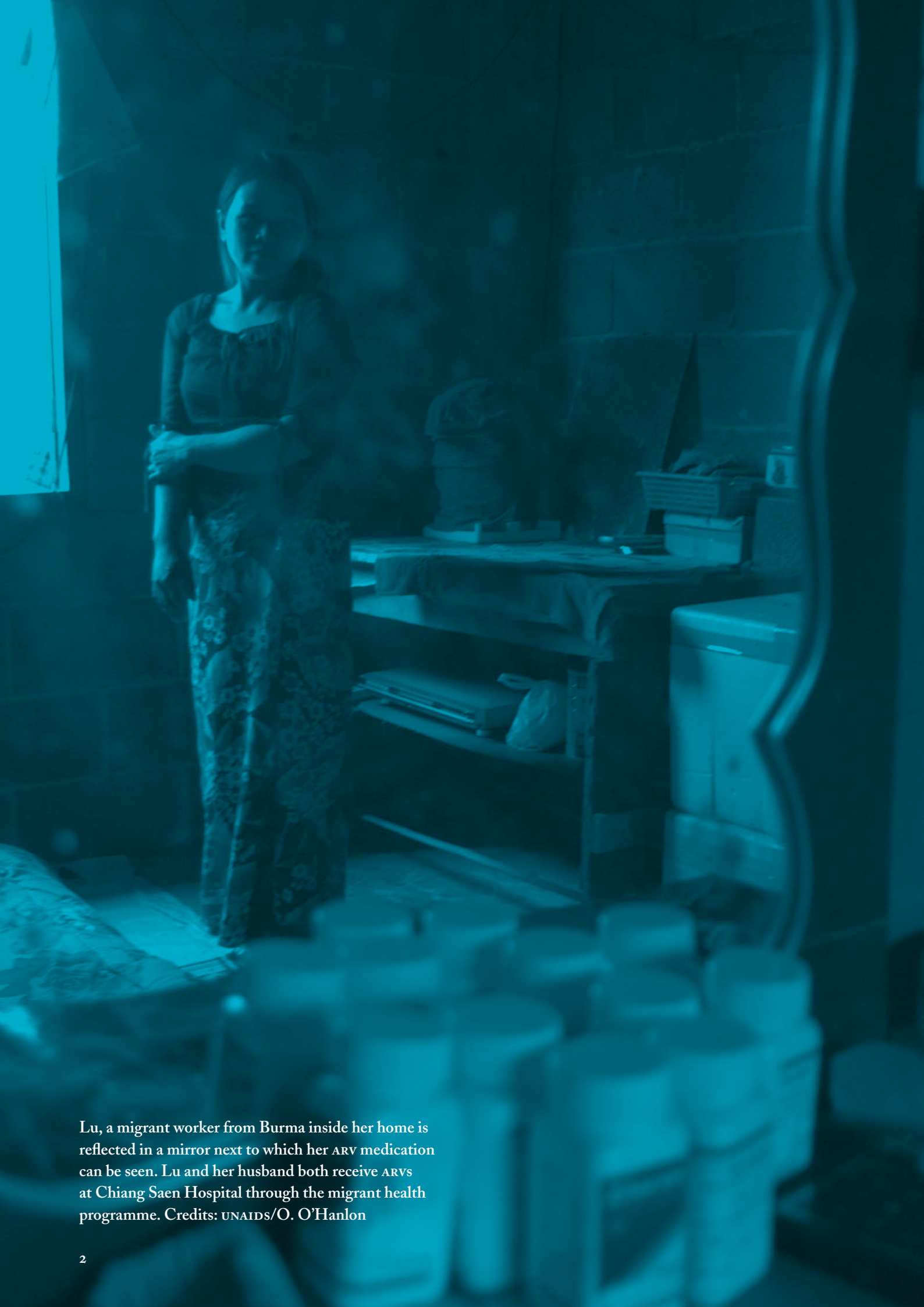
Advancing the Sexual and Reproductive Health and Human Rights of Migrants Living With HIV

*A POLICY BRIEFING



Lu, a migrant worker from Burma inside her home is reflected in a mirror next to which her ARV medication can be seen. Lu and her husband both receive ARVs at Chiang Saen Hospital through the migrant health programme. Credits: UNAIDS/O. O'Hanlon

Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package[1] is a detailed and comprehensive report that describes the key areas of policy and practice change needed to advance the sexual and reproductive health and human rights of people living with HIV.

In order to examine issues that affect specific populations key-population specific Policy Briefings to compliment the Guidance Package have been created. Five key populations affected by HIV have been selected: men who have sex with men; sex workers; injecting drug users; prisoners and migrant populations. This Policy Briefing focuses on migrant populations living with HIV and aims to provide advice and support to those advocating for the sexual and reproductive health (SRH) and human rights of migrants at a national and international level.

WHY FOCUS ON MIGRANT POPULATIONS

Being a migrant, in and of itself, is not a risk factor for sexual ill health. Indeed migrants (especially economic migrants) are more likely to be healthier, younger and more economically active than those who remain. There are, however, many factors that put migrants living with diagnosed or undiagnosed HIV at increased risk of poor health in general and loss of SRH and human rights in particular.

HIV prevalence is often elevated among migrant communities and without specific culturally and linguistically appropriate services, those living with HIV might find themselves unable or unwilling to access available services. Many migrants travel alone leaving them isolated and open to exploitation. Individuals may also have to cope with stigma and discrimination attached to migrants from particular regions. This often leads to a delay in seeking treatment, resulting in poorer health outcomes.

Some 191 million people worldwide are migrants living in foreign countries, in addition to hundreds of millions of people who have migrated within their own countries. Migrant populations are not homogenous; even within a country there are sub-groups of migrants whose needs may vary accordingly. For example, seasonal labourers who follow employment opportunities may have SRH needs that differ substantially from asylum seekers fleeing religious persecution. The following pages examine the needs of migrant groups according to gender, age, sexual orientation and reason for migration.

HOW THIS POLICY BRIEFING WAS DEVELOPED

The Guidance Package is the result of extensive work that grew out of a collaborative process that lasted over three years. People living with HIV were central throughout the production of the *Guidance Package* and in keeping with that strategy this Policy Briefing on migrants has been developed in consultation with people living with HIV through the African HIV Policy Network (AHPN), an umbrella organisations from migrant communities in the United Kingdom.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF MIGRANT MEN

In most of the world, it is adult men who hold social, political and economic power. Nonetheless, for many migrant men this power does not necessarily follow them on their travels. Systems and structures, (such as antenatal care, routine cervical or breast cancer screening), that facilitate entrance in into health care are often not available to men. Additionally, health usually ranks low on the list of priorities for many, who are often more concerned about housing, immigration and financial issues. As a result late diagnosis of HIV infection (receiving an HIV diagnosis when ill or symptomatic) characterises the experience of migrant men living with HIV.

In countries where the HIV epidemic has historically affected men who have sex with men (MSM), culturally and sexually appropriate health promotion and services might not be available to heterosexual migrant men from high prevalence countries.

The needs of migrants are generally not on government agendas; instead migrants are treated as a threat to public health. In some places, migrant men are disproportionately prosecuted for transmitting HIV. Such prosecutions promote fear of disclosure and can undermine public health efforts to increase HIV testing.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF MIGRANT WOMEN

Violence increases women's vulnerability to HIV. For migrant women living away from extended family or social networks, violence or the fear of violence can prevent them from obtaining health care. Some women may have been trafficked or be involved in transactional relationships where they trade sex for food and accommodation. Others are not free to obtain information or to make decisions about contraception and pregnancy. For those women relying on small close knit migrant communities for emotional, social and financial support and stability, fear of HIV-related stigma may prevent them from disclosing their HIV status and receiving appropriate care from services.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF MIGRANT MSM

Even in countries where sex between men is more openly accepted, culturally and linguistically appropriate health services for migrant MSM are sometimes not available. Indeed, there is often a generalised failure on the part of community leaders and service providers to acknowledge the existence of migrant MSM. This group should be explicitly addressed in national AIDS programming and policy.

GENDER-RELATED ADVOCACY NEEDS

Migrant groups can remain unaware of their sexual and reproductive health rights in a new country for many years. Advocates should engage people living with HIV in information and education campaigns, including those that tackle both HIV- and migrant-related stigma and discrimination. Gender inequality should be recognised by governments and sexual violence prosecuted as a crime. Services must take into account the cultural and linguistic needs of all migrant populations, including MSM. Advocates should also encourage the documentation of discrimination against migrants living with HIV in clinics and services. There should also be investigation into and documentation of the disproportionate prosecution for HIV transmission of migrant men.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF MIGRANT YOUNG PEOPLE

When young people migrate it is sometimes in the care of older adults who seek to protect them from the dangers that can be associated with the migration process. However, some very young people travel alone and these unaccompanied minors are subject to poverty, homelessness and hunger. They are often isolated, open to exploitation by others, and have their SRH needs ignored by authorities and services.

Sexual health education for all young people, including those living with HIV, must be comprehensive, accurate and age appropriate. It must also cater to the cultural or linguistic needs migrant young people, who must also have access to youth friendly clinics and services.

Some 5.4 million people worldwide between the ages of 15 to 24 are living with HIV. In some places, migrants from high prevalence countries will account for a large proportion of young people living with HIV contracted at birth. These young people have the right to know their own HIV status. Services must be in place so that young people born with HIV are allowed to learn of their own HIV status, in a timely, supportive and empowering fashion.

Confidentiality is a critical issue for young people living with HIV. Once they are aware of their HIV status, they need to know this information will remain private and not be disclosed to schools, colleges or other health services without their informed consent.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF OLDER MIGRANTS

Older migrants (those aged 60 or over) might not be aware of their HIV status and their knowledge and experience of HIV might be outdated. For example, they might not know about advances in HIV treatment and believe that an HIV positive diagnosis equates to imminent death. Service providers and policy makers must acknowledge that this group have sexual and/or reproductive health needs and provide age appropriate information and services. Older migrants in current or recently ended long-term relationships must have access to culturally and linguistically appropriate information about voluntary counselling and testing and safer sex options.

AGE-SPECIFIC ADVOCACY NEEDS

All young people, including those living with HIV, should be engaged in SRH education and the evaluation of services. Young migrants living with HIV have the right to know their status, and it is important that they are permitted to access confidential SRH services even if they are below the age of consent for sex. Added support should be available for unaccompanied minors, particularly those who have been subject to labour and sexual exploitation. National guidelines should be revised to specifically address the situation of young people born HIV positive, as well as those infected at a later stage. National programmes should not deny the human papillomavirus virus to HIV positive young men and women.

Older migrants need access to culturally and linguistically appropriate services. Age appropriate HIV testing awareness campaigns should also inform clinicians and service providers about the SRH needs of migrants, in order to reduce “missed opportunities” for early HIV diagnosis.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS FOR DOCUMENTED AND UNDOCUMENTED MIGRANTS

Travel and immigration restrictions often require people to prove they are HIV negative before entering or remaining in a country. Testing under such circumstances is akin to mandatory testing, and in many instances is done without appropriate pre- and post-test counselling or safeguards to maintain confidentiality. Besides being discriminatory, entry, stay and residence restrictions lack public health justification. Education and support to promote behaviour change have proven more effective and lasting than restrictive measures.

There is also no evidence to suggest that migrants are a "drain on health resources"; migrants often contribute substantially to the national economy. Migrants regularly undertake low paid domestic and service sector jobs that citizens of the host country are unwilling to do. Entry requirements and right to stay is often linked to employment, even though ill health due to HIV may result in job loss and discrimination. Poor pay and working conditions can increase ill health while simultaneously preventing HIV-positive migrants from accessing free or affordable HIV testing, treatment and care.

Undocumented or "irregular" migrants - including those who have been trafficked, refused asylum, over-stayed visas or entered a country illegally- have extremely limited access to health care. In addition to the issues experienced by regular migrants, undocumented migrants are faced with the fear of deportation, institutionalised discrimination and persecution by authorities. In such an environment seeking health care, even in an emergency, can be perceived as too risky, leading to delays in diagnosis, treatment and care.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF REFUGEES AND INTERNALLY DISPLACED PEOPLE

At the end of 2006 there were nearly 10 million refugees worldwide. In many cases refugees are subject to sexual violence and exploitation and are at increased risk for multiple SRH problems, including HIV infection. They often lack access to HIV prevention or basic HIV-related care and support.

The needs of asylum seekers and internally displaced people are rarely addressed by host countries and are overlooked in national plans. In some countries, governments mandate HIV testing of refugees and internally displaced people in an attempt to prevent HIV transmission. Even so, too few refugees living with HIV receive treatment.

In other countries, HIV treatment is readily available to asylum seekers. However, some asylum seekers experience extreme anxiety and fear of immigration authorities refusing their asylum petition and returning them to a country where their access to medication is severely restricted.

MIGRATION STATUS-RELATED ADVOCACY NEEDS

All migrants should have access to confidential, voluntary, safe and affordable HIV testing and be provided with access to the best care and treatment options available. There should be no restrictions on insurance or access to health care for people living with HIV. Migrant communities should be provided with advocacy training so they can be meaningfully engaged in HIV research, policy making and service provision. Authorities should ensure that female residents of refugee camps have safe access to food, fuel, water and other camp services. Failed asylum seekers receiving HIV treatment should not be deported to countries where their access to HIV medication and services is severely restricted.

RECOMMENDATIONS FOR SEXUAL AND REPRODUCTIVE HEALTH AND HIV PROGRAMME MANAGERS AND POLICY MAKERS

Across all groups, from undocumented migrants to young unaccompanied minors to internally displaced people, a number of important factors need to be addressed by programme managers and policy makers. This guide supports a number of cross-cutting recommendations:

- HIV testing should never be mandatory. Migrant communities should have access to testing that is confidential, based on informed consent and conducted with counselling. There should be adequate and easy to access information about benefits of testing, and this information should be available in culturally and linguistically appropriate formats.

- Policy makers and programme managers must strengthen systems for HIV prevention, treatment, care and support to deal with increased demand *at the same time* that HIV testing is scaled up. Migrant communities should benefit from improvements to health care systems and not be excluded from accessing free or affordable clinics and services.

- National laws should be reformed:

  - Governments should legislate against and explicitly ban discrimination based on HIV status.

  - Migrants should not be required by law to disclose their HIV status. A person's entry, stay and residence in a country should not be restricted by their HIV status.

  - Lawmakers should not consider HIV transmission as a crime, except for rare cases where there is evidence beyond a reasonable doubt that one person deliberately tried to infect another, and indeed did so.

  - All forms of sexual violence should be recognised and prosecuted using laws that explicitly protect women in the context of sex work or marriage.

  - Young people have the right to know their own HIV status and with that the right to confidentiality. They do not need parental permission for age-appropriate information and sexual and reproductive health care, even if they are below the age of majority.

- All migrants living with HIV should have access to services, and information especially targeted at hard-to-reach populations such as undocumented migrants, asylum seekers and internally displaced persons.

- There should be a multi-sectoral approach to HIV prevention, treatment and care in migrant communities. Health service providers and advocates should encourage and support closer linkages with immigration and refugee services. Asylum seekers or undocumented migrants living with HIV in camps or detention centres should have access to medication and services.

- Programme managers should strengthen research and surveillance systems that monitor the SRH of people living with HIV, including data disaggregated by gender, age, geographic location, marital status, migration status and sexual orientation. Information should be recorded sensitively and/or anonymously in order to protect the rights to privacy of all people living with HIV.

- Governments, international agencies and NGOs in collaboration with organisations of young people living with HIV, should develop specific guidelines for people born with HIV as they move into adolescence and adulthood. Guidelines should include information targeted at unaccompanied minors and the children of migrants.

- Governments, international agencies and NGOs in collaboration with organisations dedicated to the welfare of migrants living with HIV should support income generating programmes to try and eliminate poverty for migrants living with HIV.

- Governments, international agencies and NGOs should display commitment to the greater and meaningful involvement of people living with HIV, in decision making processes at all levels.

- Advocates should ensure that programmes to bolster participation of people living with HIV also help build needed skills. Migrant populations living with HIV should be provided with 'know your rights/ laws' education and advocacy training.

RECOMMENDATIONS FOR CARE WORKERS

Care workers form an important part of the services for people living with HIV. WHO estimates a current worldwide shortfall of some 4.3 million health care workers; a combination of factors contributes to this shortfall including low or unpaid salaries and poor training, supervision and working conditions. This Policy Briefing supports the following recommendations for health care workers:

- Donors and governments should provide financial and technical assistance for health training institutions in countries facing severe health care worker shortages.

- Governments should develop and enforce polices on ethical recruitment of migrant health care workers. Migrants living with HIV should not be excluded from employment as health care workers on the basis of their HIV status.

- Governments, international agencies and NGOs should work in collaboration with migrant people living with HIV to ensure their greater and meaningful involvement in planning, monitoring and evaluation of clinics and services.

- Health care workers should be encouraged to read, understand and absorb this Policy Briefing and *Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package.* Training for health care workers should be expanded to raise awareness of legislation, policy guidance and professional standards on human rights and patient care, including with regards to duty to treat, non-discrimination, informed consent and protection of confidentiality.

- Health care workers should work with migrant communities to ensure the development and delivery of culturally and linguistically appropriate services. They should receive training in human rights and universal precautions as well as specific training in sexual and reproductive health care for people

living with HIV, including technical skills and stigma reduction. Training should also include information on migrant rights, entitlements to health care and specific knowledge of how to respond to migrants who have been trafficked, subject to exploitation and or sexual violence.

- Health care workers should ensure clients understand their rights to safe, confidential and reliable services, including the provision of:
  - all available contraceptive options and help with dual protection, without coercion toward any particular method;
  - access to safe abortion (in circumstances where it is not against the law) and post abortion care;
  - counselling and support for safe ways to become pregnant;
  - counselling and practical support for infant feeding, whether breastfeeding or replacement feeding;
  - counselling and practical support for positive prevention;
  - diagnosis and treatment of STIs;
  - cancer prevention and care;
  - counselling related to violence;
  - sexual dysfunction treatment; and
  - male circumcision for men living with HIV if, when fully informed, they want the procedure.
- Informal health care workers, particularly those providing peer education, counselling and care, should be recognised and remunerated for their efforts.

RECOMMENDATIONS FOR NETWORKS OF PEOPLE LIVING WITH HIV

Networks of people living with HIV, along with their partners and allies, will be the ones to take the lead in advocating for policies and programmes that take account of the fact that most HIV positive people are sexually active and require sexual and reproductive health care. An HIV diagnosis or migration to a new country does not take away a person's right to have sex or bear children. It does mean that people may need additional or different information and services to protect their SRH and that of their sexual partners.

- This Policy Briefing supports a number of advocacy recommendations for networks of people living with HIV.
- Networks of people living with HIV must work at a national and international level to lobby for recommendations in this Policy Briefing and *Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package.*
- Migrants living with HIV should be given active and meaningful roles within networks of people living with HIV. Training and community educations programmes to overcome HIV-related stigma should also include information about racism, xenophobia and migrant-related discrimination.
- Programmes to bolder participation of people living with HIV should also help build needed skills. Migrants should be provided with advocacy training, and training on immigration legislation.
- Governments, international agencies and NGOs should support income-generating programmes, in particular by directly employing migrants living with HIV and paying them for their work.
- Networks of people living with HIV must award equal value to the development of HIV policy that

addresses restrictions on the entry, stay and residence of migrants living with HIV as well as their access to prevention, treatment and care services.

- Men and boys should be involved in programmes to stop gender-based violence and discrimination. Migrant groups should acknowledge the presence of, and engage with men who have sex with men from their communities.

- Advocates should use tools to monitor the adherence to the Declaration of Commitment on HIV/AIDS and international human rights treaties and provide shadow reports to relevant monitoring bodies.

- People living with HIV should advocate for greater attention to sexual and reproductive health and human rights within and beyond the national AIDS response. They should form alliances and partnerships with key decision makers, including: government institutions; health and other professional organisations; associations of lawyers and judicial officials' and national human rights institutions.

CONCLUSIONS

This Policy Briefing describes the important issues and key areas for change. Migrants living with HIV have sexual and reproductive health rights and needs that require urgent attention from legislators, government ministries, international organisations, donors, community- and faith based- organisations. Migrants living with HIV are central to driving this process of change and reform in health and legal systems as well as strengthening community activism to reduce stigma and discrimination. Their continued and greater involvement in all decision making processes will build better sexual and reproductive health for everyone.

KEY RESOURCES AND LINKS

LINKS

African HIV Policy Network
www.ahpn.org

AIDS & Mobility Europe
www.aidsmobility.org

Coordination of Action Research on AIDS and Mobility (CARAM Asia)
www.caramasia.org

Engender Health
www.engenderhealth.org

Global Network of People Living with HIV
www.gnpplus.net

International Organisation for Migration
www.iom.int

International Planned Parenthood Federation
www.ippf.org

SOAIDS
www.soaaids.nl

The International Community of Women with HIV/AIDS
www.icwglobal.org

UNAIDS
www.unaids.org

Young Positives
www.hivnet.org/jongpositief/en

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About the Global Network of People living with HIV (GNP+):
GNP+ is the global network for and by people living with HIV. GNP+ advocates to improve the quality of life of people living with HIV (PLHIV). As a network of networks, GNP+ is driven by the needs of PLHIV worldwide and its work is guided by the Global Advocacy Agenda, determined by and for PLHIV, through the implementation of the GNP+ platforms of action: Positive Health, Dignity and Prevention; Human Rights; Sexual and Reproductive Health and Rights of people living with HIV; and Empowerment.

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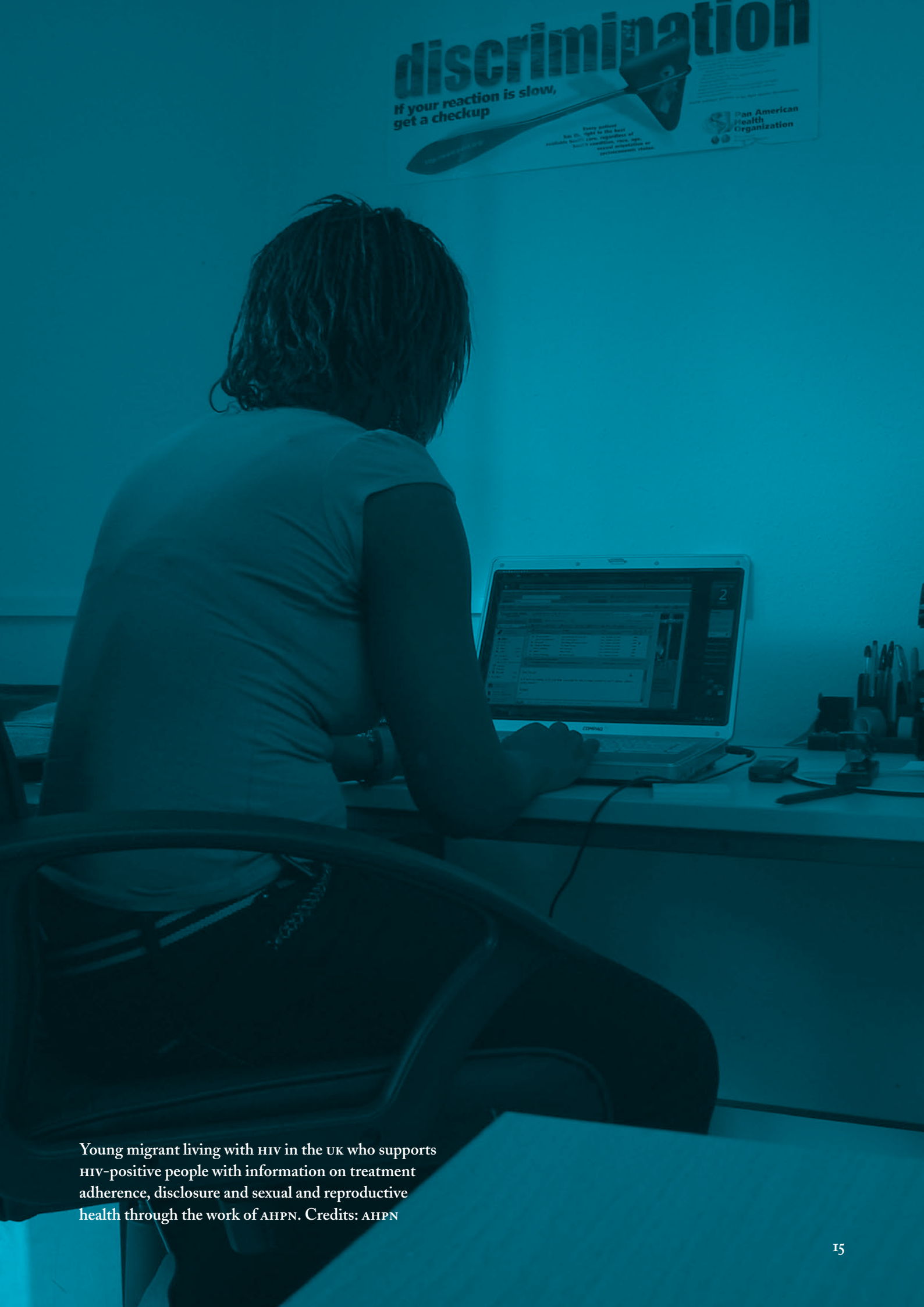

Young migrant living with HIV in the UK who supports HIV-positive people with information on treatment adherence, disclosure and sexual and reproductive health through the work of AHPN. Credits: AHPN


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