TALKING POINTS

OFFICE OF THE SPECIAL ADVISER TO EXECUTIVE DIRECTOR, JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

CONFERENCE ON MIGRANTS AND CITIES, GENEVA, SWITZERLAND ORGANISED BY INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM) HOLDING FROM 26-27 OCTOBER, 2015

*DATE OF PRESENTATION: 27 October 2015 (Day 2)

*Session IV: Migrants and Cities: Partnerships in Health.

*Time: 12.00-13.00

INTRODUCTORY REMARKS

On behalf of the Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS), I wish to express my appreciation for the opportunity to make a presentation at this important conference to highlight the health challenges faced by migrants and role of UNAIDS in ensuring Migrants’ Right to Health.

Every year, millions of people migrate to different parts of the world in search of one vocation or the other, and to overcome political or socio-economic challenges. However, recently we have witnessed a surge in the number of migrants and persons displaced by conflicts, disasters and other man-made causes, trooping into Europe. This development comes with its attendant health-related consequences and obligations by countries in terms of care in emergency situations and their stay in the destination country.

UNAIDS, in collaboration with the International Labour Organization (ILO) and the International Organization for Migration (IOM) have developed working documents focusing on HIV-related needs and the rights of migrants, irrespective of their legal status and whether their stay in the destination country is short or long term.

It will be recalled that the IOM and UNAIDS have a long-standing partnership formalized in a 1999 Cooperation Framework.

In this regard, UNAIDS and IOM in January 2011 signed a cooperation agreement to overcome HIV-related challenges faced by many migrants. The agreement seeks to integrate human rights and the needs of migrants and mobile populations into national and regional HIV responses and ensure universal access to HIV prevention, treatment, care and support.

Under the agreement, IOM and UNAIDS focus on enhancing social protection for migrants affected by HIV; stopping violence against migrant women and girls and removing punitive laws, policies, practices, stigma and discrimination related to HIV and population mobility that block effective responses to AIDS.

UNAIDS and IOM are also working to strengthen technical support to help governments, regional institutions and civil society reduce vulnerability to HIV among mobile and migrant populations. Also,
the two organizations will continue to cooperate on research to deepen the understanding of HIV and population mobility.

It should be noted that IOM’s HIV and population mobility programme not only complements the work of UNAIDS globally, but the organization is also part of the UN Joint Team on HIV/AIDS at the country level, which further shows our partnership to enhance migrants’ health and ensuring access to quality health services to achieve sustainable urban development.

Therefore, UNAIDS is committed to improving access to HIV services for migrants and has included mobility in its Strategy 2011-2015, which states that HIV responses must create space to involve marginalized and disempowered people, such as migrants.

Consequently, inspired by the unprecedented progress made over the years, the UNAIDS Programme Coordinating Board (PCB), has embraced the ambition of ending the AIDS epidemic as a public health threat by 2030. To get there, UNAIDS 2011–2015 Strategy was updated and extended for the 2016–2021 period to guide progress towards several ambitious Fast-Track Targets.

But, the Fast-Tracking the response will rely on front-loading investments and accelerating rights-based action in the coming years while accounting for a rapidly shifting geopolitical context and evolving HIV epidemic.

This Strategy has been developed through wide consultation, informed by the best evidence and driven by a moral imperative to achieve universal access to HIV prevention, treatment, care and support and contribute to the achievement of the Sustainable Development Goals (SDGs).

UNAIDS therefore is committed to leveraging existing and novel partnerships with people, communities, governments and national and international organizations, country and global champions to support the implementation of this Strategy.

It is pertinent to note that UNAIDS will continue to support IOM’s work to ensure migrants access to health services regardless of migration status, throughout the migration process.

Another aspect of UNAIDS work for migrants was formalised in a new report, “Ending the urban AIDS epidemic”, released in September, 2015 by UNAIDS and UN-Habitat to address HIV in urban areas. The report outlines that cities and urban areas are particularly affected by HIV, with 200 cities most affected by the epidemic estimated to account for more than a quarter of all people living with HIV around the world.

The report highlights that city leaders have a unique opportunity to seize the dynamism, innovation and transformative force of the AIDS response to not only expand HIV services in cities but also address other urban challenges, including social exclusion, inequality and extreme poverty.

It also outlined the need for cities to establish renewed efforts for an urban health approach that serves the evolving needs of cities and the people who live and work within them, as well as those who migrated to urban areas. These measures would help reach the UNAIDS Fast-Track Cities targets to end the AIDS epidemic as global health threat by 2030.

The UNAIDS Fast-Track approach requires rapidly scaling up and focusing the implementation and delivery of proven, high-impact HIV prevention and treatment services: an approach that
Increasingly relies on urban leadership and partnership with international organizations and other partners to achieve the desired objectives.

It should be noted that healthy migrants contribute significantly to achieving healthy economies, so therefore a States and other actors in the AIDS response have a fundamental duty to ensure the safety and well-being of migrants, and this must also include access to HIV services.

**Conclusion**

UNAIDS is keen to continue its work with a wide range of partners, including IOM to advance the Paris Declaration on Fast-Track Cities initiative and also carry out other programmes to promote the UNAIDS Executive Director Michel Sidibe’s vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths around the world, and in this regards, we solicit national governments to allocate adequate resources and implement inclusive and urban-friendly HIV programmes.

UNAIDS also called on governments, international organizations, civil society groups, partners and businesses to continue to play relevant roles in addressing migrants’ right to health. Respecting and promoting their health is essential for achieving national and international public health goals such as universal access to HIV prevention, treatment, care and support.

Thank you and fruitful deliberations.

Djibril Diallo, PhD London