

Report of the NGO Representative
NGO 代表报告

PEOPLE ON THE MOVE—KEY TO ENDING AIDS¹

流动人口——终结艾滋病的关键¹



Additional documents for this item: *none*

本事项附加文件：无

Action required at this meeting—the Programme Coordinating Board is invited to:

本会议要求的行动——请方案协调委员会：

4.1 Recalling Article 25.1. of the Universal Declaration of Human Rights “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”;

4.1 回顾《世界人权宣言》25.1“人人有权享受为维持他本人和家属的健康和福利所需的生活水准，包括食物、衣着、住房、医疗和必要的社会服务；在遭到失业、疾病、残废、守寡、衰老或在其他不能控制的情况下丧失谋生能力时，有权享受保障。”

4.2 Recalling from the 41st meeting of the UNAIDS Programme Coordinating Board, decision points 4.1 through 4.6, related to HIV and migrant and mobile populations, as well as refugees and crisis-affected populations as well as the 2014 UNAIDS Gap Report;

4.2 回顾第 41 次 UNAIDS 方案协调委员会会议决策点 4.1-4.6，关于艾滋病毒与移民与流动人口，以及 2014 年 UNAIDS 差距报告中难民和受危机影响人群。

4.3 *Takes note* of the report;

4.3 记录报告要点

4.4 *Calls* upon the Joint Programme to address the diverse needs, risks and vulnerabilities of migrant and mobile populations, as well as refugees and crisis- affected populations and design and implement HIV prevention and response programmes accordingly to promote access to HIV prevention, treatment, care and support services;

4.4 呼吁联合方案署处理移民和流动人口以及难民和受危机影响人群的多元化需求、风险和脆弱性，设计和实施艾滋病毒预防和抗击项目，以促进艾滋病毒预防、治疗、关怀和支持服务的可及性。

4.5 *Encourages* the Joint Programme to fully implement the General Cooperation Agreement between the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Organization for Migration (IOM) to strengthen the engagement of IOM in the AIDS response;

4.5 鼓励联合方案署全面实施 UNAIDS 与国际移民组织 (IOM) 的合作总协定，加强 IOM 在艾滋病抗击工作中的参与。

4.6 *Calls* on the Joint Programme to support Member States, in partnership with communities and civil society organizations and other relevant partners, in accordance with national law, context and priorities, to:

4.6. 呼吁联合方案署支持成员国，依据国家法律、国情和优先事项，与社群和民间组织及其他相关伙伴合作：

- Support access to HIV prevention, treatment, care and support services, for migrant and mobile populations, as well as refugees and crisis-affected populations, including, as appropriate, through strengthening international cooperation;
- 通过增强国际合作，支持面向移民和流动人群，以及难民和受危机影响人群的艾滋病毒预防、治疗、关怀和支持服务可及性；
- Contribute to the generation and improved availability of national, regional and local data on HIV and migration to improve the evidence base relative to the needs of mobile populations;
- 促进国家、区域和地方层面艾滋病毒与移民数据的产生和改善，以提升流动人群需求的实证基础；
- Review and adapt laws, policies and practices that prevent migrant and mobile populations, as well as refugees and crisis-affected populations from accessing life-saving treatment, with a particular focus on key populations;
- 审查和修订阻碍移民和流动人群以及难民和受危机影响人群获取救生治疗的法律政策和措施，尤其是涉及关键人群的；
- Strengthen technical capacity so that national health systems address HIV and co-morbidities among migrant and mobile populations, as well as refugees and crisis-affected populations;
- 加强技术能力，使国家卫生系统能够应对移民和流动人群以及难民和受危机影响人群中的艾滋病毒和并发症；
- Encourage an enabling environment for cooperation between national health systems and communities and civil society organizations including through availability of financial resources;
- 为国家卫生系统和社群与民间组织合作营造友好环境，包括促进资助资源可得性。

4.7 *Requests* the Joint Programme to report back on progress in the implementation of the AIDS response for migrant and mobile populations, as well as refugees and crisis-affected populations, as appropriate;

4.7 请联合方案署汇报面向移民和流动人群以及难民和受危机影响人群的艾滋病抗击工作的进展。

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1. EXECUTIVE SUMMARY 行动摘要

1. Discussion and dialogue around people on the move have occurred at the United Nations (UN) since at least 1951, when the *Convention Relating to the Status of Refugees* was adopted, and the forerunner of the International Organization for Migration (IOM), the Intergovernmental Committee for European Migration (ICEM) was established to help resettle people displaced by World War II. Fifty years later, the link between migration, population mobility and HIV surfaced in the 2001 *UN General Assembly Declaration of Commitment on HIV/AIDS*. In 2016, the IOM became a related organization of the UN. UNAIDS and IOM first entered into a Cooperation Framework in 1999, which was later revised in 2002 and in 2011. In 2017, IOM and UNAIDS renewed a General Cooperation Agreement to enhance dialogue and cooperation in order to combine and coordinate their efforts. A list of other relevant UN policy documents spanning the period through to 2018 is provided in Annex 3.
2. 联合国关于流动人群的讨论和对话始于 1951 年，当时通过了《关于难民地位的公约》，并且成立了国际移民组织（IOM）的前身“欧洲移民政府间委员会”（ICEM），以帮助安顿二战造成的流离失所人群。五十年后，移民、人口流动和艾滋病毒的关联显露在 2001 年《联合国大会关于艾滋病毒/艾滋病的承诺宣言》。2016 年，IOM 成为联合国关联组织。UNAIDS 和 IOM 在 1999 年首次形成协作框架，并在 2002 和 2011 年进行了修订。2017 年 IOM 与 UNAIDS 更新了合作总协定，以加强对话与协作，整合协调工作。这一时期截至 2018 年的其他相关联合国政策文件清单参见附录 3。
3. The 2018 NGO Report to PCB is intended to help renew and focus the dialogue around people on the move so that the 2030 target of ending AIDS as a public health threat can be achieved. It is the NGO Delegation's contribution to support Member States to ensure that mobile populations are covered for services across their origin, transit and destination countries.
4. 2018 年提交 PCB 的 NGO 报告旨在帮助更新和聚焦关于流动人群的对话，以实现到 2030 年终止艾滋病是公共卫生威胁的目标。NGO 代表团做次贡献，以支持成员国确保流动人口被来源国、过境国和目的地的服务所覆盖。
5. This report builds on last year's 2017 NGO Report, which clearly showed that mobile populations are over-represented among people living with HIV who are undiagnosed, not on antiretroviral therapy (ART) not virally suppressed—even in countries that have achieved or exceeded the 90–90–90 targets.ⁱⁱⁱ Those insights were instrumental in deciding on people on the move as the theme for the 2018 NGO Report.
6. 本报告是在前一年的 2017 年 NGO 报告的基础上进行的。2017 年的报告明确显示流动人群在未诊断、未抗病毒治疗压制病毒的艾滋病毒感染者中比例过高。即使在已经达到或超越 90–90–90 目标的国家中也是如此。^{iv}这使得流动人群成为 2018 年 NGO 报告的主题。
7. For the purposes of this report, and given the lack of international consensus about key terms like "mobile" or "migrant" populations, people on the move or human mobility is used as a comprehensive term that includes international migration, refugees, people experiencing internal or forced displacement, people moving because of climate change impacts, or labour migrants. This mirrors the definition developed by the International Organization for Migration (IOM), which uses the terms migration and migrant to refer to people moving across an international border as well as within states, and regardless of legal status, willingness, cause or length of stay.
8. 本报告的目的，由于对“流动”或“移民”人口这种关键词语缺乏国际共识，用流动人群或人口流动作为一个包含性的词语，包括国际移民、难民、国内或被迫流离失所者、气候

变化影响导致的流动人员或移徙工人。这些对应着国际移民组织开发的定义，用移民和移民者指代穿越国境或州境的人，无论其法律地位、意愿、理由或停留时长。

9. This report explores certain key global trends: increasing diversity and complexity of human mobility, the increased prominence of women on the move, the shift in our health paradigm towards a more positive appreciation of development and people on the move, the growing acknowledgement that mobility is not only or even predominantly about crossing international borders but also about internal or in-country population movements, and the resurgence of attacks on human rights and international migration. These trends are having significant impacts in terms of the health and HIV vulnerability of people on the move.
10. 本报告讨论了特定的重要全球趋势：人员流动的多元性与复杂性增加，流动女性增加，卫生模式对发展与流动人群更积极，更多人认可流动性不仅明显体现在跨越国境还包括境内人口流动，对人权和国际移民的打击再度出现。这些趋势在卫生与流动人群的艾滋病毒脆弱性方面都有显著影响。
11. It is difficult to ensure continuity of care during the current spike in population mobility. Increased population mobility is confounding traditional approaches to health-care financing, which are still based largely on stable residence, citizenship, occupational category or a family relationships. Mobility can increase exposure and vulnerability to HIV, tuberculosis (TB) and viral hepatitis. In addition, the various legal and regulatory challenges encountered in the process of moving can aggravate health conditions and increase treatment costs, with higher morbidity and mortality as possible outcomes. The fact that there is a lack of international consensus about the definitions of key terms like migration and mobility only adds to the complexity of these issues.
12. 由于当前对人口流动性的抵制，很难确保延续性护理。人口流动性的增加受到传统的卫生关怀资金途径的影响。传统途径大部分需要稳定的居住、居民身份、职业类别或家庭关系。流动性增加了对艾滋病毒、结核与病毒性肝炎的暴露和脆弱性。另外，流动过程中的多种法律法规问题也会恶化健康条件，增加治疗费用，导致更高的发病率和死亡率。对移民和流动性这种关键概念缺乏有国际共识的定义，这也使问题复杂性增加。
13. The Delegation collected community experiences and self-reports illustrating key challenges related to mobility and HIV mainly via interviews with people on the move and stakeholders, as well as via survey responses. Interviews were conducted across all the regions represented on the Delegation: Africa, Asia-Pacific, Europe, Latin America and the Caribbean, and North America. The majority of survey participants were employed, with access to health care and with good knowledge of available services for HIV, TB and, to a lesser extent, viral hepatitis. About half self-identified within a key population group. They came from 28 different countries of origin, predominantly Colombia, India, Jamaica, Kenya, Nigeria, the Philippines, Poland, the United States of America (USA), Venezuela and Zambia. Brief quotes from people on the move and from stakeholders appear throughout the report to highlight the issues being discussed.
14. 代表团通过与流动人群和利益相关方的访谈和问卷调研，收集了社群经历和自述，展示了关于流动性和艾滋病毒相关的困难。访谈地点分布在所有代表团所在区域：非洲、亚太、

欧洲、拉美与加勒比、北美。大多数参与调研的人都受到雇佣，有渠道获得医疗关怀，很了解可得到的艾滋病毒和结核相关服务，了解病毒性肝炎服务的人相对略少。半数人自我认定为某类关键人群。她们来自 28 个不同国家（来源国），主要是哥伦比亚、印度、牙买加、肯尼亚、尼日利亚、菲律宾、波兰、美国、委内瑞拉和赞比亚。报告中引用了流动人群和利益相关方的原话，以突出所讨论的问题。

15. Interviewed people on the move pointed to a range of factors that may result in increased vulnerability to HIV and coinfections. They included language and cultural barriers, fear of requesting/accessing services and being reported to authorities, lack of access to targeted services for people on the move, lack of understanding about the health-care system, poor living conditions, risky behaviours and sexual practices, and lack of access to prevention services.
16. 对流动人群的访谈涉及一系列可能导致对艾滋病毒和并发感染的脆弱性的因素。其中包括语言文化障碍，害怕申请/获取服务，害怕被举报到有关部门，缺乏获取面向流动人群的针对性服务的渠道，不理解医疗体系，生活环境恶劣，高风险的行为和性活动，缺乏预防服务可及性。
17. Stakeholders interviewed were engaged in a range of activities, including direct HIV services, policy making, legal support, advocacy and campaigning, research, capacity building, and language classes. The majority stated that they involved people on the move as peers in delivering their activities, including in leadership and management, frontline services, volunteering and research.
18. 访谈的利益相关方涉及各种活动，包括直接的艾滋病毒服务，政策制定，法律支持，倡导运动，研究，能力建设，语言课程。大多数表示她们在活动中将流动人群作为同伴，纳入到领导层和管理层，一线服务，志愿活动和研究中。
19. In general, stakeholders noted similar needs and challenges as those identified by people on the move, including absence of basic protections, difficulties acquiring documented status/legalization, lack of knowledge about HIV and coinfections, lack of awareness about and access to culturally and linguistically competent health-care and other services, difficulties obtaining employment, stigma and discrimination, isolation, poverty, lack of housing, mental health challenges, fear of violence, fear of criminalization/detention and deportation, and trauma.
20. 总体而言，利益相关方和流动人群所说的需求和困难是相近的，如缺乏基本保障，难以申请合法身份，缺乏关于艾滋病毒和并发感染的知识，缺乏获取在文化语言方面有意识和胜任力的医疗关怀等服务的渠道，难以就业，污名与歧视，孤立，贫穷，缺乏住房，精神健康问题，害怕暴力，害怕被定罪/拘留和遣返，创伤。

21. The report indicates several avenues of good practice which, if implemented and scaled up, could give us a better chance of achieving the 2030 targets. These good practices include:

22. 报告指出了若干良好实践的途径。如果这些方式得到实施和推广，有助于我们实现 2030 目标。这些良好实践包括：

- the meaningful involvement of people on the move;
- 有效纳入流动人群
- legal and/or regulatory reforms;
- 法律法规改革
- capacity building for people on the move and related service providers;
- 流动人群和相关服务机构能力建设
- development of national health systems and Universal Health Coverage (UHC) that are sensitive to and inclusive of people on the move;
- 开发对流动人群有敏感性和包容性的国家医疗系统和全民健康覆盖
- ensuring continuity of care;
- 确保延续性护理
- addressing stigma and discrimination;
- 应对污名与歧视
- protecting against economic exploitation; and
- 针对经济剥削提供保护
- effective responses to the needs of undocumented migrants.
- 对无证移徙者需求的有效回应

23. The report illustrates these good practices through 12 case studies from Brazil, Canada, China, Germany, India, Kyrgyzstan, Philippines, the Russian Federation, Thailand, USA and Viet Nam.
24. 报告通过来自巴西、加拿大、中国、德国、印度、吉尔吉斯斯坦、菲律宾、俄罗斯联邦、泰国、美国和越南的 12 个案例描述了良好实践。

“Several community agencies and community health centres are doing great work. The most successful ones have staff that reflect the populations they serve.”

“一些社群机构和社群卫生中心做了很好的工作。最成功的那些都有员工来自服务对象人群。”

– Latino Commission on AIDS, New York City
——拉丁裔艾滋病问题委员会，纽约城

25. The report notes the lack of data and evidence about links between population mobility and HIV in general and about the needs of specific sub-populations on the move. Without enhancing such an integrated population mobility and HIV evidence base, it is unlikely that lawmakers or health-care planning will become more sensitive and inclusive for people on the move.
26. 报告指出了缺乏关于人口流动性与艾滋病毒关联的整体性数据和证据，以及缺乏具体流动亚群体需求的数据和证据。
27. The report recognizes that there are a significant number of people on the move who belong to key populations in the AIDS response because they are also gay men or other men who have sex with men, sex workers, transwomen and transmen or people who inject drugs. However, other people may have a claim to be considered as key populations, including people imprisoned and kept in closed settings such as detention centres or camps, people with "illegal" or undocumented status, or because a specific country may have so designated them internally based on the national epidemiological and social context.
28. 报告认可有大量流动人口属于艾滋病抗击工作的关键群体，因为他们同时也是男同性恋、男男性行为者，性工作者，跨性别女性和跨性别男性，注射毒品使用者。但是其他人可能也要求被当作关键人群考虑，包括被监禁者，被置留在拘留中心或营地等封闭环境的人，“非法”或无证的人，以及因某个国家内部根据国家流行病状况和国情对其认定。
29. Finally, the report presents recommendations based on the following conclusions:

30. 最后，报告根据以下结论提出建议：

- The relatively recent increase, acceleration and diversity of human mobility is aggravating the HIV vulnerability of people on the move;
- 较近时期人员流动性的增速与多元性增加，加重了流动人群对艾滋病毒的脆弱性；
- Mobile populations face significant obstacles in accessing HIV and coinfection services;
- 流动人群在获取艾滋病毒和并发感染服务时面临巨大障碍；
- Mobile populations, many of whom belong to key populations, are in danger of being left behind in the AIDS response; and
- 流动人群中有很多属于关键人群，有被艾滋病毒抗击工作落下的危险；
- There is a range of innovative and scalable good practices for advancing HIV and related services among mobile communities.
- 有一系列创新的可推广的良好实践可在流动社群中推进艾滋病毒相关服务。

2. INTRODUCTION 介绍

“I wish other countries would accept us without denying our basic right to health.”

“我希望其他国家能够接受我们，不拒绝我们的基本健康权。”

– Carlos, MSM migrant, Venezuela

——Carlos, 男男性行为移民，委内瑞拉

31. The NGO Delegation at the UNAIDS Programme Coordinating Board (PCB) prepares a report annually on some area of the AIDS response that needs a higher profile, a more focused policy perspective and a clearer sense of intention and agreement across the UN Joint Programme on HIV/AIDS. For 2018, the NGO Delegation’s report focuses on the HIV response specific to mobile populations as a key to achieving the 2030 target of ending the AIDS epidemic. The report aims to:

32. UNAIDS 的方案协调委员会（PCB）NGO 代表团每年准备一份报告，内容关于艾滋病抗击工作中需要更多强调，需要更多政策关注和 UNAIDS 形成更清晰意愿和共识的领域。2018 年，NGO 代表团报告聚焦在面向流动人口的艾滋病抗击工作，将其作为实现 2030 目标“终止艾滋病传播”的关键。报告旨在：

- **provide a better understanding** of (1.1) how population mobility is related to increased HIV vulnerabilities; and (1.2) how the HIV vulnerabilities of mobile populations are a serious threat to the global commitment to ending AIDS by 2030;
- **帮助理解**（1.1）人口流动如何与对艾滋病毒脆弱性增长相关；（1.2）流动人群的艾滋病毒脆弱性如何对 2030 年终止艾滋病的全球承诺产生严重威胁
- **illustrate good practices** in addressing HIV vulnerabilities related to population mobility; and
- **介绍**应对流动人群的艾滋病毒脆弱性时的**良好实践**；
- **recommend** how Member States and the Joint Programme can improve their approach in addressing the HIV vulnerabilities of people on the move.
- 对成员国和联合规划署改善应对流动人群的艾滋病毒脆弱性时的工作方式**提供建议**。

33. The report builds on past decisions taken at the international and UN levels. Within five years of the constitution of the World Health Organization (WHO) and three years after the UN General Assembly adopted the *Universal Declaration of Human Rights*, Member States agreed one of the first international policy documents on population mobility and migration: *The Convention Relating to the Status of Refugees* (1951), followed by several other relevant conventions and General Assembly decisions. In 2008, the PCB issued its *Report of the International Task Team on HIV-related Travel Restrictions*. Since then, the PCB has continued to take other decisions on HIV and mobile populations. Annex 3 provides a brief overview of the existing policy framework among UN Member States.
34. 报告的基础是国际和联合国层面之前通过的决策。在世界卫生组织成立五年和联合国大会通过《世界人权宣言》的三年后，成员国同意了第一个关于人口流动和移民的国际政策文件《关于难民地位的公约》（1951），之后有通过了其他相关公约和联合国大会决议。2008年，PCB提出了《关于对艾滋病病人实行旅行限制问题的国际工作队报告》。自那之后，PCB继续制定了其他关于艾滋病毒和流动人口的决策。附件3提供了当前联合国各成员国政策制度的概览。
35. This report surveys existing evidence and community perspectives on the issue to inspire an urgency for implementing concrete actions to address vulnerabilities. The situation is already too serious and desperate for far too many people on the move, especially those who are living with HIV or who belong to key populations. Only with urgent action will Member States be able to achieve the 2030 goals and targets of the Sustainable Development Goals (SDGs).
36. 本报告调查了这个问题上的现有证据和社群观点，以激发开展切实行动来处理脆弱性的紧迫性。情况已经非常严重，危及太多流动人群，尤其是那些艾滋病毒感染者或关键人群成员。只有各成员国采取紧急行动，才能够实现2030目标和可持续发展目标（SDGs）

Methodology and limitations

方法论和限制

37. The report is based on an extensive literature review of over 150 documents. The literature review is complemented by 27 interviews or personal testimonies from people on the move, many of whom were also engaged in service provision. In addition, there were 83 survey responses. The surveys were conducted in English and Spanish in various locations around the world.
38. 报告基于对超过150份文件的文献综述。并补充以27份对流动人口的访谈和个人陈述，其中很多受访者都参与提供服务。另外，还有83份调研回复。调研使用英语和西班牙语在世界多个地点进行。
39. Given the importance of the African context for the AIDS response, a separate focus group was conducted there involving 15 stakeholders. The report also collects 12 good practice case studies from Brazil, Canada, China, Germany, India, Kyrgyzstan, Philippines, the Russian Federation, Thailand, USA and Viet Nam. We hope these and other good practices can be replicated and scaled up elsewhere. The report then highlights key conclusions and recommendations.
40. 考虑到艾滋病抗击工作中非洲的重要性，开展了一次单独的焦点小组，有15个利益相关方参与。报告还收集了12个良好实践的案例研究，来自巴西、加拿大、中国、德国、印度、吉尔吉斯斯坦、菲律宾、俄罗斯联邦、泰国、美国和越南。我们希望这些和其他良好实践能够被用于复制和推广。报告最后强调了关键结论和建议。
41. The interviews, focus groups and surveys were used for gathering *qualitative* data. This methodological approach is commonly used to explore participant views, experiences,

reasoning and motivations. The goal of this approach was to deepen the understanding of population mobility alongside descriptions available in the literature review.

42. 访谈、焦点小组和调研都用于收集质性数据。该方法常用于探索参与者观点、经历、逻辑和动机。这种方法的目标是深化对人口流动及文献描述的理解。
43. The methods used in this report are not meant to provide *quantitative* data or to be predictive in any way. There is no intention to produce measurements or numerical data or statistical analysis. Nor does the report provide any quantification of attitudes, opinions and behaviours in order to generalize its results to a wider population of civil society or people on the move at large. Instead, this report is based on a literature review and qualitative data, as noted above.
44. 本报告使用的方式无意提供量化数据或用于预测。报告无意于提供测量或数字资料和分析。报告也不提供任何以推广到更广大流动群体和组织的态度、观点和行为的量化。相反，如上所述，本报告的基础是文献综述和质性数据。
45. This report is not an exhaustive study of the hugely diverse area of global human mobility. Nor is it meant to be a final statement in an area that is still swiftly evolving and which still requires further in-depth quantitative and qualitative research. Instead, the report, along with its conclusions and recommendations, is based on the work and priorities of many researchers, community activists, mobile people and other stakeholders from around the world. As such, it is an appropriate input from the NGO Delegation whose role is to bring the voice of communities at the HIV frontline to the PCB meeting.
46. 本报告并非对全球人口流动的海量多元领域的穷举研究，也不是该领域的最终定论。相关问题仍在迅速演化，需要更进一步的深入质性和定量研究。本报告及其结论和建议，都是根据很多研究者、社群活动家、流动人群和其他利益相关方的工作和优先事项决定的。因此，报告适宜由 NGO 代表团提出，将艾滋病毒工作一线的社群声音带到 PCB 会议上。

A word about definitions

关于定义

47. There is no internationally agreed definition for the terms "mobility" or "migration" or "migrant". Mobility is sometimes seen as the general process of human travel in pursuit of a better life while migration is regarded as a legal or administrative term referring to the crossing of geographic boundaries or borders. Until relatively recently, migration referred to the process of leaving one's country of origin or birth to go to another country for a new life or livelihood.
48. 当前没有对“流动”或“移民”或“移民者”的有国际共识的定义。流动通常被视为寻找更好生活的人员迁移的一般过程，而移民是一个法律或行政术语，指跨越地理边界或国界。直到最近，移民指代离开个人原籍或出生地到另一个国家开展新生活或谋生计的过程。
49. For example, UNHCR notes that refugees are people fleeing armed conflict or persecution, and that this group is defined and protected in international law; UNHCR also sees migrants as people who choose to move not because of any direct threats, but mainly to improve their lives.^v Drawing on these UNHCR definitions, for example, a gay man living with HIV moving from Hungary to Germany within the European Union in the

course of finding a job would seem to qualify as a migrant even though that person left Hungary because he felt unsafe within the current political climate in Hungary, and his quality of life and safety would deteriorate substantially if he returned—is this person a refugee or a migrant?

50. 例如，联合国难民署（UNHCR）提出难民是逃离武装冲突或起诉的人，该群体是由国际法律定义和保护；UNHCR 认为移民者是因非直接威胁而选择流动的人，主要是为了改善生活。^{vi}根据这些 UNHCR 定义，如果一个匈牙利的感染艾滋病毒的男同性恋，流动到德国找工作，这应当有资格视为移民者，即使这个人离开匈牙利是因为当前匈牙利政治形势让人不安，如果他回去，生活质量和安全将极大恶化。这个人是个难民还是移民者？
51. Population mobility occurs within countries for many of the same reasons as cross-border mobility, for example to seek work, escape conflict or avoid prejudice. However, as with international migration, the extent of in-country mobility has increased significantly in the recent past, and it sometimes overlaps with cross-border mobility. As a result, while there may have been clearer distinctions between international migration and in-country mobility, the situation is no longer simple and traditional definitions may not easily fit the contemporary reality. In effect, strict adherence to our traditional definitions runs the risk of leaving certain people behind.
52. 国内人口流动和跨国流动的原因经常是一样的，找工作，逃离冲突或避免偏见。但是，和国际移民一样，国内人口流动的程度近年来也显著增加，有时还会与跨境流动重叠。因此，也许国际移民和国内流动之间有较明确的区别，但情况不再简单，传统的定义可能不再适用于当前情况。实际上，严格遵守我们过去的定义会导致特定人群被落在后面。
53. The IOM has produced a definition of migration that is more comprehensive than the traditional definitions. Covering both international and in-country movement, it refers to a migrant as:
54. IOM 对移民的定义比传统定义更全面，包括了国际和国内的流动，将移民者定义为 "any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is".^{vii}
“任何正在或已经跨越国际边境或州界，离开其常住地的人，无论（1）其法律身份；（2）流动是自愿还是非自愿；（3）流动的原因；（4）居留时长。”^{viii}

The NGO Delegation sees this IOM definition as an example of the kind of inclusive rethinking that we urgently need.

NGO 代表团认为 IOM 的定义可以作为我们急需的包容性反思的范例。

55. This NGO Report does not presume to resolve these definitional conflicts. Nevertheless, for the purposes of this report, and given the lack of consensus about many key terms, people on the move or human mobility are seen as a comprehensive concept that includes international migration, refugees, people experiencing internal or forced displacement, people moving because of climate change impacts, or labour migrants. This mirrors the IOM definition, which uses the terms migration and migrant to refer both to people moving across international borders as well as within states, regardless of legal status, willingness, cause or length of stay. It also builds upon the language of the 2017 General Cooperation Agreement signed between IOM and UNAIDS.
56. NGO 报告并不解决这些定义冲突。为完成本报告，考虑到缺乏很多对关键术语的共识，流动人群或人口流动似乎是能够较全面包含国际移民、难民、境内流离失所者、气候变化移民，移徙工人的综合概念。这也呼应了 IOM 定义，用移民和移民者来指代跨越国际边境或州界的人，无论其法律身份，流动是自愿还是非自愿，流动的原因或居留时长。这个定义的基础也是 2017 年 IOM 和 UNAIDS 签署的合作总协议的语言。

57. **This report therefore uses people on the move or mobility as generic terms, referring to the all-encompassing phenomenon of human movement.** It also discusses subgroups of mobile populations, using more specific terms such as international or internal or cross-border migrant, refugee, asylum seeker, IDP, etc.

58. 本报告使用流动人群作为通用名称，指代所有人员迁移。报告也讨论了流动人群的亚群体，会使用更具体的术语，如国际移民或国内/跨境移民者，难民，寻求庇护者，境内流离失所者，等等。

2017 General Cooperation Agreement between the Joint United Nations on Programme on HIV/AIDS (UNAIDS) and the International Organization for Migration (IOM)

2017 联合国艾滋病方案规划署 (UNAIDS) 与国际移民组织 (IOM) 合作总协议

Common Goals:

共同目标：

- To pursue the continuity of HIV prevention, treatment, care and support and to providing a package of care for people living with HIV, tuberculosis and/or malaria in humanitarian emergencies and conflict settings, as displaced people and people affected by humanitarian emergencies face multiple challenges, including heightened HIV vulnerability, risk of treatment interruption and limited access to quality health care and nutritious food

追求艾滋病毒预防、治疗、关怀和支持的延续，提供一整套面向人道主义紧急情况 and 冲突环境中艾滋病毒、结核/疟疾感染者的关怀，因流离失所者和受人道主义紧急情况影响者面临着多种困境，如对艾滋病毒脆弱性增加，治疗中断，合格医疗及营养品可及性有限。

- To promote the development of and access to tailored comprehensive HIV prevention services for all women and adolescent girls, migrants and key populations

促进面向所有女性和未成年女童、移民者和关键人群的针对性全面艾滋病毒预防服务的开发与可及。

- To encourage States to address the vulnerabilities to HIV and the specific health-care needs experienced by migrant and mobile populations, as well as by refugees and crisis-affected populations, and to take steps to reduce stigma, discrimination and violence, as well as to review policies related to restrictions on entry based on HIV status, with a view to eliminating such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, treatment, care and support.

鼓励鼓励各国应对移民者和流动人群以及难民和危机影响人群的艾滋病毒脆弱性和特定医疗需求，逐步降低污名、歧视和暴力，审阅艾滋病毒感染相关的入境限制政策，以消除这种对艾滋病毒感染者的限制和拒绝，支持他们获取获取艾滋病毒预防、治疗、关怀和支持服务。

- To combat sexual and gender-based violence to the greatest extent possible, by, inter alia, providing access to sexual and reproductive health-care services and tackling the multiple and intersecting forms of discrimination against refugee and migrant women and girls.

尽最大可能打击基于性与性别的暴力，提供性与生殖健康服务可及，处理多重交叉形式的针对

难民与移民妇女和女童的歧视。

The concrete areas for dialogue and cooperation of the agreement are:

协议对话和合作的基础领域是：

- *Advocacy and Policy Advice*: to promote integration of human rights and the needs of migrants and displaced persons into national and regional HIV responses and strategies, to promote universal access of migrants to HIV prevention, treatment, care and support; to enhance social protection for migrants affected by HIV by promoting a range of social services to protect vulnerable migrants, and to stop violence against migrant women and girls; to remove punitive laws, policies, practices, stigma and discrimination related to HIV and population mobility that block effective responses to AIDS; to ensure HIV/AIDS and health-related priorities for migrants and refugees are well addressed in global health, migration, sustainable development and foreign policy processes.

倡导与政策建议：促进将人权及移民者和流离失所者的需求整合进国家和区域艾滋病毒抗击工作和战略，促进艾滋病毒预防、治疗、关怀和支持对移民者普遍可及，通过促进一系列社会服务增强对受艾滋病毒影响的移民者的社会保障以保护具有脆弱性的移民者，停止针对女性和女童移民者的暴力；撤销阻碍有效的艾滋病抗击工作的障碍，如惩罚性法律政策和措施，艾滋病毒和流动人群相关的污名和歧视；确保面向移民者和难民的艾滋病毒/艾滋病和健康相关优先事项在全球卫生、移民、可持续发展和对外政策工作中得到处理。

- *Capacity-Building and Programmatic Support*: to provide guidance to strengthen relevant technical support at the global, regional and country levels for appropriate national AIDS responses which facilitate and promote equitable migrant access to comprehensive HIV services, regardless of migration status; to assist in building capacity of governments, regional institutions and civil society to reduce HIV vulnerability among mobile and migrant populations, including addressing social determinants of health.

能力建设和项目支持：在国际、区域和国家层面，为适当的国家艾滋病抗击工作提供指导以增强相关技术支持，使其协助和促进全面艾滋病毒服务对移民者平等可及，无论其移民地位如何；协助政府、区域机构和民间组织的能力建设，以减少流动人群和移民者的艾滋病毒脆弱性，包括处理卫生相关的社会因素。

- *Research and Dissemination of Best Practice*: to strengthen understanding of HIV and population mobility to inform and mobilize governments and stakeholders to promote the health of migrants and host communities; to improve country-by-country strategic information generation, analysis and use of data on the health of migrants and displaced persons to ensure evidence-informed HIV policies and programmes; to produce strategic analyses of HIV programmes which include mobile populations to improve results-based implementation, and to identify, document and promote best practice.

研究和传播最佳实践：增强对艾滋病毒和人口流动的理解，使政府和利益相关方掌握信息，动员他们推动移民者和东道社区的健康；改善各国的关于移民者和流离失所者健康的数据战略信息产生、分析和使用，确保实证基础的艾滋病毒政策项目；对涉及流动人群的艾滋病毒项目进行战略分析，基于成果改进实施，发现、记录和推广最佳实践。

3. LITERATURE REVIEW 文献综述

Global trends in population mobility

人口流动的**全球趋势**

59. There are strong indications that mobility can increase vulnerability to HIV and its coinfections, both for people on the move and their partners. There is evidence that areas of high mobility such as high-volume transportation routes and border regions correlate with higher rates of infection.^{ix}
60. 有明显迹象表明流动会增加流动人群及其伴侣对艾滋病毒及其并发感染的脆弱性。有证据显示流动性高的区域，如人流量大的交通路线和边界与较高的感染率相关。^x
61. About 1 billion people are on the move globally, roughly a quarter billion of them internationally and three times as many internally within states. This mobility is not unidirectional: people move back and forth, and they move from South to North and from South to South. For the sake of comparison, there were almost as many mobile people globally in 2017 as the entire population of India (1.3 billion). It is impossible to predict the extent or patterns of mobility 5-10 years from now. But population mobility is clearly a very significant phenomenon: such massive movements of people have wide-ranging consequences, not least for their health.
62. 大约全球有 10 亿人在流动，其中有四分之一在跨国流动，四分之三在国内流动。这种流动不是单向的：人们来回流动，从南到北，从南到南。为了比较，可说 2017 年全球流动人群的数量和印度总人口（13 亿）相当。几乎不可能预测 5-10 年后人口流动的程度和模式。但人口流动明显是个重要现象：这种大规模人员流动会带来广泛的后果，不仅与健康有关。
63. This report identifies five major trends in population mobility:
64. 本报告发现人口流动的五个主要趋势：
- increasing diversity and complexity of human mobility;
 - 人员流动的多元性和复杂性增加；
 - "feminization of migration";
 - “移民的女性化”；
 - new health paradigm;
 - 新的卫生模式；
 - new approaches to thinking about mobility; and
 - 思考流动性的新途径；
 - challenges to globalization.
 - 全球化挑战。
33. The report then explores the consequences or impact of these trends on HIV and coinfection vulnerabilities.
34. 本报告探索了这些趋势对艾滋病毒及其并发感染的后果或影响。
- Trend 1: Increasing speed, volume, diversity and complexity of human mobility*
趋势 1: 人口流动的速度、规模、多元性和复杂性增加
35. Population mobility is as old as the human race and it continues to this day. Mobility is a fundamental and enduring aspect of who we are as humans, central to the human desire to choose how and where to live, and it has been essential for commerce and

development. The study of human history shows how humans moved from Africa to populate the rest of the earth. The earliest population movements of *homo erectus* from Africa could have started as early as 2 million years ago, continuing to about 30 000 years ago.^{xi} Ancient texts provide evidence of human mobility throughout human history, as people fled persecution, disasters or oppression or to seek food security.

36. 人口流动和人类的历史一样古老，并持续至今。作为人类，流动是我们根本且持久的一面，是人类选择生活地点和方式的期望的中心，是贸易与发展的关键。对人类历史的研究显示了人类如何从非洲出发到达世界各地。最早的人口流动就是直立人走出非洲，这大概发生在 2 百万年前到 3 万年前。^{xii} 历史文献证明人口流动贯穿人类历史，人们一直在逃离迫害、灾难和压制，在寻求食品安全。
37. In recent history, infection control quarantine and travel restrictions were already in use as disease prevention as early as the 14th century in Italian seaports. The infamous slave trade from Africa was an example of what today may be termed "human trafficking", though on a massive scale. The 19th and 20th centuries provided several examples of recent colonisers and settlers scattered across many parts of the globe.
38. 较近历史中，疾控检疫和旅行限制最早在 14 世纪意大利海港就得到试用，以预防疾病。臭名昭著的非洲奴隶贸易也是今天所说的大规模“人口贩运”。19-20 世纪有多个散布全球的殖民开拓实例。
39. In addition to common reasons for moving, such as seeking professional and economic opportunities or family reunification, people increasingly are being forced to move to escape conflict or because of climate change or dwindling natural resources, violence, persecution, political oppression, economic collapse, environmental and human-induced disasters, food insecurity or famine.
40. 除了寻找职业和经济机会、家庭重聚等流动的一般原因外，越来越多人是被迫流动，为了逃离冲突、气候变化、自然资源缩减、暴力、迫害、政治压迫、经济衰退、自然和人为灾害、食品不安全和饥荒。
41. Recent examples include people fleeing the conflict in eastern Ukraine, now in its fifth year, or crossing the Mediterranean and to reach Europe. In South America, there is significant movement internally within the region: Argentina, Brazil and Chile attract the majority of such people on the move. Large numbers of people are fleeing Venezuela and moving to neighbouring countries such as Brazil and Colombia.
42. 近期的例子中，有人们逃离乌克兰东部冲突，这已经进入第五年；或穿越地中海到欧洲。在南美，有大量区域内部流动：阿根廷、巴西和智利是流动人群的主要目的地。大量人逃离委内瑞拉去到邻国，如巴西和哥伦比亚。
43. In 2017, there were 30.6 million new population displacements as a result of conflict and disasters across 143 countries and territories. The ten most affected countries were China, the Philippines, Syria, the Democratic Republic of the Congo (DRC), Cuba, the United States, India, Iraq, Somalia and Ethiopia, each accounting for more than one million new displacements.^{xiii}
44. 2017 年，有 3060 万新增流离失所者，他们是 143 个国家和地区的冲突和灾害所造成的。受影响最大的国家是中国、菲律宾、叙利亚、民主刚果（DRC）、古巴、美国、印度、伊拉克、索马里和埃塞俄比亚，每个国家都有百万人以上流离失所。^{xiv}
45. There were complex humanitarian emergencies in the DRC, Somalia, South Sudan, Yemen and Venezuela, with significant societal and economic breakdown. In Myanmar, over 1 million Rohingya were displaced. Long-term political unrest at national borders has created difficulties for large numbers of people such as in Kashmir at the India-Pakistan border, or the Tibet-China border, or the Israel-Palestine border. Colombia

faces a major displacement crisis with over 7 million registered internally displaced people while an additional 350 000 Colombian refugees are in Costa Rica, Ecuador and Panama. The number of asylum applications from El Salvador, Guatemala and Honduras in 2017 was 1,500% higher than in 2011. Mexico's drug cartel violence is also resulting in significant internal and external displacement.^{xv}

46. 在民主刚果、南苏丹、也门和委内瑞拉有复杂的人道主义紧急情况，社会和经济崩坏。在缅甸，超过一百万罗兴亚人流离失所。印巴边界的克什米尔、中国西藏、巴以边界等长期政治不稳定给大量人口造成困难。哥伦比亚面临流离失所危机，境内流离失所者超过 7 百万，还有 35 万哥伦比亚难民在哥斯达黎加、厄瓜多尔和巴拿马。来自萨尔瓦多、危地马拉和洪都拉斯的庇护申请者在 2017 年是 2011 年的 1500%。墨西哥毒品卡特尔暴力也导致了大量境外和境内的流离失所者。^{xvi}
47. In such situations, there is little space for discussing people's health. Specific to the topic of HIV, there are people on the move because of their HIV or TB status or sexual orientation, who are fleeing stigma and discrimination or moving to where they may access better HIV or related health-care services. Examples abound, including in the Middle East and North Africa, which is experiencing enormous social and political unrest and which includes 3 of the 10 countries most affected by population displacements (Iraq, Somalia and Syria).^{xvii} A majority of the countries in that region criminalize same-sex relations, with 7 of them allowing for the death penalty. Yet there is an emerging concentrated epidemic among MSM in the region, most obviously in Lebanon where an estimated 50% of HIV infections are associated with MSM activity. Countries such as Lebanon have become something of a haven for lesbian, gay, bisexual and transgender refugees from Algeria, Syria and other states in the region.^{xviii}
48. 在这些情况中，根本没有讨论健康的空间。就艾滋病毒而言，有的人流动就是因为感染艾滋病毒或结核，或因为性取向。他们流动是为了逃离污名与歧视，或是为了获取更好的艾滋病毒及相关医疗服务。例如，在非洲中东部和北部有着巨大的政治社会动荡，最受流离失所者影响 10 个国家有 3 个在这个区域（伊拉克、索马里和叙利亚）。^{xix}该区域大多数国家对同性关系刑事定罪，其中 7 个可判死刑。该区域的男男性行为者中出现集中感染，尤其是黎巴嫩，估计有 50% 的艾滋病毒感染者与男男性行为有关。类似黎巴嫩这类国家成为来自阿尔及利亚、叙利亚和该区域其他国家的性少数难民的天堂。^{xx}

"The only reason I decided to move to Brazil was not about accessing a new job or way of life – I knew the economic situation at that time was bad for Brazilians too – but there I could access my ARV medicines."

"我决定去巴西的唯一原因和找工作或新生活无关，我知道巴西经济情况也不好，但我在巴西可以获取抗病毒药物。"

– Jose, MSM migrant, Haiti

——Jose，男男性行为移民者，海地

49.

41. Human mobility is an historical constant. But it is now happening more quickly, in greater numbers and including more diverse populations. Management of population mobility has become much more complex. We are witnessing an interaction of many forces, especially globalization and forced internal or international migration. Our existing

migration systems and regulations seem unable to keep pace effectively with these challenges.

42. 人口流动一直都有。但现在的流动更快，更多，涉及人群更多元。人口流动管理越来越复杂。我们看到多方力量交互，尤其是全球化、被迫境内移民和国际移民。我们当前的移民系统和制度似乎不能有效地适应这些挑战。

Trend 2: "Feminization of migration"

趋势 2: “移民女性化”

43. Although widely in use, the concept of the "feminization of migration" can be misleading since it may imply that women and girls now outnumber men and boys among migrating populations. This may be so for certain regions and countries, as it has historically in some places.^{xxi} Such feminization is evident visible in southern Africa currently, where over two thirds of cross-border traders between South Africa and Mozambique or Zimbabwe are women. In Australia and North America, women for decades have outnumbered men among people on the move.^{xxii}

44. 尽管使用广泛，“移民女性化”的概念仍可能有误导性。它可能指移民中妇女和女童的数量超过男人和男童。在一些地区和国家可能是这样，在一些地方长期如此。^{xxiii}这种女性化当前在南部非洲特别明显，跨越南非与莫桑比克或津巴布韦边境的三分之二都是女性。在澳大利亚和北美，流动女性的数量几十年来都超过男性。^{xxiv}

45. At the global level, however, the proportion of people on the move who are women has stayed relatively stable in the past several decades, at a little 50%. The UN's *International migration report 2017* notes that 48% of international migrants were women, though they outnumbered male migrants in many regions (though not in Africa and Asia). Women make up slightly more than half of the migrants in high-income countries and slightly less than half in low- and middle-income countries. So the feminization of migration at the global level does mean women constitute a growing proportion of people on the move. Rather it refers to ways in which women move independently of men and the related new challenges they encounter, including vulnerability due to lack of recognition of domestic work and sex work, the pressure of being the breadwinner, isolation and separation from their children and families.^{xxv}

46. 在全球层面，流动人群中女性的比例在过去的几十年中相对稳定，约 50%。联合国《国际移民报告 2017》指出，48%国际移民者是女性。尽管在很多区域（非洲和亚洲除外）女性移民都超过男性。在高收入国家中，女性移民的数量略多于半数，在中低收入国家则略少于半数。因此，在全球层面，移民女性化是指流动女性比例增长，更是指女性独立于男性的流动方式和遇到的新挑战，因为缺乏对家政工作和性工作的认可、家庭经济支柱压力、孤立和与家人子女隔绝而造成的脆弱性。^{xxvi}

47. With the feminization of poverty, women in less rich countries are under increasing pressure to provide for their families and to enter the wage-earning labour force as breadwinners. At the same time, there is a growing demand in many labour markets (particularly in high-income countries) for caregivers, especially female caregivers. Governments in high-income countries have responded by making it easier for women from abroad to obtain entry visas on their own to work as domestic workers, maids, entertainers, nannies and day-care workers for the young and the elderly.

48. 由于贫困的女性化，在较不富裕的国家中，女性养家的压力增加，需要进入职业劳动市场。同时，在很多劳动市场中（尤其是高收入国家）对照护人员尤其是女性照护人员的需

求增长。高收入国家政府的处理方式是让国外女性更容易单独获得签证，入境从事家政工、服务员、娱乐业者、保姆和日间照料员工。

49. There are currently about 11.5 million people on the move globally who work as domestic workers, an estimated 73% of whom are women. Male domestic workers, mostly in the Arab states and parts of southern Asia, they tend to work as gardeners, drivers and security guards. However, some 80% of domestic workers globally are concentrated in high-income regions, especially the Arab states, North America and western Europe. In the Middle East and North Africa, significant numbers of people move from north-eastern Africa to Gulf states as migrant labourers. In Qatar and the United Arab Emirates, migrants make up 90% of the labour force. The trafficking of women is also increasing in the Middle East and North Africa, including in Sudan, Syria and Yemen.^{xxvii} It is worth noting, however, that only 25 countries have ratified the ILO's "Convention C189 – Domestic Workers Convention", none from North America or the Arab states.
50. 现在全球大约有 1150 万流动人口从事家政工作，其中 73% 是女性。男性家政工人主要在阿拉伯国家和南亚部分地区，主要是园丁、司机和保安。但是，全球家政工人 80% 集中在高收入地区，尤其是阿拉伯国家、北美和西欧。在中东和北非，大量来自非洲东北部流动人口到海湾国家成为移民工人。在卡塔尔和阿联酋，90% 的劳动力是移民者。女性人口贩运在中东北非（包括苏丹、叙利亚和也门）也在增长。^{xxviii} 值得注意的是，只有 25 个国家签署了国际劳工组织的《公约 C189——家政工人公约》，其中没有一个北美或阿拉伯国家。
51. Remittances from females on the move are vital for financing and supporting local development in their places of origin. Women tend to remit larger proportions of their earnings and do so more frequently and sustainably than men. This reinforces the changing role of women as family breadwinners even though their caregiving occurs abroad.
52. 流动女性的汇款对她们来源地发展是重要的经济和支持。与男性相比，女性会将收入中更多比例汇回，而且汇款更频繁更持久。这强化了女性作为家庭经济支柱的角色，而她们的照料工作都在外国进行。
53. Women also move for non-economic reasons, for example to seek greater personal freedom and opportunity. They may be fleeing abusive relationships and/or domestic violence, or trying to escape the cultural or patriarchal obligations that are imposed on married or unmarried women, single mothers or widows. Women, children and the elderly comprise about 80% of asylum seekers and refugees fleeing persecution or violence.^{xxix} Gender-related causes are seldom accepted as valid grounds for the granting of refugee status.
54. 女性也会因为非经济原因流动，例如，寻求更多个人自由和机会。她们可能为逃脱虐待性的亲密关系或家庭暴力，逃脱文化或父权社会对已婚和未婚女性、单身母亲和寡妇的要求。女性、儿童和老年人在逃脱迫害与暴力的寻求庇护者和难民中占比 80%。^{xxx} 性别相关原因极少被作为给予难民身份的有效理由。
55. Women on the move encounter persistent forms of gender inequality. Certain female-dominated occupations are excluded from visa schemes and there may be prohibitions on employment of migrant women in certain male-dominated occupations. Accepted

definitions of what constitutes work may result in excluding these women from legal protections. There are examples of sex-discriminatory mandatory testing for pregnancy, HIV or other infections, without consent. Women fall prey to gender-based violence. They may also have inadequate access to healthcare in the destination countries.

56. 流动女性面临持续的各种形式的性别不平等。一些女性主导的职业被排除在签证制度外，也有禁止移民女性在特定男性主导的职业中就业。对工作的定义可能导致这些女性无法得到法律保护。如性歧视的强制检测怀孕、艾滋病毒或其他感染。女性成为性别暴力的猎物。她们在目的地国家也无法平等获得医疗可及。

57. Mobile women are especially prevalent in domestic/care work and the entertainment sectors. This reinforces traditional sexual divisions of labour, with women working as predominantly as caregivers or serving the entertainment needs of men. As a result, one of the main opportunities for women on the move is the largely unprotected and unregulated field of "private sector" domestic work, which can involve significant exploitation. In addition, it can produce a "care drain" in countries of origin where skills associated with domestic work may not be valued or remunerated to the extent as in high-income countries that have ageing populations which depend on such skills.

58. 流动女性在家政照料行业和娱乐业特别多。这强化了传统的性别分工，女性主要是照料者或为男性娱乐需求服务。结果，流动女性主要的机会是缺乏保护和管理的“私领域”家政工作，可能造成严重剥削。另外，这也造成“照料外流”，家政工作技术在来源国无法获得像老年人依赖护理技术的高收入国家那样的重视和报酬。

59. Mobility provides different opportunities and challenges to women as distinct from men, including specific human rights abuses, exploitation and health risks. Females on the move face unique vulnerabilities and risks of abuse and sexual violence, including rape. Population mobility is not gender-neutral. Yet migration law and policy continue to be cast in outdated male categories, even though women are increasingly visible and major components of population movements.

60. 流动为女性提供了有别于男性的不同的机遇和挑战，包括特殊的人权侵害、剥削和健康风险。流动女性特别容易受到虐待和强奸等性暴力。人口流动不是性别中立的。移民法律和政策仍以男性为重点，但女性越来越成为人口流动中的主要组成。

Trend 3: New health paradigm—linking development and people on the move

趋势 3: 新卫生模式——联结发展与流动人群

61. A recognition of the linkage between human mobility and development has been growing for over four decades, at least since the World Population Conference in Bucharest in 1974. That event and subsequent conferences have noted the contributions of migrants to development and highlighted the need to respect the human rights of international migrants and uphold labour standards for migrant workers, and the impact of the "brain drain". These discussions continued at the 1994 International Conference on Population and Development held in Cairo, the 2006 High-Level Dialogue on International Migration and Development (the first UN summit to focus on international migration), and the 2013 High-Level Dialogue (in effect the second UN migration summit). A third summit is planned for 2019.

62. 四十年来，至少从 1974 年布加勒斯特的“世界人口大会”起，对人口流动与发展的联结的认可在增长。那次大会及之后的会议都支持了移民对发展的贡献，强调要尊重国际移民的人权，支持移徙工人的劳动标准，以及“脑力流失”的影响。1994 年开罗“人口与发展国际大会”，2006 年关于国际移民与发展的高级别对话（第一次聚焦国际移民的联合国峰会），以及 2013 年高级别对话（第二次联合国移民峰会）都继续了这些逃离。第三次峰会计划在 2019 年举行。

63. Despite these discussions, there was limited direct reference to migration or mobility in the Millennium Development Goals (MDGs). Nevertheless, many elements of the MDGs had strong links with the wider discussion about the relationship between development and mobile populations: for example, Goal 1 on poverty reduction; Goal 3 on gender equality; Goal 6 on prevention of HIV/AIDS, malaria and other diseases; Goal 7 on environmental sustainability; and Goal 8 on global partnership for development.

64. 尽管有这些讨论，在千年发展目标（MDGs）中提到移民和人口流动的内容很有限。但千年目标中有很多内容是与发展 and 人口流动有紧密关系的，例如：目标 1 关于减贫，目标 3 关于性别平等，目标 6 关于预防艾滋病毒/艾滋病、疟疾等疾病；目标 7 关于环境可持续，目标 8 关于全球发展伙伴。

65. Population mobility features more prominently in SDGs and its targets, for example in relation to retaining the health workforce in developing countries, eradicating human trafficking, protecting labour rights of workers on the move, reducing transaction costs of remittances, and disaggregating data by migration status.

66. 人口流动在可持续发展目标中更为突出，例如发展中国家保持健康劳动力，根除人口贩运，保护流动工人劳动权利，减少汇款成本，分类移民数据。

67. The SDGs not only recognize rights and vulnerabilities of people on the move, they also recognize their contributions and the social benefits of population mobility. The SDGs exhibit the paradigm shift in our understandings of the links across mobility and development. As a result, the need to normalize and manage human mobility as a constant and for the benefit of all—not simply as a threat to origin and destination countries—has moved to the fore. People movement becomes a positive means to ensure sustainable development. This shift is perhaps most sharply stated in SDG 10.7, which calls on Member States to "facilitate orderly, safe regular and responsible migration". That call is at the root of the emerging Global Compact on Migration to be adopted by the UN General Assembly later in 2018.

68. SDGs 不仅承认人权与流动人群脆弱性，也承认她们的贡献和面向流动人口的社会福利。可持续发展目标显示了对流动与发展关系的理解模式产生了变化。人口流动常态化及管理的需求，以及各方（来源国和目的地）多赢的需求成为重点。人口流动成为确保可持续发展的积极方式。这种变化体现最为明显是在 SDG10.7，呼吁各成员国“协助有序、安全负责的移民”。这个呼吁是联合国大会计划 2018 年末通过的《关于移民的全球契约》的根源。

69. In the New York Declaration for Refugees and Migrants in 2016, UN Member States committed to developing a compact for safe, orderly and regular migration. This Global Compact on Migration is still in development: a "zero draft" was produced in February 2018 and the final document is to be adopted at a High-Level Meeting in the Middle East and North Africa region (Morocco) in December 2018. It is expected that the final

document will reinforce the paradigm shift of recognizing that population mobility can benefit states and people on the move.

70. 在 2016 年《难民与移民纽约宣言》中，联合国成员国承诺为安全有序正常的移民制定契约。《关于移民的全球契约》仍在制定中：2018 年 2 月制定了预稿，最终文件计划在 2018 年 12 月中东北非区域（摩洛哥）的高级别会议上通过。预计终稿将强调模式变化，认可人口流动对国家和流动人群的益处。
71. While the Global Compact will not be legally binding, the preamble of the "zero draft" reinforces relevant international norms and laws, including those addressing human rights, against organized crime and trafficking, ILO conventions on decent work and labour mobility, and the SDGs. The Compact is also expected to include actionable commitments on a range of topics, such as disaggregated data gathering, reducing migration vulnerabilities, combating trafficking, and creating conditions for migrants to fully contribute to sustainable development. It is hoped that the Compact will follow the "zero draft" by specifying the need to provide information to all migrants, regardless of their status, on their right to health and how to access basic social and health services.
72. 虽然全球契约没有法律约束力，预稿前言强化了相关国际规范和法律，涉及人权、打击有组织犯罪和人口贩运、ILO 关于体面工作和工人流动公约、可持续发展目标。全球契约预计包括在多个话题上可操作的承诺，如分类数据收集，减少移民脆弱性，打击人口贩运，为移民创建可全面为可持续发展做贡献的条件。希望契约能够如预稿一样，明确有必要为所有移民者提供关于健康权和基本社会医疗服务可及相关信息，无论其身份地位。
73. It is not clear whether there will be a clear commitment to extend UHC to people on the move or ensure their access to reproductive health services, including for STIs such as HIV. One limitation in the proposed Compact seems very likely: it will only address migration in the narrow sense of legal or documented *international* migration. Wider discussions of mobility and internal migration will very probably not be addressed in this Global Compact on Migration.
74. 不明确是否将有明确承诺去拓展 UHC 对流动人群或确保她们可获取包括艾滋病毒在内的生殖健康服务。契约的一个局限是：它可能只解决狭义的合法或有证件的国际移民问题。关于流动的更广泛的讨论，以及境内移民，很可能无法在关于移民的全球契约中得到处理。

Trend 4: New approaches to thinking about mobility

趋势 4：思考流动性的新途径

75. As noted, the lack of shared definitions of mobility poses a challenge for understanding and addressing the links between mobility and HIV risk. Different studies are based on different definitions and yield ambivalent or even contradictory conclusions.^{xxxii} This variation is also visible in how we understand the variety of people on the move; Annex 4 (below) provides descriptions of 14 different categories or modalities of people on the move.
76. 如上所述，缺乏对流动的共识性定义为理解和处理流动与艾滋病毒风险间的关联造成了挑战。根据不同的定义进行不同的研究，产生不同甚至矛盾的结论。^{xxxiii}这在我们如何理解各类流动人群中也有表现。附录 4 提供了 14 类不同类别形式的流动人群。
77. It is difficult to provide robust statistical public health evidence or consistent correlations linking population mobility and HIV risk or infection. Recent thinking suggests that the study of this area, especially regarding links between mobility and HIV vulnerability, should involve collaboration and use of research methodologies associated both with

public health and with mobility and migration studies. These methods need to address specific behavioural patterns and reasons for moving, specific kinds of mobility, and specific contexts or locations, including the background HIV prevalence rates and extent of overlap in sexual networks. New thinking on population movement and HIV risk will need to be more specific and inclusive of several key strands: who is moving, how they are moving, why they are moving and the origins or destinations of their movements.

78. 很难提供有力的数据性的公共卫生证据或人口流动与艾滋病毒等感染风险相关性。对这个领域的研究，尤其是关于流动性与艾滋病毒脆弱性的联结的研究，应当纳入公共卫生、流动性与移民研究的方法与力量。这些方法需要解决流动、特定类型流动、特定环境和地点的具体行为模式和理由，并将艾滋病毒感染率以及与性网络的重叠纳入考虑。关于人口流动和艾滋病毒风险的新思路需要更具体和对若干特定人群有包容性：谁在流动，她们如何流动，为什么流动，流动的起点和重点在哪里。

Trend 5: Challenges to globalization

趋势 5: 全球化的挑战

79. In Trend 1, we noted that globalization is a key driver of the recent expansion in population movement. However, as challenges to globalization continue, international migration is also facing growing opposition. Immigration is again being seen in an increasingly negative light by growing numbers of people, who believe it undermines national identity, increases competition among citizens and exacerbates pressures on existing state resources and capacities. It is as if a backlash has occurred against the late-20th century ideal of "thinking globally, acting locally" by pitting the local against the global.^{xxxiii} This is fuelling new waves of populist nationalism in contemporary politics, a key element of which is anti-immigrant. This backlash is accompanied by a distrust of political and economic authorities and experts that had promoted globalization, including national political parties, the International Monetary Fund, the World Bank, the G7 nations, and more.
80. 在趋势 1 中，我们提到全球化是近期人口流动增长的关键驱动力之一。但是，和全球化面临的挑战一样，国际移民也面临着日益增长的反。移民再次被越来越多人从负面角度审视。这些人相信移民损害了国家身份，增加竞争，加剧了对国家资源能力的压力。这似乎是对 20 世纪末理想的“全球思考，本地行动”的反击，用本地反对全球。^{xxxiv}这助力了当代政治中的民族主义，反移民的重要部分。这种反击伴随着对推动全球化的政治经济权威和部门的不信任，对国内政党、国际货币基金组织、世界银行、七国集团等的不信任。
81. The anti-globalization perspective emphasizes the role of the state in maximizing the welfare of its own citizens. However, the movement sees the growth of international finance and free trade precisely as a danger to the welfare of its citizens. There has been a pre-existing tension between the internal legitimacy of states based on their citizens versus the need for states to more and more look externally to meet the needs of those very citizens. In this context, there is little room to address concerns about people on the move who are not citizens, their health or their HIV vulnerability.
82. 反全球化视角强调国家在最大限度实现本国公民福祉方面应发挥的作用。该运动认为，国际经济的增长和自由贸易是对国家国民福祉的威胁。国家通过实现公民福祉来达到其执政的合法性，与国家需要更多地通过外部来满足本国公民需求这两者间存在紧张关系。在这种情况下，几乎没有空间来处理那些不时公民的流动人口以及他们的健康和艾滋病毒脆弱性的问题。

83. The benefits of globalization are distributed very unevenly and have been shadowed by numerous setbacks.^{xxxv} Disadvantages have included job losses, depressed wages, increased "brain drain", aggravated racial and cultural tensions, intensified competition for skilled migrants, tensions between local and international workers or other people on the move, farmers pushed off their lands, and rollback of the welfare state. All these factors also function as drivers of further internal and international mobility. Debates around globalization have not yet been effective in producing policies that include and support people on the move.

84. 全球化的益处分配不均，而且受到多个挫折影响。^{xxxvi} 其弊端包括岗位丧失，薪酬减低，“脑力流失”增加，种族文化紧张加剧，技术移民竞争激化，本土与国际或其他流动人口关系紧张，农民离开土地，国家福利水平下降。这些因素都是进一步国内和国际流动的驱动力。关于全球化的整理对制定政策和支持流动人群尚无作用。

85. The anti-globalization and anti-immigrant currents—and their local/global dichotomy—reinvigorated in many parts of the world. However, it is unclear whether this constitutes a watershed leading to a long-term retreat from "thinking globally" and towards enduring and rigid nationalism and protectionism. If so, it will add further negative consequences for people on the move, including even more restrictive migration policies, arrests and deportations, often in violation of human rights and international norms.

86. 反全球化和反移民浪潮，以及本土/全球二元论，在世界各地卷土重来。尚不明确这是否意味着从“全球思考”长期撤退，走向长期的僵化国家主义和保护主义。如果如此，这对流动人群将带来更多负面后果，包括更严格的限制性移民政策，逮捕与遣返，侵犯人权和违背国际规范。

"In Italy, the migrant issue is now considered an "emergency" and there are many movements against their presence in the country. There have been quite a few episodes of physical offence (also with guns) towards migrants and black people, real episodes of racism. The law is quite protective of their rights, but in reality things work out differently."

“在意大利，移民问题现在被视为一种‘紧急情况’，国内有很多反对运动。有相当数量的对移民和黑人的身体攻击（持枪），真正的种族主义。法律保护她们的权利，但现实是另一种方式。”

– LILA Milano

——米兰 LILA

87.

Key health impacts and HIV vulnerabilities

重要的健康影响与艾滋病毒脆弱性

64. The links between human mobility and HIV vulnerability are complex. Mobility can impact health and HIV vulnerability. Some people may move precisely to ensure for themselves

better HIV care and support or to escape stigma and prejudice: they may move away from their families and communities to be closer to HIV specialists elsewhere, or they may move closer to their families to ensure better care and support. On the other hand, some move to flee conflict, persecution or poverty only to then face conditions that place them at increased risk of contracting HIV. They may lack access to HIV prevention information, tools and services; they may have unprotected sex with partners from countries with a high prevalence of HIV infection; or they may be exposed to sexual violence.

65. 人口流动与艾滋病毒脆弱性之间的关系是复杂的。流动可能影响健康和艾滋病毒脆弱性。一些人流动的原因就时确保自己能获得更好的艾滋病毒关怀和支持，或逃离污名与歧视：他们可能离开家庭和社区以接近艾滋病毒专业人员，或到离家更近的地方获得关怀和支持。另外，一些逃离冲突、迫害或贫穷的人可能会发现处于感染艾滋病毒风险更高的地方。他们可能缺乏艾滋病毒预防信息、工具和服务可及；他们可能与来自艾滋病毒感染率高的国家的伴侣有无保护的性行为；或面临性暴力。
66. This report now groups the major impacts of mobility on health and HIV vulnerability under four headings: continuity of care (the care continuum); financing health care; HIV and coinfection risk environments; and stages of the mobility process itself.
67. 本报告将流动对健康和艾滋病毒脆弱性的主要影响分为四类：延续性护理（持续照护）；资助医疗护理；艾滋病毒及其并发感染风险环境；流动过程各阶段

Impacts on continuity of care

对延续性护理的影响

68. The HIV care continuum refers to a process spanning HIV testing and diagnosis, engaged in treatment and care services, initiating ART, and achieving and sustaining viral suppression. Being on the move can significantly affect this continuum, by facilitating or undermining any of the four main stages of the continuum.
69. 艾滋病毒持续照护是指从艾滋病毒检测诊断，到治疗和关怀服务，到抗病毒治疗，实现并持续压制病毒。流动对这个过程的四个阶段都可能产生促进或损害的影响。
70. All the standard issues related to continuity of care for HIV and its coinfections are similar but more challenging and complex for mobile populations. In the southern African region, which has the highest HIV and TB prevalence in the world, an estimated 10 million people are on the move, not including undocumented migrants.^{xxxvii} Such levels of mobility pose challenges. For people living with HIV, especially those receiving ART, there are often obstacles to maintaining effective engagement with the health-care system or accessing a stable supply of antiretroviral drugs. People who have not acquired HIV may not now how to access prevention information and tools, or HIV prevention and testing services. Being on the move may result in delays in accessing HIV testing and diagnosis, no longer having the same level of medical insurance or service that was provided in one's home country, and new cultural and language barriers.
71. 艾滋病毒及其并发感染的延续性护理相关的标准问题都是相似的，但对流动人口更具有挑战性和复杂性。在南部非洲地区，艾滋病毒和结核病高发。该地区约有 1 千万流动人口，

还不包括无证移民。^{xxxviii}这种水平的流动性带来了挑战。对艾滋病毒感染者而言，尤其是接受抗病毒治疗的人来说，在获得持续有效的健康护理或可得到稳定的抗病毒药物方面总有阻碍。没有感染艾滋病毒的人可能不知道如何获取预防信息和工具，或艾滋病毒预防检测服务。流动可能造成延迟获取艾滋病毒检测诊断，不再有相同水平的医疗保险或服务，以及文化和语言障碍。

72. Mobility can also complicate access to a new health-care system if the system is not inclusive of or sensitive to people on the move or is not based on the principles of UHC. it has not been built in a way that integrates and provides sustainable service provision for people on the move and it does not have service-providers and structures that are inter-culturally and linguistically competent. Examples include health services that people on the move do not understand or cannot navigate on their own; discrimination against mobile populations, including those from key populations and/or people living with HIV; and fear of disclosure of HIV status. When people on the move are unfamiliar with local languages, they may be less likely to seek help to manage a medical condition, which puts their health at risk.

73. 流动性可能使新医疗系统可及性变得复杂，如果新系统不是包容性的或者对流动人群不敏感，或者没有依据 UHC 的原则制定。新医疗系统可能没有融入面向流动人群的可持续服务，或者服务机构不具备跨文化或语言胜任力。比如，流动人群无法理解服务或自己找到所需服务；针对流动人群的歧视，尤其是那些关键人群或艾滋病毒感染者；担忧艾滋病毒感染情况被暴露。流动人群对当地语言不熟悉，他们可能不会去寻求帮助来改善医疗条件，导致自身健康面临危险。

"We face violence, being homeless, stigma and discrimination, and HIV. Migrants should have somewhere they can go to get help like food or a place to stay and access to healthcare. Government, civil society/NGOs should put systems in place to help migrants."

"我们面临暴力，无家可归，污名与歧视，艾滋病毒。移民者应当有地方可以求助，获取食物和栖身之所，获取医疗护理。政府，民间组织应当形成机制去帮助移民者。"

— Lorenzo, MSM and migrant living with HIV, Jamaica

——Lorenzo，男男性行为者和感染艾滋病毒的移民者，牙买加

74.

69. Access to documentation is one of the biggest challenges for mobile people, particularly those who are of irregular status. Government services typically require proof of identity or residence before providing services; access to services for people without the necessary documentation therefore is poor. Many people will therefore avoid going to services because they fear that their failure to produce requested documentation could to them detained or deported.

70. 获取证件是流动人口的最大挑战之一，尤其是那些不合法的。政府服务一般需要身份证件或居留证件；获取面向无证者的服务很难。很多人因此不去获取服务，害怕拿不出证件导致被拘留或驱逐。
71. People living with HIV and/or a coinfection face specific challenges to avoid interrupting their HIV or other treatment . Evidence indicates that the more one is on the move, the higher the chances of not adhering to a treatment regime, usually due to barriers in accessing treatment or other services in a new health system or health-care setting. Treatment initiated in one country or location needs to be continued while on the move or in another location. In India, research indicates that internal migration is linked to one quarter of all people being lost to TB treatment and follow-up.^{xxix}
72. 艾滋病毒感染者或并发感染者在避免艾滋病毒及相关治疗中断这方面面临特殊困难。证件显示，个人流动越多，无法依从疗程的可能性越大。主要是因为在新医疗系统或护理机构中获取治疗等服务会遇到困难。一个国家或地方开始的治疗，需要在流动中在另一个地方继续。在印度，研究显示境内流动与四分之一的失去结核治疗或后续跟进的情况有关。^{xi}
73. Various vulnerable populations face specific challenges when trying to remain in treatment and care. For example, nomadic pastoralists experience particular TB risks associated with their traditional lifestyles, for example animal husbandry, drinking unpasteurised milk or living in poorly ventilated or over-crowded conditions. Similarly, the living and working conditions of refugees and internally displaced persons (IDPs) aggravate their health risks. HIV stigma in health-care systems is known to undermine continuity of care. HIV stigma as a barrier to continuous health care was observed in Thailand where a health-care provider survey revealed that some health-care providers explicitly stated they would prefer not to provide services to migrants.^{xii}
74. 很多脆弱人群在继续治疗和关怀时面临特定挑战。例如，以传统方式生活的游牧民族有特定的结核风险，如畜牧养殖，饮用未消毒牛奶，居住环境通风不畅或过度拥挤。类似的，难民和境内流离失所者的生活工作环境也加剧了健康风险。已知医疗系统中的艾滋病毒污名会损害延续性护理。泰国一项医疗机构调查显示，艾滋病毒污名阻碍护理持续，一些医疗机构明确表示他们不愿意为移民提供服务。^{xiii}
75. Barriers to negotiating the care continuum can contribute to people on the move presenting with advanced health problems, achieving poor treatment outcomes, experiencing high morbidity and mortality rates, and involving high costs to health-care systems. Chronic health conditions such as TB and HIV require optimal treatment adherence to reduce the risk of transmission and drug resistance. Access to and continuity of care for mobile populations are crucial if HIV and coinfection vulnerabilities are to be effectively addressed. Possible solutions that have been identified include mobile clinics, community health centres, and networks of health volunteers who are themselves from mobile populations.

76. 协商护理持续时遇到的障碍会导致已有健康问题的流动人口治疗结果不佳，发病率和死亡率升高，医疗系统的成本增加。慢性病如结核与艾滋病需要最佳治疗依从，以减少传播风险和抗药性。要有效解决艾滋病毒及其并发感染的脆弱性，护理的可及性与延续性对流动人口至关重要。已有的可行方案包括流动诊所、社区医疗中心、（来自流动人口的）医疗志愿者网络。

Impacts on financing of health care

对医疗护理资助的影响

77. Accurate, disaggregated data are essential for effectively planning and financing public health interventions for HIV, hepatitis B and C, and TB, as well as for ensuring adequate medical supplies and equipment are available. The information needs to be gathered from a variety of sources and should cast light on migration flows, the extent of access to services for people on the move, structural discrimination against mobile populations, burdens of HIV and coinfections among specific mobile populations, and the wider benefits of addressing the health needs of people on the move.
78. 准确分类数据对有效规划和资助艾滋病毒、乙肝和丙肝的公共卫生干预非常重要，对确保有适当医疗用品设备可用也是关键。信息需要从多种渠道收集，以反映移民流动、流动人口服务可及程度、对流动人口的系统性歧视、特定流动人口艾滋病毒和并发感染的负担、解决流动人口卫生需求的更广泛的益处。
79. Turkey, for example, hosts almost four million refugees from Syria, as well as from Iran (Islamic Republic of), Iraq, Somalia and Afghanistan.^{xliii} Up to 40% of the capacity of hospitals along the Turkish-Syrian border is devoted serving refugees and health services in some wards are severely strained. Female refugees have been noted to receive poor antenatal care. A recent study of HIV risk among refugees in Turkey noted a need to improve resources in several key areas, including housing, shelter and security; basic needs support; cash assistance; and livelihood opportunities. Nevertheless, even though there is increasing population mobility and health-related information, there is simultaneous acknowledgement of significant limitations and gaps in funding.^{xliiv}
80. 例如，土耳其接纳了大约 4 百万难民，来自叙利亚、伊朗、伊拉克、索马里和阿富汗。^{xli v} 土耳其叙利亚边境附近的医院能力 40%都用于服务难民，一些病房的医疗服务能力极度紧张。女性难民反映产前护理糟糕。近期一个关于难民在土耳其的艾滋病毒风险研究显示，需要改进几个关键领域的资源，包括住房、避难所和安保、基本需求支持、现金协助，还有生计机会。人口流动和医疗相关信息都在增加，都认为资助方面有明显局限和差距。^{xli vi}
81. In order to plan and finance the response to the health-care concerns of the large variety of at-risk people on the move, there needs to be models for estimating the sizes of various sub-populations. Without such information, it would be impossible to accurately determine how many HIV rapid tests should be provided how many clean needles should be available, or how many workers should be deployed to reach specific groups.

However, representative data gathering and analysis—and service provision—can be very complicated.^{xlvii}

82. 为规划和资助涉及各类有风险的流动人群的医疗工作，需要有估测各类亚群体规模的模型。没有这类信息，就不可能准确决策需要多少艾滋病毒快速检测多少清洁针具，或派遣多少员工去接触特殊群体。收集和分析代表性数据，提供相应服务，是非常复杂的。^{xlviii}
83. There are several approaches for gathering more accurate data on the wide variation in movement patterns and groups. One involves not simply relying on a single method of acquiring the data, but using a combination of methods for assessing sub-population size. Human mobility and the HIV epidemic are in constant flux. Size estimations should be done quickly to tally people while they are in one location while ensuring they are not double-counted in different locations. Sex workers may only work in certain locations at specific times, or they may regularly cross borders to work in one location and return home. In such cases, estimates could mistakenly count the same sex workers twice, thus yielding inaccurate data. A good understanding of sex work is needed therefore to achieve an accurate count.
84. 有若干途径可以收集更准确的各类流动模式和群体的数据。其中一种不是简单依赖申请数据的单一方式，而是结合几种方法来评估亚群体规模。人口流动和艾滋病毒传播都在不断变化。规模估测需要快速完成以对某地人员计数，确保他们不被不同地点重复计数。性工作者可能一个时期只在特定地点工作，或定期跨越边境往返工作地和家。对这类情况，可能会错误地对一个性工作者统计两次，造成数据不准确。需要对性工作较为了解才能准确计数。
85. Estimating population sizes and gauging the health-care needs of other highly mobile groups such as nomads, undocumented migrants or Roma can involve even greater challenges. It is therefore often necessary to use proxy definitions for groups of vulnerable people on the move based on specific group characteristics that may be linked to HIV risk (e.g. occupations or frequently visited entertainment sites or accommodation).
86. 估测人口规模和衡量其他高流动性群体医疗需求，如游牧民、无证移民或罗姆人，都会面临更多问题。因此经常需要根据特定人群的与艾滋病感染风险可能有关的特征（如职业、经常出入娱乐场所或住所），来形成脆弱流动人群的替代定义。
87. When it comes to financing health-care, there is an assumption that people on the move, especially asylum seekers, place heavy economic burdens on countries, including on their health systems. However, a recent study on the "migrant crisis" across 15 European countries has shown that any additional public expenditure is more than compensated for by an increase in tax revenues as asylum seekers become residents.^{xlix} There are certainly significant challenges in coping with large inflows of people to Europe, at national and regional levels. However, acknowledgement that the so-called "migrant crisis" may actually turn out to be an economic opportunity, could facilitate a more positive political approach to addressing these problems. An earlier report by the European Union Agency for Fundamental Rights made similar findings. It noted that: "providing access to healthcare to migrants in an irregular situation would not only contribute to the fulfilment of the right of everyone to enjoy the highest attainable standard of physical and mental health, but would also be economically sound. Obligations deriving from an inclusive interpretation of international human rights law would thus be supported by economic arguments."^l

88. 对于资助医疗护理，有假设认为流动人口，尤其是寻求庇护者，给国家带来沉重经济负担，包括给医疗系统增加负担。然而，近期对 15 个欧洲国家的“难民危机”的研究显示，额外的公共支出都能通过寻求庇护者成为居民后增加的纳税得到补偿。ⁱ应对大量流入欧洲的人口肯定在国家和地区层面上有巨大挑战。但是，所谓的“难民危机”可能实际是一个经济机遇，这种认识有助于用更积极的政治途径来解决这些问题。欧盟基本权利署的一份较早研究也有类似发现。“在非常规情况中为移民者提供医疗可及不仅有助于实现每个人可达到的最高生理心理健康的权利，在经济上也是安全的。对国际人权法律的包容性阐释所产生的责任能够得到经济论点的支持”。ⁱⁱ
89. The research specifically focused on access to hypertension and prenatal services, so further research would be needed on the financial implications of providing treatment to people on the move for other conditions. Early detection and treatment are certainly cost-effective, so addressing the health-care needs of mobile populations sooner than later makes good economic and political sense.
90. 该研究特别关注在高血压和产前服务可及方面，因此进一步关于为流动人口提供治疗的经济影响的研究需要关注其他内容。早期检测治疗是性价比较高的，因此尽早解决流动人口的医疗需求在经济和政治方面都是合理的。
91. A diversity of approaches exist for financing health-care services for people on the move and their families, e.g. based on residence, citizenship, occupational category, family relationship to someone with health insurance, etc. In China, Hukou, access to government services is linked to residential registration at a specific location. However, with increasing population mobility in China, millions of rural-to-urban internal migrants do not qualify for public medical insurance and assistance programmes at their new location where they do not have registered resident status. Botswana has among the highest levels of HIV viral suppression in the world, with free ART for all citizens living with HIV. However, non-citizens are not eligible for ART coverage.ⁱⁱⁱ
92. 现有多种资助面向流动人口及其家庭提供医疗服务的途径，如根据居住地、身份、职业、家庭关系提供的医疗保险。在中国，政府服务可及性是与户口相关联的。随着中国人口流动的增加，上百万城乡流动人口没有在新地方获得公共医疗保险和援助项目的资格，他们没有登记为居民。博茨瓦纳是世界艾滋病毒抑制水平最高的国家之一，为所有感染艾滋病毒的国民提供免费抗病毒治疗。但非国民就没有资格被抗病毒治疗覆盖了。^{iv}
93. On the other hand, there are also several examples where countries provide care and treatment in medical emergencies and/or for communicable diseases regardless of legal status or having medical insurance. Most countries in the European Union provide TB treatment for the benefit of the public health; in the United Kingdom there is free HIV care and treatment for anyone regardless of their legal status in the country. In Brazil, the frontier is open to mobile populations, including people living with HIV, with clear guidelines around confidentiality, care, treatment and support.
94. 另一方面，也有国家提供紧急医疗情况和传染病相关的护理治疗，无论是否有合法身份或医疗保险。大多数欧盟国家为了公共卫生利益会提供结核治疗；英国国内提供免费艾滋病毒关怀和治疗，无论是否身份合法。巴西的边境对包括艾滋病毒感染者在内的流动人口是开放的，还有关于保密、关怀、治疗和支持的清晰指南。
95. Concerns about HIV and international migration have a long history in south-eastern Asia (Indonesia, Malaysia, Philippines, Singapore and Thailand), especially with respect

to the movement of workers (e.g. entering Thailand or returning to the Philippines). In Thailand, these migrants comprise less than 10% of the population, whereas in Singapore they make up almost half of the population. As a result, these five countries have health schemes that cover such mobile populations in different ways, with Thailand having gone the farthest in not only realizing UHC for its citizens but also for documented migrants.^{lv}

96. 对艾滋病毒与国际移民的关注在东南亚（印度尼西亚、马来西亚、菲律宾、新加坡、泰国）已经有很长的历史，尤其是在工人流动方面（如进入泰国或回到菲律宾）。在泰国，这些移民者占人口的将近 10%，而在新加坡则几乎是人口半数。因此，这五个国家的卫生机制以不同方式覆盖流动人口。其中泰国走的最远，不仅将 UHC 覆盖国民，也覆盖持证移民。^{lvi}
97. 47 Thailand has a health financing model that is primarily tax-based: employed individuals are covered via payroll taxes, while the rest of the population is covered through general taxation. Thailand's Compulsory Migrant Health Insurance scheme (2001) is administered by the Ministry of Public Health and is available to all international migrants; it previously included undocumented migrants, but no longer does so. The system is not perfect and could be improved to allow more people on the move to enter it (e.g. increased portability within the country, payments by instalment or relaxed identity checks at hospitals).
98. 泰国的医疗资助模式主要是以税为基础的：被雇佣者通过薪酬税覆盖，其他人通过一般税覆盖。泰国的强制移民医疗保险机制（2001）由公共卫生部负责，面向所有国际移民；它之前还包括无证移民，但已经不再如此了。该机制并不完美，可进一步改善让更多流动人口被纳入。（比如增加国内的可调动性，分期支付或放宽医院的身份查验）
99. It seems clear that if we are to develop effective response to the HIV and coinfection vulnerabilities of people on the move, we need to develop more effective methodologies for studying them. In addition, we cannot continue thinking about health finances based on assumptions that populations remain stable. We need to appreciate the reality of increasing human mobility and develop systems of health financing that respond to that reality.
100. 很明显，如果我们要开发有效工作方式来处理流动人群的艾滋病毒和并发感染脆弱性，我们需要开发更有效的方法去研究它们。另外，我们不能再以人口稳定的前提来思考医疗资助。我们需要接受人口流动增加的现实，开发医疗资助机制来应对现实。

Impacts resulting from risk disparities

风险差异造成的影响

101. Risk disparities can be grouped into three categories: those resulting from belonging to one or several key populations, those resulting from moving across different zones of HIV prevalence, and those related to the varieties of health systems encountered.
102. 风险差异可分为三类：因属于一个或多个关键人群造成；因流动跨越不同艾滋病毒流行区域造成；因遇到不同医疗系统造成。
103. Key populations are at higher risk of contracting HIV. This vulnerability can be further increased when on the move. Mobility may result in criminalization, economic precarity, and social isolation and marginalization. That in turn may restrict key population

members' access to prevention commodities and services and increase their vulnerability to sexual violence, coercion and pressures to engage in risky sexual and injecting behaviour.

104. 关键人群是感染艾滋病毒的风险更高。这种脆弱性可进一步在流动中增加。流动可能会导致刑事定罪、经济不稳定、社会孤立和边缘化。这反过来也会限制关键人群成员获取预防用品和服务的能力，增加他们对性暴力、被强迫施压参与高风险性行为和注射行为的脆弱性。
105. At east African cross-border sites, certain mobile populations are at particular risk of acquiring HIV, particularly female sex workers, gay and other men who have sex with men (MSM), people who inject drugs, young women, and truck drivers. In some but not all situations, the most effective HIV prevention activities among these groups target the venues where behaviours associated with high HIV prevalence are common (e.g. sex work locations or where alcohol is consumed).^{lvii} Nevertheless, significant gaps exist in accessing and using condoms and lubricants, or seeking treatment for symptoms of sexually transmitted infections. These gaps need to be addressed.
106. 在东非边境点，特定流动人群的感染艾滋病毒风险特别高，如女性性工作者，男同性恋和男男性行为者，注射毒品使用者，年轻女性和卡车司机。在某些情况下，对这些群体最有效的艾滋病毒预防活动瞄准的是艾滋病毒传播高风险行为经常发生的场所（如性工作地点或酒精消费场所）。^{lviii}无论如何，在获取和使用安全套及润滑剂，以及获取性病症状治疗时，存在巨大差距，亟待解决。
107. In the Caribbean, population movement has been constant for at least two centuries. People move for the usual reasons, including poverty or to seek employment, and they tend to move from lower- to higher-income countries in the region, with or without documentation. In addition to the usually identified key populations, cross-cutting HIV risks link youth with mobility. Young, undocumented people on the move, with limited livelihood options, may engage in sex work under exploitative work conditions and face barriers to asserting safe sex practices. MSM move across the region to secure anonymity and safety which can result both in higher self-esteem as well as increased sexual risk-taking.
108. 在加勒比，人口流动已经持续了至少两个世纪。人们流动多是出于常见原因，包括贫穷和找工作，通常是从该区域较低收入国到较高收入国，有的有证件，有的没有。除了通常的关键人群，艾滋病毒感染风险也与流动青年相联结。青年，无证流动人群，他们的生计选择很有限，可能会参与剥削环境中的性工作，在进行安全性行为时受到阻碍。男男性行为者在区域中流动，以保持匿名和安全。这有助于自尊提升，也导致性风险增加。

"In our settings, adolescent girls and young women, are like sex toys in internally displaced camps or shelters. Young men and boys as well survive as sex objects to sugar mummies and other men in the neighbourhood"

"在我们这里，未成年女孩和青年女性，就像是境内流离失所者营地和避难所的性玩具。青年男性和男童为求生也成为附近男人和富婆的性对象。"

– Uganda Youth Coalition on Adolescent Sexual and Reproductive Health Rights and HIV
——乌干达未成年性与生殖健康权利和艾滋病问题青年联盟

89. Among people who inject drugs, mobility may result from several factors, including drug availability, legality, price and quality. In Tijuana, Mexico, which lies on the border with

the USA, "drug tourism" from the USA to the city seems common.^{lix} There is a high potential for cross-border transmission of HIV, highlighting the need for strengthening HIV services on both sides of the Mexico-USA border.

90. 在注射毒品使用者中，有多种原因可能造成流动，包括毒品可得性、合法性、价格和质量。墨西哥蒂华纳与美国相邻，从美国到这个城市的“毒品旅行”很常见。^{lx} 跨境的艾滋病毒传播风险很高，特别需要增强墨西哥与美国两边的艾滋病毒服务。
91. The HIV epidemic among people on the move from other parts of Europe and elsewhere to the European Union/European Economic Area is largely driven by ongoing HIV transmission among MSM, mostly acquired after arrival.^{lxi} For example, HIV-positive people who have moved from Latin America and the Caribbean make up a growing proportion of HIV cases in the European Union/European Economic Area region. Among those from Latin America and the Caribbean, it is estimated that more than half (53%) of the HIV cases were MSM. MSM also made up 84% of reported HIV cases among people coming from South America and 46% from those coming from the Caribbean.
92. 艾滋病毒在从欧洲其他地方到欧盟/欧洲经济区的流动人群中的传播受当前艾滋病毒在男男性行为者中传播的影响极大，大多数人是流动到目的地后感染的。^{lxii} 来自拉美和加勒比地区的艾滋病毒阳性者在欧盟/欧洲经济区的艾滋病毒感染者中比例越来越高，估测他们当中超半数（53%）是男男性行为者。已报告的来自南美的感染艾滋病毒流动者中，男男性行为者占 84%，在来自加勒比地区的感染艾滋病毒流动者中占 46%。
93. MSM often move to larger urban areas in pursuit of more acceptance, more opportunities to find sexual partners, and an identifiable gay community. Such movement may mean heightened HIV risk. Taking New York City as an example of one such attractive destination for MSM, a recent study suggests that more recently-arrived MSM (within the previous 2–5 years) are at higher risk of unprotected sex and heavy alcohol use.^{lxiii} Another study by CARAM Asia noted that MSM on the move in the region are vulnerable to rape and gang rape, which they are often afraid to report since it would entail an admission of engaging in homosexual acts. It is extremely problematic to access services at home if returning to a conservative religious country like Pakistan, Bangladesh, Sri Lanka, or the Philippines.^{lxiv}
94. 男男性行为者经常流动到更大城市，那里接受程度更高，更有机会找到性伴侣和同性恋社群。这种流动会增加艾滋病毒风险。以纽约城为例，它对男男性行为者很有吸引力。近期一项调查显示，更多近 2-5 年来纽约城的男男性行为者处于更高的无保护性行为和大量酒精使用的风险。^{lxv} 另一个由 CARAM 亚洲开展的研究指出，该区域流动的男男性行为者更容易被强奸和轮奸，而因为参与同性行为，他们又不敢去报案。如果家在巴基斯坦、孟加拉、斯里兰卡或菲律宾这种保守宗教国家，获取服务就非常困难。^{lxvi}
95. Another study assessed HIV risk for mobile transwomen living in Lima, Peru, but born elsewhere. It found that the transwomen, especially younger ones, exhibited many high-risk behaviours for HIV and rectal STIs.^{lxvii}

96. 另一个研究评估生活在利马、秘鲁的外来流动跨性别女性的艾滋病毒风险。结果显示跨性别女性，尤其是相对年轻的那些，有很多容易感染艾滋病毒和直肠性病的高风险行为。

^{lxviii}

97. In a 2018 briefing paper of the Global Network of Sex Work Projects, three key reasons were identified for sex worker mobility: escaping punitive laws, escaping stigma and prejudice, and pursuing better incomes and living standards.^{lxix} The vast majority of mobile sex workers interviewed for the report in Spain (90%) reported moving there for a better life. Many of them regularly sent money home to support their children. Due to criminalization and stigma, sex workers in many countries are vulnerable to abuse and violence, including at the hands of police and their clients. This situation is aggravated for mobile sex workers, whether documented or undocumented, who may also face the added risks of not being entitled to access health services and of deportation. A recent study from the Middle East and North Africa on Syrian sex workers in Turkey noted that this group was largely "invisible" and had little awareness of the existence of health-care centres that offered anonymous testing and counselling.^{lxx}

98. 全球性工作项目网络的一份 2018 年的简报显示，性工作者流动有三个重要原因：逃离惩罚性法律、逃离污名与偏见、追求更好的收入与生活质量。^{lxxi} 本报告在西班牙访问的大多数流动性工作者（90%）都表示为了更好的生活而来。他们很多人定期寄钱回家养育孩子。由于刑事定罪与污名，很多国家的性工作者都容易遭到来自警方和客户的虐待和暴力。这种情况对流动性工作者更严重，无论他们是否有证件，都可能面临额外风险，如无法获取医疗服务或被遣返。中东北非一项对土耳其的叙利亚性工作者的研究显示，该群体基本“不可见”，他们也不知道有提供匿名检测咨询的医疗中心。^{lxxii}

99. While various populations experience HIV risk differently depending on their key population status, there are also clear risks associated with moving between locations that vary in HIV prevalence. Global disparities in prevalence will continue to impact both source and destination countries regardless of their separate national health programmes and policies, but may burden source countries more when mobile people are deported home because of HIV or TB infection. The Global Fund represents an attempt to address this challenge in an integrated way across TB, malaria and HIV, while taking into account the variety of challenging operating environments.^{lxxiii}

100. 很多人群遇到不同的艾滋病毒风险都是和他们的关键人群身份有关，但也有很明确的风险是来自于在艾滋病毒流行情况不同的地区流动。全球各地流行情况不同，这对来源国和目的地国都有影响，无论其各自国家医疗体制和政策如何。但如果流动人群因为感染艾滋病毒或结核而被遣返，则来源国可能有更多负担。全球基金意图通过结核、疟疾和艾滋病毒整合途径来应对这个问题，同事考虑到不同社会环境的不同挑战。^{lxxiv}

101. People on the move are recognized as a key affected population with respect to TB, with increased TB morbidity and mortality in part due to late-stage treatment and incidence of drug resistance. In countries with a low or moderate burden of TB, prevalence among international migrants is often high. People who move in or from high-burden countries face numerous factors which contribute to increased vulnerability to TB and pose significant obstacles to accessing services and treatment. Mobile people who

are undocumented, lodged in detention centres, trapped in conditions of forced labour or trafficking or forcibly displaced are particularly vulnerable to TB infection.

102. 在结核方面，流动人口被认为是关键受影响人群，有更高的结核发病率和死亡率，一部分原因是治疗较晚和出现抗药性。在结核负担较轻的国家，国际移民中的感染率经常相对较高。流入或流出高发病国家的流动人口遇到多个问题，会导致他们对结核的脆弱性增加，并在获取服务和治疗时遇到明显阻碍。无证件的、住在拘留中心的、陷入奴役或人口贩运的、被迫流离失所的流动人口特别容易感染结核。
103. According to the WHO, up to 500 million people may be living with viral hepatitis, which claims more than one million lives a year. Between 8 million and 16 million hepatitis B virus infections per year probably result from sharing contaminated drug injecting equipment. Population mobility, especially mass movements of people, from, through or to nations of high prevalence are a challenge to their respective health systems.
104. 根据 WHO, 高达 5 亿人感染肝炎病毒，每年带走上百万人生命。每年大约有八百万到一千六百万人因为共用被污染的毒品针具感染乙肝。流动人口，尤其是大范围流动人口，无论是出发、经过还是到达流行率较高的国家，都对各国卫生系统是个问题。
105. Being on the move can export and import epidemiological risks, including those related to chronic infections such as TB, hepatitis B and C, HIV and other sexually transmitted infections. A narrow focus on domestic epidemiology in order to make health-care projections about disease volume or burden will fail if mobile populations are not taken into account. In addition, there is mounting evidence that more effective outcomes could be obtained by increased disease control interventions in source nations through increased testing and treatment, rather than through the use of screening mechanisms such as mandatory health testing at destination sites.
106. 流动会带来和带走流行病风险，包括那些慢性感染的，如结核、丙肝、乙肝、艾滋病毒和其他性病。只关注国内流行情况来预测疾病规模负担对医疗护理做决策，不将流动人口纳入考量，很可能导致失败。另外，越来越多证据显示，通过在来源国增加检测治疗拉力增加疾病干预控制，能够获得更有效的成果，强于在目的地国通过强制健康检测等筛查机制来干预。
107. In general, health systems have not sufficiently adapted to the expanding challenges associated with the size, speed and disparity of modern patterns of human mobility. Access and use of health-care services vary across countries, as do the services themselves. Insurance systems are often rigid and limited in catering for people on the move. UHC would seem to be the most appropriate approach to ensure full coverage of mobile populations.
108. 总之，医疗体系还没有足够适应人口流动在规模、速度和现代模式的多元性方面日益增多的挑战。不同国家的医疗护理服务的可及和使用，以及服务本身，都存在差异。针对流动人口的保险制度经常是僵化且有限的。UHC 看似是最适宜的确保全面覆盖流动人群的途径。

“Canada’s health-care system is not good at addressing the needs for racialized trans people. They need a safe place to come, to help them connect to services. But when they do connect, they experience a lot of trans-phobia from healthcare providers. Education, legal remedies, policies and practices for helping this populations would be helpful.”

“加拿大的医疗体系不擅长应对少数族裔跨性别者的需求。他们需要有安全的地方，要帮他们联系服务。但当他们联系到服务时，他们遇到大量医疗机构的恐跨性别。专门帮助这个人群的教育、法律援助、政策和措施会很有用。”

— Alliance for South Asian AIDS Prevention, Toronto

——南亚艾滋病预防联盟，多伦多

109.

99. In Europe, mobile populations are overrepresented in the HIV epidemic. Research indicates that opportunities for HIV prevention among people on the move in Europe are being missed, including expanded community-based testing, increased provider-initiated or indicator condition testing in primary care, pre-exposure prophylaxis and "treatment as prevention" among MSM.

100. 在欧洲，流动人口在艾滋病毒感染中占比过高。研究显示，欧洲流动人群的艾滋病毒预防被忽视了，缺乏扩展社群中心检测，在男男性行为者中的基本保健、暴露前预防和“治疗即预防”，缺乏机构发起或指标决定的检测。

101. It is not uncommon for MSM who initially test HIV negative in a receiving European country to acquire HIV subsequently.^{lxxv} Similarly, chronic hepatitis B is an important public health policy issue in Europe. The disease disproportionately affects people on the move from medium- to high-prevalence areas. However, screening for chronic hepatitis B is not systematically offered to people on the move across Europe; as a result, testing and treatment is suboptimal.^{lxxvi} Other missed opportunities include limited or no access to public health care for undocumented migrants in most countries and mandatory reporting requirements to immigration authorities.

102. 对之前检测艾滋病毒结果阴性的男男性行为者而言，在接收他的欧洲国家感染艾滋病毒的人并不少见。^{lxxvii} 同样，乙肝也是欧洲的重要公共卫生政策议题。从中等流行地区到高流行地区的流动人口受乙肝影响过度严重。但是，对慢性乙肝的筛查不会系统性提供给欧洲的流动人口。因此，检测和治疗是次优选择。^{lxxviii} 其他失去的机会包括大多数国家对无证移民不提供或极少提供公共卫生医疗，并强制要求向移民当局汇报。

103. Stigma and discrimination against people living with HIV and key populations within the health-care system is a particular aspect of HIV vulnerability related to health system disparities. This discrimination refers to “unfair and unjust treatment (by act or omission) of an individual based on their real or perceived HIV status, or the fact that they belong to a segment of the population that is perceived to be at greater risk of, or more vulnerable to, HIV infection.”^{lxxix} The discrimination can be directed at key populations and vulnerable groups (e.g. sex workers, people who inject drugs, MSM, transwomen and transmen, indigenous peoples, and people on the move). People may encounter such stigma and discrimination at any stage of the mobility process, and it may cause those populations to move.

104. 医疗体系中针对艾滋病毒感染者和关键人群的污名与歧视对医疗体系差异相关的艾滋病毒脆弱性的特殊一面。这种歧视是“根据真实或疑似的艾滋病毒感染情况，不公平不公

正地对待个体（处理或疏忽），或认为属于某类人群就更可能感染艾滋病”。^{lxxx}这种歧视直接针对关键人群和脆弱群体（如性工作者、注射毒品使用者、男男性行为者、跨性别男女、原住民和流动人口）。流动人口可能在流动的任何阶段遇到这种污名与歧视，它也可能是他们流动的原因。

105. The skills needed by health workers to meet the needs of the wide variety of people on the move are still lacking globally. Health outcomes are relative to the individual's own level of general health as well as to the social, educational, economic, medical and cultural aspects of the location through which the individual travels, from pre-departure to arrival. People who have been most compromised along that process are the most vulnerable.

106. 全球范围内，医疗人员仍缺乏满足不同流动人口需求的技术。医疗效果与个人自身整体健康水平有关，也与他们流动区域的社会、教育、经济、医疗和文化相关。在全程受伤害最严重的人最为脆弱。

107. Populations that are less able to control their mobility experience face particular risks, especially refugees, displaced populations, trafficked people or undocumented migrants. Depending on the situation, women, the elderly and children also face significant risks. Sometimes regularized migration can lead to loss of control over circumstances, such as among domestic workers who find themselves isolated in their employer's homes where they may be subjected to abuse, including sexual abuse. People on the move may not be familiar with the host language and may have different cultural assumptions about health than those of the host country or location. These varied experiences and circumstances, especially in the context of large movements of people, poses an enormous health-care skills challenge. It also highlights the pressing need for capacity building and increased investment, for example to confront stigma and negative attitudes, and to address language barriers.^{lxxxi}

108. 对自身流动控制能力越低的人群，风险越高。尤其是难民、流离失所者、被贩运人口或无证移民。根据情况不同，女性、老人和儿童也面临严重风险。有时正规移民也会导致失去对环境的控制，如被隔绝在雇主家中的家政工人，可能会遭到虐待甚至性虐待。流动人口可能不了解东道主国家的语言，对健康的文化假设也与当地不同。不同的经历与环境，尤其是大范围流动人口的环境，会带来极大的医疗技术挑战。这也突出了急需能力建设与增加投入，来对抗污名和恶劣态度，并应对语言障碍。^{lxxxii}

Impacts from the mobility process itself

流动过程本身的影响

109. Population movement is a human constant. Many nations, especially more industrialized ones with low birth rates and ageing populations, depend on international migrants for their long-term growth. However, such migration may generate many changes, including shifts in racial and cultural composition, and may lead to the emergence of new political constituencies with their own demands. One response to the currently heightened human mobility is a backlash, with some states instituting or reverting to hardline immigration laws and procedures. These reactions are aggravating the health and HIV vulnerabilities which people on the move are being exposed to.

110. 人口流动长期存在。很多国家，尤其是低生育率且老龄化的工业化国家，依赖国际移民实现长期增长。但是，这种移民可能造成很多变化，如种族和文化构成变迁，有特定需

求的新选民群体出现。一些国家制定或重提严苛的移民法律和程序，这对当前增长的人口流动是一种反击。这些反应加剧了流动人群面临的医疗和艾滋病毒脆弱性。

111. Each phase of the process of being on the move has its own unique effects and HIV vulnerabilities. A person starts from the existing health environment in his/her own country, possibly with specific medical conditions. This pre-departure phase would be ideal for doing collaborative health promotion activities between origin and destination countries, but this is rare. The main exception to this is in regards to countries involved in significant higher-skilled labour migration where there are a few examples of pre-departure education on health risks and rights to service, even including multilateral social insurance schemes. During movement, people may then experience a series of health challenges associated with exposure, deprivation, hunger, isolation, trauma, abuse and even torture.
112. 流动过程中的每一个阶段都有其独特的效果和艾滋病毒脆弱性。一个人在他自己国家有起始的健康状况，也许使用特定药物。出发前的阶段最适合来源国和目的地国进行协作性的健康促进活动，但这极为少见。主要特例是涉及大量高技术劳工移民的国家，会提供出发前关于健康风险和获得服务权利的教育，还可能包括多边社会保险机制。在流动过程中，人们会遇到一系列因暴露、剥夺、饥饿、隔绝、创伤、虐待甚至酷刑造成的健康问题。
113. The majority of health policy activity has addressed the arrival phase at a new destination. This phase can be particularly risky if it involves interception and temporary detention as may be the case for asylum seekers, displaced persons, refugees, or undocumented workers. In the European context, the European Commission has encouraged scaling up detention and deportation and tends to limit human rights concerns to saving lives.^{lxxxiii} For example, asylum seekers arriving on Greek islands are required to wait at registration centres or camps until decisions are taken for their transfer to the mainland. Asylum seekers may have to live there for up to a year, often in squalid and desperate conditions with inadequate access to health-care services.
114. 大多数医疗政策活动都是针对到达新目的地的阶段。这一阶段可能有特别的风险，因为对于寻求庇护者、流离失所者、难民或无证工人，这阶段涉及拦截和暂时拘留。在欧洲，欧洲委员会鼓励升级拘留和遣返，倾向于限制救命相关人权。^{lxxxiv}例如，寻求庇护者到达希腊岛时被要求等在登记中心或营地，直到有将他们转移至大陆的决策。寻求庇护者可能要在那里居住长达一年，他们处于肮脏绝望的环境，难以获取医疗服务。
115. During the phase of temporary or permanent return to a country of origin, there may be additional health risks, especially for children. For example, people returning to rural communities who are not provided proper VCCT or access to services may transmit HIV unknowingly to partners or TB to family members.

116. 在暂时或永久的回归来源国的阶段，还另有其他健康风险，尤其是对儿童而言。例如，没有得到适当 VCCT 或服务的人，他们回到乡村社区时，可能在不知情的情况下将艾滋病毒传染给伴侣，或将结核传染给家人。
117. One of the biggest health impacts associated with from the process of mobility relates to the increasing attempts to exclude border regions from human rights law and obligations, in effect ignoring the human rights of mobile populations. As a result, borders are increasingly dangerous, especially for undocumented migrants. Individuals may be subjected to travel restrictions based on HIV status, mandatory HIV testing, inadequate access to health services such as HIV and hepatitis screening, overcrowding and withholding of passports.
118. 流动过程中对健康最大的影响之一就是将被边境地区排除在人权法律和责任之外，忽视流动人群的人权。结果是，边境对无证移民更加危险。个人可能遇到因为艾滋病毒感染旅行受限、强制艾滋病毒检测、缺乏艾滋病毒和肝炎筛查服务的获取渠道、拥挤和扣留护照。
119. For example, there is clear evidence of human rights abuses at the Lindela deportation centre in South Africa, which has experienced high numbers of deaths in detention, and where health-care access and infection control are poor, with many individuals detained for months.^{lxxxv} Mobile people may also be subject to forcible return, even to countries where they may face persecution—even though international law prohibits such *refoulement*. Deportation of mobile people living with HIV used to include quarantine in some countries. The premature return home coupled with a lack of counselling or referral leaves such mobile people and their partners at risk of transmission.
120. 例如，有明确证据显示，在南非林德拉遣返中心存在人权侵害，拘留中发生大量死亡，医疗可及于疾病控制水平低下，很多人被拘留数月。^{lxxxvi}流动人群也经常遇到强制返回，哪怕他们回去会面临起诉，这种驱回是被国际法律所禁止的。遣返感染艾滋病毒的流动人群过去在一些国家曾包括隔离检疫。这种返回通常没有咨询或转介，使流动人群及其父母面临感染风险。
121. People may also face challenges with various legal systems as they move to other countries. MSM are criminalized in some countries, and drug use and sex work are criminalized in the vast majority of countries. Many countries prohibit the participation of migrants in their domestic sex industry or prohibit individuals who are "known" sex workers from immigrating. This turns the vast majority of mobile sex workers globally into undocumented migrants. It denies mobile sex workers labour protection and civil entitlements and it increases their vulnerability to labour exploitation and unsafe work conditions. Crossing into such a country puts a person on the move at increased risk in terms of barring access to healthcare and increasing HIV vulnerability.
122. 人们在流动到其他国家时也会遇到多个法律体系带来的问题。男男性行为者在一些国家被刑事定罪，而毒品使用和性工作在大多数国家都被刑事定罪。很多国家禁止移民参与

国内的性行业，或禁止“已知”是性工作者的个人移徙入境。这导致全球大量流动性工作者成为无证移民。流动性工作者没有劳动保护和民事权利，使她们容易遭受劳动剥削和在不安全环境中工作。进入这样的国家会导致流动人群风险增加，因为难以获得医疗，增加对艾滋病毒的脆弱性。

“With the current draft revision of the book of penal code in Indonesia that will include condoms, as a contraceptive tool, that can be considered as evidence under the penal code—the draft of the revision will include criminalization of unauthorized personnel (non-medical staff) conducting preventative promotion using contraceptive tools. This means that NGO workers, peer sex workers will not be allowed to promote the use of condoms in prevention efforts. Additionally, due to forced closure of brothels, many sex worker focal points are lost to contact and therefore Organisasi Perubahan Sosial Indonesia cannot intervene in ensuring condom use (by customers) which has usually been done through the focal points.”

“根据当前印度尼西亚刑法典的修订草案，安全套这种避孕工具都会被当作证据，如未经授权个人（非医疗人员）推广避孕工具开展疾病预防，该草案也对其刑事定罪。这意味着民间组织员工、同伴性工作者将不被允许促进使用安全套的预防工作。而且，由于强制关闭妓院，很多性工作者聚集点失去了联系，我们无法开展干预，通过聚集点确保客人使用安全套。

– Organisasi Perubahan Sosial Indonesia (Network of Sex Workers in Indonesia)
——印度尼西亚性工作者网络

111. A recent legal difficulty involves efforts to criminalize certain types of humanitarian aid. For example, the US Bureau of Land Management has issued charges of littering against individuals who leave water bottles for people illegally crossing from Mexico through the Arizona desert, despite the fact that thousands of people have died during such crossings.^{lxxxvii} Hungary recently criminalized some forms of humanitarian aid as part of its "Stop Soros" package, citing a need to stop migration, secure its borders and protect national security.^{lxxxviii}
112. 近期法律问题涉及对特定人道主义援助的刑事定罪。例如，美国国土管理局对那些将水瓶留给非法从墨西哥穿越亚利桑那沙漠的人提出乱抛垃圾的指控。尽管上千人在穿越沙漠中死亡。^{lxxxix}匈牙利近期也对一些人道主义援助刑事定罪，这是该国“停止索罗斯”的一部分，声称有必要停止移民、保障边境和国家安全。^{xc}
113. Such developments highlight the challenge involved in humanely addressing the needs and rights of all people on the move and ensuring that humanitarian aid is not treated as a criminal offence. Human rights do not cease to exist when people move or arrive at international borders: the management of immigration and borders has to be human rights compliant.
114. 这种情况突出了在人道处理流动人群需求与权利并确保人道主义援助不被当作刑事犯罪时面临的挑战。人权不会因为流动或到国家边境而不存在：移民和边境管理必须合乎人权。
115. The more barriers to health inserted into the process of human mobility, the more severe the resulting health conditions. This means higher treatment costs, and higher

mortality. Health needs to be an integral part of domestic and global population mobility and foreign policy discussions and planning.

116. 人口流动过程中健康障碍越多，导致的健康问题就更严重。这意味着，更高的治疗成本，更高的死亡率。应当整合国内和国际人口流动及外交政策讨论和规划来看医疗需求。

Summary

摘要

117. The literature review highlights five geopolitical trends in contemporary population mobility. These trends are having a major impact on the AIDS response among mobile populations. If we do not adequately addressing these realities, the human costs will continue to be unacceptably high and we will not be able to achieve our 2030 targets.

118. 文献回顾突出了五种人口流动的地缘政治趋势。这些趋势对流动人群中的艾滋病抗击工作有重要影响。如果我们不能适当解决这些现实问题，人员损失仍然会高得难以接受，我们也无法实现 2030 目标。

“Most of the existing NGOs focus on services: consulting, test and treat—but nothing more. No empowerment programmes for migrants, no diversity trainings for social workers, limited support when it comes to the asylum seeker procedure or legalizing people without papers.”

“大多数当前的民间组织都关注在服务上：咨询、检测和治疗，但没有更多了。没有面向移民的赋权项目，没有面向社会工作者的多元化培训，对寻求庇护的流程或无证者合法化缺乏支持。”

– Deutsche AIDS-Hilfe e.V., Berlin
——德国艾滋病救助协会，柏林

119.

115. The review also indicates several avenues of good practice that, if implemented and scaled up, could give us a better chance of achieving our 2030 targets. These good practices include:

116. 文献回顾也显示一些良好实践，如果能实施和推广这些途径，有助于我们实现 2030 目标，这些良好实践包括：

- Meaningful involvement of people on the move as well as civil society, especially those who are from key populations;
- 流动人群和民间组织的有效纳入，尤其是那些属于关键人群的人；
- Effective law and/or regulatory reform, such as decriminalization of certain behaviours of key populations (MSM, PWID, sex workers) and ending discrimination in immigration law against certain female-dominated forms of work;

- 有效的法律法规改革，如对关键人群（男男性行为、注射毒品使用者、性工作者）特定行为去罪化，终止移民法律中针对特定的女性主导的工作的歧视；
- Capacity building for people on the move, health-care workers, key population-led organizations and community service providers to ensure they are culture and language competent can provide safe safe services;
- 对流动人群、医疗工作人员、关键人群主导组织和社区服务机构进行能力建设，以确保他们在文化和语言方面有胜任力，能够提供安全的服务；
- National health systems that are sensitive to and inclusive of people on the move, including UHC as well as effective monitoring and financing of healthcare services;
- 国家医疗系统（包括 UHC 及对医疗服务的有效监测和资助）包容流动人群并有敏感意识。
- Continuity of care across the pre-departure, transit, arrival, detention and return phases, including medical passport systems, meaningful pre-departure and post-arrival training, health interventions, accessible locations for services, community referral systems;
- 延迟性护理贯穿出发前、转移、到达、拘留和返回阶段，包括医疗护照机制、有效出发前和到达后培训、卫生干预、服务可及和社群转介机制；
- Addressing stigma and discrimination through public education about the social and economic value of population mobility;
- 通过关于人口流动的社会经济价值的公众教育处理污名与歧视；
- Protecting people on the move, including children, against economic exploitation; and
- 保护儿童在内的流动人群不受经济剥削；
- Effective responses to reduce the HIV and coinfection vulnerabilities of undocumented migrants.
- 开展有效工作降低无证移民的艾滋病毒与并发感染的脆弱性。

4. COMMUNITY VOICES 社群声音

Interviews, surveys and focus groups

访谈、调研和焦点小组

117. The Delegation collected community experiences and self-reports that illustrate key challenges related to people's experiences of mobility and HIV. This was done mainly via interviews with people on the move and stakeholders, as well as via survey responses. Interviews were conducted across all the regions represented on the Delegation: Africa, Asia-Pacific, Europe, Latin America and the Caribbean, and North America. Quotes from people on the move as well as stakeholders appear throughout the report.

118. 代表团收集了社群经历和自我汇报，来展现人们在流动和艾滋病毒方面面临的挑战。这主要是通过对流动人群和利益相关方的访谈、调研进行的。访谈在代表团所有覆盖的区域开展：非洲、亚太、欧洲、拉美与加勒比、北美。来自流动人群和利益相关方的引语在报告全文都有体现。

"I migrated because of the violent situation in Venezuela and the scarce supply of food. I wanted a better life for myself. The government should make provision for migrants, Civil Society should have a network to be able to know where migrants are and migrants should form an organization to bring their issues to the national level. I do not have access to healthcare. I do have formal steady employment and I am not documented as a migrant."

“我移民是因为委内瑞拉的暴力和食品短缺。我想过更好的生活。政府应当为移民制定相关规定，民间组织应当组织网络来了解移民在哪里，移民应当成立组织将自己的问题带到国家层面。我没有获取医疗的渠道。我有正规稳定的就业，我没有移民的证件。

– Jessica, transgender sex worker, Venezuela

—Jessica, 跨性别性工作者, 委内瑞拉

119.

117. The majority of survey participants were employed, with access to health care and good knowledge of available services for HIV, TB and, to a lesser extent, hepatitis. About half of the participants self-identified within a key population group. They came from 28 different countries of origin, predominantly Colombia, India, Jamaica, Kenya, Nigeria, the Philippines, Poland, USA, Venezuela and Zambia. A notable observation is the impact of population movement from Venezuela on neighbouring Latin American countries where most people on the move in the region are reported to be males who have been on the move for less than a year.

118. 调研受访者大多数都是就业的，能够获取医疗，并了解艾滋病毒、结核相关服务，对肝炎相关服务也有一定程度了解。半数参与者自认是关键群体成员。他们来自 28 个不同国家，主要是哥伦比亚、印度、牙买加、肯尼亚、尼日利亚、菲律宾、波兰、美国、委内瑞拉、赞比亚。一个值得注意的观察是，从委内瑞拉到临近拉美国家的人口流动的影响，大多数该区域的流动人口都是流动不到一年的男性。

119. People on the move identified a range of factors that may result in increased vulnerability to HIV and coinfections. The factors include language and cultural barriers, fear of requesting/accessing services and being reported to authorities, lack of access to targeted services for people on the move, lack of understanding about the health-care system, poor living conditions, risky behaviours and sexual practices, and lack of access to prevention services. The following are three interview summaries of people on the move that illustrate the relevant issues.

120. 流动人口找出了一系列可能导致艾滋病毒及其 并发感染脆弱性增加的因素。这些因素包括语言文化障碍、担忧寻求服务会被报告给有关部门、缺乏获取面向流动人口的针对性服务的渠道、不理解医疗系统、生活环境恶劣、危险行为和性活动、缺乏预防服务可及。以下是对流动人口访谈的三个概述，展现了相关的问题。

"I come from a very remote area in Subang, West Java where there is very little opportunity of employment. Plus, I am a woman, this means I have even smaller opportunity compared to men. Therefore, I decided to join an agency and work in another country. I have lived in different countries (mostly middle-eastern countries) and cities with my current job. Though, since I first found out my HIV status, I have not returned to my agency to work in another country as there is a medical check-up before leaving the country and it includes an HIV test. By working in middle-eastern countries, I was able to save a lot of money to help my family back home.

"我来自西爪哇苏邦的偏远地区，几乎没有就业机会。而且我是个女人，机会比男人更少。

因此我决定加入代理机构，去其他国家工作。我在不同国家和城市生活过（多是中东国家），都是做我现在的工作。自从我一发现感染了艾滋病毒，我就没再回过代理机构去其他国家找工作，因为离开这个国家前需要医疗检查，其中包括艾滋病毒检测。通过在中东国家工作，我攒下很多钱帮助我老家的家人。

I still have to get my monthly ARV back home and it is not possible for me to return home every month. Therefore, I need someone to get my ARV every month and send it to where I am right now. But I still have to be present every 3 months. Luckily, I am working with a family who understands the situation so I am allowed to go home every 3 months. I know other people who in the end have to stop their ARV because the family they are working with do not know about their HIV status and do not allow them to go home regularly.

我还是必须回家去拿每月的抗病毒药物，而我不可能每月都回家。因此，我需要有人每月帮我拿抗病毒药再寄给我。但我还是必须每三个月去一次。幸运的是，我现在工作的人家理解我的情况，允许我每三个月回家一次。我知道其他人最后不得不停止抗病毒治疗，因为他们工作的人家不知道他们的艾滋病毒情况，也不允许他们定期回家。

All my administrative registrations are based in my home town. So it is difficult for me to access services in another city. The way national insurance works in Indonesia is based on residential location. I have not had CD4 or viral load test in the last 2.5 years, and if I have to pay, it will be too expensive. I have lost employment opportunity because of my HIV status, despite now having another job."

我的行政登记都是以家乡为准的，我很难在其他城市获取服务。马来西亚国家保险是以居住地为基础的。我已经两年半没进行过 CD4 或病毒量检测，要我自己付钱就太贵了。我因为感染了艾滋病毒而失去了工作机会，尽管现在有其他工作。"

– Nani, heterosexual women and internal migrant living with HIV, Indonesia

——Nani，异性恋女性和感染艾滋病毒的国内移民，印度尼西亚

"You do not have access to anything, no access to healthcare, you cannot work. You cannot own anything in your name. You do not have ID, working papers, social insurance number that can help you. When you begin to work on ID papers, then you begin to have access. It is also very difficult if you want to move around. The need for documents is paramount. You need papers for banking, for working, for safety. It can take years to get papers. If you get sick, you just have to walk around to find a hospital that will accept you and treat you. You are separated from things that define you as a person. You leave your country, your culture, your identification behind. Believe me it is not easy

"你什么也得不到，没有渠道获得医疗，没法工作。你名下没法有任何东西。你没有身份证，工作证件，社会保险号这些能帮你的。你只有开始努力获取身份证件，才开始能有渠道。仍然很困难，如果你想四处流动。对证件的需求是最重要的。需要证件开银行账户，去工作，有安全保障。可能要花好几年去得到证件。你要是生病了，必须到处走去找愿意接收治疗你的医院。你被隔离在那些定义你为人的事物之外。你离开你的国家，你的文化，你的身份。相信我，这不容易。

The government and NGOs need to develop a support system to reach out to people in my situation and help with basic information and needs. We need basic information on how best to access ID/apply for legal status without jeopardizing your stay. There is a need for sensitization of the migrant situation. People get sick, need healthcare. NGOs could have volunteer programmes for migrants to help them develop skills and improve language skills. It is important to learn to work in the new country.

政府和民间组织需要制定一个支持系统，能够接触到我这种情况的人，在基本信息和需求方面帮助我们。我们需要基本信息，如怎样能获得身份证件或申请合法地位而不危及居留。人们需要提升对移民状况的意识。人们会生病，需要医疗。民间组织可以有志愿项目，帮移民发展技能和提升语言能力。学习如何在新国家工作是非常重要的。

Being a refugee or migrant you can be in very vulnerable situations—you can end up doing things you ordinarily would not do, or even consider doing.

作为难民或移民，你会处于非常脆弱的处境，最后可能会去做你平时不做的事情，或至少考虑去做。

I just think that being a refugee/immigrant is a tough decision. You do not know what it is really like until you are in the situation. It comes with its own challenges that you are unaware of until you do it. I have been lucky. I have a place to stay, and family here. And yet it is still very tough. It is very challenging – you do not know what will happen next. It is really tough. People will still do it. They think coming to a new place will be better."

我认为做难民/移民是一个困难的决定。你不知道会是什么样，直到你处于那个环境。有你所不知道的挑战，只有你做了之后才知道。我很幸运。我有住的地方，有家人。但仍然很难。有很多困难，不知道下一步会发生什么。真的难，但人们依然会流动，认为去新地方会变好。"

– Pelagia, heterosexual women and international migrant, Zimbabwe

——Pelagia，异性恋女性国际移民，津巴布韦

"I had a very terrifying incident with police in Mexico and was attacked, left beat up in a ditch, naked in the middle of the night. It was then that I realized I had to get out of Mexico. I walked, walked and a family invited me to San Francisco.

"我在墨西哥与警方有一次打交道，非常吓人，我夜里被攻击，赤裸着被扔在水沟里。就是那个时候，我意识到必须离开墨西哥。我不断奔走，有一个家庭邀请我去旧金山。

We need language justice and a commitment to language accessibility. There is a complete lack of appreciation about this issue. It goes way beyond translation. People do not have knowledge and experience in technical English. Life as a non-native language speaker is extremely difficult.

我们需要语言公平，和对语言可及的投入。对这个问题完全缺乏认识。不仅仅是翻译。人们对技术英语不了解也没有经验。在非母语国家生活非常困难。

What needs to happen is an international commitment to racial justice. There needs to be meaningful involvement of migrants and refugees in local communities and it is a real challenge. We need jobs for migrants with HIV.

我们需要有对种族公平的国际承诺。需要将移民和难民有效纳入到地方社群。这是真正的问题。我们需要有工作开放给感染艾滋病毒的移民。

The HIV community needs to accept a racial justice agenda. The Migration community needs to address HIV. The two worlds need to come together. By default, I will confront many barriers, gay, Latinx, HIV positive, migrant—it can be overwhelming. We need to create welcoming centres and places where migrants can give back to the community and to each other. I am an informed HIV advocate and I have had a tough time getting the care I need, culturally relevant and competent care—for who I am."

艾滋病毒社群需要接受一个种族公平的议程。移民社群需要解决艾滋病毒问题。这两个要在一起想。我遇到很多障碍，作为男同性恋、拉美裔、艾滋病毒阳性、移民，太多了。我们需要建立欢迎中心，并让移民能够回馈社群，互相帮助。我是一名充分了解艾滋病毒的倡导者，我费很多时间去获取我需要的关怀，文化相关的胜任的关怀，适合我的。"

– Marco, MSM living with HIV, on the move, Mexico

——Marco，感染艾滋病毒的男男性行为者，流动人口，墨西哥

119. In addition, the Delegation collected input from stakeholders and service providers in the AIDS response across the five regions. These stakeholders are engaged with a range of activities, including direct HIV services, policy making, legal support, advocacy and campaigning, research, capacity building and language classes. The majority stated that they involved people on the move as peers in delivering their activities, for example in leadership and management, frontline services, volunteering and research.

120. 另外，代表团收集了五个区域的利益相关方和艾滋病服务机构的观点。这些相关方参与了各种活动，包括直接的艾滋病毒服务，政策制定，法律支持，倡导运动，研究，能力建设和语言课程。大多数表示他们纳入流动人群作为开展活动的同伴，包括领导和管理，一线服务，志愿和研究。

121. In general, the stakeholders noted needs and challenges similar to those identified by people on the move, including absence of basic protections, difficulty acquiring documented status/legalization, lack of knowledge about HIV and coinfections, lack of awareness about and access to culturally and linguistically competent health-care and other services, seeking employment, stigma and discrimination, isolation, poverty, lack of housing, mental health challenges, fear of violence, fear of criminalization/detention and deportation, loss of identity, trauma.

122. 整体而言，相关方提出的需求和问题与流动人口相似，包括缺乏基本保障、难以获得合法证件、缺乏关于艾滋病毒和并发感染的知识、缺乏对文化语言胜任的医疗等服务的意识使服务不可及、找工作、污名与歧视、孤立、贫穷、没有住房、心理问题、害怕暴力、害怕刑事定罪/拘留/遣返，失去身份，创伤。

123. Brief quotes from stakeholders are dispersed throughout the report.

124. 相关方的简短引语分散在本报告中。

GOOD PRACTICE CASE STUDIES

良好实践案例研究

This section presents examples of good practices which may be replicated and/or scaled up to improve the AIDS response and support achievement of 2030 target of ending AIDS as a public health threat.

本部分内容提供了良好实践的范例，可以进行复制和推广，改进艾滋病抗击工作，支持在2030年实现终止艾滋病作为公共卫生威胁的目标。

1. MAP Foundation, Chiang Mai, Thailand

2. MAP 基金会，清迈，泰国

Thailand has over 2 million documented migrant workers from the neighbouring countries of Cambodia, Lao PDR and Myanmar, as well as an unknown number of undocumented migrants. Migrants who are properly registered are meant to have either migrant health insurance or social security. However, there are numerous cases of migrant workers who lack health coverage due to the neglect of brokers or employers. A policy which has allowed undocumented migrants to purchase health insurance was dropped due to hospitals' reluctance to participate in the move. Documented migrants without proper health coverage and undocumented migrants now have to pay out-of-pocket for all health and HIV services.

泰国有来自邻国柬埔寨、老挝和缅甸的超过2百万持证移民，还有数量未知的无证移民。正规登记的移民意味着有移民医疗报销或社会保障。但是，由于中介和雇主的忽视，大量移徙工人没有医疗覆盖。一项允许无证移民购买医疗保险的政策被放弃了，因为医院不愿意参与。没有适当医疗覆盖的持证移民和无证移民必须自付所有医疗和艾滋病毒服务费用。

Migrants with health insurance have access to free ART, but voluntary HIV testing is not covered. Language barriers, a lack of trust and constraints related to the location and timing of service provision are among other obstacles migrants face in accessing HIV counselling

and testing from Thai public health facilities. As a result, migrants living with HIV infection often are diagnosed with advanced HIV.

有医疗保险的移民可获取免费抗病毒治疗，但不包括艾滋病毒检测。语言障碍、缺乏信任和服时间地点的局限以及其他障碍都是移民在获取泰国公立医疗机构艾滋病毒咨询检测时要面对的。因此，感染艾滋病毒的移民经常被诊断出晚期。

MAP Foundation, a local NGO working to promote and protect migrant workers' rights in Northern Thailand, is a sub-recipient of the Global Fund project "STAR – Stop TB and AIDS through RRTTR." In order to increase migrants' access to HIV testing, MAP has opened its own health testing centre in a migrant community. The centre encourages migrants to test for HIV, for example by adding syphilis and hepatitis B and C tests to the package of free testing.

MAP 基金会是一家本土民间组织，致力于在泰国北部推动和保护移徙工人权利。它是全球基金项目“STAR-通过 RRTTR 停止结核与艾滋病”的次级接受方。为了增加移民获取艾滋病毒检测的渠道，MAP 在移民社群开设了自己的医疗检测中心。该中心鼓励移民进行艾滋病毒检测，其中一个方式是将淋病、乙肝和丙肝检测加入到免费检测的套餐中。

Trained MAP staff, themselves migrants, assist in providing counselling in migrants' languages and coordinate with the migrant community, while medical clinicians provide the counselling and administer the tests. Through a partnership with an international research organization and local university, the centre has some of the most advanced testing equipment available and provides rapid, accurate test results. All cases of HIV or other health conditions are then referred for confirmatory testing and treatment.

经过培训的 MAP 员工本身也是移民，在医疗人员提供咨询并进行检测时，他们协助用移民的语言进行咨询，协调移民社群。通过与一个国际研究组织和地方大学的合作，中心有最先进检测设备，提供快速准确的检测结果。所有艾滋病毒和其他感染都会转介进行确认测试和治疗。

In the past two years, MAP Foundation has provided testing and counselling to over 315 migrants through the centre, and referred 11 migrant workers living with HIV for treatment. However, Global Fund support for Thailand is scheduled to end in 2020. The Thai Government, meanwhile, cannot use public funds to support services for non-Thais. It is important for migrant workers that community health centres such as MAP are recognized and supported as channels for providing HIV services.

在过去两年中，MAP 基金会的中心为超过 315 名移民提供了检测和咨询，转介 11 名感染艾滋病毒的移徙工人去治疗。但是，全球基金对泰国的资助将在 2020 年结束。而泰国政府不能用公共基金去支持面向非泰国人的服务。认可这种社群医疗中心并支持其作为提供艾滋病毒服务的渠道对移徙工人是非常重要的。

This good practice demonstrates the meaningful involvement and capacity building of people on the move, collaboration with local health-care providers and integrating HIV testing into other community-based voluntary health testing services to reduce stigmatization.

这个良好实践展现了有效纳入流动人群并对其进行能力建设，与地方医疗机构合作，将艾滋病毒检测融入其他社群中心的自愿健康检测服务来减少污名。

3. Valley AIDS Services, Lower Rio Grande Valley, USA

4. 山谷艾滋病服务，里约格兰德谷低地，美国

Texas has a border of almost 3,200 kilometres with Mexico, much of it impassable. The border along the Lower Rio Grande Valley is more accessible and includes an easily traversable river, many cross-border agricultural towns and a number of official entry points. Consequently, some 30 000 immigrants cross into the USA annually along this section of the border without official authorization. Many are fleeing gang violence in Mexico and Central America, others are fleeing poverty and domestic abuse, and some are fleeing discrimination based on sexual orientation or gender identity. Some people who know they are living with HIV also cross the border in order to seek care that they cannot obtain where they live.

德克萨斯与墨西哥有约 3200 公里接壤，大多数无法穿越。在里约格兰德谷低地处的边境较容易接近，有条容易过去的河，很多跨境农业镇，还游一些官方入境点。因此，每年约有 3 万移民从这里偷偷进入美国。有很多人是逃离墨西哥和中美洲的暴力帮派，有些是为摆脱贫困和家庭虐待，有的是逃离对性取向或性病身份的歧视。一些人知道自己感染了艾滋病毒，想跨境去寻求在当前居住地无法得到的护理关怀。

The US Government began a programme of zero tolerance for undocumented immigrants, including massive deportation efforts, under the Obama Administration. These efforts have become dramatically harsher in the past two years. When immigrants are taken into custody by border officials, they are placed in detention, which may last for months or years if the persons detained seek to appeal their deportation. The circumstances in these detention centres are at least as harsh as in prisons. Physical and sexual abuse is common, and people with chronic conditions are often deprived of medical care.

在奥巴马行政管理下，美国政府开始对无证移民实施零容忍项目，包括大量遣返工作。这些工作近两年变得越来越严苛。移民被边境官员羁押后，被留在拘留中心。如果这些人对遣返寻求上诉，则留在那里的时间可能长达数月或数年。这些拘留中心的条件和监狱差不多。经常有身体和性虐待。有慢性病的人一般没有医疗护理。

Valley AIDS Services is a nongovernmental organization established in 1987 to serve people living with HIV in the Lower Rio Grande Valley. The only AIDS service organization in the region, it provides a range of prevention and treatment services. It has located one of its HIV prevention venues two blocks from the largest border crossing in Brownsville. It also conducts targeted prevention and testing outreach among immigrant MSM and provides PrEP irrespective of a person's ability to pay, along with primary care that emphasizes health for LGBTI persons.

山谷艾滋病服务是一个民间组织，成立于 1987 年，为里约格兰德山谷低地的艾滋病毒感染者服务。这是该地区唯一的艾滋病服务组织，提供一系列预防和治疗服务。它将一个艾滋病毒预防站设立在距离布朗维尔最大的边境口岸两个街区外。它也在移民男男性行为者提供针对性的

预防和检测外展。无论是否有支付能力，都提供暴露前预防，以及初级保健，加强性少数人群的健康。

For people living with HIV, Valley AIDS Services provides comprehensive HIV-centered healthcare, case management, and peer support. The case management services include referrals to legal counsel to address issues having to do with legal status. In addition, Valley AIDS Services provides transportation in its own vehicles to overcome fear by consumers that they might be stopped and detained by the authorities. Support groups are conducted in a discrete manner. When clients are arrested, the Valley AIDS Council continues to provide them with medical care while in jail or pre-deportation detention. Because of its welcoming approach, about one quarter of all people in care are immigrants who are undocumented. 对于艾滋病毒感染者而言，山谷艾滋病服务提供了全面的艾滋病毒相关服务，案例管理和同伴支持。案例管理服务包括转介法律咨询来解决合法身份的问题。另外，山谷艾滋病服务也用自己的车辆提供运输，避免客户害怕被当局截停和拘留。支持小组的活动很谨慎。当客户被逮捕后，山谷艾滋病理事会继续为他们在监狱或遣返前拘留中心提供医疗护理。因为这种友好方式，大约四分之一的受护理者是无证移民。

This good practice illustrates meaningful involvement of people on the move as well as effective legal and health responses to the HIV and coinfection vulnerabilities of undocumented migrants.

这种良好实践展现了有效纳入流动人群、有效的法律医疗工作，来应对无证移民的艾滋病毒和并发感染的脆弱性。

3. ARK-Antiaids and ECUO, southern Russia (Rostov-on-Don region)

反艾滋病方舟与欧洲中亚艾滋病毒感染者联盟 (ECUO) ，南部俄罗斯 (顿河畔罗斯托夫地区)

Due to its geopolitical situation, this region is experiencing intensive migration flows as people cross from the Caucasian and Central Asian region or from Ukraine. Migrants living with HIV are unable to obtain registration in the Russian Federation since they face deportation based on their HIV status. They are left therefore without medical support and have to interrupt their ART when in Russia due to many reasons.

由于地缘政治情况，该区域有大量的移民流，来自高加索和中亚地区或乌克兰。感染艾滋病毒的移民无法在俄罗斯联邦得到登记，因为会因感染艾滋病毒而被遣返。他们因很多原因被落下，在俄罗斯没有医疗支持，不得不中断抗病毒治疗。

The local organization of people living with HIV (ARK-Antiaids), together with its partner in Ukraine, the European and Central Asian Union of People Living with HIV, developed an algorithm for getting ARVs to Ukrainian migrants, people who have escaped from the Donetsk People Republics and people who had been living in the annexed Crimea territory. 当地的艾滋病毒感染者组织 (反艾滋病方舟) 与乌克兰伙伴欧洲中亚艾滋病毒感染者联盟开发了一个算法，为乌克兰移民、逃离顿涅茨克人民共和国的人和曾生活在克里米亚属地的人获取抗病毒治疗。

Through a partnership with a local HIV medical centre, these organizations ensure that clients from Ukraine get their HIV tests (viral load and CD4 cells) done and receive a document indicating that they need ART. The scanned copies are sent to Kyiv ECUO office and/or partners in the Donetsk People's Republic where they can collect their medications and then send them via post or with people who travel to the Russian Federation.

通过与地方艾滋病毒医疗中心合作，这些组织确保来自乌克兰的客户能得到艾滋病毒检测（病毒量与 CD4 细胞）并获得证明显示他们需要抗病毒治疗。该文件的扫描件被发给基辅的 ECUO 办公室或顿涅茨克的搭档，这样他们可以去取药物再通过邮寄或来俄罗斯联邦的旅行者传递药品。

The scheme has arranged treatment for more than 100 people in the Russian Federation who had been unable to initiate or continue their treatment. However, the situation requires a more strategic approach and there is an urgent need to work in partnership with central Asian countries, Georgia, Lithuania and other countries along migration routes. A recent initiative is IMMIGRANIADA, a project that aims to bring together community organizations serving people living with HIV in eastern Europe and central Asia (in partnership with ECUO) to build effective structures to serve undocumented migrants with HIV.

这个机制为俄罗斯联邦中一百多人安排了治疗，这些人原本无法开始或维持他们的治疗。但是，这需要更有战略性的方式，并急需需要与中亚移民路线上的格鲁吉亚、立陶宛等国家建立合作。近期的 IMMIGRANIADA 项目旨在集结东欧中亚（与 ECUO 合作）的服务艾滋病毒感染者的社群组织，建立有效系统，服务无证的感染艾滋病毒的移民。

This good practice illustrates continuity of care/care continuum across national borders and effective responses to HIV and coinfection vulnerabilities of undocumented migrants living with HIV.

这个良好实践展现了跨越国境的延续性护理和对感染艾滋病毒的无证移民对艾滋病毒与并发感染的脆弱性的有效抗击工作。

5. Catholic church-related and other faith-based organization responses to people on the move living with and affected by HIV and coinfections

6. 天主教教堂和其他基于信仰的组织为艾滋病毒与并发感染的感染和受影响的流动人口开展的工作

In April 2016, more than 100 professionals from across the world and who are engaged in the faith-based response to people living with and affected by HIV gathered to share good practices and experiences related to children living with or at risk of HIV infection. They were joined by other stakeholders, including representatives from national governments. The following examples highlight good practices to provide HIV care and attention to people on the move.

2016 年 4 月，来自世界各地的百余名专业人员和参与基于信仰抗击艾滋病毒感染和影响工作的人聚在一起，分享关于受艾滋病毒感染或影响的儿童的良好实践和经验。其他利益相关方也

参与了，包括来自国家政府的代表。以下例子突出了为流动人群提供艾滋病毒关怀和关注的良好实践。

The Mai Tam (Centre of Hope) Program, located in Ho Chi Minh City, Viet Nam, was started by local priests in response to women and children living with HIV who had been abandoned by their families and often found themselves living on the streets or in hospital wards. Many of the women had migrated to the city from rural areas and were victimized by sex traffickers and/or dependent on drugs. Since most of the mothers were internal migrants without an exit permit from their home cities, they could not access health care services.

希望中心项目位于越南胡志明市。它是由地方牧师发起的，为了服务被家人抛弃流落街头或滞留病房的感染艾滋病毒的女性和儿童。很多这些女性是从农村地区流动到城市了，有的是性贩运受害者，有的人有毒品依赖。因为大多数母亲都是国内流动人口，而且没有离开故乡的许可，他们没办法获取医疗服务。

Mothers were trained in job skills and encouraged to start their own businesses. Some of the women work in the sewing industry and others have built a successful flower arrangement business. With the help of early funding by PEPFAR, mothers and children were provided with ART. The programme now serves 87 children at three centres and more than 200 children in community-based support to support treatment adherence. While many of the internal migrant mothers are encouraged to consider returning to their home cities, most prefer to stay in Ho Chi Minh City due to discrimination toward people living with HIV in their places of origin.

培训母亲们职业技能，鼓励他们创业。一些女性在制衣业工作，有的建立了成功的鲜花生意。在 PEPFAR 的早期资助下，母亲和孩子得到了抗病毒治疗。项目现在为 87 个孩子在三个中心提供服务，并为 200 多名孩子在社群中心提供支持协助治疗依从。虽然很多国内移民妈妈被鼓励返回家乡，大多数更倾向留在胡志明市，因为家乡城市对艾滋病毒感染者有歧视。

The International Catholic Migration Commission is a network of Catholic Church-related organizations engaged in serving people on the move, especially involuntary migrants. It operates field programmes that include humanitarian assistance and protection for refugees and forced migrants. Among them are nine primary health-care clinics in camps for Afghan refugees along the border to Pakistan, where clinical personnel are attentive to HIV vulnerability and promote HIV testing, especially among pregnant women. The organization also provides access to maternal and new-born health-care in the Damascus area of Syria, and mental health and social services for refugee survivors of sexual and gender-based violence in Jordan, Malaysia, and Pakistan. The Commission also works closely with UNAIDS, WHO and IOM to promote attention to migration and health in the Global Compact on Migration and on Refugees.

国际天主教移徙委员会是参与到服务流动人群（尤其是非自愿）的天主教教堂相关组织的网络。它开展的实地项目包括为难民和被迫移民提供人道援助和保护。他们在巴基斯坦边境的阿富汗难民营有 9 个初级保健诊所，医疗人员关注艾滋病毒脆弱性，推广艾滋病毒检测，尤其是对孕妇的服务。组织也在大马士革和叙利亚提供孕产妇和新生儿的医疗护理渠道，并在约旦、马来西亚和巴基斯坦为难民和性暴力性别暴力受害者提供医疗和社会服务。委员会也与 UNAIDS, WHO 和 IOM 紧密合作，推动移民与难民全球契约中对移民与健康的关注。

This good practice illustrates the meaningful involvement of civil society as well as protecting people on the move against economic exploitation.

这个良好实践展示了有效纳入民间组织和保护流动人群免于经济剥削。

5. Deutsche AIDS-Hilfe e.V., Berlin

6. 德国艾滋病助力协会，柏林



Evidence shows that queer refugees in Germany lack equal access to the health system, information, counselling, HIV/STI testing and treatment, and are seldom involved in HIV/STI prevention. The community-based participatory health approach is a valuable tool for building capacity and enabling queer refugees and service providers to strengthen knowledge and develop appropriate prevention tools and services for the heterogeneous queer community.

证据显示德国酷儿难民缺乏公平的医疗系统、信息、咨询、艾滋病毒/艾滋病检测和治疗的及，很少进行艾滋病毒/性病预防。社群中心参与式医疗方式是重要的能力建设工具，能使酷儿难民和服务机构增加知识，为多元化酷儿社群开发适当的预防工具和服务。

“Your health, your rights” (2017–2018) is a two-year community-based participatory health project to improve the involvement of queer refugees in HIV/STI prevention, as well as create appropriate HIV/STI prevention media collaboratively. It is run by the national association of community-based AIDS service organizations (Deutsche AIDS-Hilfe e.V.) with Berlin-based partners from various immigrant organizations, queer refugee activists, AIDS service organizations and MSM projects. The project components include a multilingual participatory needs assessment workshop, a series of capacity building methodological workshops, a community-led art-based project and a participatory evaluation.

“你的健康你的权利”（2017-2018）是一个两年期的社群中心参与式健康项目，旨在改善酷儿难民在艾滋病/性病预防工作中的参与。项目由国家社群中心艾滋病服务机构协会与柏林各类移民组织及酷儿难民活动家、艾滋病服务组织和男男性行为项目等合作执行。项目组成部分包括一个多语种参与式需求评估工作坊，一系列能力建设方法学工作坊，一个社群主导的艺术项目和一个参与式评估。

Twelve queer refugees (transwomen, transmen, gay and lesbians) and members of queer migrant organizations chose to take part in the project and have been educated and supported to document their lived experiences and needs using methods such as community mapping and story-telling. Key topics and needs connected to sexual health have been identified jointly. Based on these results and in the framework of an art-based workshop, participants created a concept and design of a multilingual website for queer refugees which delivers helpful information on the legal situation in Germany, the German health system, HIV and other sexually transmitted diseases and safer sex. Moreover, it features the addresses of organizations which offer counselling, HIV/STI testing and support.^{xci} The evaluation shows the web site is used frequently.

12 名酷儿难民（跨性别女性、跨性别男性、男同性恋和女同性恋）和酷儿移民组织成员选择参加项目，并接受培训，在支持下使用社群图绘和叙事等方法记录他们的生活经历和需求。共同识别性健康相关的重要话题与需求。根据这些结果，在艺术工作坊的框架中，参与者创建了一个理念，并设计了一个多语种的网站为酷儿难民提供德国法律、德国医疗系统、艾滋病性病和安全性行为相关信息。而且它还有提供咨询、艾滋病/性病检查和支持的组织的地址。^{xcii}评估显示该网站被频繁使用。

The project shows that greater involvement of queer refugees and migrant groups is possible if it is enabled. This takes resources, trained and committed staff, and an understanding and practice of participation that includes the provision of decision-making power to the refugee participants. The interactive approach and the use of supportive performative prevention and media development methods have provided opportunities for participation even for highly traumatized refugees who may struggle to verbally express their thoughts and feelings. It has also enabled communication between participants who do not share the same language.

项目显示，如果创造条件，酷儿难民和移民群体能更多被纳入。需要资源、受过培训的热心员工、理解和能使用参与式的方法赋权难民参与者能够决策。互动方式和表演式预防及媒体方法为参与者，尤其是被严重创伤难以用语言表达思想感情的难民，得到机会。让使用不同语言的参与者能够交流。

Migrant participation in the project has positive effects on several levels: the persons directly involved improve their competencies (empowerment); service providers tailor their media and services better to the needs and living environments of queer refugees and migrants; and the resources of participating communities are identified and mobilized and community building processes are supported.

这个项目的移民参与在几个层面上有积极效果：人们直接参与改善他们的胜任力（赋权）；服务机构的媒体和服务更针对酷儿难民和移民的需求和生活环境；找到参与进来的社群的资源并进行动员，社群建设过程得到支持。

This good practice illustrates the meaningful involvement of key populations on the move—MSM, transwomen and transmen—as well as capacity building for both mobile populations and service providers.

这个良好实践展示了有效纳入流动的关键群体（男男性行为者、跨性别女性和跨性别男性），对流动人群和服务机构都进行能力建设。

7. The Canadian HIV/AIDS Black, African and Caribbean Network, Ottawa, Canada

8. 加拿大艾滋病毒/艾滋病黑人、非裔和加勒比裔网络，渥太华，加拿大

The Canadian HIV/AIDS Black, African and Caribbean Network is a national network of organizations, individuals and other stakeholders who are dedicated to responding to issues related to HIV in Canada's African, Caribbean and Black communities. Formed in 2010, the network aims to complement activities related to the Federal Initiative to Address HIV/AIDS in Canada, specifically among people from countries where HIV is endemic in Africa and the Caribbean.

加拿大艾滋病毒/艾滋病黑人、非裔和加勒比裔网络是一个全国性的致力于解决加拿大非裔、加勒比裔和黑人社群的艾滋病毒相关问题的组织、个人和利益相关方的网络。网络成立于 2010 年，旨在完善加拿大联邦艾滋病毒/艾滋病项目相关活动，尤其是针对来自非洲和加勒比地区艾滋病毒高发国家的人。

In 2018, the network was funded by the Public Health Agency of Canada under the HIV and Hep C Community Action Fund for a project titled "Canadian HIV/AIDS Black African Caribbean Network (CHABAC): Mobilizing across regions to build an effective HIV response in ACB communities".

2018 年，网络得到加拿大公共卫生局的艾滋病与丙肝社群行动基金资助，开展项目“加拿大艾滋病毒/艾滋病黑人非裔加勒比裔网络 (CHABAC)：贯穿区域进行动员，在非裔加勒比裔黑人 (ACB) 社群建立有效的艾滋病毒抗击工作。

Through this project, the network is developing a programme science model for HIV prevention services which has been systematically evaluated, is grounded in scientific evidence, and is specifically designed for African, Caribbean and Black communities. The project provides training on this model to at least 80 service providers in Alberta, Ontario, New Brunswick and Nova Scotia so they can adapt their existing interventions and adopt new ones. Through webinars, fact sheets and conference presentations, network will broadly share its programme science model and lessons learned from implementation.

通过这个项目，网络开发了一个面向艾滋病毒预防服务的科学模型，该模型接受了系统性评估，以科学证据为基础，专门面向非裔、加勒比裔和黑人社群。项目为阿尔伯塔、安大略、新布伦斯维克和新斯科舍的至少 80 个服务机构提供了关于模型的培训，使它们能够调整当前干预，采纳新方法。通过网络研讨、事实资料和会议发言，网络广泛分享了科学模型和实施经验。

The initiative is intended to be a best practice model and can help mobilize African, Caribbean and Black communities in other countries to consider developing a similar regional hub model to engage these communities for country-level impacts funded by their national government.

项目欲成为最佳实践模型，帮助动员其他国家的非裔、加勒比裔和黑人社群来研发类似区域枢纽模型，在政府资助下，让这些社群参与实现国家层面的影响。

This good practice illustrates the importance of meaningfully involving and building the capacities of people on the move and civil society organizations, and of addressing stigma and discrimination through public education.

这个良好实践展现了有效纳入流动人口和民间组织并对其进行能力建设的重要性，以及通过公共教育应对污名与歧视的重要性。

7. AIDS Care China, Ruili

8. 中国艾滋病关怀，瑞丽

Ruili City of Dehong prefecture, in Yunnan province, is located near the opium-producing areas of the Golden Triangle and is the starting point of major drug trafficking routes in China. The first HIV infections were detected here among people who inject drugs in 1989. 德宏州瑞丽市位于云南，临近鸦片制造金三角区域，是中国主要的毒品贩运路线起点。最初的艾滋病毒感染者是 1989 年在这里的注射毒品使用者中发现的。

An estimated 50 000 people from Myanmar live in Jiegao district in Ruili. AIDS Care China, the Alliance Linking Organisation, partners with the Ruili government to operate the "Better Clinic". The "Better Clinic" offers one-stop services for people living with HIV and people who inject drugs, either from nearby villages in Ruili or from across the border in Myanmar. The services include needle exchange, methadone maintenance treatment extension, HIV testing and counselling and ART. Most of the clients are migrants from Myanmar and include truck drivers, people who inject drugs and sex workers.

约有 5 万人从缅甸来到瑞丽姐告区居住。中国艾滋病关怀与瑞丽政府合作开展“更好诊所”项目。“更好诊所”为来自瑞丽附近村庄和边境另一边缅甸的艾滋病毒感染者和注射毒品使用者提供一站式服务。服务包括针具交换、美沙酮维持治疗扩展点、艾滋病毒检测与咨询和抗病毒治疗。大多数来访者来自缅甸的移民，包括卡车司机、注射毒品使用者和性工作者。

Owing to these effective strategies in Ruili among people living with HIV eligible for antiretroviral therapy, the mortality rate has decreased by 95% compared to 2005. There were zero new HIV infections reported among people who used drugs and attended methadone maintenance treatment clinics from 2008 to 2014, and no babies born to pregnant women living with HIV have been reported to be HIV-positive since 2008.

多亏瑞丽这些有效策略，艾滋病毒感染者能够获得抗病毒治疗，死亡率比 2005 年降低了 95%。从 2008 年到 2014 年，参加美沙酮维持治疗的毒品使用者中没有新增艾滋病毒感染。自 2008 年起，没有报告显示感染艾滋病毒的孕妇所产新生儿是艾滋病毒阳性。

This good practice illustrates effective regulatory reform as well as sensitive and inclusive local health systems relative to people who inject drugs and people living with HIV who are on the move.

这个良好实践展示了有效的制度改革和对流动的注射毒品使用者和艾滋病毒感染者有敏感包容性的地方医疗系统。

9. Brazil: Responding to Venezuela, a major crisis for the Latin American region

10. 巴西：委内瑞拉，拉美区域巨大危机

Due to serious political and economic crises, a major migration of Venezuelans out of that country started in 2015 and has increased significantly. From January to June 2018, nearly 130 000 Venezuelans entered Brazil and around 60 000 requested regularization of migration. The Brazilian government has agreed to receive the Venezuelans, but the growing influx has posed major challenges to public health services in the Northern region. 由于严重政治经济危机，自 2015 年起，出现大量委内瑞拉移民并不断增长。从 2018 年 1 月到 6 月，约有 13 万委内瑞拉人进入巴西，约 6 万申请移民合法化。巴西政府同意接收委内瑞拉人，但增长的人口涌入给北部地区的公共卫生服务带来巨大挑战。

The decision of the Brazilian government to receive Venezuelans is based on a new Migration Law (No. 13,445), which provides access to public health and social welfare services and social security irrespective of nationality and migratory status. The Brazilian Unified Health System (which offers universal and free access to health) also guarantees access to comprehensive health care for migrants.

巴西政府决定接收委内瑞拉人是根据新的《移民法》（13445 号），该法律规定无论国籍和是否合法移民，都提供公共卫生和社会服务及社会保障的普及。巴西统一医疗系统（普遍免费医疗普及）也保证移民有全面医疗护理普及。

In this context, an Integrated Plan of Action for Health was elaborated to guide and organize a timely response to the migratory flow in the state of Roraima, involving actions among the Federal Government, the Government of the State of Roraima, and the Municipalities of Boa Vista, Pacaraima and other municipalities affected by migration flow. In order to accommodate thousands of Venezuelans, 10 shelters were built in the state capital (Boa Vista), where vaccination and health promotion services are also being provided.

据此，详细制作了一个整合医疗行动计划来指导和组织及时响应罗赖马州移民流，包括联邦政府、罗赖马州政府，博阿维斯塔、帕卡拉马和其他受移民影响的市政府的行动。为了给成千上万名委内瑞拉人提供住宿，在州首府博阿维斯塔建立了 10 个避难所，在那里提供疫苗和健康服务。

Regarding HIV prevention and care, the plan already promoted capacity building for more than 100 health professionals (medical doctors, nurses and pharmacists) for diagnosing and clinically managing HIV and other STIs, with a focus on avoiding stigma and discrimination. The plan also promoted the restructuring of the HIV-related health services, with an emphasis on decentralization. It is important to emphasize that screening for HIV and other STIs is not compulsory; the services are offered in health facilities and shelters on a voluntary basis.

在艾滋病毒预防和关怀方面，该计划已经推动了面向 100 余名医疗人员（医生、护士和药剂师）提供能力建设，以诊断和临床管理艾滋病毒和性病，同时避免污名与歧视。该计划也促进

了艾滋病毒相关医疗服务的重构，强调去中心化。重点是艾滋病/性病筛查不能是强制的；在医疗机构和避难所提供的服务都是在自愿基础上进行的。

HIV treatment is guaranteed to all people living with HIV in Brazil, whether they have Brazilian nationality or not. According to the public ARV dispensation system, the number of new Venezuelan patients in ART increased 5.5-fold between 2016 (16 new patients) and June 2018 (104 new patients).

艾滋病毒治疗是所有生活在巴西的艾滋病毒感染者都享有的，无论是否有巴西国籍。根据公共抗病毒治疗派药系统，2018年6月为止，新增抗病毒治疗的委内瑞拉患者（104名）比2016年（16个新增病人）增加了5.5倍。

Brazil's support to the Venezuelans extends beyond the borders of the country. Aware that Colombia also received a large contingent of migrants, Brazil recently donated first-line regimen drugs (tenofovir/lamivudine + dolutegravir) to treat 500 Venezuelans in that country. 巴西对委内瑞拉的支持越过了国家边境。哥伦比亚也接收了大量移民团。巴西近期捐赠了一线药物（替诺福韦/拉夫米定+度鲁特韦）来治疗在该国的500名委内瑞拉人。

This good practice illustrates effective law and/or regulatory reform, capacity building of healthcare workers, and development of national health systems that are sensitive to the needs of people on the move.

这个良好实践展现了有效法律法规改革、医疗工作人员能力建设，国家医疗系统发展提升对流动人口需求的意识。

9. Kyrgyz Indigo—services for MSM on the move in Kyrgyzstan

10. 吉尔吉斯蓝——面向吉尔吉斯斯坦的流动男男性行为者的服务

Kyrgyz Indigo is a public association that supports the lesbian, gay, bisexual, transgender and intersex (LGBTI) community in Kyrgyzstan. Its activities are aimed at promoting healthy lifestyles, strengthening psychological health, providing capacity development, providing shelters in Bishkek and support in Osh city and advocating for LGBTI rights.

吉尔吉斯蓝是一个支持男女同性恋、双性恋、跨性别和间性人（LGBTI）公共协会。它的活动旨在推动健康生活方式，加强心理健康，提供能力发展，在比什凯克提供避难所，在奥什市提供支持，倡导性少数权利。

Kyrgyz Indigo was founded in 2009. The organization provides legal protection, reacts to human right violations, conducts research, advocates for inclusive prevention and sustainable health-care interventions, and brings state and international institutions together to promote non-discrimination. It has also conducted trainings on leadership and activism, rights and gender, HIV, STIs, hepatitis, TB and living a healthy lifestyle.

吉尔吉斯蓝在2009年成立。该组织提供法律保障，应对人权侵犯，开展研究，倡导包容性预防和可持续医疗干预，将国家与国际机构带到一起促进无歧视。组织还开展领导力和活动家、权利与性别、艾滋病/性病、肝炎、结核与健康生活方式的培训。

Kyrgyzstan experiences both internal and external migration. Gay and other men who have sex with men migrate mainly to pursue education opportunities or for work. International migration occurs mainly in search of higher earnings and/or greater freedom, or to avoid psychological oppression or cultural violence, including forced marriage. Migration and work relieve financial dependence on relatives and the emotional pressure to demonstrate masculinity through marrying and having children.

吉尔吉斯斯坦存在在国内和境外移民。男同性恋和其他男男性行为者的移民主要是为了追寻教育和工作机会。国际移民主要是为了更高收入和更多自由，避免精神鸦片或包括强迫婚姻在内的文化暴力。移民和工作解放了对亲戚的经济依赖和必须婚姻和育儿展示男子气概的情绪压力。

Kyrgyzstan is a country that provides specific opportunities for internal and external migrants. Internal MSM migrants can receive free HIV counseling and testing from nongovernmental organizations or government institutions. They can also make use of a dispensary in the capital, even if they lack a residence permit in the city. HIV treatment is free of charge for everyone, including foreign citizens,.

吉尔吉斯斯坦这个国家为国内和境外移民提供特定机会。国内的男男性行为者移民可以得到来自民间组织或政府部门的免费艾滋病毒咨询和检测。他们也可以使用首都的药房，即使他们没有居住许可。艾滋病毒治疗对包括外国人在内的所有人都是免费的。

Kyrgyz Indigo operates in the capital of the city, which provides widely advertised rapid testing and social support. The organization also operates a shelter, which provides temporary safe space, hot meals, social, psychological and legal services for victims of violence and for migrants.

吉尔吉斯蓝在首都运营，提供广为人知的快速检验和社会支持。组织还运作了一个避难所，能够为暴力受害者和移民提供暂时的安全空间、热食、社会心理法律服务。

This good practice shows that inclusive and sensitive MSM mobile and key population health-care services can be provided, and that stigma and discrimination can be avoided.

这个良好实践展现了面向有男男性行为的流动关键人群的具有包容敏感性的医疗服务提供，和避免歧视与污名。

11. Action for Health Initiatives (ACHIEVE, Inc.), Philippines

12. 健康行动项目(ACHIEVE, Inc.)，菲律宾

The incidence of HIV infection among overseas Filipino workers has increased steadily over the years. The HIV/AIDS and ART Registry of the Philippines reported that 10% (5,889) of Filipinos diagnosed with HIV from 1984 to June 2018 (56,275) were overseas Filipino workers. Seventy-one percent (4,181) of the overseas Filipino workers diagnosed with HIV were males and an estimated 86% of them had acquired HIV through unprotected sex with other men. In response, Action for Health Initiatives (ACHIEVE) combined community mobilization, institutional capacity building and advocacy grounded in participatory action research.

海外菲律宾劳工的艾滋病毒感染近年来在稳定增加。菲律宾艾滋病毒/艾滋病和抗病毒治疗登记处报告，从 1984 年到 2018 年 6 月，10% (5889) 的被诊断感染艾滋病毒的菲律宾人 (56275) 是海外菲律宾劳工。71% (4181) 的被诊断感染艾滋病毒的海外菲律宾劳工是男性，估计其中 86% 是经由无保护的男男性行为感染的。因此，健康行动项目结合了社区动员、机构能力建设和基于参与式行动研究的倡导。

ACHIEVE conducted numerous studies on the linkages between migration and HIV and used the results to develop a training programme aimed at strengthening the HIV response for overseas Filipino workers in destination countries. Working closely with the Foreign Service Institute, the School for Diplomacy of the Department of Foreign Affairs, for the past 14 years, ACHIEVE has trained 14 intakes of Foreign Service Officers on handling HIV-related needs and concerns of Filipinos in destination countries. The Foreign Service Officers are trained to be career diplomats and future Ambassadors.

ACHIEVE 在移民与艾滋病毒关联方面开展了大量研究，并使用研究结果开发了培训项目，旨在增强面向在目的地国海外菲律宾劳工的艾滋病抗击工作。过去 14 年，通过与对外服务学院，即外交部外交学校紧密合作，ACHIEVE 培训了 14 个新招收的对外服务官员来处理目的地国的菲律宾人的艾滋病毒相关需求和问题。受培训的对外服务官员未来是外交人员，是未来的大使。

The trainings include awareness-raising on HIV and migration realities; stigma reduction through talk shows with overseas Filipino workers living with HIV; and skills-building on sensitive interviewing and counselling. The training was supplemented by a guidebook for handling HIV-related issues of overseas Filipino workers in destination countries, which ACHIEVE also published and disseminated to all Philippine Post abroad.

培训包括提升官员艾滋病毒与移民实际情况的意识，通过与感染艾滋病毒的海外菲律宾劳工做脱口秀来减少污名，进行访谈和咨询的敏感意识能力建设。培训还附带一本应对目的地国海外菲律宾劳工的艾滋病毒相关问题的指南，ACHIEVE 出版并将其传播到所有海外菲律宾邮政点。

ACHIEVE had to make sure this programme would be sustainable. It advocated for the inclusion of the HIV and migration training module in the curriculum of the Foreign Service Institute for all foreign service officers and other personnel. Those involved in the training programme of the FSI championed this advocacy within the Department, which led to its institutionalization.

ACHIEVE 必须确保这个项目可持续。它倡导将艾滋病毒与移民培训模块纳入对外服务学院面向所有对外服务人员和其他人员的课程。外交部对外服务学院参与项目的人认同这项倡导，使其能够制度化。

What makes this training programme successful is the involvement of overseas Filipino workers living with HIV. The development of this programme was influenced by an overseas Filipino worker who had been diagnosed with HIV. The involvement of these workers living with HIV as speakers had a lasting impression on the training participants. ACHIEVE ensured that the involvement of this community was meaningful and effective by developing a capacity building programme that enhanced their understanding of HIV, gender, sexuality, human rights and migration issues, as well as building practical skills such as public speaking, training facilitation and advocacy.

是感染艾滋病毒的海外菲律宾劳工的参与让这个培训项目能够成功。这个项目的开发受到一名被诊断感染艾滋病毒的海外菲律宾劳工的影响。这些感染艾滋病毒的劳工的参与对培训参与者有长久的影响。ACHIEVE 为确保社区的参与是有效的，开发了一个能力建设项目来提升它们对艾滋病毒、性别、性、人权和移民问题，以及公开演讲、培训辅助和倡导等实用技能。

This good practice illustrates meaningful involvement of people on the move who are living with HIV in the capacity building of key stakeholders.

这个良好实践展现了感染艾滋病毒的流动人群有效参与对关键利益相关方的能力建设。

11. Wajood: Empowering transgenders and hijras to access sexual health and human rights in India

12. Wajood: 在印度赋权跨性别者和间性人获取性健康与人权



Transgender and hijra communities are among the most marginalized populations in India. They have the second highest HIV prevalence in India at 7.2% (NACO 2017), and globally have a 49 times higher possibility of contracting HIV. In 2016, the Indian government finally granted them legal status. However, they remain marginalized with limited access to services including health, education, social entitlements as well as livelihood options. Violence and specifically gender-based violence against transgender and hijra from within and outside the community is significant and common: from police, clients and even regular partners. Because most transgender and hijra members are either thrown out from or leave their homes, they are often migrants or mobile with no documentation.

跨性别者和间性人社群属于印度最被边缘化的人群。他们有印度第二高的感染率，7.2% (NACO 2017)。全球而言，感染艾滋病毒的可能性高 49 倍。2016 年，印度政府终于给予他们合法地位。但是他们仍然被边缘化，健康、教育、社会福利和生计选择可及性极为有限。社群内外针对跨性别者和间性人的暴力和性别暴力严重而且普遍，暴力来自警方、客人甚至固定伴侣。由于大多数跨性别和间性人要么被赶出家要么离家出走，他们经常时没有证件的流动者。

Wajood is designed for and led by transgender and hijra. The project's uniqueness is that it demonstrates models to scale up comprehensive, need-based and sensitive services for transgender and hijra. It is being implemented in five states and six sites: Delhi (NCR), Gujrat (Vadodara), Karnataka (Kholar and Chikbalapura), Andhra Pradesh (Eluru) and Telangana (Hyderabad). Serving 7,000 transgender and hijras, all three core staff and 32 field level staff are from trans or hijra backgrounds.

Wajood 是由跨性别者和间性人主导的为所在群体服务的项目。该项目的独特之处在于展示了面向跨性别者与间性人的既全面又有针对性和敏感意识的服务的规模化模型。项目在五个州六个项目点实施：德里(NCR), 古吉拉特邦(Vadodara), 卡纳塔邦 (Kholar 和 Chikbalapura), 安得拉邦(Eluru) and 特伦甘纳邦(Hyderabad)。全部 3 名核心员工和 32 个现场员工都有跨性别或间性人背景，在服务 7000 名跨性别者和间性人。

Since the communities are not homogenous, it was important to ensure that Wajood reach the wide diversity of transgender and hijra. At each site, two to three community members with leadership qualities were trained as “agents of change” and equipped to respond to three specific areas of need—work on access to safe feminization, support against violence faced by the community, and help in social protection and support—with counselling support and HIV testing and continuum of care as the basic service. The agents of change were from varied transgender and hijra groups, including those who were extremely traditional and living in community homes, those with strong religious affiliations, and those from sex worker groups in modern bath houses (high-density sex work sites).

由于社群不是同质的，重要的是确保 Wajood 接触到广泛的多元的跨性别与间性人。在每一个项目点，两到三个社群骨干接受培训成为“改变代理”，能够应对三个特定方面的需求。他们致力于安全女性化渠道，支持社群反暴力，协助社会保障和支持，并将咨询支持与艾滋病毒检测与延续性护理作为基本服务。改变代理来自多种跨性别和间性人社群，包括极度传统住在社群家庭的，有坚定信仰的，有在现代浴房（高密度性工作地点）的性工作者。

Before going to the communities, the outreach workers and the agents of change mapped the gatekeepers and supporters and developed systems such as crisis response teams with advocates and doctors in the team along with transgender and hijra leaders. They also mapped community friendly doctors for feminization services and sensitized the social justice department and police. Then they started contacting the wider transgender and hijra groups, educating and spreading awareness and linking the people who needed services, e.g. enrolling in educational institutions, accessing social entitlements like identify cards, and negotiating job opportunities. As a result, the uptake of HIV services also increased.

在去社群之前，外展员工和改变代理将保卫和支持者进行图绘，并开发危机响应小组等系统。这种小组里有倡导者、医生以及跨性别者和间性人领袖。他们也将社群友好医生进行图绘，以开展女性化服务。他们也对司法和警方进行意识提升。之后，他们联系广大跨性别者与间性人

团体，进行教育和意识提升，为需要服务的人进行联络，如登记培训学校，获取身份证等，也有协商工作机会。因此，接受艾滋病毒服务的人增加了。

This good practice illustrates capacity building of key populations who are on the move internally—specifically trans, and including sex workers—as well as of service providers, and addressing stigma through public education.

这个良好实践展现了对国内流动的关键人群的能力建设，尤其是跨性别者和性工作者，以及对服务机构的能力建设，和通过公共教育解决污名。

13. Welcoming America—building a nation of neighbours, USA

14. 好客美国——建立邻里之国，美国(<https://www.welcomingamerica.org/>)

The Welcoming America programme is based on the assumption that cultural diversity enriches communities with unique perspectives and variety of thought. It is a nationwide network of non-profit and local government partners that recognizes that being welcoming leads to prosperity. All people, including immigrants, are valued contributors who are vital to the success of communities and their shared future. Launched in 2009, Welcoming America has spurred a growing movement across the USA, with one in eight residents living in a Welcoming Community: these places show it is possible to go beyond fear and even tolerance for a bright future for all. This award-winning social entrepreneurship model is beginning to scale up elsewhere.

好客美国项目认为文化多样性能够用独特视角和多元思考来丰富社群。这是一个全国性的非营利与地方政府合作伙伴网络，认为好客能够带来繁荣。所有人，包括移民都是有价值的贡献者，对社群成功与共享未来至关重要。好客美国于2009年启动，激发了一波日益增长的全美运动，八分之一的居民生活在好客社区：这些地方展现其能够超越恐惧和忍耐，为了所有人的美好未来。这个获奖社会企业模式正在其他地方推行。

The movement encompasses a wide range of participants in each local area: corporate partners and economic development agencies, including financial institutions; civic partners like YMCAs and educational institutions; public sector partners, including not only local government but police chiefs and school boards; local philanthropic organizations and community foundations; and representatives of many faith communities.

该运动在每一个地方区域覆盖了广大参与者：企业伙伴和经济发展局及金融机构；YMCA等民间伙伴及教育机构；公共领域伙伴，如地方政府、警长和学校理事会；地方慈善组织和社区基金会；信仰团体代表。

Welcoming communities foster a culture and policy environment that makes it possible for newcomers of all backgrounds to feel valued and to participate fully alongside their neighbours in the social, civic and economic fabric of their adopted hometowns. These communities agree to ensure that all relevant sectors, such as government, business and non-profits, work together to create a welcoming community climate that supports long-term integration.

好客社区培育了一个文化政策氛围，使各个背景的新来者感到有价值，能够全面参与到接纳他们的乡镇邻里的社会公民经济事务。这些社区同意确保所有相关领域，如政府、企业和非营利组织，共同创建一个好客社区氛围来支持长期融入。

Municipalities commit to institutionalizing strategies that ensure the ongoing inclusion and long-term economic and social integration of newcomers. Messages of unity and shared values permeate the community through the media, through the voices of leaders, and among residents. Furthermore, policies and practices are set in place to ensure interactions between new and long-time residents remain positive and the community's economic vitality remains strong.

市政府承诺将策略制度化，以确保对新人当前的包容和长期经济社会融合。团结理念和共享价值通过媒体、意见领袖和居民渗入进社区。而且，有切实政策措施保障新人和长期居民的互动是积极的，确保社区经济具有活力。

One example of such a welcoming community is Iowa City.^{xciii} This local approach involves going beyond a single programme or service to work with institutions across the community to reduce the barriers that immigrants face and build bridges between newcomers and long-time residents. Strong impetus has come from the Iowa City Area Development Group, formed in 1984, which is committed to enhancing the economic vitality of the area, fostering a strong business climate and promoting employment opportunities. A website was developed to help immigrants connect to all the resources and events needed to settle into the area. Finally, a series of welcoming banners have been displayed throughout the city to promote good relations and a positive view of immigrants.

一个好客社区的例子是爱荷华市。^{xciv}当地的方法不仅仅是一个单一的与社区机构合作项目或服务来减少移民面临的障碍和架设长期居民与移民桥梁。爱荷华市区域发展集团提供了强大推力。集团成立于1984年，致力于增进区域经济活力，培育商业气氛和促进就业机会。建立了一个网站来帮助移民联系各种资源和活动来融入区域。在城市各处都有欢迎横幅来推动良好关系和对移民的积极看法。



This good practice illustrates how stigma and discrimination can be addressed through local collaborative action and education about the social and economic value of migration, and how people on the move can be protected against the exploitation.

这个良好实践展现了污名与歧视可以通过地方协作行动和关于移民社会经济价值的教育解决，以及流动人口如何能被保护以免于剥削。

5. CONCLUSIONS AND RECOMMENDATIONS 结论与建议

“Bilingual and welcoming spaces need to be established. There is a need to welcome you to the new place. A welcoming centre. And if possible the people at such a centre can help to get you plugged into the systems. It would be great if there were a peer navigator system—you need help with all of this. It would be much less intimidating—a bunch of things can happen then. It is really difficult and takes incredible resources and internal resources to get healthcare when you have basic needs to meet. I am not finding an easy way to do it.”

“需要建立双语和友好的空间。到新地方时需要得到欢迎。欢迎中心。中心有人可帮你融入系统。如果有同伴引导机制就太好了。做什么都需要帮助。那样就不这么可怕了。可以做很多事。这真的很难，需要大量资源，国内资源，才能得到满足需要的基本医疗。做这个没有简单的方法。

– Laurel, lesbian living with HIV, migrant worker, USA

——Laurel，感染艾滋病毒的女同性恋，移民工人，美国

122. This report emphasizes the links across population mobility and HIV as being key for achieving our global 2030 goals and targets, and for leaving no one behind. Four main conclusions can be drawn:

123. 本报告强调，人口流动与艾滋病毒之间的关联是实现全球 2030 目标的关键，不让一个人落下。可得出四个结论：

The relatively recent increase, speeding up and diversity of human mobility is aggravating the HIV vulnerability of people on the move.

相对近期人口流动的增速加快且更为多元，加剧了流动人群的艾滋病毒脆弱性。

124. This report explores several relevant global trends, including:

125. 本报告探讨了若干全球趋势，包括

- increasing diversity and complexity of human mobility;
- 人员流动的多元性和复杂性增加
- the emerging differentiated role of women on the move;
- 流动女性的角色出现差异化
- the shift in our health paradigm towards a more positive appreciation of development and people on the move;
- 我们的卫生模式转向更多对发展与流动人群的积极认可
- the appreciation that mobility is not only or even predominantly about crossing international borders, but also about internal or in-country population movements; and
- 对流动性的认可不仅是只对跨越国境的流动，也包含国内人口流动；
- the emergence of anti-globalization with a return to more negative views on human rights and international migration.
- 反全球化的回潮对人权和国际移民有更多负面观点

124. These trends are having significant impacts on HIV health care. It is difficult to ensure continuity of HIV care during the current spike in population mobility, e.g. from

rural to urban areas or across international borders. Health-care financing and access has usually been based on residence, citizenship, occupational category or family relationship to someone with health insurance. However, increased population mobility confounds these traditional approaches. Mobility and migration status can increase exposure and vulnerability to HIV, TB and hepatitis.

125. 这些趋势对艾滋病毒医疗护理有明显影响。在当前人口流动激增的情况下很难确保艾滋病毒延续性护理，无论是城乡之间流动，还是跨越国境。医疗护理的资金和可及性一直是以住所、公民身份、职业类型或与有医保的家庭成员的关系为基础的。但是，增长的人口流动不适用这些传统方式。流动性与移民地位会增加对艾滋病毒、结合与肝炎的暴露和脆弱性。
126. The various legal and regulatory challenges and barriers encountered in the process of moving can aggravate health conditions, with discriminatory policies resulting in higher costs, limited access to services and treatment, and increased morbidity and mortality. The fact that there is a lack of international consensus about the definitions of key terms such as migration and mobility only adds to the complexity of the current context.
127. 在流动过程中会遇到多种法律法规问题和障碍，这些都会加剧健康问题。歧视性政策造成成本增加，有限的服务和治疗可及性，更高的发病率和致死率。当前缺乏对关键概念的国际共识，如移民或流动，而这使当前环境更加复杂。

Significant obstacles and gaps face mobile populations as far as accessing HIV and coinfection services

流动人群面临的巨大障碍与鸿沟使其无法获取艾滋病毒及其并发感染的服务

128. There are significant obstacles as well as gaps in HIV and coinfection advocacy, policy, programming and funding for mobile communities. In far too many cases, borders are being increasingly treated as rights-free zones, where human rights are illegally assumed to be suspended and protection from discrimination is incorrectly seen as based on regular status in a host location.
129. 面向流动社群的艾滋病毒及其并发感染的倡导、政策、项目和资助中存在巨大障碍与鸿沟。在很多案例中，边境越来越被当作“无人权”区，人权被非法悬置，免于歧视只给予在东道主地区有合法身份的人。
130. Health-care settings continue to be one of the main sources of discriminatory practices for people on the move. Health-care services and law enforcement may even appear to overlap, with inadequate training or capacity building for these personnel relative to the experience of people on the move and a lack of firewalls to ensure access to health services regardless of migration status.
131. 医疗机构仍是对流动人口采取歧视性措施的主要地方。医疗服务和执法可能是重合的，没有对与流动人口打交道的人员进行适当的培训与能力建设，也没有防火墙来确保无论何种移民身份都可获取医疗服务。
132. There is a lack of facilities and training to enable people on the move to address barriers, e.g. legal aid support, ombudsmen or other redress mechanisms. Insufficient regard may be paid to effective linguistic and culturally sensitive communication and healthcare information. An individual on the move may also be exposed to various levels

of HIV-related or key population-related stigma and may be criminalized, detained or deported.

133. 缺乏辅助和培训来帮助流动人群克服障碍，如法律援助支持，监察员或其他转介机制。没有对在语言和文化上有敏感性的传播和医疗信息给予足够关注。流动的个体也可能面对在多种层面的艾滋病毒相关或关键人群相关的污名，可能被刑事定罪、被拘留或被遣返。

"I decided to move because my drug use and family harassment. In general, major challenges I now face include access to food, shelter, work, and health services. Sometimes I face police harassment. Since I am a person living with HIV, I need to be on regular treatment; I also need treatment for Hep C. The governments could have a migrant centre to guide people who come from home, a system where immigrants can get support to get papers or identification. I wish there were no borders."

“我决定走，因为我使用毒品和家庭骚扰。我现在面临的主要困难包括食物、避难所、工作及医疗服务的可及性。有时我遇到警方骚扰。由于我感染艾滋病毒，我需要定期治疗。我也需要治疗丙肝。政府可以设一个移民中心，指导来的人，有一个机制让移民在证件和身份方面得到支持。我希望没有边界存在。”

— Rachi, male heterosexual, injecting drug user living with HIV and migrant, Myanmar
——Rachi，男性同性恋，注射毒品使用者，艾滋病毒感染者，移民，缅甸

129. Underlying these barriers is a lack of data and evidence about links between population mobility and HIV in general and about the needs of specific sub-populations on the move. Without enhancing such an integrated population mobility and HIV evidence base, it is unlikely that lawmakers or health-care planning will become more sensitive to and inclusive of people on the move.
130. 在这些障碍之下，是缺乏流动人口与艾滋病毒关联的数据与实证，以及具体流动亚群体需求的数据与实证。如果不能增强整合的流动人口与艾滋病毒的实证基础，就无法让法律制定者或医疗规划对流动人群的意识提升，也无法将他们包容进来。

Mobile populations are in danger of being left behind in the AIDS response; a significant number of them belong to key populations

流动人群处于为艾滋病抗击工作落下的危险之中；他们中很大一部分属于关键群体

131. Significant numbers of people on the move belong to key populations. These mobile sub-populations experience reduced access to services and are at greater HIV risk than people who are not on the move, partly due to the fact they are marginalized, face restrictions on movement and may also be criminalized. Empowering and engaging mobile populations, especially those who belong to key populations, is a key strategy for achieving the 2030 targets.
132. 大量流动人群属于关键群体。与非流动人群相比，这些流动亚群体更难获取服务，更容易感染艾滋病毒。一部分原因是他们被边缘化，面临流动限制，还可能被刑事定罪。赋权让流动人群尤其是属于关键人群的流动人群参与，是实现 2030 目标的关键策略。

"I left home because of fights with my family; I had the support of my guru (senior hijra). And I moved to my present location because I found a new hijra family there and a guru. Currently, my major concerns relate to high blood pressure, need for sexual health services, and hormone therapy. I also struggle because of lack of regular water, working in areas that are not clean, and I sometimes face police harassment. People don't realise the problems of transgender people: we need to be accepted and given opportunities."

"我离开家时因为与家庭斗争；我有间性人前辈的支持。我到了现在的地方，因为建立了新的间性人家庭，还有间性人前辈。现在，我主要的担心是高血压，性健康服务需求和激素治疗。我也在挣扎，因为缺乏水，工作地方不干净，时常有警察骚扰。人们没有意识到跨性别者的问题：我们需要被接纳，需要给予机会。"

– Payal, hijra/transwoman, internal migrant, India

——Payal，间性人/跨性别女性，境内移民，印度

There are a range of innovative and scalable good practices for advancing HIV and related services among mobile communities

有一系列创新可推广的良好实践可以推进流动社群中的艾滋病毒及相关问题的服务。

131. This report features a variety of good practices that address a wide range of issues, including meaningful involvement of mobile populations, capacity building of both people on the move and health-care workers, to ensure culture- and language-competent services, mobile population-sensitive health services, continuity of care/care continuum across the movement process (including medical passport systems and accessible service locations) and responses to HIV and coinfection vulnerabilities of undocumented migrants. However, the good practices do not exhaust the range of innovative responses that are possible. There are examples of many NGOs who provide HIV and coinfection services, including for uninsured or undocumented migrants. Addressing the health needs of people on the move is crucial for ending the AIDS epidemic by 2030. Governments, NGOs and the private sector can collaborate to replicate or scale up the many good practices available.
132. 本报告介绍了多种良好实践来应对一系列问题，包括有效纳入流动人口，对流动人群和医疗工作人员进行能力建设，确保有文化语言敏感性的服务，对流动人群有敏感意识的医疗服务，贯穿流动全程的延续性护理（包括医疗护照系统和可及的服务地点），应对无证移民对艾滋病毒及并发感染的脆弱性。但是，良好实践并没有穷尽各种创新工作。有很多民间组织面向无保险或无证的移民提供艾滋病毒及并发感染相关服务。处理流动人群的健康需求是2030年终止艾滋病流行的关键。政府、民间组织和私营部门可协作共同复制推广已有的良好实践。

Recommendations

建议

133. This report speaks broadly to a range of stakeholders, community-based as well as others. However, these Recommendations are specifically provided as a resource for the development of Decisions Points to be by the NGO Delegation to the PCB meeting in December 2018. This report recommends the following actions in order to more

effectively address HIV and coinfection vulnerabilities among mobile populations and to achieve the 2030 targets. It calls on UNAIDS to

134. 本报告对象是广泛的利益相关方，包括社群中心的组织或其他组织。但是，这些建议专供 2018 年 12 月 PCB 会议时民间组织代表团制定决策点参考。本报告建议以下行动，以更有效地应对流动人群的艾滋病毒及其并发感染脆弱性，实现 2030 目标。呼吁

UNAIDS:

- *adopt* the IOM definition of migrant; and to fully implement the cooperation agreement between UNAIDS and IOM to promote access to HIV prevention, treatment, care and support services for migrants, mobile populations and people affected by humanitarian emergencies;
- 采纳 IOM 的移民定义；全面实施 UNAIDS 与 IOM 之间的合作协议，以推动面向移民、流动人群和受人道主义紧急情况影响人群的艾滋病毒预防、治疗、关怀和支持服务可及；
- *increase* its efforts to address and remove all legal and regulatory barriers that undermine the human and health rights of mobile populations, including travel restrictions, criminalization of key populations, criminalization of HIV transmission, and lack of service provision and access, including to harm reduction services;
- 加强努力以解决和消除所有损害流动人群的人权与健康权的法律规范障碍，包括旅行限制、对关键人群刑事定罪、对艾滋病毒传播的刑事定罪，增加减低伤害服务在内的服务的供给和可及；
- *develop and promote* a basic package of nonjudgmental, confidential, and culturally and linguistically competent primary healthcare services that will be made available to people on the move as part of UHC and in recognition of their right to the highest attainable standard of health, regardless of migration status, free of charge, and including speedy access to quality and culturally competent HIV, TB and hepatitis diagnostics, treatment and care services, mental health services as needed, sexual and reproductive health services for women and girls, and ensuring continuity of care;^{xcv}
- 制定和推动一套基础性的无批判、保密、语言文化胜任的初级卫生服务，作为普遍医疗覆盖的一部分提供给流动人群，承认他们享有可获得最高水平健康标准的权利，无论其移民地位，免费提供。其中包括快速获取合格的有文化敏感性的艾滋病毒、结核与肝炎诊断、治疗和关怀服务，所需心理健康服务，面向妇女和女童的性与生殖健康服务，并确保延续性护理；^{xcvi}
- *request* that the Office of the United Nations High Commissioner for Human Rights prepare a report on the state of respect for the human and health rights of mobile populations, including those living with and at risk of HIV, as well as those belonging to key populations, and any laws that allow for travel and work restrictions, deportation or confinement on the basis of sexual orientation and social nonconforming behaviours as well as HIV, TB or hepatitis status;

请求联合国人权高级专员办公室准备一份关于尊重流动群体人权和健康权的情况报告。其中流动人群包括艾滋病毒感染者和有感染艾滋病毒风险的人，以及关键人群。报告内容包括有旅行和工作限制的法律，基于性取向和异类行为及艾滋病毒、结核或肝炎感染情况的遣返或禁闭。

- *develop* a policy brief on the meaningful involvement of mobile populations aligned with the GIPA principle of "nothing about us without us" with recommendations for governments, civil society and international donors on how to increase, improve and support their involvement as peers in the development, delivery and evaluation of global, regional and country AIDS responses;
- 开发关于符合 GIPA（加强艾滋病毒/艾滋病感染者和受影响者的参与）原则“我们的事不能没有我们参与”的对流动人群的有效纳入，提供面向政府、民间组织和国际捐赠者的建议，增加、改善和支持流动人群作为同伴参与到全球、区域和国家层面的艾滋病抗击工作的计划、实施和评估。
- *offer* technical support to ensure that national health-care systems and HIV plans urgently address the needs of people on the move, including provision of mobile clinics and other forms of community-based HIV testing, alternatives to detention, medical/health passports or other patient-held clinical record cards that ensure continuity of health care, establishing a common data framework and improving the evidence base on HIV in relation to mobile populations, training of health-care personnel in rights-based sensitive/inclusive and interculturally competent or safe health care for mobile populations, protections against labour exploitation and sexual violence, and strengthened international cooperation on the health of mobile populations;
- 提供技术支持，确保国家医疗系统和艾滋病毒工作规划迅速回应流动人群的需求，包括提供流动诊所和其他社群为本的艾滋病毒检测方式，拘留的替代办法，医疗护照或其他患者持有病历的方式确保延续性护理，建立共同数据框架，改善关于艾滋病毒与流动任丘的实证基础，培训医疗人员提升权利意识和跨文化胜任力，为流动人群提供安全医疗，保护他们免受劳动剥削和性暴力，在流动人群健康方面加强国际合作。
- *call* for the explicitly including in the AIDS response targeting key populations those people on the move who belong to key populations, namely people on the move who are also gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people on the move held in closed settings such as detention centres or camps; as well as particularly vulnerable groups such as undocumented migrants, people who may have been forced to move against their will or who have been trafficked, and mobile populations that may be designated as key populations by specific countries based on the national epidemiological and social context.
- 呼吁明确将属于关键人群的流动人群纳入艾滋病抗击工作关键人群，命名为同时是男同性恋、男男性行为者、性工作者、跨性别者、注射毒品使用者的流动人群，以及在拘留中心或营地等封闭设施的流动人群；尤其是特别脆弱的群体，包括无证移民、被迫流动或被贩运者；流动人群可能被特定国家基于国家流行病情况和国情而指定为关键群体。

6. ANNEXES 附录

Annex 1. Acknowledgements and participants

附录 1. 鸣谢参与

The NGO Delegation to the PCB is grateful to all the individuals and organizations, including the 83 survey respondents, who contributed their time, experience and insights to make this report possible. Your voices, experiences and stories are crucial for ensuring that urgent and relevant actions are taken at the PCB to address the issues and concerns of people on the move in the context of a global AIDS epidemic.

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Allen Kyendikuwa, Uganda Youth Coalition on Adolescent SRHR and HIV (CYSRA-Uganda)
乌干达未成年性与生殖健康权利和艾滋病问题青年联盟

Amara Quesada, Action for Health Initiatives 健康项目行动, Philippines 菲律宾

Bangyuan Wang, AIDS Care China 中国艾滋病关怀, Ruili 瑞丽

Boi Gupta, Pan Africa Positive Women Coalition 泛非洲阳性妇女联盟

Brahm Press, MAP Foundation MAP 基金会, Thailand 泰国

Carmen Foster, La Clinica de la Raza 种族诊所

Charles King, Valley AIDS Services, Lower Rio Grande Valley, USA 山谷艾滋病服务, 里约格兰德谷低地, 美国

Chiwere, HIVOS 发展中国家合作人文研究所

Chhiring Sherpa

Christian Hui, Canadian Positive Peoples Network 加拿大阳性者网络

Christopher Hicks, National AIDS Trust 国家艾滋病信托, UK 英国

Daniyar Orsekov, Kyrgyz Indigo – services for MSM on the move in Kyrgyzstan 吉尔吉斯蓝——面向吉尔吉斯斯坦流动男男性行为者的服务

Eric Omondi, ASWA 亚洲性工作者联盟

Evelyn Foust, North Carolina Communicable Diseases Branch 北加州传染性疾病预防分支

Fábio da Silva Sartori, Department of STIs, HIV/AIDS and Viral Hepatitis 性病、艾滋病和肝炎病毒部门, Ministry of Health of Brazil 巴西卫生部

Fernanda Rick

Guillermo Chacon, Latino Commission on AIDS 拉丁裔艾滋病问题委员会

Judith Rorrie, North Dallas Shared Ministries 北达拉斯共同部门

Juliana Givisiez

Junani, Bandung, Indonesia 印度尼西亚

Konstantin Lezhentsev, ARK-Antiaids and ECUO, South of Russia (Rostov-on-Don region)
反艾滋病方舟与欧洲中亚艾滋病毒感染者联盟 (ECUO) , 南部俄罗斯 (顿河畔罗斯托夫地区)

Kwaku Adomako, African Black Diaspora Global Network 非洲黑人流民全球网络
Laurel

Lella Cosmaro, LILA Milano ONLUS, Italy 意大利

Marco

Nabwire Janet, Busia Youth Centre Busia 青年中心

Nassaka Mariam, East and Southern Africa Youth Alliance on SRHR and HIV 东南部非洲性与生殖健康和艾滋病毒问题青年联盟

Noulmook Sutdhibhasilp

Olive Mumba, East Africa Networks of AIDS Service Organisations 东非艾滋病服务组织网络

Organisasi Perubahan Sosial Indonesia (OPSI)/Indonesian Sex Workers Network 印度尼西亚性工作网络, Jakarta 雅加达

Patience Niagaglila

Pelagia

Robert J. Vitillo, Catholic Church-related and other Faith-based Organization responses to people on the move living with and affected by HIV and coinfections 天主教教堂和其他基于信仰的组织为艾滋病毒与并发感染的感染和受影响的流动人口开展的工作

Samuei Lopez

Shazia Islam

Sipiwe Mapfumo

Tanja Gangarova, Deutsche AIDS-Hilfe 德国艾滋病救助, Germany 德国

Teresa Stecker, Iowa City Compassion 爱荷华热情

Wangari Tharao, Women's Health in Women's Hands 女性健康女性掌握, Canada 加拿大

Annex 2: Abbreviations and acronyms

附录 2: 简称与缩写

ACHIEVE	Action for Health Initiatives 健康行动项目
AIDS	acquired immune deficiency syndrome 获得性免疫缺陷症 (艾滋病)
ART	antiretroviral treatment 抗病毒治疗
CHABAC	Canadian HIV/AIDS Black, African and Caribbean Network 加拿大艾滋病毒/艾滋病黑人非裔加勒比网络
DRC	Democratic Republic of Congo 刚果民主共和国
HIV	human immunodeficiency virus 人类免疫缺陷病毒 (艾滋病毒)
IDP	internally displaced persons 境内流离失所者
IOM	International Organization for Migration 国际移民组织
LAC	Latin America and the Caribbean 拉美与加勒比
LGBTI	lesbian, gay, bisexual, transgender and intersex 女同性恋、男同性恋、双性恋、跨性别者和间性人
MDG	Millennium Development Goals 千年发展目标
MSM	Men who have sex with men 男男性行为者
OFW	Overseas Filipino Workers 海外菲律宾劳工
PCB	Programme Coordinating Board 方案协调委员会
people living with HIV	People living with HIV 艾滋病毒感染者
PrEP	pre-exposure prophylaxis 暴露前预防
PWID	people who injects drugs 注射吸毒使用者
SDG	Sustainable Development Goals 可持续发展目标
TB	Tuberculosis 结核
UHC	Universal Health Coverage 普遍医疗覆盖
UNAIDS	Joint United Nations Programme on HIV/AIDS 联合国艾滋病方案规划署

Annex 3. UN Member States' existing policy framework

附录 3. 联合国成员国当前政策制度

Key documents 重要文件	Selected references 节选
<p>2018. 38th Session UN Human Rights Council, Agenda item 3: Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development</p> <p>2018 年第 38 次联合国人权理事会议程项目 3: 促进和保护所有人权, 公民、政治、经济、社会、文化权利, 包括发展权利</p>	<p>19. Urges States to address the multiple and intersecting forms of discrimination and the specific health-care needs experienced by migrant and mobile populations, and by refugees and crisis-affected populations, in the context of HIV and to eliminate stigma, discrimination and violence, as well as to review policies related to restrictions on entry on the basis of HIV status with a view to eliminating such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, diagnosis, treatment, care and support;</p> <p>19. 敦促各国处理移民和流动人口及难民和受危机影响人群在艾滋病毒问题上遇到的多重交叉形式的歧视和他们的具体健康需求, 以消除污名、歧视和暴力, 评估相关基于艾滋病毒感染的入境限制, 以消除这类基于艾滋病毒感染而限制和拒绝入境的限制, 支持艾滋病毒预防、诊断、治疗、关怀和支持的普及</p>
<p>2017. 35th Session UN Human Rights Council, Agenda item 3: The right of everyone to the enjoyment to the highest attainable standard of physical and mental health</p> <p>2017 年第 35 次联合国人权理事会议程项目 3: 每个人都享有可达到的最高水平的身体和心理健康的权利</p>	<p>2) Calls upon States to respect, protect and fulfil the right of everyone to the highest available standard of physical and mental health, with special attention to groups in vulnerable situations;</p> <p>2) 呼吁各国尊重、保护和实现每个人都享有可达到的最高水平的身体和心理健康的权利, 特别关注处于脆弱境况的群体;</p>

<p>2017. 70th World Health Assembly Agenda item 13.7: Promoting the health of refugees and migrants</p> <p>2017. 第 70 次世界卫生大会议程项目 13.7: 促进难民与移民的健康</p>	<p>2. URGES Member States, in accordance with their national context, priorities, and legal frameworks:</p> <p>2. 敦促各成员国，根据各自国情和法律制度：</p> <p>(1) to consider promoting the framework of priorities and guiding principles, as appropriate, at global, regional and country levels including using it to inform discussions among Member States and partners engaged in the development of the global compact on refugees and the global compact for safe, orderly and regular migration;</p> <p>(1) 考虑在适当时在全球、区域和国家层面推动优先事项和指导原则，包括在成员国与伙伴参与讨论关于难民的全球契约和安全有序正常移民的全球契约的制定时使用这些信息；</p> <p>(2) to identify and collect evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants in order to contribute to the development of a draft global action plan on promoting the health of refugees and migrants;</p> <p>(2) 识别与收集在处理难民与移民健康需求方面的实证信息、最佳实践和教训，以助力起草推动难民与移民健康的全球行动计划；</p> <p>(3) to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants; (4) to consider providing necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants;</p> <p>(3) 根据《难民与移民纽约宣言》的第 11 和 68 节及相关章节，加强难民与移民健康方面的合作；(4) 考虑通过双边和国际合作为东道国和接受大量难民与移民群体的国家提供必需的健康相关协助</p>
<p>2017. PCB Agenda item 1.4; Report of the NGO Representative</p> <p>2017. 方案协调委员会议程项目 1.4；民间组织代表报告</p>	<p>4.4 Requests UNAIDS and member states in partnership with civil society organizations and all other relevant stakeholders to:</p> <p>4.4 要求 UNAIDS 和成员国与民间组织及其他利益相关方合作：</p> <p>a. Develop and apply country-level, community-participatory evidence gathering methodologies to identify barriers and measure the level and quality of access to services for all at risk populations so as to leave no one behind;</p> <p>a . 开发和应用国家层面的社群参与式证据收集方法，识别面向所有风险群体的服务可及性的障碍与可及性水平和质量</p> <p>4.5 Requests the Joint Programme to facilitate partnerships between member states and community-based organizations to help ensure effective action to meet HIV prevention, early diagnosis and treatment needs so as to leave no one behind;</p>

	<p>4.5 要求联合规划署辅助成员国和社群中心组织的合作，以帮助确保有效行动满足艾滋病毒预防、早期诊断和治疗的需求，不让一个人落下；</p>
<p>2016. UN General Assembly New York Declaration on Refugees and Migrants</p> <p>2016. 联合国大会关于难民与移民的纽约宣言</p>	<p>30. We encourage States to address the vulnerabilities to HIV and the specific health-care needs experienced by migrant and mobile populations, as well as by refugees and crisis-affected populations, and to take steps to reduce stigma, discrimination and violence, as well as to review policies related to restrictions on entry based on HIV status, with a view to eliminating such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, treatment, care and support.</p> <p>30. 我们鼓励各国处理移民和流动人群及难民与受危机影响人群经历的艾滋病毒脆弱性和特定医疗护理需求，采取步骤来减少污名、歧视和暴力，评估相关基于艾滋病毒感染的入境限制，以消除这类基于艾滋病毒感染而限制和拒绝入境的限制，支持艾滋病毒预防、诊断、治疗、关怀和支持的普及</p>
<p>2016. UN General Assembly Political Declaration on HIV/AIDS</p> <p>2016年. 联合国大会关于艾滋病毒/艾滋病毒政治宣言</p>	<p>42. Note with alarm the slow progress in reducing new infections and the limited scale of combination prevention programmes, emphasizing that each country should define the specific populations that are key to its epidemic and response, based on the local epidemiological context, and note with grave concern that women and adolescent girls, in particular in sub-Saharan Africa, are more than twice as likely to become HIV-positive than boys of the same age, and noting also that many national HIV prevention, testing and treatment programmes provide insufficient access to services for women and adolescent girls, migrants and key populations that epidemiological evidence shows are globally at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV, and prisoners, who are 5 times more likely to be living with HIV than adults in the general population;</p> <p>42. 注意警惕新增感染减少方面进展缓慢，合并预防项目规模有限，强调每个国家应当定义对其国家流行情况和抗击工作关键的具体人群，以地方流行病学环境为基础，并注意严重关切妇女和未成年女童，感染艾滋病毒的可能性是同龄男童的两倍多，尤其是在撒哈拉以南非洲；也要注意很多国家艾滋病毒预防、检测和治理项目提供给妇女和未成年女童、移民和关键人群（全球流行病学证据显示感染艾滋病毒风险较高）的服务可及性并不足够，尤其是对注射毒品使用者，他们感染艾滋病毒的可能性是一般成人的24倍，性工作者是10倍，男男性行为者是24倍，跨性别者是49倍，囚犯是5倍。</p>

	<p>62 (e). Promote the development of and access to tailored comprehensive HIV prevention services for all women and adolescent girls, migrants and key populations;</p> <p>62 (e) 推动开发面向所有妇女和未成年女童、移民和关键人群的可及的针对性全面艾滋病毒预防服务</p>
<p>2016. UN General Assembly Sustainable Development Goals</p> <p>2016.联合国大会千年发展目标</p>	<p>Goal 10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.</p> <p>目标 10.7 促进有序安全正常和负责的移民和人口流动，包括实施良好规划管理的移民政策。</p>
<p>2015. PCB Agenda item 6: HIV in prisons and other closed settings</p> <p>2015.PCB 议程项目 6:监狱和其他封闭设施中的艾滋病毒问题</p>	<p>8.5 Encourages the Joint Programme to</p> <p>8.5 鼓励联合规划署</p> <p>a. Undertake initiatives to ensure that appropriate HIV interventions are routinely incorporated in all humanitarian emergency preparedness and response programmes;</p> <p>a. 采取行动确保适当艾滋病毒干预被例行纳入所有人道主义紧急筹备和响应方案</p> <p>c. Prioritize actions to address gender-based violence against people affected by humanitarian emergencies, including women, young people, and other key populations [...];</p> <p>c. 优先解决针对受人道主义紧急情况影响的人的性别暴力，包括妇女、青年人和其他关键人群 (.....)</p> <p>d. Promote cross-border and regional collaboration, as well as national and community collaboration, to ensure access to essential HIV prevention, care, treatment and support services for refugees and other displaced populations;</p> <p>d . 推动跨境和区域协作以及国家和社区协作，以确保面向难民和其他流离失所者的关键艾滋病毒预防、关怀、治疗和支持服务可及</p> <p>e. Strengthen strategic HIV information, including age- and sex-disaggregated data, in humanitarian emergencies [...]</p> <p>e. 加强战略性艾滋病毒信息，包括人道主义紧急情况 (.....) 中的年龄与性别分类数据</p>

<p>2008. UN Committee on the elimination of discrimination against women (CEDAW): General recommendation No. 26 on women migrant workers</p> <p>2008. 联合国消除一切形式针对妇女的歧视委员会 (CEDAW) : 关于女性移徙工人的一般性建议 26 号</p>	<p>23 (a) Formulating a comprehensive gender-sensitive and rights-based policy: States parties should use the Convention and the general recommendations to formulate a gender-sensitive, rights-based policy on the basis of equality and non-discrimination to regulate and administer all aspects and stages of migration, to facilitate access of women migrant workers to work opportunities abroad, promoting safe migration and ensuring the protection of the rights of women migrant workers (articles 2 (a) and 3);</p> <p>23 (a) 形成全面的性别敏感的基于权利的政策 : 国家应当使用公约和一般性建议来形成一个性别敏感的基于权利的政策 , 在平等无歧视的基础上对移民各方面和各阶段进行规范管理 , 辅助女性移徙工人在外国获取工作机会 , 推动安全移民和确保女性移徙工人的权利保护 (第 2 条第 1 款和第 3 条)</p> <p>23 (b) Active involvement of women migrant workers and relevant non-governmental organizations: States parties should seek the active involvement of women migrant workers and relevant nongovernmental organizations in policy formulation, implementation, monitoring and evaluation (article 7 (b));</p> <p>23 (b) 积极纳入女性移徙工人和相关民间组织 : 国家应当寻求积极纳入女性移徙工人和相关民间组织进入政策的制定、实施、监测和评估 (第 7 条第 2 款)</p>
<p>2008, PCB Agenda item 3: Report of the International Task Team on HIV-related Travel Restrictions</p> <p>2008 年 PCB 议程项目 3: 关于艾滋病毒相关的旅行限制问题国际工作组报告</p>	<p>6.1 Strongly encourages 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;</p> <p>6.1 强烈建议所有国家消除艾滋病毒特别入境、停留和居住限制 , 确保艾滋病毒感染者不再因感染艾滋病毒被排斥、居留和遣返 ;</p>
<p>2008. Sixty-First World Health Assembly Agenda item 11.9: Health of Migrants</p> <p>2008 年 61 次世界卫生大会议程项目 11.9: 移民健康</p>	<p>Calls upon Member States:</p> <p>呼吁成员国 :</p> <p>(1) to promote migrant-sensitive health policies;</p> <p>(2) 推动有移民敏感性的健康政策 ;</p> <p>(3) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;</p> <p>(4) 推动健康拒绝、疾病预防和护理对移民平等可及 , 遵从国家法律措施 , 没有基于性别、年龄、宗教、国籍或种族的歧视 ;</p>

	<p>(5) to establish health information systems in order to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;</p> <p>(6) 建立卫生信息系统来评估和分析移民健康趋势，根据相关类型对卫生信息进行分类；</p> <p>(7) to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues;</p> <p>(8) 提升医疗服务机构和专业人员 在移民健康问题上的文化敏感性和性别敏感性；</p>
<p>2001. UN General Assembly Declaration of Commitment on HIV/AIDS</p> <p>2001 年联合国大会关于艾滋病/艾滋病的承诺宣言</p>	<p>50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services.</p> <p>50. 到 2005 年，制定和开始实施国家、区域和国际策略，促进面向移民和流动工人的艾滋病毒预防项目可及性，包括提供关于医疗和社会服务的信息。</p>
<p>1990. International Convention on the rights of all migrant workers and their families</p> <p>1990 年关于所有移徙工人及其家庭的国际公约</p>	<p>Article 70</p> <p>第 70 条</p> <p>States Parties shall take measures not less favourable than those applied to nationals to ensure that working and living conditions of migrant workers and members of their families in a regular situation are in keeping with the standards of fitness, safety, health and principles of human dignity.</p> <p>缔约国应采取不亚于适用于本国国民的措施，确保身份正常的移徙工人及其家庭成员的工作和生活条件符合强健、安全、卫生的标准和人的尊严的原则</p>
<p>1966. International Covenant on Economic, Social and Cultural Rights</p> <p>1966 年关于经济社会文化权利国际公约</p>	<p>Article 12</p> <p>第 12 条</p> <p>1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.</p> <p>2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:</p> <p>(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;</p> <p>(b) The improvement of all aspects of environmental and industrial hygiene;</p> <p>(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;</p>

	<p>(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.</p> <p>一、本公约缔约各国承认人人有权享有能达到的最高的体质和心理健康的标准。</p> <p>二、本公约缔约各国为充分实现这一权利而采取的步骤应包括为达到下列目标所需的步骤：</p> <p>(甲) 减低死胎率和婴儿死亡率，和使儿童得到健康的发育；</p> <p>(乙) 改善环境卫生和工业卫生的各个方面；</p> <p>(丙) 预防、治疗和控制传染病、风土病、职业病以及其他的疾病；</p> <p>(丁) 创造保证人人在患病时能得到医疗照顾的条件。</p>
<p>1951. Convention Relating to the Status of Refugees</p> <p>1951 年关于难民地位的公约</p>	<p>Article 33 (1)</p> <p>第 33 条第 1 款</p> <p>No Contracting State shall expel or return (“refouler”) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.</p> <p>任何缔约国不得以任何方式将难民驱逐或送回(“推回”)致其生命或自由因为他的种族、宗教、国籍、参加某一社会团体或具有某种政治见解而受威胁的领土边界。</p>
<p>1948. UN General Assembly Universal Declaration of Human Rights.</p> <p>1948 年联合国大会世界人权宣言</p>	<p>Article 25</p> <p>第 25 条</p> <p>(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services [...]</p> <p>(1) 人人有权享受为维持他本人和家属的健康和福利所需的生活水准，包括食物、衣着、住房、医疗和必要的社会服务……</p> <p>(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.</p> <p>(2) 母亲和儿童有权享受特别照顾和协助。一切儿童，无论婚生或非婚生，都应享受同样的社会保护。</p>

**1946. Constitution of the
World Health Organization.**

1946 年世界卫生组织章程

The enjoyment of the highest available standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

享有可达到最高水平的健康标准是每个人类的基本权利之一，不因种族、宗教、政治信仰、经济或社会条件而区别。

Annex 4: Varieties of people on the move

附录 4: 流动人口种类

Specific mobile population 特定流动人口	Description 描述
Asylum seeker 寻求庇护者	<ul style="list-style-type: none">- Person who flees his/her home country and requests asylum or protection in another country- 逃离他/她的祖国在另一个国家寻求庇护/保护的人- Any claim for refugee status has not yet been determined- 难民身份申请尚未被决定
Cross-border or circular migrant 跨境或循环移民	<ul style="list-style-type: none">- Person who works in one country but resides in another, moving repetitively back and forth across international borders, e.g. the China/Viet Nam, Switzerland/France or Myanmar/Thailand frontiers- 在一个国家工作但居住在另一个国家，反复来回跨越国境流动，例如中越边境，瑞法边境或缅泰边境
Internal migrant 国内移民	<ul style="list-style-type: none">- Person who moves from his/her usual place of residence but remains within the borders of his/her own country- 离开他/她的通常居住地但仍在自己国家境内的人- Usually involves crossing regional, district, or municipal boundaries (e.g. urban to rural, or vice versa) for educational or employment purposes or a better livelihood- 通常跨越州界、区界或都市边界（如城市到乡村，或相反）区追求教育、就业等更好的生活
Internally displaced person 境内流离失所者	<ul style="list-style-type: none">- Persons who have been forced to leave where they live as a result of or in order to avoid the effects of armed conflict, generalized violence, violations of human rights, or natural or man-made disasters- 为避免武装冲突、普遍暴力、人权侵害、自然或人为灾难，或因为这些被迫离开所生活的地方的人- Unlike refugees, they are on the run at home and have not crossed an international border- 与难民不同，他们在家园流离，没有跨越国境
International labour migrant 国际劳工移民	<ul style="list-style-type: none">- Person performing a remunerated activity in a country where s/he is not a national- 在他/她没有国籍的国家开展有报酬的活动的人- Usually under special time-limited work permit or visa- 一般有具体时间限制的工作许可或签证

<p>International migrant 国际移民</p>	<ul style="list-style-type: none"> - Person who crosses an international state boundary and stays in the destination country for some time, usually at least one year -跨越国境边界，留在目的地国一定时间，通常至少一年
<p>International student 国际学生</p>	<ul style="list-style-type: none"> - Person who has crossed a national border for the purpose of education and is now enrolled outside their country of origin -因教育目的跨越国界在非出生国就学 - Usually under special time-limited student permit or visa -一般有具体时间限制的学生许可或签证
<p>Nomad 游牧民</p>	<ul style="list-style-type: none"> - Person that moves from place to place and has no permanent home -从一个地方流动到另一个地方，没有固定长久的家园 - May involve seasonal movement to find fresh pasture for his/her animals, as in the case of pastoralists -游牧民可能为了给牲畜寻找新鲜草场从而季节性流动
<p>Refugee 难民</p>	<ul style="list-style-type: none"> - Person who has been forced to flee his/her country because of persecution, war or violence -因指控、战争或暴力被迫逃离他/她的国家的人 - Has well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group -有充分理由害怕因种族、宗教、国籍、政治观点或特定社会团体成员而被指控 - Most likely, cannot safely return home or are afraid to do so. -很可能无法安全回家或害怕回家
<p>Rom (Roma) 罗姆人</p>	<ul style="list-style-type: none"> - Person belonging to the this ethnic group of traditionally itinerant people who originated in northern India but live nowadays around the world, mainly in Europe -传统流浪族群，起源于印度北部但现在生活在世界各地，主要是欧洲 - Plural Roma, also called Romany or Gypsies (considered pejorative) -也叫吉普赛人（有贬义）
<p>Stateless persons 无国籍人员</p>	<ul style="list-style-type: none"> - Person who is not legally considered as a citizen by any state -法律上不是任何国家的国民的人
<p>Tourist 旅游者</p>	<ul style="list-style-type: none"> - Person who visits places away from their usual environment mainly for the purposes of pleasure and interest -离开通常环境去游览的人，通常是为了享受乐趣

<p>Trafficked person 被贩运者</p>	<ul style="list-style-type: none"> - Person who is recruited, transported, or harboured by means of threat, force, fraud, deception, or abuse of power, for the purpose of exploitation - 被他人出于剥削目的通过暴力威胁、胁迫、欺诈、欺骗或滥用权力而招募、运送、转移或窝藏的人 - Exploitation may involve forced labour, sexual violence, slavery, or even organ removal - 剥削可能包括强迫劳动、性暴力、奴役甚至器官移除 - May occur in home country or involve crossing an international border - 可能发生在祖国也可能涉及跨越国境
<p>Undocumented migrant 无证移民</p>	<ul style="list-style-type: none"> - Person who enters or stays in a country without the documents needed to be within the country legally - 进入或停留在某国但没有相应合法证件的人

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- ^{xvii} UNAIDS includes 20 countries in its definition of the Middle East and North Africa region: Algeria, Bahrain, Egypt, Djibouti, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen. However, the UN includes Bahrain, Iran, Iraq, Jordan, Kuwait, Oman, Qatar and Saudi Arabia as part of their Asia region. The WHO places Bahrain, Egypt, Iran, Iraq, Morocco and others in their Eastern Mediterranean region. Other lists of MENA countries include Israel which the UN and WHO consider as part of their Europe regions. And recently the International Monetary Fund has started talking about MENAP (Middle East, North Africa, Afghanistan, and Pakistan), while others now speak of MENAT, which is the MENA countries plus Turkey.
- ^{xviii} UNHCR. (2016). *Gay and transgender refugees seek safety in the Middle East*.
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- ^{xix} 联合国艾滋病规划署将 20 个国家纳入其中东北非（MENA）区域定义：阿尔及利亚、巴林、埃及、吉布提、伊朗、伊拉克、约旦、科威特、黎巴嫩、利比亚、摩洛哥、阿曼、卡塔尔、沙特阿拉伯、索马里、苏丹、叙利亚、突尼斯、阿联酋和也门。但是，联合国将巴林、伊朗、伊拉克、约旦、科威特、阿曼、卡塔尔和沙特阿拉伯作为亚洲地区的一部分。世界卫生组织将巴林、埃及、伊朗、伊拉克、摩洛哥和其他纳入其东地中海区域。其他中东北非国家名单包括以色列，而联合国与世界卫生组织认为它是欧洲区域的一部分。近期，国际货币基金开始在讨论中使用 MENAP（中东、北非、阿富汗和巴基斯坦），而其他组织使用 MENAT，即中东北非国家加上土耳其。
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