Parliamentary Assembly
Assemblée parlementaire
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Doc. 13431
19 February 2014

Migrants and refugees and the fight against AIDS

Committee Opinion[1]
Committee on Social Affairs, Health and Sustainable Development
Rapporteur: Ms Liliane MAURY PASQUIER, Switzerland, Socialist Group

A. Conclusions of the committee

1. The Committee on Social Affairs, Health and Sustainable Development supports the report prepared by Ms Doris Fiala on behalf of the Committee on Migration, Refugees and Displaced Persons. In its report entitled "Equal access to health care", which led to the adoption of Resolution 1946 (2013), our committee noted that factors such as discrimination, financial, language and information barriers, socio-economic inequalities and certain migration and security policies were leading to growing inequalities in access to health care in Europe. It also noted that vulnerable groups, including migrants and especially those in an irregular situation, were particularly affected by these inequalities. Unfortunately, Ms Fiala's report confirms these findings in the specific context of migrants and refugees and the fight against HIV/AIDS.

2. The Committee on Social Affairs, Health and Sustainable Development would propose some amendments to the draft resolution so as to clarify certain aspects concerning health which seem important in the light of its terms of reference.

B. Proposed amendments

Amendment A (to the draft resolution)

In the draft resolution, insert the following new paragraph 1:

> *"The right to health is a fundamental human right. Because of its universal nature, the right to health applies to all individuals, including migrants, regardless of their status. Access to care is a key aspect of the right to health."*

Amendment B (to the draft resolution)

In the draft resolution, at the end of paragraph 3, add the following sentence:

> *"All these factors lead to a phenomenon of non-recourse or delayed recourse to care, or an impossibility to access care, which could have disastrous implications for both individual and public health and lead in the long term to an increase in health expenditure."*

Amendment C (to the draft resolution)

In the draft resolution, paragraph 4, replace the words "This allows the virus to spread and represents a serious threat to public health" with ", which may contribute to the transmission of the virus."

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1. Reference to committee: Doc. 12867, Reference 3858 of 23 April 2012. Reporting committee: Committee on Migration, Refugees and Displaced Persons. See Doc.13391. Opinion approved by the committee on 30 January 2014.

Amendment D (to the draft resolution)

In the draft resolution, paragraph 5, replace the word “infected” with “HIV-positive”.

Amendment E (to the draft resolution)

In the draft resolution, paragraph 6, replace the word “infected” with “HIV-positive”.

Amendment F (to the draft resolution)

In the draft resolution, at the end of paragraph 8.1.3, add the words “or where such treatment is not realistically accessible there for the person concerned in view of his or her individual situation”.

Amendment G (to the draft resolution)

In the draft resolution, after paragraph 8.2.1, insert the following paragraph:

“ensure that migrants have access to information concerning prevention, testing and treatment of HIV;”

Amendment H (to the draft resolution)

In the draft resolution, after paragraph 8.2.6, add the following paragraph:

“dissociate their immigration policy from health policy, where appropriate by abolishing the obligation on health professionals to report migrants in an irregular situation.”

Amendment I (to the draft resolution)

In the draft resolution, paragraph 8.3.3, replace the word “HIV/AIDS-infected” with “HIV-positive”.

C. Explanatory memorandum by Ms Maury Pasquier, rapporteur for opinion

1. The right to health is a fundamental human right enshrined in international and regional instruments, including the United Nations International Covenant on Economic, Social and Cultural Rights (Article 25.1) and the Council of Europe's revised European Social Charter (ETS No. 163, Article 11). Because of its universal nature, the right to health applies to all individuals, including migrants, regardless of their status (regular or irregular). Access to care is a key aspect of the right to health. I think that these principles should be reaffirmed at the beginning of the draft resolution with a view to reinforcing its main message (Amendment A).

2. In her report, Ms Fiala notes, among other things, that migrants face many barriers in accessing HIV/AIDS preventive care and treatment: financial constraints, language barriers, lack of information about the health services available, socio-cultural barriers and restrictive migration and health-care policies. In this context, to enable readers to understand what is actually involved in the problem of access to care, I believe that it is important to add a sentence to the draft resolution concerning the possible consequences of the above-mentioned barriers. As already noted in our committee's report entitled “Equal access to health care” (Doc. 13225), these barriers lead to a phenomenon of non-recourse or delayed recourse to care, or an impossibility to access care, which, in the case of a communicable and potentially fatal disease such as HIV/AIDS, could have disastrous implications for the health of the migrants concerned and for public health in general, while leading in the long term to an increase in health expenditure (Amendment B).

3. With regard to paragraph 4 of the draft resolution, it seems somewhat contradictory - if not dangerous - first to note that in most European countries there is a lack of data about HIV transmission amongst migrants and then to state that insufficient education for migrants concerning testing and safe-sex practices allows the virus to spread and represents a serious threat to public health. This applies especially since paragraph 11 of the explanatory memorandum acknowledges that determining the exact extent to which migration impacts on the overall burden of HIV/AIDS in Europe is not entirely clear. In these circumstances, it is only possible to make assumptions about the potential consequences of insufficient education for migrants concerning testing and HIV prevention - not, in my view, to make statements to the effect that it allows the virus to spread and represents a serious threat to public health. In this connection, I would also underline that if Amendment A is accepted, it would be repetitive to talk of a serious threat to public health (Amendment C).

4. The term “infected” is used in three different paragraphs of the draft resolution to designate people carrying the HIV virus. In my opinion, it would be much more appropriate to talk about people who are “HIV-positive”, thus amendments D, E and I.

5. Moreover, in view of the points made in paragraphs 47 to 49 of the explanatory memorandum, I propose that the conditions for protecting seriously ill foreigners against expulsion should include the accessibility of antiretroviral treatments in the countries to which migrants are to be expelled (Amendment F).

6. The first paragraph of the draft resolution refers rightly to the “problems that migrants face in accessing information and treatment for the virus once they are living in Europe”. That is the issue of accessibility of information concerning health care, which is one of the key aspects of the problem of access to health care. In my opinion, this issue should be highlighted more clearly in the operative part of the draft resolution, thus Amendment G.

7. Lastly, I also propose that a paragraph be added to the draft resolution asking States to dissociate their immigration policy from health policy, where appropriate by abolishing the obligation on health professionals to report migrants in an irregular situation. An almost identical recommendation was made in Resolution 1946 (2013) on equal access to health care, but I believe that it is vital to reiterate it in this new text on the specific subject of migrants. In this connection, I would repeat the following observation by the HUMA (Health for Undocumented Migrants and Asylum seekers) network: “The debate concerning undocumented migrants continues to be rooted in the fight against ‘illegal migration’, and no debate has yet been opened, if only for public health concerns, about the need to protect the health of these people”. The migration policies in question endanger the lives of the people concerned and stigmatise them still further, and are also a serious public health problem in the case of communicable diseases, as the inability to access care or delayed recourse to care exposes the entire population to possible infection (Amendment H).[2]

2. Paragraph 32 of the explanatory memorandum concerning Resolution 1946 (2013).