# Migration and HIV: exploring the linkages and responses



## Key messages

- Migration is a global norm that should be considered in all health responses.
- 2. Migration is a **key determinant of health** and an **important** structural driver of HIV.
- 3. Current responses to HIV do not adequately engage with population mobility.
- 4. Improved responses are urgently required.

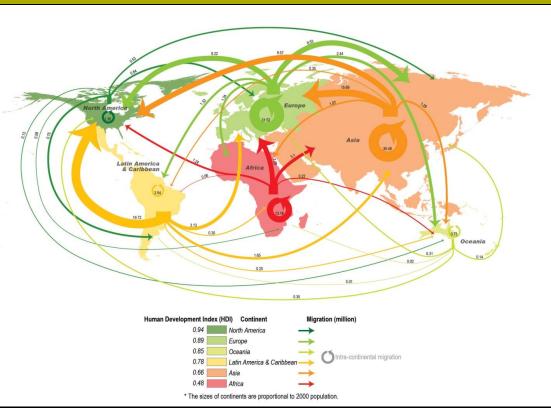




### Migration is a global norm that should be considered in all health responses.

- Important linkages between migration, inequality and urbanisation
- Increasing securitisation of (im)migration has negative health consequences

- 214 million cross-border migrants (around 3% of the world's population)
- 740 million internal migrants globally

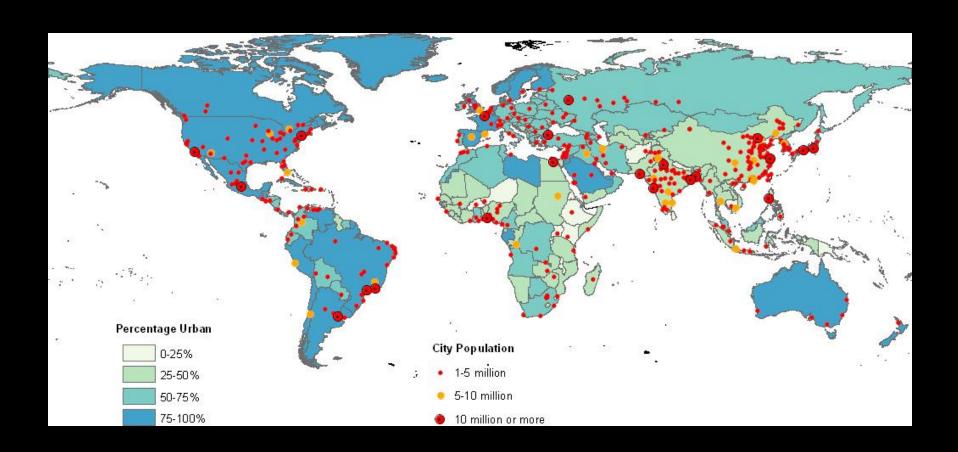


".....migration is not a random individual choice.

People who migrate are highly organised and travel well-worn paths."

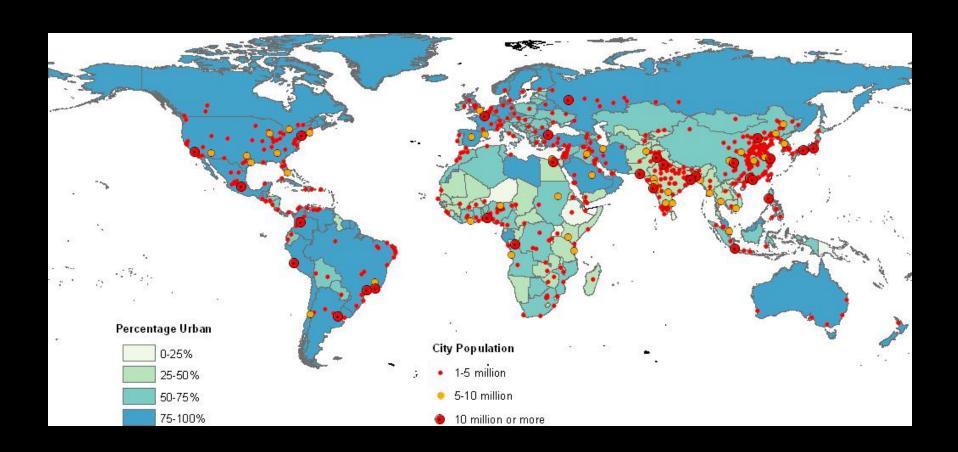
(Harcourt, 2007: 3)

# Urban Agglomerations in 2009 (proportion urban of the world: 50.1%)



**Source:** United Nations, Department of Economic and Social Affairs, Population Division: *World Urbanization Prospects, the 2009 Revision*. New York 2010

# Urban Agglomerations in 2025 (proportion urban of the world: 56.6%)



**Source:** United Nations, Department of Economic and Social Affairs, Population Division: *World Urbanization Prospects, the 2009 Revision*. New York 2010

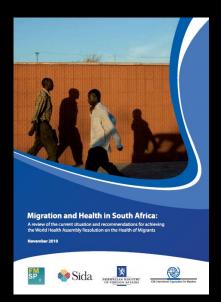
### Recognition of migration as a central determinant of health

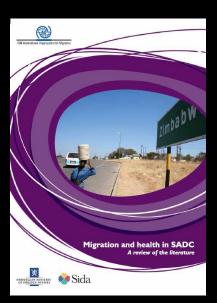
## migration $\rightarrow$ health

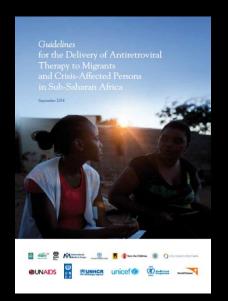
migration can determine health

# migration ← health

health can determine migration









Agenda item 11.9

24 May 2008

### Health of migrants

 Calls on member states to promote equitable access to health promotion, disease prevention and care for migrants.

**Four priority areas** have been identified for achieving the WHA resolution:

- 1. Monitoring migrant health;
- 2. Partnerships and networks;
- 3. Migrant sensitive health systems; and
- 4. Policy and legal frameworks.





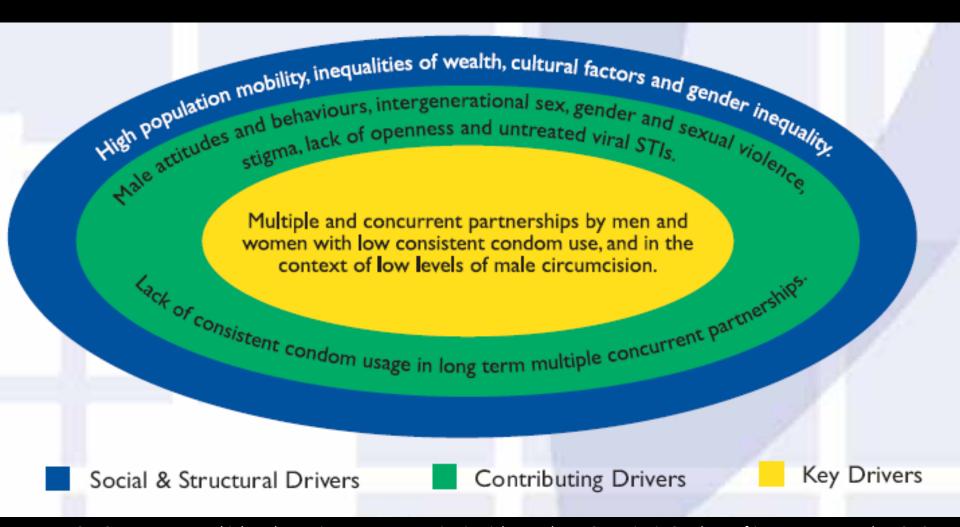
# 2. Migration is a **key determinant of health** and an **important structural driver of HIV**

- It is the conditions that certain migrants are exposed to which put them at increased risk for HIV acquisition, not being a migrant per se.
- Mobile populations and migrants may work and reside in spaces of vulnerability, where physical, social and economic conditions may lead to increased risk of acquisition of HIV

#### Pre-migration phase Movement phase Pre-migratory events and trauma Travel conditions and mode (perilous, (war, human rights violations, torture), lack of basic health necessities), especially for forced migration flows; especially for irregular migration flows; Epidemiological profile and how it Duration of journey; compares to the profile at destination; Traumatic events, such as abuse; Linquistic, cultural, and geographic Single or mass movement. proximity to destination. Cross cutting aspects Migrants' well-being Gender, age; socio-economic status: genetic factors Return phase Arrival and integration phase Level of home community services Migration policies; (possibly destroyed), especially after Social exclusion; crisis situation: Discrimination; Remaining community ties: Exploitation; Duration of absence; Legal status and access to service; Behavioural and health profile as Language and cultural values; acquired in host community. Linquistically and culturally adjusted services; Separation from family/partner; Duration of stay.

IOM, 2008

### The drivers of HIV in Southern Africa



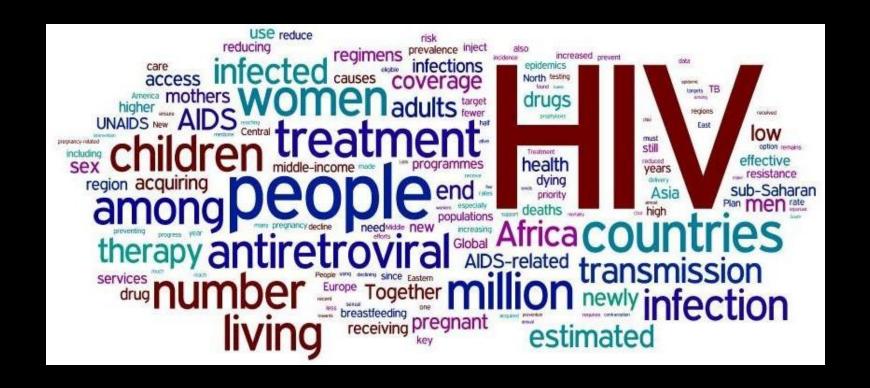
## Spaces of vulnerability (10M, 2010)

"....health vulnerability stems not only from individual but also a range of environmental factors specific to the unique conditions of a location, including the relationship dynamics among mobile and sedentary populations."

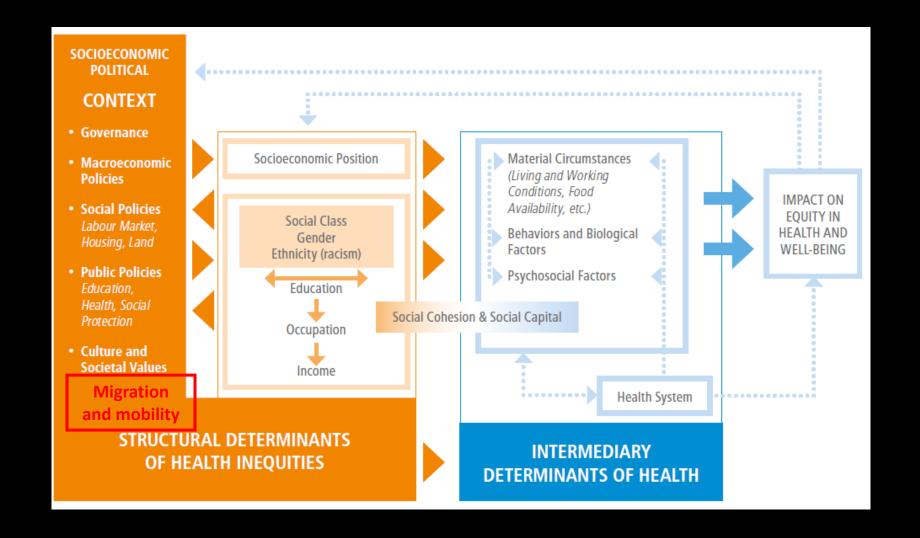
## Migration and HIV

- Mobility as a driver of HIV
  - Links geographically separate epidemics
  - Riskier sex
- Migration is complex
  - Definitions?
  - Reasons for moving?
  - Characteristics of areas move from/to
  - Influence on behaviours

- Conflicting evidence
- Complexity of mobility and association with risk factors for HIV
- Context
- Social processes and social relationships



3. Current responses to HIV do not adequately engage with population mobility.



4. Improved responses are urgently required.

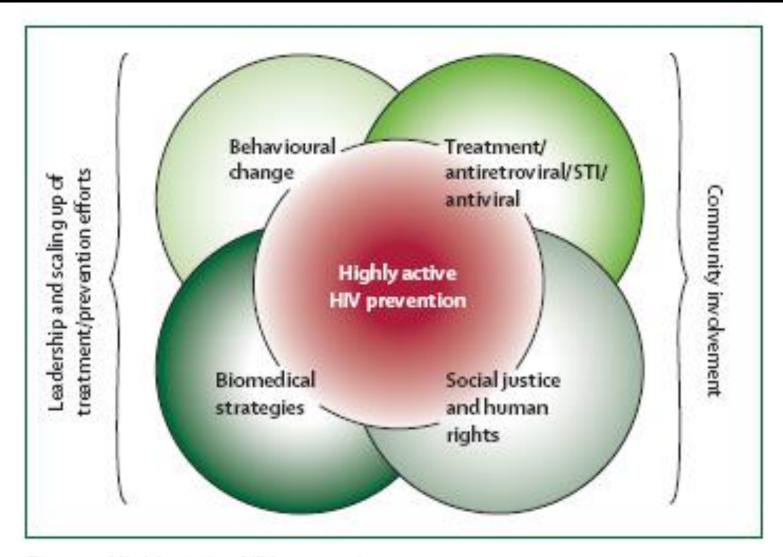


Figure 1: Highly active HIV prevention

This term was coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA. 5 STI= sexually transmitted infections.

### The social determinants of health:

socioeconomic and political context; structural determinants; intermediary determinants

### **Overlapping vulnerabilities:**

gender; food insecurity; lack of cash; living on the periphery; struggle to meet basic needs

Inequality



Inequity

spaces of vulnerability

#### Access to positive determinants of health:

basic services; healthcare; housing; education; secure livelihood activities; food security

### Governance (response):

healthy urban governance; intersectoral action; health in all policies; developmental local government

### What is needed?

#### Apply a social determinants of health lens.

Engage with the informal workplace as a space of vulnerability

#### Improved data on migration and health is needed.

 Numbers of migrants; numbers of HIV and TB clients who are mobile; strategies employed by mobile clients; referral systems

#### Advocate for a migration-aware public health

 Work with multiple levels/spheres of governance: global, regional, national, local; involve state and non-state actors; the urban-rural continuum

#### Do not exceptionalise cross-border migrants.

 Internal migrants are greater in number and a larger development challenge, and are often worse off than cross-border migrants

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