HIV and Mobility

Introduction

There are many factors that contribute to the vulnerability of migrants to HIV infection. The breakdown of social networks and institutions stemming from migration reduces community cohesion, weakening the social norms that regulate sexual behaviour, leading to risky behaviours and increased exposure to HIV infection.

Likewise, many push factors contributing to migration, such as an unbalanced distribution of resources, unemployment, socio-economic instability and political unrest, as well as their status and mobility patterns can also play key role in determining migrants HIV vulnerability.

IOM works within a rights based framework to increase the access of migrants and mobile populations to HIV prevention, care, support and treatment, as well as to assist countries on management of the health impacts of population mobility. Migrants represent an important part of our society, which should be reached and included in terms of HIV national responses.

In this context, IOM works with a wide range of international organizations, governments, NGOs and key actors from all countries involved to develop regional and cross-regional strategies to address HIV risks and vulnerabilities of migrants and mobile populations.
In 2007, IOM implemented HIV programmes in 22 countries, among which Zimbabwe, Somalia, Colombia, Croatia, Mauritania, Myanmar, South Africa and Thailand. HIV projects constitute an important element of IOM migration health activities, covering a wide range of topics, as exemplified in the pages to follow.

**Africa**

**Zimbabwe**
Since May 2006, IOM provides humanitarian assistance services to vulnerable returned migrants who are deported from neighbouring countries of South Africa and more recently from Botswana. The IOM Reception and Support Centre (RSC) offers a range of services to returnees including safe migration advice, medical treatment, protection, food, and voluntary transport assistance back to their place of origin. HIV prevention activities are an integral component of the IOM assistance to Zimbabwe.

**Somalia**
The IOM Regional Mission for East & Central Africa has successfully undertaken the first Somali HIV hot-spot mapping study between September and December 2007, carrying out 350 individual interviews with key vulnerable populations – such as female/male sex workers, clients, people living with HIV/AIDS and other key informants.

The mapping of the drivers of the Somali HIV epidemic will allow IOM and partners to more accurately define the context of HIV risk and vulnerability among most-at-risk-populations. This research also assists in identifying effective and culturally appropriate methods of collecting data on HIV and sexual behaviour that will allow the establishment of evidence based strategies to address the HIV epidemic.

**Asia**

**Bangladesh**
In Bangladesh, IOM is implementing an HIV prevention program aimed to decrease HIV new infections among drug users (harm reduction strategy). The objective is to tackle HIV stigma and discrimination by law enforcement officials working with drug related crime and drug dependency. Under the Capacity Building of Law Enforcement Agencies for Tripartite Project, established in July 2006, IOM is collaborating with the Ministry of Home Affairs, the Bangladesh Police, the Prisons Directorate, and Family Health International (FHI) in the implementation of the project. The project has already trained a total of 1,023 LEAs personnel up to date and estimates the training of more than 1,600 officials by 2009.

**Indonesia**
In Indonesia, IOM is integrating HIV prevention and AIDS care among populations displaced by the Tsunami. In addition, IOM has been offering assistance for conflict affected communities in Aceh under the “Direct Health and Psycho-social Assistance Programme”. HIV prevention is also integrated in the psycho-social counselling, medical and referral services provided to irregular migrants and trafficked persons who are assisted through the organization’s Return, Recover and Reintegration Programme.
Asia

Thailand

With the financial support of the Joint United Nations Programme on HIV/AIDS and the Canada South East Asia Regional HIV/AIDS Programme, IOM Thailand is conducting a desk review and data synthesis on Migration and HIV/AIDS in Thailand in ten provinces that host a large number of migrants from neighbouring countries such as Myanmar, Cambodia, and Laos. The objective is to assist the Royal Thai Government in improving evidence-based policies to address HIV prevention, care and support needs of migrants.

IOM Thailand has also developed, in collaboration with the World Health Organization and financial support from UNAIDS, an assessment of Mobility and HIV vulnerability among Myanmar Migrant Sex Workers and Factory Workers in Mae Sot District, Tak Province.

Latin America & the Caribbean

Colombia

IOM Colombia has been implementing projects on HIV and gender among adolescents and young adults in the context of forced displacement. The overall goal of the project is to reduce the risk of exposure of 600,000 adolescents and youth to sexually transmittable and HIV infection. The project started in 2004 and aims to empower adolescents and youth through peer-education strategies, a social marketing campaign and the creation of social, cultural and income-generating micro projects. The project is funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria and has reached some 350,000 beneficiaries up to date.

In addition, IOM is working with the National Family Welfare System towards preventing HIV and unwanted pregnancies among adolescents and young adults. The project is being implemented in 17 departments in Colombia and reaches approximately 10,000 beneficiaries each year.

Europe

Ukraine and Moldova

In coordination with the Ukrainian National Coordination Council for the Prevention of the Spread of HIV/AIDS, IOM participated of the external evaluation team that looked at over one hundred and twenty technical issues regarding HIV in Ukraine. As a result of this evaluation, IOM provided recommendations on the inclusion of migration as a priority area for the new National AIDS Programme (NAP) strategy that were accepted and incorporated in the 2009 – 2013 AIDS Strategy.

IOM Moldova is supporting the government on the implementation of HIV prevention targeted to mobile populations, as an example a national HIV prevention campaign was undertaken following the return of migrants from Easter holidays in Moldova.

Netherlands

In the Netherlands, IOM has been coordinating and assisting the voluntary return of migrants living with HIV. The project initially focused on gaining a better understanding of the situation of HIV-positive African migrants living in the Netherlands without a legal status, mapping the possibilities and impossibilities for them to return voluntarily to their countries of origin and rebuild their lives there. Currently, The Hague is implementing a small-scale initiative to provide intensive medical, economic and social support to HIV-positive migrants who have decided to return voluntarily to their countries of origin, Angola, Cameroon, Ghana, Nigeria and Sierra Leone.
Global Programs

HIV Pre- and Post-Test Counselling
IOM also provides health assessments for migrants resettling to a number of countries. IOM joins other international agencies and organizations in discouraging mandatory HIV testing, while promoting Voluntary Counselling and Testing (VCT) as an effective means of HIV prevention, for people who move just as for people who are sedentary, for a number of destination countries the decision to migrate comes with the obligation to undergo an HIV test. Based on a concept of “harm reduction”, IOM ensures that HIV testing in the context of immigration is provided with high quality pre- and post-test counselling that include protection of confidentiality, informed consent, counselling about the need for and the implications of the test.

Regional Programs

European Union
IOM Brussels has been closely working with the European Union (EU), aiming at strengthening and establishing partnerships between EU members and neighbouring countries to reduce vulnerabilities leading to the exposure to HIV and other infectious diseases. The project implemented by IOM and funded by Portugal focused on documenting key HIV and mobility related vulnerabilities within the EU particularly in Bulgaria, Germany, Hungary, Italy, Malta, and Portugal.

A detailed analysis of migrants’ access to HIV health care in each country has been documented and reported, including recommendations for policy and joint programme actions.

IOM is an active member of the HIV/AIDS Think Tank, an European Union forum on HIV/AIDS. IOM has already played an important role in defining priorities for HIV/AIDS policy formation on HIV/AIDS within the European Union and in its neighbourhood through this partnership. Furthermore, as the only international agency to deal with the entire spectrum of migration, IOM also collaborates on addressing HIV and mobility within the European Centre for Disease Prevention and Control (ECDC) strategy.

Greater Mekong Sub-Region – Asia
In the Greater Mekong Sub-Region, IOM Thailand has developed, in close partnership with national health authorities and key stakeholders, a Safe Mobility Package designed to reach migrants and people affected by mobility. The package is an information, education and communication (IEC) tool intended to raise awareness of HIV, AIDS and population mobility while using gender-sensitive language and culturally appropriate approaches. Developed in consultation with government partners, NGOs, UN agencies and targeted migrant audiences in five countries of the region, the package was composed of animated video series and a life-skills activities manual developed in Khmer, Lao, Myanmar, Thai, Vietnamese, and English.

Southern Africa
Given the high HIV prevalence in the region, labour migrants and mobile workers are particularly vulnerable to HIV infection. The Partnership on HIV and Mobility in Southern Africa (PHAMSA) seeks to reduce HIV new infections, and the impact of AIDS among migrants, mobile workers and their families. The programme focuses not only on individual risk factors, but also structural and environmental vulnerability factors that shape individual behaviour.

PHAMSA focuses on six sectors that are characterised by high levels of population mobility: construction, transport, commercial agriculture, fisheries, mining, and informal cross-border trade. Across these sectors, programme activities are divided into four components:

- **Advocacy for policy development**: PHAMSA advocates for policies that contribute to the reduction of HIV incidence and impact of AIDS by increasing awareness on the HIV dynamics of labour migration in the region among key policy makers and the public.

- **Research and learning** to finance research and work with the academic community

- **Regional coordination and technical cooperation** to develop and strengthen partnerships amongst organisations working on issues of HIV and mobility in the region.

Finally, PHAMSA’s pilot projects work on the ground to implement innovative programmes that address both the conditions that increase the HIV vulnerability of labour migrants and individual risk factors.