



IOM International Organization for Migration

HIV/AIDS and Populations Mobility



Overview of the IOM
Global HIV/AIDS
Programme
2006



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; and
- Uphold the human dignity and well-being of migrants.

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IOM at a Glance

The International Organization for Migration (IOM) promotes humane and orderly migration for the benefit of individual migrants, governments, and the international community.

The Organization has its Headquarters in Geneva, Switzerland. As of November 2004, IOM has 105 member governments, 27 observer states, and operates in 180 regional and country offices. IOM is mandated to work with migrants, refugees, displaced persons, and others in need of migration assistance. IOM has acquired extensive experience in its work worldwide, in the areas of, for example, assistance with migration and subsequent integration, labour migration, technical cooperation, counter-trafficking, and migration health.

An intergovernmental organization established in 1951 outside the UN system, IOM holds observer status in the UN General Assembly and participates actively in coordination mechanisms within the UN framework. IOM has signed cooperation agreements with the UN Secretariat, UNAIDS, UNDP, UNFPA, UNHCR, and WHO.

Many of the inequalities that drive the spread of HIV are amplified during the migration process.

Relationship between Population Mobility and HIV/AIDS

People move from one place to another temporarily, seasonally or permanently due to a host of push and pull factors. Pull factors include the search for professional or economic opportunities or to join family members living away from home. Examples of push factors include poverty, food insecurity, warfare or other violence, human rights abuses, political repression, ethnic tensions, and persecution.

There is ample evidence to demonstrate a close association between increased vulnerability during mobility and the spread of HIV, and many people believe that migrants and mobile populations bring HIV with them when entering countries or communities. Evidence has established, however, that the opposite is more likely to be the case: rather than bringing diseases, migrants often become vulnerable to contracting HIV during transit and after they arrive at their destinations.

The linkages between population mobility and HIV/AIDS are related to the conditions and structures of the migration process, including in communities of origin, during transit, at destinations, and on return. Factors linking population mobility and increased vulnerability to HIV include poverty, lack of legal protection and of power, discrimination, and exploitation. Each of these factors may increase

the likelihood that people encounter HIV, and the same factors also reduce an individual's ability to protect himself or herself from the virus. Other potential risk factors for migrants include separation from families and partners, and separation from the socio-cultural norms that guide behaviours in more stable communities. Population mobility may also affect HIV vulnerability of people who do not migrate at all, such as people in communities along major transit corridors or with major construction sites, or those whose partners are working abroad. Finally, migrants often have limited access to health services, including to health promotion, to HIV prevention, to voluntary counselling and testing, and to HIV care and support.

Because of the multitude of factors that affect HIV vulnerability, multisectoral approaches are required that bring together key actors from source, transit, and destination communities.

Migrants' Right to Health

The joint IOM-UNAIDS publication *Migrants' Right to Health** notes a consistent pattern in which migrants' vulnerability to HIV/AIDS is increased through discrimination, marginalisation, stigmatisation, and more generally a lack of respect for human rights and dignity. It is thus essential to address HIV and mobility within the framework of international human rights instruments.

These instruments explicitly recognise that human rights, including socioeconomic rights and specific health-related rights, apply to all persons – migrants, refugees, and other non-nationals. For example, the *International Covenant on Economic, Social and Cultural Rights* recognises the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, which includes prevention, treatment and control of epidemic, endemic, occupational and other diseases, as well as the creation of conditions which would ensure access to all medical service and medical attention in the event of sickness (Article 12). Also, the *International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families* provides a set of binding standards to address the treatment, welfare, and human rights of both documented and undocumented migrants, as well as the obligations and responsibilities on the part of sending and receiving states.

In 2001, the UN General Assembly Special Session on HIV/AIDS (UNGASS) became the first ever UN Special Session called to deal with a health crisis. The session brought together a historic consensus of 189 countries on a *Declaration of Commitment on HIV/AIDS*. Paragraph 50 of the Declaration deals specifically with people who are mobile. The paragraph reads:

* See Publications Section

“By 2005, Member States should 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 and social services.”

Finally, the WHO Constitution, adopted in 1946, recognises that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.” This includes the right to both protect oneself from HIV infection and the right to access appropriate treatment and care.

IOM's Approach to Addressing HIV/AIDS

Addressing HIV/AIDS and mobility fits well within the mandate of IOM, the only international agency to deal with the entire spectrum of migrant and mobile populations during all phases of mobility.

Through its HIV/AIDS programme, IOM works to prevent and counter the misinformation, misunderstanding, and stigmatisation that are often associated with HIV/AIDS and migration.

IOM uses a rights-based and participatory approach to bring HIV prevention and access to care and support to mobile populations throughout the world (see IOM position paper on HIV/AIDS and migration).

IOM's HIV/AIDS initiatives are developed with partners, and the Organization works with a wide range of international organisations, governments, universities, and NGOs in addressing the epidemic. IOM has been working closely with UNAIDS since 1997. UNAIDS and IOM first signed a cooperation framework in 1999, which was strengthened and renewed in 2002. The two organisations cooperate in the areas of advocacy; capacity building and programmatic support; documentation of best practice; and information dissemination.

IOM's HIV/AIDS initiatives are based on a multi-disciplinary approach that seeks to encompass the entire mobility process. The initiatives address policies and programmes to provide information and to reduce the specific economic and social factors that make mobile groups particularly vulnerable to HIV.



IOM's Programme Strategies

Advocacy and Policy Development

- Engage in activities to increase international understanding and recognition of the vulnerability of migrant and mobile populations to HIV, and to promote HIV/AIDS related legal and human rights;
- Support policy development that will reduce the HIV vulnerability of mobile populations;
- Build networks and organise events with a wide range of stakeholders to build consensus around priorities, policies, and actions;
- Promote access to adequate HIV prevention, care, and support services; and
- Advocate for the protection of migrants' rights, including access to information, to decent working and living conditions, and to health promotion and care.

Capacity Building

- Assist in strengthening the capacity of governments, NGOs, and others to address HIV vulnerability, care, and support among and for mobile populations.

Mainstreaming

- Assist governments and NGOs to integrate HIV/AIDS and population mobility into planning, policies, and programmes;
- Ensure that HIV/AIDS is appropriately addressed in other IOM activities, including counter-trafficking and demobilisation.

Research and Information Dissemination

- Conduct research for advocacy purposes, to inform policy development, and for improving the quality of HIV/AIDS programmes for migrants and mobile populations;
- Document and disseminate best practice information on HIV prevention and access to HIV/AIDS care for migrants.

Some Examples of IOM HIV/AIDS Work

Southern Africa

IOM has been addressing the linkages between migration, mobility, and HIV in Southern Africa ever since IOM's Regional Office opened in Pretoria in 1995. Several pilot projects were carried out between 1999 and 2004 in southern Africa, including:

- Organising an awareness-raising special consultation on HIV/AIDS and migration in coordination with South Africa's Department of Health and with UNAIDS;
- Organising soccer tournaments combined with HIV information outreach and an HIV/AIDS KAP survey among migrants in Gauteng province, South Africa;
- Examining the way in which the conditions of migration and the unique circumstances of life and work affect the HIV vulnerabilities of migrant workers on commercial farms in the South African border region with Mozambique, and mapping HIV/AIDS services available to such farm workers. (see Publications section for report)
- Identifying and studying the links between mobility and HIV in five provinces in South Africa, Zimbabwe and Mozambique, focusing on highly mobile groups such as informal traders, sex workers, domestic workers, farm workers, and truckers. (see Publications section for report)
- Carrying out a desk review and generating a substantial bibliography on mobile populations and HIV/AIDS across eight Southern African countries. The study outlines HIV vulnerability factors and policies and programmes concerning military personnel; transport, mine, construction and agricultural workers; informal traders; domestic workers; refugees and internally displaced persons. It offers recommendations for action for each group and lays out an agenda for advocacy. (see Publications section for report)

Partnership on HIV and AIDS and Mobile Populations in Southern Africa (PHAMSA) ¹

Timeframe: 2004-2006
Partners: Governments, employers, unions and NGOs
Donors: European Union, Southern Africa Development Community (SADC), Swedish International Development Cooperation Agency (SIDA)



The Partnership on HIV/AIDS and Mobile populations in Southern Africa (PHAMSA), addresses the vulnerability of mobile populations to HIV in the Southern Africa Development Community (SADC) region. PHAMSA pulls together key stakeholders from the SADC Secretariat and sectors employing mobile workers, civil society, research organisations and international organisations in the region. This three-year programme will carry out research, disseminate information, develop HIV/AIDS prevention and care programmes, undertake advocacy programmes, and develop regional guidelines.

More information is available at www.iom.org.za.

Zambia

*HIV/AIDS Prevention Activities Among Refugees in Eastern Zambia*²

Timeframe: 2002-2004
Partner: Lutheran World Federation (LWF)
Donor: SIDA

Conflicts in the Southern African region, such as those in Angola and the Democratic Republic of the Congo, resulted in high numbers of internally displaced people and it also caused major refugee flows into neighbouring countries. This is occurring in a region with among the highest HIV prevalence in the world. Due to the conditions inherent to the migration process and also to the specific situation in refugee camps, where social norms and structures have broken down, HIV related risks may be particularly high. IOM provides integrated health services in the camps. This project provided HIV prevention information to refugees in the Ukwimi camp in Zambia. The refugees were mostly of Angolan origin.



Angola

*High-Impact Awareness Raising on HIV/AIDS through Community Based High-Visibility Activities Targeting Returning Angolan Populations*³

Timeframe: August 2004-December 2005
Partners: Lutheran World Federation (LWF), African Humanitarian Action (AHA), UNHCR, Medair, Médecins Sans Frontières Belgium (MSF-B), GOAL, PSI, UNICEF, WFP, UNFPA, and other NGOs, Government of Angola / Ministry of Health, Ministry of Education, Municipal Administrations, Concerned Armed Forces, Local Churches, Christian Outreach Relief and Development (CORD), Africare.
Donor: SIDA

Capitalising on the experience gained through the above-mentioned pilot project, this project combines capacity building with information campaigns, training "information multipliers" destined to subsequently integrate not only with the local population in Zambia, but also with the Angolans eventually returning home. As a programme component related to the voluntary repatriation of Angolan refugees from Zambia and Namibia, for which IOM provides transport and logistics, IOM is conducting an HIV prevention project combining information during the return process with effective prevention campaigns at the communities of final destination. By using human resources already trained and skilled within existing HIV prevention activities, the project will multiply the impact of peer educators returning to Angola, using their capabilities throughout the return process and absorbing their capacity into the emerging national HIV/AIDS response network in Angola.

Zimbabwe

*Emergency Assistance to Mobile and Vulnerable Populations in Zimbabwe*⁴

Timeframe: 2003-2006
Partners: Farm Orphan and Support of Zimbabwe (FOST), FACT Rusape and Mutare, Zimbabwe Community Development Trust (ZCDT), Anglican Diocese of Manicaland, Help Age Zimbabwe, TARSC, National Aids Council, and Ministry of Health, Child and Welfare.
Donor: SIDA

IOM is providing emergency assistance to approximately 160,000 mobile and vulnerable residual populations affected by drought, resettlement efforts and the decline of the Zimbabwean economy.

The HIV/AIDS component is being implemented in coordination with IOM Pretoria, the Zimbabwe Government, and NGOs. The overall objective is to provide prevention, and care activities among already-identified displaced ex farm workers and their families infected by HIV and affected by AIDS. Interventions include support for Home Based Care (HBC) through volunteer training and provision of HBC kits, and HIV prevention and awareness campaigns through workshops targeting different subgroups: elderly, children, and adults in general. Currently, 1,565 people (433 households) benefit from the HIV and AIDS component of the programme.



East and Central Africa

Uganda

*Participatory baseline assessment on HIV/AIDS awareness and service provision for IDPs in Northern Uganda*⁵

Timeframe: April-November 2004
Partners: District authorities, UNFPA, UNAIDS
Donor: UNAIDS Programme Acceleration Funds (PAF)

The war-affected Northern Uganda districts of Gulu, Kitgum, Pader and Lira are areas of permanent insecurity, gender-based violence and relatively high HIV prevalence. This pilot intervention is designed to identify specific HIV-related needs in eight internally displaced population (IDP) camps in these districts. A field research team explored community knowledge and perceptions of risk and vulnerability to HIV and is presenting results to local authorities and concerned stakeholders in the districts in late 2004. The dissemination of findings will lead to the finalisation of an intervention framework and to the selection of an NGO to implement HIV prevention activities within IDP camps. The results will also serve as an advocacy tool for awareness raising and resource mobilisation.

Horn of Africa

Ethiopia

*HIV/AIDS Prevention in Mobile Populations along the High-Risk Corridor*⁶

Timeframe: September 2002-March 2008
Partners: OSSA, Ministry of Health
Donors: Save the Children USA (SC/US), UNFPA

Ethiopia is one of the most HIV/AIDS-affected countries in Africa. HIV prevalence is particularly high among female sex workers living in the region of the major trucking routes between Ethiopia and Djibouti. Identifying and targeting the most vulnerable populations along these routes with improved access to voluntary counselling and HIV testing is thus essential. The main objective of this project is to ensure accessibility to HIV education and counselling, HIV testing and STI management for mobile transport workers, female sex workers and the affected sedentary populations along transit routes, while promoting capacity-building and sustainability in the fight against HIV. Currently, 17 government health facilities, and one facility based in a local NGO (OSSA), are supported by the project to provide VCT and STI treatment to target communities. STI kits are provided by United Nations Population Fund (UNFPA).



*Mitigating HIV/AIDS and Trafficking: Getting Female Students Involved in the Process*⁷

Timeframe: September 2002-August 2004
Partners: Ethiopian Teachers Association, Ministry of Education (MOE), Federal and Regional Governments, Save Your Generation Association (SYGA), Ethiopian Women Lawyers Association (EWLA)
Donor: USAID

The overall objective of this project is to support the Ethiopian government's efforts in the fight against HIV, and the prevention of human trafficking within and/or from Ethiopia. The project seeks to sensitise junior-high and high school female students on pertinent issues regarding trafficking and HIV while encouraging them to pursue their education, both in schools and within the informal sector. Key messages are conveyed to the target audience via information materials such as on cover pages of school exercise books, in cartoon booklets, posters and leaflets, on T-shirts and through radio and youth newspapers. Media coverage through youth groups reinforces these messages and broadens the target group. IOM and the Ethiopian Teachers Association organised training workshops for teachers in regional capitals to create sustainability. Local NGOs assist in dissemination of information and evaluation of the messages.

This project is a component of a major counter-trafficking programme, which includes information campaigns, institutional capacity building, and return and reintegration of stranded Ethiopians.

*HIV/AIDS Awareness Campaign for the Sidama, Silti and Gurage Zones in the SNNP Regional State, Ethiopia*⁸

Timeframe: July 2003-December 2004
Partners: Regional Health Bureau, Regional HIV/AIDS Secretariat
Donor: Ireland Aid

This project addresses HIV/AIDS awareness in selected Zones of the Southern Nations, Nationalities and Peoples Regional State a region of Ethiopia characterized by great ethnic, linguistic, religious and cultural diversity, and where very few people read and write the Amharic spoken in the rest of the country. The main objective is to increase awareness and demand for HIV/AIDS information and services among mobile/migrant populations (including demobilised soldiers and their wives, migrant labourers and traders, transport workers, sex workers) and affected sedentary populations. This Project counters stigma by training peer educators in community conversation techniques, problem identification and solving, and information dissemination. They give HIV and AIDS information and encourage use of existing services. New IEC materials will be produced in local languages for non-literate populations. The Regional Health Bureau and the HIV/AIDS secretariat actively supervise the peer education programmes at Zone and Woreda levels. Almost 500 community educators, largely male, have been trained by the project so far, with a further 250 female community educators to be trained as of the end of 2004.

Maghreb

Algeria

*Return and Transit Migration and AIDS in Algeria -Research Component*⁹

Timeframe: February 2002-April 2003
Partner: Government of Algeria
Donors: Government of France, Government of Algeria, IOM

HIV prevalence in Algeria is understood to be low, yet the country is potentially affected by migration from higher prevalence regions both to the North and to the South (the return of nationals residing in European countries where non-nationals are known to be disproportionately affected by HIV and AIDS, and irregular transit migration across the Sahara). In collaboration with public health officials in Algeria, IOM thus carried out a baseline assessment in order to target appropriate HIV/AIDS prevention measures for both return and transit migration. The qualitative study examined AIDS knowledge, attitudes and risks of Algerian migrants in France and of transit migrants in Algeria. Key informant interviews were carried out with healthcare professionals, social workers, researchers and HIV/AIDS NGOs in both countries in order to define risk situations and possible interventions. The results of the study were presented in an international seminar in Algiers in January 2003, and will serve as a basis for further HIV/AIDS activities addressing mobile populations across the Sahara.

(See Publications section for report)

Southeast Asia

Thailand

*Towards Sustainable Provision of Health and Social Services in Immigration Detention Centres of Thailand*¹⁰

Timeframe: 2001-2006
Partners: Royal Thai Police Immigration Bureau, Thai Red Cross AIDS Research Centre, Duang Prateep Foundation, DramaWorks
Donors: Sasakawa Fund, IOM, Rockefeller Foundation

Imprisonment can build feelings of suspicion and distrust in individuals and within particular relationships, within cell groups, or towards outsiders. Trust and relationships must be built in a group situation so that health issues such as TB and HIV can be openly discussed. IOM has been conducting a series of trainings and other health activities at the Suan Plu Immigration Detention Centre in Bangkok. These activities include HIV and tuberculosis prevention through life-skills training for immigration police officers and detainees; vocational training for detainees; and TB screening and treatment. Drama, self-esteem building, and relaxation techniques are employed, including negotiation of safe sex through role-play that transcends gender and cultural barriers.

Beginning January 2005, IOM will work with the Immigration Bureau and other partners to broaden the scope of the project and expand it to other detention centres, by promoting the role of the Immigration Bureau in coordinating and sustaining the initiative.



*Migrant Health Project Communicable Disease Control, Reproductive Health, and Primary Care for Migrants and Host Communities*¹¹

Timeframe: 2002-2007
Partners: Ministry of Public Health, NGOs
Donors: USAID, European Commission, IOM

Through this collaborative initiative, IOM and the Royal Thai Government's Ministry of Public Health aim to strengthen government response capacity for providing accessible and culturally-sensitive health services to migrants and the local Thai communities. Focusing on Tak and Chiang Rai provinces, the project raises awareness on key health issues including HIV/AIDS, supports delivery of preventative and curative health services, and creates a replicable model for strengthening health interventions. The project has established a network of migrant community health workers and volunteers who assist local health authorities in health service delivery to migrants and their host communities. In Chiang Rai province, migrants are assisting the health authorities and Médecins Sans Frontières in providing care to AIDS-affected migrants, including provision of antiretroviral therapy.

Republic of the Philippines

*Seafarers Health Education Counselling (SHEC): building the capacity of diagnostic clinics*¹²

Timeframe: October 2004-July 2005
Partners: Philippine National AIDS Council (PNAC), Action for Health Initiatives (ACHIEVE), Inc., Department of Health (DOH), Pinoy Plus, and UNAIDS
Donor: IOM

For persons seeking overseas employment, the Philippine Department of Labour and Employment mandates a pre-departure orientation seminar, including STI and HIV awareness. The law further requires that HIV testing be administered, with pre- and post-test counselling. Quality of the pre-departure HIV/AIDS education varies, and in fact migrants are often being tested for HIV without proper counselling. This pilot project aims to improve the quality of HIV/AIDS and STI education and of HIV counselling.

IOM and partners will provide training to clinic staff for offering sensitive, effective, and confidential pre- and post-test counselling. Targeted educational materials will be developed and self-declared HIV positive migrant peer educators will assist departing migrants in understanding their vulnerability to STIs and HIV.

Existing best practices will be built upon and new models documented, so that this pilot programme can be scaled up.

Greater Mekong Subregion

*Shattered Dreams Video and Activities Manual for Building Life Skills on Trafficking (and HIV/AIDS)*¹³

Timeframe: 2002-2005
Partners: Government Agencies and NGOs in selected countries of the Greater Mekong Sub-region
Donors: Government of Belgium, USAID



Initially conceived and developed as part of a pre-return psychosocial assistance and life skills development project, the *Shattered Dreams* video and manual highlight gender-based violence, deceit, forced labour, sexual exploitation, exposure to HIV, and stigmatisation. The project facilitates the development of community networks and self-protection through village based activities involving teachers and local community leaders, and is integrated into a variety of other IOM, government, and NGO initiatives in the region. Targeting adolescents, women vulnerable to trafficking, community leaders, and government officials in the Greater Mekong Subregion, the project works to raise awareness concerning trafficking and HIV, improve grass roots response mechanisms, and build capacity on issues of trafficking and HIV among local governments, NGOs and mass organisations including government-organized womens' and youth unions.

South Asia

Bangladesh

*Migration Health Pre-departure Orientation Project*¹⁴

Timeframe: Jan-Dec 2004
Partner: Bureau of Manpower Employment and Training
Donor: UNAIDS Programme Acceleration Funds (PAF)

Bangladesh has relatively low HIV prevalence, but with high risk behaviour, structural vulnerability and being surrounded by higher prevalence areas of India and Southeast Asia, there is no reason for complacency. This last point is particularly pertinent when considering the country's dependence on migration: remittances sent home by migrant workers abroad are the second largest source of foreign currency in the country. In response to this, IOM Dhaka is collaborating with the government of Bangladesh to enhance the latter's capacity to deliver information on health issues at pre-departure orientation sessions for migrants. One focus is on HIV and AIDS. The project began with a needs assessment exploring the strengths and shortcomings of current pre-departure orientation. It showed low absorption of information under the previous system since pre-departure orientation occurred just before migrants' departure.

Latin America and the Caribbean

Regional

*Regional Caribbean Initiative on HIV/AIDS and Mobile Populations - Phase I*¹⁵

Timeframe: November 2002-June 2004
Partners: CAREC, NGOs
Donors: Bureau of Population, Refugees and Migration, US Department of State

In 2002 the Caribbean ranked second only to sub-Saharan Africa as the most HIV-affected region in the world. Population mobility is also extensive in the region. A better understanding of the interaction between mobility and the spread of HIV was thus essential for developing effective HIV prevention and mitigation strategies. The study, carried out in Barbados, Curaçao (Netherlands Antilles), the Dominican Republic, Jamaica and Trinidad and Tobago, included an analysis of the existing literature and national policies, interviews with key informants, and a survey of target mobile populations identified as potentially vulnerable (commercial sex workers and petty traders). Among other conclusions the study found that access must be improved for HIV/AIDS prevention, care and treatment among mobile populations in the region. Interventions must also address trafficking in persons and the specific needs of young women and girls. (See Publications section for report)



Colombia

Construction of an intersectoral response to sexual and reproductive health with emphasis on prevention and attention of STD/HIV/AIDS among adolescents and young adults in a context of internal forced displacement^{16, 17}

Timeframe:	June-December 2003 (Pilot phase) May 2004-April 2006 (Main phase)
Partners:	Colombian Country Coordination Mechanism (Ministry of Social Protection, Ministry of Education, National Health Institute, Social Solidarity Network, "Colombia Joven", UNAIDS, UNICEF, PAHO/WHO, UNFPA, UNDP, the Colombian Red Cross, Profamilia, CODHES, the Henry Ardila Foundation, the Vivir Mejor Foundation, the Colombian network of people living with HIV/AIDS, the Colombian Coalition of people living with HIV/AIDS, and the Department for Gender Studies at the National University)
Donors:	IOM (Pilot phase) The Global Fund for Aids, Tuberculosis and Malaria (GFATM) (Main phase)



This Global Fund project, for which IOM was the principle recipient in 2004, targets 600,000 ten to 24 year olds affected by forced internal displacement in Colombia. Implemented in 48 municipalities with high numbers of IDPs and high HIV prevalence, activities include engaging local civil authorities and community-based, faith-based, and private-sector organisations to reduce young IDPs' vulnerability to STIs and HIV; strengthening the local health and educational sector to increase access to sexual

and reproductive health services including testing, treatment, and sex education; and collaborative implementation of social, cultural, and income-generating projects among the target population.

A pilot project had previously tested the methods for the activities now being carried out through: 1) designing a toolkit tailored for internal displacement and STI/HIV; 2) creating local partnerships by training personnel working with the IDP and/or host communities; 3) sensitising local stakeholders as to issues surrounding youth, sexuality, and internal displacement; and 4) empowering internally displaced youth through peer-education. Lessons learned included: a) beyond providing education and information, it is essential to improve the socioeconomic conditions of IDPs; b) host communities must be involved in any work with IDP communities, or tensions will be created between IDPs and hosts; and c) specific support mechanisms must be created to guarantee the emotional and physical security of project beneficiaries. These lessons learned will be applied as good practices in the main project.

(See Publications section for report)

Eastern and Southern Europe

Croatia

Research and Capacity Building on HIV/AIDS and Croatian Migrant Workers ¹⁸

Timeframe: October 2003-December 2004 (anticipated 2-year extension)
Partners: School of Public Health Andrija Stampar
Donor: Global Fund for HIV, TB, and Malaria channelled through the Croatian Ministry of Health and Social Welfare

This programme to support the capacity of Croatian institutions to prevent HIV and other STIs among Croatian migrant workers combines: 1) KAP and vulnerability assessment among migrant workers; 2) training occupational health professionals on pre- and post-test HIV counselling so that they might teach other health professionals and advocate for HIV prevention programs for migrant workers; and 3) awareness raising, design and distribution of IEC materials, targeted condom distribution. Assessments among sea farers and migrant construction workers working periodically abroad indicated inadequate access to HIV/STI prevention materials, particularly in work settings. Migrant workers showed relatively high HIV knowledge, but low condom use and lack of knowledge about voluntary HIV counselling and testing. New strategies and educational programs focusing on behavioural change were recommended.

The second and third year will concentrate on research among truck drivers in Croatia, additional HIV counselling training for occupational health professionals, further awareness raising, and development of a HIV counselling manual for Croatian occupational health professionals.



The former Yugoslav Republic of Macedonia and Kosovo (Serbia and Montenegro)

HIV/AIDS National capacity building and awareness raising activities in FYROM and Kosovo (Serbia and Montenegro) ¹⁹

Timeframe: February 2003-February 2004
Partner: National Institute of Public Health of the Province of Kosovo (Serbia and Montenegro)
Donor: Italian Ministry of Foreign Affairs

As one element of a larger programme to address HIV in a region recently torn by conflict and highly affected by population mobility, a survey was carried out to investigate HIV/AIDS knowledge, attitudes and practices of Kosovars who live abroad and return home for brief seasonal visits; to ascertain whether attitudes and HIV risk practices change after people have lived outside their home country; and to provide the National Committee on HIV/AIDS with information to complement the National strategy targeting the general population.

Focus groups, key informant interviews, and some 700 questionnaires revealed stigmatizing attitudes, poor knowledge of HIV, and inadequate condom use. The study indicated the need to intensify interventions for migrants in the destination countries, including increasing access to information in their own language. A detailed report is available from IOM Rome.
(see Publications section for other IOM publications on AIDS and mobility in South Eastern Europe)



Italy

*Responsiveness of an Ethiopian Community Living in Italy to HIV-AIDS Prevention Material*²⁰

Timeframe: August 2003-June 2004
Partner: Ethiopian Embassy
Donors: DFID/DKT

National HIV/AIDS prevention campaigns for 'general populations' do not necessarily reach migrants living in the country. Observation, semi-structured interviews, and focus group discussions involving forty Ethiopian immigrants confirmed very low levels of information, and confusion between HIV and AIDS. Being infected with HIV was thought to be linked to poverty and the risk in Italy was perceived to be extremely low. Attitudes towards condom use were negative. Stigma of people living with HIV and AIDS was high, leading people to hide their HIV positive status. Training activities for Ethiopians and their leaders living in Italy were suggested, as well as providing more HIV/AIDS information in the migrants' languages.

The study was presented at the 2004 International Aids Conference in Bangkok. Report and materials are available at IOM Rome and Addis-Ababa.

Photographs

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- Home Based Care Givers / Zimbabwe
- HIV/AIDS Prevention in Mobile Populations along the High-Risk Corridors, Voluntary Confidential Counselling and Testing (VCCT) & Sexually Transmitted Infections (STI) Clinic / Ethiopia.
- Internally Displaced Persons (IDP) crowd / Colombia.

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- P. 12 - Towards Sustainable Provision of Health and Social Services in Immigration Detention Centres of Thailand, Tree of Life / Thailand.
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- P. 18 - HIV counselor explains IOM approach to a visitor / Kakuma, Kenya.

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- Towards Sustainable Provision of Health and Social Services in Immigration Detention Centres of Thailand, Tree of Life / Thailand.
- Health Education to Arhuacos indigenous population in Cesar, Colombia, IOM Peace Programme / Colombia.
- HIV/AIDS Prevention Activities Among Refugees in Eastern Zambia, Ukwimi Soccer T-shirt.

Project Codes

- 1) N29-CSE / ZA1Z024; 2) N05-CSE / ZA1Z013; 3) N39-CSE / ZM1Z010; 4) W41-CSE / ZW1Z004; 5) N31-421 / UG17018;
- 6) N03-CUS / ET1Z012; 7) N07-CUS / HQ4A025; 8) N18-CIE / ET1Z017; 9) A81-CFR / FR1Z009;
- 10) A83-800 / HQ4A024 & HQ4A027; 11) N06-429 / TH1Z012; 12) PH1Z028 / N40-805; 13) N26-CUS / TH1Z015;
- 14) N19-446 / BD1Z029; 15) N02-CUS / DO1Z011; 16) N04-805 / CO1Z030; 17) N33-800 / CO1Z042;
- 18) N30-CHR / HR1Z025; 19) N11-CIT / MK1Z013; 20) A70-800 / ET1Z012

Global

HIV Pre- and Post-test Counselling within Migration Health Assessment Programmes

Timeframe:	Late 1980s to present
Partners:	Receiving governments, national health programmes
Donors:	Governments of countries requiring HIV testing



Among the range of services IOM's Migration Health Department provides are health assessments for migrants resettling to a number of countries. Some States require a blood test for HIV in the course of such immigration health assessments.

The question of mandatory HIV testing is a complex one, and one that is evolving as effective HIV treatment becomes increasingly available. Among various models for offering HIV testing are 'opting in' (purely voluntary testing that the individual may actively accept) and 'opting out' (offering HIV testing that the individual may decline). Opting out is not an alternative in the case of immigration-related HIV testing: for a number of destination countries the decision to migrate comes with the obligation to undergo an HIV test. In line with standard good practice IOM promotes *voluntary* counselling and testing (VCT) as an effective means of HIV prevention - for people who move just as for people who are sedentary. IOM joins other agencies and programmes* in opposing *mandatory* HIV testing, however, a position originally formulated almost 15 years ago**, and that has remained unchanged since then.

Carrying out HIV tests required for immigration thus poses a moral and ethical dilemma.*** The difficulty is that if an individual wishes to migrate to a country that requires HIV testing then there is no choice: the test comes with the decision to migrate, and someone has to carry out the testing. Based on a concept of 'harm reduction', IOM agreed to carry out such testing in the context of immigration health assessments, but ensuring: 1) High quality pre- and post-test counselling; and 2) Protection of confidentiality.

IOM has been actively working to refine HIV counselling for migrants and resettling refugees. The programme currently includes:

- Development of an up-to-date and extensively reviewed and tested guide to be used by IOM counsellors carrying out pre- and post-test HIV counselling;
- Development of information booklets, brochures, and other educational tools for potential immigrants undergoing IOM health assessments;
- Training of trainers and HIV counsellors, who may continue to serve their countries after the completion of resettlement programmes;
- Delivery of pre- and post-test counselling to refugees and migrants;
- Assessment of quality and impact of counselling;
- Assessment of cultural background to improve counselling;
- Assessment appropriate testing strategies; and
- Treatment of opportunistic infections where indicated.

* For example the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the UN Office of the High Commissioner for Human Rights (UNHCHR) and International Labour Organization (ILO).

** In 1990 IOM issued *Guidelines on the Management of HIV/AIDS Among Refugees in Thailand* in collaboration with the United Nations High Commissioner for Refugees, stating: "Both UNHCR and IOM are opposed to the principle of such screening but that, until such time as the policies might be changed, partners implementing such HIV testing would maintain confidentiality, and assure pre- and post-test HIV counseling." IOM/UNHCR, June 1990.

Key Publications on HIV/AIDS and Population Mobility

Joint UNAIDS-IOM Publications

HIV and Mobile Workers: A Review of Risks and Programs among Truckers. Forthcoming, 2005.

UNAIDS/IOM Statement on HIV/AIDS-related Travel Restrictions. June 2004. *,**

Mobile Populations and HIV/AIDS in the Southern African Region: Desk Review and Bibliography on HIV/AIDS and Mobile Populations. UNAIDS and IOM. 2003. ***

HIV/AIDS Prevention and Care Programmes for Mobile Populations in Africa: An Inventory. UNAIDS, UNDP and IOM. 2002.***

Population Mobility and AIDS. Technical Update. 2001. *,**

Migrants Right to Health. Best Practice Collection. 2001. *,**

International Migration Quarterly Review, 36/4. Special issue: Migration and HIV/AIDS. 1998.

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Population Mobility and HIV/AIDS (IOM Programme Brochure). July 2004.*

Sexual health of mobile and migrant populations, Sexual Health Exchange/2, 2003.*

IOM Position paper on HIV/AIDS and Migration. 2002.*

Africa:

HIV/AIDS Vulnerability among Migrant Farm Workers on the South African Mozambican Border. Researched for JICA by IOM. 2004.***

Mobility and HIV/AIDS in Southern Africa: A field study in South Africa, Zimbabwe and Mozambique. Care International and IOM. 2003. *,***

Mobilites internationales et VIH/SIDA en Algerie: Etude qualitative - Approche exploratoire de type ethno-sociologique. 2003.*

Labour migration and HIV/AIDS in Southern Africa. 2002. *,***

Europe:

Overview of HIV/AIDS in South Eastern Europe. 2002.* (Available in English, Albanian, Macedonian, Bosnian, Croatian, Serbian)

Photo Album: HIV & AIDS Prevention. 2002.*

HIV/AIDS Prevention and Care among Mobile Groups in the Balkans. 2001.*

Migration and HIV/AIDS in Europe. 2000.*

Latin America and the Caribbean:

HIV/AIDS and Mobile Populations in the Caribbean: A Baseline Assessment. June 2004.*

Salud sexual y reproductiva, enfermedades de transmisión sexual y VIH/Sida en jóvenes de 10 a 24 años de una ciudad receptora de población desplazada. Montería, Colombia, 2003. 2004

General information on HIV/AIDS

Report on the global AIDS epidemic, UNAIDS (annual). **

UNAIDS/WHO Epidemic Update (annual). **

* Downloadable at http://www.iom.int/en/who/main_service_areas_migration.shtml#chap11 (or visit www.iom.int, click on Publications, and perform Detailed Search for publications with "HIV" in the title).

** Downloadable at www.unaids.org.

*** Downloadable at www.iom.org.za/HIVAIDSPublications.html.



Managing migration for the benefit of all.



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