Migration and HIV: exploring the linkages and responses

Jo Vearey, PhD

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jovearey@gmail.com
Key messages

1. **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.
1. **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)

Source: HDRO staff estimates based on University of Sussex (2007) database
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 → health
migration can determine health

migration ↔ health
health can determine migration
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
- Pre-migratory events and trauma (war, human rights violations, torture), especially for forced migration flows;
- Epidemiological profile and how it compares to the profile at destination;
- Linguistic, cultural, and geographic proximity to destination.

Cross cutting aspects
- Gender, age; socio-economic status; genetic factors

Movement phase
- Travel conditions and mode (perilous, lack of basic health necessities), especially for irregular migration flows;
- Duration of journey;
- Traumatic events, such as abuse;
- Single or mass movement.

Return phase
- Level of home community services (possibly destroyed), especially after crisis situation:
- Remaining community ties;
- Duration of absence;
- Behavioural and health profile as acquired in host community.

Arrival and integration phase
- Migration policies;
- Social exclusion;
- Discrimination;
- Exploitation;
- Legal status and access to service;
- Language and cultural values;
- Linguistically and culturally adjusted services;
- Separation from family/partner;
- Duration of stay.

Migrants’ well-being
The drivers of HIV in Southern Africa

Multiple and concurrent partnerships by men and women with low consistent condom use, and in the context of low levels of male circumcision.

High population mobility, inequalities of wealth, cultural factors and gender inequality.

Male attitudes and behaviours, intergenerational sex, gender and sexual violence, stigma, lack of openness and untreated viral STIs.

Lack of consistent condom usage in long term multiple concurrent partnerships.

Spaces of vulnerability  (IOM, 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. 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

- HIV
- TB

- 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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