

Action for Universal Access 2010: Myths

Realities



HIV-related Travel Restrictions

Issue Statement

HIV-related travel restrictions are ineffective, discriminatory and inconsistent with the 2001 and 2006 declarations on HIV and AIDS, which commit member states, “to intensify efforts...to eliminate all forms of discrimination against people living with HIV.”

Key Messages

- Seventy-four countries around the world still restrict the entry or immigration (e.g. for business, personal visits, tourism, labour migration, employment, study, asylum or refugee resettlement) of people living with HIV, in misguided and discriminatory efforts to “protect public health,” despite the lack of evidence that such restrictions have any impact on HIV transmission rates.
- HIV-related travel restrictions prevent people living with HIV from visiting relatives or friends, vacationing, conducting business or studying abroad, attending conferences, migrating for work, applying for or receiving asylum, reuniting with family members, and contributing economically to the destination country.
- Thirteen countries ban people living with HIV people from entering for any reason or for any length of time, including the United States, the host country to the United Nations General Assembly headquarters.
- These restrictions have not been removed despite a World Health Organisation (WHO) convened expert consultation in 1988, which concluded that “no screening programme of international travelers can prevent the introduction and spread of HIV infection” and that such screening “would be ineffective, impractical and wasteful.” The same year, the World Health Assembly urged member states to “avoid discriminatory action against and stigmatization of [PLHIV] in the provision of services, employment and travel.”
- There is no need to have **any** HIV-specific immigration regulation or restriction. HIV should be treated the same as any other chronic condition with similar modes of transmission.

Background: Myths vs. Realities – The Road to Universal Access

The **myth** is that HIV-related travel restrictions only apply to people living with HIV wishing to attend conferences in certain countries, like the United States. In reality, HIV-travel restrictions seem to have the greatest impact on migrants and others seeking to move for work or study.

- Many poor people in developing countries want to migrate to more developed countries for work and to secure a better life. Many sell their assets or go into debt to be able to afford such a move, and are then required to take an HIV test, often without their knowledge or proper counseling. If they test HIV-positive, they are often informed without confidentiality being maintained. They face the prospect of losing everything, including the possibility of working in their home country, due to HIV-related discrimination.
- Many migrants go to destination countries HIV-negative and are infected with HIV there, often because they have no access to HIV-prevention information and commodities/services and/or are subject to sexual violence. In some countries testing HIV-positive can result in summary deportation.

- The **myth** is that restricting entry, immigration or refugee status to HIV-positive people reduces HIV incidence or has other public health benefits. The reality is that there is no evidence demonstrating that people living with HIV have a significant impact on the epidemics in countries of destination.
- HIV-related travel restrictions undermine public health goals, including existing commitments on HIV and AIDS, since HIV-specific travel restrictions are discriminatory, add to HIV stigma, and thus may deter people living with HIV from accessing HIV prevention, treatment, and care services that are proven to reduce HIV transmission.
- The **myth** is that people living with HIV will seek HIV treatment and care and support in countries without HIV-related entry or residence restrictions. The reality is that there is no evidence indicating that significant numbers of HIV-positive people are “medical migrants,” and enter countries without HIV entry restrictions to seek treatment.

The Role of Civil Society

Country-level coalitions of civil society, people living with HIV, legal networks and government officials can work together to remove these outdated and discriminatory laws, which will prevent the international community from achieving universal access goals.

Recommendations

- Member states should review public health, border security and immigration legislation and policies, and abolish those that restrict entry and migration of people, based on HIV status.
- Reporting on country-level progress in removing HIV-related travel restrictions should become part of regular national reporting under UNGASS.
- National AIDS plans should include programmes for ensuring that travelers and migrants (nationals and non-nationals) have the information, commodities and services to protect themselves from HIV and AIDS.
- Member states must adhere to their commitments in the 2001 and 2006 declarations on HIV and AIDS, including provisions related to “the full realization of human rights and fundamental freedoms for all [as] an essential element in a global response,” and to intensify efforts to enact, strengthen or enforce legislation, regulations and other measures to eliminate all forms of discrimination against people living with HIV; and to scale up towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

This paper was prepared under the auspices of the Civil Society Task Force for the 2008 UN High Level Meeting on AIDS.

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