



**Asia-Pacific
Economic Cooperation**

HTF 07/2008A/12

**HIV AND POPULATION MOBILITY:
IOM PERSPECTIVE ON INTERNATIONAL
AND REGIONAL MOBILITY AND HIV
VULNERABILITY REDUCTION**

Submitted by: IOM

**APEC SEMINAR ON SOCIAL POLICIES FOR MIGRANTS TO
PREVENT THE TRANSMISSION OF HIV/AIDS**

**Ha Noi, Viet Nam
18 – 19 September 2008**



HIV and Population Mobility:

IOM perspective on international and regional mobility and HIV vulnerability reduction

Andrew Bruce
Chief of Mission
IOM Viet Nam

Workshop on
Asia-Pacific Economic Cooperation (APEC) forum
Social Policies for Migrants to Prevent the Transmission of HIV/AIDS
18-19 September 2008. Hanoi, Viet Nam



International Organization for Migration (IOM)

- Established in 1951 with headquarters in Geneva, Switzerland

- Intergovernmental Organization
 - 125 Member states (including Viet Nam) - Not an NGO
 - Member of the UN Country Team at the country level
 - Not a donor agency



IOM

- IOM is the leading intergovernmental organisation in the field of migration and provides services at the invitation of governments, working to assist internal and international migrants.
- One of the primary areas of migration management IOM addresses includes migration health



Worldwide Migration Trend

- One out of 35 persons worldwide is an international migrant.
- In 2005: 191 million international migrants
- 3% of the world population
- Half are women.
- Underestimated migration
 - Trafficking may involve 700,000 – 2,000,000 women and children each year
 - Irregular migration
 - Internal migration



Migration and Changing Dynamics

- APEC countries are quickly moving towards greater political and economic cooperation
- Increasing open business structures and markets, and improved transportation and communication infrastructure
- Regional mobility is increasing, driven by economic disparities and labour needs

Example: about 6% of Philippines labour force lives abroad.
Remittances in 2003 comprised USD 7.6 billion or 10 per cent of GDP.¹

¹ World Migration 2005: The Costs and Benefits of International Migration. IOM. Geneva 2005.



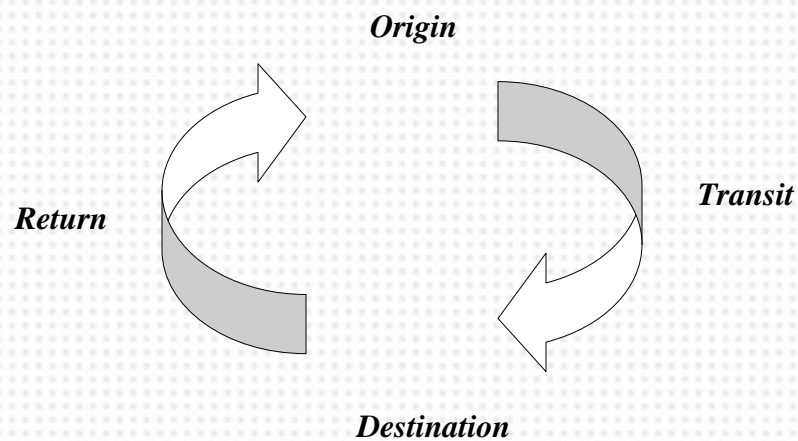
Regional Migration Trend


- Increasing migration driven by rapid development in the region
- Infrastructure development draws migrant workers:
 - Bridges, roads, tunnels, railways
 - Airports, ports
 - Dams, power plants
- Asian Highway Network – connecting the region
- Significant internal migration / Rural-urban

Migrants in GMS

- Over 50% of migrant workers in Asia are women
- Variety of employment - construction, fish processing, garment factories, and domestic maids
- Sex and entertainment industry
- Often incur large debts in the migration process and lose freedom of choice and movement


Migration and Vulnerability to HIV





Mobility and HIV

- Vulnerability – lack of choice, lack of information, poor access to health care
- Risk – sharing syringes, unprotected sex, multiple partners
- Health seeking behavior – poor understanding of risks and symptoms, delayed treatment, self treatment
- Stigma and discrimination
- Limited access to support group systems
- Language and cross-cultural barriers



Risk & Vulnerability Reduction

- Risk reduction focuses on reducing individual risk
Providing condoms, STI treatment, syringes, counselling and testing
- Vulnerability reduction addresses the environment that results in greater risk
 - Providing information, peer education
 - Addressing psychological and social factors that lead to unsafe behaviour
 - Fostering empowerment and access to services by creating enabling environments




Migration & HIV Vulnerability: Individual factors

- Separation from families and partners
home communities, norms
- Alienation, loneliness, despair
- Apathy, exhaustion, fatalistic attitudes
- Greater disposable income
- Peer pressure and alcohol consumption
- Transactional sex



Migration & HIV Vulnerability: social factors

- Lack of legal protection exploitation, harassment
- Marginalization, fear, discrimination, xenophobia
- Lack of negotiating power
- Lack of integration between labour and health policies
- Single-gender environments, peer pressure
- Availability of disposable income, alcohol, sex
- Sexual violence, trafficking



HIV risk and vulnerability: social services

- Lack of access to
 - Appropriate information
 - STI services
 - Reproductive health programmes
 - VCCT
 - HIV & AIDS care and support
- Services, when available, are often not migrant-friendly or accessible (location, hours of operation)



Migration and HIV: Reducing risk

Providing access to:

- Condoms
- Clean needles
- Voluntary and confidential counselling and testing
- Proper treatment of sexually transmitted infections
- Outreach (peer education, behavioural change communication)



Migration and HIV: Reducing Vulnerability

To reduce HIV vulnerability for migrants, health systems must integrate:


- Rights-based approaches - *migrants have a right to health*
- Migrant inclusion (not excluding migrants)
- HIV into reproductive health, tuberculosis, etc
- Capacity building on delivering appropriate & sensitive services
- Surveillance systems which include migrants



Migration and HIV: Reducing Vulnerability

Multisectoral collaboration

- Building linkages between government ministries
- Developing public-private partnerships - involving private sector – construction, financial
- Engaging employers – improving working and living conditions



Reducing HIV vulnerability through enabling environments

- Including migrants in national health and development plans
- Health insurance schemes for labour migrants
- Workplace HIV policies
- Enabling migrants to deliver information and services to peers and addressing health and HIV in pre-departure orientation
- Not instituting mandatory HIV testing for overseas work
- Awareness campaigns for governments, NGOs, and migrants on labour migration policy, and health




Challenges and Gaps

- Migrants are not a singular or unified population and comprise diverse groups, each with their own set of vulnerabilities. Many HIV and health programmes do not address the diversity or meet the specific needs of migrants and mobile populations
- Fear of arrest (for irregular migrants), lack of language, different cultures, knowledge and practice of health-seeking behaviour
- Treatment services (ARVs and DOT) are often not made available to migrants and mobile persons




Challenges and Gaps

- Lack of information on HIV vulnerability and of health surveillance data to advise policy and programmes
- Confidentiality of information between migrant patient and health service provider is sometimes compromised
- Development and globalisation are driving greater migration
- Gender issues are difficult for the public sector to adequately research and address



What is IOM doing to address HIV?

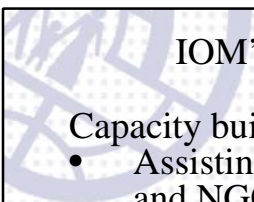
- Addressing HIV is well established in the mandate of IOM, deals with the entire spectrum of migrant and mobile populations during all phases of mobility.
- IOM has been working closely with UNAIDS since 1997. In November 2002 the cooperation framework between UNAIDS and IOM – first signed in 1999 – was strengthened and renewed. IOM is the UN convening agency on mobility and HIV.
- Besides UNAIDS, IOM works also with a wide range of international organizations, governments and NGOs in its HIV programme.



IOM's HIV-related programme priorities

Advocacy and policy development

- Increasing international understanding and recognition of the vulnerability of migrant and mobile populations
- Supporting policy development to reduce HIV vulnerability of migrant and mobile populations
- Building networks and organising events with a wide range of stakeholders to build consensus around priorities, policies and actions
- Promoting access to prevention, care and support services
- Advocating for access to information, decent working and living conditions, and to health promotion and care



IOM's HIV-related programme priorities

Capacity building

- Assisting in building the capacity of governments and NGOs

Mainstreaming

- Assisting governments and NGOs to integrate HIV and population mobility into planning, policies and programmes
- Ensuring HIV is appropriately addressed in IOM activities

Research and information dissemination

- Conducting and commissioning research
- Identifying and implementing best-practice information on prevention and access to care for migrants.



IOM in Vietnam

In partnership with the Vietnamese government, IOM is:

- Concerned with the welfare and quality of life of Vietnamese, particularly migrant and mobile populations
- Focused on safe migration and mobility, including public health and social services, counter trafficking, internal migration, labour migration, and access to information
- Providing assistance to government, the development community and embassies



IOM in Vietnam

Primary programme sectors and focal areas

- Facilitated migration and voluntary returns
- Safe migration
 - Health – HIV, mental health, violence
 - Education and skills
 - Counter trafficking and smuggling
 - Pre-departure orientation
- Technical cooperation on migration and mobility

IOM HIV-Prevention Activities in Vietnam

- Safe-Mobility video and life-skills – trafficking, HIV
- HIV Policy Audits
- HIV knowledge and behaviour research with labour migrants, mobile populations, and communities
- Database and manual on communications for infrastructure projects
- Advocacy

Partners – MOH, MOT, WU, Local NGOs



**THANK
YOU**

Andrew Bruce
Chief of Mission
IOM Viet Nam