
Update on
implementation
of the HIV
response for
migrant and
mobile
populations



Introduction: PCB Discussions and Decisions

Key Reports:

- PCB NGO Delegation Report 2017:
The UNAIDS we need must leave no one behind: Getting to zero includes all of us
- PCB NGO Delegation Report 2018:
People on the Move: Key to ending AIDS



Decision points 4.1-4.7 of the 43rd PCB meeting, including:

“Calls upon the Joint Programme to address the diverse needs, risks and vulnerabilities of migrant and mobile populations, as well as refugees and crisis-affected populations and design and implement HIV prevention and response programmes accordingly to promote access to HIV prevention, treatment, care and support services;”

Background



This report covers activities and trends since the date of the 43rd meeting.



It has been informed by extensive desk research, building on the information provided in the 2018 report by the NGO representative



The paucity of published data on the intersections between mobility and HIV, outreach was undertaken to elicit information and perspectives on these issues.



Questionnaires were disseminated through country offices of UNAIDS and the International Federation of Red Cross and Red Crescent Societies (IFRC) to governments, national institutions and civil society, as well as UNAIDS Cosponsors and the International Organization for Migration (IOM).

The term “migrant and mobile populations” encapsulates diverse groups with differentiated needs and inequalities.

Internally
displaced
persons

Migrant

Stateless
persons

Returnee

Asylum
Seeker

Refugee

Other
groups of
concern to
UNHCR

Unaccompanied
children

Humanitarian settings and Population Movement – Intersections of Inequalities

Migrant and mobile populations, many of whom are populations of humanitarian concern often struggle to obtain meaningful access to HIV services

Disasters increase vulnerability, deplete health services and isolate and uproot communities – and

COVID19 control measures have negatively impacted migrant populations

Growing frequency of humanitarian situations and rise in population mobility



Lacking documentation and proof of identity, undocumented migrants are especially vulnerable and face multiple risks

Paucity of specific data on populations of humanitarian concern, refugees and migrants

Women, girls, boys are particularly vulnerable in population movement

Key findings

- While some progress has been made in addressing issues associated with migration, mobile populations and HIV, **progress has been slowed by a shortage of reliable strategic information for policy and programmatic responses.**
- There is an **urgent need to focus global action on the intersections between migration and HIV**, including through the collection of strategic information to guide effective action and the engagement of migrant, refugee, crisis-affected and other mobile populations as key partners in the AIDS response.
- The new Global AIDS Strategy and the next iteration of the UNAIDS Budget, Results and Accountability Framework (UBRAF), with their **focus on reducing the inequalities** UNAIDS that slow progress towards ending AIDS as a public health threat, **afford a unique opportunity to bring to HIV, migration and mobility the focused attention it warrants**

Global frameworks

Global Compact for safe, orderly and regular Migration

- Adopted in 2018
- First-ever UN global agreement on a common approach to international migration with aim to “reduce the risks and vulnerabilities migrants face at different stages of migration”.

Global Compact on Refugees

- Affirmed in 2018
- Framework for more predictable and equitable responsibility-sharing, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation.

Sendai Framework for disaster risk reduction 2015-2030

- Framework to promote health protection and resilience before and after disasters strike
- Incorporates responses to biological hazards (such as HIV) in whole-of-society and all-hazard approaches.

Strategic information on HIV, migration and mobility

Data Issues:

- Generation and availability of data is a perennial, persistent problem
- Lack of routine collection
- Agencies beyond health sector do not contribute to data collection on HIV and migration
- Invisibility of migrants and mobile population

Joint Programme Data Collection:

- Global AIDS Monitoring does not include indicators specific to migration
- UBRAF encompasses certain mobile communities, but not others (e.g. people in humanitarian settings, IDPs, etc.)
- 2016-2021 UBRAF included two indicators under SRA 1.5

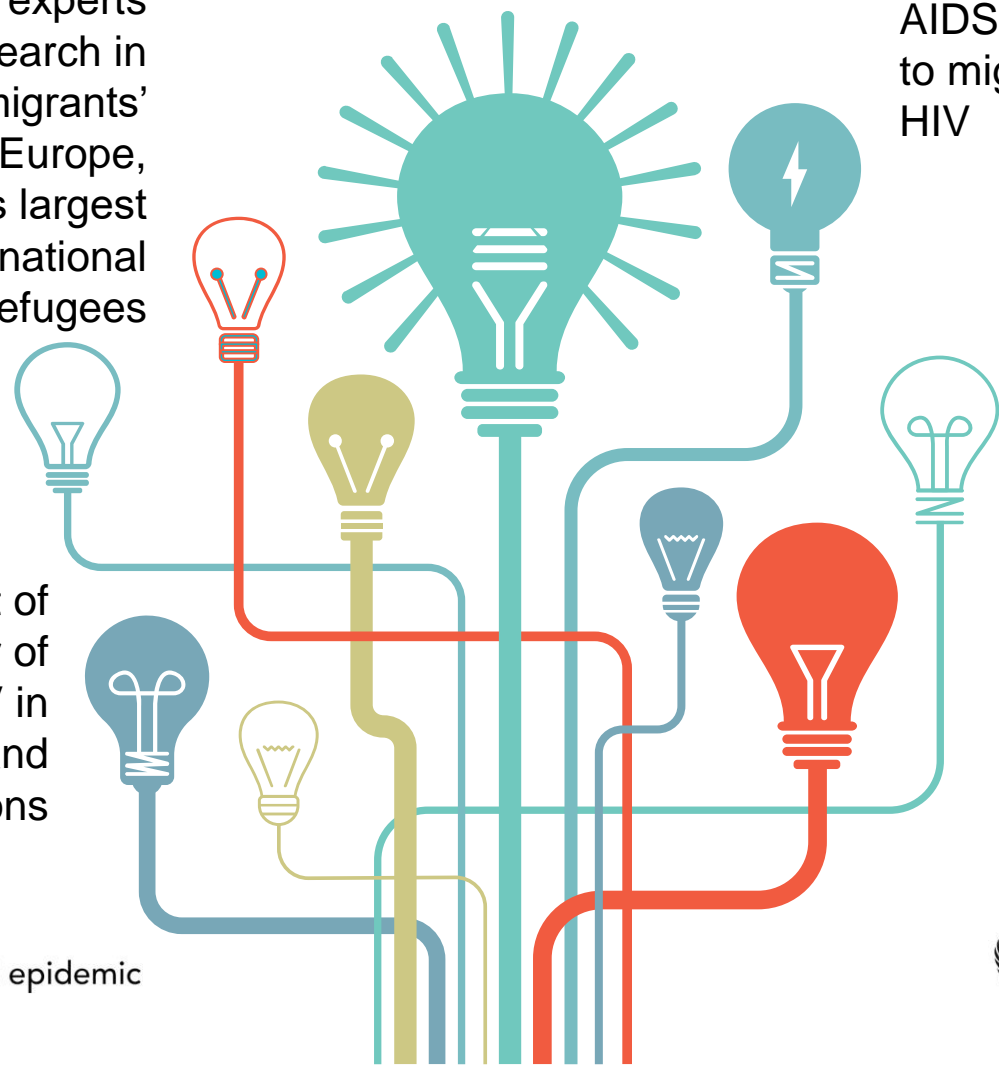
Joint Programme progress in closing data gaps

Core team of experts undertook research in 2019-2020 on migrants' service access in Europe, home to world's largest number of international refugees

Development of Global AIDS indicators specific to migration, mobility and HIV

Development of estimates on number of people living with HIV in diverse migrant and mobile populations

Global update on migration and health to be launched in 2022



Key Findings of “HIV and Migrants in Europe” study

UNAIDS, IOM and partners, in collaboration with the Antwerp Institute of Tropical Medicine

- Systematic review on migrants living in **INSECURE and PRECARIOUS** situations in EU/EEA
 - Do migrants have a higher HIV burden?
 - Do migrants have equal (less) access to HIV services?
 - What are the Barriers and Enablers for migrants in accessing services?
- Key Findings
 - **Migrants in precarious and insecure situations have a higher HIV burden than nationals in terms of** : HIV prevalence among SSA migrants: 3-6%; migrant MSM: 22%; migrant PWID: 21%; migrant sex workers: 14%. **Post-migration HIV acquisition: 30-40%**. (= *Intersecting Inequalities*)
 - **Migrants have less access to HIV prevention, treatment and care continuum (compared to nationals)**. Several studies show worse treatment outcomes. Insufficient provision of support for migrants’ practical needs (immigration, housing, employment) → impact on QoL and well-being.
 - **Major barriers at public policy and service provision level**: Treatment access for undocumented migrants often restricted by laws and complex regulations: (> half of EU/EEA countries). Stigma = cross-cutting driver affecting primary prevention and testing > care;
 - Even where access to health services / free ART for people with irregular status, **health-seeking is discouraged by** the fear of deportation, and challenges of navigating an unfamiliar health system, overcoming legal and administrative hurdles, and confronting language barriers and stigma and discrimination.

Joint Programme work to address migration, mobility and HIV



Supporting HIV service access for migrant and mobile populations, including through the Fast Track Cities initiative to ensure comprehensive HIV services to migrant communities in Morocco, Kenya, Peru and Colombia



Supporting strategic planning to address the intersections of migration and HIV, including working with countries such as Brazil, Ethiopia, Tunisia and Morocco to include the intersection of HIV and migration in their national strategic plans



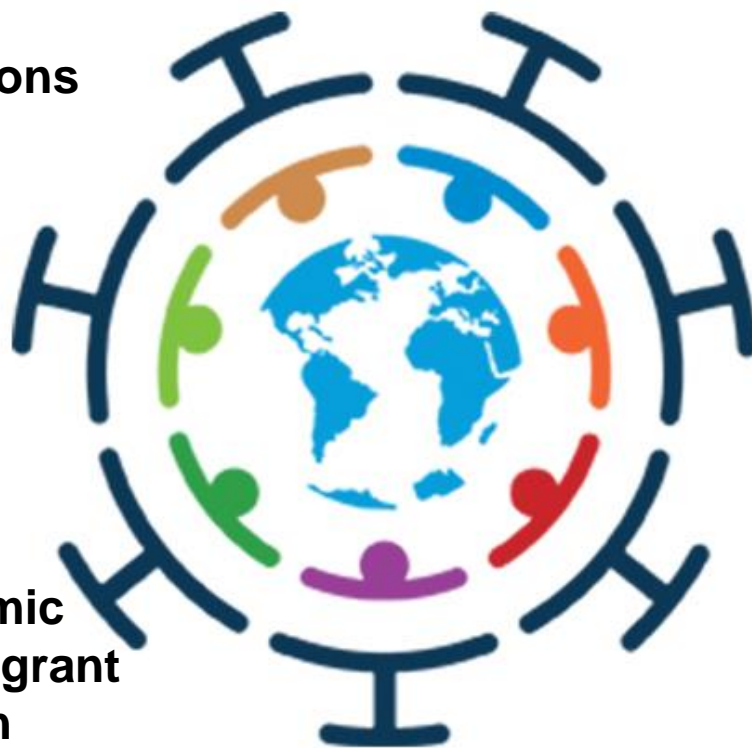
Advocacy and funding to strengthen HIV responses for migrant and mobile populations, including the implementation of Global Fund financed projects



Addressing the needs of key populations

COVID, HIV, and migration

**Travel restrictions
in at least 168
countries**



**Efforts to minimize
disruption to HIV testing,
treatment and care services**

**Disproportionate
effects of economic
downturns on migrant
populations (with
effects on remittances)**

**Exclusion of non-
citizens from health
and social protection
services in many
countries**



Conclusions



National HIV responses must take into account the needs of migrant and mobile populations in all their diversity

Improved granular data on HIV and mobility will be key

All HIV services must be available and accessible to all migrant and mobile populations regardless of legal status and at all phases of mobility continuum



Conclusions



HIV services bolstered by social protection schemes, including services tailored for survivors of sexual assault and gender-based violence

Communities, including host, transit and return communities, are central to response

Bilateral, regional and global coordination and collaboration are needed. Key interventions include digital and portable health records and border vaccination services

More EXAMPLES—
Work of the Joint Program

Joint Programme work to address migration, mobility and HIV:

Supporting HIV service access for migrant, refugee, crisis-affected and other and mobile populations

Among the diverse populations of mobile populations, HIV service access is most assured for refugees and other displaced populations affected by humanitarian emergencies, as a result of concerted efforts by the Joint Programme and other partners to integrate HIV responses in these settings :

- In 2020–2021, UNHCR supported HIV services in humanitarian settings in **50 countries**.
- The **WHO's Global Action Plan** to promote the health of refugees and migrants, adopted in May 2019, prioritizes efforts to integrate HIV and TB services in health services for refugees and migrants.
- In Thailand, for example, **universal health coverage is provided to all refugees and migrants regardless of legal status** and they have access to HIV and TB health services through the health insurance scheme. In Libya, WHO has provided support to improve **access to TB and HIV diagnostics and treatment** for refugees and migrants in detention centres.
- The Governments of Eswatini, Malawi, Mozambique, South Africa and Zambia have shown leadership in ensuring that migrants have **equitable access to comprehensive health services and in strengthening cross-border coordination on health and migration issues** through the establishment of platforms to engage all stakeholders.

Joint Programme work to address migration, mobility and HIV: Partnership with IOM

- From 2017 to 2019, UNAIDS and IOM were members of a **European Commission advisory board** which developed modules for health professionals, law enforcement officers and trainers on migrant and refugee health, including communicable diseases and mental health.
- IOM and UNAIDS also worked together with partners (including the NGO PCB Delegation, the World Council of Churches and other faith-based organizations) on a **2019 workshop and roadmap on HIV among migrants and refugees**.
- With support from the Joint Programme, IOM is implementing the **multicountry, Global Fund-financed Middle East Response initiative**, which provides essential HIV, TB and malaria services to key and vulnerable populations, including refugees, internally displaced people, women, children and other populations in Iraq, Palestine, Syria and Yemen, as well as to Syrian refugees in Jordan and Lebanon.

Joint Programme work to address migration, mobility and HIV: Supporting HIV service access for migrants and mobile populations

- In 2020, UNAIDS, ILO and UNICEF issued a **global Call to Action** for countries to scale up social protection programmes to cover populations being left behind, including people living with, at risk of and affected by HIV and TB in humanitarian settings.
- UNAIDS, IOM and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) worked closely with the Government of Botswana to **extend free HIV treatment to foreign residents.**
- UNAIDS, UNHCR, and WFP have advocated for **specific recognition of the needs of refugees and internally displaced persons in grants** from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) at the global and country levels.
- UNAIDS has worked with partners – including in Malawi and the Central African Republic – on **National Strategic Programmes** used for country submissions to ensure the inclusion of migrant and mobile populations and population of humanitarian concern.
- Venezuelan refugees and migrants in Colombia have been included in Global Fund programmes since August 2020 – previously, these people were not included because they were not affiliated with the health system, and treatment could not be assured.

Joint Programme work to address migration, mobility and HIV:

Advocacy and funding to strengthen HIV responses for migrant and other mobile populations

- Global Fund **Challenging Operating Environment Policy**
- **Global Fund multicountry grants** in eastern Africa; Afghanistan, Iran and Pakistan; the Mekong region; and, through the Middle East Response, in Iraq, Palestine, Syria and Yemen, as well as to Syrian refugees in Jordan and Lebanon.
- UNHCR is the subrecipient of a 21- month, seven-country regional grant worth US\$ 2.8 million from the Intergovernmental Authority for Development **to expand HIV and TB service access and coordination in 13 refugee camps** in Djibouti, Sudan, South Sudan and Uganda.
- Since 2018, the Joint Programme has produced **normative guidance** to strengthen the reach and quality of HIV services for humanitarian populations.
 - Example: In 2020, UNFPA, UNHCR and WHO released guidance on **Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings** (2020).
 - The Inter-Agency Task Team to Address HIV in Emergencies/UNAIDS/WFP/UNHCR launched guidelines in 2020 for **Integrating HIV in the Cluster Response (2020)**, addressing key considerations for HIV responses in humanitarian settings and providing key actions required for a minimum initial response

Joint Programme work to address migration, mobility and HIV:

Supporting strategic planning to address the intersections of migration and HIV

A key, longstanding priority for the Joint Programme has been to support sound, evidence-based strategic planning for an effective and inclusive HIV response

- A number of countries have specifically addressed migrant populations in their **national HIV strategic plans** (NSPs), including Viet Name, Brazil, Tunisia, Ethiopia, Morocco
- Mainstreaming of programmes to address the needs of mobile populations living with or at risk of HIV across HIV and humanitarian planning instruments remains insufficient.
 - UNHCR and UN Foundation research on the inclusion of refugees and internally displaced person in Global Fund applications between 2002 and 2019 found that **65% of applications from 40 countries hosting more than 5,000 refugees did not mention refugees and that 76% of applications from countries hosting internally displaced persons did not mention this population.**

Joint Programme work to address migration, mobility and HIV:

Addressing the needs of key populations

- UNHCR and partners are working in **more than 20 countries** around the world to **improve HIV services for key populations**, including people who sell or exchange sex, and to strengthen health and protection services for LGBTI people and people who use drugs.
 - **Spotlight:** In collaboration with CARE and the Ecuadorian Ministry of Public Health, UNHCR is supporting community-based organizations of sex workers, LGBTI and young people in border areas to strengthen their capacity to provide HIV prevention and treatment services, while also promoting the economic inclusion of key populations. UNHCR and UNFPA are finalizing guidance to improve the implementation of services for people who sell or exchange sex in humanitarian settings.
- The Joint Programme's efforts for key populations complement initiatives by other partners.
 - **Spotlight:** In Ecuador, where LGBTI people from Venezuela seeking asylum face discrimination, marginalization and barriers in accessing services due to their sexual orientation and gender identity as well as their legal status, a reference centre in Quito run by the civil society organization Dialogo Diverso, with support from Canada, is providing a safe space for receiving services.