

UPDATE ON THE IMPLEMENTATION OF THE HIV RESPONSE FOR MIGRANT AND MOBILE POPULATIONS

Additional documents for this item: N/A

Action required at this meeting—the Programme Coordinating Board is invited to:

The Programme Coordinating Board is invited to:

- *take note* of the update on the implementation of the HIV response for migrant and mobile populations;
- *welcome* the new Global AIDS Strategy's emphasis on migration as a cross-cutting issue that demands prioritized action, including ensuring access to combination prevention and leveraging and adapting existing data collection to monitor people in fragile and humanitarian contexts;
- *promote* further operationalization of the Strategy's provisions with respect to HIV and migration by:
 - *calling* for greater and more systematic collection of data on HIV and migration (including through the new Global AIDS Monitoring System and UBRAF indicators); and
 - *calling* on the Joint Programme to reinvigorate efforts and enhance coordination for effective action to address HIV among migrant, refugee, crisis-affected and other mobile populations, including through strategic partnerships (including but not limited to the Interagency Task Team on HIV in emergencies) and through exploration of the creation of a new international coalition to elevate global attention to migration and HIV, improve accountability in the response for diverse migrant populations and outline an operational framework to drive results and enhance coordination; and
- *request* the Joint Programme to report back to the Programme Coordinating Board on progress made in HIV and migrant, refugee, crisis-affected and other mobile populations as part of regular reporting.

INTRODUCTION

1. This report responds to Decision Point 4.7 of the Programme Coordinating Board's (PCB) 43rd meeting, which asked the Joint Programme to "report back on progress in the implementation of the HIV response for migrant and mobile populations, as well as refugees and crisis-affected populations, as appropriate." At its 43rd meeting, the Board called on the Joint Programme to "address the diverse needs, risks and vulnerabilities" of migrant and mobile populations, including fully implementing the General Cooperation Agreement between the Joint Programme and the International Organization for Migration (IOM) and supporting Member States, in partnership with communities and civil society organizations and other relevant partners, to take action needed to address the HIV-related needs of migrant, refugee, crisis-affected and other mobile populations.
2. Two reports by the Board's NGO delegation informed the Board's decisions regarding the HIV response for migrant and mobile populations. The 2017 NGO representative report, presented at the Board's 41st meeting, stated that almost half of the approximately 300 HIV stakeholders consulted by the delegation cited migrant and mobile populations as a population whose HIV-related needs are frequently ignored or unaddressed. The NGO representative's 2018 report, presented at the Board's 43rd meeting, explored in greater depth the vulnerabilities, challenges and limited health service access and uptake experienced by migrant, refugee, crisis-affected and other mobile populations, emphasizing that AIDS cannot be ended as a public health threat without effectively tackling the needs of migrants and mobile populations.
3. This report, which covers activities and trends since the date of the 43rd meeting (December 2018), has been informed by extensive desk research, building on the information provided in the 2018 report by the NGO representative. Due to 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 IOM (see Annex 1 for a categorization of survey respondents).
4. This report summarizes the results of this research, focusing on progress in addressing the HIV-related needs of migrant, refugee, crisis-affected and other mobile populations since the Board's decisions in 2018.¹ Key findings include:
 - 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 HIV response; and
 - 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 that

¹ UNAIDS wishes to thank all stakeholders and respondents for completing and returning the questionnaires. Although fully capturing all the valuable information provided by respondents is beyond the scope of this report, questionnaire inputs will inform future publications and materials.

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.

5. With these findings in mind, the report concludes with recommendations for strengthening and accelerating effective responses for diverse migrant and mobile populations.

BACKGROUND: HIV AND MOBILE POPULATIONS

6. No official international consensus on the definition of “migrant” exists. In line with the wording used in the related Decision Points of the 43rd UNAIDS PCB Meeting, this report will use the overarching term “migrant, refugee, crisis-affected and other mobile populations”.
7. People move for many reasons, including in response to shocks, natural and environmental disasters; the effects of climate change; situations of conflict and human rights violations; and to access economic, educational and other opportunities that are inaccessible or unavailable in their communities of origin. People can move within the law or through unlawful means, and of their own volition or against their will, as in the case of trafficking and kidnapping. They may change civil, political or migration status as they move. Migrants and other mobile populations may move and live within or outside of compliance with the laws of countries of origin, transit and destination. Some migrants are not considered nationals by any State under the operation of law. (Annex 2 summarizes the different categories of migrant, refugee, crisis-affected and other mobile populations, using definitions adopted by IOM and/or UNHCR.)
8. The unprecedented movement of people is one of the key indicators of our increasingly interconnected global community. In 2020, the number of international migrants reached 281 million, with an annual growth rate in migration of 2.4% from 2000 to 2020.² Europe is home to the largest number of international movement (86.7 million in 2020), followed by Asia (85.6 million) and North America (58.7 million). In addition to international migrants, many people move within their own countries. By the end of 2019, the number of internally displaced persons reached an all-time high of 55 million, due to a combination of natural disasters and persistent conflict.³ The number of refugees worldwide continued to increase in 2020, reaching 29.9 million, including 5.7 million people in Palestine under the mandate of the United Nations Relief and Works Agency and 3.6 million Venezuelans displaced outside their country.⁴
9. COVID-19 is having a profound effect on global migration and on the vulnerabilities that migrants and other mobile populations experience. In 2020, at least 168 countries closed or restricted cross-border travel,⁵ and international mobility in mid-2021 remains much lower than pre-pandemic levels. Rates of refugee resettlement have sharply declined. Economic downturns associated with COVID-19 have increased unemployment and poverty rates

² IOM Migration data portal, 21 February 2021, <https://migrationdataportal.org/themes/international-migrant-stocks> (accessed on 17 May 2021).

³ Internal Displacement Monitoring Centre, press release, 20 May 2021.

⁴ Mid-year trends 2020. Geneva: UNHCR; 2020 (<https://www.unhcr.org/5fc504d44.pdf>, accessed on 17 May 2021).

⁵ Mid-year trends 2020. Geneva: UNHCR; 2020 (<https://www.unhcr.org/5fc504d44.pdf>, accessed on 17 May 2021).

among international migrants.⁶ This, in turn, has diminished remittances to households in many low- and middle-income countries. The exclusion of noncitizens from national health and social protection systems in many countries has magnified the negative effects of COVID-19 among migrants and other mobile populations.⁷

HIV, migration and mobility

10. Migration on its own is not a risk factor for HIV.⁸ However, migration may place individuals, households, as well as transit, host and return communities in circumstances that increase their vulnerability and worsen HIV outcomes. Different categories of mobile populations have differing needs and vulnerabilities (definitions of these categories are included in Annex 2). Migration and mobility can pose major challenges for HIV service access, including difficulties in ensuring continuity of care during travel or transition to the host country.⁹ Numerous studies have documented notably greater gaps along the HIV treatment cascade among migrants living with HIV, compared with nonmigrants living with HIV.^{10 11 12}
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11. Certain groups of migrants experience particular challenges in accessing services. “Irregular migrants”, who move and live outside migration laws, regulations or international agreements governing the entry into or exit from the State of origin, transit or destination, are especially likely to have limited-service access and outcomes. National laws and regulations often restrict access to services for irregular migrants, and fear of deportation also deters many migrants and mobile populations from accessing essential services.
12. Migrants and mobile populations who live in precarious circumstances face especially pronounced vulnerabilities. Globally, gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people, along with their sex partners, accounted for 62% of new HIV infections worldwide in 2019. The vulnerabilities experienced by these key populations are often magnified when they are mobile.
13. A recent systematic research and review of the literature found that HIV prevalence is markedly higher among migrants who live in precarious and insecure situation than among

⁶ Mid-year trends 2020. Geneva: UNHCR;2020 (<https://www.unhcr.org/5fc504d44.pdf>, accessed on 17 May 2021).

⁷ Livelihoods, food and futures: COVID-19 and the displaced. Geneva: UNHCR; 2021 (<https://storymaps.arcgis.com/stories/4b999f79628644df84ccb7c10a9edd9e>, accessed on 18 May 2021).

⁸ Spiegel PB, Bennedsen AR, Claass J, Bruns L, Patterson N, Yiweza D et al., Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review, *Lancet*. 2007;2187-2195.

⁹ Tanser F, Bärnighausen T, Vandormael A, Dobra A, HIV treatment cascade in migrant and mobile populations, *Curr Opin HIV AIDS*. 2015;10:430-438.

¹⁰ Marukutira T, Gray RT, Douglass C, El-Hayek C, Moreira C, Asselin J et al., Gaps in the HIV diagnosis and care cascade for migrants in Australia, 2013-2017: A cross-sectional study, *PLoS Med*. 2020;17:e1003044.

¹¹ Brown AE, Attawell K, Hales D, Rice BD, Pharris A, Supervie V et al., Monitoring the HIV continuum of care in key populations across Europe and Central Asia, *HIV Med*. 2017, doi:10.1111/hiv.12603.

¹² Reyes-Uruña, Campbell C, Hernando C, Vives N, Folch C, Ferrer L et al., Differences between migrants and Spanish-born population through the HIV care cascade, Catalonia: an analysis using multiple data sources, *Epidemiol Infect*. 2017, doi:10.1017/S0950268817000437.

¹³ Tanser F, Bärnighausen T, Vandormael A, Dobra A, HIV treatment cascade in migrant and mobile populations, *Curr Opin HIV AIDS*. 2015;10:430-438.

European nationals. Studies have documented considerable post-migration transmission among people who have migrated to Europe from countries with generalized epidemics, with gay men and other men who have sex with men experiencing especially notable risks of post-migration HIV acquisition.¹⁴ Underlying reasons include social, structural, and environmental factors and inability to regularly access health and protection services, as well as overall exclusion from decision making processes on matters that directly affect their health and wellbeing. Key populations may be even more reluctant than others to engage with health and other services due to stigma and discrimination, particularly where their status is irregular. The loss of identity papers, lack of a permanent address or other restrictions (particularly for irregular migrants) may hinder access to social protection, including health insurance and other social security benefits that would enable them to access health care, including HIV services. In addition, refugees and internally displaced persons may lack food and other necessities, increasing food insecurity and putting the lives of those living with HIV at particular risk.

14. Gender has multiple effects on mobility and HIV, including the frequent division of migrants' labour into gender-segregated roles, with attendant risks. Nearly three-quarters of migrant and other mobile women and girls work in the service sector, including domestic and health care, and those working in the informal economy or under temporary contracts risk exploitation, violence and denial of services.¹⁵ Women and girls are more likely to be trafficked for sexual exploitation and to be subject to sexual and gender-based violence, with attendant HIV risks and subsequent marginalization and discrimination, and men and boys who experience sexual violence or exploitation may be less able and/or willing to access protection and health services (where these are available) due to gender-related norms around masculinity and fears of stigma and discrimination. Trafficked and smuggled people, particularly when they are subjected to sexual violence and exposure to multiple sex partners, experience increased risk of HIV infection.
15. Children suffer from the direct consequences of war, armed conflict and other violence, being exposed to risks of physical injuries, loss of life, trauma, and displacement and subject to recruitment by armed groups. Unaccompanied minors, refugee and migrant children are particularly exposed to risks and face grave human rights abuses, including sexual exploitation and abuse, torture, cruel and inhumane treatment and other forms of violence. Child trafficking is a grave concern.
16. Stigma and discrimination are intersecting, cross-cutting factors that increase migrants' vulnerabilities and reduce their access to essential services. This is especially true in contexts of increased xenophobia due to new or increased flows of migration/mobility,^{16 17 18}

¹⁴ Fakoya I, Álvarez-del Arco D, Woode-Owusu M, Monge S, Rivero-Montesdeoca, Delpech V et al., A systematic review of post-migration acquisition of HIV among migrants from countries with generalized HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy, BMC Pub Health. 2015;15:561.

¹⁵ <https://www.unwomen.org/en/digital-library/multimedia/2020/12/explainer-migration-is-gender-equality-issue>

¹⁶ Confronting discrimination: overcoming HIV-related stigma and discrimination in health-care settings and beyond. Geneva: UNAIDS; 2017
(http://www.unaids.org/sites/default/files/media_asset/confrontingdiscrimination_en.pdf).

¹⁷ Migration focus on integration, xenophobia and discrimination. Geneva: International Labour Organization; 2017 (http://publications.iom.int/system/files/pdf/booklet_integration_series_1mar018.pdf).

¹⁸ International racism, discrimination and xenophobia. Geneva: ILO, IOM, OHCHR; 2001
(<https://www2.ohchr.org/english/issues/migration/taskforce/docs/wcar.pdf>).

and/or where host communities perceive better treatment for incomers than for themselves or feel threatened by them. Migrant, mobile, refugee and crisis-affected populations may face stigma, discrimination and marginalization as “outsiders” and/or because of racial or ethnic reasons. Migrants who are living with HIV or members of key populations face additional layers of discrimination.

17. National law and policy frameworks reflect and magnify stigma and discrimination and contribute to the invisibility of migrants and refugees in their countries and communities of destination. Migrants and refugees rarely enjoy the same legal rights and protections in their host country as citizens of that country, while many countries still restrict entry, stay and residence for people living with HIV. For example, migrants may be forced to take an HIV test (and test HIV negative) to be eligible for a job, may be less aware of their legal rights than citizens of the host country and frequently lack support to address basic needs, such as employment, housing and immigration issues.
18. COVID-19 has further illustrated the importance of universal health coverage and the inclusion of a migrant-inclusive approach. The PCB thematic segment at the 48th PCB meeting will also further address the dual pandemics of COVID-19 and HIV, including impacts on migrant and mobile populations.

Key frameworks to guide global action

Several key global instruments emphasize the role of countries in strengthening national systems to provide health care for migrants and refugees.

- *Global Compact for Safe, Orderly and Regular Migration*: Adopted in 2018, this is the first-ever UN global agreement on a common approach to international migration in all its dimensions. This non-legally-binding compact aims to “reduce the risks and vulnerabilities migrants face at different stages of migration by respecting, protecting and fulfilling their human rights and providing them with care and assistance.” This includes health (and by implication HIV) care.
- *Global Compact on Refugees*: Affirmed in 2018, this provides a “framework for more predictable and equitable responsibility-sharing, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation. It provides a blueprint for governments, international organizations, and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives.”
- *Sendai Framework for Disaster Risk Reduction 2015-2030*: Promoting health protection and resilience before and after disasters strike, the framework explicitly acknowledges that “as infectious diseases travel easily across administrative boundaries, the world’s defences to are only as effective as the weakest link in any country’s efforts to anticipate and prevent [them].” It therefore incorporates responses to biological hazards (such as HIV) in whole-of-society and all-hazard approaches to risk management.

PROGRESS UPDATE: STRATEGIC INFORMATION ON HIV, MIGRATION AND MOBILITY

19. The generation and availability of HIV data among migrant, refugee, crisis-affected and other mobile populations is a persistent challenge. As this section explains, there has been encouraging, though still-insufficient, progress since December 2018 towards building a stronger and more reliable evidence base for action on HIV and migration.

A status report: data on HIV, migration and mobility

20. A cascading series of challenges confronts efforts to generate strategic data for planning, resource allocation and monitoring and evaluation with respect to HIV and migration. Data are not routinely collected on HIV and migrants and other mobile populations. Agencies beyond the health sector often do not contribute to data collection on HIV and migration. Moreover, many migrants and mobile populations, especially those under irregular status, are "invisible" to governments in transit and destination countries and are therefore not captured in existing data systems. The Global AIDS Monitoring system does not include indicators specific to migrants, and UBRAF reporting encompasses certain mobile communities (e.g. people living in humanitarian settings, refugees/asylum seekers, internally displaced persons, people affected by emergencies), but not others. The 2016–2021 UBRAF included two indicators under Strategic Result Area 1.5, with the following measurement questions: the country has a national emergency preparedness and response plan; HIV is integrated in the country's national emergency preparedness and response plans; people affected by emergencies are relevant in the context of the country epidemic; food and nutrition support (this may include cash transfers) is accessible to this key population. Engagement of civil society in the collection of strategic information on HIV and migration and mobility remains insufficient.
21. Humanitarian responses typically generate the most robust data on HIV and mobility, in part due to the intensive engagement of UN and civil society partners. In an information note finalized in 2019, UNHCR and WFP estimated that, in 2016, 2.6 million people were affected by a humanitarian emergency or living in another humanitarian context.¹⁹ Surveys by UNHCR track the proportion of humanitarian settings that provide HIV testing, antiretroviral therapy (ART), TB screening and treatment, prevention and treatment of sexually transmitted infections, food and nutrition, as well as services for key populations and survivors of sexual and gender-based violence.
22. For migrant and mobile populations, triangulation methods are used to draw conclusions from separate datasets. While national (and regional and global) data are available separately on HIV and on mobility patterns, there is very little evidence exploring the connections between the two. Linking and comparing different data collection entities is difficult due to the use of different regional classifications. Results of data triangulation are often heavily dependent on the assumptions used to generate findings and conclusions. In the absence of the routine collection of key data on HIV among diverse migrant and mobile populations, it is often difficult to determine the reliability of conclusions drawn from data triangulation methods.

¹⁹ Estimation of people living with HIV affected by humanitarian disasters in 2016: Analysis. Geneva: UNHCR, WFP, UNAIDS; 2016

Progress in closing data gaps on HIV, migration and mobility

23. Since December 2018, when the Board formally addressed HIV, migration and mobility, important steps have been taken to strengthen and expand strategic information to enable more focused and results-driven action to meet the HIV-related needs of diverse migrant and mobile populations. Work has centered on both global experiences and regional and country-based evidence, and continues to expand, supported by various forms of community-led monitoring (for example at the refugee camp and surrounding areas in Kigoma, Tanzania).
24. UNAIDS is also working with partners to develop estimates of the number of people living with HIV in diverse migrant and mobile populations, to help track specific vulnerabilities of migrants and mobile populations living with or affected by HIV and to improve understanding of the geographic distribution of migrants living with HIV. The research exercise involves triangulation of multiple data sources regarding HIV, key populations, national policy environments, migration and information specific to different types of migrant and mobile populations.²⁰ The project aims to estimate the total number of vulnerable migrant people, HIV prevalence within each of these vulnerable groups and how various forms of vulnerability intersect and overlap. The exercise is examining how discriminatory laws affect the health and well-being of vulnerable migrant and mobile populations. One early insight from this project is that the geographic distribution of vulnerable migrants living with HIV may differ considerably from the geographic distribution of vulnerable migrants generally, due to the effects of major variations in background HIV prevalence among different regions. In addition, to generate data on migrant access to essential services, UNAIDS, IOM and partners carried out research in Europe, home to the largest number of international migrants in the world in 2019-2020.²¹ The findings amply demonstrate the intersectionality of needs faced by undocumented migrants in particular, as well as continuing challenges in accessing health care, a situation echoed across the world. UNAIDS has used research findings to frame focus group discussions to inform the Global AIDS Strategy, roll-out of the Faith-Based Community Migration Road Map (for which UNAIDS is a joint signatory) and the Faith-Based Community's HIV and Migration webinar.
25. The Joint Programme is also taking steps to ensure the more systematic collection of data on migration, mobility and HIV. UNHCR continues to leverage available data to estimate the number of people living with HIV in emergency settings. WHO, with collaboration from the Secretariat and other Cosponsors, is producing a global update on migration and health, with expected launch in the first quarter of 2022. The Joint Programme is moving forward with diverse partners to develop global AIDS monitoring indicators specific to migration, mobility and HIV, for review by the UNAIDS Monitoring Technical Advisory Group. It is expected that reporting against these new indicators will draw on the comparative

²⁰ Data sources that are being used in this exercise include: UNHCR (refugees, asylum seekers, returnees and other populations of interest and demographic statistics); UNRWA (Palestinian refugees); CRED emergencies data-base (emergencies by type and country); UN Population Division (population projections); International Displacement Monitoring Centre (the number of internally displaced persons by country); WHO Global Health Observatory (population by age); CIA World Fact Book (birth, death and growth rates); UNAIDS (country-level HIV prevalence and treatment data, as well as the key population database); IOM (migration patterns); UNDP (migration patterns and numbers); UNODC (human trafficking statistics); UNDESA (migrancy trends).

²¹ Experts included representatives of UNAIDS, IOM, WHO, European Centre for Disease Prevention and Control, the Platform for International Cooperation on Undocumented Migrants and ITG.

advantages of Cosponsors and meaningfully engage civil society as partners in monitoring efforts.

PROGRESS UPDATE: THE JOINT PROGRAMME'S WORK TO ADDRESS MIGRATION, MOBILITY AND HIV

26. Significant, though still insufficient, progress has been made in advancing policy and programmatic efforts to meet the multiple HIV-related needs of diverse migrant and mobile populations since the NGO delegation submitted its report to the Board in December 2018. This section summarizes the gains made, with particular attention to the efforts of the Joint Programme, as well as the considerable gaps that need to be addressed. (Annex 3 outlines the roles and responsibilities within the Joint Programme for work focused on migration, mobility and HIV, as well as key international bodies and partners with whom the Joint Programme collaborates on these issues.)

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

27. The Joint Programme advocates for proactive, coordinated, human rights-based action to meet the needs of migrants and mobile populations living with or at risk of HIV. 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. Related work included a checklist for comprehensively addressing humanitarian preparedness and response in Global Fund country submissions. 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.

28. The Global Fund has made significant progress in addressing HIV in fragile environments, including for forcibly displaced populations. Through its Challenging Operating Environment (COE) policy, particular attention is paid to chronic political instability or ongoing conflicts and population displacement. Multi-country grants have supported refugees 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. Between 2019 and 2020, around US\$ 7 million from the Global Fund Emergency Fund was allocated to supporting refugees and displaced populations in Bangladesh, the Democratic Republic of Congo, Ethiopia, Mozambique and Venezuela, of which 16% was spent on HIV.

29. Urban settings, and particularly urban slum settlements, are increasingly home to refugees, IDPs and migrants across the world. As people often make their journey with few disposable assets, slums are often their only option to secure shelter and sustenance, particularly when

family members and friends are already living there. The Fast-Track Cities initiative, with guiding principles that include the need to serve vulnerable and marginalized populations, provides a platform for addressing the HIV-related needs of slum dwellers, displaced people and migrants. In its advocacy and technical support to mayors and other city officials, the Joint Programme promotes programming for mobile populations, including those beyond city limits. In the Moroccan cities of Casablanca and Rabat—both signatories of the Paris Declaration and home to high concentrations of migrants from sub-Saharan and Arab countries—the national Ministry of Health is collaborating with civil society organizations to offer free combination prevention, treatment and care services for migrants. Nationally, nearly 25 000 migrants received free HIV services in nine cities in Morocco in 2020.

30. The Kenyan capital, Nairobi, which was one of the first cities in Africa to join the Fast-Track Cities initiative, has greatly expanded HIV service access to people living in informal settlements and migrants. The Nairobi Metropolitan Services Health department serves all migrants seeking services at a public facility in the city, and the city also collaborates proactively with partners to bring HIV services to migrant communities where they reside, such as the urban suburbs of Eastleigh, Majengo and Mlango Kubwa. IOM provides comprehensive HIV services to migrants, reporting on results to the UNAIDS-led Joint Team, and local advocacy has encouraged the city to take steps to link migrant key populations to HIV services.
31. High-level advocacy by UNAIDS and Cosponsors, working within the R4V Platform, led to the the Mayor of Lima signing the Paris Declaration. As a result, Peru is now the third country in Latin America to provide HIV and other health services to substantial numbers of Venezuelan refugees and migrants. In Colombia, the UNAIDS Regional Support Team for Latin America and the Caribbean supports the partnership between the NGO Senderos and the municipality of Cali to link migrants and refugees to local health services.

Supporting strategic planning to address the intersections of migration and HIV

32. A key, longstanding priority for the Joint Programme has been to support sound, evidence-based strategic planning for an effective and inclusive HIV response. As documented by the Joint Programme's stakeholder survey to inform this report, a number of countries have specifically addressed migrant populations in their national HIV strategic plans (NSPs). Viet Nam's NSP explicitly includes labour migrants; in Brazil, HIV treatment is ensured for Brazilians and foreigners under the law; and Tunisia's NSP expressly includes migrants (with no specific restrictions on their legal status), as well as access to HIV services for host communities and free HIV services for victims of trafficking. In Ethiopia, responsibility for the provision of HIV services for refugees, asylum seekers and internally displaced persons is allocated to the Federal Ministry of Health, Federal HIV/AIDS and regional Health Bureaux. In Morocco, although the NSP does not explicitly include mobile populations, the National Strategy for Immigration and Asylum aims to ensure access to health care for migrants and refugees under the same conditions as for Moroccans.
33. Overall, however, the 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. Even where mobile populations are included in national strategies and policies, implementation is often an issue. This is the case particularly where ministries of health lack expertise in migrant/refugee/other mobile population issues; national institutions lack capacity; and HIV donor institutions have no humanitarian focal point. 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.

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

34. 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. Among 42 refugee-hosting countries (all but two in sub-Saharan Africa) surveyed by UNHCR in 2019, 88% reported that refugees could access antiretroviral therapy (and 100% for free first- and second-line TB drugs) provided through national systems. However, the availability of services in humanitarian settings does not necessarily translate into sufficient service uptake.
35. 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. The Global Action Plan seeks to address the barriers to health services faced by refugees and migrants and to improve the coverage, accessibility and quality of occupational and primary health-care services and social protection systems available to them. 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.
36. The Joint Programme and other partners have worked to build national capacity to respond to the HIV-related needs of migrant and other mobile populations. 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.
37. Through country and regional level work, the Joint Programme is collaborating to expand service access for migrant and mobile populations. IOM's unit in Panama, responsible for managing the response to the Venezuelan situation, is currently liaising with UNAIDS and other partners to define joint efforts. 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.
38. Stakeholders surveyed by UNAIDS highlight a number of country-level initiatives to increase HIV service access among migrant and other mobile populations, including several that use innovative means to address service delivery challenges. In Zambia, where HIV services are targeting truck drivers, traders, fishermen and miners—all of whom are mobile—community cadres, peer educators and community lay counsellors are helping link migrants who test

HIV-positive to ART and other HIV services. FEVE (*Frontières et vulnérabilités au VIH en Afrique de l'Ouest*), established in 2008 in Côte d'Ivoire, now delivers HIV testing and treatment services to labour migrants in nine West African countries, focusing on bus stations where they arrive for work. Thailand and neighbouring countries have a well-established intercountry cross-border patient referral and feedback mechanisms using social media and web-based applications, with the World Vision Foundation Thailand serving as the focal civil society organization, enabling case follow-up and rapid feedback. 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.

39. Focused efforts have been undertaken to strengthen cross-border collaboration to increase service access and continuity for mobile populations. 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. The grant programme, which complements existing UNHCR-funded programmes, has improved coordination mechanisms with refugee stakeholders, enhanced linkages with national HIV and TB programmes and strengthened supply chain management. IFRC is promoting cross-border cooperation on migration and HIV in Cambodia, Lao PDR and Thailand, prioritizing community engagement, improved accountability for HIV service delivery to migrants and focused efforts to address migrants' specific gender-, age-, disability-, socioeconomic-, religious-, ethnicity-, nationality- and sexual orientation-related needs, capacities and vulnerabilities. IFRC is working with National Red Cross and Red Crescent Societies along migration routes to expand its Humanitarian Service Points, which are neutral, safe, welcoming and strategically located spaces in countries of transit, destination and return that provide a range of health and supportive services.
40. Notwithstanding the important contributions of these cross-border initiatives, harmonized cross-border actions between border countries are generally lacking. While refugees under the protection of UNHCR have access to health screening on arrival, as well as vaccinations and linkage to care where necessary, migrants and other mobile populations may not benefit from such services. Systematic cross-border cooperation for such interventions as digital and portable health records to ensure service access and continuity—including for ART, harm-reduction interventions, such as opioid substitution therapy, and vaccinations—is urgently needed.
41. Since 2018, the Joint Programme has produced normative guidance to strengthen the reach and quality of HIV services for humanitarian populations. 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.
42. As the global community seeks to accelerate the global availability and uptake of COVID-19 vaccinations, urgent attention is needed to ensure that migrants and other mobile populations are not left behind. The UN Committee on Migrant Workers, the Special Rapporteur on the human rights of migrants, the Office of the High Commissioner for Human

Rights and regional human rights experts have issued a joint statement in this regard (March 2021), emphasizing that migrants may be more vulnerable to poor health due to low socioeconomic status, the process of migration and their vulnerability as nonnationals.²² In a report in 2020, the UN Secretary-General reminded countries of their obligation to protect migrant, refugee, crisis-affected and other mobile populations,²³ and the UNAIDS Executive Director has prominently advocated for actions to ensure the availability of vaccines to all. During the pandemic, Portugal showed one possible path towards vaccine access for migrants, by temporarily regularizing the residency status of all foreign citizens who had requested residence or asylum so that they could avail themselves of their rights to health and public services, including COVID-19-related services and other social protection and support.²⁴

Addressing the needs of key populations

43. Recognizing that mobile key populations often experience heightened vulnerability, the Joint Programme has taken steps to address these populations' particular needs. 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. 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.
44. The Joint Programme's efforts for key populations complement initiatives by other partners. 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 *Diálogo Diverso*, with support from Canada, is providing a safe space for receiving services. To enable people-centred services for LGBTI migrants, the centre has executed agreements with service providers to ensure linkage to HIV treatment and other health services, psychosocial therapy, employment assistance, temporary shelter and legal support.²⁵

A NEW GLOBAL AIDS STRATEGY AND UBRAF: A KEY OPPORTUNITY TO INTENSIFY THE RESPONSE FOR MIGRANT, REFUGEE, CRISIS-AFFECTED AND OTHER MOBILE POPULATIONS

45. The new Global AIDS Strategy, approved by the Board at its Special Session in March 2021, offers a unique opportunity to reinvigorate the HIV response for migrant, refugee, crisis-affected and other mobile populations and to close gaps that contribute to disparities in HIV service access and outcomes. The Strategy, which is oriented around reducing intersecting inequalities that increase vulnerability, specifically notes that meeting the needs of diverse migrant and mobile populations is an imperative that cuts across its strategic

²² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26860&LangID=E>

²³ <https://www.unocha.org/story/un-launches-paper-covid-19-and-people-move>

²⁴ <https://www.fmreview.org/recognising-refugees/moore-kortsaris>

²⁵ Stephanie Network on Migration good practices.

priorities and result areas. For the first time, the Strategy includes a result area specifically devoted to humanitarian settings, and specific indicators are being developed as part of the Global AIDS Monitoring system. The Strategy prioritizes scaled-up innovation in the response, as well as greater use of strategic partnerships to drive progress. (Annex 4 outlines the Strategy's priority actions and targets that specifically apply to migrants and other mobile populations).

46. At this meeting, the Board will review a zero draft of the new UBRAF for 2022–2026, which will guide the Joint Programme's contributions to implementation of the Strategy. The development of new and more comprehensive UBRAF indicators, aligned with the Global AIDS Monitoring system, provides an important opportunity to increase the Joint Programme's accountability for results on the intersections of HIV and migration.
47. The key functions and assets of the Joint Programme, as outlined in the Global AIDS Strategy and more fully articulated in the draft UBRAF, offer a roadmap for catalyzing accelerated progress in the response for migrant and other mobile populations. The Joint Programme will exert and build leadership among diverse partners and stakeholders to strengthen the effectiveness and inclusiveness of responses for mobile populations; provide normative guidance, leverage partnerships and incentivize innovations to ensure migrants and other mobile populations have equitable access to global public goods; and support countries and communities in meeting the HIV-related needs of diverse mobile populations, including through enhanced engagement of migrants and mobile populations themselves in national and local responses.
48. The Global AIDS Strategy and the UBRAF afford critical opportunities to close strategic information gaps that have impeded effective responses for migrant and mobile populations. Having recently acted to improve strategic information on migration and HIV, UNAIDS is uniquely positioned to lead efforts to ensure a paradigm shift in data collection—not only in terms of ensuring that government institutions beyond the Ministry of Health (e.g. the Ministries of Interior, Humanitarian Affairs, Defense, Social Affairs etc.) provide data, but also to ensure consistency and comparability across UN-wide reporting on migration, mobility and HIV.

CONCLUSION

49. Although some progress has been made since the 2018 NGO Report to the PCB, including health-related provisions in the Global Compacts for migration and on refugees, much remains to be done. National HIV responses in all countries and operational environments, including humanitarian and fragile contexts and other contexts with large populations of mobile people, need to take into account the needs of migrant, refugee, crisis-affected and other mobile populations in all their diversity. National laws in conflict with international human rights and other instruments that impede the ability of migrant, refugee, crisis-affected and other mobile populations to access health care and other needed, related services should be reviewed.
50. Improving granular data on HIV and mobility will be vital. Support and funding are needed to increase data collection, analysis and harmonization efforts to improve the quality of comparable HIV/mobility data at the country, regional and global levels, and to provide better services for migrant, refugee, crisis-affected and other mobile populations.

51. Responses must ensure that all HIV services are available and accessible to all migrant and mobile populations, regardless of their legal status and at all phases of the mobility continuum (predeparture, transit, destination, return and reintegration). Among migrant, refugee, crisis-affected and other mobile populations there are specifically vulnerable populations, depending on context, who each require tailored and quality-assured services: irregular migrants; returnees; members of key populations; adolescent girls and young women and boys; children, especially unaccompanied migrant children and orphans; disabled people; victims of trafficking; survivors of violence, especially sexual and gender-based violence (including conflict-related sexual violence); and undernourished populations.
52. HIV services need to be bolstered by social and other protection mechanisms that reduce vulnerability to HIV and help maintain physical and mental health, including through culturally relevant psychosocial support services that promote treatment adherence and tailored services for survivors of sexual and gender-based violence (including conflict-related sexual violence and sexual exploitation and abuse), alongside preventive and protection measures to reduce the incidence of such abuse. "One-stop", survivor-centred services in or close to specific "risk locations" (such as border crossings, transit hubs, refugee and IDP camps, migrant shelters, migrant detention centres etc.) can help to address HIV, sexual and gender-based violence and conflict-related sexual violence, and ensure adequate referrals to any necessary treatment, care and protection services, including promoting access to employment for migrants and refugees.
53. Communities (including host, transit and return communities) are central to success. Supporting civil society and other community organizations to implement HIV services for migrant, refugee, crisis-affected and other mobile populations will be vital. Local, host-country key population networks should be enrolled in community-led approaches to address HIV/STI risk, violence, marginalization and widespread stigma and discrimination, and to provide HIV services.
54. Just as people cross borders, so should HIV responses. Bilateral, regional and global coordination and collaboration are urgently needed to ensure that migrant, refugee, crisis-affected and other mobile populations can access the health and other services they need to stay healthy. Key interventions include digital and portable health records and border vaccination services.
55. To make a lasting and meaningful change in the lives of migrant, refugee, crisis-affected and other mobile populations, the Joint Programme has a pivotal role to play in research, monitoring, reporting and data collection and analysis—particularly when it comes to irregular migration, forced displacement and human trafficking. Human and financial resources are needed for the five-year span of the Global AIDS Strategy to ensure the organization anticipates and responds to the fast-moving issues related to human mobility and fulfils its commitments to migrant, refugee and crisis-affected and other mobile populations. Key areas include policy formulation and implementation, as well as monitoring; data generation and analysis (including more granular data on risks and vulnerabilities, coverage and access to services for specific populations, including at the subnational level); capacity building and training.

Proposed Decision Points

56. The Programme Coordinating Board is invited to:

- *take note* of the update on the implementation of the HIV response for migrant and mobile populations;
- *welcome* the new Strategy's emphasis on migration as a cross-cutting issue that demands prioritized action, including ensuring access to combination prevention and leveraging and adapting existing data collection to monitor people in fragile and humanitarian contexts;
- *promote further operationalization* of the Strategy's provisions with respect to HIV and migration by:
 - *calling* for greater, more systematic collection of data on HIV and migration (including through the new Global AIDS Monitoring System and UBRAF indicators); and
 - *calling* on the Joint Programme to reinvigorate efforts and enhance coordination for effective action to address HIV among migrant, refugee, crisis-affected and other mobile populations, including through strategic partnerships (including but not limited to the Interagency Task Team on HIV in emergencies) and through exploration of the creation of a new international coalition to elevate global attention to migration and HIV, improve accountability in the response for diverse migrant populations and outline an operational framework to drive results and enhance coordination.
- Requests the Joint Programme to report back to the Programme Coordinating Board on progress made in HIV and migrant, refugee, crisis-affected and other mobile populations as part of regular reporting.

[Annexes follow]

ANNEX 1: QUESTIONNAIRE RESPONSES

Over 40 countries were selected for targeted questionnaires.

Governments received three questionnaires:

- labour/regular migration,
- irregular migration, and
- refugees, internally displaced persons and asylum seekers.

Another two questionnaires were designed and sent to national institutions and NGOs. All of the questionnaires can be found [here](#).

As of 8 April 2021, responses had been received from 25 countries:

- 8 labour/regular migration questionnaires,
- 8 completed irregular migration questionnaires,
- 9 completed refugees, internally displaced persons and asylum seekers questionnaires,
- 17 national institutions questionnaires, and
- 44 NGOs.

Asia and the Pacific	Thailand Viet Nam
Eastern Europe and central Asia	Armenia Kazakhstan Kyrgyzstan Ukraine
Eastern and southern Africa	Eswatini Ethiopia South Sudan Zambia Zimbabwe
Latin America and the Caribbean	Brazil Haiti Venezuela
Middle East and North Africa	Algeria Egypt Morocco Somalia Somaliland/Puntland Tunisia
Western and central Africa	Burkina Faso Democratic Republic of Congo Gambia Guinea Bissau Mali Niger Senegal

ANNEX 2: DEFINITIONS

Asylum seeker: An individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which they²⁶ have submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every recognized refugee is initially an asylum seeker.²⁷

Internally displaced person(s): Person or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.²⁸

Migrant: A person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons.^{29 30}

- **Regular migrant:** A migrant moving and living in compliance with the laws of the country of origin, transit and destination.³¹
- **Irregular³² migrant:** A migrant moving and living outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination.³³
- **Migrant worker:** a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national.³⁴

Other groups or persons of concern to UNHCR: Individuals who do not necessarily fall directly into any of the groups above, but to whom UNHCR has extended its protection and/or assistance services, based on humanitarian or other special grounds.³⁵

Refugee: A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his

²⁶ The Convention refers to all persons as “he”. There are of course many women and nonbinary persons seeking refuge and asylum.

²⁷ <https://www.unhcr.org/449267670.pdf>

²⁸ United Nations Guiding Principles on Internal Displacement
<https://emergency.unhcr.org/entry/44826/idp-definition>

²⁹ <https://www.iom.int/key-migration-terms#Migrant>

³⁰ https://unstats.un.org/unsd/publication/seriesm/seriesm_58rev1e.pdf

³¹ <https://www.iom.int/key-migration-terms>

³² The terms “illegal” or “undocumented” migrants are not used in this document, in order to avoid perpetuating discriminatory language.

³³ <https://www.iom.int/key-migration-terms>

³⁴ International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families <https://www.ohchr.org/en/professionalinterest/pages/cmw.aspx>

³⁵ <https://www.unhcr.org/refugee-statistics/methodology/definition/>

former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.³⁶

Returnee: Any person on the move (migrant, asylum seeker, refugee, internally displaced person etc.) who has returned to their country of origin/place of origin/habitual residence spontaneously or with assistance, voluntarily or involuntarily, but is yet to be fully reintegrated.^{37 38}

Smuggling of migrants: The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the irregular entry of a person into a State Party of which the person is not a national or a permanent resident.³⁹

Stateless persons: Persons who are not considered as nationals by any State under the operation of its law, including persons whose nationality is not established.⁴⁰

Trafficking in persons: The (transnational) recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. The recruitment, transportation, transfer, harbouring or receipt of a child (under the age of 18) for the purpose of exploitation is considered "trafficking in persons" even if this does not involve any of these means.^{41 42}

Unaccompanied children. Children, as defined in Art. 1 of the Convention on the Right of the Child, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. In the context of migration, children separated from both parents or other caregivers are generally referred to as unaccompanied migrant children.

³⁶ 1951 Convention Relating to the Status of Refugees

³⁷ Refugees and Migrants in Law and Policy: Challenges and Opportunities for Global Civic Education, Helmut Kury, Sławomir Redo

³⁸ <https://www.unhcr.org/449267670.pdf>

³⁹ Adapted from Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime ((adopted 15 November 2000, entered into force 28 January 2004) 2241 UNTS 507) Art. 3(a). <https://www.iom.int/key-migration-terms#Migrant>. Note: In the above definition, the term illegal entry used in the Protocol's definition has been replaced by the term irregular entry.

⁴⁰ <https://www.unhcr.org/449267670.pdf>

⁴¹ It is important to differentiate trafficked persons from sex workers, including sex worker initiates, who commence selling sex when affected by humanitarian situations owing to disrupted income streams.

⁴² Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (adopted 15 November 2000, entered into force 25 December 2003) 2237 UNTS 319, Art. 3(a). (Palermo Protocol) <https://www.ohchr.org/en/professionalinterest/pages/protocoltraffickinginpersons.aspx>

ANNEX 3: JOINT PROGRAMME ROLES AND RESPONSIBILITIES FOR WORK FOCUSED ON MIGRATION, DISPLACEMENT AND HIV, AS WELL AS KEY INTERNATIONAL BODIES AND PARTNERS

UNAIDS and the Joint Programme

The agencies of the UN system—including UNAIDS Cosponsors—provide various protections and oversight for migrant, refugee, crisis-affected and other mobile populations. The new Global AIDS Strategy 2021–2025 recognizes that refugees, internally displaced people, returnees and asylum seekers, and vulnerable migrants, particularly those in humanitarian and fragile settings, are often disproportionately affected by HIV, and that they face inequalities in access to health care. It makes a number of commitments to addressing these challenges, with associated targets. The UNAIDS Security, Humanitarian and Fragile Settings team leads institutional efforts to:

- ensure HIV responses are integrated into programming for effective humanitarian responses;
- ensure HIV is included in the right to health and protection for migrants under the implementation of the Global Compact for safe, orderly and regular migration; and
- engage armed forces in the protection of vulnerable populations and the prevention of conflict-related sexual violence against adolescent girls, boys and young women.

WHO. The WHO's Global Action Plan to promote the health of refugees and migrants was adopted in May 2019. It recognizes that specific vulnerabilities to HIV infection and TB require specific integrated health-care services for refugees and migrants. It aims to support the development of national guidance, models and standards designed to prevent and manage communicable and noncommunicable diseases and mental health conditions by focusing on risk groups, including those with HIV. It also aims to address the barriers to health services faced by refugees and migrants and improve the coverage, accessibility and quality of occupational and primary health care services and social protection systems available to them. Finally, WHO promotes universal health coverage, which will provide a more coherent and integrated approach to health for all populations, including migrants and refugees, irrespective of their legal and migratory status.

UNHCR. UNHCR has a mandate to lead and coordinate global action to protect the rights and well-being of tens of millions of refugees, internally displaced persons and others of concern, including the stateless, asylum seekers and returnees. It works across the world with a range of partners to reach people who may have become more vulnerable to HIV owing to displacement and exposure to conflict situations. UNHCR approaches HIV through its protection mandate, ensuring access to asylum and voluntary return for those living with HIV, as well as access to context-appropriate, comprehensive HIV-related protection, prevention, treatment and care services for displaced communities (including members of key populations); providing multipurpose cash assistance and links with livelihoods and self-reliance programmes; and preventing and responding to sexual and gender-based violence. UNHCR promotes integrated service delivery with surrounding host communities. It works with national systems and major donors, such as the Global Fund, to promote access to HIV- and TB-related services and commodities through national health and social protection systems and to include refugees and other populations in national HIV strategies and policies. UNHCR also collects, analyses and disseminates data on access, coverage and quality of health and HIV-related services.

In order to address gaps in service provision among key populations in humanitarian settings, 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. UNHCR and UNFPA are finalizing guidance to improve the implementation of services for people who sell or exchange sex in humanitarian settings.

WFP. WFP is the lead agency for ensuring that food and nutrition support is integrated into national HIV and TB strategies. It works in emergency, recovery and development contexts to improve health outcome and mitigate the impacts of HIV on individuals, families and communities. WFP provides immediate food assistance to people fleeing their country or community, including to people living with, at high risk of and/or affected by HIV. It also provides asset-creation opportunities and skills-development training for vulnerable refugees.

UNHCR and WFP co-convene the Joint Programme's work on addressing HIV in humanitarian settings, serving as an entry point for governments, other relevant country-level stakeholders and global actors requiring technical support. The Joint Programme and UNAIDS Secretariat work in part through the [Inter-Agency Task Team on HIV in Emergencies](#), which provides thought leadership and technical guidance; acts as an entry point for technical support; advocates for funding, policy and programme outcomes; and contributes to strengthening country-level partnerships. It operates principally at the global level to support country-level activities that are—as much as possible—nationally owned. UNAIDS also works at the country level with focal points from the Joint Teams on HIV/AIDS to ensure that HIV is integrated within the cluster system and that the collaborative response is evidence-based.

ILO. The role of ILO is to mobilize governments, employers and workers to act to safeguard workers' rights, promote HIV prevention, and provide care, treatment and support for workers living with HIV, including migrant workers. ILO opposes entry, stay, residence and travel restrictions based on HIV status, as well as obligatory HIV testing. It has published a Framework for Action on [promoting a rights-based approach to migration, health and HIV and AIDS](#) (2017). ILO also works with UNHCR to support the integration of refugees into existing national social protection systems to enable refugees to access health services, including HIV prevention, treatment and care.

UNODC. UNODC proceeds on the assumption that people trafficked for the purpose of sexual exploitation are exposed to the risk of HIV infection. UNODC is the lead agency for HIV prevention, treatment and care among people who use drugs and people in prisons and other closed settings. UNODC is also responsible for facilitating the development of a UN-wide response for persons vulnerable to human trafficking. In addition, UNODC ensures the inclusion of young people, women and civil society organizations in the development and implementation of programmes.

UNFPA. UNFPA's approach to HIV is based on three strategies: promoting human rights and reducing inequalities; integrating HIV responses into sexual and reproductive health care; and preventing the sexual and vertical transmission of HIV. It also works to increase understanding of migration issues, advocate for better migration data, and promote the incorporation of migration into national development plans. UNFPA advocates for addressing the special concerns of women and other vulnerable migrants, including the elimination of discrimination, abuse and trafficking. It works with partners to meet the emergency reproductive health needs of refugees and internally displaced women. UNFPA provides reproductive health services and counselling for victims of trafficking, and

provides technical assistance, training and support to governments and other agencies to help combat the problem.

UNICEF. UNICEF works around the world to help protect the rights of migrant and displaced children, including by providing life-saving humanitarian supplies in refugee camps. It supports national and local governments to put in place laws, policies, systems and services that are inclusive of all children and address the specific needs of migrant and displaced children. UNICEF also collects, analyses and disseminates data and gathers evidence about the situations and individual experiences of children and young people on the move. It works to end child immigration detention by helping governments put in place alternative community- and family-based solutions.

UN Women. UN Women brings gender equality and human rights perspectives to its work on women and HIV. It spearheads strategies that make clear links to factors propelling the epidemic, including violence against women, denial of legal rights and women's limited participation in decision-making. Its most important strategy is the empowerment of women and guaranteeing their rights so that they can protect themselves from infection, overcome stigma, and gain greater access to treatment, care and support. UN Women is an active advocate of safe migration for women, both globally and in many of the most affected countries.

UNDP. UNDP works in close collaboration with partners, including IOM, UNHCR and other Cosponsors, to address the root causes of displacement; support governments to integrate migration and displacement issues in national and local development plans; support refugees, migrants, internally displaced persons and host communities to cope, recover and sustain development gains in crisis and postcrisis situations ("resilience-based development"); and support national and local authorities to achieve sustainable community-based re/integration.

The World Bank. The World Bank works to ensure that its relevant programming in fragile, violent and conflict-affected settings provides affected individuals with access to essential health and social protection services, by working in collaboration with key local and international partners, including Joint Programme colleagues UNHCR and UNICEF.

UNAIDS and IOM

The mandate of IOM, the UN's migration agency, includes the delivery and promotion of comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations. This report benefited from expertise, contributions and technical assistance from IOM Headquarters and Country Offices.

Although IOM is not a UNAIDS Cosponsor, the two organizations signed a Cooperation Agreement in 2011 (renewed in 2017) committing them to joint activities in the fields of migration and HIV. These include providing a comprehensive package of HIV services in humanitarian and conflict settings; providing prevention services for all women and adolescent girls, migrants and key populations; encouraging States to address the vulnerabilities to HIV and the specific health-care needs experienced by migrants, and to take steps to reduce stigma, discrimination and violence; and combatting sexual and gender-based violence.⁴³

⁴³ <https://southafrica.iom.int/news/unaid-and-iom-sign-agreement-improve-access-hiv-services-migrants>

Specifically, UNAIDS and IOM have implemented activities to promote access to HIV services and enhance high-level advocacy and leadership on HIV-related services for migrants and vulnerable populations.

Other key partners

IASC: The Inter-Agency Standing Committee (IASC) improves the effectiveness of humanitarian action by coordinating the activities of UN and non-UN IASC members and other humanitarian actors, assigning responsibilities, and sharing resources and knowledge. The IASC develops and agrees system-wide humanitarian policies and resolves disputes or disagreements between humanitarian agencies or over system-wide humanitarian issues.⁴⁴

High-level independent experts appointed by the UN and/or regional bodies have specific responsibility for migrant, refugee, crisis-affected and other mobile populations, including:

- the Special Rapporteurs under the Human Rights Council (supported by OHCHR) on the human rights of migrants; on trafficking in persons, particularly women and children; and on the human rights of internally displaced persons;
- the Special Representative of the Secretary-General on Sexual Violence in Conflict and the Special Representative of the Secretary-General on Children and Armed Conflict;
- the African Commission on Human and Peoples' Rights Special Rapporteur on Refugees, Asylum Seekers, Internally Displaced Persons and Migrants in Africa;
- the Council of Europe Special Representative of the Secretary General on Migration and Refugees; and
- the Inter-American Commission on Human Rights Rapporteur on the Rights of Migrants.

International and national NGOs and civil society also play a key role in the field of HIV and mobility. The IFRC, with whom UNAIDS signed a Memorandum of Understanding in 2014 (currently under revision), works through its National Red Cross and Red Crescent Societies to support and protect migrants and refugees living with HIV. Through its vast network of volunteers, the IFRC works in communities and with the most vulnerable and hardest to reach. The ICRC leads advocacy on missing migrants, and in 2020 published key recommendations for policymakers on ways to prevent migrants from going missing and, when they do, how to respond.

The Inter-Agency Coordination Group against Trafficking in Persons coordinates UN and partner efforts to counter trafficking and provide supportive services and assistance to trafficked persons.

⁴⁴ <https://emergency.unhcr.org/entry/56159/international-humanitarian-and-development-coordination-architecture>

ANNEX 4: STRATEGY'S PRIORITY ACTIONS AND TARGETS THAT SPECIFICALLY APPLY TO MIGRANTS, REFUGEE, CRISIS-AFFECTED AND OTHER MOBILE POPULATIONS

The new Global AIDS Strategy 2021–2025 recognizes that refugees, internally displaced persons, returnees and asylum seekers, and vulnerable migrants, particularly those in humanitarian and fragile settings:

- are often disproportionately affected by HIV;
- are subject to inequalities reflected in deteriorating, inaccessible, dysfunctional or non-existent health care services; and
- are already marginalized and disenfranchised and face unique challenges accessing HIV testing, treatment and care.

Priority actions for migrant, refugee, crisis-affected and other mobile populations include:

- *Remove discriminatory and punitive laws, policies and structural barriers (e.g. barriers to treatment for migrants);*
- *Within the framework of the SDGs and the Universal Health Coverage, promote equitable access to effective, innovative and quality combination HIV prevention that includes pre-exposure prophylaxis, treatment optimization and care services (including comprehensive TB programmes) (with migrants a priority population);*
- *Provide universal access for all including key populations to stigma-free quality HIV prevention, treatment and care services, regardless of legal or insurance status, and ensure retention in care to achieve viral load suppression; and*
- *Provide equal access to and the continuation of HIV prevention, treatment and care services for people in closed settings, including refugee and migrant camps.*

Strategy targets for migrant, refugee, crisis-affected and other mobile populations

- 90% have access to integrated TB, hepatitis C and HIV services, in addition to intimate partner violence programmes, sexual and gender-based violence programmes that include post-exposure prophylaxis, emergency contraception and psychological first aid. These integrated services should be person-centred and tailored to the humanitarian context, the place of settling and place of origin.
- 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options.
- 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options.
- 90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programmes to address gender-based violence, including intimate-partner violence, that include HIV post-exposure prophylaxis, emergency contraception and psychological first aid.

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