CHAPTER 14

Joint United Nations Programme on HIV/AIDS

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The Joint United Nations Programme on HIV/AIDS (UNAIDS)[1] leads and inspires the world to achieve its shared vision of "zero new HIV infections, zero discrimination and zero AIDS-related deaths." UNAIDS unites the efforts of 11 UN organizations – the Office of the UN High Commissioner for Refugees (UNHCR), UNICEF, World Food Programme, UN Development Programme, UN Population Fund, UN Office on Drugs and Crime, UN Women, ILO, UNESCO, WHO and the World Bank – and works closely with global and national partners to maximize results for the AIDS response. UNAIDS mobilizes political, technical, scientific and financial resources and holds itself and others accountable for results. It empowers agents of change with strategic information and evidence to influence and ensure that resources are targeted where they can deliver the greatest impact and bring about a prevention revolution; and supports inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts.

The 11 UNAIDS Co-sponsors and the Secretariat work on various thematic areas in the AIDS response at the global, regional and national levels, based on an agreed division of labour. For HIV and migration, the work of the ILO on social protection and labour migration, and the work of UNHCR on international protection, assistance and durable solutions for refugees, are of particular relevance. In its leadership and advocacy work, the UNAIDS Secretariat promotes two urgent policy and programmatic priorities. The first is that all mobile people, citizens and non-citizens alike, including migrants, should have access to HIV prevention, treatment, care and support services, adapted to address migration-related conditions that can increase the vulnerability to HIV infection and its impact. Second, all people, including those living with HIV, should have equal access to freedom of movement. Specifically, any restrictions on entry, stay, residence and work that are based solely on HIV status should be removed.

1. Migration and development activities undertaken since the 2006 High-level Dialogue

The large-scale movement of people across and within national borders has become an indispensable feature of the modern, globalized world. UNAIDS, therefore, strives to ensure that HIV and other health and development policies and programmes understand and address the needs and contributions of migrant populations for equity and practical reasons. In this regard, the strong advocacy and engagement of UNAIDS with various countries has had significant results. UN Member States unanimously made a commitment in the 2006 Political Declaration on HIV/AIDS and 2011 Political

[1] Established in 1994 by Resolution 1994/24 of the UN Economic and Social Council and launched in January 1996, UNAIDS is guided by a Programme Coordinating Board composed of representatives from 22 governments from all geographic regions, the UNAIDS Co-sponsors and five representatives from NGOs, including associations of people living with HIV/AIDS (PLWHA).

Declaration on HIV and AIDS to provide access to HIV prevention, treatment, care and support for all people, including migrants and people affected by humanitarian emergencies in HIV strategies and programmes.[2]

Another achievement in securing the commitment of governments to addressing the HIV-related needs of migrants and other mobile populations is the landmark UN Security Council Resolution 1983, adopted in June 2011. This resolution has called for "considering HIV-related needs of people living with, affected by, and vulnerable to HIV, including women and girls" when dealing with conflict and post-conflict situations, including the prevention of and response to sexual violence.[3]

UNAIDS supports countries in developing an evidence-informed understanding of their HIV epidemic through the "know your epidemic, know your response" approach. This requires countries to clearly understand the size and demographic composition of populations (whether key populations,[4] which have a higher risk of being exposed to or transmitting HIV, or the general population), including mobile ones. It also requires analyzing the legal and social environment, and how that influences vulnerability to HIV infection and access to HIV-related services. Once this is completed, countries can better invest their resources in programmes and approaches that address the underlying dynamics of the epidemic. Although such understanding has generally resulted in countries refocusing prevention and treatment activities, migrants still face greater challenges in accessing services for prevention, care and treatment. High-quality data on migration and HIV are essential for UNAIDS to support strategic planning and implementation at the country and regional levels.

UNAIDS has strongly advocated for migrants having access to HIV information and services, as well as specific programmes to address their special vulnerabilities to HIV infection because of the unique conditions surrounding migration. These conditions include separation from spouses or partners and from familiar social and cultural norms; language barriers; exploitative working conditions; substandard housing; and violence, including sexual violence. Isolation, stress and the absence of social support may lead some migrants to engage in high-risk behaviours (such as unsafe casual or commercial sex, drug use or excessive alcohol consumption). Female migrants often experience particular vulnerability to HIV. Many are employed in informal sectors of

[2] The 2006 and 2011 declarations are available from www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf and www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf, respectively.

[3] UN Security Council Resolution 1983, S/RES/1983(2011), is available from www.unaids.org/en/media/unaids/contentassets/documents/document/2011/unsc/20110607_UNSC-Resolution1983.pdf.

[4] Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it, and whose engagement is critical to a successful HIV response. In all countries, such key populations include PLWHA. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should identify the specific populations that are key to their epidemic and define their response based on the epidemiological and social context.

the economy, including the domestic service or entertainment sector, where they may be susceptible to exploitation and/or physical and sexual violence.

In 2008 UNAIDS established the International Task Team on HIV-related Travel Restrictions to focus attention on such restrictions on national, regional and international agendas, advocating and supporting efforts to eliminate them. The Task Team affirmed that HIV-specific restrictions on entry, stay and residence based on HIV status are discriminatory, do not protect public health and are overly broad in terms of rationally identifying people whose entry or stay might result in an undue burden on public services. It further stated that such restrictions have always been ineffective and have become even more inappropriate in the age of globalization and increased travel; treatment of HIV; national and international commitments to attaining universal access to HIV prevention, treatment, care and support; and the protection of the human rights of people living with HIV.

UNAIDS works with countries to abolish their HIV-related restrictions on entry, stay and residence, as part of broader efforts to realize the vision of "zero discrimination." Since 2010 Armenia, China, Fiji, Mongolia, Namibia, the Republic of Korea, the Republic of Moldova, Ukraine and the United States of America have all removed their restrictions. However, as of January 2013, 44 countries, territories and areas still maintain some form of restriction. Although there are no data on the people most affected by these restrictions, they probably disproportionately affect migrant workers. In addition, almost half of the people migrating for employment purposes are women, who tend to be more vulnerable to physical, sexual and verbal abuse and human trafficking.[5]

2. Identified good practices

In other chapters of this book, UNAIDS Co-sponsors have identified a range of practices from around the world that work in responding to HIV and migration. The following are some of those good practices:

(a) IOM has been working with UNAIDS in Bangladesh to give priority to migration and HIV. A strategic plan of action on migration and health, with a special focus on HIV, has been formulated with the participation of stakeholders from multiple sectors. The overall objective of the plan of action is to uphold the health rights (physical, mental and social well-being) of Bangladeshi migrant workers. The plan draws all interventions under one coherent framework to systematically ensure that the migrants and their families have access to health and HIV information and services and HIV treatment, both in Bangladesh and elsewhere.

[5] UNAIDS, "Women out Loud: How women living with HIV will help the world end AIDS". Page 80-81. www.unaids.org/en/resources/presscentre/featurestories/2012/december/20121211womenoutloud.

(b) Thailand and India have reached out to improve migrants' access to health care and antiretroviral therapy.

(c) The Philippines has developed pre-departure briefing for migrants on HIV, health care and related issues, much of which is carried out by civil society. Sri Lanka is also adopting these progressive practices.

(d) The Kenya Emergency Humanitarian Response Plan for 2013 emphasizes the mobility of resource-poor communities to urban centres as a promising coping strategy. This requires promoting preparedness and appropriate responses by building community resilience, focusing on the health sector and the needs of mothers and children. HIV is a cross-cutting theme of the Plan, which is under the stewardship of WHO. Other countries in the region facing the constant mobility of populations are likely to replicate the approach of the Plan.

(e) UNAIDS has identified the valuable contribution of North Star Alliance, an innovative partnership between the World Food Programme and the private sector, particularly Thomas Nationwide Transport, in addressing HIV transmission along commercial corridors in Eastern and Southern Africa. North Star Alliance has created a system of roadside wellness centres providing high-quality health care for key populations, including transporters, sex workers, migrant workers and members of the local community.

(f) Within a human rights framework, UNAIDS has provided support to interventions in South Africa for migrant workers attracted by the economic opportunities in the gold mining industry. The interventions aim to create synergy between tuberculosis and HIV health care in the mines and follow-up care in home countries, particularly, Lesotho and Swaziland.

(g) The United Kingdom has decided to make antiretroviral treatment available to people living with HIV regardless of their immigration status.

3. Challenges identified in carrying out UNAIDS work

Although much has been achieved, many challenges remain. Listed below are a few of the key outstanding challenges pertaining to HIV and migration:

(a) In times of humanitarian crisis, mobility and migration across borders are often the first options for survival. Existing HIV-related vulnerabilities are often compounded, particularly for adolescents and especially young women and girls. Many challenges still remain in providing social protection for populations on the move and, especially, in ensuring the availability of and access to post-exposure prophylaxis for people exposed to sexual violence, medicine for opportunistic

infections and paediatric formulations of antiretroviral therapy. In addition, it is essential that the humanitarian, development and security sectors work in synergy and coherence to address the combination of needs of the affected populations.

(b) Getting countries to abolish their travel restrictions against migrants based on their HIV status is a continuing challenge. While nine countries have removed such restrictions, 44 countries still maintain some type of restriction. These restrictions take the form of pre-departure HIV testing, subsequent denial of visas for those living with HIV and periodic HIV testing of migrants in the host country as a prerequisite to renewing their visas.

(c) Migrants who become HIV-infected in the host country can be jailed and summarily deported. Often, migrants do not receive the results of their tests, confidentiality is not maintained, and they do not receive counselling and referral for treatment.

4. Gaps evident within the migration and development sphere

The above challenges reveal that addressing HIV and migration within the context of development is still at an early stage. Filling the gaps would require increased collective advocacy across the UNAIDS family for investment in programmes that ensure the health and human rights of migrants. It is also essential that migrants, as well as members of their families, are meaningfully involved in consultations on national health and development frameworks.

5. Recommendations for the 2013 High-level Dialogue

The 2013 HLD provides an opportunity for dialogue on the intensified efforts required to reach the Millennium Development Goals by 2015 and on a post-2015 development agenda for protecting the health and human rights of migrant populations. Within the context of HIV, the following questions can be considered:

(a) How to increase the engagement of national leadership in the migration sector in achieving the goal of eliminating HIV-related entry, stay and residence restrictions?

(b) How can regional bodies, such as the Southern African Development Community, the Intergovernmental Authority on Development, the Association of Southeast Asian Nations, the East African Community, the Economic Community of West African States and the Caribbean Community Secretariat be supported to adopt harmonized approaches and work towards coherence of national laws, policies and practices that deal with migrant populations?

(c) How can the humanitarian, development and security sectors work together effectively to address pressing challenges in conflict and post-conflict settings?

The outcomes of the 2013 HLD must include a commitment to the ongoing monitoring of time-bound goals addressing the needs of migrants, based on principles of human rights and equity. The UNAIDS Secretariat will continue its global- and regional-level advocacy work on HIV and migration, with the aim of achieving the complete removal of travel restrictions and increased HIV prevention, treatment, care and support services for migrant populations by national governments. UNAIDS country offices will continue to collaborate with Co-sponsors and other development partners who have the expertise and capacities to support this agenda.