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UBRAF thematic report: eliminating HIV-related travel restrictions
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Results

1) Determined efforts to remove restriction on entry, stay and residence

For many years, UNAIDS and its partners, including public health and human rights experts and civil society organizations, have called for the removal of restrictions on entry, stay and residence based on HIV status ("HIV-related travel restrictions"). The 2011 Political Declaration on HIV and AIDS adopted by all UN Member States made eliminating HIV-related travel restrictions a target in global efforts to reach zero discrimination. Since 2010, 12 countries, territories or areas have removed these restrictions, meaning as of end-2013, 41 countries, territories and areas still have restrictions. The UNAIDS Secretariat and UNDP supported the Republic of Moldova to reform its laws to remove HIV-related travel restrictions in June 2012. The secretariat also provided technical and advocacy support that was critical to removing HIV-related travel restrictions in the Republic of Korea in July 2012, in Mongolia in January 2013, and in Uzbekistan in September 2013. Andorra and Slovakia clarified their legal situation by confirming they no longer applied any restrictions to entry, stay and residence based on HIV status.

In the Cook Islands, the secretariat and UNDP worked closely with key national stakeholders to support the development of enabling draft legislation that includes provisions to end all HIV-related travel restrictions. Support from the UNAIDS Secretariat in Tajikistan produced similar results, strengthened by the visit of the United Nations special rapporteur on the right of everyone to enjoy the highest attainable standard of physical and mental health. The visit was used as an opportunity to scale up advocacy on the draft legislation. Amendments to the Tajik Law on HIV/AIDS were signed by the President in March 2014. In 2013, the secretariat developed a technical submission to a law reform process in Papua New Guinea, advocating that HIV-related travel restrictions be removed. In the lead-up to the 2014 International AIDS Conference in Melbourne, the secretariat has been working with Australian authorities to clarify whether certain policies and regulations constitute "HIV-related restrictions" according to the criteria established by the International Task Team on HIV-related Travel Restrictions. The secretariat also strengthened its collaboration with civil society organizations, including people living with HIV, in Australia and engaged various Government departments, including immigration. In 2013, Australia was the setting for the secretariat and Nobel Prize laureate Aung San Suu Kyi to launch a global campaign calling for zero discrimination. The campaign has provided opportunities to highlight how HIV-related travel restrictions are outdated, discriminatory and ineffective measures that should be removed.

The Middle East and North Africa continues to have the highest number of countries from any region that impose HIV-related travel restrictions, including all the Gulf States, which are a destination of choice for labour migrants, particularly from Asia. The League of Arab States received support from UNDP and the UNAIDS Secretariat to develop the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV, which refers to a rights-based approach to HIV. The convention was adopted in March 2012, opening opportunities for dialogue and action to address restrictions in that region.

¹http://www.unaids.org/en/media/unaids/contentassets/documents/pressstatement/2012/06/20120622 PS Moldova_en.pdf http://www.hivlawcommission.org/index.php/follow-up-stories/140-moldova-the-first-country-to-implement-the-commission-s-recommendations

²http://www.unaids.org/en/media/unaids/contentassets/documents/pressstatement/2013/01/20130131_PS_Mongolia_en.pdf ³http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/october/20131021travel/

In 2013, UNDP, the ILO and the UNAIDS Secretariat started to explore such opportunities with key Arab States, including the possibility of a future interregional dialogue on immigration health requirements and Asian migrants' access to health care. It is intended that the dialogue will address HIV-related travel restrictions. A report on mandatory health screening practices of migrants from Cambodia, Indonesia and the Philippines was conducted and its results presented at the International Congress on AIDS in Asia and the Pacific, held in Bangkok in November 2013. The ILO in Beirut provided guidance in the development of a roadmap for collaboration in research and advocacy on HIV-related travel restrictions in the Middle East and North Africa region.

In June 2013 at a meeting with UN Plus, the UN System-wide HIV-positive staff group, the UN Secretary-General reiterated his commitment to support further advocacy for the removal of HIV-related travel restrictions, including through bilateral meetings with senior government officials.

2) Strategic information on countries that impose restrictions

The UNAIDS Secretariat maintains real-time strategic information on countries, territories and areas where HIV-related travel restrictions are in force, the various forms they take, and key developments towards their removal. The secretariat also maintains close contact with civil society managing a global information resource for HIV-positive travellers and receiving information from individuals affected by restrictions. Following two earlier data validation exercises (through the UNAIDS Programme Coordinating Board), in July 2013 the UNAIDS Deputy Executive Director, Programme, sent letters to each of the permanent missions of the remaining countries with restrictions, requesting verification of the information known to the UNAIDS Secretariat and updates on progress towards lifting the restriction.

3) Leveraging the support of global business leaders

The UNAIDS Secretariat has enlisted the support of global business leaders to help remove HIV-related travel restrictions. In 2012, as part of a joint initiative of the UNAIDS Secretariat, GBCHealth and Levi Strauss & Co, more than 40 chief executives signed a global pledge opposing HIV-related entry, stay and residence restrictions. The initiative has been widely publicised via mainstream press and company social media channels, emphasising that restrictions are not only discriminatory and without public health rationale, but also bad for business.

A satellite event was organized at AIDS2012, in partnership with the Government of the Republic of Korea, to highlight progress and challenges in removing HIV-related travel restrictions and to promote further action.

Case studies

National dialogues for the mid-term review of progress towards the High-Level Meeting targets, supported by the UNAIDS Secretariat, have helped countries assess whether specific targets, including the removal of HIV-related travel restrictions, should be priorities and whether the country is on track to achieve those targets. In Uzbekistan, the national dialogue was a starting point for advocacy to remove HIV-related travel restrictions and resulted in new legislation being adopted in September 2013 to lift all such restrictions.

⁴ http://www.gbchealth.org/system/documents/category_1/413/PressReleaseFINALCEOsOpposeHIVTravelBans_11_28.pdf

Constraints, challenges and lessons learned

At the end of 2013, 41 countries, territories and areas still imposed some form of restriction on entry, stay and residence based on a person's HIV status – in 2009 the number was 54 – highlighting the need for further action to ensure these laws, regulations and policies are eliminated globally. In addition to reflecting and reinforcing stigmatizing attitudes towards people living with HIV, these laws also cause considerable harm to individuals and households, and undermine an effective, evidence-based response to HIV. Migrants exposed to such restrictive laws are frequently tested for HIV without their knowledge or consent, provided little if any counselling or the results, and are given no access to follow-up medical care if HIV-positive. These restrictions also undermine businesses, which depend on the free ability to recruit and deploy employees in order to succeed in a globalized, highly competitive world.

Key future interventions

- Promote the UNAIDS Secretariat civil society action packs to galvanize country-level advocacy for lifting HIV-related restrictions on entry, stay and residence.
- Tailored engagement and advocacy in Asia-Pacific (migrant-sending countries affected by restrictions abroad) and Middle East and North Africa (migrant-receiving countries applying HIV-related restrictions).
- The UNAIDS Secretariat and UNDP, in partnership with other partners and stakeholders, will
 continue to support advocacy for legal reform in order to repeal HIV-related travel
 restrictions.

Supporting documentation

- Infographic showing those countries with HIV-specific restriction on entry, stay or residence
 http://www.unaids.org/en/media/unaids/contentassets/images/infographics/2012/20120514travel/2
 0120514_infographic_travel.pdf
- UNAIDS Secretariat press releases relating to the removal of HIV-related travel restrictions in specific countries:

Mongolia

 $\underline{http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/january/20}\\ \underline{130131psmongolia/}$

Republic of Moldova

 $\underline{http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/june/20120}\\ 622prmoldova/$

Uzbekistan

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/october/2013/021travel/

Press releases by GBCHealth and the UNAIDS Secretariat on HIV-related travel restrictions
 http://www.gbchealth.org/system/documents/category_1/413/PressReleaseFINALCEOsOpposeHI
 VTravelBans_11_28.pdf?1354126693

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