



A HIV-positive female sex worker quietly reflects on her move from Tanzania to Kenya in search of a better life as she awaits clients. © IOM 2011

## IOM COMMITMENT TO THE GLOBAL RESPONSE COUNTERING HIV

The role of migrants and mobile populations (MMPs) in the spread and control of HIV is increasingly being recognized and understood. While migration does not automatically equal HIV vulnerability, and not all MMPs are at increased risk of HIV as a result of their mobility, in many contexts MMPs are exposed to a unique set of socio-cultural, economic and environmental factors that render them more vulnerable to HIV including lack of access to health services, information and environments that are conducive to engaging in high-risk behavior. Many of the underlying factors sustaining mobility including unequal distribution of resources, unemployment, socio-economic instability and political unrest are also determinants of increased risk of HIV. A rise in migration globally poses a unique set of challenges in ensuring access to HIV prevention, treatment and care for mobile populations. Ongoing humanitarian emergencies continue to play a role in exacerbating the spread and impact of HIV.

## CURRENT CHALLENGES

Social disruption caused by migration, unsafe living conditions, discrimination in accessing social services and a lack of social capital can increase migrants' exposure to diseases such as HIV and can lead to late diagnosis, poor treatment-seeking behavior, treatment default and potential for transmission to others. Persistent stigma and discrimination towards migrants and HIV, including legislation enforcing mandatory testing and restrictions on movement of people living with HIV continues to increase HIV vulnerability among migrants.

Challenges in addressing HIV vulnerabilities among MMPs include lack of migrant-specific data to inform decision-making, continued stigma and discriminatory attitudes towards migrants including limited access to services based on legal and/or HIV status, lack of recognition of migrants in national AIDS strategies, and inadequate comprehensive services reaching mobile populations.

## WHAT DOES IOM DO?

IOM works within a rights-based framework to increase MMPs access to HIV prevention, care, support and treatment while assisting countries to manage health impacts of population mobility. At country level, IOM is integrated into national responses through the United Nations Joint Team on HIV, working in close coordination with national AIDS commissions and civil society. At the global level, IOM collaborates with UNAIDS and other partners in the development of global guidance through mechanisms such as the International Task Team on HIV-related travel restrictions and the Inter-Agency Standing Committee Task Force on HIV/AIDS.

IOM delivers a quality response through:

- Its global expertise in migration health and adoption of evidence-informed approaches that best meet the HIV-related needs of MMPs
- Working directly with MMPs and migration-affected communities at all phases of the migration process
- Working with its Member States to establish and implement multi-country, cross-border initiatives
- Mobilizing multi-disciplinary partnerships in various sectors including immigration, transportation, labor affairs and emergency operations
- Utilizing its global operational structure with over 400 offices in more than 100 countries



IOM is working across Somalia addressing trafficking in persons, sensitizing at-risk populations on HIV and sexual and gender-based violence, and providing vital livelihoods training. © IOM 2011

## POLICY INFRASTRUCTURE

Commitments and Policy Instruments for combatting HIV among MMPs:

### [UNAIDS 2016-2021 Strategy](#)

The Fast Track Strategy to end HIV by 2030 identifies migrants as a key population alongside young people, sex workers, men who have sex with men, injecting drug users, transgender people and prisoners (Strategy Target 6: 90% of key populations including migrants have access to HIV combination prevention services by 2020)

### [Resolution on Refugees and Migrants](#)

United Nations General Assembly A/71/L.1, September 2016

### [Declaration of Commitment on HIV/AIDS](#)

United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, 2001

### [Resolution on Health of Migrants](#)

61st World Health Assembly, 2008

### [Regional strategies and plans](#)

[National commitments including national health sector strategic plans, national HIV and AIDS strategic plans which respond to the needs of MMPs which identify MMPs needs and responses](#)

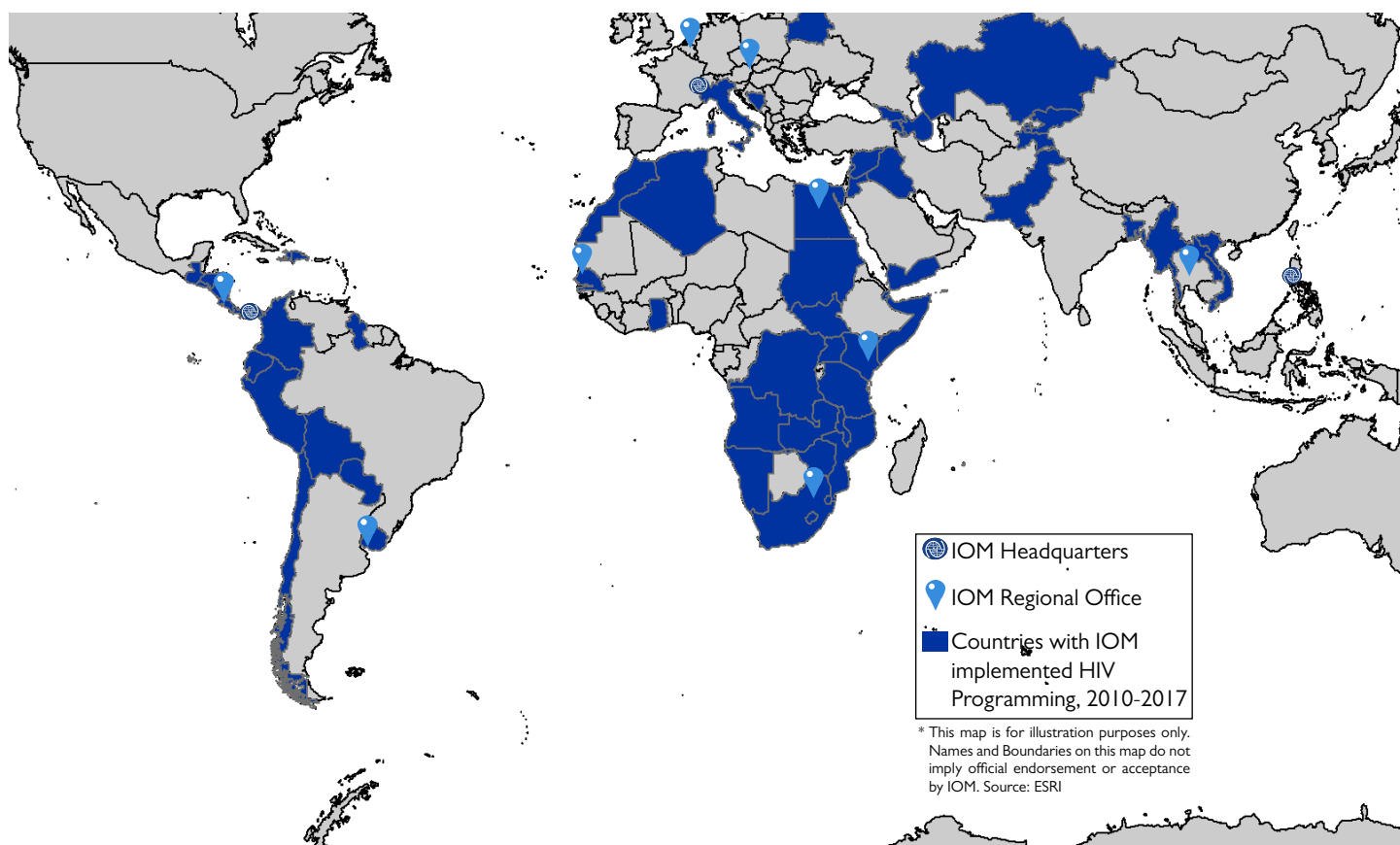
[Inter-Agency Standing Committee \(IASC\) Guidelines on Addressing HIV in Humanitarian Settings, 2010](#)

[Conventions on labor protection including migrants 1958-1985 \(No. 111, 155, 158, 159 and 161\)](#)  
International Labor Organization (ILO)

## IOM'S MIGRATION HEALTH PROGRAMMES ON HIV

IOM's role in the global HIV response, through its Migration Health Division (MHD), is to reduce HIV risk and vulnerability among MMPs, ensure their equitable access to HIV prevention, treatment, care and support as well as counter stigma surrounding migration and the transmission of HIV. IOM also works in close cooperation with its Member States, providing technical assistance in managing the health impacts of population mobility and ensuring that HIV-needs of MMPs are appropriately addressed. Key activities in IOM's programming in HIV includes research on HIV vulnerabilities of MMPs, direct provision of HIV and sexual and reproductive health (SRH) services such as voluntary confidential counseling and testing (VCCT), treatment and care. IOM also works with governments and policy-makers on a range of issues related to HIV and migration, particularly with respect to migrant and migrant-sensitive, inclusive, comprehensive and integrated HIV policies and services.

## WHERE WE IMPLEMENT HIV PROJECTS (2010 – 2017)



### TARGET POPULATION

IOM works with irregular migrants, internally displaced persons (IDPs), refugees, regular migrants including labor migrants and immigrants, families and partners of migrants, mobile populations, migration-affected communities, survivors of sexual and gender-based violence (SGBV) and trafficked persons during all phases of the migration process to address their HIV-related needs.

### KEY PARTNERSHIPS

IOM has established strong relationships with national and international partners to ensure effective implementation of HIV programmes and initiatives. Partners include civil society, governments, the private sector and stakeholders across a range of sectors including trade, migration, health and social services. IOM also works in partnership with regional economic communities and regional health development forums to support and enhance cross-border initiatives.

Using a partnership approach, IOM recognizes that in order to ensure a sustainable response to HIV, it is necessary to build the capacities of partners through mentoring and provision of technical assistance as these partners will continue to offer services and support for beneficiaries long after project interventions come to an end.

Since 2010, IOM has implemented HIV-specific projects in 57 countries with a total expenditure of approximately USD 95 million.

In addition, IOM continues to provide voluntary HIV diagnostic and treatment referral services as part of routine health assessment activities worldwide for MMPs.

In 2017, IOM was implementing HIV-specific projects in 9 out of the 35 UNAIDS listed Fast-Track Countries, namely: Myanmar, South Sudan, Uganda, Malawi, Mozambique, South Africa, Eswatini, Zambia and Lesotho.



IOM is conducting mass awareness raising on gender and HIV/AIDS in Ethiopia. © IOM 2014

## KEY APPROACHES

IOM employs a number of approaches to ensure HIV-related needs of migrants and mobile populations are met as effectively and efficiently as possible.

## SPACES OF VULNERABILITY

These are geographical areas where human mobility creates an environment conducive to increased health risks in a community. They can include places where MMPs live, work, pass through or originate from. By identifying such spaces, IOM is able to deploy resources to reach at-risk-populations. In Uganda, for example, IOM used a 'Spaces of Vulnerability' approach to expand testing among adolescents and young people in hotspots along the main transport corridor and in major mining areas. Activities under this initiative included the provision of 'moonlight services' where clinic hours were extended to encourage testing and treatment uptake, and outreach and community mobilization events that engage the broader community in prevention efforts.



IOM is distributing medical and laboratory equipment to health clinics located in HIV hotspots in Uganda. © IOM 2014

## INTEGRATION OF HIV INTO PRIMARY HEALTHCARE, SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND TB SERVICES

IOM supports the integration of HIV into primary healthcare, SRH and TB services to ensure people who are living with or are at high risk of HIV have access to comprehensive and integrated HIV and health services. In Myanmar, IOM supported combined HIV-TB services at community level allowing for increased testing of TB patients for HIV and provision of home-based care packages for co-infected persons. In several emergency settings (including South Sudan, Sudan and Lebanon), IOM supported the delivery of essential HIV services through primary health programmes for IDPs and refugees at fixed and mobile clinics using community health workers. In Lesotho, Malawi, Mozambique, South Africa, Eswatini and Zambia, IOM supports the roll out of a minimum SRH package in health facilities servicing MMPs. This package includes family planning, HIV and STI prevention and treatment, antenatal care, sexual health and prevention of SGBV and harmful cultural and traditional practices in surrounding communities.



In Uganda, some 130,000 people live in fishing communities and estimates suggest that HIV infection rates in these communities are almost 3-4 times higher than the national average for adults. © IOM 2014/Anna Tapia

## REGIONAL RESPONSES TO HIV AND POPULATION MOBILITY

IOM supports regional projects that bring together governments, civil society, regional bodies and development agencies to build partnerships that advocate for migrant-inclusive health policies, exchange information and improve migrant access to HIV treatment and prevention schemes.

In Southern Africa, IOM offered technical assistance to the Southern Africa Development Community (SADC) in conducting a regional assessment on HIV and mobility and the development of a financing mechanism that could be employed at national, regional and bilateral levels to support migrant health. In the Horn of Africa, IOM supported the Horn of Africa Partnership on HIV/AIDS (HOAP) on a rapid assessment on mobility and HIV vulnerability in regional ports and in developing strategies for addressing cross-border HIV risk.

In the Caribbean region, IOM worked with the Pan Caribbean Partnership against HIV/AIDS (PANCAP) to improve access to HIV services for MMPs. IOM is also the secretariat of the Joint United Nations Initiative on Migration, Health and HIV in Asia (JUNIMA) which promotes universal access to HIV prevention, treatment, care and support for MMPs in Asia.



A medical staff provides training on treatment and prevention of Sexually Transmitted Diseases (STIs) and HIV/AIDS, as part of IOM's Emergency Assistance Programme for Persons in Search of International Protection, which covers Colombia's borders with Ecuador, Panama, and Venezuela. © IOM 2009

For more information on the above activities please contact the Migration Health Division (MHD) at [mhddpt@iom.int](mailto:mhddpt@iom.int)

