Photo Credit: The Global Fund "Focus on The Middle East Response", https://www.theglobalfund.org/media/7642/publication_middleeastresponse_focuson_en.pdf?u=636760719030000000

Cover Page for Policy Brief #2:

Research-Oriented Policy Brief

WOMEN'S REFUGEE COMMISSION

Student Number (GWID): G33964165

What organization do I represent? I chose to represent the Women's Refugee Committee, an advocacy organization that focuses on highlighting issues among female refugees that are often ignored, like women's reproductive health, disabilities, and the linkages between economic disparity, sex work, and experiences of violence among female refugees. Their last report on HIV/AIDS and Syrian refugees in Jordan was in 2013; this policy brief provides an updated perspective on this important, though often overlooked, topic.

What is the policy ask/argument? The policy ask is for the Government of Jordan to prioritize and invest in HIV preventiWon and treatment efforts as part of more comprehensive health programming for Syrian refugees, both those living in refugee camps and those who have been integrated into more urban city areas. The brief calls for funding, programming, and sex- and age-disaggregated data collection that will allow the government and other key actors – like NGOs and UN agencies working with the Government of Jordan to address the humanitarian crisis – to better understand HIV prevalence among this population and also their HIV risk factors. It also advocates for revision of the Jordanian law that states that any foreigner living with HIV who remains in Jordan for more than 3 months can be deported.

Who is targeted and why? For this policy brief, I targeted the Government of Jordan (The Hashemite Kingdom of Jordan). While UN agencies in Jordan support humanitarian efforts, it is ultimately the Government of Jordan that is responsible for the health and well-being of the refugees living within its borders. Thus, my recommendations are for the Jordanian Government to take a more active role in HIV prevention and treatment; however, I also recommend that they should continue to partner with UN agencies and NGOs who have experience with gender and HIV in these contexts, and who can help them to ensure that HIV services for female refugees are delivered in a gender-responsive way.

HIV Among Female Syrian Refugees in Jordan:

Prioritization of Prevention and Treatment Is Key to Saving Lives

November 2018

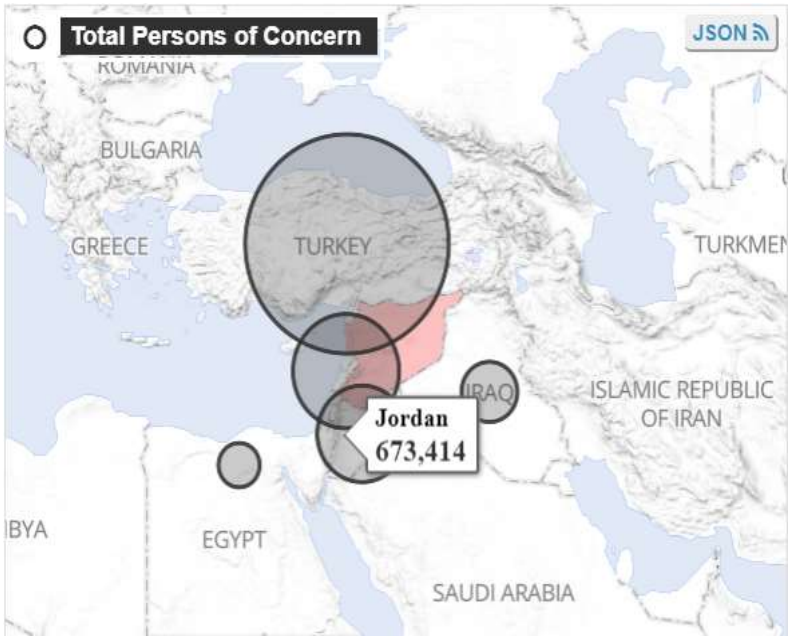
Photo Credit: CNN.com, https://www.cnn.com/2015/06/26/middleeast/jordan-malala-of-syria/index.html

As a result of the Civil War in Syria, which began in March 2011, over 673,414 Syrian refugees have migrated to Jordan and are currently living in refugee camps and urban city centers. While the Government of Jordan has taken significant actions to ensure the health and well-being of these refugees living within its borders, there has been a lack of attention paid to HIV prevention and treatment efforts, particularly for female refugees. Women and girls in humanitarian contexts are at a heightened risk of contracting HIV due to a number of factors stemming from existing gender inequalities that are only further exacerbated during conflict. Risk factors for this population include gender-based violence, a lack of livelihood opportunities – leading to "survival sex" – a lack of knowledge about HIV prevention and transmission, and a lack of access to condoms. An increase of child marriage for Syrian refugees also increases girls' likelihood of getting HIV. HIV-related stigma in Jordan prevents refugees from getting tested and treated for HIV and an overburdened health system results in inadequate and inconsistent health services for this population.

The Government of Jordan has always prided itself on being a leader in human rights in the region. If Jordan is to continue to hold this title, the time is now for the Jordanian Government to step up and take action to ensure consistent, quality, and stigma-free HIV prevention and treatment efforts for all refugees, but especially for women and girls. The Jordanian Government should invest funds in HIV prevention and treatment programming and in data collection efforts to ensure a shared understanding of HIV prevalence and risk factors among female refugees. The government should also reform discriminatory laws that may prevent refugees from seeking testing, counseling, and treatment. While the Jordanian Government should take ownership over this issue, collaboration with NGOs and UN agencies also working in this space who have expertise in gender-responsive HIV programming may be useful.

The Syrian Refugee Crisis in Jordan

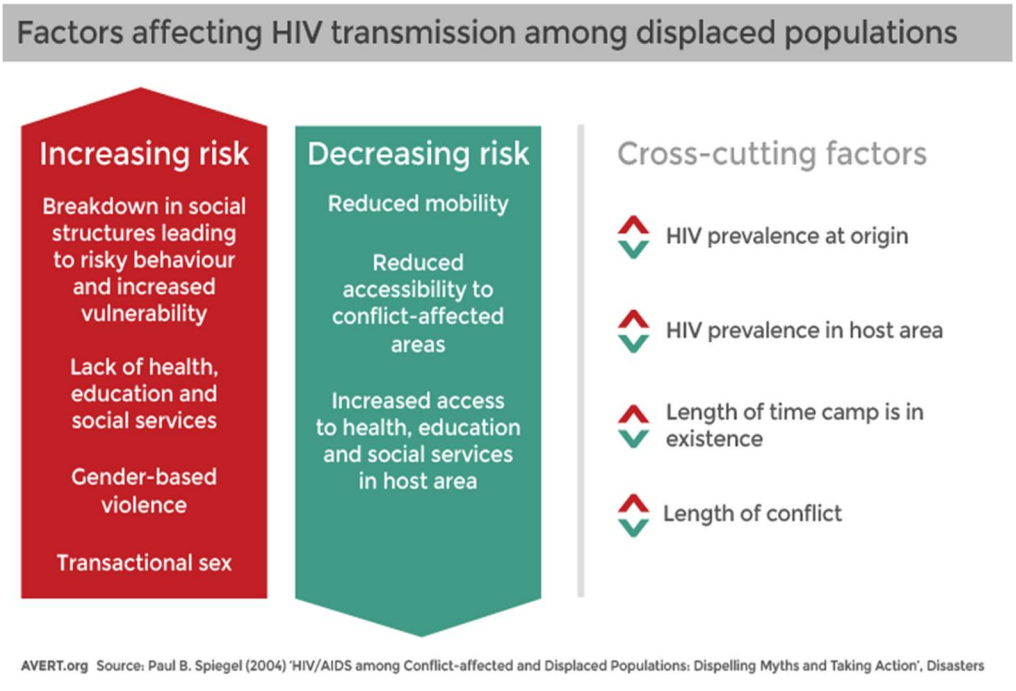
March 15, 2011 marked the beginning of the Civil War in Syria, devastating the country's infrastructure – including hospitals, schools, utilities, and water and sanitation systems – killing hundreds of thousands of innocent civilians, and displacing over 6.1 million people within the country.[1] Another 5.6 million Syrian refugees have fled to other countries to seek refuge from the violence and destruction.[2] In Jordan alone, there are 673,414 registered Syrian refugee[3] – though the actual number living in the country is likely much higher, with some estimates reaching a total of 1.3 million[4] – and this number is growing by the day. Syrian refugees represent 1 in every 10 people in Jordan, which is higher than the ratio of Syrian refugees in any other country, except for Lebanon,[5] and of the 673,414 registered Syrian refugees in Jordan, an estimated 50.4% are women.[6] Approximately 140,002 refugees live in camps like Zaatari, Azraq, and Emirati Jordanian Camp, with the majority of refugees in Jordan residing in urban areas, like Irbid City.[7]



Map from UNHCR, https://data2.unhcr.org/en/situations/syria

Conflicts Place Women and Girls at a Higher Risk of Contracting HIV

There are currently 36 million people around the world living with HIV[8], and refugees are at an increased risk of contracting the disease. Prevention services in conflict-related settings are severely lacking. According to UNAIDS Deputy Director, Luiz Loures: "Crises and conflict tend to exacerbate existing vulnerabilities and inequalities, contributing to the spread of HIV".[9] Women and girls – who because of both biological and social factors are already disproportionately at risk of contracting HIV – are even more so in humanitarian contexts. [10]



There are a number of factors that lead to an increased risk of HIV among this vulnerable population.

Gender-based violence increases during times of conflict, facilitating the spread of HIV: Violence against women and girls (VAWG) increases their risk of getting HIV in any setting.[11] According to UNAIDS, women who have experienced violence are up to three times more likely to have HIV.[12] Women and girls are often most at risk of violence immediately before, during, and after conflict.[13]

> Women who have experienced violence are up to 3x more likely to have HIV.

Gender inequalities, which fuel violence, are exacerbated during conflict, and as a result, gender-based violence (GBV) increases, perpetrated both by military actors and militias as well as intimate partners,[14] with approximately 7 out of every 10 women exposed to GBV in crisis situations.[15] Rape is commonly used as a weapon of war by militias, and sexual violence – including sexual exploitation – occur within refugee camps. Girls, in particular, are vulnerable to sexual exploitation, as many of them have been separated from or lost their parents during the conflict, and, as a result, are living without parental support.[16]

Domestic violence also often increases in post-conflict settings.[17] This is the case in Zaatari Camp, the largest refugee camp in Jordan. In a 2013 study about the camp, female respondents noted that they perceive more cases of domestic violence in the camp than they did in Syria, but that they feared reporting it.[18] This lack of disclosure about sexual violence coupled with a lack of availability of clinical care for rape survivors in the camp puts women at a higher risk of HIV. Living conditions within the camps further increase women and girls' risk of violence. Respondents from the 2013 study noted that a lack of lighting made them hesitant to use toilets at night in the camp, out of risk of being attacked.[19]

A lack of livelihood opportunities for refugees leads women and girls to turn to "survival sex", and female sex workers are at a higher risk of HIV: Forced migration during conflict leads to lost livelihoods, and there are limited opportunities for income-generating opportunities for refugees, both within refugee camps and in urban areas. As a result, refugees struggle economically, and have trouble meeting their basic needs. Women and girls – who often bear the burden of providing for their families in humanitarian settings where male family members may have died during the war – turn to transactional sex for money or in exchange for food and protection.[20] This is a major issue among Syrian refugees in Zaatari Camp, where 1 in 5 households are headed by women.[21] The fact that refugees are reliant on "survival sex" is well-known by the international humanitarian community. However, little is being done to create alternative livelihood opportunities for women and girls or to ensure that they have the knowledge, skills, and resources (i.e. condoms) to protect themselves when engaging in this type of HIV risk-behavior.[22]

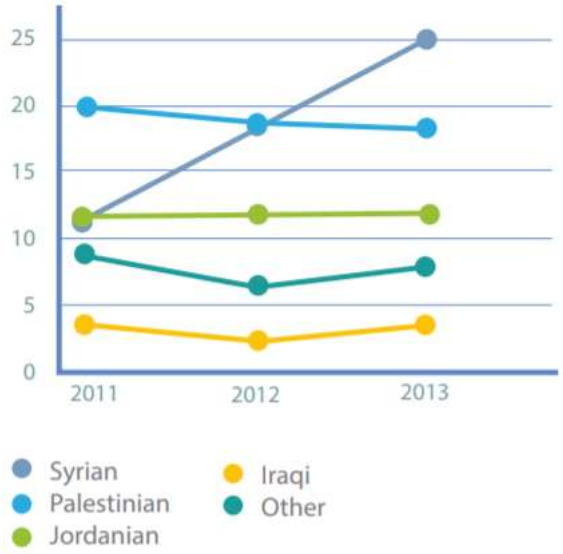
> ***"I tried to get a job, but I could not. When I started sex work, nobody was on my side to give me counseling to tell me 'you have to protect yourself against HIV, STIs'...Sometimes you have to go with five men because you need the money. And sometimes they don't even pay you and you can't report it because you'll be arrested. It's so sad."***
>
> A Female Refugee Sex Worker

Traditional gender norms prevent women from accessing HIV-prevention resources, like condoms: Traditional gender norms around female sexuality prevent women from accessing HIV-prevention resources, like condoms, which would allow them to take control over their own health. The 2013 Zaatari Camp study revealed that that male condoms were readily available in clinics, but no female condoms were available. The same study, which also looked at Irbid City – another key refugee site in Jordan – revealed that health care facilities would not give condoms to non-married women.[23]

Insufficient health, education, and social services in humanitarian settings result in decreased knowledge about HIV risks and modes of transmission, particularly among adolescents, who likely do not have previous knowledge about HIV. HIV-related stigma in Jordan exacerbates the issue: Schools and community centers where messages about HIV prevention are normally communicated are often destroyed or closed during conflict, and educational programs in refugee camps do not prioritize discussions about HIV.[24] This results in low levels of HIV knowledge among women and girls. In Jordan, this situation is exacerbated by the fact that HIV-related stigma in the Middle East and North Africa (MENA) Region is the highest in the world.[25] An unwillingness to openly discuss HIV in this context further contributes to a lack of knowledge, resulting in an increase in risk-taking behaviors. This is particularly problematic for adolescent girls who may be navigating issues around their sexuality for the first time, and for whom knowledge about how to protect themselves in sexual relationships is essential. For HIV+ pregnant women living in the camps, a lack of understanding around how to prevent mother-to-child transmission (PMTCT) increases the likelihood of women passing the disease on to their children.[26]

An increase in child marriage among Syrian refugees combined with low levels of HIV prevention knowledge among adolescents puts girls at a higher risk of getting HIV: According to a recent study by the International Center for Research on Women (ICRW), while child marriage rates in Jordan are generally low, among Syrian refugees they are on the rise. In Jordan, the number of registered child marriages for girls aged 15-17 by Syrian refugees as a percentage of all registered marriages rose from approximately 11% in 2011 to 25% in 2013. Additionally, in 2013, this percentage was 7% higher for Syrians than for any other population living in Jordan.[27] ICRW found that "the most significant driver of child marriage in Jordan is the instability and uncertainty emerging from the Syrian refugee crisis, which creates a sense of physical and economic instability. It has opened avenues for child marriage to occur in several forms."[28] Although child marriage is not prevalent in Syrian culture, it has become more common among refugees in Jordan who see it as a way to keep girls safe amongst ongoing instability in the refugee camps. Low levels of HIV prevention knowledge among adolescent girls who are married early coupled with low levels of decision-making power common among child brides puts these girls at a higher risk of getting HIV. Given the overall low levels of child marriage in Jordan, ICRW found that "devoting significant resources to ending child marriage is not a priority for many of the Jordanian government officials, UN officials, and non-governmental organizations (NGOs)…"[29] The fact that ensuring proper HIV education for girls within the camps is likewise not prioritized further increases girls' risk.

Figure 2: Registered child marriages for girls aged 15-17 years as a percentage of all registered marriages, by nationality, Jordan, 2011-2014



Source: UNICEF 2015

> ***"…early marriage is a culturally-accepted practice for many Syrian refugees, with common beliefs that married girls and women gain more respect and lessen the financial burden on their families, dismissing the reality of its long-lasting health consequences."***
>
> UN Women, 2013; SGBV Briefing Note, 2014W

A Lack of Data Puts Refugees at Risk

A lack of data makes it difficult to know how many Syrian refugees in Jordan are actually living with HIV. As a result, HIV prevalence is likely undercounted, and humanitarian aid in Jordan does not prioritize HIV as a key health issue for this population: According to 2015 estimates by the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), and UNAIDS Secretariat, of the 314 million people affected by humanitarian crises, an estimated 1.6 million people (1 in every 22 refugees) were living with HIV, and due to increased risk caused by conflict and displacement, thousands more are at risk.[30]

While HIV prevalence is relatively low in Jordan, according to 2010-2011 data, country-wide HIV trends show a slow, but steady increase, particularly among vulnerable populations, like female refugees.[31] Many Syrians were diagnosed with HIV/AIDS in Syria and were receiving treatment before the war. However, a lack of data about the HIV status of refugees in high-population areas like Zaatari Camp is concerning,[32] as it makes it difficult for key government stakeholders in Jordan who determine funding priorities to be able to understand the pervasiveness of the problem. As a result, many cases of HIV among refugees go untreated, and HIV efforts as a whole remain underprioritized and underfunded.

HIV-Related Stigma Prevents Testing and Treatment for Refugees

HIV-related stigma and discrimination, common in MENA countries like Jordan, leads to lower rates of HIV testing and disclosure among Syrian refugees: According to a Policy Statement on HIV Testing and Counseling (HTC) for Refugees and Other Persons of Concern, UNHCR, WHO and UNAIDS "strongly support the continued scale-up of HTC at non-clinical sites and through community-based approaches", though argue that it should never be mandatory.[33]

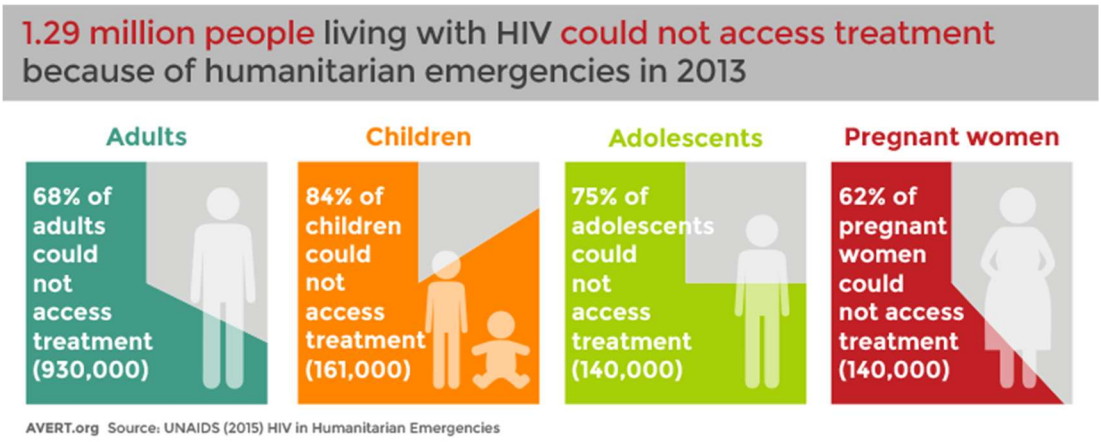
Despite this strong guidance from UNHCR, stigma and a lack of confidential HIV services continue to serve as a barrier to HTC among refugees. Female refugees may be particularly concerned about testing, as it may lead to an increase in domestic violence within their homes.[34]

Voluntary counseling and testing (VCT) is not commonly provided in camp settings or to urban refugee populations.[35] Other issues – like mistrust about how asylum countries may use information about refugees' HIV status, or concern among refugees about unintentional disclosure of their status – also dissuade them from getting tested and/or seeking treatment.[36] In Jordan, this issue is exacerbated by the fact that Jordanian law explicitly states that any foreigner living with HIV who remains in Jordan for more than 3 months can be deported.[37] Thus, fearing deportation, refugees may not utilize VCT services even when they are available.

HIV+ Female Refugees Also Face Issues Accessing Services

An overburdened health system results in inadequate and inconsistent health services: Jordan – along with the other nations that border Syria, including Turkey, Lebanon, Iraq, and Egypt – are struggling with how to support the surge of new residents living within their borders, particularly in light of the extended nature of the conflict, which indicates that returning home to Syria will not happen for some time, if at all, for most refugees. While billions of aid dollars have been donated to Jordan to help the country cope with the refugee crises, the need for resources still outweighs Jordan's current capacity. As a result of this pressure, Jordan temporarily closed its borders to refugees in June 2018.[38] While the borders have now re-opened, this shortage of resources remains, and may have negative implications on refugees' health, as health-care facilities in Jordan cannot keep up with the number of new patients, and overburdened health care workers are unable to adequately care for those living in refugee camps.[39]

According to a 2015 study of Zaatari Camp and Irbid City, both service providers and refugees interviewed noted "uneven and inadequate availability" of STI and HIV-related services and supplies.[40] In particular, humanitarian settings in the MENA region lack drugs, vaccines, laboratory and diagnostic materials, and surgical instruments.[41] As a result, HIV+ refugees often do not have access to life-saving HIV testing and treatment services. An amnesty law passed in 2018 – which allowed many refugees in urban areas of Jordan to formalize their residence – simultaneously took away subsidized healthcare for those living outside refugee camps.[42] This further discourages economically disadvantaged refugees from seeking HIV treatment.



Recommendations for the Government of Jordan

The lack of both prevention and treatment for HIV among female Syrian refugees is problematic for a number of reasons. At its very core, denying refugees the right to adequate HIV care is denying them a basic human right. For a country that has always prided itself on its reputation as a leader in human rights in the MENA Region, **the time is now for the Government of Jordan to step up and take action**. If Jordan is to meet its commitment to leave no one behind in meeting the Sustainable Development Goals (SDGs) – in particular SDG 3 (Good Health and Well Being) and SDG 5 (Gender Equality) – **they must do more to ensure consistent, quality, and stigma-free HIV prevention and treatment efforts for all refugees, but especially for women and girls.**

While UN agencies support humanitarian efforts in Jordan, ultimately, the Jordanian Government is responsible for its residents, including the large number of Syrian refugees in Jordan. Thus, the government should take the following actions to ensuring the care and well-being of Syrians living within its borders.

> ***"We cannot end the AIDS epidemic by 2030 if we do not provide protection, care and treatment to people affected by emergencies. It is a matter of public health for people displaced by emergencies and those that host them. It is a basic human right."***
>
> Paul Spiegel, Deputy Director, Division of Programme Support and Management at the United Nations High Commissioner for Refugees

- **Fund comprehensive GBV prevention and treatment services for refugees, both within camps and in urban settings:** GBV programs should target women and girls who are at a heightened risk of violence in humanitarian contexts. Camps should ensure proper lighting to prevent sexual assault. Programs should provide comprehensive services – including VCT for HIV – and should ensure confidentiality, both for people who are reporting instances of violence and also in communicating HIV test results. Government ministries should partner with local NGOs, women's groups, or UN agencies, like UN Women, that have expertise in gender, HIV, and GBV and who understand the local context to ensure gender-responsive programming.
- **Provide training and livelihood opportunities for refugee women and girls:** Ensuring that female refugees have access to education and skills-based training as well as to market-based opportunities for their skills and goods is essential to preventing transactional sex, which leads to the spread of HIV. Livelihood programs should focus on providing sustainability and on integrating urban refugees into the social and economic fabric of local communities.
- **Ensure that male and female condoms are readily available, both within clinics in refugee camps and also in urban health care facilities**. Condoms should be distributed to both men and women, regardless of their marital status, as they are key to HIV prevention efforts.
- **Invest in HIV education programs for refugees.** These should be culturally-sensitive and should focus on increasing knowledge about HIV risks and modes of transmission. Programs should also incorporate skills-based learning around how to openly discuss HIV and how to negotiate safe sex. Adolescent girls, including and especially those who were married early – who often have low levels of knowledge about HIV in these contexts – should be targeted. There should also be tailored programming for female sex workers, as this is a high-risk profession, and one that is common within humanitarian settings.
- **Implement child marriage prevention programs in refugee camps, where child marriage is on the rise among Syrian refugees.** Programs should provide vocational opportunities for girls aged 15-18 who are at a high risk of early marriage, and should get buy-in from religious leaders, who are often responsible for shaping norms around the value of the girl child and child marriage. GBV prevention programs that seek to protect girls from sexual assault may also contribute to a decline in child marriage, if parents no longer feel they have to marry off their daughters to keep them safe.
- **Collect and publish more data on HIV prevalence and risk factors for Syrian refugees.** There is currently a dearth of data on HIV prevalence in Jordan broadly, and in particular for the refugee population. Data should be sex- and age-disaggregated and should distinguish between populations living in refugee camps and those in urban settings, as HIV risk factors may differ by population. Gathering data about HIV prevalence may also help the Jordanian Government to understand the importance of this issue, and to prioritize HIV programming for female refugees.
- **Provide confidential and stigma-free HIV testing and treatment services.** Ensure that refugees know that their HIV status will not be used as justification for deportation.
- **Reform the law.** To further encourage female refugees to seek VCT services, the Jordanian Government should repeal the law that states that that any foreigner living with HIV who remains in Jordan for more than 3 months can be deported.
- **Ear-mark funding specifically for HIV services for Syrian refugees.** Funds should go towards ensuring that clinics are well-resourced, both with HIV testing and treatment materials and also with qualified, gender-sensitive HIV professionals.

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