PEOPLE ON THE MOVE
KEY TO ENDING AIDS

REPORT OF THE NGO REPRESENTATIVE

VALERIA RACHYNSKA,
NGO EASTERN EUROPE AND CENTRAL ASIA DELEGATE
TO THE UNAIDS PCB
MAJOR TRENDS IN POPULATION MOBILITY

1. Increasing diversity and complexity of human mobility
2. "Feminization of migration"
3. New health paradigm
4. New approaches to thinking about mobility
5. Challenges to globalization
MIGRATION MAP

Source: UN DESA 2017
TRAVEL BANS | HIV

- **No restriction on foreign HIV-positive people**
  - Number of countries and territories with no HIV-specific restrictions: 141

- **Some form of restriction**
  - Number of countries and territories that impose some form of restriction on entry, stay, and residence of people living with HIV: 51
  - Countries that do not allow people living with HIV to enter: 9

Source: Global Database on HIV-related travel restrictions
GAPS IDENTIFIED

- language and cultural barriers
- fear of requesting/accessing services and being reported to authorities
- lack of access to targeted services for people on the move

- lack of understanding about the health-care system
- poor living conditions
- risky behaviours and sexual practices
- lack of access to prevention services.
GOOD PRACTICES - CHANCE OF ACHIEVING THE 2030 TARGETS
| 1 | the meaningful involvement of people on the move |
| 2 | capacity building for people on the move and related service providers |
| 3 | legal and/or regulatory reforms |
| 4 | development of national health systems and Universal Health Coverage (UHC) that are sensitive to and inclusive of people on the move |
ensuring continuity of care   
addressing stigma and discrimination

protecting against economic exploitation

effective responses to the needs of undocumented migrants
RECOMMENDATIONS
Explicitly call for including people on the move who belong to key populations in the AIDS response.
develop a policy brief on the meaningful involvement of migrants and mobile populations aligned with the GIPA principle of "nothing about us without us" with on how to increase, improve and support their involvement in the development, delivery and evaluation of global, regional and country AIDS response
request that the Office of the United Nations High Commissioner for Human Rights prepare a report on the state of respect for the human and health rights of mobile populations, including those living with and at risk of HIV, as well as those belonging to key populations, and any laws that allow for travel and work restrictions, deportation or confinement on the basis of sexual orientation and social non-
develop and promote a basic package of nonjudgmental, confidential, and culturally and linguistically competent primary healthcare services that will be made available to people on the move as part of UHC and in recognition of their right to the highest attainable standard of health, regardless of migration status, free of charge, and including speedy access to quality and culturally competent HIV, TB and hepatitis diagnostics, treatment and care services, mental
offer technical support to ensure that national health-care systems and HIV plans urgently address the needs of people on the move, including provision of mobile clinics and other forms of community-based HIV testing, alternatives to detention, medical/health passports or other patient-held clinical record cards that ensure continuity of healthcare, establishing a common data framework and improving the evidence base on HIV in relation to mobile populations, training of health-care personnel in rights-based sensitive/inclusive and interculturally competent or safe healthcare for mobile populations, protections against labour exploitation and sexual violence, and strengthened international cooperation on the health of mobile populations.
You never change things by fighting the existing reality.
To change something, build a new model that makes the existing model obsolete

Buckminster Fuller