



ROAD MAP HIV among Migrants and Refugees

Strengthening collaboration among
faith-based organizations, multi-lateral
organizations, governments, and civil society
addressing HIV risk, provision of services,
and advocacy



Restoring Dignity. Inspiring Change



*God who knows what it means to flee,
but who stands steadfast across time,
build within us compassion for those who are displaced.
Help us to open our minds, hearts and communities
to those who are seeking a welcoming environment
as they turn their backs on danger and distrust.
Remind us that you are amongst them,
and travel with them as they continue their journey.*



Introduction

Migration and displacement can place people in situations of higher risk of vulnerability to HIV, and have been identified in certain contexts as an independent risk factor for HIV. In many countries, refugees and migrants, and, in particular, migrants in irregular situations, face complex obstacles, including a lack of access to health-care services and social protections. In addition, social exclusion leaves refugees and migrants highly vulnerable to HIV infection. However, migration and displacement do not equal HIV vulnerability and existing HIV policies and programmes targeting migrants and refugees may actually contribute to increased stigma and discrimination. Efforts must be made to reduce barriers to health services for the benefit of refugees, migrants, their communities and the global response to HIV.

70 individuals from 40 organizations, representing 36 countries gathered in the Ecumenical Center, Geneva, on 20 and 21 February 2019 to develop a Road map for strengthening collaboration among Faith-Based Organizations, multi-lateral organizations, governments, and civil society addressing HIV risk, provision of services, and advocacy. This document outlines the situation faced by migrants and refugees regarding HIV, it summarizes key points discussed during the meeting and provides a Road Map for the way forward in 4 areas: HIV prevention; Testing, treatment, care and support, Violence and HIV and; Eliminating stigma and discrimination.

Migrants, Refugees and HIV

Globally, 36.9 million people live with HIV. 9.4 million of those living with HIV do not know they are living with the virus and urgently need to be linked to HIV testing and treatment services. In 2017, 1.8 million people became newly infected with HIV, and 940 000 people died from AIDS related causes. 15 million people living with HIV are still not accessing treatment, especially among children where coverage is lower.

Over 1 in 7 people globally are 'on the move', more than ever before: 760 million internal migrants and 258 million international migrants. This includes 71.4 million people of concern to UNHCR: asylum-seekers, refugees, returnees, the internally displaced and stateless.

Today, people on the move may be driven by a wide range of factors: conflict, climate change, economic collapse, environmental and humanitarian disaster, and food insecurity. Peoples' HIV status, and associated stigma and discrimination, may also drive mobility. In many countries, legislation enforces mandatory HIV testing which remains an affront to peoples' human rights. When people are among key populations - men who have sex with men, people who inject drugs, sex



workers - they can face double or even triple levels of stigma based on their migration and HIV status. Greater concern must be given to people who face danger, violence, and experience (self) stigma and discrimination.

Internally Displaced People need special attention because specific factors such as ethnic and tribal identity, and politics may come into play, and may prevent access to life-saving services.

While recognizing the importance of statistics and evidence-based programs, we need to look beyond the numbers, knowing that they do not tell the whole story - the family, community members, and those who are unreported. This is particularly the case for issues such as gender-based violence, for which we all have a role in speaking out. Situations change, and we must adapt: for example, static care models (such as refugee camps) are less relevant as refugees and migrants live and move in and out of cities. We must search for durable solutions and develop innovative and flexible models of health care.



The meeting heard a number of case studies - for example from Canada, Egypt, Germany, Kenya, Lesotho, Mexico, Myanmar, The Netherlands, Republic of Congo, Uganda, Ukraine, the United States, and Viet Nam. This helped us appreciate the particular risks faced by refugees and migrants, and the fears and concerns that they may experience.

There has been a change in the face of HIV, with many people living longer as a consequence of greater availability of antiretroviral therapy. Young people are disproportionately affected. HIV prevention efforts, however, lag behind and stigma and discrimination continue to be a huge challenge. Much is needed to ensure everyone can access their right to health.

Processes of migration and seeking asylum can increase risk of HIV and TB infections, through social disruption, unsafe living conditions, lack of social capital, and discrim-

ination in accessing services. This can lead to late diagnosis, avoiding seeking treatment, and treatment default.

The Sustainable Development Goals (SDGs) offer a framework to address HIV, and the needs of refugees and migrants, in a more holistic way. Increasingly, work on HIV is done in a broader health context, and a multi-sectoral approach continues to be necessary. Indeed, addressing HIV links to, and allows us to tackle, wider issues such as health more broadly, human rights, and gender equality.

Faith-Based Organizations (FBO) and other civil society organizations are already engaged in, and can expand, activities addressing needs of migrants and refugees at risk of, and living with, HIV. FBOs have a unique role in addressing HIV and the needs of refugees and migrants. FBOs and religious leaders are trusted and provide an interface between grassroots level and the state. There are positive approaches relating to all faiths and confessions - humanity, hope, love and acceptance.

We know however, there are no simple solutions or quick fixes. For example, the meeting heard how people deliberately stopped taking ART in a church in Kenya to avoid 'looking better' in order to obtain food support. Many have experienced the difficulty of little or diminishing resources and, therefore, the need to work smartly - but people cannot work for nothing. Some religious leaders discourage treatment and ask people to rely only on prayer, but we acknowledge the need for both prayer and treatment.

Road Map

The meeting agreed some general points to guide the actions that need to be taken:

- **Participation** is crucial to success - before, during and after interventions - for example in joint design of projects, to recognize, understand and prioritize the values of refugees and migrants, and to promote co-learning and ownership. 'Nothing for us without us'.
- **Congregations** can play a special role in encouraging testing, equipping youth leaders and caregivers to engage in dialogue, and help to combine spiritual and care messages e.g. 'pray and take your medicine'.
- **Cultural change and training** is still needed in some FBOs to help overcome stigma and discrimination. Religious leaders have a key role in challenging myths and misconceptions.



- Concerns about the **lack of data**, and the **need for evidence** to drive programmes and action.
- The **need for context-specific and differential approaches**, adapted to local capacity, the overall migration cycle, and to the individual's circumstances.
- **Constraints to service provision** occur at a number of levels: for example legal and legislative; and social, cultural and structural determinants of health.
- FBOs traditionally bring a comprehensive approach that includes the physical, emotional,

social and spiritual and helps us to ensure that we stay 'fully human'. These must be monitored and evaluated.

- FBOs often have the ability to **rapidly scale up responses** to address critical situations.
- **Effective collaboration** is necessary between FBOs, multilateral organizations, governments and civil society to address risk, provide services, and undertake advocacy and programming should have a global approach, but must also remember the needs of individuals.

It is strongly recommended that each organization represented at the meeting should identify three actions that they will be able to undertake to support the implementation of the Road Map, as well as agree to monitor this work, and regularly share their achievements with [Francesca Merico](#).



HIV prevention

Key learning

- FBOs can build trust, share power and resources with the community: adapting HIV prevention messages to the context.
- HIV prevention must be integrated into a broader context of health promotion: don't single HIV out.
- Reaching out to and engaging religious leaders can have very productive results.
- Creating links between FBOs, civil society organizations and government institutions can pave the way for innovative and sustainable solutions for HIV prevention.

Key challenges

- Stigma in some faith communities, and difficulty addressing issues such as sexuality, sexual practices, and sexual exploitation and abuse.
- Pressure for refugees and migrants to assimilate immediately in the host community, making it difficult to provide a culturally-sensitive lens.
- Young people not having the right information, and the older generation often reluctant to discuss sensitive issues.

Key actions

- Ensure service providers acknowledge, and adapt to, the challenges faced by refugees and migrants, including key populations. Facilitate the exchange of experiences between organizations which can be of help.
- Support the implementation of evidence-based approaches, including stigma reduction and prevention of violence, particularly for adolescents and children.
- Identify and use gatekeepers to reach out and provide messages.
- Make sure responses will be sustainable, and durable despite future changes in resources and people.

Testing, treatment, care and support

Key learning

- FBOs working with the formal health system, assuring follow-up and outreach with refugees and migrants who may have stopped adhering with ART.
- Providing welcoming, comprehensive and person-centered care: physical, social, spiritual and psychological - with a long-term vision that includes training and is inclusive, for example of key populations.
- Self-testing provides a simple solution to allow people to confidentially assess their HIV status.

Key challenges

- Fear of judgement and exclusion.
- Overcoming different language needs and cultural differences.
- Mobile populations are not consistently receiving treatment.
- Refugees and migrants are not being recognized in national health systems, and National AIDS Strategies.
- UN guidelines do not always reach the remote areas and it is important to find ways to ensure that the guidelines and their key messages can be made more accessible.

Key actions

- FBOs should publicize and promote HIV testing (including self-testing), counseling and support, particularly in areas where self-testing is a challenge.
- Provide simple guidelines on how FBOs can provide support, addressing common questions and challenges for testing, treatment, care and support.
- FBOs should advocate for the needs of refugees and migrants and to be included in national health and HIV strategies and systems.



Violence and HIV

Key learning

- Sex-segregated latrines and other measures can mitigate instances of sexual harassment.
- Provision of treatment and support can be adapted to the needs of mobile populations.
- Empowered adolescents living with HIV can undertake outreach, especially to peers.
- Ensuring service provision should include empowerment, and provide opportunities for training religious leaders and faith communities.
- Meeting access to basic needs should include food, water and shelter.

Key challenges

- Under-reporting of sexual and gender-based violence (SGBV) is largely due to stigma, fear and past experience.
- Harmful norms and traditional practices can reduce the ability of people to seek services.
- Understanding the complex and traumatic history of migrants and refugees, particularly children.

Key actions

- It is essential to speak out to break down the taboos around SGBV – within local communities, with governments, multilaterals and donors.
- It is important to get our own houses in order, and develop and live up to codes of conduct.
- We must advocate to change government policies and legislation, and implement programs, to address SGBV.

Eliminate stigma and discrimination

Key learning

- Providing a supportive environment (including for example role models, peer educators and support groups) can enable people to seek services, address sensitive issues, and live fuller lives.
- Knowledge alone cannot change behavior: it requires acknowledging the influence of social and emotional drivers as well.
- [Stigma Index study](#), led by people living with HIV, provide insights into many individual countries.
- Fear never results in long-term behavioral change.

Key challenges

- (Self) Stigma and exclusion make it difficult to reach affected refugees and migrants in the first place.
- Inadequate and incorrect information available about HIV.
- Behavioral change takes time, and different generations may have significantly different views.

Key actions

- Advocate for the development, implementation and enforcement of local and national laws and policies to ensure that HIV status is not a ground for discrimination.
- Remove the stigma of HIV and AIDS through outreach education and advocacy.
- Religious leaders should set the best example, to their congregations and beyond, but they need continued support.
- Disseminate and communicate widely the faith-inspired and spiritual messages of responding to need, loving others and justice as the greatest resources, that allow us to move mountains.



Reference documents

- [2016 Political Declaration on Ending AIDS](#)
- [2018 Political Declaration on the Fight against Tuberculosis](#)
- [Promoting a Rights-based Approach to Migration, Health and HIV and AIDS: A Framework for Action, ILO, Geneva, 2017](#)
- [Draft: HIV and Migration Within a Fast-Track Agenda \(Call for action, International AIDS Society Conference, Amsterdam, July 2018\); presentations and other background documents of the workshop HIV among Migrants and Refugees: Strengthening collaboration among faith-based organizations, multi-lateral organizations, governments, and civil society addressing HIV risk, provision of services, and advocacy](#)
- [Decision points from the 43rd PCB responding to the *People on the Move* report by the UNAIDS PCB NGO Delegation \(Geneva, December 2018\)](#)
- [The Global Compact on Refugees \(December 2018\)](#)
- [The Global Compact for Safe, Orderly and Regular Migration](#)



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