IOM International Organization for Migration

MIGRATION, HUMAN MOBILITY & HIV

ACCESS TO PREVENTION AND CARE

Uganda's Ministry of Works and Transport offering HIV counseling services during campaigns supported by the IOM © 2012

ADDRESSING HIV VULNERABILITY IN MIGRANTS IS ESSENTIAL

Health inequities, inadequate social protection, human rights violations, stigmatization and discriminatory policies throughout the migration process limit access to HIV services and create vulnerability to HIV in migrants and persons forced to migrate due to natural disasters or conflict.

Risk Factors —Migrants are prone to experiencing prolonged and frequent absence from their place of origin, separation from family, poor working and living conditions, low financial status and limited education, which can lead to risky sexual practices, substance use and vulnerability to gender-based violence.

Social Barriers —Migrants often lack access to information on HIV transmission, screening, treatment and counselling due to language barriers, marginalization and social exclusion. In addition, lack of documentation and discriminatory policies that restrict entry, stay and residence due to HIV status may deter people from using HIV services.

Economic Costs—With access to HIV treatment and care, people living with HIV can lead long and productive lives that contribute to host states' economies[5]. However, lack of access to HIV services can lead to the loss of 1) income for the migrant and his/her family, 2) productivity and revenue for the hiring industries and 3) remittances for the place of origin.

The International Organization for Migration (IOM) implements multi-sectoral programmes (such as health linked to social services, environment, transportation, immigration, labour and private sector) where local community members and migrants interact in spaces at high risk for HIV. These Spaces of Vulnerability (land border posts, corridors, ports, mines, construction sites, and farm compounds) create environments conducive to increased vulnerability for everyone in that community, whether they are migrants or local community members. The spaces form a vast risk network that links migrants through their partners at home, on the journey and at the site of destination.

36.7 Million

People IN 2015 who were living with HIV of those eligible for treatment, only 34% had access to ARTs in low & middle-income countries[1]

THE MIGRATION PROCESS AND HIV EPIDEMIOLOGY

Migration is a social determinant of the health of migrants. Experiences and situations in the migrant's place of origin, during transit, in the place of destination and during return all influence HIV vulnerability and cut across age, gender and socioeconomic status.

Place of origin

- Pre-migratory events: level of education on sexual and reproductive health, human rights violations, sexual & gender based violence
- Proximity to destination: influences health beliefs and behaviours
- Epidemiological profile: as it can affect the level of HIV education and prevention information available
- Efficiency and inclusiveness of health systems in providing preventative, curative and continuity of care

Travel and Transit

- Travel mode and conditions: perilous, lack of basic health necessities, especially for irregular migration flows
- Duration of journey
- Traumatic events, abuse, sexual & gender-based violence

Place of Destination

- Migration/health related policies; inclusion or discrimination
- Legal status and access to services
- Language and cultural values
- Separation from family/partner
- Duration of stay
- Presence or lack of culturally and linguistically, adjusted services
- Abuse, sexual & gender-based violence or exploitation, working and living conditions

Return

- Level of services in home community, especially in crisis situations or fragile states
- Remaining families and community ties
- Duration of absence
- Behavioural and health profile acquired in host community (possible co-infection with TB)

MIGRANT TYPES & HIV

Depending on their situation, migrants can face specific challenges that increase their risk of HIV infection:

Migrant workers - with a legal status have varying levels of access to HIV services, depending on the migrant's contracts, work permit and ability to access health care or insurance from the State or employer.

Undocumented migrants face challenges such as the fear of deportation, cultural and language barriers which delay or limit access to HIV prevention, diagnostic and treatment services.

Migrants in detention centres and trafficked persons suffer from marginalizing living conditions, sexual violence and other HIV risk factors that create pockets of vulnerability for infection.

Forcibly displaced persons often face the disruption of health systems and limited access to preventative and curative continuity of health care services after a conflict or natural disaster.

POPULATION MOBILITY & ANTIRETROVIRAL THERAPIES

Ensuring access to antiretroviral therapy (ART) and continuity of care for migrants is crucial to combatting HIV. While no cure or vaccine for HIV/AIDS currently exists, antiretroviral therapies (ART) can keep the viral load low enough to live a considerably longer, healthier life. Notably, a recent study found that ART can decrease HIV transmission by up to 96%[6].

However, strict adherence to ART is crucial to combat the ever-mutating virus. Migrants often lack awareness of HIV and its services, enter countries with differing treatment protocols, and are particularly vulnerable to disruption of ART treatment, which might lead to viral resistance and treatment failure. Cross-border partnerships are needed to ensure the harmonization of treatment protocols.

244 Million

The current number of international migrants. May reach 405 million by 2050 [2,3]. Add 740 million internal migrants, and there are about 1 billion people on the move [4].

"Going for treatment is a challenge, since we don't know the local language, and we are afraid of being deported again." *Anonymous Zimbabwean Migrant in South Africa*

ADDRESSING HIV IN MIGRANTS: 4 KEY BUILDING BLOCKS

As guided by the 2008 World Health Assembly Resolution on the Health of Migrants (61.17), The Global Consultation on the Health of Migrants (Madrid, 2010) and the UNGASS Political Declaration on HIV AIDS (2011)

1. RESEARCH AND INFORMATION DISSEMINATION

- Harness administrative data (census, surveys, available records, education data, and country reports on HIV) already in place
- Build and/or strengthen data systems to break down information by migrant types and HIV-related variables
- Standardize monitoring and reporting tools (UNGASS, WHO, Dublin Declaration)
- Respect appropriate data protection and confidentiality principles for migrants and trafficked or detained persons

2. ADVOCACY FOR POLICY DEVELOPMENT

- Ensure coherence between sectors to respect migrants' right to health based on international standards
- Implement policies that that promote migrants' access to HIV services, regardless of legal status
- Support governments to include migrants in their National Strategic Plans
- Enforce laws that combat stigma, discrimination, and practices that restrict entry or stay of migrants with HIV, see UNAIDS – IOM Joint Statement on HIV related travel restrictions

3. NETWORKS AND MULTI-COUNTRY PARTNERSHIPS

- Strengthen collaboration between sectors among countries of origin, transit and destination (i.e. harmonizing treatment protocols)
- Address HIV in migrant populations in global and regional consultations on migration, development and economics
- Harness the capacity of existing networks to include HIV services for migrants and their families

4. MIGRANT SENSITIVE HEALTH SYSTEMS

- Incorporate HIV prevention and treatment into a broader health delivery approach to address issues of stigma, racism, discrimination and financial barriers.
- Ensure that the delivery of HIV services is culturally and linguistically appropriate, financially sustainable, and comprehensive
- Sensitize medical and administrative personnel to health vulnerabilities of migrants and the importance of continuity of care and adherence to treatment
- Integrate migrant health services with social supports (i.e. housing, transport, income)[7]

COUNTRY CASE STUDIES

Myanmar: 2006 – 2014

IOM Myanmar strengthens the capacity of local health systems to provide comprehensive access to HIV prevention, diagnosis, treatment and psychosocial support for migrants and host communities. IOM reaches the most vulnerable hidden populations by providing migrant-focused services and concentrating on host and source areas highly affected by migration.

Drop in centres and peer education supervisors are being initiated to ensure access to services and treatment adherence in vulnerable populations at key border crossings. IOM also raises awareness through social mobilization activities.

IOM plans to conduct a mapping and risk assessment project in Myanmar's border regions in partnership with the National AIDS Programme. This baseline research of migrant populations' vulnerabilities to HIV and other health issues will serve as a foundation for a proposed Asian Development Bank $10 million project for providing health services along the ASEAN economic corridors in Myanmar, which will begin in 2015.

The Greater Mekong *Sub-region: 2007 – 2009*

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In 2007, the IOM launched "For Life, With Love," an animation drama series and life skills package on HIV prevention for migrants and host communities.

Translated into six GMS languages, the training modules use a participatory learning approach to address HIV awareness and risk factors, stigma, access to health services, gender and sexual abuse, safe practices and psychosocial competence skills.

In 2008, IOM adapted this training tool for HIV prevention and safe migration for road construction settings and affected communities.

East & Southern Africa: 2003 – 2014

In 2014, IOM began the second phase of the Partnership on HIV and Mobility in East and Southern Africa (PHAMESA). The programme leverages IOM's network of regional and country missions and intersectoral partnerships to assist migrants and host communities by addressing health vulnerabilities, including HIV.

Their goals include: 1) improving monitoring mechanisms to inform policy and practices, 2) advocating for the health needs and rights of migrants and affected communities, 3) increasing access to migrant-sensitive health services, and 4) strengthening partnerships across countries and sectors.

Ecuador: 2007 - 2014

IOM Ecuador has conducted extensive research on the prevalence, risk factors and awareness of HIV/AIDS in Ecuador's northern border regions. In addition, IOM has supported Ecuador's Ministry of Public Health in HIV prevention, treatment and awareness in persons seeking international protection in border areas and host communities, particularly for women.

Somalia: 2013

Somalia has long suffered from cyclical drought, famine and armed conflict. From 2007 – 2010 IOM Somalia conducted ground-breaking research to identify the key populations for HIV, which directly reshaped the national HIV response. Based on the evidence, IOM implemented community and youth-based projects on HIV prevention, awareness and stigma reduction, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Key activities included conducting community outreach for positive behavioural change, increasing voluntary counselling and testing, facilitating community dialogue among key stakeholders to reduce stigma, and providing forums for people who are HIV positive to have a voice and space for advocacy.

Kenya: 2010 - 2014

Kenya experiences a continuous cycle of emergencies instigated by floods, droughts and political tensions that often lead to mass displacement. In the post-election violence of 2007-08, 600,000 people were internally displaced. Among them, 15,000 people living with HIV were unable to access treatment, as essential health and HIV services were disrupted. Many of those displaced were women, some of whom suffered sexual abuse and limited access to treatment for trauma and prevention of STIs, including HIV. IOM Kenya has worked to ensure that HIV services are included in the emergency response mechanisms by 1) strengthening the National AIDS Control Council's capacity to coordinate the HIV response between sectors, 2) supporting emergency responder trainings, 3) empowering emergency actors to include HIV services in contingency plans, and 4) assisting in the development of national guidelines for the HIV response in emergencies, which are planned to launch this year.

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2 .United Nations Department of Economic and Social Affairs, Population Division, 'Trends in International Migrant Stock: The 2013 Revision,' 2013.

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