

Migration and HIV: The Achilles Heel of Efforts to Accelerate Urban AIDS Responses

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Economic Contribution of Migrants

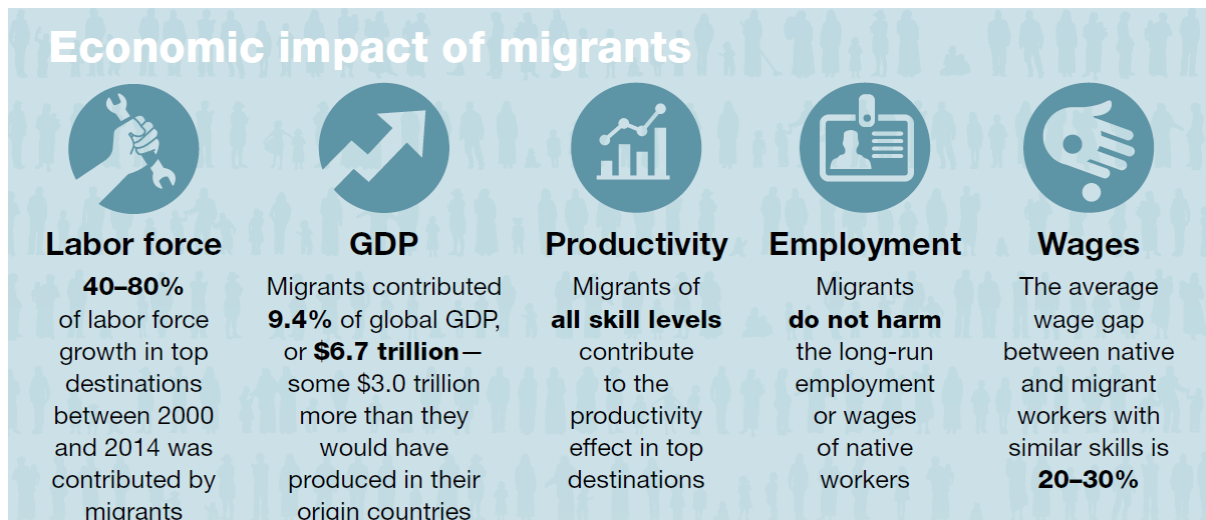
3.4%

Migrants as a share of the world's population



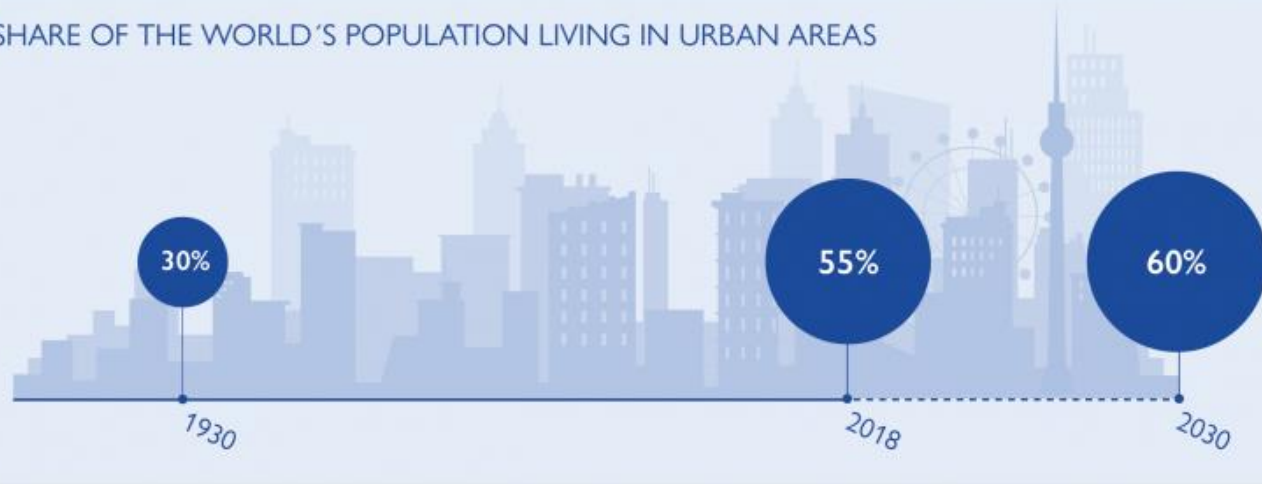
9.4%

Share of global GDP contributed by migrants



URBANIZATION AND MIGRATION

(a) SHARE OF THE WORLD'S POPULATION LIVING IN URBAN AREAS



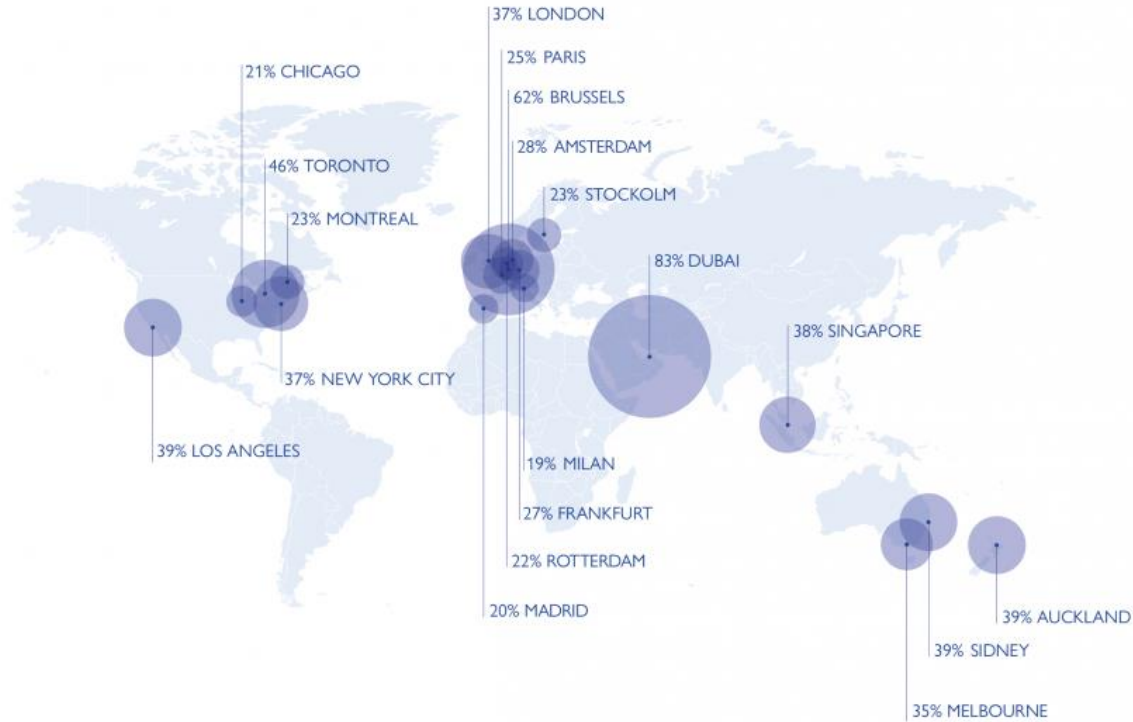
(b)

19% OF THE WORLD'S FOREIGN BORN POPULATION is estimated to live in global or world cities*



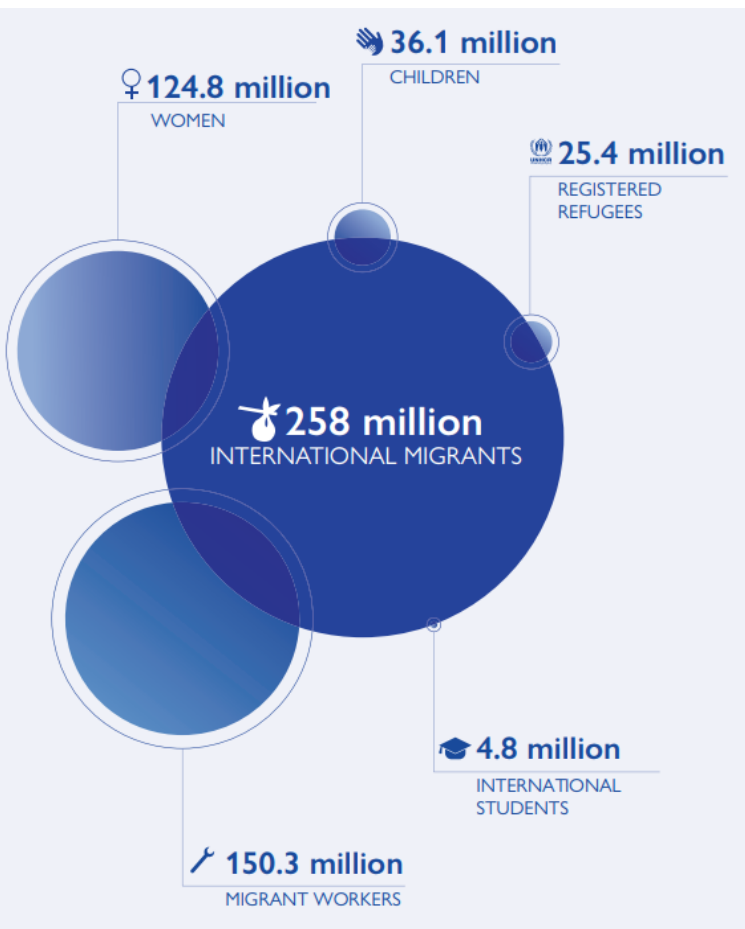
*Global or world cities play a vital role in the international economic system.

(c) FOREIGN-BORN POPULATION IN SOME MAJOR GLOBAL OR WORLD CITIES



Source: (a) UN DESA, 2018; (b) IOM, 2015 based Çağlar, 2014; (c) Compiled by IOM from various sources, 2015

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Global Migration Trends

MEGATREND OF THE 21st CENTURY

1 billion migrants

(258 million international migrants; 750 million internal migrants)

LABOUR MOBILITY & ECONOMIC FACTORS

Economic disparities, employment opportunities ageing workforce in high income countries; or young surplus labor in low income countries

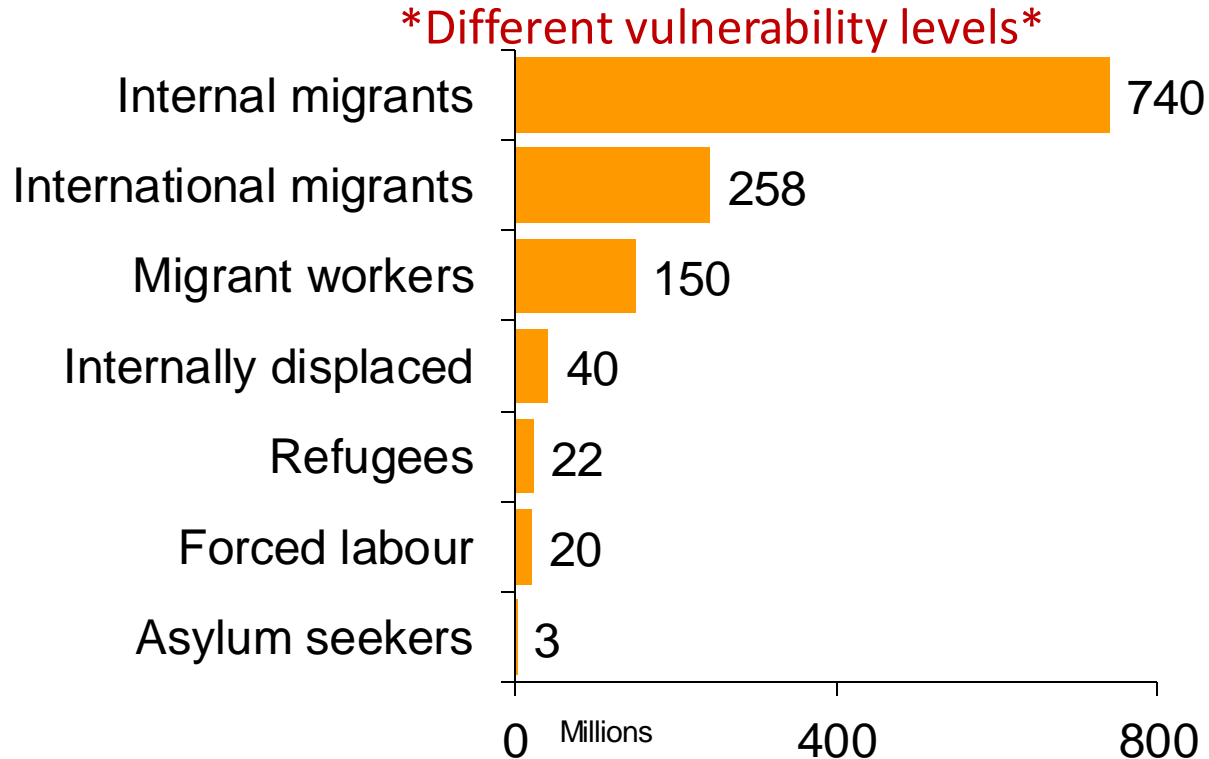
CONFLICT & NATURAL DISASTERS; EPIDEMICS

> 65.5 million forcibly displaced (UNHCR, end 2016); MERS-CoV, Ebola, Zika

CLIMATE CHANGE

Long term consequences: water scarcity, declining food production, growing populations → migration

Estimates of migrant populations





1 in 7 people **ON THE MOVE**

7 billion
Population

1 billion
Migrants

DISPLACEMENT



68.5 million

INDIVIDUALS

were forcibly displaced worldwide due to persecution, conflict, generalized violence, human rights violations, or other reasons by the end of 2017.



18.8 million

PEOPLE

in 135 countries were newly displaced by sudden-onset disasters within their own countries in 2017.

TRAFFICKING & MODERN SLAVERY



25 million

VICTIMS OF FORCED LABOUR

were estimated in 2016. Out of those, 5 million may have crossed an international border.



6,163

MIGRANTS

lost their lives or went missing during migration in 2017, at a minimum.

MISSING MIGRANTS



Growing xenophobia & discrimination





An increasingly mobile society

A quote by Kofi Annan is centered on a blue horizontal band. The quote is in white, sans-serif font. Behind the text is a large, faint, light blue graphic of a stylized double-headed arrow or bracket.

“Today’s real borders are not between nations, but between powerful and powerless, free and fettered, privileged and humiliated”

Kofi Annan, Peace Nobel lecture, 2001.

What is the relationship between HIV and mobility? Yes or No

Mobility is a risk factor for HIV	
Mobile Populations transport HIV from high prevalence to low prevalence countries	
The context of mobility can encourage some people to engage in HIV risk behavior	
Migrants are particularly susceptible to contracting HIV/AIDS, especially in urban settings	

Migrants are particularly susceptible to contracting HIV/AIDS, especially in urban settings

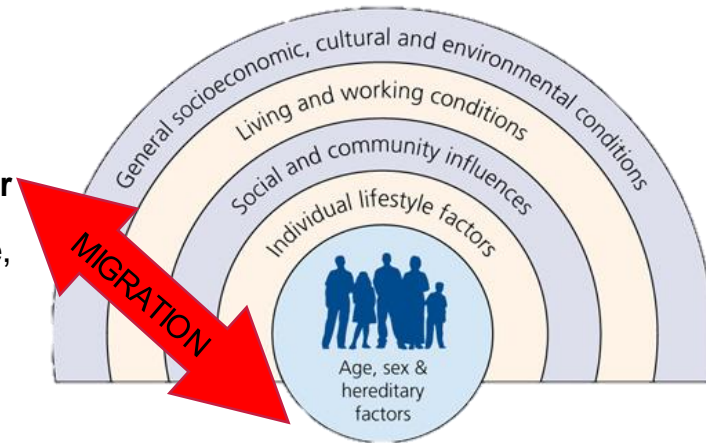


- Longitudinal survey data of about 56,000 slum residents of Nairobi, Kenya, many of whom are migrants, Kyobutungi et al. (2008) found that **HIV/AIDS and tuberculosis accounted for about half of the deaths among the population aged five years and above.**
- In India, HIV prevalence among rural-to-urban migrants is estimated at 0.9 per cent, which is almost **four times the national prevalence rate** (UNAIDS, 2014).
- For China, Zou et al. (2014) found in a systematic review and meta-analysis of 411 studies that **rural-to-urban migrants have a higher risk of sexually transmitted infections than the general Chinese population.**
- Richter et al. (2014) conducted a cross-sectional survey of female sex workers in three cities of South Africa (Johannesburg, Rustenburg and Cape Town), finding that **cross-border sex workers had lower health service contact and more frequently engaged in unsafe sex than non-migrant sex workers.**
- **Higher vulnerability of migrants to sexually transmitted infections** might be due to lack of access to prevention measures or timely treatment, as well as a consequence of unsafe sexual behaviours, such as having concurrent partners or unprotected sex with sex workers, especially when experiencing isolation and loneliness in places of destination (Mberu et al., forthcoming).

While migration is not necessarily a risk to health, migration is a social determinant of health

Disparities shape the health outcomes of migration.

- **Factors such as separation from spouses, families and from familiar social and cultural norms**, language barriers, substandard living conditions, and exploitative working conditions, including sexual violence, influence the **HIV vulnerability of migrants**.
- The risk of HIV infection is exacerbated **by inadequate access to HIV prevention information, services** and fear of being stigmatized for seeking such information or services.
- **Migrant workers**, particularly those whose status is irregular, **rarely have the same entitlements as nationals to insurance schemes** that would facilitate access to health services.



Being a displaced, refugee or migrant could....

- lead to late diagnosis
- poor treatment-seeking behavior
- treatment default

- Persistent stigma and discrimination towards migrants and HIV/AIDS,
- including legislation enforcing mandatory testing
- restrictions on movement of people living with HIV/AIDS



continues to increase HIV vulnerability among migrants.



Challenges in addressing HIV vulnerabilities among MMPs include:

- lack of migrant-specific data to inform decision-making
- Limited access to services based on legal and/or HIV status
- Lack of recognition of migrants in national AIDS strategies
- Inadequate comprehensive services reaching mobile populations.

Effective implementation and coordination of migration-related HIV/AIDS initiatives, such as ensuring treatment and prevention services for migrants in Urban spaces, remain a major obstacle for governments and international actors in addressing the epidemic.

Link prevention, treatment and surveillance data and initiatives **across migration routes and borders**

- Identify **spaces of vulnerability** where MMPs are being missed
- **Link geographical areas/population** groups at peri-border, intra- and inter-country levels
- Support **greater sharing** of surveillance data, IEC materials (including linguistic/cultural appropriate), approaches **between and amongst countries**

Promote **migrant inclusion** in national/state/provincial health service planning and services

Improve tools, methodologies and practice for assessing and **understanding local mobility dynamics**

- **Develop dynamic, user-friendly tools** to assist national programs and local health authorities/service providers to conduct migrant mapping and assess risk amongst MMPs and host communities
- Use **local knowledge to develop migrant friendly services** that are responsive to risk factors and analysis, mobility/work patterns, and community engagement

Strengthen **multi-sectoral engagement**

- Include **non-health sectors/ministries** including immigration, labor, border affairs, forestry, infrastructure projects etc. for situational awareness, planning and response
- Enhance **private sector engagement** including employers, employees, workers associations, industry bodies



**Global Compact for Safe,
Orderly, and Regular
Migration (GCM)**



<https://migrationhealthresearch.iom.int/>

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