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IOM is an intergovernmental organization established in 1951.

IOM is:

- 125 Members and 94 observers including 18 States and 76 global and regional IGOs and NGOs;
- More than 440 field locations;
- Over 6,600 staff working on more than 2,000 projects;
- US\$ 1 billion expenditures in 2008.

IOM is committed to the principle that humane and orderly migration benefits migrants and society.

As an intergovernmental body, IOM acts with its partners in the international community to:

- Assist in meeting the operational challenges of migration;
- Advance understanding of migration issues;
- Encourage social and economic development through migration;
- Uphold the human dignity and well-being of migrants.

**IOM's Health Mission:
Managing Migration
Health for the
Benefit of All**



Programme on HIV Counselling during Immigration Health Assessments in Africa and the Middle-East

Summary

IOM's Migration Health Department provides immigration health assessments and treatment to refugees and other migrants as a requirement of receiving countries for resettlement and long-term visitation (e.g. study abroad). HIV counselling and testing is a required component of health assessments. Challenges are many – clients are not voluntarily undergoing HIV testing; large caseloads place time constraints upon IOM and clients; and migrants often face obstacles in accessing health services. HIV counselling in the immigration health assessment context is therefore a highly specialized field in which IOM has gained unparalleled expertise. IOM's immigration health assessment HIV counseling programme has the following three components:

1. Standardization of quality service provision
2. Health promotion, referral, and continuity of care
3. Monitoring & Evaluation

Background

The Migration Health Department (MHD) in Nairobi is the hub of health programming in Central & East Africa, and also covers resettlement/immigration health assessment activities for all of Africa and the Middle-East. Health assessments are required by receiving countries as a prerequisite for migration and refugee resettlement. IOM provides services following receiving government guidelines and protocols. The purpose of health assessments has evolved over time from excluding entry of individuals suffering from communicable diseases, to ensuring that migrants have a clean bill of health before travelling.

Health assessments thus facilitate inclusion of migrants into health programmes either pre-departure or post-arrival. HIV testing of all applicants over 15½ years of age is a mandatory component of migration health assessments. HIV testing takes on special sensitivity and consequence in the present context. Though nearly all countries now accept HIV-positive migrants, psychosocial and health access issues persist. IOM advocates for voluntary counseling and testing – particularly in situations of limited healthcare access. The organization therefore follows a harm-reduction approach wherein counsellors work proactively with clients to prevent and mitigate the psychological, physical, and social impact of a positive test result.

Programme Description

Since the programme's initiation in the 1990s, IOM has gained unique expertise in providing counselling in the realm of immigration health assessments. This includes development by IOM Nairobi of counselling guidelines used by IOM worldwide and officially adopted by some Member States.

The HIV Counselling Programme in Africa and the Middle-East is staffed by a team of ten professional counselors situated in IOM Migration Health Assessment Centres (MHACs) in Abidjan, Accra, Conakry, Nairobi, Addis Ababa, Kampala, and Kibondo in Tanzania. IOM receives a steady flow of self-paying migrants and also refugee resettlement caseloads that range from 50 to 5,000 individuals. In 2006, the IOM Counselling Team assisted over 13,500 migrants.

Depending upon the caseload, counselling is provided either at health assessment centres or via IOM mobile team in refugee camps and other sites across Africa and the Middle-East. Because a single counsellor may assist up to 75 clients per day, pretest counselling is provided in groups. Family dynamics and diversity in terms of religious beliefs, HIV knowledge, and other factors, mandate that groups are separated by gender, culture, and age. Logistical constraints allow IOM to provide post-test counselling only to those testing positive for HIV. High-quality post-test counselling is provided that assists clients to deal with both psychosocial and migration-related issues.

Counsellors build close rapport with HIV-positive clients – often becoming the de facto face of resettlement – and facilitate referral to UNHCR as needed. Many refugee clients have experienced violence, significant loss, and decades of waiting for resettlement. Health assessments occur just days or months before overseas departure.

Migrants are thus very concerned about maintaining eligibility to migrate. An HIV-positive result exacerbates this anxiety, which when coupled with stigma, can introduce serious social consequences (e.g. family rejection, suicide). This is particularly the case for the minority of families who are turned down for migrating due to HIV status. Children are required to undergo counselling and testing in cases of unaccompanied minors, HIV-positive mother, and certain other situations.

Programme Components

1) Standardization of quality service provision

All counsellors are required to follow the IOM Guide for HIV Counsellors. The guidelines introduce the health assessment counselling context and offer advice on pre-test session organization, content, length, group size (<25), dealing with group dynamics, and other issues. They address special issues faced in post-test counselling, including immigration status weighing more heavily on the mind of clients than their health.

Because of the specialized and serious issues that must be addressed, IOM advocates against the use of non-IOM counsellors in the immigration health assessment context.

Moreover, the IOM Counselling Team comprises experienced individuals with advanced professional counselling background to mitigate harm.

2) Health promotion, referral, and continuity of care

a) Health awareness and health integration

IOM collects IEC materials in migrant languages covering HIV/AIDS, TB, reproductive and child health, and other issues. Particularly in Kirundi and Somali, appropriate health promotion materials do not exist. In such cases, IOM is mobilizing resources for their creation (and for health promotion staffing) following the basic principle “by migrants – for migrants.” Counsellors always demonstrate and build condom-use skills in pre and post-test sessions. IOM is exploring opportunities to bring back former refugees to lead health promotion activities aimed at facilitating health integration.

b) Urban Migrant ART Programme

IOM has rolled out antiretroviral therapy in Nairobi through the MHAC and in IOM's Eastleigh Community Wellness Centre. Though some lab procedures must be outsourced, IOM is able to provide regular medical care and adherence counselling in-house. ARVs and TB prophylaxis are provided by the government. IOM is mobilizing resources for increased staffing to expand the programme.

c) Referral and networking

Because migrants frequently face health service access barriers, the IOM Counselling Team networks with local agencies to proactively facilitate access of HIV-positive clients to comprehensive care.

3) Monitoring & Evaluation

Given the special situation faced in providing HIV counselling in the health assessment context, programme monitoring is of critical importance. The HIV Counselling Team has thus begun rolling out a web-based continent-wide application to capture data on every aspect of pre-test and post-test counselling, plus the comprehensive HIV/AIDS care provided in Nairobi. Narrative reporting is required for every caseload following a standard format aimed at problem identification and solving, documenting referral mechanisms, and handling of special cases such as counselling of minors. Evaluation studies have been undertaken and resources are being mobilized for special studies including case studies on integration of HIV-positive migrants and epidemiological analysis of 100,000+ client records.

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