement policies of countries like Australia who accept refugees – will governments consider screening asylum seekers not just for infection but for a physical state that influences HIV transmission risk?

Individual government responses to HIV throughout the world have varied in scope and quality and are frequently subject to the constraints of conditional aid. In contrast, HIV interventions for emergency settings have long been based on pragmatic, life-saving measures, skirting the (moral) controversy associated with some strategies due to the short-term humanitarian imperative. These recent evolutions in HIV responses for refugees during flight and continuing after repatriation or resettlement necessitate discussions of comprehensive HIV strategies, coordinated across countries and supported by donors. Hopefully, these discussions will advance local and international responses to the daily HIV emergency occurring in many of the world’s least developed countries.

+ See, for example, the Strategic Framework for the Third ASEAN Work Programme on HIV and AIDS (2006-2010). ASEAN Secretariat, 2006

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HIV and refugees: the case for a principled approach

**by UNHCR Regional Office
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UNHCR's mandate to provide international protection to refugees includes the responsibility to ensure that their human rights and well-being are promoted and protected. HIV and AIDS prevention and impact mitigation are essential components in the overall protection of refugees and other displaced people. While refugees do not necessarily have high HIV prevalence rates, they are often disproportionately vulnerable to HIV due to the environment in which they find themselves.¹ This is especially so in the case of women, young people and children. Refugees and other persons of concern to UNHCR are some of the most vulnerable people worldwide, uprooted from their homes and separated from traditional support structures, including family and healthcare.

Having signed a Cooperation Framework with UNAIDS in 1998, UNHCR became a

UNAIDS Co-sponsor in June 2004. The fundamental principles of international protection and durable solutions for refugees as well as the universally recognized human rights standards form the core framework for UNHCR's policies with regard to HIV and AIDS which cover: the need to address HIV and AIDS in the earliest stage of an emergency situation and throughout the stabilization period; efforts to expand and improve prevention programmes for refugees and their host community as a refugee situation stabilizes as well as to provide comprehensive care services for people with HIV and AIDS; promoting HIV testing in refugee situations; and ensuring international standards of HIV testing for resettlement applicants.

The willingness of resettlement countries to adopt a principled approach towards those living with HIV and AIDS improves the lot of all those affected, both directly and indirectly, by the disease.

Human rights basis for response

UNHCR has adopted a rights-based approach to its HIV policies and

programmes. Such an approach is consistent with international refugee and human rights law as well as the global consensus expressed through the United Nations General Assembly in its 2001 *Declaration of Commitment on HIV/AIDS* and the *International Guidelines on HIV/AIDS and Human Rights*.²

The linkage between the protection of refugee and human rights and effective HIV programmes is apparent as people will not seek HIV-related voluntary counselling and testing (VCT), treatment and care if there is lack of confidentiality or discrimination, risk of refoulement, restrictions on freedom of movement or other negative consequences exist.

Non-discrimination

Persons living with HIV and AIDS are entitled to live in dignity, free from discrimination and stigmatization. UNHCR does not support policies and practices by host and resettlement governments that negatively affect refugees based on HIV status.

A young woman comes under family pressure when her HIV-status is revealed in the context of resettlement medical screening

Case study from UNHCR Pretoria

A family of five refugees fled the Democratic Republic of Congo in the early 1990s after the father was badly tortured. They lived in a refugee camp for many years and were referred by UNHCR for resettlement in early 2006, with the father as the principal applicant.

The family were provisionally accepted but the father later reported to UNHCR he had received a letter from the government of the resettlement country saying their application was rejected because the 19-year-old daughter was HIV positive. Neither the father nor daughter knew of her status prior to resettlement medical screening.

Within the family, the daughter now bears the brunt of the rejection decision. Initially, the father asks that the family be re-submitted without the daughter. He is advised that the entire family can be submitted to another country where they would all be accepted. However, to date, there is still no agreement about the next

steps and pressure continues to mount within the family. UNHCR continues to counsel the whole family and is extremely concerned about the well-being of the daughter, for whom they also facilitate HIV-related counselling.

This family, focused on getting a resettlement place, was clearly not prepared for the HIV results. This might go some way to explain the seemingly harsh reaction of the father who suggested leaving his daughter behind. Experience from non-refugee related HIV testing programmes indicates such reactions are less likely when families are better prepared for the possibility of HIV-positive results.

Mandatory HIV testing

UNHCR is not in favour of mandatory HIV testing of refugees as this is at variance with relevant human rights standards.³

The World Health Organization and UNAIDS believe no public health justification exists for mandatory HIV screening as it does not prevent the introduction or spread of the disease.⁴ UNHCR believes public health interests are best served by promoting VCT in an environment where confidentiality and privacy are maintained.

UNHCR's opposition to mandatory HIV testing includes opposition to testing as a pre-requisite for resettlement eligibility. However, certain resettlement countries require an HIV test as part of a pre-departure health screening. Where such testing is done, basic human rights of privacy, security and non-discrimination should be upheld and the provision of effective counselling and referral to appropriate follow-up services should be ensured. Most resettlement applicants

undergo HIV testing not because they are interested in knowing their HIV status, but because it is a requirement of the resettlement process. Because of this, many are not adequately prepared for a positive test result; very serious consequences, including suicide and child abandonment, have occurred. For this reason, particular care must be given to the manner in which the results of HIV testing are provided to allow individuals and families to come to terms with possible adverse news in their own way. While the requirement of resettlement countries to be informed of potentially costly health conditions of resettled refugees is understandable, mandatory testing has the potential to violate the right to liberty and security of the person or the right to non-discrimination. Allowing for a medical waiver for HIV-positive refugees contributes to international responsibility sharing as well as meeting protection concerns and basic human rights principles.

Counselling

Mandatory testing is even less desirable given the lack of, or minimal, counselling services available. In situations where resettlement countries require mandatory screening, doctors or counsellors are expected to provide pre-and post-HIV test counselling. However, it has been known for only two counsellors to be available to provide assistance to between 400 to 600 refugees in two to three weeks. Given that proper counselling requires at least 45 minutes, its absence puts individuals at risk. Appropriate pre- and post-test counselling, in a language the refugee understands, ensures that applicants are familiar with the disease and are aware of measures to avoid its spread. Counselling on the nature of the illness itself, as well as the effect of HIV status on resettlement opportunities, is important but currently inadequate.

The right to health

Consistent with its protection mandate and in accordance with other human rights instruments, UNHCR seeks to ensure that refugees, asylum-seekers and other persons of concern who are affected by HIV and AIDS can live in dignity, free from discrimination, and that their human rights are respected, including their non-discriminatory enjoyment of the highest attainable standard of physical and mental health.⁵ Antiretroviral medications (ARVs) have been included on the WHO's model list of Essential Medicines, indicating their use reflects such a standard.⁶

Since the introduction of antiretroviral drugs in 1996, the quality and longevity of the life of people with AIDS have improved, while the cost of such drugs has dropped. HIV is no longer a death

Impact of HIV test results leads to family separation

Case study from UNHCR Pretoria

A 47-year-old Congolese widow alongside her three adult and two minor children were submitted for resettlement on similar grounds. The three adult children were accepted, but the widow received a letter from the government of the resettlement country stating she and her dependents were rejected "because X did not meet the health requirement defined in public

interest criterion XXXX because the applicant is a person with HIV infection."

The mother and her children only learned of her HIV-status through the resettlement medical screening. The adult children were then placed in a situation of deciding between staying with their mother to care for her as she becomes sicker, or having a new life in Australia. Eventually, the mother convinced them to leave her behind but is herself left in the camp, caring for minors, without the support of her adult children. She becomes a classic 'women at risk' case.



UNHCR/G.M.B. Akash

A Rohingya woman addresses fellow camp-dwellers about AIDS, Nayapara camp, Cox's Bazaar, Bangladesh.

sentence. As treatment becomes available to more and more people, median survival times for persons diagnosed with HIV increased from 17 months in 1995 to 45 months in 2001.⁷ A recent study focusing on labour participation of AIDS patients in sub-Saharan Africa found that within six months of beginning treatment, the likelihood of the patient participating in the labour force increased by 20 per cent and weekly hours worked by 35 per cent.

Conclusion

The current practice of mandatory HIV testing and the effective exclusion on medical grounds of HIV-positive refugees from a resettlement programme are at variance with human rights principles. As shown in the case studies from UNHCR HIV officers in the field, they have a very real impact on the lives of already vulnerable refugees. These personal stories demonstrate that while resettlement is intended as a protection tool, the linkage of resettlement to HIV-status can lead to the separation of families and even the creation of additional protection problems.

UNHCR appreciates that some resettlement countries don't discriminate against HIV-positive refugees and that mandatory testing sits alongside other health management procedures. For those

countries that do limit access to resettlement to HIV-positive refugees, the introduction of quotas and discretionary use of waiver provisions can be seen as steps in the right direction. Ultimately, however, the underlying principles of non-discrimination against HIV-positive refugees should apply in all cases.

1. See PB Spiegel, "HIV/AIDS conflict affected and displaced populations: dispelling myths and taking

action", *Disaster*, 28 (3), (2004), at 322-39.

2. Office of the High Commissioner for Human Rights and The Joint United Nations Programme on HIV/AIDS. *HIV/AIDS and Human Rights: International Guidelines*. Geneva: OHCHR, UNAIDS, 2002.

3. International Covenant on Civil and Political Rights, Article 17; Committee on the Rights of the Child General Comment No. 3, paragraph 23.

4. UNHCR/WHO *Policy Statement on HIV Testing*, June 2004

5. International Covenant on Economic, Social and Cultural Rights (1966), Article 12; UNHCR, *Refugees, HIV and AIDS: UNHCR's Strategic Plan 2005-2007*, 2005, Protection Objective (1).

6. UNHCR, *Antiretroviral Medication Policy for Refugees*, 2007.

7. UNAIDS, *Epidemic Update*, 2006, p 62

8. UNAIDS, above footnote 3, p 180

9. UNHCR, *Note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern*, 5 April 2006, p 3-4.

HIV-positive refugee denied opportunity to be cared for by his extended family.

Case study from UNHCR Bangkok

A man in his forties spent most of the 1990s in South-East Asia having fled his country of origin. In early 2002, he became ill and was found to be HIV-positive. Too ill to support his family, he approached UNHCR for protection and assistance. As it was not possible for him to be locally integrated into the country of asylum and repatriation was not an option, resettlement was the only viable solution.

The applicant had numerous close relatives in a particular resettlement country, including his parents, siblings and children from a previous marriage

who were all citizens and willing to provide care and financial and emotional support. Importantly, they were also willing to care for his younger children in the event of his death. The relatives applied to sponsor the man to join them under family sponsorship arrangements.

But despite compelling reasons he be resettled and the family sponsorship request, the application was refused on 'medical grounds'. Desperate to find a solution for the refugee who was now in need of urgent medical care, UNHCR submitted the applicant to another country. He was accepted and promptly resettled. While the man is extremely grateful for the assistance provided to him and his family by his new country, he and his family are now living in a place with few communal ties and no other family support.

10 Key Points on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern

1) Non-Discrimination: Persons living with HIV and AIDS are entitled to live their life in dignity, free from discrimination and stigmatization. Refugees who are living with HIV and AIDS should not be subject to discriminatory measures. Misconceptions about those being associated with an increased prevalence of HIV and AIDS may lead to discriminatory practices and should be dispelled.

2) Access to HIV and AIDS Health Care: Refugees benefit as any other individual from the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health." This right entails non-discriminatory access to services which are equivalent to those available to surrounding host communities. In terms of HIV and AIDS, in order to respect and fulfil the right to the highest attainable standard of physical and mental health, states must take steps towards realizing access for all to HIV and AIDS prevention, treatment, care and support. This would necessarily include antiretroviral therapy (ART).

3) Access to Asylum Procedures and Protection from Expulsion and Refoulement: The HIV status of an asylum-seeker does not constitute a bar to accessing asylum procedures. The right to be protected against *refoulement* is the cornerstone of international refugee law and HIV status is not a ground for any exception to this principle. HIV status does not fall within the permitted grounds for expulsion to a third country.

4) Protection from Arbitrary Detention and Unlawful Restrictions on Freedom of Movement: Detention or restrictions on the freedom of movement of persons living with HIV and AIDS would be in violation of the fundamental rights to liberty and security of

the person, as well as the right to freedom of movement, if carried out solely on the basis of a person's actual or suspected HIV status. There is no public health justification for restrictions of these rights due to a person's HIV status alone. Moreover such restrictions would be discriminatory.

5) Respect for Confidentiality and Privacy: In principle, personal data is confidential and should not be shared without the consent of the individual concerned; this includes data on the health status of the person. Those who have access to the health status of persons of concern must take appropriate measures to maintain its confidential nature.

6) Provision of Voluntary Counselling and Testing (VCT): VCT programmes play an important role in preventing HIV transmission by providing people with accurate information about the virus. Without proper standards, however, there may be breaches of confidentiality resulting in other protection problems. UNHCR supports the use of VCT programmes as long as international standards are met and promotes equal access for persons of its concern to existing VCT programmes, or the establishment of such programmes in cooperation with governments and partners.

7. Freedom from Mandatory Testing: UNHCR strictly opposes mandatory HIV testing of asylumseekers, refugees, IDPs and other persons of concern as this is at variance with relevant human rights standards. WHO and UNAIDS have asserted that there is no public health justification for mandatory HIV screening as it does not prevent the introduction or spread of HIV. Public health interests are best served by promoting voluntary counselling and testing in an environment

where confidentiality and privacy are maintained.

8. Access to Durable Solutions: The attainment of a durable solution should not be jeopardized by the HIV-status of a refugee or a family member. Concerning voluntary repatriation, the right to return to one's country may not be denied on the basis of HIV status. With respect to local integration, ensuring access to local health and HIV- and AIDS-related services on an equitable basis with nationals in the host country is critical to protecting the basic rights of refugees. Where States deny entry to individuals who are HIV-positive or AIDS, automatic waivers should be given for resettlement cases.

9. HIV-related protection needs of women, girls and boys: Women and girls are disproportionately affected by HIV and AIDS and gender inequality can play a significant role in the protection problems they face, including increased exposure to violence. Appropriate measures need to be taken to ensure their protection against sexual or physical violence and exploitation. Special attention must also be paid to children affected by HIV, including those orphaned or otherwise made vulnerable by HIV.

10. Access to HIV information and education: The right to health includes access not only to HIV treatment, but also to HIV-related education. States and UNHCR should ensure the widespread provision of information about HIV and AIDS to refugees particularly with regard to HIV-related prevention and care information as well as information related to sexual and reproductive health.

UNHCR, Note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern, 5 April 2006

Refworld goes online

The leading source of information for refugee status decision makers is now available online. *Refworld* contains a vast collection of reports relating to situations in countries of origin, policy documents and positions, and documents relating to international and national legal frameworks. The information has been carefully selected and compiled from UNHCR's global network of field offices, governments, international, regional and non-governmental organisations, academic institutions and judicial bodies.

You can now access this state-of-the-art tool at refworld.org or through our local portals unhcr.org.au or unhcr.org.nz

The new website launched in June, is a unique and easily accessible system with vastly improved search functionality, navigation and browsing options, topic guides and special features on core issues. The complete contents of Refworld – including country reports, national legislation and case law and all public-domain UNHCR protection policies and guidelines – are now, for the first time, freely accessible to all.

In a nutshell, Refworld features:

- More than 76,000 documents relating to countries of origin and asylum and to key protection issues;
- Daily document updates;
- Documents available in full-text, based on information-sharing agreements with strategic information partners;
- Documents such as UNHCR country and thematic positions, third-party country reports, case law from both international and national courts, national legislation, research papers, and training manuals;
- Excellent and user-friendly browsing and searching facilities.

UNHCR submissions to Australian Parliamentary Committees

UNHCR in April submitted comments to the Parliamentary Joint Committee on Intelligence and Security on the operation, effectiveness and implications of the power to make regulations proscribing organizations as terrorist organizations. While recognizing that States must take robust steps to combat terrorism, UNHCR argued that such steps must be taken in full respect for the rule of law and human rights, including fundamental principles of refugee protection.

In July 2007 UNHCR submitted comments to the Senate Legal and Constitutional Legislation Committee Inquiry into the Australian Citizenship Amendment (Citizenship Testing) Bill 2007. UNHCR was particularly concerned to ensure that any

Australian citizenship test take into account Australia's international obligations under the 1951 Refugee Convention and the 1954 Statelessness Convention to facilitate the assimilation and naturalization of refugees and stateless people. UNHCR urged the Committee to consider the impact on refugees and stateless persons of the proposed bill; to recommend that any exemption for persons with special needs be extended to refugees and stateless persons; and to recommend that the proposed required residency period of four years include any period spent by a refugee as an asylum-seeker or on a temporary protection visa in Australia.

Further details on UNHCR parliamentary submissions may be found at unhcr.org.au/subinq

2007 ExCom preview

The 58th plenary session of the Executive Committee of the High Commissioner's Programme (ExCom) will take place in Geneva from 1 to 5 October to review and approve the agency's programmes and budgets and to advise on protection matters. It will be preceded by the Annual Consultations with Non-Governmental Organizations on 26 to 28 September. ExCom is this year expected to

adopt a conclusion on international protection on children at risk which is currently being negotiated by Member States. The conclusion is intended to bring together standards developed over the last ten years into an operational framework to enhance the protection of refugee, internally displaced and returnee children.

Further details on ExCom and the Annual Consultations with NGOs can be found on UNHCR's global website at unhcr.org

World Refugee Day 2007 – The Voices of the Young Refugees

The Voices of Young Refugees was the theme for World Refugee Day (20 June) in our region this year and for Australian Refugee Week (17 to 23 June) -- moved for the first time to coincide with the UN observance day – with more than 150 events held on both sides of the Tasman. It was a call to listen to refugee young people themselves, their challenges and their triumphs.

Even in countries like Australia and New Zealand with very good settlement services, there are a myriad challenges for refugee youth. Finding the right spot in the school system, learning a new language, navigating a way through a new culture and society while going through adolescence are just some of the issues.

Here are just some of the young voices we heard on WRD.

"When you are on the journey, you think that this is going to be the hardest thing about getting to Australia, and that everything is going to be easy afterwards.

But once you get here, you realise that this is just the start. ...Adapting to a new society is like running a hurdle race. No sooner have you jumped over one and you have to jump over another one. ...I think there will be a time when there will be the biggest hurdle will be waiting for me, and I'll have to jump over that and then it might be over. "

**Mahmood from Afghanistan, 16,
Canberra**

"Actually, I always take my experience of being a refugee as part and parcel of my life. Almost half of my life, I've lived a refugee and maybe it is being a refugee that has given me my priorities like seeking a better life. If I hadn't gone through a lot and all this time as a refugee, maybe I wouldn't be as focused as I am right now.

Wilma from Sudan, 24, Sydney

"When you hear people who get angry they will just go: "go back where you came from". And I just want people to

understand that, like, if we had a choice to have a good life in our countries, we couldn't have come here. It didn't really happen to me but sometimes people get angry and tell other refugees and immigrants to go back and those people just don't understand what others have to go through.

Farah from Iraq, 18, Melbourne

"I want everyone to look at the triumphs in the refugee experience rather than just what went wrong. And I'd like people to look at what it is about a person that has helped them over the line: are they really courageous, inspiring, resilient? And I really want people not to just look at people as different because they've been through a war experience but to see the commonalities among us as human beings.

Goranka from Croatia, 25, Sydney

Looking for a speaker with an inspirational story?

UNHCR has launched a new *Refugee Speakers' Bureau* in Melbourne to help increase understanding about refugee issues through the telling of personal stories. Our Bureau is made up of former refugees happy to volunteer their time and share their stories with others by speaking to clubs, community groups, schools, universities and conferences.

The pilot project is now underway in Melbourne and Bendigo. If resources permit, we hope to run similar programmes in other Australian cities and New Zealand. If you are a former refugee (or know one) and would like to take part, please contact us on +61 (0)2 6281 9108 or at aulcapi@unhcr.org

To book a speaker or find out more, visit unhcr.org.au/speaker



Ignot Mabor speaks at the launch of the Speakers' Bureau on World Refugee Day in Melbourne.

UNHCR/A. Rummy

How we celebrated World Refugee Day in 2007*

In Canberra, the ACT Refugee Committee organised an award ceremony to give educational scholarships to young refugees, which was also attended by the ACT Minister for Education and Training Andrew Barr and UNHCR Regional Representative Richard Towle. Five students who had made great strides studying at the ACT Government's Introductory English Centre (IEC) received \$250 each.

Following the day, a soccer match was played between Sudanese and Sri Leoneans, two main African refugee communities in Canberra. The National Capital Authority and various public institutions supported WRD by lighting key icons in blue to coincide with the lighting of the *Jet d'eau* in Geneva, where UNHCR headquarters is based.



Courtesy of Lismore City Council

A soccer game between Lismore City Council staff and a refugee team ended WRD celebrations in the northern NSW town.

Courtesy of the ACT Department of Education



The five scholarship winners, ACT Education Minister Andrew Barr, UNHCR's Regional Representative Richard Towle and ACT Refugee Committee's Geoff McPherson.

In Lismore, northern NSW, the week began with a forum on refugee settlement issues organized by the Southern Cross University and Sanctuary Northern Rivers.

Celebrations also included a welcome dance from the local Bundjalung (Indigenous Australian) dancers, followed by an address by local mayor Merv King who declared Lismore a *Refugee Welcome Zone*. The day closed with a game of soccer between Lismore City Council staff and a refugee team, watched and applauded by the local community.

In Sydney, Australia for UNHCR held its sixth annual Breakfast at the Westin Hotel. Attended by over 330 guests, the event raised over AUD90,000 for UNHCR's Darfur Emergency Appeal and featured UNHCR's Regional Representative Richard Towle, former Bosnian refugee Mirzeta Trnka; and prominent Australians who support UNHCR including former Australian Cricket Captain Ian Chappell, TV star Jane Turner and

goalkeeper for the national soccer team Mark Schwarzer – who presented a copy of his new children's book to a young former refugee from Sierra Leone.

In Melbourne, Australian actor Jack Thompson launched a new pilot education project – the UNHCR Refugee Speakers' Bureau. The project brings together former refugees willing to share their personal stories with schools, community groups



Australia for UNHCR

Socceroos goalkeeper and Special Representative for Australia for UNHCR and SBS TV's Head of Sport Lex Murray share a joke with participants from the UNSW's Refugee Youth Soccer Development Program, Gode Mfashingabo, Auburn Migrant Resource Centre (at back) and Chernor Saadu Bar (at lecturn).



UNHCR/A. Rummy

Jack Thompson at the launch of the Speakers' Bureau with (left to right) Lual Chigok Lual, Iguot Mabor, Akoch Manheim, Ali Mullai, Richard Towle and Monica Aliou.

and other institutions to help raise awareness about the refugee experience. UNHCR is providing training to the speakers and facilitates bookings with interested organisations.

Iguot Mabor, a former refugee from Sudan, spoke at the launch about her heroes (her mother, sister and brother) who all struggled together and ultimately helped each other move on from the trauma of the refugee experience. Other



Voice Arts

Voices of Youth radio show for World Refugee Day, Access Radio, Wellington.

and intolerance. That's why projects which help refugees tell their own stories are so important," he said.

In Wellington, New Zealand, UNHCR supported a three day performance workshop for young refugees, run by the Voice Arts Trust and Access Radio. Young refugees from Ethiopia, Somalia, Iraq, Iran and Zimbabwe took part in the workshops which helped them devise works telling their own stories and addressing concerns and experiences facing refugees. The workshop culminated in the *Voices of Youth* radio show on Access radio, broadcast (and podcast) on WRD including stories, poetry, music, interviews and discussions. Taku, from Zimbabwe, said when people come together from many different places they should forget about cultural difference and just accept one another. "Let acceptance not be because of the colour of one's skin," he said.

***Some of the 150 events Australasians held to mark World Refugee Day in 2007.**



Preparing for the big moment on the *Voices of Youth* radio show, Access Radio, World Refugee Day, Wellington.

speakers included Jack Thompson, UNCHR's Representative Richard Towle and Australian Red Cross CEO Robert Tickner, who co-hosted the event.

Speaking at the launch, UNHCR's Representative Richard Towle said World Refugee Day was a time to give a human face and a voice to the people behind the statistics. "In today's world of increased anxiety about terrorism and global movements of people, we need to be vigilant against stereotypes, xenophobia



Courtesy of Joey Herrech

Victorian policemen Acting Inspector Ian Gillespie and Senior Constable Joey Herrech with members of the South Sudanese police force during their humanitarian tour.

‘Open your mind and push the reset button’: new advice for police

A desire to understand more about the newly arrived Sudanese refugees on his beat sparked the trip a lifetime for Victorian policeman Senior Constable Joey Herrech, who is now using the experience to educate others and counter misconceptions on all sides.

Earlier this year, Herrech -- alongside a senior officer Acting Inspector Ian Gillespie from the Dandenong Police Complex -- completed a three-week humanitarian tour to South Sudan to learn more about the background of Sudanese refugees.

Since 2001, more than 2,500 Sudanese people have settled in Greater Dandenong, in the south eastern suburbs

of Melbourne, and the area now has one of the highest Sudanese populations in Australia.

The trip was part of Victoria Police's drive to move away from a reactive approach to policing and better understand the members of this new and emerging community.

While under-represented in crime statistics, Sudanese youth have attracted considerable media attention mostly for traffic offences but even for socialising together in public -- as concerns about so-called 'gangs' have screamed from tabloid headlines with increasing frequency.

At the same time, deeply-held fears of uniformed police among the refugee

communities themselves initially hindered communication efforts and liaison programmes.

Senior Constable Joey Herrech explains that the Sudanese community did not have good experiences with police and trust needed to be built.

"As soon as they see the uniform, a whole bunch of memories come flooding back of trauma and torture they have suffered at home," he said.

"There was just an unwillingness to communicate with us on any level"

For Herrech, the trip to Sudan went a long way to help him understand more about the perspective of his new clients.

Back in Melbourne, Herrech and his colleagues are striving to combat fear of the police among the refugee communities through a friendly non-confrontational approach to policing.

"We try to use a lot of humour and show we aren't a paramilitary organisation, that we're a free service and we're willing to help you," he said.

Herrech is also using his new found insights to deliver cross-cultural training packages for colleagues in the police force and in other government agencies like the Departments of Justice and Correction Services and the Magistrates Courts.

"What I try to highlight is that you really need to open your mind and push the reset button... we need to understand the culture and environment that they come from is different and difficult," he said.

Seeing the photographs and first-hand accounts from one of their colleagues, seems to be making a difference for other members of the Victorian police.

"A lot of the members have changed their attitude and their approach, and it's had a profound effect. They now try to build rapport with the individuals and then the person is less likely to offend, or re-offend, in the future because they understand the police are just there to do a job.

"Regardless of cultural understanding, there are laws that have to be followed

and the police have to do a job. However, the way the police officer enforces the law is important, in your demeanour and your personality when you're approaching people," he said.

The impact of the training can be as simple as the police checking their assumptions and working with the community, rather than, for example, just moving on a group of young people just because they are together.

People sometimes see large groups of young males out together in public as having a "detrimental effect on the image of public safety," according to Herrech.

"Our job [as police] is to widen the understanding a bit further and go back to the community and say well, actually, it is normal for young people to group together. Don't just assume they're there for a negative reason... unless you actually see them stealing or doing something wrong," he said.

"When I was in Sudan, there were large groups of young males grouped together. For the first few days, even I was intimidated. Then I thought: this is normal, this is what they do. They were playing cards, socialising, laughing and carrying on, and I thought 'how does this differ from an Australian born group of kids in Melbourne' and, of course, it doesn't," he said.

New academic works

Two issues ago, this newsletter examined the issue of *complementary protection* for people who need international protection but who fall outside the legal definition of a refugee, despite being forcibly displaced due to war, generalised violence, torture or inhumane treatment.

Earlier this year, Sydney-based academic Jane McAdam published *Complementary Protection in International Refugee Law* – an examination of the issue, including suggestions for the protection of such persons within the current international legal framework. The book is published by Oxford University Press.

Also new from Oxford University Press this year is Guy Goodwin-Gill and Jane McAdam's completely revised third edition of *The Refugee in International Law*, which analyses the foundations and framework of international refugee law. The definition of a refugee, 'asylum' and standards of protection are examined. In addition, key challenges within the asylum process, the 'new' concern with security, and increased control over people movements are discussed.

Also new this year is Melbourne-based academic Michelle Foster's *International Refugee Law and Socio-Economic Rights*. Published by Cambridge University Press, the book identifies the conceptual and analytical challenges presented by claims based on socio-economic deprivation, and assesses the extent to which these challenges may be overcome by a creative interpretation of the Refugee Convention.

Courtesy of Star News Group



Acting Inspector Ian Gillespie, Sudanese youth Kor, Nasir Community Development Agency Executive Director Gatwech Kulang and Multicultural Liaison Unit's Senior Constable Joey Herrech in Dandenong, Melbourne.

'Lessons' from Papua New Guinea



UNHCR/N. Shimazaki

Simulation exercise at the eCentre's Emergency Management and Contingency Planning Workshop in Port Moresby, March 2007.

eCentre helps PNG prepare for potential emergencies

UNHCR's eCentre teamed up with its PNG office and UNOCHA in March this year, to hold a three-day introductory workshop on Emergency Management in Port Moresby. The hands-on event was attended by 25 government, NGO and UN staff who developed scenarios requiring a humanitarian response following natural disasters and conflict forcing mass displacement. The group identified likely tasks, responses, coordination measures, policy questions and further gaps requiring attention.

The eCentre then travelled to Western Province to hold a contingency planning session with government authorities, updating a plan developed in 2003 for possible mass arrivals of refugees.

While in PNG earlier this year, eCentre coordinator and seasoned emergency manager Mike Dell'Amico travelled to the remote refugee settlement of East Awin in Western Province, and was surprised at its sheer remoteness and the daily challenges it presents for the refugees and those who assist them. Here are some of his recollections.

"Lesson number one: the person who coined the saying that getting there is half the fun probably wasn't clinging to the side of a farm tractor grinding its way over the 46 km of mud-soaked roads connecting the Fly River boat ramp to the East Awin refugee settlement. That is, unless the definition of fun includes being splashed with muck from an oversized tractor wheel, second-degree sunburn and watching with chagrin as the refugees sharing the journey – oblivious to the hardships – laugh and joke their way through the ride.

Lesson number two: carry lots of water-or good climbing shoes. East Awin is a Bring-Your-Own kind of place; anti-globalizationists will be content to know there is still at least one spot that Starbucks hasn't reached. Or potable water, for that matter. If, like me, you find that you have underestimated your body's need for this precious liquid, relax: a plentiful and delicious source is available in the form of wild rambutans-at least for those with the daring and treeclimbing skills to pluck them. Fortunately for me, there were refugees up to the task, who nimbly scaled the highest branches to produce the water-bearing fruit, refusing out of principle or pity to accept any payment from the hopelessly out-of-place "waitman."

Lesson number three: "bagarap" is in no way a profanity; it is a perfectly respectable verb meaning "to ruin."

Example: "the tractor ride did completely bagarap my clothes." Anyone who has read the essay by Mark Twain in which he laments the final-syllable stress of the German word "damit," will reflect with regret on the consolation that would have been his had he only discovered Tok Pisin.

Of course, this is just a start; befitting one of the greatest regions of human diversity (over 800 different societies, 1/5 of the world's known languages), the lessons offered by this astoundingly rich country are equally varied. As is often the case when working around refugees, many of these come from witnessing the courage and resilience of people who have lost so much, and the sacrifices made by those who endure daily hardships to help them.

The UN Country Team has expressed interest in following up the 2007 workshops with a similar event next year. If the eCentre is again invited to participate this would certainly not bagarap my schedule. Only, about that tractor..."

Mike Dell' Amico, eCentre Coordinator

In the coming months, UNHCR will be seeking to engage further with development agencies in PNG to expand viable sustainable livelihood options for this long-standing refugee caseload, including improvements to the infamous 'road'.



UNHCR PNG

The road to East-Awin.

Pacific Immigration Directors convene in Samoa

The annual meeting of the Pacific Immigration Directors' Conference (PIDC) was held in Apia, Samoa, from 15-17 August, bringing together representatives from 18 countries and territories from across the Pacific.

The theme of the meeting was *Working together to strengthen regional security and prosperity through managed international people movements*, and provided an opportunity for senior immigration officials to discuss issues of mutual concern.

Mr Api Fiso, Chair of the PIDC and Border Security Group Manager for Immigration New Zealand, said that immigration agencies face ongoing challenges, with the ever increasing numbers of people travelling internationally within the region.

"The PIDC takes a collective, pragmatic approach to these challenges, seeking small incremental steps to improve border management across the region," Mr Fiso said.

The PIDC also works collaboratively with regional law enforcement agencies as well as other regional and global organisations on migration matters who are invited to attend its conferences as observers.

UNHCR's Regional Representative Richard Towle attended with 'observer' status and presented a paper on steps that small Pacific Island states could take



Courtesy of PIDC



Courtesy of PIDC Secretariat

Apsis Fiso, Chair of the Pacific Immigration Directors Conference (PIDC)

to ensure the protection needs of asylum-seekers and refugees are incorporated into border control and immigration measures.

"In the Pacific region, it is clear that refugee protection cannot be divorced from states' efforts to manage migration, particularly at their borders, in a more structured way," he said.

"UNHCR is convinced that a balanced migration system should be able to protect a state's sovereign borders, obtain considerable benefits from migration and, importantly, ensure that people who have been forcibly displaced from their own countries by persecution and serious human rights abuses are able to find safety and protection in accordance with recognised international standards.

"Put briefly, the two concerns of border control and refugee protection are not mutually exclusive. Rather, they can be mutually reinforcing and complementary.

"UNHCR recognises that most Pacific Island states have limited resources and may not all be in a position to implement comprehensive national systems for refugee protection.

"However, by working closely with UNHCR and putting in place practical procedures at borders, we can ensure that people who may need international protection are identified in broader immigration management," said Towle.

Key steps to help boost protection capacity in the Pacific

- Scoping and regular analysis of patterns and trends of asylum-seekers and refugees moving through the region.
- Liaison and building partnerships with other regional bodies such as the PIDC, IOM and agencies of the United Nations.
- Providing regular advice, guidance and support to individual Pacific Island governments on policy and operational dimensions of international refugee protection.
- Providing practical advice and training to relevant officials on how to integrate 'good practices' and standards of asylum/refugee protection into relevant immigration laws, regulations and operational guidelines.
- Providing technical advice and support to those states considering ratification of relevant international instruments such as the 1951 Refugee Convention and the two Conventions on Statelessness.
- Induction training, mentoring and supervision to new immigration and border-control officials, police and detention/prison officials and the judiciary on basic principles and good practices for refugee protection and migration management.
- Establish a practical network between UNHCR and interested Pacific Island states whereby designated government officials would be able to contact UNHCR via a '24/7 hotline' to obtain technical advice, practical guidance and operational support as to how to manage individual cases that have indicated protection needs in the Pacific Island's sovereign territory.

News from UNHCR in Darfur



UNHCR/N. Yacoub

Participants at a Sexual and Gender Based Violence (SGBV) Workshop run by UNHCR in West Darfur.

UNHCR staff find the rewards amidst the challenges of West Darfur

By Natasha Yacoub*

The gentle pattering of rain on the thatch roof, humming of brightly coloured insects and braying of donkeys is interrupted by gun-fire close to the compound in El Geneina, the capital of West Darfur. I hardly notice it any more. In Arabic, there is a saying 'yum asal, yum basal' (one day is onion, one day is honey). In Darfur, there is both onion and honey in every day. Having worked for six months as a Field Officer in West Darfur, the constant rewards of living amongst and learning about traditional communities from Sudan and Chad are combined with difficult challenges of ongoing insecurity and the frustration of not being able to access people in need.

The protection work in each of the five field offices in West Darfur differs considerably, depending on the political, ethnic and environmental situation in the

area. My activities vary from monitoring population movements on the border of Sudan and Chad to supporting a refugee woman to deliver a child. In Um Dukhun, on the border with Chad and close to the border with the Central African Republic (CAR), there is a lively mix of people, including refugees (from CAR and Chad), internally displaced persons (IDPs), and Sudanese returnees from Chad who mostly return to Darfur owing to the ongoing conflict in eastern Chad. With the recent arrivals to Um Dukhun of these refugees, UNHCR's work focuses on addressing urgent needs for shelter and other items such as kitchen sets and gerry-cans, and offering to move them away from the border to the UNHCR refugee camp in convoys of trucks.

Of approximately 4.2 million conflict-affected people in the Darfur crisis, 2.2 million are internally displaced. In several areas, UNHCR is working with IDPs who have been in camps or settlements for many years. UNHCR cooperates with local government and communities as well as

the African Union (AU) troops to address physical security issues. We also engage in legal protection, to combat impunity and increase access to legal redress. The ongoing conflict has resulted in loss of economic opportunities, and UNHCR provides help for people to earn a living and educational activities for vulnerable groups such as youth and women.

In a UNHCR women's centre in Wadi Saleh, I recently met a 70 year old woman who had lost her family and walked for over a week to get to the camp. She was making bread at the women's centre to sell on the local market to sustain herself in the absence of traditional family support structures. She took my hand and demonstrated a traditional Fur women's dance and for a moment, swaying under the hot sun, the conflict could have been far away and I could have been anywhere in the world. Her positive character and strength were both humbling and inspiring.

Access to UNHCR's beneficiaries is limited in some places by ongoing insecurity. Targeting of the humanitarian operation and staff continues unabated, with a rise of 65 per cent in carjackings in the first half of the year compared to 2006. As of 30 July 2007, 100 aid workers had been temporarily abducted, 55 convoys had been attacked or looted, and 81 humanitarian vehicles had been hijacked. It is hoped that the deployment of the 26,000 strong UN-AU peace-keeping



force in Darfur, as well as the 3000 UN-EU personnel in eastern Chad will have an overall stabilising effect by next year. In addition to this, there are renewed efforts by the UN and AU to bring non-signatory factions of the Darfur Peace Agreement and other relevant parties to the negotiating table.

On the drive back from the refugee camp in Mukjar today, the UNHCR vehicle passed a woman holding a small child at the side of the road. Our eyes met briefly. She gave me

a broad smile that warmed my heart, waved and mouthed the word, "Salam!"(peace). I remembered at that moment why I am working in Darfur, and that we are all hoping for the same thing. Peace.

**Adelaide-born Natasha Yacoub was formerly the Associate Legal/Resettlement Officer with UNHCR Canberra*

Individuals can support UNHCR's work in Darfur by donating via unrefugees.org.au or unhcr.org



UNHCR Field Protection Officer Natasha Yacoub dancing with local women on International Women's Day 2007.

UNHCR

UNHCR teaches Darfur IDPs to help themselves and the environment

The UN refugee agency is working with internally displaced Sudanese to rehabilitate the environmental degradation that has been both a cause and a consequence of the Darfur conflict.

Earlier this year, UNHCR through its implementing partner INTERSOS started a community-based environmental rehabilitation project in three localities in West Darfur: Forobaranga, a small town bordering Chad, in Garsila and in Um Kher village.

The three nurseries aim to improve fruit and vegetable production, address deforestation through growing forest trees and provide local farmers, many of them women and youths, with training on topics like land management, water harvesting, pest control, tree management, intercropping, cash crop management, seed production and storage.

"This is for once good news from Darfur. We are pleased to see local villagers and

IDPs alike embark on activities that not only help restore the damaged environment but also provide them with skills to enhance their self-sufficiency in the future," said Chrysantus Ache, UNHCR Representative in Sudan.

The Darfur conflict, often simplified in the public debate, is complex. Among several causes are tensions over access to land, water and resources. Ironically, the massive displacement of Darfurians over the past three years has worsened that already precarious environmental condition.

With internally displaced people (IDPs) moving close to urban centres and into camps – there are two million people displaced inside Darfur – deforestation around camps and towns has grown rapidly. Everyday, IDPs and local communities go further into the desert to collect firewood and livestock cover greater distances to find grass.

Apart from managerial skills, the participants learn differences in growing mango, banana, citrus, papaya, guava, millet, sorghum, tomato, onion, garlic,



After working in a nearby factory, Zahia, 15, collects wood for her family. The high number of internally displaced in Darfur has damaged an already degraded environment.

UNHCR/H. Caux

chickpeas, beans, groundnuts, eggplant, potato and sweet potato. Weekly training follows the natural cycle of the plants: sowing, germination, growth, transplanting and creation of new seeds.

So far, over 200 participants, mostly women and youth, have enrolled in the three localities. Ninety-minute training sessions are held four days a week. In Garsila, UNHCR plans future training in youth centers in IDP camps outside the village to attract more internally displaced youth.

By Annette Rehl in Kahartoum, Sudan

UNHCR Resources

The Global Report 2006

UNHCR's annual review of challenges and achievements for the previous year.

Available online at unhcr.org



The Global Appeal 2007

The tenth Global Appeal outlines UNHCR's strategies and programmes for 2007, and alerts governments and others to the plight of millions of refugees and others of concern to the Office. Available online at unhcr.org



Free publications available from UNHCR Canberra (in hard copy)

UNHCR Canberra also has a wide range of hard copy books, magazines, posters, videos and DVDs available which are mostly free-of-charge. Contact the Public Information unit to place your order on +61 2 6281 9108 or aulcapi@unhcr.org. Currently, available stock includes:

Refugee Children: Escape from Persecution and War

UNHCR, 2007



This new educational booklet for young readers looks at issues facing refugee children and tells the stories of children from Afghanistan, Columbia, Sudan and Bosnia.

Coming Back: Diary of a mission to Afghanistan

By Edoardo Albinati and translated by Howard Curtis

This diary account of the Italian writer's time as a UN volunteer working with UNHCR in Afghanistan in 2002 provides one person's on-the-ground account of his travels around Kabul, Kandahar, the deserts and rural areas in the search of solutions to the problems of reintegrating refugees.



Refugee Women

A joint publication of UNHCR and the Australian Commonwealth Office of the Status of Women, this book gives brief biographies of prominent refugee women from around the world, including Isabelle Allende, Tan Le and Alek Wek.

Refugee like me

By Carmel Travers

Based on the television documentary of the same name, this booklet profiles the stories of six refugees from around the world who have now made Australia their home.

Refugee Protection:

A Guide to International Refugee Law

A joint publication of UNHCR and the Inter-Parliamentary Union, this handbook for parliamentarians is a good plain-English guide to international refugee law.

UNHCR Refugee Resettlement Handbook

The Handbook is a useful compilation of policy and procedural guidance on the issue of resettlement, from UNHCR field office procedures to country chapters contributed by key resettlement states.

Refugees magazine, no. 146: Iraq bleeds

A report on the humanitarian crises from the Iraq conflict brings stories of the displaced within Iraq and in neighbouring countries.

For more information visit unhcr.org.au/pubinfo

UNHCR REGIONAL OFFICE NEWSLETTER No. 1/2007 (Published September 2007)

A publication of the Regional Office for Australia, New Zealand, Papua New Guinea and the South Pacific.

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