



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

HIV and mobility:
Utilizing partnerships to integrate migrants into global HIV efforts.

Statement

BY

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Executive Director, distinguished delegates, ladies and gentlemen.

It is a great honour for me to attend the 24th Meeting of the UNAIDS Programme Coordinating Board. I am very pleased to address the board on the topic of HIV and mobility, and the importance of collaboration and partnership to improve universal access to a large and often under-reached population. It is particularly encouraging to see the topic of today's important session is focused on universal access and people on the move.

There is an increasing international awareness of the linkage between migration and health outcomes, and the HIV pandemic has emphasised this probably more than any other health issue. The number of international migrants in the world today is at least 200 million, half of whom are female. The total number of people on the move, including internal migrants, refugees and internally displaced persons, seasonal workers, and irregular migrants is much greater.

Migration is not, in itself, a risk to health, but the conditions surrounding the migration process can greatly increase vulnerability to poor health. This is particularly true for those who migrate involuntarily, fleeing disasters and humanitarian crises, or who find themselves in irregular or exploitative situations. Even when health services are available to migrants, they may not be utilised due to the lack of appropriate cultural approaches, language, location, or migrants' inadequate knowledge and information about their rights. Migration health is directly linked to the broader social determinants of health.

The relationship between migration and HIV is complex and still not well understood. During the past few years there has been increasing international recognition of the importance of population mobility within the HIV pandemic and several factors are now well recognised:

- Migrants are not a unified group with the same vulnerabilities and risks, but some migrant and mobile populations have been found to be considerably vulnerable to HIV infection. These include potential labour migrants who are unable to find employment, refugees and internally displaced people who are victims of physical and social insecurity, and migrants affected by violence and exploitation.
- The link between migration and HIV is related to the conditions and the process of migration. Effective HIV responses must anticipate and address the vulnerability to HIV at each stage of migration.

- The risk and spread of the epidemic are related to travel between locations of higher and of lower HIV prevalence.

Although some people think that migrants mainly bring HIV when they enter countries, evidence often shows otherwise; suggesting that migrants can be more vulnerable than local populations. Many of the underlying factors sustaining mobility, such as 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. Female migrants, who often work in unregulated and informal sectors of the economy, are particularly vulnerable to exploitation, discrimination and abuse, as well as to sexual violence. Many migrants lack information about, or access to, HIV prevention and treatment.

Even though the majority of countries in the world have national AIDS plans and strategies, specific measures to address the HIV vulnerabilities inherent to the migration process, and HIV treatment for migrants and mobile populations, are often not included. Effectively addressing HIV risks and vulnerability in the context of migration and mobility requires the joint effort of multiple stakeholders at origin, transit, and destination communities. These include governments, employers, communities, and civil society made up of migrant populations and people living with HIV.

Clearly, many of the inequalities that drive the spread of HIV also drive migration. Given IOM's experience in dealing with migration, the organisation has also been addressing HIV with a number of partners globally. IOM has been working closely with UNAIDS since 1997 to address population mobility and HIV through projects improving access to prevention, care and treatment to migrant and mobile populations throughout the world.

IOM has found addressing migrants' vulnerability to HIV throughout all stages of their journey – before they leave, as they travel, in communities and countries where they stay, and after they return home - requires strong national responses, as well as regional and cross-regional approaches, especially in areas with cross-border mobility. There have already been considerable achievements through collaboration and partnership with UNAIDS, the co-sponsors, and other partners. Continuing to build and strengthen these partnerships is essential to:

- Develop and implement laws and strategies that involve migrants, people living with HIV, and their communities, to reduce social

exclusion, discrimination and marginalisation of migrant populations, and improve access to prevention, care and treatment regardless of migration or residence status.

- Build capacity within public-health systems of source, transit and destination locations to prevent HIV transmission and promote the health of migrants. This includes integrating migration into health policies and strategies, and educating health-care providers, educators, and policy makers on how to address health issues associated with population mobility.
- Recognise that women are more vulnerable to HIV infection than men, for both biological and socio-cultural reasons, and ensure that gender issues are an integral component of HIV prevention and treatment programmes.
- Improve data collection and knowledge-sharing to ensure national and global efforts document the health of migrants and that mobility is included in national and international surveillance and information systems.
- Effectively advocate that HIV does not pose a threat to public health in relation to travel and there is no public-health basis for mandatory HIV testing of persons seeking entry, or living, in a country.

Delegates, colleagues.

As has been highlighted this morning, and will be discussed in detail today, many migrants live in heightened vulnerability and lack access to critical social and health services. These conditions often exist solely due to their status as migrants, as well as the lack of including migrants in national policies and strategies, poor recognition of migrants' needs in public-health practices, and continuing misconceptions associated with HIV and human mobility. IOM has been working closely with UNAIDS since its inception and thanks to this partnership, and many other partnerships worldwide, addresses population mobility and HIV through improved access to prevention, care, and treatment to migrant and mobile populations. Because of this, IOM is very pleased to be involved in this very significant meeting today, as it will offer an important opportunity to discuss challenges to Universal Access for migrants, and more importantly, offer concrete and practical solutions to improve conditions in the future. We look forward to continuing to work together on the outcomes of this meeting.

Thank you.