

UNAIDS expresses its appreciation to the IOM Board for inviting us to be an observer. The partnership between UNAIDS and IOM has been a long standing one and has helped address the specific vulnerabilities of migrants and to develop programmes that address HIV related prevention, treatment and care and support needs of migrant populations. We look forward to further strengthening this partnership.

Migration can place people in situations of heightened vulnerability to HIV, and has been identified in certain regions as an independent risk factor for HIV. In a majority of countries, undocumented migrants face complex obstacles, such as a lack of access to health-care services or social protection. Social exclusion also leaves migrants highly vulnerable to HIV. Social, economic and political factors in both the country of origin and destination countries influence migrants' risk of HIV infection.

Migrants often face conditions in their host country that make them vulnerable to acquiring HIV. Further violating their rights, through compulsory testing and treating them as criminals with detention and deportation, is traumatic. This experience is compounded by the stigma and financial consequences of being deported due to an HIV-positive status.

There is no evidence that HIV-related restrictions protect the public health or help prevent HIV transmission. Restrictive policies such as these not only violate individuals' right but also limit the uptake of voluntary HIV testing and hinder adherence to antiretroviral therapy. Countries should end these punitive, discriminatory approaches.

Migrants often cannot access HIV services—either for prevention if they are HIV-negative or for treatment, care and support if they are living with HIV. Migrants rarely have the same entitlements as citizens to insurance schemes that make health care affordable, particularly if they are undocumented.

Undocumented migrants who were receiving antiretroviral therapy for HIV may experience treatment disruptions due to detention pending their deportation and may face difficulties in accessing the same treatment regimen in the country to which they are returned.

Stigma, discrimination and social exclusion have made it more difficult to provide health services to migrants. Migrants who are living with HIV endure a double stigma: for being migrants and for being HIV-positive. This hinders their access to HIV prevention, care and treatment services. Furthermore, migrants—whether documented or not—may face significant challenges in accessing mechanisms of redress in relation to discrimination or abuse.

Because migrants have difficulties in accessing HIV-related services and face significant human rights challenges, countries—along with their neighbours— must address some of the structural factors causing harm. Constraints often include a lack of effective cross-border mechanisms to address the needs of migrants in a comprehensive way and respect for their human rights. In addition, too little is being done to address the stigma and discrimination that people face when they are both a migrant and HIV-positive. Better understanding of the depth of these issues is needed.

The 2016 Political Declaration on HIV and AIDS makes a special reference and commits to address the vulnerabilities to HIV and the specific health care needs of migrants and mobile populations to reduce stigma, discrimination and violence. UNAIDS and IOM are renewing the MOU to work closely towards supporting countries to effectively address the commitments made in the political declaration on HIV and on the New York Declaration for Refugees and Migrants adopted in September 2016.