INSTITUT DES NATIONS UNIES POUR LA FORMATION ET LA RECHERCHE
Bureau de New York

UNITED NATIONS INSTITUTE FOR TRAINING AND RESEARCH
New York Office

BRIEFING REPORT

UNITAR/UNFPA/IOM KEY MIGRATION ISSUES WORKSHOP SERIES[1]:

HIV, AIDS AND MIGRATION[2]

26 May 2006, United Nations Headquarters, New York

BACKGROUND

On 26 May 2006, the United Nations Institute for Training and Research (UNITAR) in collaboration with the United Nations Population Fund (UNFPA) and International Organization for Migration (IOM) hosted a briefing on HIV, AIDS and Migration as part of the "*UNITAR/UNFPA/IOM Key Migration Issues Workshop Series*".

The event was held in Conference Room 9 at United Nations (UN) Headquarters. The attendees included 34 delegates representing 31 countries; 22 staff from UN Secretariat, agencies and other international organizations; and 4 members of civil society.

OBJECTIVES

This briefing's objectives focused on: informing participants about the special vulnerability of mobile populations to HIV and AIDS and presenting good practices of addressing their specific needs; learning more about how the situation of migrants and other mobile populations can be integrated into HIV and AIDS response strategies; exploring the inter-relationship between HIV/AIDS, the migration of health care workers and the crisis of health care systems; discussing how linkages between HIV, AIDS and migration may affect achieving the aims set out in the 2001 Declaration of Commitment; and looking at the development impact of these linkages prior to the High Level Dialogue on International Migration and Development.

More generally, this Series is intended to provide participants with greater knowledge on key migration issues, and offer a forum for discussion and awareness-raising prior to the General Assembly's High Level Dialogue, which will focus on International Migration and Development on 14-15 September 2006.

Information on upcoming briefings and workshops in this Series is available from info@unitarny.org or at www.unitarny.org

[1] This Series is financially supported by UNFPA
[2] This Briefing is financially supported by the Government of Liechtenstein.

SUMMARY OF INTERVENTIONS

Session I: Mobile Populations and Vulnerability to HIV/AIDS

The session was opened by **Dr. G. Giridhar,** Director of the UNFPA Country Technical Services Team for East and South East Asia and UNFPA Representative in Thailand, who looked at factors of vulnerability to HIV and AIDS of migrants, stating that "if you want to cut infections, you can't neglect undocumented migrants". He emphasized that the issue of migration must become an integral part of the strategy to attain the Millennium Development Goal 6 on combating HIV/AIDS. Focusing on South-East Asia and more specifically the Greater Mekong Sub-region, Dr. Giridhar observed the following trend: "migration is more organized, but not more legal", with undocumented migration becoming better organized. In this context, migrants' vulnerability is caused by an interface between internal and external factors and depends on the composition of migrant populations with regard to 1) age: notably young people are affected; 2) sex: women and girls are especially vulnerable; 3) education: it is often the lower skilled, who are more likely to become infected; 4) nature of work performed by migrants: they are often working in high-risk professions and environments such as sex work, agriculture, construction, or domestic work; 5) the mode of migration: irregular migrants are more vulnerable because their status prevents them from accessing information, protection and care. In addition, migrants often face language problems; lack social networks, support and legal protection; and are reluctant to seek such protection out of fear of arrest and deportation. Often times, they are at a higher risk of drug abuse. Thus, their vulnerability to HIV and AIDS results from a mixture of discrimination by receiving countries, victimisation by employers and isolation in the host societies. HIV and AIDS can also be a driving force for migration, because infected people face stigmatisation and discrimination, but also lack access to health care facilities.

Dr. Giridhar identified a number of obstacles to the implementation of programmes that address the vulnerability of migrants to HIV/AIDS, including the lack of data and regional funding, as well as a lack of policy coherence between, for example ministries of health and foreign affairs, when it comes to the recognition of irregular migrants. However, some progress has been made in the region, such as cooperation between countries concerning the recruitment of migrant workers, the protection of migrant children and the prosecution of trafficking. In conclusion, Dr. Giridhar identified a number of challenges with regard to the prevention and containment of HIV and AIDS in the context of a highly mobile region. These include: 1) overstretched health care systems; 2) weak institutional capacity to work with undocumented migrants; and 3) lack of data on the issue. He also formulated some recommendations for governments and donors as to how to address these problems: 1) dedicating local budgets as part of an overall (national) "masterplan"; 2) involving people living with HIV and AIDS in strategy development; 3) fostering cross-border cooperation between pairs of cities in border regions; and 4) making a systematic, regional effort to improve the availability of data.

Ms. Linda Eriksson, Programme Manager for HIV/AIDS and Gender at the IOM Office in Bogota, Colombia, dealt with human mobility and vulnerability to HIV and AIDS in Central America and the Caribbean, a region of high mobility. She highlighted the situation of irregular migrants, victims of smuggling, trafficking and internally displaced people. As she pointed out in her presentation, states may recognize health as a human right, but in practice, the enjoyment of this right by migrants remains problematic and under-resourced. She also emphasized that it is not migration itself that necessarily leads to increased vulnerability to HIV and AIDS, but rather the violation of human rights during and after migration, in addition to high-risk behaviour, including the often necessary use of sex for favors. In this regard, Ms. Eriksson pointed to the special vulnerability of youth migrants, which derives from a number of factors including low risk perception, loss of parental guidance and the loss of what she termed a "life

plan". With little dreams and future perspectives, young people more easily engage in risk behaviour. Drawing lessons from previous and ongoing projects regarding migrants' vulnerability to HIV and AIDS, Ms. Eriksson emphasized the importance of working in the context – not just with the migrants themselves. Socio-economic position, living conditions, legal status, cultural perceptions are among the factors that can affect vulnerability.

During the discussion, the question of the rights and duties of migrants was raised, suggesting that educational programmes, targeting migrants before they leave their country, could contribute to decreasing their vulnerability on the move and in the host country. Indeed, stressed the experts, lack of information, the fact that many migrants do not know, what they are getting into, must be considered as a source of vulnerability. It was also suggested that social dialogue about the recruitment process of migrant workers could be helpful in preventing them from getting into situations of vulnerability. In this regard, it was mentioned that information about recruitment criteria should be better disseminated to migrant workers, enhancing transparency of rules and requirements.

Session II: HIV/AIDS, Migration and the Impact on Health Care Systems

The second session was dedicated to examining the inter-linkages between the HIV/AIDS epidemic and the crisis of health care systems in many developing countries. In this regard, **Dr. Badara Samb**, Coordinator for Partnerships, External Relations and Communications in the Department of HIV/AIDS at the World Health Organization in Geneva, opened his presentation by referring to "The 3 by 5 Initiative", an initiative launched in 2003 and aiming at providing antiretroviral treatment to 3 million people living with HIV/AIDS in the developing countries. However, the human resources crisis in the health care sector of many developing countries has contributed to slowing down progress on this goal. As such, the WHO considers the question of human resources to be at the centre of the HIV/AIDS crisis.

Analyzing the causes for the shortage of health workers in many countries, Dr. Samb pointed to the competition between the public and the private sector, with doctors 'migrating' from the public to the international NGO sector, which often has more funds available, offering better working conditions and payment. In addition to a general shortage, there is a distribution problem of the global health workforce, not only between the public and private sectors, but also between urban and rural areas. In this regard, one also needs to look at the ratio of doctors to nurses in rural and urban areas, respectively. Given that doctors are mostly concentrated in urban areas, with rural areas being mainly served by nurses, one way of addressing the health care crisis is through task-shifting from doctors to nurses or other caretakers. In addition, the ratio of health care providers to no providers in the health sector (such as administrative staff, drivers, cleaners etc.) needs to be taken into account, with the latter also being defined as 'health workers' by the WHO, as they are an integral part of the health care system.

Ironically, bettering the situation in one country often means worsening the situation in neighbouring countries, as people migrate to where resources and political commitment exist. Migration of health care providers is therefore a regional issue, which has to be addressed at the regional level. However, Dr. Samb also made it clear that there is a global dimension to the problem. Looking at the motivations of health workers who migrate, he observed that better remuneration and working conditions abroad rank first, but that HIV and AIDS also have a direct effect. According to calculations by the World Bank, a 15% prevalence of HIV in one country would result up to a a 33% loss of health care workers over a period of 10 years. Thus, in order to keep health care workers in their countries of origin, they need to be provided with adequate facilities, allowing them to protect themselves and enabling them to do their job. In this context, it seems that the health care crisis is not only due to a shortage of doctors, but also to a lack of means and infrastructure.

Finally, Dr. Samb presented the TTR (Treat-Train-Retain) Strategy of WHO, the ILO and IOM, to be launched in August 2006, which aims at tackling the health workforce crisis for a better response to the HIV epidemic through better prevention and treatment for health workers, improved human resources management and better incentives in the health care sector. He admitted that not only considerable funding will be required to achieve these aims, but also a priority allocation of resources for this matter. WHO recommends the adoption of a 50:50 funding guideline, whereby 50% of all priority initiative funds should be devoted to health systems, with half of this funding going to national health workforce strengthening strategies. Generally, in order to achieve long term progress in the fight against HIV/AIDS, financial means should not only target the health sector, but also be directed towards education.

In the discussion, the imbalances in the global distribution of health care workers were linked to the imbalances in health expectations. In this regard, Dr. Samb cited some examples of health expenditure differences between countries, with the USA spending over $5,000 USD per year and capita, compared to $26 USD in Senegal and $2 USD in Burundi.

With regard to the structure of the health care workforce, it was mentioned that the question of task-shifting between doctors and nurses could provoke resistance as it touches at relations of male-female dominance, represented by the two professions. However, the representative of the Philippines mentioned that, given better migration prospects, many Filipino doctors actually enrol as nurses. It was also mentioned that the provision of doctor's services by nurses has lead to good results in some countries, such as in Uganda, where the availability of health care in rural areas could increase as a result. Addressing the responsibility of states, it was observed that the implementation of the development and HIV agenda constitutes the main problem, including the allocation of resources. It was mentioned that few countries have taken exemplary action, such as Norway, which declared that it will no longer recruit health care professionals from countries most affected by 'brain drain' in this sector.

As for the competition between the public and private sectors, the question was raised whether it would be more cost effective to channel funds into the private sector. It was also mentioned that NGOs might actually be better placed to work with migrants and especially undocumented migrants. While admitting that NGOs can play an important role in bridging the gap between health services and local communities, Dr. Samb cautioned, however, that in many cases NGOs have not been able to ensure the durability of activities. Therefore, working with the public sector is equally important to achieve sustainability of projects and services.

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