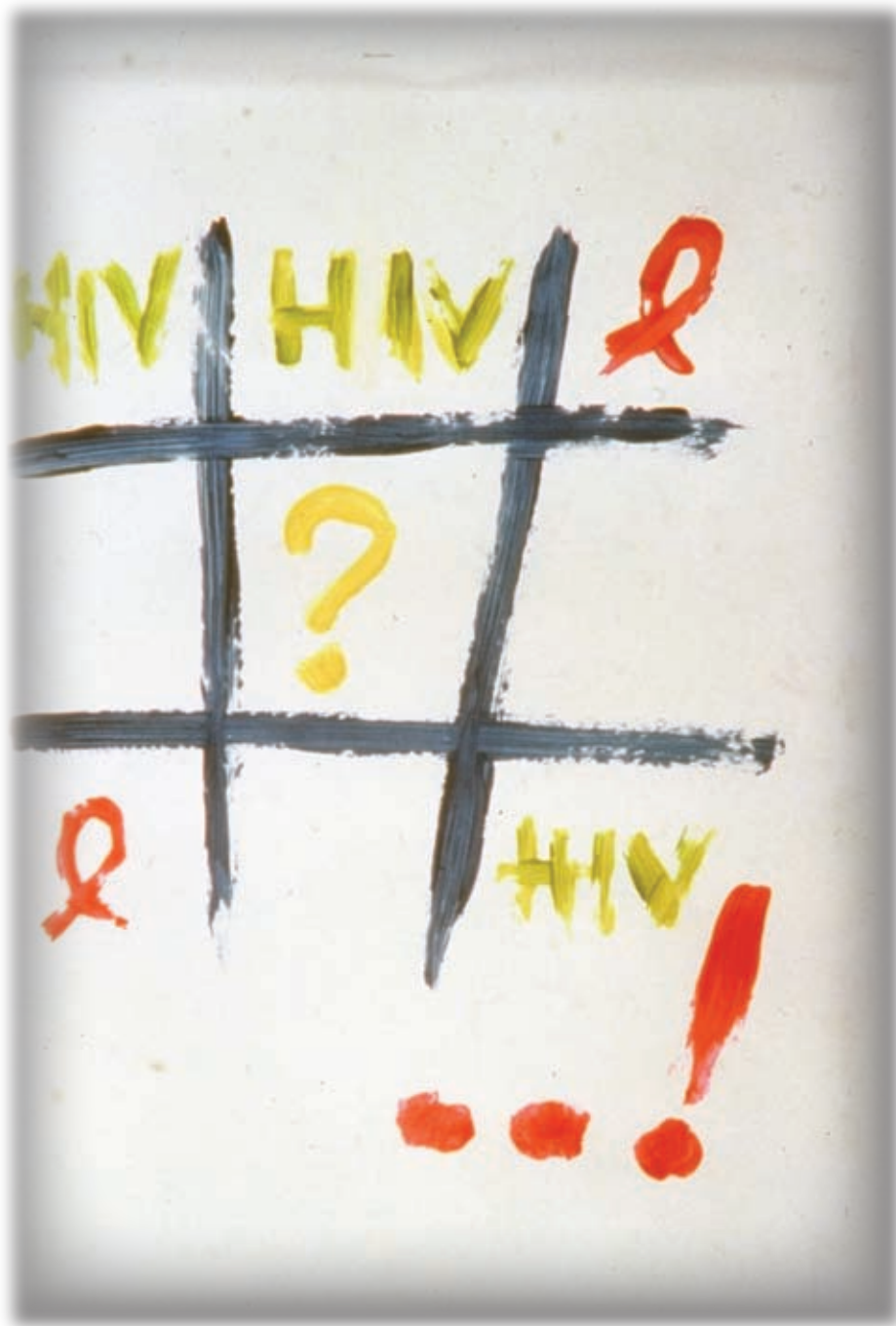


# HIV / AIDS AND MIGRATION



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"Playing noughts and crosses with HIV" - one of the award winning paintings of the art competition 'Art against AIDS in Bosnia and Herzegovina,' by a group of students from Sarajevo.



IOM International Organization for Migration



**MC/INF/252**

**Original: English  
17 October 2002**

**EIGHTY-FOURTH SESSION**

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**IOM POSITION PAPER ON HIV/AIDS AND MIGRATION**

## IOM POSITION PAPER ON HIV/AIDS AND MIGRATION

### I. Background

1. Worldwide more than 60 million people have now been infected with the human immunodeficiency virus (HIV), an estimated five million of whom became infected in 2001. In 2001, also, about three million people died of AIDS. In many countries AIDS is erasing decades of progress made in extending life expectancy. Even in countries with high national HIV prevalence, however, the vast majority of people have not yet acquired the virus. Enabling those not yet infected to protect themselves against HIV, and providing adequate and affordable treatment and care to people living with the virus, represent two of the biggest challenges facing humankind today<sup>1</sup>.

2. A human rights approach is central to addressing HIV and AIDS. The United Nations High Commissioner for Human Rights (UNHCHR) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have issued International Guidelines on HIV/AIDS and Human Rights<sup>2</sup> in order to assist States and other organizations in creating the positive, rights-based response that will be effective in reducing the transmission and impact of HIV/AIDS. The principles outlined, of non-discrimination, equality and participation, are particularly important in the case of groups affected by societal discrimination, such as migrants and refugees.

3. The relationship between migration and HIV/AIDS is complex. Although some people think that migrants mainly bring HIV when they enter countries, evidence usually shows the opposite, suggesting that migrants are more vulnerable than local populations. The links between mobility and HIV/AIDS are related to the conditions and structure of the migration process. Some migrants are vulnerable to HIV infection at their destination, as is often the case with men who work far from home and live in men-only camps. For others, the greatest risk occurs in transit, as with women who must trade sex in order to survive. As for countries of origin, partners of migrant workers have been shown to be at increased risk of infection when the latter return from working in countries with high HIV prevalence.

4. Migrants are very often faced with poverty; discrimination and exploitation; alienation and a sense of anonymity; limited access to social, education and health services; separation from families and partners; and separation from the sociocultural norms that guide behaviour in stable communities. Many of the underlying factors sustaining mobility, such as an unbalanced distribution of resources, unemployment, socio-economic instability and political unrest, are also determinants of the increased risk of migrants and their families to HIV infection.

5. The relationship between the HIV/AIDS epidemic and migration was recognized by the United Nations during the General Assembly Special Session on HIV/AIDS in June 2001. Paragraph 50 of the Declaration of Commitment stipulates that Member States should “[b]y 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”<sup>3</sup>.

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<sup>1</sup> UNAIDS. Report on the global HIV/AIDS epidemic, Geneva, July 2002.

<sup>2</sup> HIV/AIDS and Human Rights: International Guidelines, UNHCHR/UNAIDS, Geneva, 23-25 September 1996.

<sup>3</sup> United Nations General Assembly, Declaration of Commitment on HIV/AIDS, June 2001.

## II. IOM and HIV/AIDS

6. A key characteristic of migrants is that because of their mobility, and/or because of their status as non-nationals, they may fall through the cracks of governments' responsibilities in countries of origin, transit, destination and return. It is in such instances that international institutions may play an important role.

7. IOM is committed to the principle that humane and orderly migration benefits migrants and society. It acts to assist in meeting the operational challenges of migration, to advance understanding of migration issues, to encourage social and economic development through migration and to uphold the human dignity and well-being of migrants.

8. IOM's mandate allows it to work with migrants, refugees, displaced persons and others in need of migration services or assistance. For the purposes of IOM's work on HIV/AIDS issues, the term "migrants" refers broadly to *people who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons*, and potentially includes all the categories of persons within the IOM mandate as mentioned above.

9. A distinction is usually made between voluntary and involuntary movements. Different levels of HIV vulnerability are involved in voluntary and in forced population movement. Examples of voluntary migration include displacement for professional reasons such as that of truck drivers, seafarers, agricultural workers, employees of large industries (e.g. mining, oil), members of the military, students and teachers, sex workers and traders. Examples also include people moving to join family members, as well as labour migrants, both regular and irregular. Examples of forced or involuntary migration include people who move as a result of poverty, war, human rights abuses, ethnic tension, violence, famine, persecution, and victims of trafficking for the sex industry or forced labour. IOM's work deals with the entire range of the populations mentioned above.

10. In addressing HIV/AIDS, IOM supports: a global approach with a focus on advocacy, policy guidance and definition of best practices; regional level initiatives with harmonization of approaches and capacity-building; and country programmes with implementation and technical backstopping.

11. IOM works to prevent and counter the misinformation, misunderstanding and stigmatization that continue to foster the perceived relationship between migration and the initiation and/or propagation of HIV/AIDS. One way to circumvent the risk of stigmatizing migrants is to use a pragmatic and rights-based approach (i.e. "everyone who lives in this community, regardless of legal or any other status, has a right to know about HIV and AIDS"). Another way to reduce the risk of stigmatization is to involve migrants in all stages of programme planning and implementation. A positive environment for dealing with HIV/AIDS must be created, where issues such as discrimination and xenophobia are addressed, and where migrants receive the best possible health promotion and health-care services.

12. IOM's response to HIV/AIDS addresses migrants throughout all stages of their journey – before they leave, as they travel, in communities and countries where they stay, and after they return home. This often requires going beyond national approaches to develop regional and cross-regional approaches, in particular in cross-border areas.

13. A number of States have imposed travel restrictions on people living with HIV/AIDS, citing two main reasons: to protect the public health of their own nationals, and to avoid the economic costs of providing health care and social assistance to those affected by HIV/AIDS. IOM has been working together with UNAIDS to formulate a clear statement on the issue of HIV-related travel restrictions, summarized as follows:

- Because it cannot be transmitted by casual contact, or through the air, HIV/AIDS should not be considered a condition that poses a threat to public health in relation to travel. Thus, there is no public health basis for mandatory or routine HIV testing of all persons seeking entry into a country<sup>4</sup>;
- Any HIV/AIDS-related restrictions against entry and/or stay in a country should be implemented in such a way that human rights' obligations are met, including the principle of non-discrimination, *non-refoulement*, the right to privacy, protection of the family, protection of the rights of migrants, and protection of the best interests of the child. Compelling humanitarian needs should also be given due weight.

14. Because women are more vulnerable to HIV infection than men, for both biological and sociocultural reasons, gender issues are an integral component of IOM programmes. The rights, needs and concerns of female migrants, in particular young girls, are to be specifically addressed in IOM programmes.

15. One of the key concerns for IOM policy and programme development is the increasingly patent connection between the trafficking of human beings for sexual exploitation and the exposure to sexually-transmitted infections, including HIV/AIDS. Programmes and policies should both look at the prevention of the phenomenon of trafficking and respond to it in terms of health care and service delivery.

16. IOM HIV/AIDS-related projects and programmes must be developed from the ground up, at field level, in partnership with the governments, NGOs and other international organizations working in the field of HIV/AIDS. It is particularly important that possibilities for sustainability be addressed from the outset.

### **III. IOM's Projects and Programmes on HIV/AIDS**

17. IOM develops projects and programmes on HIV/AIDS in the following three areas: (A) advocacy and policy dialogue; (B) capacity-building and mainstreaming; and (C) research and information dissemination. In these areas IOM is working towards the following responses, respectively within the Organization and outside the Organization:

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<sup>4</sup> See also: Global Programme on AIDS. Statement on screening of International Travellers for infection with Immunodeficiency Virus (WHO/GPA/INF/88.3).

**(A) Advocacy and policy dialogue**

**Within the Organization**

- Formulating, implementing and monitoring IOM's personnel policy on HIV/AIDS<sup>5</sup>.

**Outside the Organization**

- increasing international understanding and recognition of the vulnerability of migrant populations to HIV/AIDS through United Nations Theme Groups, governments and NGOs;
- building networks and organizing national and international events with a wide range of stakeholders to build consensus around priorities, policies and actions related to HIV/AIDS and migration;
- advocating for the protection of migrants' rights, including access to health promotion information, to decent working and living conditions, and for access to care and support for migrants living with HIV/AIDS;
- supporting policy development on the national, regional and global levels that will reduce the vulnerability of migrants to HIV infection;
- advising governments and employers concerning HIV-related immigration policies.

**(B) Capacity-building and mainstreaming**

**Within the Organization**

- ensuring that HIV/AIDS issues are integrated into IOM activities, for instance counter-trafficking, post-conflict demobilization, mass information, labour migration, and assisted voluntary returns;
- training IOM staff on HIV/AIDS, empowering them with knowledge about HIV/AIDS and about their rights. In particular, IOM staff is to become familiar with the problems related to HIV testing of potential migrants, and with the consequences of a positive result on the person tested, particularly in the context of resettlement and of labour migration;
- working towards assuring that mandatory HIV testing, carried out for countries that require such testing for resettlement, is performed under the best possible conditions: with informed consent, with confidentiality strictly maintained, and with pre- and post-test counselling<sup>6</sup>.

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<sup>5</sup> A document describing the IOM personnel policy on HIV/AIDS is available on request.

<sup>6</sup> For more detailed information on HIV testing by IOM, see IOM Medical Manual, 2001 edition, pp. 66-76.

### **Outside the Organization**

- assisting governments and regional structures to address migration in national and regional strategic HIV/AIDS plans and programmes;
- assisting governments and NGOs to integrate or mainstream HIV/AIDS and migration issues into humanitarian and development planning, budget allocations, and programme implementation;
- assisting governments, the private sector and trade unions to address the underlying factors that make migrants particularly vulnerable to HIV infection;
- facilitating and building capacity on the ground for voluntary confidential HIV counselling and testing for people on the move;
- assisting governments and NGOs in training peer educators, outreach workers and health-care personnel in the HIV/AIDS-related needs of migrants.

### **(C) Research and information dissemination**

#### **Within the Organization**

- distributing information materials among staff<sup>7</sup>.

#### **Outside the Organization**

- carrying out baseline assessments of HIV-related risks associated with migration;
- providing written and oral HIV/AIDS information to migrants;
- commissioning and coordinating research in the area of HIV/AIDS and migration in order to develop programmes and policy;
- collecting, reviewing and disseminating information about migration and HIV/AIDS;
- identifying and generating technical updates and best practice documents on HIV/AIDS prevention and access to care for migrants.

18. IOM's HIV/AIDS project activities are developed by Field Offices, where possible under the supervision of IOM regional centres of HIV/AIDS expertise, and under the overall supervision and coordination of Migration Health Services at IOM Headquarters. IOM's HIV/AIDS-related projects for migrants are based on a multidisciplinary approach. They address the specific vulnerabilities of migrants to HIV/AIDS, attempting to intervene in the factors - such as powerlessness and exploitation - that push them to engage in HIV risk behaviours.

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<sup>7</sup> Cf. AIDS and HIV infection, Information for UN Employees and Their Families, UNAIDS, 2001.



*Some examples of IOM's HIV/AIDS projects*<sup>\*</sup>

- supporting a private sector response to HIV/AIDS in the mining and garment sector in Lesotho;
- increasing HIV/AIDS awareness among migrants by combining information campaigns with soccer tournaments in South Africa;
- commissioning research on the link between HIV/AIDS and mobility in Southern Africa;
- bringing voluntary HIV counselling and testing to mobile and resident populations in high-risk zones along major land routes in Ethiopia;
- conducting a baseline assessment of the HIV/AIDS-related needs of return and transit migrants in Algeria;
- carrying out a survey of HIV/AIDS prevention and care programmes for migrants and mobile populations in Africa;
- providing HIV/AIDS awareness-raising, capacity-building, and assistance for officials, NGOs, medical staff, victims of trafficking and migration-affected communities in Nigeria;
- bringing HIV/AIDS information to the mobile populations of South-Eastern Europe;
- conducting a rapid assessment and response on HIV/AIDS vulnerability among young migrants in Croatia;
- producing a pamphlet to provide HIV/AIDS and safe sex information to women trafficked for sexual exploitation in Bosnia and Herzegovina;
- providing HIV/AIDS information to police officers at the Immigration Detention Centre in Bangkok to improve the treatment of migrants in an irregular situation, trafficked women and children;
- conducting a needs' assessment to prepare for HIV/AIDS prevention efforts among departing migrant workers in Bangladesh;
- conducting a baseline assessment on HIV/AIDS and population mobility in the Caribbean.

<sup>\*</sup> Regularly updated lists of IOM HIV/AIDS projects, and of presentations and reports, are available on request.

#### **IV. IOM's partnerships on HIV/AIDS**

19. IOM's HIV/AIDS activities are carried out with a wide variety of partners. IOM Field Offices are strongly encouraged to coordinate with national AIDS programmes and to establish

partnerships with civil society organizations and international NGOs active in the field of HIV/AIDS and migration<sup>8</sup>. At the country level, IOM staff is encouraged to participate in the United Nations Theme Groups which coordinate the response to HIV/AIDS among United Nations agencies, and in some countries include other important partners such as NGOs, bilateral donors, and government authorities. IOM engages in regional partnerships on HIV/AIDS, such as the Pan-Caribbean Partnership against HIV/AIDS, and the Regional Strategy to Address the HIV Vulnerability of Migrant Workers in South Asia. At Headquarters, IOM is a member of a number of inter-agency groups, such as the Inter-Agency Standing Committee Reference Group on HIV/AIDS in Emergency Settings.

20. IOM has been working closely with UNAIDS since 1997. A cooperation framework between UNAIDS and IOM was signed in September 1999 to increase international recognition on the issue of HIV/AIDS and migration. UNAIDS has provided temporary funding for a number of HIV/AIDS focal point positions within IOM, in general with IOM co-funding.

21. Specific strategic partnerships with other international organizations need to be developed or strengthened, including: joint action with the United Nations High Commissioner for Human Rights (UNHCHR) in relation to human rights; with the United Nations High Commissioner for Refugees (UNHCR) in relation to refugees and Internally Displaced Persons and with the United Nations Development Fund for Women (UNIFEM) and the United Nations Children's Fund (UNICEF) in relation to the protection of the rights of women and children; collaboration with the United Nations Drug Control and Crime Prevention Programme (UNDCCP) in relation to HIV and human trafficking; strengthening and expanding collaboration with the United Nations Development Programme (UNDP); joint work with the International Labour Organization (ILO) in relation to labour migration and migrant workers (pre-departure preparation, reception and working conditions, return and reintegration); joint work with the Food and Agriculture Organization (FAO) on migration and food security issues; with the United Nations Population Fund (UNFPA) to improve the access of migrant populations to reproductive health information and services; collaboration with the World Health Organization (WHO) for advocacy and implementation of health delivery services for migrants; and consolidation of links with the private sector (e.g. mining and transport companies and business associations).

## **V. Conclusion**

22. Many of the same inequalities that drive the spread of HIV/AIDS also drive migration. Given IOM's years of experience in dealing with migration globally, the Organization is uniquely placed to become a leader in addressing HIV/AIDS in the context of migration. The challenges include ensuring access to HIV/AIDS prevention, care and support for migrants around the world, and working to reduce the factors that make migrants particularly vulnerable. In a world on the move, doing so will ultimately improve the health of all.

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<sup>8</sup> Examples of current partnerships include CARE International, CARAM Asia, Lutheran World Federation, Save the Children.