

UNAIDS 2019

Mobility and stability

Advancing the health and rights of migrants
in Latin America and the Caribbean

Contents

- 3** A new world of mobility
- 5** Overlapping vulnerabilities of people on the move
- 8** Leaving home in search of a better life
- 9** Overcoming legal barriers for Venezuelan migrants in Panama
- 12** Protecting migrant rights to health and shelter in Peru
- 15** Building stability through interagency collaboration
- 17** References

UNAIDS in Focus

The UNAIDS in Focus series features snapshots of the Joint Programme's work enabling people living with and affected by HIV around the world to realize their human right to health.

UNAIDS advocates for a holistic, multisectoral approach to AIDS, with a long history of working across sectors and building multistakeholder partnerships. As a joint programme, it uniquely leverages the capabilities and comparative advantages of each of its 11 United Nations (UN) cosponsoring organizations (Cosponsors), as well as those of civil society, governments and other partners.

This series of case studies captures compelling stories of how Cosponsors, the UNAIDS Secretariat and a wide range of partners join forces to overcome challenges and build solutions at the country, regional and global levels to address the needs and protect the rights of people living with, affected by and at risk of HIV. The case studies depict a wide array of interventions that make a difference, such as creating a coalition of lawyers to provide pro bono services to defend people living with HIV from discrimination, implementing a partnership in South-Eastern Africa to ensure the continuity of health services for communities suffering from drought, or supporting countries in western and southern Africa to scale up prevention and treatment coverage in countries lagging most behind in their response.

By using evidence-informed and people-centred approaches, UNAIDS acts as an advocate, convenor and broker to address obstacles at the global, regional and country levels (including legal environments and social determinants) that are hindering access to essential, quality and sustainable care, treatment, support and prevention services.

The UNAIDS in Focus series shows how the Joint Programme puts its mission into practice, delivering results for people everywhere in order to achieve zero new HIV infections, zero AIDS-related deaths and zero discrimination.

A new world of mobility

The world is witnessing the highest rates of migration on record. It has been estimated that some 1 billion people across the globe are migrants or are on the move, including around 244 million international migrants and 740 million internal migrants¹ (1).

While the vast majority of people migrate voluntarily for reasons related to work, family and study, many people are being forced from their homes, risking everything to escape conflict, disaster, poverty or hunger. In 2017, 2.9 million people were newly displaced as a result of persecution, conflict or generalised violence, taking the total number of forcibly displaced people worldwide to 68.5 million (2). This number is the highest since the Second World War and includes 25.4 million refugees, 40 million internally displaced people and 3.1 million asylum seekers.² There also are an estimated 10 million stateless people, so-called invisible people, who have been denied a nationality and basic rights (2).

What do most of these “unwilling” migrants have in common? They originate from the world’s most fragile contexts. According to the OECD definition of fragile contexts, almost one quarter of the world’s population—1.8 billion people—live in fragile and/or conflict affected states, and that number is projected to rise to 2.3 billion people by 2030 (3).

Beyond these numbers, the tragedy is human: families, children, the elderly and young people trying to survive the breakdown of their social and economic structures, political unrest, civil wars and natural disasters. Many attempt the desperate and dangerous crossing of the Mediterranean to reach European shores, or journey across continents, sometimes walking from Central America towards the border of the United States of America.

Some call migration on this scale a global crisis—but it does not have to be. Migration can benefit people, states and societies at both the origin and the destination. In the 2030 Agenda for Sustainable Development, international migration was recognized as an integral part of sustainable development. People on the move and their families increase their standard of living through higher wages and remittances, which in turn improve health and education outcomes (4). Migration also has positive effects for countries of origin, as it can bring down unemployment and boost economic and social development. Destination countries gain from migration as it adds workers; they, in turn, bring diversity to the workplace, which has been shown to improve productivity (5).

¹ The terms “people on the move” or “mobile people” are used in this document as a comprehensive term that includes international migration, refugees, people experiencing internal and/or forced displacement, people moving because of climate change impacts, or labour migrants. This follows the definition of migrants used by the International Organization for Migration: “any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is” (5).

² This total does not include the 5.4 million Palestine refugees under the mandate of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

Migrants also are often involved in entrepreneurship and technological development, leading to innovation and economic growth. In countries with aging populations or below-replacement birth rates, migration can alleviate the risks of default on pensions (4).

The UN Secretary-General asserts that migration can and must be made to work for all (6). He has identified four fundamental considerations that must be kept in view to achieve this:

1. The main task is to maximize the benefits of migration rather than obsess about minimizing risks.
2. The rule of law must be strengthened at all levels, including opening legal pathways for migration that respond to the realities of labour demand and supply.
3. Security must be maintained for states, the public and migrants.
4. Migration should never be an act of desperation; rather, it should be an informed and voluntary choice.

The commitment of the world to reach and deliver on the Sustainable Development Goals and leave no one behind will only be realized if the needs of people on the move are seriously considered and addressed by fostering a safe, enabling legal environment and by upholding their rights.

Overlapping vulnerabilities of people on the move

“Migrants and mobile populations are exposed to a unique set of factors that render them more vulnerable to HIV, including limited access to health services and information, as well as exposure to environments that are conducive to engaging in higher-risk behaviours. It is crucial that the rights of migrants to health be realized and effected through evidence-based, whole-of-government and cross-sector approaches.”

William Lacy Swing,
Director-General
International Organization
for Migration

Upon signature of IOM–UNAIDS
Memorandum of Understanding,
8 December 2017 (9)

Many migrants face huge challenges, including unfamiliar and unpredictable conditions and complex intersecting vulnerabilities that include poverty, unemployment and limited access to education, health and other social services. Migrants also may be exposed to discrimination, violence, human trafficking and organized crime, often putting them in precarious living conditions that increase the likelihood of adverse health outcomes (7).

UNAIDS and IOM published a policy brief on HIV and International Migration that remains a valid resource for information (8).

At the 43rd meeting of the UNAIDS Programme Coordinating Board (PCB) in December 2018, the PCB NGO Delegation published a paper entitled *People on the move—key to ending AIDS*. This paper flags the importance of ensuring that mobile populations are not left behind. Mobile people living with HIV are more likely to be undiagnosed, not on antiretroviral therapy and not virally suppressed, even in countries that have achieved or exceeded the 90–90–90 targets (10).

Addressing these shortfalls and the overlapping vulnerabilities of migrants is key to ending the AIDS epidemic. Some of these vulnerabilities include the following:

Irregular immigration status. Migrants who are undocumented are less likely than regularized migrants to seek treatment or have access to health-care services, including HIV prevention; they also are more vulnerable to sexual and labour exploitation (11, 12). Migrants who are receiving antiretroviral therapy may have their treatment disrupted due to detention, and they may be unable to continue the same treatment regimen in the country to which they are returned. Female migrants in the manufacturing, domestic service and entertainment sectors often are undocumented with little access to health services, leaving them particularly vulnerable to HIV, exploitation and abuse, including by their employers.

Experience of stigma, discrimination and marginalization. In a context of increased xenophobia due to new flows of migration, migrants may suffer from several layers of discrimination (13, 14, 15):

- ▶ They may experience discrimination for being perceived as an outsider and/or because of racial or ethnic reasons.
- ▶ Another layer of discrimination is added if migrants are living with HIV or are members of key population groups (including sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs). Key populations, women, adolescents and indigenous groups are very vulnerable to sexual and gender-based violence and social and economic exclusion, which raises their vulnerability to HIV.

- ▶ The loss of identity papers, lack of a permanent address or other restrictions on undocumented migrants may hinder access to social protection, including health insurance and other social security benefits that would enable them to access health care.
- ▶ Stigma and discrimination in health-care settings may lead to violations of patient confidentiality or complete denial of services (16). Such discrimination may discourage migrants from accessing health services, even when they are available, and turn instead to the unregulated informal sector for health-related commodities.

In general, experiences of stigma and discrimination can lead to social exclusion, limited access to HIV prevention and treatment services, and overall increased vulnerability to HIV.

Poverty and lack of employment opportunities. Many migrants do not have a home or proper shelter, and they may lack sufficient money, food and other basic necessities. This is particularly the case for refugees and other involuntary migrants. Lack of food can be particularly harmful to migrants living with HIV, as proper nutrition is essential for effective antiretroviral therapy. Migrants, particularly those who are undocumented, are more likely to work in the informal sector, meaning they will lack security and legal protections (17). As with other challenges, economic vulnerability increases the risk of abuse and exploitation and makes migrants more likely to engage in certain high-risk activities, such as sex work and other forms of transactional sex.

Legal barriers and lack of legal protections. International migrants rarely enjoy the same legal rights and protections in their host country as citizens of that country. Many countries still restrict entry, stay and residence for people living with HIV (18, 19). Inadequate legal protection—coupled with difficulties accessing protections that do exist—makes migrants especially vulnerable to violence and exploitation, therefore increasing their risk of HIV infection.

Language and cultural barriers. Language and cultural barriers can make it harder for migrants to access health care or find employment, which keeps them isolated from society and in precarious living conditions. Migrants also may be less aware of their legal rights than citizens of the host country, or less inclined to exercise them if they are undocumented or lack employment opportunities.

These vulnerabilities can overlap to put migrants at heightened risk of HIV. Movement itself is not a risk factor for HIV; however, it may expose migrants to situations of heightened risk of acquiring HIV, as explained in several studies (18, 20, 21, 22, 23). Migrants who move into or through local areas with higher HIV prevalence rates than their area of origin—such as slums and other informal urban settlements—have an increased likelihood of infection (23, 24). Despite such challenges, migrants have repeatedly demonstrated outstanding resilience, and some manage to build stable and successful lives in their new countries, contributing fully to their host societies.

In 1999, UNAIDS and the International Organization for Migration (IOM) signed their first Cooperation Framework, as they had already identified migrants as a vulnerable group that requires tailored responses to their HIV-related needs and rights. UNAIDS Cosponsors partnered with governments and civil society to advocate for inclusive policies and programmes that were responsive to the different backgrounds and needs of migrants (18). In the face of growing migration worldwide, IOM and the UNAIDS Joint Programme signed a new cooperation agreement in December 2017 to promote access to HIV prevention, treatment, care and support services for migrants, mobile populations and people affected by humanitarian emergencies (see the Box).

Memorandum of Understanding between the International Organization for Migration and UNAIDS Signed on 8 December 2017

IOM and UNAIDS have a long-standing partnership. While not a UNAIDS Cosponsor, IOM is a member of many UN joint teams on HIV at the country level, and its HIV and population mobility programme complements the work of UNAIDS globally. Under the 2017 agreement, UNAIDS and IOM encourage countries to take steps to ensure access to HIV prevention, treatment, care and support for all migrants, and to reduce stigma and discrimination and violence against people on the move.

IOM and UNAIDS will work with countries to review policies related to restrictions on entry based on HIV status, with a view to eliminating such restrictions. The partners will continue to ensure a package of care for people living with, affected by and at risk of HIV and/or tuberculosis in humanitarian emergencies and conflict settings in order to reduce their vulnerability to HIV, reduce the risk of treatment interruption and ensure access to quality health care and nutritious food. UNAIDS and IOM also will tackle the multiple forms of discrimination faced by refugee and migrant women and girls and promote access to tailored, comprehensive HIV prevention services for women and adolescent girls, migrants and key populations.

Leaving home in search of a better life

Venezuelan migration represents the largest population movement in Latin America's recent history. Since the crash in the price of crude oil in 2014, Venezuela's economy has declined at an astonishing rate. Hyperinflation has led to the collapse of the currency, and as a result, the government has been unable to import enough basic supplies (such as food and medicine) to meet demand. The economic crisis and political turmoil have resulted in harsh living conditions, insecurity, violence and lack of access to essential social services, pushing thousands of Venezuelans to leave their country daily (25).

According to UNHCR, 3 million Venezuelans are now living outside of the Bolivarian Republic of Venezuela; of those, 2.4 million have remained in the Latin American and Caribbean region (26). Globally, more than 375 000 Venezuelans filed asylum claims between 2014 and 2018, and an estimated 959 000 have other forms of legal stay (27). However, many Venezuelans remain in an irregular immigration situation, which impedes their access to basic rights and services. In Colombia, for example, 98.9% of the 442 462 Venezuelans with irregular immigration status lack access to health care (28).

Making a full assessment of the epidemic and response in the Bolivarian Republic of Venezuela today is complex given the current political situation. At the time of the last published estimates in 2016, there were approximately 120 000 people living with HIV in the country. Irregular access to antiretroviral therapy could lead to greater resistance to treatment on both sides of the border; all countries benefit from ensuring consistent access to HIV services to increase viral load suppression and halt the spread of the virus.

With a shrinking economy and shortage of basic resources, Venezuelans will continue to cross borders. Addressing HIV among migrants in this region is vital to ensuring that no one is left behind in the responses to end the AIDS epidemic by 2030, in line with Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Venezuelans on the move and in new settings need consistent access to sexual and reproductive health services, including HIV prevention and treatment. An effective response to Venezuelan migration requires regional cross-border coordination mechanisms to guarantee that access to health services for migrants is stable, even if their migratory status is not.

The priority for the UNAIDS Country Office and Latin American regional office is to work with all partners to address the issues in the country and ensure continuity of services. UNAIDS has maintained its presence and is in close contact with civil society, community partners as well as the Government. Efforts are also underway to assist with restoring the case surveillance and patient monitoring systems, especially uptake of testing and treatment services, to improve estimates of the epidemic.

Overcoming legal barriers for Venezuelan migrants in Panama

“Everybody must have access to essential health and education services without fear of being harassed, mistreated or rejected. Without an end to discrimination, there will be no end to the AIDS epidemic.”

Lorena Castillo García de Varela,
First Lady of Panama

UNAIDS PCB Speech,
27 June 2017

Panama is currently home to some 94 000 Venezuelan refugees and migrants (27), making it the fifth largest recipient in the region. Panama has not arranged any special visa or immigration programmes for Venezuelan migrants, but it continues to admit large numbers on short-stay visas. Partly for this reason, Venezuelans are now leaving Panama faster than they arrive: in June 2018, 9 850 Venezuelans arrived in Panama, but 19 723 left (28).

Carmen’s case: arrested on the basis of her HIV status

In March 2018, Carmen, a Venezuelan woman living in Panama, was detained by Panamanian immigration authorities when she was diagnosed with HIV at a health clinic.¹ At the time, the Ministry of Health in Panama had an unwritten agreement with immigration services that they would pass on the details of HIV-positive migrants as it considered them to be a risk to public health, and there have been reports of various other cases similar to Carmen’s as a result of this. Carmen was detained and awaited deportation for eight months; she had no access to antiretroviral therapy for more than two months of her detention.

Detaining and deporting migrants living with HIV can discourage migrants from seeking HIV testing, prevention and treatment for fear of being deported, contributing to the further spread of the epidemic. HIV-related immigration restrictions also violate human rights to health and privacy, and mandatory HIV testing is in contravention of internationally agreed standards relating to informed consent, confidentiality and counselling. Laws specifically targeting people living with HIV increase stigma attached to HIV more broadly, discouraging everyone, not only migrants, from accessing HIV testing and treatment.

Partnerships for advocacy and legal reform

To support Carmen, UNAIDS immediately contacted the National AIDS Programme to secure treatment for her. National AIDS Programme representatives visited the detention centre and liaised with immigration services to provide Carmen with antiretroviral therapy.

A legal campaign to prevent Carmen from being deported and to end her detention was spearheaded by the Panamanian Ombudsman office, which protects the human rights of residents of Panama, and the Committee on Human Rights for Key Populations, which implements the human rights component of the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNAIDS supported this campaign by providing technical support, up-to-date information on HIV and AIDS, and a convening space for civil society organizations, governmental institutions, cooperation agencies and UN agencies to strategize and coordinate. In October, the Inter-American

¹ Not her real name. Carmen’s case was referred to the UNAIDS Regional Support Team for Latin America and the Caribbean by The Norwegian Refugee Council.

“UNAIDS was a fundamental ally in securing Carmen’s release. They gave us technical support, advice and up-to-date information on HIV and AIDS, which is not our area of expertise. UNAIDS gave us the opportunity and the space to meet with other civil society representatives working on Carmen’s case. We hope that they continue their good work.”

Marlín Gonzalez
Legal Advisor of the Committee
on Human Rights for Key
Populations

Commission on Human Rights granted precautionary measures in Carmen’s case as a result of this campaign, which led to her release. “UNAIDS’ role is fundamental in cases like Carmen’s,” said Victor Atencio, Director of International Relations at the Panamanian Ombudsman. “Without UNAIDS, Carmen would still be detained, without access to her medication.”

UNAIDS Regional Team also initiated a dialogue with the Office of the First Lady of Panama, Lorena Castillo García de Varela, who became a Special Ambassador for AIDS in Latin America as part of her long-standing commitment against stigma and discrimination. The First Lady reached out to the Ministry of Health, which convened a technical working group comprised of the Pan-American Health Organization, the Panamanian Ombudsman, the Committee on Human Rights for Key Populations and UNAIDS. This working group reviewed Carmen’s case and advised the Ministry of Health on how to change its policies and internal norms to provide access to health for migrants and to fulfil human rights standards.

This process culminated in the Panamanian Ministry of Health publishing a resolution in September 2018 stating that it would no longer automatically inform immigration services about migrants who are diagnosed with HIV, and that the Ministry of Health would not require them to be detained or deported on the grounds of their HIV status.

Carmen was released in October 2018. UNAIDS continues to support Carmen personally following her experiences, and it has put her in touch with support groups in Panama for people living with HIV.

On February 12, 2019, the Inter-American Commission on Human Rights (IACHR) convened the different parties involved, including the Ministry of Foreign Affairs, the Ombudsman Office and Immigration Services to a working session during its ordinary session in Sucre, Bolivia, to discuss progress on compliance of the Precautionary Measure. The IACHR urged the State to provide immediate regular migratory status to Carmen and to cover the expenses she incurs in lodging and food until she receives a work permit. Moreover, the IACHR has expanded the Precautionary Measure to her children in the Bolivarian Republic of Venezuela to support their family reunification.

The actions taken by the Ministry of Health will have a long-lasting, positive impact on the health of people living with HIV in Panama. Removing legal barriers to treatment and securing a stable, regular immigration status for migrants living with HIV is vital to an effective and people-centred HIV response.

Carmen's* story

"When I was diagnosed with HIV, I was in a state of shock. Officials from the National Office for Refugees accused me of being a bad mother and coerced me into withdrawing my refugee application. In detention, they didn't address my HIV status."

On 23 September 2017, Carmen fled from the Bolivarian Republic of Venezuela to Panama. Life there had been increasingly difficult: some days she would spend hours queueing for food, only to return home empty-handed. She left looking for a better life.

When she arrived in Panama, Carmen applied for refugee status. She found work as a waitress in a hostess bar, where many women engage in sex work. The law in Panama requires women engaging in sex work to undergo regular HIV testing. Although Carmen was working as a waitress, she still had to be tested; if she refused, she would lose her job. In March 2018, Carmen went to a primary care clinic for testing.

When Carmen returned for her results, a doctor said they were waiting for the authorities to arrive. Confused, Carmen asked, "what authorities?" Once immigration services arrived, the doctor told her that she was HIV-positive. Carmen didn't know very much about HIV; she could only think, "I'm going to die." No one explained to her what HIV was or what living with HIV meant. Instead, she was taken into custody by immigration services where she was treated, in her words, "like a criminal." She was asked deeply personal questions about how many sexual partners she had had and to provide their full names.

Carmen asked her partner, also a Venezuelan migrant, to bring her passport and immigration documents. He was hesitant, worried that he also would be detained, so when he arrived, Carmen told the police he was a friend.

Immigration officials visited Carmen's workplace and informed her manager and colleagues that she could no longer work there because she was HIV-positive. This was despite the fact that disclosure of private medical information is illegal under Panamanian law.

Carmen was held in a small windowless room, awaiting deportation for eight months. While in detention, she was exposed to opportunistic infections from other detainees and did not have access to antiretroviral therapy for more than two months. She was frequently restricted to her cell and not allowed to make calls or go outside. Carmen was released in October, but her immigration status was still uncertain, and she was terrified the same thing would happen again.

* Not her real name

Protecting migrant rights to health and shelter in Peru

“The follow-up of migrant people living with HIV from one country to another allows us to serve them better and more quickly. Peru’s efforts to regularize their immigration status have been outstanding. However, more needs to be done to ensure migration is not an obstacle to health and to save people’s lives.”

Irene Faneite,
Doctor, member of the
Association of Venezuelan
Doctors in Peru

Peru has adopted a solidarity policy towards Venezuelan migrants, including creating the Permit of Temporary Permanence (PTP), a special work and study visa. This grants migrants access to health care and education, as well as the right to work or study. Migrants are eligible to apply even if their current status is irregular. According to official figures, Peru is currently home 780 000 Venezuelans, making it the second largest recipient of this migratory movement globally (after Colombia) (29). As of November 2018, Peru has received over 240 000 refugee applications from Venezuelans—more than any other country worldwide (29).

Promoting respect and dignity in migrant shelters

In response to a lack of stable housing for migrants, many migrant shelters have been set up as a temporary solution by both the government and civil society organizations. However, migrants living with HIV have reported experiencing stigma and discrimination and being denied entrance to shelters. Public shelters do not accept children and adolescents living with HIV, and many others have tacit rules that exclude all migrants living with HIV. This situation is being analyzed by the National HIV Direction of the Ministry of Health to find appropriate solutions.

Without shelter, migrants who have no family or friends to stay with, are forced on to the streets, where they are more vulnerable to violence and exploitation, and where they also struggle to access health care. Raising awareness among shelter personnel on HIV and how it is transmitted is key to countering stigma, preventing discrimination and ending the mistreatment of migrants living with HIV.

The transitory flow of people who continue their trip to Chile has increased. According to UNHCR, protection monitoring reports from May 2019 refer to 43 instances of denial of entry, a considerable increase if compared with 14 cases reported in March, and 5 cases reported in January.

In response to this emergency situation, civil society partners and the UNAIDS Country Office in Peru convened a multisectoral group (Migrations, MOH’s HIV Direction, Ministry of Justice and Human Rights, civil society organizations such as the Association of Venezuelan Doctors in Peru, UNAIDS, UNHCR and PAHO) to implement a coordinated action called “The health route” to improve access of migrants living with HIV to services and to guarantee urgent access in cases of advanced HIV infection. Currently this work is led by the National HIV Direction of the Ministry of Health. This also includes actions to promote an environment free from stigma and discrimination.

UNAIDS is also advocating for HIV, health awareness, and stigma and discrimination to become core components of the human rights training to be delivered in the public shelters, as part of the National Human Rights Plan. The Joint Programme is also mobilizing resources to update the training among all civil society-led shelters in the coming months.

UNAIDS provides direct guidance to migrants living with HIV in partnership with civil society organizations and the AIDS Healthcare Foundation, which runs health clinics and helps migrants access the national health-care system. UNAIDS also works closely with the National Tuberculosis Programme and civil society organizations to provide tailored support to people living with tuberculosis.

Cross-border collaboration to secure access to treatment

Migrants can only access the health system in Peru once they have a regular immigration status. Despite the success of the PTP visa scheme, the large number of applications and long waiting period prevent Venezuelan migrants from swift access to health care, even though some need it urgently. To address this issue, the Peruvian government expedites the immigration applications of people in special situations of vulnerability, including people living with HIV. This reduces the waiting time from two or three months to just two or three weeks. This can mean the difference between life and death.

The Association of Venezuelan Doctors in Peru, a civil society organization based in Lima, is working to help migrants living with HIV access health services more quickly. The Association is part of an informal referral network that connects Venezuelan doctors working in the Bolivarian Republic of Venezuela with those in Peru. Doctors in the country refer patients with HIV who are migrating to Peru to the Association in Lima. As soon as these patients arrive in Peru, Association doctors provide them with a "Certificate of Vulnerability" due to their HIV status. This allows them to apply for the expedited visa and get access to treatment as soon as possible.

UNAIDS brought together the Association, the Peruvian Ministry of Health and other civil society organizations to ensure that migrants are aware of this medical service and that they can access it rapidly. UNAIDS also enabled a coordinated action between the Association and the Ministry of Foreign Relations, which is responsible for immigration in Peru, to facilitate the expedited visa application process for patients referred by the Association.

From January to June 2018, 622 Venezuelans living with HIV were newly enrolled on antiretroviral therapy in Peru. By the end of May 2019, the total number of migrants had risen to 1600, 1300 of whom are in the capital area of the country. This does not represent a concern for the State in terms of access to services. Peru guarantees access to antiretroviral therapy to all people living with HIV in the country, regardless of their nationality. 20 deaths due to AIDS-related pathologies have been reported in migrants with advanced HIV infection.

Although the health system guarantees access to migrants living with HIV, there are some important concerns:

- ▶ Many patients in the Bolivarian Republic of Venezuela have been treated with third-line antiretroviral schemes (due to therapeutic failure or due to low availability of antiretrovirals). This is challenging for countries receiving Venezuelan migrants, when the capacity to provide HIV-resistance tests is limited. This could have a significant impact on the spread of resistant strains of the virus. UNAIDS has already financed the development of a research protocol for primary and secondary resistance tests that will be implemented with funding from the Global Fund. Additionally, greater access to viral load tests will allow a better monitoring of patients.
- ▶ Limited access to prevention and testing in the country suggests that there could be a number of migrants with HIV who do not know their status. Some migrants with already advanced HIV infection have been diagnosed for the first time in Peru when seeking medical care for another disease.
- ▶ The high vulnerability and poverty conditions in which migrants live could also favor a rapid transmission of tuberculosis.

UNAIDS, with support from civil society partners involved with migrants, provides accurate updates about the situations of migrants living with HIV to the Ministry of Foreign Relations and other relevant authorities. UNAIDS continues to advocate for immediate access to treatment for people living with HIV in emergency situations, even if they do not have regular migration status.

This cross-border collaboration highlights the effectiveness of a regional, multinational response to Venezuelan migration. Moving forward, UNAIDS is working with the Association of Venezuelan Doctors in Peru, the AIDS Healthcare Foundation and other civil society organizations, alongside the Peruvian Ministry of Foreign Relations, to create a treatment corridor from the Bolivarian Republic of Venezuela. This corridor would connect the country with Colombia, Ecuador and Peru to ensure continuous access to treatment for migrants living with HIV as they travel across the continent towards Peru.

Building stability through interagency collaboration

“In [the] context of deep crises..., it is essential that organizations work together and bring their comparative advantages to provide normative and operational support to address HIV, reproductive health and [tuberculosis] in an integrated way. The Joint Programme provides an indispensable framework to facilitate this, and it helps make a tangible difference in people’s lives in fragile situations.”

Filippo Grandi,
United Nations High
Commissioner for Refugees

Speech at UNAIDS 42nd PCB,
on behalf of the Cosponsors
as Chair of the Committee of
Cosponsoring Organizations
(CCO), 26 June 2018

With the outflow of Venezuelans rising, capacities in host countries are increasingly stretched. Several governments are seeking to build a well-coordinated, people-centred regional approach to respond to this movement. The UN presence across the continent has been mobilized to support this effort. The Regional Inter-Agency Coordination Platform for Refugees and Migrants from the Bolivarian Republic of Venezuela was established in May 2018 under the leadership of UNHCR and IOM in response to a call from the UN Secretary-General. It brings together 40 participants, including 17 UN agencies, 14 nongovernmental organizations, five donor countries, two international financial institutions, and the International Federation of the Red Cross and Red Crescent Societies. It aims to address the protection, assistance and integration needs of both refugees and migrants in the region, and it will allow for greater regional coordination in response to Venezuelan migration.

The Regional Inter-Agency Coordination Platform focuses on four main areas:

1. Regional strategy and country-specific support.
2. Information management.
3. Communication.
4. Resource mobilization.

Taking a multisectoral approach, the Platform seeks to consolidate and leverage the actions by all relevant actors—including host governments in the region, UN agencies, other international organizations, civil society and the private sector—to deliver a harmonized response to Venezuelan refugees and migrants. The Platform works closely with the UN Sustainable Development Group for Latin America and the Caribbean and in support of the UN resident coordinators. As a member of the Platform, the UNAIDS Regional Support Team advocates for the integration of the specific needs of migrants living with and affected by HIV. The Platform’s recommendations are translated at the country level by national inter-agency groups on migrants and refugees.

The Platform models UN reform in action in ensuring harmonized interventions to address the needs of migrants. UN reform aims to increase efficiency and coordination to achieve greater individual and collective results by (a) enhancing collaboration between agencies and alignment with country priorities, (b) strengthening the role of the resident coordinators and (c) adapting the skill set of country and regional teams. By coordinating across agencies and borders all the work done in the region to address the situation of Venezuelan migrants, the Platform delivers effective, people-centred responses at the regional, country and community levels.

As political unrest, organized crime and poverty worsen in parts of Central America, migration flows are growing, and people are seeking new opportunities, particularly North towards Mexico and the United States. This means that an increasing number of people are in precarious situations. Addressing their needs—and the needs and vulnerabilities of other migrants around the world—requires a coordinated, cross-border and multisectoral collaboration among UN agencies, governments and civil society. The UNAIDS Secretariat and its Cosponsors, supported by the recently signed agreement with IOM, will continue to work in partnership with their other partners to fulfil and protect the needs of mobile people.

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