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Statement

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Statement of the UNAIDS Secretariat to the Sixty-First World Health Assembly

Agenda Item 11.9 – Health of Migrants

Geneva, 21 May 2008

Chairperson, distinguished delegates,

Since the beginning of the HIV epidemic, governments have prevented people living with HIV from entering or residing in their countries based solely on their HIV status. Such restrictions have stopped HIV positive people from travelling for business, family visits, or tourism; and from entering a country for study, labour migration, and political asylum.

In 1987, the World Health Organisation (WHO) convened an expert consultation which concluded that "no screening programme of international travellers can prevent the introduction and spread of HIV infection".[1] In 1988, WHO stated that: "HIV screening of international travelers would be ineffective, impractical and wasteful…Rather than screening international travelers, resources must be applied to preventing HIV transmission among each population, based on information and education, and with the support of health and social services".[2] In that same year, the World Health Assembly urged Member States "to protect the human rights and dignity of HIV-infected people….and to avoid discriminatory action against and stigmatization of them in the provision of services, employment and *travel* (emphasis added).[3]

Twenty years later, in 2008, there appear to be 74 countries which still impose some form of HIV-specific restrictions on the entry and residence of positive people. Of these, some 10 countries basically prohibit HIV positive people from entering or staying for any reason or length of time. There are 29 countries which deport people once their HIV infection is discovered. Seventy-two countries have no HIV specific travel restrictions. For 22 countries, the information is contradictory, and for 27 countries, there is no information.[4]

Some people wrongly consider this an issue affecting only those who wish to attend HIV conferences outside their countries. In fact the largest impact appears to fall on labour migrants. Prospective migrants are either barred from entering when found positive through a mandatory pre-departure HIV test, or are summarily deported when required to take a periodic HIV test during their residence abroad. Seldom is HIV testing linked to any treatment, heath care, counselling or support, either in country of origin or destination. Nor are the results necessarily kept confidential. Though countries focus on excluding HIV positive migrants, little is done to protect migrants from HIV infection while in destination countries – and indeed some do get infected. There have also been reports of HIV-positive migrants dying for lack of treatment while abroad, including in immigration detention facilities pending deportation.

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* Delivered by Susan Timberlake, Senior Advisor, Human Rights and Law, UNAIDS Secretariat, Geneva.

[1] Report of the consultation on international travel and HIV infection. Geneva, World Health Organization, April 1987; WHO/SPA/GLO/787.1. http://whqlibdoc.who.int/hq/1987/WHO_SPA_GLO_87.1.pdf.

[2] Statement on screening of international travellers for infection with Human Immunodeficiency Virus, WHO, WHO/GPA/INF/88.3 (1988).

[3] WHA Resolution 41.24 Avoidance of discrimination in relation to HIV-infected people and people with AIDS (1988).

[4] This information is taken from the web site of the European AIDS Treatment Group, and based on a survey which was originally done by the German AIDS Federation in 1999 and has been continually updated. The information has not been independently verified. See http://www.eatg.org/hivtravel/

In November, 2007, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria decided that it would not hold Board Meetings in countries that restrict short-term entry of people living with HIV or require prospective HIV-positive visitors to declare their HIV status on entry. The Board also strongly encouraged all countries to move rapidly towards elimination of travel/entry restrictions, including waivers, for people living with HIV. At that same Board meeting, UNAIDS committed to create a Task Team "with the aim of eliminating policies and practices that restrict travel for HIV positive people".[5]

Since that time, the International Task Team on HIV-related Travel Restrictions has met twice and will meet again in June. The principles of non-discrimination and the Greater Involvement of People Living with HIV provide the context in which the efforts of the Task Team are set. The Task Team is comprised of representatives of governments, inter-governmental organizations and civil society, including the private sector and networks of people living with HIV. In its initial deliberations, the Task Team has emphasized that:

- HIV-travel restrictions are anachronisms that are inappropriate in the age of globalization, increased travel, increased access to treatment for HIV, and national and international commitments to universal access to HIV prevention, treatment, care and support.
- HIV-specific travel restrictions are discriminatory and contribute to the stigmatization of people living with HIV.
- There is no evidence that HIV-related travel restrictions protect the public health, and they may in fact impede efforts to stop the epidemic.

The Task Team will present its final report and recommendations to the eighteenth meeting of the Global Fund Board in November and the twenty-third meeting of the UNAIDS Programme Coordinating Board in December.

Distinguished delegates,

UNAIDS recognizes that States impose immigration and visa restrictions as a valid exercise of their national sovereignty. However, in imposing any restrictions on entry and stay relating to HIV or health, UNAIDS calls upon States to adopt non-discriminatory laws and regulations which rationally achieve valid objectives through the least restrictive means possible.

UNAIDS would like to take this opportunity to reiterate that HIV-related travel restrictions have no public health justification. It is also our view that, where such restrictions are based on HIV status alone, they are discriminatory. There is no need to single out HIV for specific consideration as an exclusion criterion. All comparable health conditions should be treated alike in terms of any concerns about potential economic costs relating to the health care of the individual involved. Valid human rights or humanitarian claims, such as asylum or family reunification, should override cost concerns. Where deportation does occur in relation to HIV status, confidentiality of medical information should be maintained and due process provided in accordance with international human rights law.[6]

In conclusion, UNAIDS asks Member States to rescind HIV-specific travel restrictions; and instead take steps to ensure access to HIV prevention, treatment, care and support for mobile populations, both nationals and non-nationals, as part of your commitment to move toward universal access by 2010 and to achieve Millennium Development Goal 6 by 2015. It is our view that such efforts are much more effective than HIV-related travel restrictions in protecting the public health, as well as in halting and beginning to reverse the HIV epidemic.

Thank you.

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[5] See Global Fund Board Decision Points GF/B16/DP24 and GF/B16/DP25.

[6] See the *Statement on HIV-related Travel Restrictions*, UNAIDS and the International Organization for Migration, 2004 http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/activities/health/UNAIDS_IOM_statement_travel_restrictions.pdf. With regard to exclusion on the basis of such possible costs, UNAIDS is of the view that such exclusion should only be considered where it is shown, through individual assessment that the person requires health and social assistance; is likely in fact to use it in the relatively near future; has no other means of meeting such costs; and has not offset these costs by contributions to the community.