



Removal of refused asylum seekers and other detainees living with HIV

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Detention and Removal



- ❧ Refused asylum seekers are expected to voluntarily leave the UK at the end of the appeal process
- ❧ Anyone who does not leave the UK voluntarily can be detained until it is possible to remove them
- ❧ Asylum seekers may also be detained at any point during the asylum process at the discretion of the Home Office Border and Immigration Agency
- ❧ New Asylum Model introduces a faster, more tightly managed asylum process with an emphasis on rapid removal

Detention Profile



As at the end of	Q1 2007	Q2 2007	Q3 2007	Q4 2007
Detained at some point in immigration removal centres (IRCs)	1380	1395	1580	1435
Detained at some point in other holding facilities	55	40	45	20
Total (% African)	1435 (41%)	1435 (38%)	1625 (40%)	1455 (42%)
Most common nationalities	Nigeria Sri Lanka Turkey Jamaica	Nigeria China Sri Lanka Jamaica	Nigeria China Sri Lanka Jamaica	China Nigeria Pakistan Jamaica

Importance of HIV Care in IRCs



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Asylum seekers face tough controls under new fast-track system

- Detention and tagging for those facing removal
- Immigration service to improve claims handling

Alan Travis, home affairs editor
The Guardian, Tuesday January 3 2006
[Article history](#)

A large-scale overhaul of the asylum system has begun which will lead to at least a third of all asylum seekers being placed in detention centres for the

⚡ More than one-third of all asylum applicants currently come from Africa; of these, around 40 per cent are detained at some point during the asylum process

⚡ New Asylum Model has the potential to increase the number of asylum seekers in detention

⚡ Being detained, moved from one IRC to another or removed can lead to interruption of ongoing clinical care and compromise drug adherence

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The New Asylum Model: Swifter Decisions - Faster Removals

18 January 2006

Greater numbers of successful asylum seekers will benefit from swifter decision-making. Unsuccessful claims will be removed more quickly under the expansion of the Government's decision making processes, the Home Office announced today.

The New Asylum Model, a key part of the Government's five year strategy for asylum and immigration, will streamline the asylum process and build on the significant progress the Government has already made in reducing

NAT Survey



HIV and Detention

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ABOUT THE FACILITY

Name of the facility:

1. Does your facility detain...

	No	Yes	If yes, how many in the last 12 months?
Adult men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Adult women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Children (aged 0-17)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2. Considering the last 12 months, what was the average length of time a person was detained in the facility?

3. What was the **shortest** and **longest** length of time a person has been detained in the facility?

Shortest	Longest
<input type="text"/>	<input type="text"/>

4. Considering the last 12 months, please list the three most common nationalities reported by detainees.

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PEOPLE LIVING WITH HIV

5. In the last 12 months, how many people living with HIV have become known to the healthcare facility?

Adult men	<input type="text"/>
Adult women	<input type="text"/>
Children (aged 0-17)	<input type="text"/>

6. In the last 12 months, how many detainees were **diagnosed** HIV positive whilst in the facility?

7. In the last 12 months, how many detainees were **diagnosed HIV positive before** entering the facility?

8. In the last 12 months, of the **adult women living with HIV**, how many were pregnant during their detention?

9. Over the last 12 months, how many detainees have **received antiretroviral treatment** (ARV) for HIV?

HIV ADVICE, TESTING AND TREATMENT

10. Which **one** of the following statements best describes the way in which HIV discussion services are provided in the facility?

Survey of healthcare managers in the 10 IRCs in the UK regarding the management of HIV and AIDS

Aims:

To collate information about the measures currently undertaken in each IRC to prevent and treat HIV

To gather examples of good practice in the prevention, testing and treatment of HIV and to identify gaps and barriers in these areas

To promote improvements in healthcare for people living with HIV

Survey Results



- ⦿ Average length of stay was 18 days (range of 3 to 30 days)
- ⦿ 159 detainees were known to IRC healthcare managers as HIV positive over a 1 year period
- ⦿ IRCs provided access to NHS services, ARVs and local HIV support organisations
- ⦿ 2 IRCs reported no arrangements were made to prepare for repatriation; many reported providing additional supplies of medication for repatriation, ranging from 1 to 6 months supply
- ⦿ 9 IRCs offered testing if requested by the detainee and 4 offered this where it was clinically indicated
- ⦿ 2 IRCs described having mental health professionals available via referral

NAT Conclusions



IMMIGRATION REMOVAL CENTRE RESPONSES TO HIV AND AIDS: RESULTS OF A SURVEY OF HEALTHCARE MANAGERS – NAT DISCUSSION PAPER

1. About the National AIDS Trust

The National AIDS Trust (NAT) is the UK's leading independent policy and campaigning voice on HIV and AIDS. NAT develops policies and campaigns to achieve four strategic goals: effective HIV prevention to halt the spread of HIV; early diagnosis of HIV through ethical, accessible and appropriate testing; equity of access to treatment, care and support for people living with HIV; and eradication of HIV-related stigma and discrimination.

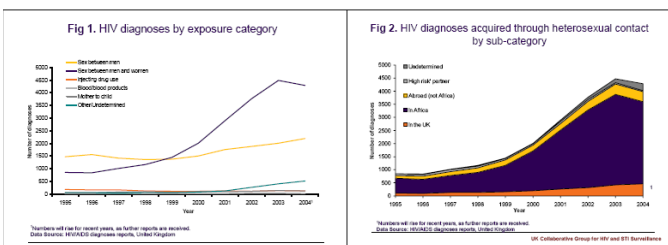
2. Introduction

This paper presents results of a survey of healthcare managers in the ten Immigration Removal Centres (IRCs) in the UK regarding the management of HIV and AIDS.¹ These preliminary results are presented for internal discussion to progress a humane, consistent and effective response to HIV in IRCs. We begin by presenting some background information regarding the issues, and present our findings and conclusions with a view to stimulating further discussion about how best to progress. We thank the IRCs who participated and officials at the Department of Health who facilitated the study. The interpretations and conclusions remain our own.

3. Background

3.1. UK HIV Epidemiology

In 2004, there were an estimated 58,300 people living with HIV in the UK with around a third (19,700) believed to be unaware of their infection. In all sexual exposure categories, numbers of transmissions have increased since 2000, with the greatest rate of increase among heterosexuals (see figure 1). In 2004, three-quarters of heterosexual infections were probably acquired in Africa (see figure 2).²



Healthcare managers in IRCs appear to be striving to provide the best care possible for their HIV positive patients within the limitations of significant detainee turnover and available resources

Survey highlighted suboptimal care in detention and in preparation for repatriation

Practical advice is needed for those working with HIV-positive asylum seekers in IRCs to support consistent high-quality treatment, care and support

Limitations: Survey did not include input from Home Office officials, IRC custodial staff or detainees; reliability of self-reporting

NAT and BHIVA Guidance



- ⦿ NAT and BHIVA, in coordination with other stakeholders, are developing advice to support best practice related to the needs of asylum seekers living with HIV during detention and the removal process
 - ⦿ To ensure access to high-quality and confidential clinical primary care services with expertise in HIV; and secondary care which should include hepatology, GUM, mental health, counselling and psychosocial support services
 - ⦿ To ensure appropriate clinical handover and continuity of care
- ⦿ Outlines the roles and responsibilities of IRC healthcare staff during reception, induction, detention and removal; as well as those of case owners, clinicians and HIV specialists and community-based organisations
- ⦿ Examines the role of HIV testing and prevention in IRCs; and other key issues such as pregnant women, families with children, transfers between IRCs, confidentiality and interpretation

Draft Recommendations



- ⓧ Travel should be delayed if this would pose a significant risk to the health of an asylum seeker
- ⓧ If detention is to take place, every detainee already receiving ARV treatment should have unbroken access to their medication; anyone diagnosed should be referred to a specialist consultant
- ⓧ If removal is to take place, information should be provided to the detainee about their treatment regime for their future clinicians; at least 3 months supply of medication and details of support organisations to access in their country of repatriation.
- ⓧ HIV testing should be provided where requested or clinically indicated, and results should be returned within 1 week with access to appropriate counselling and psychological support for those testing positive
- ⓧ Reception, induction and detention are a chance to inform detainees about the risks of HIV transmission and provide the basic facts about HIV and sexual health

Next Steps



- ⦿ Input comments from BHIVA clinicians into the draft
- ⦿ Consult on the draft with IRC healthcare staff and other key stakeholders, and continue to liaise with the Home Office Border and Immigration Agency
- ⦿ Publish final draft by the end of June 2008 and disseminate it widely to key stakeholders
- ⦿ Evaluate the guidance and the removal process in 1 year

Further Resources



- ⦿ NAT Immigration Removal Centre Survey Responses to HIV and AIDS
www.nat.org.uk/document/257
- ⦿ National AIDS Trust Migration Policy webpage
www.nat.org.uk/Poverty-and-Social-Disadvantage/Migration-policy
- ⦿ Searchable Database of HIV and AIDS Services Across the World
www.aidsmap.com/cms1038779.asp
- ⦿ AHPN 'Destination Unknown' Campaign
www.ahpn.org/campaigns/index.php?campid=7
- ⦿ Joint Committee on Human Rights 'Treatment of Asylum Seekers' Report
www.publications.parliament.uk/pa/jt200607/jtselect/jtrights/81/81i.pdf

Thank You!



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