

Findings and Recommendations of the International Task Team on HIV-related Travel Restrictions

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Overview of the Task Team

- UNAIDS created Task Team January 2008, following discussion at 16th meeting, Global Fund Board
- Advisory, technical group with 43 members, not executive or decision-making
- Time-limited, met three times
- Worked on basis of consensus to the degree possible
- Role to enhance and support efforts to eliminate travel restrictions in current context
- Has made recommendations to governments, UNAIDS PCB, Global Fund Board, and civil society
- GF Board accepted the recommendations in Nov. meeting

Papers commissioned by the Task Team

- **Mapping of restrictions on entry, stay and residence of people living with HIV**
- **Personal narratives: the impact of HIV-related restrictions on entry, stay and residence**
- **Annotated bibliography: the impact of HIV-related restrictions on entry, stay and residence**

Focus of the Task Team's work

Restrictions on entry, stay and residence where:

- HIV is a *formal and explicit* part of the law or regulation;
- HIV is referred to *specifically*, apart from other comparable conditions; and
- Exclusion or deportation occurs because of *HIV-positive status only*.

Focus of the Task Team's work

- No real distinction between “short-” and “long-term” restrictions
- Objectionable elements are:
 - **Specifying HIV for differential treatment** as opposed to comparable chronic health conditions
 - **Creating BLANKET exclusion** of positive people based on assumption that will act irresponsibly or incur costs
 - **Basing exclusion on positive HIV status only versus** some additional criteria such as that a person will *actually* become a public charge, will *actually* threaten public health due to individual characteristics/behavior in addition to positive status

Summary of findings

- A. Restrictions remain in force in some **60 countries, territories or areas**
- B. Restrictions do not **protect the public health** and may in fact impede efforts to protect it
- C. Restrictions should be replaced by **access to HIV programmes** by all mobile populations, national and non-nationals alike, as part of efforts to achieve universal access
- D. Restrictions that specify HIV, as opposed to comparable conditions, and/or are based on HIV status alone are **discriminatory**
- E. Exclusion or deportation of HIV-positive people to avoid potential costs of treatment and support should be based on an **individual assessment** and should not override **human rights consideration and humanitarian claims**

..summary of findings

- F. Restrictions unreasonably **restrict the participation** of people living with HIV in major life activities as well as reduce their involvement in the response to HIV
- G. Restrictions can interfere with **key rights** such as work, privacy, liberty, health and those of women and children
- H. Restrictions should not result in the **denial of the right to seek asylum** and to be protected from *refoulement*
- I. Restrictions require **political will and leadership** to be eliminated.

The Task Team recommends that

the UNAIDS PCB

- **Strongly encourage all countries to eliminate HIV-specific restrictions on entry, stay and residence and ensure that people living with HIV are no longer excluded, detained or deported on the basis of HIV status;**
- **Mindful of PCB decision 8.2 (21st meeting), decide that no PCB will be held in a country with **an HIV-specific restriction** related to entry, stay or residence based on **HIV status**;**

The Task Team recommends that

the UNAIDS PCB requests UNAIDS to:

- **Supports country efforts to review and eliminate laws, policies and practices related to HIV-specific restrictions, through leadership, advocacy and appropriate partnerships at international, regional and national levels;**
- **Ask countries to report, as part of UNGASS reporting, on whether they have restrictions or have removed them during the reporting period;**
- **Take forward work in close cooperation with relevant organisations as outlined in the recommendations of the Report.**

Thank you!