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RECOMMENDATIONS FOR GOVERNMENTS CONCERNING THE CARE OF REFUGEES AND MIGRANTS LIVING WITH HIV IN THE CONTEXT OF THE COVID-19 PANDEMIC

This document is based on the recommendations made by the *Regional Platform Health Group for Interagency Coordination for refugees and migrants from Venezuela response*, in the context of the COVID-19 pandemic.

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REGIONAL CONTEXT

- The flow of migrants and refugees from Venezuela constitutes the largest mobilization of people in the history of Latin America. By March 2020, more than 4.9 million Venezuelans have left their country and from these, more than 4.1 million have been mobilized to countries in Latin America and the Caribbean. The motives for this mobilization are diverse, but those related to health care issues stand out, among which is the condition of living with HIV/AIDS. In the situation of demand for medical care that COVID-19 has generated, it is much more difficult to receive attention for people who are not included in the health systems of countries that are recipient due to the limitations that their migratory status may impose

HIV AND HUMAN MOBILITY

- In contexts of mobility, factors such as health, gender, age or disability may imply greater vulnerability and risk for certain populations, as well as affect their capabilities to respond efficiently to the solution to migration challenges and survive in a context of mobilization.

- In the health sector and specifically concerning HIV/AIDS, the availability of data is scarce and there is no connection between the epidemiological systems of the countries. This makes it impossible to know the specific situation of refugees and migrants living with HIV, especially if they belong to LGBTI communities due to the stigma and discrimination that they usually suffer in health services.
- In the case of migrants and refugees living with HIV, they may encounter physical, cultural and social limitations that prevent them from accessing health services or the support to which they are entitled, which has direct consequences on their survival because it can affect their access to antiretroviral treatment, with the consequences that this implies for their health. Many of the persons living with HIV are part of the LGBTI community and because they suffer greater stigma and discrimination, they become one of the most vulnerable groups in contexts of human mobility.

HIV AND COVID-19 IN THE CONTEXT OF HUMAN MOBILITY

- COVID-19 is a disease caused by a new strain of coronavirus, a new virus associated with the family of severe acute respiratory syndrome (SARS) viruses and some types of the common cold.
- There is still no evidence that persons living with HIV have an increased risk of contracting COVID-19 or if they will experience a worse performance of the disease if they do contract it. For this reason, it is very important that persons living with HIV take all precautions to prevent contagion, so they should be duly informed about these recommendations (such as frequent hand washing, avoiding close personal contact and avoiding crowds).
- Like the rest of the population, persons over the age of 60 who are living with HIV and who also have underlying chronic diseases such as diabetes, cancer, or heart or lung conditions may have an increased risk of getting infected and suffering from complications due to COVID-19.
- Migrants and refugees living with HIV and who do not have regular access to information, may have an increased risk of contracting COVID-19, so it is important that they know self-protection recommendations, reducing the risk factors that they can be exposed to. Therefore, they should be considered as a target population in information campaigns and use all possible means to ensure that they are informed.

- Migrants and refugees belonging to the LGBTIQ community must also be informed in a timely manner, since they may have additional barriers to access information and basic services, neglecting self-care which is key in this context.

RECOMMENDATIONS FOR GOVERNMENTS

- Evaluate scenarios for the **inclusion of all refugees and migrants living with HIV within the COVID-19 response**, guaranteeing access to public health services in an open, free of charge and non-discriminatory manner. It is especially necessary for migrants and refugees living with HIV who are not receiving antiretroviral treatment against HIV, to start receiving it immediately.
- **Include refugees and migrants living with HIV as one of the most vulnerable populations within the preparedness and response plans for the COVID-19 pandemic**, especially those over the age of 60 who are living with HIV and who also have underlying chronic diseases such as diabetes, cancer, or heart or lung conditions; developing clear protocols or procedures for action, taking care of the special characteristics of these persons and their specific vulnerabilities in terms of health and treatment requirements within the framework of this pandemic.
- Consider that **all persons living with HIV must receive antiretroviral treatment** (“treating everyone”), including refugees and migrants, no later than seven days after confirming diagnosis of HIV infection (“quick start”), including starting on the same day of diagnosis if the person is willing and is eligible.
- **Provide sufficient antiretroviral treatment (ART), guaranteeing treatment in advance for a minimum of 30 days and ideally for 3 months** or more, for every person, especially refugees and migrants living with HIV, following the guidelines of the World Health Organization (WHO) that recommends a three-month dispensing of HIV medications and other health conditions (such as diabetes, hypertension, tuberculosis, etc.). Maintaining optimal adherence ensures viral suppression and immune recovery (higher CD4 count), reducing the risk of complications in case of contracting SARS-CoV-2 (COVID-19 agent).
- Prepare **reports in regard to the situation and adopted measures** especially for the care of refugees and migrants within the framework of the response to the COVID-19 pandemic, which includes the rapid mapping of the most vulnerable groups, especially migrants and refugees and migrants living with HIV, guaranteeing access to health services and essential medicines for their survival.

- Support **distribution of messages and information** at points of entry, care services and shelters for migrants and refugees, on self-care, prevention and hygiene, especially focused on the protection of persons over the age of 60 and with chronic health conditions such as HIV, hypertension, diabetes or a combination of several of these conditions.
- **Strengthen existing community support networks** between hosting communities and those of refugees and migrants, for distributing and replicating messages and information for:
 - Taking preventive measures and self-care due to COVID-19;
 - Distributing health action plans in each country and per location (if any);
 - Knowing access routes and mechanisms to health care services, guidance or support spaces (EA); and
 - Supporting persons in isolation, quarantine or with special needs, including psychosocial support, especially if they have physical and health conditions that must be taken care of, such as HIV/AIDS.
- **Strengthen prevention and self-care actions** through the delivery of hygiene kits, feminine hygiene kits (Dignity kits) and water supply, sanitation and hygiene (WASH); for refugees and migrants as well as care staff in migration services and care services for migrants and refugees or support spaces (EA), especially those in charge of international cooperation.
- **Ensure that humanitarian personnel, who provides care and services to refugees and migrants, are trained for COVID-19 response**, know and apply preventive and self-care measures; and have the appropriate personal protection means and equipment according to WHO and PAHO guidelines, as well as water supply, sanitation and hygiene (WASH) that guarantee correct and periodic hand hygiene.

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