

19 June 2009



24th PROGRAMME COORDINATING BOARD Thematic Segment: Agenda

Date: 22 June 2009

Venue: CICG, Geneva, Switzerland

Time of meeting: 09h00 - 12h30 and 14h00 – 18h15

Theme: People on the move – forced displacement and migrant populations

Background

The importance of addressing the HIV-related needs of “people on the move” was explicitly recognized in the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly in its Special Session on HIV and AIDS in 2001. In 2006, five years later, the United Nations General Assembly’s Political Declaration on HIV/AIDS reaffirmed the broad importance of human rights and fundamental freedoms of all people, including people on the move, in the global effort to halt the HIV epidemic. In its 22nd meeting in April 2008, the UNAIDS Programme Coordinating Board decided to focus the Thematic Segment of the 24th meeting on the theme of People on the Move.¹ The Board noted that addressing HIV information and services for these populations will enhance the development, promotion and implementation of national, regional and international strategies that facilitate access to comprehensive AIDS programmes, and will have a significant impact on human rights including gender. It will also contribute to the follow up of the 19th Programme Coordinating Board decision points 9.1 to 9.6 on *AIDS, Security and Humanitarian Response* in Lusaka, Zambia, in December 2006.²

Meeting the needs of people on the move for HIV prevention, treatment, care and support is essential for achieving Universal Access. Global movement patterns are particularly complex, involving forced displacement as well as migration. UNHCR figures indicate that there were 16 million refugees, 26 million internally displaced persons due to conflict and an additional 25 million displaced due to natural disasters in 2007, while the International Organization for Migration (IOM) estimates there were over 200 million international migrants in 2008. Most countries are simultaneously, to varying extents, countries of origin, transit and destination. Some countries also have large numbers of mobile people within their borders. It is estimated that there are at least 100-150 million internal migrants in China alone.

¹ See UNAIDS/PCB(22)/08.13: “Provisional Agenda item 9: Next Programme Coordinating Board meetings” of the 22nd PCB Programme Coordinating Board Meeting at

http://data.unaids.org/pub/InformationNote/2008/20080227_item_9_next_pcb_meetings_final_en.pdf

² See UNAIDS/PCB(19): “Final decisions, recommendations and conclusions” of the 19th PCB Programme Coordinating Board Meeting at

http://data.unaids.org/pub/Agenda/2006/20061210_final_decisions_19th_PCB_en.pdf

Stereotypes about and marginalization of people on the move can actually create vulnerability and risk. Mobile populations are sometimes blamed for the spread of HIV, or for increasing the burden on limited services for people living with HIV. In reality, many people are moving from countries and communities of low prevalence to countries of higher prevalence where they face a greater risk of HIV infection. Many of the underlying factors driving mobility also increase the vulnerability of mobile populations to HIV infection.. Furthermore, migrants, displaced people and other mobile populations living with HIV and those taking antiretroviral medication face additional challenges in obtaining needed care and treatment, which must be addressed.

The theme of “HIV and People on the Move” provides wide scope for selecting and discussing issues that often fall between the cracks in national AIDS strategies and in international discussion of forced displacement, internal and international migration and travel. These include:

- Humanitarian questions of providing displaced and mobile populations security from conflict and violence, including sexual and gender-based violence;
- Employment and other economic issues that motivate mobility and link with connections between HIV, economic survival strategies and the vulnerability of children and young people; potential increases in unsafe, concurrent and commercial sexual contacts;
- Human rights issues in connection with social integration and access to services, and especially in connection with stigma and discrimination against persons living with HIV;
- Immigration and government legislation which dictates the legal status of people on the move, and thus their access to health services; and
- Language barriers to use of health and social services, and health care system concerns, notably with regard to access and continuity of HIV treatment, including for opportunistic infections.

There is a need for dialogue on reconciling public health concerns with upholding human dignity and rights.

Reducing the vulnerability of migrants and mobile populations to HIV, and reducing the impact of HIV on mobile populations, their families and their homes, transit and host communities, necessarily requires intergovernmental cooperation (whether between countries or between ministries within a country). It requires the collaboration of the business sector, labour, health and social services, and vulnerable communities and people living with HIV themselves. Thus it is an excellent topic for discussion in a Programme Coordinating Board Thematic Segment, as this format is designed to bring member states, civil society and international organizations together. The session can highlight the feasibility and the importance of ensuring appropriate policies to implement services that protect the HIV-related human rights of “*people on the move*”, thus creating an enabling environment that facilitates positive actions to halt and reverse the AIDS epidemic. It will encourage countries and international actors to establish credible evidence on the state of the AIDS epidemic among “*people on the move*” by conducting research on the factors that lead to population movements, and on the effects of population movements on HIV infection and vice versa. It will convey strong messages to international partners, governments, donors and other stakeholders to meet their obligations towards “*people on the move*”, to implement strategies that reflect best practices in responding to the HIV-related needs of “*people on the move*”, and it will encourage them to consider the needs and provide resources for a sustainable and long-term vision of these challenges.

While the one-day Thematic Segment of the Programme Coordinating Board can only address a small number of these important issues, the day is being organized by the three constituencies to provide a stimulating opportunity for dialogue, exchange, and learning that will identify challenges as well as pragmatic policy and programmatic strategies to extend Universal

Access to “People on the Move”. The content of the session has been developed by a Core Working Group comprised of PCB member states, UNAIDS cosponsors and PCB NGOs, with support from the UNAIDS Secretariat.

Agenda for the Day

09h00 – 09h15: **Opening of the Programme Coordinating Board**

- **Dr Tedros Adhanom, Minister of Health of Ethiopia**

09h15 – 10h00: **Introduction to the Thematic Segment:**

- **Mr Michel Sidibé, UNAIDS Executive Director**
- **Ms Ndioro Ndiaye, Deputy Director General International Organization for Migration**
- **Mrs Aisha Kane, Coordinator, Association Solidarité Femmes Africaines de Genève (ASFAG)**

10h00 – 10h30: **Coffee Break and Gallery Walk to view materials from successful HIV programmes for people on the move**

10h30 – 12h30: **Two breakout sessions to be run in parallel:**

- **PANEL 1: Universal Access and HIV-related restrictions on entry, stay and residence**
- **PANEL 2: Universal Access, mobility and labour**

12h30 – 14h00: **Lunch and Gallery Walk**

14h00 – 14h30: **Keynote Address:**

- **Mr António Guterres, United Nations High Commissioner for Refugees**

14h30 – 16h30: **Two breakout sessions to be run in parallel:**

- **PANEL 3: Universal Access, forced displacement and humanitarian situations**
- **PANEL 4: Universal Access, economic drivers and pull factors for mobility**

16h30 – 17h10: **Coffee Break and Gallery Walk**

17h10 – 17h30: **Rapporteurs' reports**

17h30 - 18h15: **Discussion and conclusions moderated by Dr Paul de Lay, UNAIDS Deputy Executive Director a.i.**

Overview of the Panel Discussions

PANEL 1: Universal Access and HIV-related restrictions on entry, stay and residence

As of 2009, some sixty countries employ some form of HIV-related restriction on entry, stay and residence based solely on HIV-positive status. For years, UNAIDS, WHO and others have advocated against such restrictions as discriminatory, failing to protect the public health and not rationally related to meeting States' economic concerns about possible costs of treatment, care and support. These views were confirmed and elaborated with increased evidence through the work of the *International Task Team on HIV-related Travel Restrictions*. The *Task Team* was convened by UNAIDS in 2008 to galvanize attention to the continued existence of HIV-specific restrictions on entry, stay and residence and work in a more concerted way towards their removal.

The *Task Team* delivered a report with key findings and a set of recommendations to governments, the Boards of UNAIDS and the Global Fund for AIDS Tuberculosis and Malaria and civil society. The Report analyzes such restrictions, many of which were enacted in the 1980s, in terms of today's global efforts against HIV, the existence of anti-retroviral therapy and the commitments by States to universal access to HIV prevention, treatment, care and support. The establishment and activities of the *Task Team* raised the profile of the issue world-wide and created momentum for change. Both the Global Fund Board and the UNAIDS Board asked that the work of the *Task Team* and its recommendations be taken forward. The UNAIDS Board also asked for an update on such restrictions at its June 09 session.

The session on HIV-related restrictions on entry, stay and residence has the following objectives:

- Update the Programme Coordinating Board and others on the prevalence of these restrictions as of June 2009
- Underline their impact on migrants, as well as the involvement of people living with HIV in international policy and programmatic work
- Build understanding of and correct misconceptions about such restrictions, creating greater buy-in for the need to eliminate these restrictions
- Underline the need for increased strategic advocacy and action at the global, regional and national level against such restrictions
- Highlight alternative responses of governments instead of such restrictions; and
- Provide an opportunity to strategize on how to move forward toward their elimination.

The session will be interactive and use a combination of methods to highlight the issues surrounding travel restrictions and the experience of individuals and countries in dealing with them. These methods include an exercise which aims to increase knowledge and raise awareness of which countries have restrictions and of the experience of positive people travelling into countries with restrictions; testimonies by those affected, including from a migrant who was infected in the receiving country, then tested and deported, and a representative from Brazil, a country which has never had travel restrictions; and a 'World Café' discussion involving mixed small groups.

PANEL 2: Universal Access, mobility and labour

Workers are increasingly on the move for employment, migrating within or across national borders. ILO estimates that approximately half of the 200 million people living outside their countries of birth or citizenship are economically active – employed, self-employed or otherwise engaged in remunerative activity—in the countries where they reside. In addition, there are increasing numbers of mobile workers, persons engaged in jobs that require them to move regularly across borders while not necessarily changing their place of residence. In order to make progress towards Universal Access to HIV prevention, treatment care and support, strategies should be evidence informed and tailored to the needs of regular and irregular labour migrants, as well as to the needs of mobile workers and other categories of workers

The session on Universal Access, mobility and labour has the following objectives:

- To identify and discuss the characteristics of migrant and mobile work-flows in selected sectors of economic activity.
- To identify and share sector-specific lessons and good practices learned in relation to HIV prevention, treatment, care and support efforts targeting migrant and mobile workers as well as in relation to cross cutting issues such as sex work and gender.

The session will begin with a keynote address by Dr Ibrahim Awad, Director of ILO International Migration Programme, followed by a short film on migrant construction workers in China. The discussions will continue in small groups which are oriented around three main categories of workers based on their degree of mobility (mobile, seasonal or stable). Although it is recognized that these boundaries may often overlap, the risk factors faced are often shared and the “sector cluster” approach will provide meeting participants with an opportunity to learn from good practices in a number of different economic sectors including domestic work, textiles, construction, agriculture, fisheries and transport.

The group discussions will be highly interactive and will draw on the experiences of specialized resource persons from specific economic sectors as well as a number of case studies of good practice. The session will conclude with a discussion in plenary whereby the groups will share demonstrated solutions for extending universal access to labour migrants and other mobile workers.

PANEL 3: Universal Access, forced displacement and humanitarian situations

Forced displacement and humanitarian situations are a result of: i.e. natural disasters such as an earthquakes, floods (quick onset) or droughts (slow onset); and ii. external and internal conflict, also known as complex emergencies. As a consequence of humanitarian emergencies, populations are differentially affected. Some may be internally displaced within national borders, others may remain in their homes but lack access to essential services, and some become refugees or asylum seekers by fleeing across borders. The characteristics that define humanitarian emergencies, such as conflict, social instability, poverty and powerlessness, can also facilitate behaviours that increase the risk of transmission of HIV and other sexually transmitted infections (STIs). In addition, power imbalances that make girls and women disproportionately vulnerable to HIV infection become even more pronounced during conflict and displacement.

Providing HIV-related services in humanitarian situations is a difficult, but critical undertaking, which should uphold human rights and gender equality, and encourage protection and vulnerability reduction. Unfortunately, forced displacement and humanitarian situations are not yet automatically included into country responses to the AIDS epidemic, National AIDS Strategic Plans or national AIDS proposals and programmes. This lack of inclusion is detrimental to ensuring that Universal Access targets are reached, especially in countries affected by forced displacement, complex emergencies and humanitarian crisis situations.

The session on Universal Access, forced displacement and humanitarian situations has the following objectives:

- To identify and discuss human rights and gender equality as they relate to forcibly displaced people as well as the need to reduce stigma and discrimination towards this population and encourage protection and vulnerability reduction;
- To discuss the integration of the needs of forcibly displaced persons (refugees, internally displaced persons) into national health and National AIDS Strategic plans before, during and after humanitarian crises and ensure universal access to HIV prevention, treatment, care and support;
- To identify and discuss the linkage between gender equality, women's empowerment, gender-based violence and HIV in humanitarian situations;
- To discuss the development of effective and sustainable comprehensive HIV programmes in humanitarian situations; and
- To highlight the inclusion of forcibly displaced populations into national antiretroviral treatment programmes and related successes and challenges.

The session will feature an interactive discussion on key issues related to Universal Access, Forced Displacement and Humanitarian Situations. In a keynote address, the Special Representative of the UN Secretary General on the human rights of Internally Displaced Persons, Professor Walter Kalin, will discuss the importance of a human rights approach to HIV, discussing key issues of non-discrimination; access to essential HIV (and related sexual and reproductive health) prevention, treatment, care and support services and respect for confidentiality and privacy; as well as gender and gender-based violence aspects in humanitarian situations.

In the *Voices from the field* portion of the session, the first presentation will focus on the effective and sustainable, often food and nutrition-based livelihood interventions in HIV and sexual and gender based violence (SGBV) prevention and assistance among Colombian Internally Displaced Persons will be addressed. The second presentation will address the importance of inclusion of most at risk groups into the HIV response and will discuss the establishment of effective support groups for sex workers in the Dadaab refugee camp in Kenya. The third and last presentation will focus on the critical conditions/environments necessary to ensure access to care and treatment, and will highlight the successful programme on access to the national antiretroviral treatment and care programmes in Rwanda.

PANEL 4: Universal Access, economic drivers and pull factors for mobility

Many migrants and mobile persons travel to new locations without families, and live outside of their established social networks; often with greater disposable income and the autonomy to spend it. They are also sometimes exploited, abused, and confronted with other hardships and emotional and physical violence, including rape. Women, men and transgenders who sell sex may seek freedom from social constraints by working far from home, but find themselves especially vulnerable to exploitation and abuse. Migrants often have difficulty accessing health and social

services because of language, limited availability of appropriate services, and stigma and discrimination. An additional barrier to accessing services, that affects some migrants, is their reluctance to utilise government services when their legal or migration status or documentation is in question. All of these factors can lead to increased vulnerability to HIV. Furthermore, external factors such as the recent global economic crisis³ and the economic consequences of climate change also play a role in heightening vulnerability.

The session on Universal Access, economic drivers and pull factors for mobility has the following objectives:

- To identify drivers of migration and discuss their relationship with HIV vulnerability
- To identify obstacles to universal access for migrants and mobile populations
- To learn from effective programmes and practices and discuss solutions that address HIV vulnerability of migrants and mobile populations and increase access to HIV prevention, treatment, care and support

The session will consider migration and mobility in relation to HIV from the perspective of economic drivers and pull factors - the policies and conditions that promote or reward migration. It will focus on the conditions and factors that influence the vulnerability of migrants to HIV and consider how that vulnerability restricts access to prevention, treatment, care, and support. The session will cover the difficulties faced by migrants, and the fact that migration status may change over the migration cycle. Issues that will be raised through the various group discussions include:

- Economic drivers and pull factors contributing to migration and their role in determining migrants' vulnerability to acquiring HIV
- The levels of vulnerability and marginalisation of migrants
- Multiple stigma⁴
- Sex work, mobility and HIV
- The lack of data on migration and HIV and the impact on policy and programmes
- The inclusion of migrants and mobile populations in national Universal Access objectives

The session will begin with a keynote address from Dr Mary Haour-Knipe, a pioneer in the field of migration and HIV, who will provide an overview of the issues outlined above. The discussions will continue in small groups aided by nearly 20 resource persons who will share personal experience of migration, sex work, programme work, and government responses. The groups will ensure considerable opportunities for participation and discussion, focusing on key issues affecting migrants in the context of Universal Access and sharing effective policy, practices, and lessons learned. This will be followed by a "discussion mixer" whereby participants will be invited to interact with other groups and share information and conclusions. The session will close with a summary conclusion by the keynote speaker who will synthesise the key points, critical issues, and solutions raised during the discussions.

³ According to the World Bank, almost two million people living with HIV are at risk of ARV interruption due to the financial crisis. In February 2009, UNDP and ASEAN stated that increasing protectionist stances could reduce options of formal and regular migration, leaving migrants with fewer employment opportunities and greater discrimination and stigmatisation. This can lead to more undocumented migrants, unsafe migration, and an increased possibility that migrants find themselves in situations that either put them at risk or make them vulnerable to HIV.

⁴ Being a migrant or "outsider" carries its own stigma and can have an additive effect when paired with discrimination towards other groups such as people living with HIV, people who sell sex, people who use drugs, etc.