

Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action

A Brief¹ (2019)² adapted from the book published by the ILO (2017)³, researched and written by Patrick Taran with the assistance of the Global Migration Policy Associates team including Arnaud Bertin, Fangzhou Liang, Beier Lin, Gabriela Neves de Lima, Evalyn Tennant and Marie Ullmann, and finalized by Margherita Licata (Gender, Equality and Diversity & ILOAIDS Branch), International Labour Office – ILO.

Overview

The responses to the HIV epidemic have shown that even in the face of daunting challenges, enormous success can be achieved when all stakeholders can participate in a comprehensive, coordinated response that focuses on fundamental rights. Only by taking a rights-based approach can the necessary measures to promote awareness of the rights of migrants and to ensure their protection be facilitated, so that communities and countries have the best tools to contribute to the highest attainable standard of health for everyone, including by halting HIV transmission everywhere. Promotion of rights must also be associated with other efforts, in order to ensure effectiveness. For example, disaster risk reduction measures help ensure that populations are not repeatedly exposed to displacement and to an increase in HIV risks. Sound, rights-based immigration policies that provide sufficient avenues for regularized migration for employment are also essential. Furthermore, it is crucial to incorporate an understanding of the diverse circumstances of migrant populations.

Safeguarding of rights, enforcement of appropriate national laws, and the application of relevant international human rights standards are essential aspects of the enabling environment needed to halt and reverse the epidemic. Policy and actions should encompass not only adherence to international law standards but also multilateral action to prevent and resolve armed conflicts that today result in so many people forcibly displaced from homes and homelands. They should also include meeting internationally agreed global targets notably those in the UN 2030 Sustainable

1 Prepared by Patrick A. Taran for the Global Workshop: *HIV among Migrants and Refugees: Strengthening collaboration among faith-based organizations, multi-lateral organizations, governments, and civil society in addressing HIV risk, provision of services, and advocacy*, organized by the World Council of Churches (WCC), the International Catholic Migration Commission (ICMC) and UNAIDS, and held 20 – 21 February 2019 in Geneva.

2 Brief available online at: <http://www.globalmigrationpolicy.org/articles/Health/Migration-Health-HIV&AIDS%20Framework%20for%20Action%20Brief%202019.pdf>

3 Book available online at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_605763.pdf

Development Agenda, calling for opportunities for all men and women to obtain decent and productive work in conditions of freedom, equity, security and human dignity where they reside.

The gap between normative frameworks and their transposition into national law, as well as the gap between existing, appropriate national laws and their implementation, together form one of the biggest impediments to upholding the rights of migrants. The creation of an enabling legal-policy environment is essential, and must be complemented by programmes ensuring access of migrant and mobile populations to HIV prevention treatment care and support.

Gender, age, and other disaggregated factors, situation and needs analysis are clearly necessary to plan and provide health and HIV prevention, treatment, care and support to migrant and mobile populations. Differentiated interventions built on such data should be set up. Outreach to these populations requires particular attention, commitment, political will as well as resource allocations by national public health systems, as well as by national administrative and parliamentary bodies. Furthermore, it is crucial to incorporate an understanding of the diverse circumstances that exist for different migrant populations. For example, certain kinds of sexual behaviour or drug dependency may increase reluctance to seek HIV services.

In particular, health and HIV prevention must be disassociated from any link with immigration enforcement if migrants are to avail themselves of prevention, voluntary counselling and testing, and other services and support. If migrants fear repercussions as a result of seeking medical assistance, they are likely to refrain from getting the health care they need, resulting in negative outcomes for themselves and increased health risks for the communities they live in. Where health care personnel are either required to request information on legal status or to report individuals suspected of being in irregular status, they can't uphold their ethical, professional obligations to provide care. The public health and safety importance of ensuring 'firewalls' between provision of health and other social services and any immigration enforcement activity cannot be understated. Every individual, regardless of status, must have access to and be encouraged to avail themselves of health care attention and services without fear.

In order to properly address migrants' needs regarding health including HIV, particularly the needs of migrant workers, relevant health services designed by governments, employers, trade unions or civil society organizations must be provided in appropriate languages and through settings that are accessible to them. Similarly, general health information, especially on HIV and AIDS, has to be complemented with supplementary information responding to migrants' broader concerns and priorities, as well as covering their families and communities. The aim should explicitly be to facilitate safer migration and life in destination countries as well as to implement better health care and services globally.

More broadly, it is essential to address unauthorized/undocumented migrants –those in irregular situations—and those working in the informal sector who are an important category of concern in many countries. Given that migrants and refugees in these situations are difficult to track, the responses should focus on reaching migrants working in informal activity and those in undocumented situations through their workplaces and communities where they reside.

Governmental and Institutional Commitment

Recognition of migrant health concerns and extension of health protection to migrants, including on relevant HIV issues, requires particular and urgent action by those most concerned: public health actors, migration officials, health practitioners, social partner and civil society advocates, legislators, and migrants themselves. This will depend to a great extent on strengthening the commitment of governments towards migrant and mobile populations, including coordination between the ministries concerned, especially health and labour, as well as those addressing interior/home affairs, social protection, family, and other relevant concerns. Recognition and extension of health protection to migrants also requires the allocation of resources for training officials, developing materials, and providing prevention and treatment services. Provision of health service should, however be clearly distinguished from enforcement of immigration law.

Inclusion, participation and freedom of association are essential pillars for effective action on migration, health and HIV. Participation by key stakeholders including migrants as well as social partners in policy, decision-making and practice concerning them is crucial. It is indispensable for migrant communities and their representatives as well as public authorities to be informed of migrants and refugees rights and to be empowered to realize them. Attention should be paid to obtaining public understanding of and respect for migrants' rights through communications and education, and by enlisting the cooperation of employers' and workers' organizations and other civil society organizations.

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A FRAMEWORK FOR ACTION ON MIGRATION, HEALTH AND HIV & AIDS

This framework for action highlights for all stakeholders working at the intersection of migration, health and HIV issues, the key mechanisms for ensuring that migrants' health is protected, thereby contributing to HIV reduction. This framework comprises an extensive, complex and holistic agenda for action on migration, health and HIV. It demonstrates that there are no simple solutions or "quick fixes" in any of these areas, let alone to their complex inter-relationships.

This framework for action derives from the global knowledge base and international standards summarized in the full ILO report *Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action*⁴ along with the concrete experience in hundreds of practical actions, measures and programmes worldwide. The framework incorporates themes and action steps from existing international policy frameworks and action recommendations, including the *2nd Global Consultation on Migration and Health* held in Colombo, Sri Lanka, 22-25 February 2017. It assembles approaches and elements well established in the different arenas concerned, including migration governance, human rights, labour, gender, health, social protection, HIV and AIDS, refugees and IDPs, mobile workers, and populations facing specific risks.

The framework is divided into ten subjects, addressing the inter-related aspects of HIV prevention and care, migration, and health: 1) *human rights and labour rights*, 2) *migration governance*, 3) *social protection*, 4) *public health policy*, 5) *decent work conditions and OSH*, 6) *law and policy development*, 7) *ensuring access to HIV and AIDS services*, 8) *specific actions for refugees and asylum-seekers and IDPs*, 9) *specific approaches for mobile workers*, and 10) *segments of migrant populations at particular risk*. Each topical section contains a summary of Key Actions.

The framework comprises a comprehensive and detailed listing of actions on each theme, reflecting the multifaceted complexity of dealing with each of those thematic arenas. Some action point overlaps across different themes are retained to emphasize essential elements pertaining to each distinct theme.

Several key principles are highlighted separately because they are cross-cutting, applying across several or all of the ten topics. These approaches are both substantive and procedural in nature.

Cross-cutting key principles for action:

A. Upholding inclusion, participation, and freedom of association

All policy and action should explicitly advocate migrant and refugee inclusion in communities where they reside and their full participation in formulation, implementation and evaluation of policy and practices concerning them. Policy and advocacy should likewise uphold full respect for freedom of association rights, including for migrants and refugees. Building a positive and

4 http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_605763.pdf

enabling policy environment requires *involving the key stakeholders in policy-making and practice*, particularly the social partners –employers in both private and public sectors and worker organizations-- as well as migrant workers, civil society and other partners. Comprehensive HIV and AIDS workplace policies developed through social dialogue between government, workers' and employers' organizations and, particularly, migrant workers, lead to better health and safety outcomes.

B. Complying with Relevant International Law and Standards

Relevant international human rights conventions and labour standards, particularly those concerning migration, health and HIV and AIDS, provide the foundations for and must be adhered to in the development of national legislation, policies and practices. Laws and policies should address migrant issues directly and should not contain any provisions that impede access to rights or entitlements.

C. Incorporating Gender Considerations

Migration and health policies and practices, in particular those addressing HIV and AIDS, should be gender-responsive and seek to address unequal power relations between women and men, and promote women's empowerment so that women are better protected from risks during the migration process and in destination countries, and risk-factors are decreased for women partners and children remaining in home countries.

D. Addressing Discrimination and Stigma

All action on legislation, policies and practical measures on migration, health and HIV and AIDS should explicitly uphold and implement universal principles of non-discrimination and equality of treatment. Health facilities, goods, and services should be accessible to all, including all migrant workers and their families, especially migrants with HIV, without discrimination based on gender, sexual orientation, nationality, race, colour, migratory status or other factors. Laws and policies should ensure that real or perceived HIV status is not a ground for discrimination, preventing the recruitment or continued employment of a migrant worker, or the pursuit of equal opportunities, nor should it lead to termination. Legislation, regulations and administrative practices that provide for entitlements such as social protection should not contain provisions or utilize measures that could impair migrant's access to equal social protection.

E. Facilitating Communication and Respect

Particular attention is required in policy and in practical measures concerning health and HIV and AIDS –including testing-- to facilitate communication in languages migrants, refugees and others concerned can understand. Complementary to this is facilitating their access to language training in host community/country languages. Appropriate facilities and programmes as well as the personnel concerned should be respectful of and responsive to cultural differences to ensure that all migrants and refugees –especially women and children-- obtain full access to health services and social protection enabling their realization of the right to health and health-related rights.

1. Protecting Human Rights and Labour Rights of All Migrants

Transparent national legal and policy frameworks to ensure full respect for human and labour rights in countries of origin, transit and destination as well as international cooperation among them are essential to realize the right to health and health related rights for all migrants. Such frameworks require inclusion of deliberate measures to reduce the vulnerability of migrants to HIV and to ensure their access to HIV information and services. Key actions are promoting ratification and strengthening the implementation of international treaties, as well as ensuring the application of core labour standards, the protection of migrants' rights, and the elimination of forced labour, human trafficking and child labour.

The frameworks should ensure a positive and enabling legal and policy environment at sub-regional, national and local levels, which makes explicit reference to the rights of migrant populations and/or the rights of all people without distinction on the basis of nationality, country of

origin, ethnicity, religion, residential status – or indeed of gender or sexual orientation. Relevant rights include access to information and education, health services, social security and occupational benefits, food and food security.

Deliberate international action and cooperation are also required to address the situations that compel involuntary displacement, including with measures to end armed conflict, stop arms flows to conflict situations, ensure respect for international humanitarian law in all situations, and to respect, protect and promote human rights in all countries.

Key Actions:

A. Protect the human rights of all migrants.

Ensure recognition of rights and provide for enforcement in national law by ratification and application of relevant international human rights Conventions, particularly the International Convention on the Protection of the Rights of All Migrant Workers and Members of the Families. Actions may include national public education activity and promotional dialogue and advocacy with parliament to obtain ratification. Attention should also be directed to ratification and implementation of international instruments on health-related rights and social protection, as well as all other fundamental human rights enshrined in relevant human rights instruments at the international and regional levels.

B. Protect the labour rights of migrant workers.

Promote ratification, domestication and application of all international labour standards to all migrant workers, including by ratification and domestication of ILO Convention 97 on migration for employment, ILO Convention 143 on migrant workers and Convention 189 on decent work for domestic workers.⁵

C. Incorporate fully international standards into national legislation.

Promote full application of relevant international and regional human rights standards by incorporating all of their provisions into national law and repealing or modifying national legislation and/or regulations that impede migrants to fully exercise their human and labour rights. This may require careful review of national legislation and concerted advocacy to *mind the gaps*.

D. Engage in direct support and advocacy activity to implement international standards and relevant national legislation 'on the ground.'

Organize practical actions along with policy advocacy to provide rights protection including through legal assistance, counselling, *know your rights* training in both “pre-departure” and host country settings, support for migrant worker grievance claim procedures, support in legal proceedings, etc. Also support migrant access to services, including health care.

E. Provide for effective enforcement.

⁵ Of particular relevance are the Equality of Treatment (Accident Compensation) Convention, 1925 (No. 19); Labour Inspection Convention, 1947 (No. 81); Labour Clauses (Public Contracts) Convention, 1949 (No. 94); Protection of Wages Convention, 1949 (No. 95); Social Security (Minimum Standards) Convention, 1952 (No. 102); Plantations Convention, 1958 (No. 110); Equality of Treatment (Social Security) Convention, 1962 (No. 118); Employment Policy Convention, 1964 (No. 122); Labour Inspection (Agriculture) Convention, 1969 (No. 129); Minimum Wage Fixing Convention, 1970 (No. 131); Nursing Personnel Convention, 1977 (No. 149); Occupational Safety and Health Convention, 1981 (No. 155); Maintenance of Social Security Rights Convention, 1982 (No. 157); Occupational Health Services Convention, 1985 (No. 161); Safety and Health in Construction Convention, 1988 (No. 167); Working Conditions (Hotels and Restaurants) Convention, 1991 (No. 172); Safety and Health in Mines Convention, 1995 (No. 176); Maternity Protection Convention, 2000 (No. 183); and Safety and Health in Agriculture Convention, 2001 (No. 184), as well as other conventions.

Provide for effective application and enforcement of national laws and regulations in accordance with international human rights and labour standards and applicable regional instruments. Provide training on application of human and labour rights law to migrants and refugees for personnel engaged in law enforcement, immigration, the judiciary, and labour inspection as well as policy makers and other government officials concerned. In particular, ensure that labour inspection and OSH supervision effectively reaches migrant workers (see section 2.5 below).

F. Mainstream gender.

Gender equality should be mainstreamed into national legislation and the active participation of all migrants – men, women and transgender individuals, regardless of sexual orientation – should be encouraged in all spheres. Focus should be on specific challenges, needs, and vulnerabilities of female migrant workers and female members of migrant workers' families including by taking action to prevent, respond to and prohibit sexual harassment in workplaces and prevent sexual exploitation.

G. Guarantee freedom of association.

Governments at all levels, employers, trade unions and other stakeholders should guarantee that migrant workers enjoy freedom of association by supporting the formation of workers' associations by migrant workers and their inclusion in existing trade union organizations.⁶ Provide support for the self-organization and participation by migrants and refugees in employers/entrepreneurs organizations, community associations, cultural groups, sports clubs, youth and women's associations, and other civil society organizations..

H. Focus on children and youth.

Protect migrant children and young persons including through attention to ensuring their access to social protection, health care, schooling and vocational/professional training, proper nutrition and decent living conditions. Ensure that all policies and practices implement the universal principle of the 'best interests of the child.' Combating child labour and child trafficking should be a particular focus from a legislative, policy and enforcement standpoint, in accordance with the ILO Declaration on Fundamental Principles and Rights at Work, 1998, the Minimum Age Convention, 1973, and Recommendation, 1973, and the Worst Forms of Child Labour Convention, 1999, and Recommendation, 1999. States should also take measures to protect migrant children from sexual exploitation and abuse.

I. Reinforce the mandate and capacity of the standards-based UN system organisations.

Reinforce the attention and abilities of UN system organisations to promote the ratification, application and supervision of the international human rights conventions including the International Convention on the Rights of All Migrant Workers and Members of Their Families, international labour standards and other instruments under their respective jurisdictions, and to work with other international organizations and member states to implement the standards. In so doing, enhance their abilities to support enabling legal-policy environments at national level for the protection of rights and improvement of living and working conditions for migrant and mobile populations.

2. Migration Governance: Ensuring Regulated Migration, Integration, and Social Cohesion

Experience worldwide shows that an explicit, coherent and comprehensive national migration policy framework is essential for effective governance of migration that ensures appropriate regulation of migration, integration of migrants in labour markets and communities, and maintains social cohesion. The ILO *Multilateral Framework on Labour Migration: Non-binding principles and guidelines for a rights-based approach to labour migration* (ILO, 2005) provides particularly relevant, experience-based guidance for comprehensive policy and administration on migration.

⁶ Especially relevant conventions are ILO Fundamental Conventions No. 87 on Freedom of Association and No 98 on Collective Bargaining.

HIV-specific policies and interventions for migrant workers should be linked to national economic policies that are multi-sectoral, comprehensive, and designed to give strategic attention to employment. In countries of destination, this includes transparent regulation of migrant worker mobility, and promotion of their integration into the labour market and society.

It is not enough for laws and guidelines to exist; intending migrants require access to information and services designed to prepare them for migration and to empower them to avoid or overcome exploitation, thereby making migration fairer and safer. When migration is a fair, safe and rights-respecting process, HIV vulnerability is reduced. Furthermore, supporting the integration of migrants into the workforce as well as into the communities in which they reside elevates the level of social cohesion within society as a whole. This too contributes to a reduction in overall health risks, including risks of exposure to HIV.

Key Actions:

A. Create comprehensive “whole of government” national legal and policy frameworks.

Formulate and implement coherent, comprehensive, transparent national and regional legal regimes and policy frameworks to effectively govern migration; ensuring coherence between migration, health, social protection, employment, education, public safety, security and other policies across government –recognizing that most ministries and departments address migration/migrant related concerns. Ensure that these policy frameworks are based on and comply with international human rights and labour standards and other relevant international instruments and agreements. Organize broad stakeholder consultation in elaborating frameworks, including all relevant ministries and departments across government and include representative social partner, civil society and migrant-refugee community consultative participation in elaboration and implementation.

B. Increase legal migration channels.

Expand avenues for regular migration, taking into account labour market needs at all skill levels, specific labour force and demographic trends, and family considerations, as well as concerns of recruitment, transit, reception, legal and social protection and integration, and for return and reintegration where relevant. Thus entails enhancing international dialogue and cooperation towards bilateral and multilateral migration arrangements.

C. Implement Free Movement Regimes.

Advocate and support full implementation of regional free movement accords where they exist or are being elaborated. Ensure their application of equality of treatment, respect for human and labour rights and full access to and portability of social protection.

D. Combat trafficking in persons and forced labour.

Governments should formulate and implement measures to prevent trafficking in persons and forced labour while ensuring protection for victims.

E. Facilitate informed and fair migration. In both origin and destination countries, provide men and women migrant workers with guidance, including pre-departure and post arrival training and orientation programmes, through all stages of migration, including planning and preparing for migration, transit, arrival and integration, and, where relevant, eventual return and reintegration. In both countries of origin and destination, migrants should have access to gender-responsive guidance that helps them plan and prepare for all stages of migration.

F. Adopt ethical recruitment policies.

Design and implement measures to enable public health systems in both origin and destination countries to train and retain health workers as well as to reduce depletion of health work force in developing countries by recruitment and emigration abroad. Promote improved working

conditions, respect for OSH, adequate remuneration,⁷ and HIV-specific education and training for health workers. Advocate for international development assistance support to enhanced training opportunities and employment conditions to retain health work forces in concerned countries.

G. Regulate recruitment and placement.

All entities that recruit and place migrant workers should be licensed and supervised in accordance with the ILO Private Employment Agencies Convention, 1997 (No. 181), and its Recommendation (No. 188), the ILO Forced Labour Convention (No. 29), the 2014 Protocol to C-29, and its accompanying Recommendation (No. 203), and the ILO Fair Recruitment Initiative

H. Prevent xenophobia and discrimination.

Strengthen and enforce anti-discrimination legislation in accord with international standards –in particular ILO Convention 111 on Discrimination in Employment and Occupation, 1958, and the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). Promote inclusion of nationality as prohibited grounds of discrimination in national law. Strengthen monitoring institutions as well as public education against racism and xenophobia. Engage legal prosecution of hate speech, as well as acts of racial and xenophobic violence. Incorporate anti-discrimination and anti-xenophobic discourse and measures in all programmatic and practical activities.

I. Recognize the contributions of migration to employment, economic growth, development and alleviation of poverty for both origin and destination countries.

Enhance research and documentation of relevant roles and contributions of migrants and migration; *change the narratives*; advocate for and support accurate, evidence-based media reporting and public education.

J. Prioritize collection and application of data and knowledge

Advocate for and contribute to collection, analysis, dissemination and utilization of sex and age disaggregated data across relevant migration, employment, education, health, social protection and other indicators. Contribute to developing a global knowledge base on migration, health, and HIV and AIDS.

3. Ensuring Access to Social Protection

Adequate access to social protection, especially to affordable and accessible health care, is key to addressing the risk of HIV and AIDS for migrants. It is also necessary to enhance national and international responses. States should adopt measures to ensure that all migrant workers and their families benefit from social protection regimes. Key areas should include access to health care services for all migrants, as well as access to fair employment, with special attention to the needs of migrant women, such as maternity care and protection for domestic workers.

ILO Convention No. 102 on Social Security, Convention No 118 and the ILO Social Protection Floors Recommendation, 2012 (No. 202) provide the normative foundations and specific legal provisions regarding scope and nature of social protection, international access to and portability of coverage and benefits, and a universal social protection floor ensuring at least minimum coverage for all.

Key Actions:

A. Establish social protection guarantees. Advocate for establishment of basic social security guarantees through national law, available to all, including migrant workers and their families. Insist that these guarantees ensure, at a minimum, that all in need

⁷ UN (Treaty Body) Committee on Economic, Social and Cultural Rights -CESCR, General Comment No. 14 (2000): *The right to the highest attainable standard of health* (article 12 of the International Covenant on Economic, Social and Cultural Rights), Paragraph 12.

including migrant workers and their family members have access over the life cycle to essential health care and to basic social security, which together secure effective access to goods and services defined as necessary at the national level.⁸ Ensure that legislation does not contain discriminatory provisions that could impair access by migrants to equal social protection in accord with international standards.

- B. Ensure appropriate scope of protection.** Advocate and promote migrant access to a nationally defined set of social protection care and services that comprises equal access to preventative, curative and palliative health care for all migrant workers and their family members, including emergency medical care, HIV prevention and treatment, maternity care, and reproductive health and care, with special attention to the needs of women and girls. Ensure that migrant access meets the criteria of availability, accessibility, acceptability, and quality.⁹
- C. Incorporate specific references to migrants.** Insist that national labour legislation and social security laws and regulations cover all male and female migrant workers, including domestic workers and other groups at risk of exclusion from minimum social protection. Particular attention should be paid to the areas of employment, maternity protection, access to health care and services, wages, and occupational safety and health and other conditions of work, in accordance with relevant international law and ILO instruments¹⁰.
- D. Adopt employment protection measures.** Advocate and support adoption of measures ensuring that migrant workers enjoy equal treatment with nationals regarding employment and for training opportunities after a reasonable period of employment, and that, in the event of loss of employment, they are allowed sufficient time to find other work in accordance with ILO Conventions No. 143 and its Recommendation No. 151. In particular, these guarantees are essential so that migrant workers and family members have adequate financial means to access HIV prevention, treatment and care services in case of need.
- E. Disseminate relevant information.** Ensure that information is made available to enable migrants to access social protection including ways and modalities to access health care and the other eight benefits of social security protection defined in ILO Convention No. 102.

4. Developing and Improving Public Health Policy, Services and Outreach

Migrant workers and their family members rarely have the same entitlements or access to health care as nationals, often even less to the insurance schemes that make health care expenses affordable. Migrants in irregular situations and those in temporary status and or in precarious work face dramatic constraints to accessing health care and services. Migrant workers in rural areas, in mining sites and other geographically isolated locations distant from urban centres often have little access to health services. Culturally and linguistically appropriate health services as well as HIV prevention, treatment, care and support programmes are also scarce in many countries.

In contrast, rights-based public health policies not only comport with States' obligations under international human rights instruments, most importantly they effectively support good health outcomes for the entire population in countries of destination.

⁸ ILO, *Social Protection Floors Recommendation, 2012* (No. 202), adopted 14 June 2012, Para 4.

⁹ *Idem.* Para 5 (a).

¹⁰ ILO Multilateral Framework on Labour Migration (Geneva: International Labour Organization, 2006), Para 9.8.

States should ensure the right to the highest attainable standard of health of every person through public health policy, services and outreach, which guarantees availability, accessibility, acceptability and quality of public health and health-care facilities, goods and services, and programmes, for effective prevention, care, and treatment of HIV, including for all migrants and their families.¹¹ Special attention needs to be paid to the development of sexual and reproductive health services, including access to family planning, pre- and post-natal care, and access to information related to sexual and reproductive health.

Key Actions:

- A. Promote the right to health.** Promote and advocate adoption and implementation of relevant international standards on the protection of migrants and the right to health and health related rights in national law and practice; support and contribute to development and implementation of national health policies that incorporate a public health approach to the health of migrants; and promote equal access to health services for migrants, regardless of their migration status.
- B. Ensure health policy and practice is inclusive of all.** Advocate and support universal coverage. Promote establishment of Social Protection Floors for all, with explicit inclusion of all migrants and refugees. Engage specific inclusion and outreach measures to reach and incorporate migrants, refugees, IDPs, and returnees in health coverage.
- C. Expand health care to the underserved.** Promote and support provision of health facilities in areas with little availability of health services with a comprehensive approach to service delivery. Advocate for a comprehensive public health approach including needs of migrant populations in assessing and addressing needs for adequate infrastructure of hospitals, clinics and other health-related buildings and equipment; trained medical and professional personnel who receive domestically competitive salaries; and accessing essential drugs including ARV drugs for persons living with HIV.
- D. Focus on sexual and reproductive health.** Promote the important role of sexual and reproductive health of all men and women migrant workers in public education and health services. Advocate for full access by migrants and refugees to family planning, pre- and post-natal care, access to prevention of mother-to-child HIV transmission and distribution of condoms.
- E. Ensure affordability and accessibility.** Ensure that health facilities, goods and services are affordable for all, including migrant workers and their families. Advocate for payment for health care services and services related to underlying determinants of health based on the principle of equity. Insist that key elements include affordable health insurance and health services for migrant households with low income. Establish or reinforce legislation and measures that ensure health care and services are accessible to all, including migrants with HIV, without discrimination based on gender, nationality, race, colour, sexual orientation, migratory status, and other grounds.
- F. Identify determinants of health of migrants and implement monitoring and evaluation mechanisms.** Identify the social, economic, environmental, physical, etc determinants of health of migrants and refugees. Ensure that migrant health, migrants' health-seeking behaviours, and their utilization of health services is monitored, including by including indicators on health status and outcomes specifically for migrants in national and local health data collection and surveys. Monitor the implementation of relevant national legislation, policies and regulations to gauge their effectiveness and to recommend remedial action as needed.

¹¹ UN Committee on Economic, Social and Cultural Rights, General Comment No. 14 (2000): The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), Para. 12.

- G. Engage in international cooperation.** Contribute to and engage in sharing resources, expertise, information and experiences through international exchanges, cooperation, and assistance programmes concerning migration, health and or HIV. Promote and facilitate continuity of health care of migrants between countries of origin and destination., and for those moving on or resettling to another country. In particular focus on working in cooperation with high HIV prevalence countries to assist in the development of health policy, services, and outreach programmes for prevention, treatment, care and support related to HIV.¹²

5. Supporting Decent Work Conditions and Occupational Safety and Health

The working environment should be safe and healthy for migrant workers. Measures domesticating and implementing relevant ILO Conventions need to be adopted to ensure that all migrant workers benefit from decent work conditions as well as occupational safety and health (OSH) protection in law and practice.¹³ Specific measures are needed to address the specific risks in certain occupations and sectors, particularly agriculture, construction, mines, hospitality, and domestic work.¹⁴ Such measures should ensure equality of treatment and protection for all workers and incorporate gender perspectives that address the specific risks faced by women, including in relation to HIV and AIDS.

Workplaces are also a primary point of entry for reaching people, particularly migrant workers, to provide information on HIV and AIDS, to facilitate HIV prevention, and to link to care and treatment services.

Key Actions:

- A. Establish effective OSH policies and programmes.** Advocate and support adoption and or enhancement of national policies and programmes to promote occupational safety and health and implement OSH standards to migrant workers, including with a specific focus on HIV and AIDS. Participation by employers and workers, members of the health sector, and organizations representing people living with HIV (PLHIV) and migrants” associations should be included in the development of policies and programmes.
- B. Ensure decent work and OSH mechanisms are comprehensive.** Promote effective implementation and supervision measures engaging governments, employers and worker organizations to ensure that decent work conditions as well as prevention, safety and health are provided for in accordance with relevant international labour standards. and international legal instruments Ensure that safety and health measures to prevent migrant workers’ exposure to HIV at work include universal precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, personal protective equipment, as appropriate, environmental control measures and post-exposure prophylaxis and other safety measures to minimize the risk

12 See International Labour Organization, *Recommendation Concerning HIV and AIDS and the World of Work*, 2010 (No. 200), Para. 49

13 Particularly relevant conventions include the ILO Occupational Safety and Health Convention, (No. 155) 1981, and Recommendation 164, 1981, the Occupational Health Services Convention, 1985 (No. 161); the ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), and Recommendation 197, 2006.

14 Relevant conventions include: Nursing Personnel Convention, 1977 (No. 149); Safety and Health in Construction Convention, 1988 (No. 167); Working Conditions (Hotels and Restaurants) Convention, 1991 (No. 172); Safety and Health in Mines Convention, 1995 (No. 176); and Safety and Health in Agriculture Convention, 2001 (No. 184) as well as the recent Decent Work for Domestic Workers Convention, 2013 (No. 189).

of contracting HIV and tuberculosis, especially in occupations most at risk, including in the health-care sector.

- C. Extend labour inspection to workplaces where migrants employed.** Advocate and support adequate and effective labour inspection and OSH supervision at workplaces and sectors where migrants are employed, including informal sectors. Advocate for appropriate training of labour and OSH inspectors to address the specificities of migrant/foreign worker employment, their rights, and related working and living conditions issues.
- D. Address HIV in the workplace.** Ensure that all workers including migrant/foreign workers receive education and training on modes of HIV transmission and measures to prevent exposure and infection, as well as be encouraged to seek voluntary and confidential counselling and testing for HIV. HIV should also be addressed through occupational health services and other relevant workplace mechanisms related to OSH.
- E. Disseminate Information widely about HIV and health at work.** Promote and contribute to dissemination of information on HIV, health and OSH policies and programmes as widely as possible to reach workers, employers and the public. Ensure that information circulated addresses misconceptions about HIV and AIDS, health wellbeing and practices, and correct information about occupational exposure.
- F. Provide training for labour inspectors, OSH personnel, and public health monitors.** Establish or strengthen existing training for personnel engaged in labour inspection, occupation safety and health (OSH) and public health monitoring to recognized and address the specific circumstances and issues of migrant workers and family members. Ensure that such training deals with: differential risks of discrimination; the particularities of application of labour standards to migrant and mobile workers; and related factors such as housing conditions, access to appropriate food, and availability of health care in situations of isolated working-living sites in agriculture, construction, mining, etc. and/or employer-provided housing.

6. Developing Law and Policy to Ensure Global Standards on HIV Apply to All Migrants

In national policy making, Member States need to adopt law and policy to attain existing global standards and amend existing legislation to ensure they are in accordance with existing standards. This includes elimination of mandatory HIV testing for entry and stay at the workplace, and elimination of travel restrictions based on HIV status.

Key Actions:

- A. Develop legislation and policy in an inclusive manner.** Advocate and support revision or amendment of national legislation that does not comport with international standards on HIV and AIDS. Propose and establish explicit public health and workplace policy on HIV and AIDS and ensure that it appropriately and inclusively addresses all migrants, refugees, IDPs and returnees. Representative organizations of employers and workers, civil society groups as well as organizations representing PLHIV should engage with national parliaments and executive branches of government in developing national legislation, policies and programmes.
- B. Create implementing mechanisms.** Ensure that migrants are explicitly protected in HIV legislation and develop Codes of Practice that complement national legislation, where they do not exist, taking into account the ILO Code of Practice on HIV/AIDS of 2001, the ILO HIV and AIDS Recommendation, 2010 (No. 200), and the International Guidelines on HIV/AIDS and Human Rights.

- C. Training on HIV standards.** Call for judges, law enforcement authorities, public officials and advocates as well as migrants and refugees to receive training to enhance their understanding of HIV and AIDS and of international, regional and national standards that safeguard the rights of migrants living with HIV, as well as on methods to prevent discrimination against PLHIV and migrant workers.
- D. End Mandatory Testing for HIV.** Demand prohibition of mandatory testing, ensuring that no individual, including any migrants, is forced to undergo HIV testing against his or her will. Advocate that mandatory HIV testing be phased out on the basis of human rights instruments and other international law, including repealing laws and regulations that establish mandatory HIV screening of migrants.¹⁵
- E. End travel restrictions.** Demand lifting of restrictions on international travel, cross border movement and on residency based on migrants' HIV status and call for derogation of legislation permitting coercive measures such as isolation, detention and quarantine on the basis of HIV status. Advocate for bilateral and multilateral agreements between origin, transit and destination countries remove HIV-related travel, entry and residence restrictions.
- F. Address the specific needs of migrant children.** Ensure that the specific needs of children and young persons including all migrant and refugee youth are included in national responses to HIV and AIDS. Urge, among other measures, their inclusion in age appropriate sexual and reproductive health education. Advocate for adequate health care and welfare support as well as specific HIV and AIDS prevention for children and youth whose parent or parents are migrants abroad. Also ensure that measures are taken to prevent child labour and trafficking of children that may arise from death or illness of family members or caregivers due to AIDS.
- G. Include HIV information in related programming.** All stakeholders in migration issues should support the incorporation of HIV-related issues into programmes during pre-departure, post-arrival, return and reintegration processes and other programmes and activities implemented among migrant communities and organizations.
- H. Ensure that HIV-related illness is treated equitably.** Policymakers and employers should ensure that migrant workers who are temporarily absent from work because of illness related to HIV or AIDS are treated in the same way as workers who are absent for other health reasons, and that migrant workers with HIV-related illnesses are not prevented from continuing to carry out their work for as long as they are medically fit to do so.

15 See IOM Position Paper on HIV and AIDS and Migration (2009).

7. Ensuring Migrant Access to Health Prevention, Treatment, Care and Support particularly on HIV & AIDS

UNAIDS and its partner agencies are expected to support national governments and other actors in providing for appropriate HIV-related services and support in the context of mobility, including HIV and STI information, provision of condoms and voluntary, confidential testing.¹⁶ Adequate treatment, including provision of access to ARVs, should be included in the general framework of national and local public health policies.

In order to maintain healthy populations, ensure productive participation in work and society and to reduce transmission risks of HIV and other communicable diseases, health services tailored to migrants need to be accessible at all stages of migration – prior to departure, on arrival, during stay, settlement and integration, and upon return and reintegration for those returning to origin countries. They are therefore needed in countries of origin, transit and destination. Governments and other stakeholder actors may have to take additional, targeted measures for particular groups in society, among them migrant workers, refugees and asylum seekers, so that they can enjoy equal access to prevention services, care and treatment of HIV. National obligations to ensure access for all to medical services include ensuring that no one is refused healthcare on the basis of HIV positive status.

Policies need to address the root causes of HIV risks for migrants among other populations at risk, including poverty, gender inequality, lack of employment options, lack of education, cultural and language barriers, as well as human rights violations affecting migrants in both regular and irregular status. Strategies should pay particular attention to obstacles to accessing health care, such as isolated living and working conditions. Gender, psychological disruption, and the nature of mobile work should also be taken into account. Failure to tailor services to the needs and circumstances of migrants may lead to incorrect diagnoses, inappropriate treatment and poor compliance on the part of patients.

Key Actions:

- A. Make health care services accessible to all migrants.** Ensure that national laws and regulations recognize the rights to health and health related rights of migrants –and refugees—and do not create barriers for them to access health and HIV-related services. Monitor legislation, regulations, and policies and programmes to ensure the physical accessibility of services for migrants. This includes ensuring that health services and facilities, and access to them, take account of specific needs and situations of women and girl migrants as well as language and cultural barriers. It also requires ensuring health facilities are equitably dispersed among urban spaces and easily available to all neighbourhoods, especially the most marginalized ones where migrants tend to be concentrated. Take account of need for longer night-time and weekend opening hours, as migrants are often working in two or more jobs to survive and consequently cannot use such services during the daytime. Ensure that health services and access to them take account of specific needs and situations of women and girl migrants as well as language and cultural barriers.
- B. Engage migrants and the public to counter discrimination and stigma.** Advocate and support implementation of culturally sensitive information and education programmes to overcome discrimination, and particularly stigma regarding HIV and AIDS, both within migrant communities and for the general public. Ensure that these efforts –the may include campaigns—are designed to dispel misconceptions and to counter discrimination and social exclusion of migrants as well as PLHIV among migrant populations.

¹⁶ UN General Assembly. Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, A/RES/65/277, 2011.
<http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids>

Mechanisms for providing protection from HIV-related stigma, especially for key vulnerable populations, should also be put in place.

- C. Address the needs of specific groups**, including refugees, undocumented migrants, internally displaced persons, returnees and internal migrants. Identify specific populations of concern and establish specific outreach policy and action. Advocate and facilitate cooperation among public health authorities and institutions and civil society and migrant organizations to engage in proactive outreach, which may require mapping locations where mobile populations transit, congregate or settle, meaning places where they work, trade, and seek services. Subsequent to mapping, promote and support establishing appropriate health and HIV education, diagnosis and treatment services accessible to those places.
- D. Provide appropriate health care and related services.** Establish or strengthen direct health care services including prevention, information-education, testing and treatment as well as professional training. Conduct assessment review to identify needs and availability of services. Advocate for adequate public health finances to support health care services for all. Facilitate cooperation among different actors, particularly public health institutions, private actors, non-governmental/civil society organizations, migrant/refugee communities and international partners. Organize and provide training for health care personnel and other practitioners including specifically on HIV and AIDS prevention and treatment as well as on eliminating discrimination.
- E. Promote use of available services.** Ensure that information about available services reaches migrants and members of their families directly, to increase the likelihood that they will take advantage of available services. Ensure that information about human and labour rights, about migrants' responsibilities, and about the mechanisms for protecting and enforcing rights is made available. Ensure that contact information is provided to migrants regarding social service, civil society and migrant organizations offering support, solidarity and participation.
- F. Focus on family members remaining "at home".** Call for and engage in providing relevant information on health, including HIV prevention to family members who remain "at home" in homelands when migrants move elsewhere, whether internally in their country of residence or across borders to other countries.
- G. Ensure financial means for health services for migrants.** Advocate and support adequate funding means and streams to guarantee migrant workers have the same economic access as nationals to health services including HIV prevention, treatment, care and support programmes. Call for migrant access to affordable health insurance or other inclusive health care coverage. Identify gaps and engage non-governmental, civil society and private actors in advocacy and action on health for all migrants.

8. Specific Actions for Refugees and Asylum-Seekers and for Internally Displaced Persons (IDPs) on HIV & AIDS

The 2001 United Nations General Assembly Declaration of Commitment on HIV and AIDS recognizes that “populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees and Internally Displaced Persons, in particular women and children, are at a higher level of risk of exposure to HIV infection” and that there is a need to “implement national strategies that incorporate HIV and AIDS awareness, prevention, care and treatment elements into programmes or action that respond to emergency situations...”¹⁷

The overlapping issues faced by refugees, asylum seekers and internally displaced persons (IDPs) are key concerns within the bigger picture of human migration. Specific, targeted approaches are needed for refugees and asylum seekers, and for internally displaced persons. In some cases, this requires regional as well as national approaches while some situations may require combined interventions.

IDPs should be able to enjoy the same HIV prevention, treatment, care and support services as any other citizen in their country. Policies and programmes need to safeguard refugees' and asylum seekers' rights as well as their well-being, whether they opt to seek asylum on refugee grounds, find refuge in another State, return home voluntarily, integrate locally, or resettle in a third country.

During the emergency phase of a disaster as well as in warfare, there is often considerable disruption to available health services, including the ability to ensure continued access to ARV therapy. Providing HIV services to IDPs and others affected by humanitarian crisis is a significantly difficult undertaking, due to the damage inflicted to health and community structures in situations of conflict or natural disaster.

Similarly, arrivals of large numbers of refugees into countries of safe haven –often those neighbouring countries in conflict—can overwhelm health care and other services. In many situations, refugees arrive directly from warfare and generalized violence with physical and psychological trauma, as well as loss of family members and total disruption of their lives, rendering urgent need for immediate medical and psychosocial attention. Multi-sectoral health interventions including HIV and AIDS components should be implemented as early as possible, and then followed by an expanded package of prevention, treatment, care and support that is tailored according to the health needs and epidemiological context.

Key Actions for all Refugees, Asylum Seekers and IDPs:

A. Ensure integration of HIV policies. Promote mainstreaming of health and HIV policies into conflict-prevention activities, peacekeeping operations, disaster preparedness and contingency plans, humanitarian responses to crises and post-conflict and post-disaster reconstruction planning and implementation.

B. Integrate HIV into assessments. Demand that assessments or other data collection efforts conducted among IDPs, refugees and asylum seekers in such contexts as health, security, nutrition, or education contain an HIV component.

C. Educate young people about HIV. Ensure that IDP and refugee children and young people have HIV information included as part of the education curriculum they receive.

¹⁷ United Nations General Assembly Special Session on HIV/AIDS, Declaration of Commitment on HIV/AIDS, New York: United Nations, 25-27 June 2001, paragraph 75.

D. Make planning participatory. Insist that IDPs, refugees and asylum seekers be included in the processes of developing, implementing and evaluating policies and programmes that affect them.

E. Address gender-based violence. Ensure that gender concerns are integrated into all health programmes and services for IDPs, including those addressing HIV and AIDS. In particular, insist that gender-based violence, its prevention and specific psycho-medical support for victims are recognized and addressed.

For Refugees and Asylum Seekers

F. Provide information, health assessment and urgent care on arrival. Advocate for and support immediate health assessment and emergency care on arrival. Insist that refugees and asylum-seekers be given immediately information on how to access health care services, including HIV prevention and treatment services.

G. Mobilize international support for health care in highly impacted places. Facilitate international cooperation and support to provide means and capacity for health services commensurate with need in localities and countries facing large scale arrivals and/or large refugee populations..

H. Include HIV within the wider set of services. Promote inclusion of HIV information and services as part of a wider set of health care services for refugees and asylum seekers, including prevention of mother-to-child transmission, paediatric treatment and care, reproductive health, and psychological support for post-traumatic situations.

I. Continue ongoing services for refugees. Promote ongoing availability of and access to health care services for refugees and asylum seekers, whether they remain in a country of first asylum, find refuge in another country, resettle in a third country or return home voluntarily. Ensure that voluntary testing, counselling, and medical care specific to HIV and AIDS remain fundamental components of ongoing health care for refugees, as well as in the event of return or resettlement.

J. Make HIV services accessible. Advocate for locating recognizable facilities that provide HIV care and family planning services in areas that are accessible to refugees, and have the capacity to respond to individuals who have suffered trauma.

For Internally Displaced Persons (IDPs)

K. Incorporate IDPs into national plans and programmes. Include IDPs in national health plans and national public health services. Insist that national HIV policies and strategic plans include guarantees that IDPS have equal access to HIV services at the same level as other nationals.

L. Link IDPs with relevant services. Advocate, support and facilitate establishment of adequately supported mechanisms to link IDPs to health care and specifically HIV services to ensure access to treatment and continuity of care. Services should include prevention, counselling and testing, treatment and care, and should be based where IDPs may be located or may be compelled to move to.

9. *Specific Targeted Approaches for Mobile Workers*

Factors associated with HIV vulnerability may be accentuated for certain categories of mobile migrant workers due to the nature of work and mobility. For instance, transportation workers, such as long distance truck drivers or seafarers, who spend extended periods of time away from home, family and community may have both easier access to commercial sex and concurrent multiple partners as well as diminished access to prevention and treatment services.

The situations and conditions of mobile migrant workers and their family members require first of all recognition that they give rise to particular health service challenges and particular risks regarding HIV and AIDS. While situations vary across different contexts, in most countries some or many mobile workers are engaged in transport, commerce, agriculture, construction, and informal cross-border trade sectors, among others. Specific public health approaches are needed, particularly to integrate them in national HIV and AIDS multi-sectoral strategic policies and plans and to encourage partnerships with existing institutions and stakeholders.

Key Actions:

- A. Generate more data on mobile workers.** Improve and enhance collection, analysis and dissemination of relevant, reliable disaggregated data on the different groups of mobile migrant workers, to best tailor health as well as HIV prevention and treatment programs toward their specific situations and needs.
- B. Integrate mobile workers into HIV and AIDS planning and programmes.** Advocate for and contribute to integration of mobile workers in transport, agriculture, construction and informal cross-border trade into national HIV and AIDS multi-sectoral strategic plans.
- C. Collaborate with other stakeholders.** Build and participate in partnerships among existing institutions, organisations and coalitions among all relevant stakeholders, most notably mobile workers themselves, to advance legislation, policies and practices addressing health and HIV prevention and services for mobile workers and their families.
- D. Provide HIV information and care in an accessible manner.** Ensure that information on HIV and HIV health care services is made available to mobile workers in the places where they are employed. This is particularly relevant in the transport sector. Advocate for and support an interconnected network of health service access points located where significant numbers of mobile workers congregate, which may be distinct places in different sectors.
- E. Improve working conditions for mobile workers.** Promote efforts to improve the working conditions of mobile workers, for example by developing recommendations and regulations calling for required rest breaks and maximum working time, as well as by establishing or improving facilities for rest at work-sites or on travel circuits.

10. Segments of Migrant Populations at Particular Risk

Particular measures are needed to ensure rights protection, access to health care and to HIV prevention and treatment for certain migrants and segments of migrant populations facing greater risks of exclusion, denial of services, and violations of human and labour rights as well as of exposure to HIV. Among these groups are migrant sex workers, migrants and refugees identified or identifying as LGBTI—lesbian, gay, bisexual, transgender or inter-sex, and victims of trafficking and or forced labour.

Sex workers, LGBTI persons, victims of trafficking and persons in forced labour are especially at risk of health pathologies including HIV and AIDS and to absence of access to health care and treatment because they are marginalised, stigmatised, in some situations criminalized, and often excluded from legal protection and from existing health services, all the more so when they are migrants or refugees. Ensuring that information reaches them and that they have full access to health and HIV services and treatment is essential for upholding public health as well as for realization of all individuals health-related rights. Recognizing the existence and the rights of persons in these groups at risk is primordial to reducing the health and HIV risks they face and to ensuring their access to health care and services.

Services provided to persons among these population segments at particular risk –whether sex workers, LGBTI persons, victims of trafficking and/or of forced labour should promote the involvement of persons concerned in the delivery processes, in particular in their design and implementation as well as through peer education. Such an approach is pertinent for services aiming to ensure universal access of persons concerned to STI and HIV prevention, including information, education, condom delivery, voluntary counselling and testing, as well as antiretroviral treatment, care and support services. Particular actions to address and eliminate discrimination against HIV-positive persons among sex workers, LGBTI persons, trafficked persons and victims of forced labour who are migrants and refugees are also needed.

Key Actions:

Sex Workers

- A. Repeal laws criminalizing sex work.** Call for repeal of laws criminalizing sex work by male, female or transgender individuals. Demand that crimes committed against sex workers be fully prosecuted.
- B. Enact specific legal protections for sex workers.** Promote enactment of anti-discrimination and/or other rights-protection legislation to protect sex workers from discrimination and violence. Urge specific training for law enforcement officials and health care providers to guard against stigma and discrimination in their interactions with sex workers.
- C. Support sex workers empowerment.** Actively reach out to sex workers and ensure they receive information on healthcare, particularly HIV prevention, voluntary testing, counselling and treatment. Support them to become agents of education and collective self-empowerment within their own communities, by engaging them in dialogue and involving them in information dissemination campaigns and other measures to bolster the effectiveness of health enhancing as well as HIV prevention measures.
- D. Elevate access to information and services.** Promote and enable free education on HIV prevention to sex workers as well as provision of information on how and where they can access medical and counselling services.

LGBTI migrants, refugees

- A. Ensure access to information and services.** Promote and enable availability of health information and services, including especially HIV prevention, counselling and treatment, to all including LGBTI persons.
- B. Provide safe environments for healthcare and HIV services.** Ensure that access and treatment of all persons in medical and counselling services are free of discrimination, stigma or hostility for any reason, including on basis of sexual orientation.
- C. Include protections regarding sexual orientation in anti-discrimination legislation.** Promote enactment of anti-discrimination legislation that protects persons from discrimination and violence regardless of sexual identity or orientation.
- D. Provide training for public officials and health personnel.** Urge that specific training on human rights protections, non-discrimination, accessing health services, and HIV and AIDS concerns be provided to public authorities, concerned civil servants, law enforcement personnel and health care providers regarding public policy and in interactions with LGBTI persons as well as other persons and groups at particular risk.

Trafficked persons and victims of forced labour

- A. Ensure victims of trafficking are not criminalized.** Call for repeal of laws that criminalize victims of trafficking and of punishment of victims for any offences or activities related to trafficking, such as prostitution or immigration violations.
- B. Incorporate HIV into anti-trafficking initiatives.** Ensure that HIV information is incorporated into programmes and strategic plans designed to combat trafficking in persons.
- C. Prevent deportation or return where there is risk.** Demand that victims of trafficking never be deported or returned where there is a risk that they or their family members would be harmed.
- D. Ensure that risks for returnees are recognized.** Advocate that voluntarily returned victims of trafficking or forced labour survivors should be recognized as key vulnerable populations at risk and provided with health care and HIV services in their country of origin.
- E. Provide long-term support and security to survivors.** Advocate for and ensure provision of support services, psychological support and long-term security, as well as health care and counselling including voluntary testing for HIV and any necessary treatment for victims of trafficking and/or forced labour. Involve victims of trafficking or forced labour in training and peer support activities that challenge stigma. These activities should incorporate issues related to HIV and AIDS, as well as the crimes of trafficking and forced labour themselves.
- F. Train health officials.** Provide training to health professionals so they can identify and assist victims of trafficking or forced labour, given that they may be the only professionals to encounter victims in captive situations.

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The ILO book provides extensive perspective on the rights based approach; the relevant international legal conventions, standards, and policy frameworks; risks and incidence of HIV and AIDS; interfaces with health, migration, development, employment, decent work, social protection and other fields; examples of effective practice actions and programs in all regions; and more. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_605763.pdf