



# **Addressing Challenges of HIV & Mobility:**

## **Similarities and Differences between Conflict-Affected and other Mobile Populations**

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*"Today's real borders are not between nations, but between powerful and powerless, free and fettered, privileged and humiliated.*

*Today, no walls can separate humanitarian or human rights crises in one part of the world from national security crises in the other."*

*Kofi Annan, UN Secretary-General  
in his acceptance speech upon receiving the 2001 Nobel Peace Prize*



## Who are the Mobile Populations?

Voluntary /  
Planned



Involuntary /  
Unplanned

**Mobility-affected populations** – dependants / sex partners left behind, and communities at source, transit, and destination with whom mobile people interact.



## ***The Invisible***

At some point during the mobility cycle, many fall through the cracks of health and social policies and programmes:

e.g.

- Irregular Migrants
- Trafficked Persons
- many others





# Global Magnitude of Mobility

1 out of 35 people  
3% world population  
Growing Feminization (>50%)

*(IOM World Migration 2003)*



***Migration will continue as long as economic imbalances and conflicts exist!***



## **Mobility Patterns – Diverse & Complex**

**→ Motivated by an attempt to improve human security and well being!**

- Remittances to home countries USD 167 billion in 2005, >  
>twice the level of overall development aid

( WB, Global Economic Prospects 2006: Economic Implications of Migration and Remittances



**Stigma/  
Misperception**

**Forced and Voluntary  
Migration:  
a vicious cycle of  
Exclusion and  
Vulnerability**

**Restrictive  
and Excluding  
Policies**

**Lack of  
Targeted  
Programs**

**Lack of Access  
to services**

**Increased  
Vulnerability**

**Increased  
Public  
Health Risk**





# What Makes Mobile Populations Vulnerable?

Personal Risk-taking and Structural Vulnerability  
are specific to the stage of mobility.

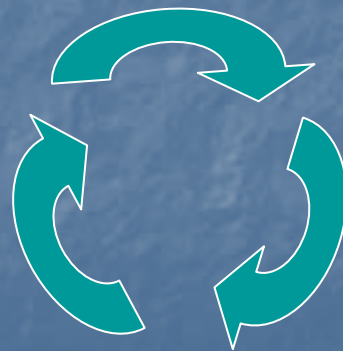
## Refugee Cycle

Onset

Emergency

Post-emergency

Resettlement/Return



## Migration Cycle

Pre-departure

Transit

Destination

Return



## Determinants of HIV Vulnerability

### Similarities – to varying degrees

Separation from:

- Cultural and societal norms
- Regular sex partners
- Native language and culture
- Network of social support

Marginalization:

- Poverty
- Xenophobia, stigma
- Exploitation, discrimination

Hard to reach:

- Continuity difficult

### Differences – to varying degrees

Nature / context of mobility

Legal status

Policy differences (health ,migration)

Level of protection

Service availability and access

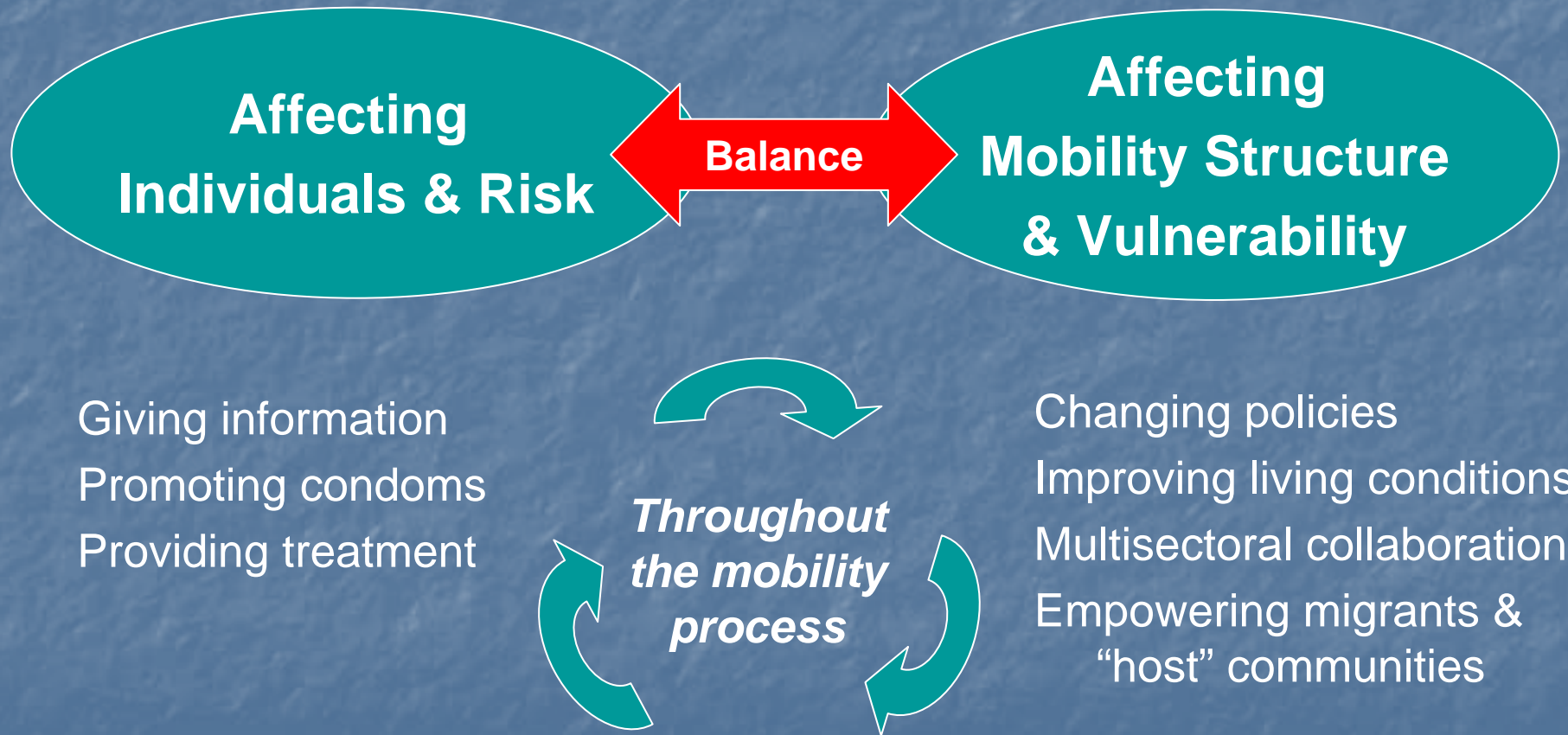
Health profile and knowledge

Gender

Visibility/attention



## Approach for Addressing HIV & Mobility





## HIV and mobility approaches must include:

- Mainstream mobility into HIV programming and mobilize resources
- Overcome structural barriers in terms of policies and regulations
- Programmes that reduce vulnerability
- Improve surveillance systems to capture data on “The Invisible”
- Facilitate collaboration among private sector, law enforcement entities, mobile groups, health authorities, and NGOs
- Raise awareness of HIV risk, rights and obligations for safe, informed, mobility



## *Facilitate Access to Treatment*



January 2006 in Northern Thailand

Migrant couple from Myanmar, both living with HIV and enrolled in an ART programme. Their child remains HIV negative.

(Photo UNAIDS)



## Our Mission:

***Managing Migration for the Benefit of All***

**Thank you.**

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