

SPEECH

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NEW trends in migration: demographic aspects

Mr Chairman, Excellencies, Distinguished Delegates,

The Joint United Nations Programme on HIV/AIDS (UNAIDS) appreciates the opportunity to address the special theme of the 46th session of the Commission on “New trends in migration: demographic aspects”, and will focus on issues related to HIV and migration.

Mr Chairman,

To be brief, UNAIDS promotes two urgent priorities in the context of migration. The first is that all mobile people, citizens and non-citizens alike, including migrants, should have access to HIV prevention, treatment, care and support services. UNAIDS sees this access as a critical part of Member State’s commitments to universal access to HIV services unanimously made in the 2006 and 2011 *Political Declarations on HIV/AIDS*¹. Secondly, all people, including people living with HIV, should have equal access to freedom of movement. Specifically, any restrictions on entry, stay, residence and work that are based on HIV status only should be removed.

Please let me elaborate on these two points. On the first one, while migration in and of itself does not pose a risk of HIV, conditions surrounding migration can increase vulnerability to HIV infection. These conditions include separation from spouses/partners and from familiar social and cultural norms, language barriers, exploitative working conditions, substandard housing, and violence, including sexual violence. Isolation, stress and absence of social support may lead some migrants to engage in risky behaviours (e.g. unsafe casual or commercial sex, drug

¹ A/Res/60/262 and A/Res/65/277

use, or excessive use of alcohol). Members of some populations at higher risk of HIV, such as men who have sex with men and transgender persons, may migrate or seek asylum to escape discrimination and violence due to their gender identity and sexual orientation. Forcibly displaced persons and trafficked persons can face an increased risk of sexual violence and sexual exploitation, leading to increased vulnerability to HIV infection. A factor of key importance is that the vulnerability of migrants to HIV is exacerbated by their lack of access to HIV information and services. They often do not have access to these services either because they are not provided to migrants, or migrants find it difficult to take up such services because of their undocumented status, and the stigma and discrimination they face.

Female migrants often experience particular vulnerability to HIV. Many are employed in informal sectors of the economy, including in domestic service or the entertainment sector, where they may be susceptible to exploitation and/or physical and sexual violence. Migrant women and women in humanitarian situations may have unstable or precarious livelihood options, and may engage in sex in exchange for jobs, food, housing/shelter or protection. Women may also be at risk if their migrant husband/partner returns infected with HIV.

With regard to restrictions against migrants due to their HIV status, UNAIDS has counted 44 countries and territories that continue to employ some form of restriction on the entry, stay or residence of people living with HIV. These restrictions take the form of pre-departure HIV testing and subsequent denial of visas for those living with HIV. They also involve periodic HIV testing of migrants in the host country as a prerequisite to renew visas. Migrants who become HIV infected in the host country can be jailed and summarily deported. Often, they do not receive the results of their tests, confidentiality is not maintained, there is no counselling and no referral to treatment. This is not only wrong and against all international standards, it is not necessary as migrants who live with HIV can be just as productive as others if they receive treatment. Over the years, the international community has called for the removal of these outdated and discriminatory restrictions, and some progress has been made. Nine countries have removed them since 2010: Armenia, China, Fiji, Mongolia, Namibia, Republic of Korea, Republic of Moldova, Ukraine and the United States of America. Such reforms are examples of the concrete wins we need for the dignity and human rights of people living with HIV.

Mr Chairman,

Governments have made important commitments to addressing the HIV-related needs of migrants and other mobile populations. In the landmark *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*², unanimously adopted by the General Assembly in June 2011, States committed to address “the vulnerabilities to HIV experienced by

² A/Res/65/277

migrant and mobile populations and support their access to HIV prevention, treatment, care and support”. They also recognized the need to review “...any remaining HIV-related restrictions on entry, stay and residence in order to eliminate them.” *Security Council Resolution 1983*³, adopted in June 2011, has called for “considering HIV-related needs of people living with, affected by, and vulnerable to HIV, including women and girls” while dealing with conflict and post-conflict situations, including prevention and response to sexual violence.

Achieving these commitments requires both HIV-specific actions, as well as actions aimed at the root causes of HIV-related vulnerability, including gender inequality, violence and human rights violations, regardless of an individual’s legal status. Migrants, regardless of their status as regular or irregular, must be able to access HIV information and services at all stages of migration. There should be no discrimination on the grounds of HIV status in the context of entry requirements, immigration, employment, integration or reintegration procedures. Where HIV testing is done, it is essential to adhere to the internationally-agreed standards for informed consent, confidentiality and counselling. It is also important that laws, policies and programmes that deal with migration are gender-responsive and respect the rights of migrants and their families, including those living with or at higher risk of HIV, such sex workers, men who have sex with men, and transgender persons.

UNAIDS stands ready to work with all partners and support their efforts to protect the health and human rights of migrants. This is essential for fostering social inclusion and sustainable development beyond 2015, as well as for realizing the vision of a world with Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths.

Thank you, Mr Chairman.

³ S/RES/1983 (2011)