

**Universal Access to HIV treatment, prevention and care for migrant/mobile populations including Black and other ethnic minorities**

**ABDGN Governing Council Member Organizations**



**Current Political Declarations**

By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers; **2001 Declaration of Commitment**

HIV responses must create space to involve the marginalized and disempowered, including people living with HIV, sex workers, people who use drugs, men who have sex with men, transgender people, prisoners and migrants. **UNAIDS Strategy**

To achieve universal access to targeted prevention interventions among most-at-risk populations (such as MSM, SW, drug users, prisoners, and migrant populations):

Innovative approaches to secure access to HIV preventive services by migrant populations implemented. **The Caribbean Regional Strategic Framework 2008 - 2012**

whereas there is increased evidence of higher levels of infection and risk among key populations, including sex workers, men who have sex with men, transgender people, prisoners, injecting drug users, migrant populations, refugees and mobile workers in nearly all regions, and also in countries with generalized epidemics, and HIV/AIDS prevention programmes for those populations are commonly under-prioritized and under-financed, **Eur. Parl res. on right-based approach to HIV/AIDS, 2010**

To integrate a gender perspective and give special attention to persons belonging to vulnerable groups, including women, children, sex workers, migrants, men having sex with men, intravenous drugs users and prisoners; **African Commission on Human & People's Rights res., 2010**

*Strategic actions--* (1.3.6) Provide services for the SRH needs of all persons including vulnerable groups and mobile populations especially migrant women, IDPs and those in conflict situations **African Commission**

***Proposed language for inclusion in relevant documents of the UN High-Level Meeting on the Comprehensive Review on HIV/AIDS:***

***"We recognize the vulnerabilities to HIV experienced by migrant and mobile populations and we commit to establishing policies and practices that ensure universal access to treatment, prevention and care for all migrant and mobile populations, through the development and support of linked regional and global frameworks that acknowledge and protect the basic human rights of migrant and mobile populations living with and affected by HIV."***



**Background:**

Migration is a global reality and with increased globalization, there is greater mobility across borders. There is a variety of push and pull factors in countries of origin and in countries of destination respectively that promotes and sustains migration. These include demand for skilled and unskilled labor, family reunification, social and economic imbalances, war, persecution, human rights abuses and poverty. Such dynamics can lead to the migration of individuals and also entire communities.

Global population mobility is a complex, heterogeneous and growing phenomenon. In 2005, 3% of the global population were migrants. In the same year, 8.4 million refugees and 23.7 million internally displaced people in 50 countries were seeking shelter and safety. Due to various gender-related factors, the proportion of migrants who are women is increasing, with women now accounting for approximately half of the global migrant population.

Restrictive legislation, social exclusion and stigmatization lead to instability and vulnerability for migrants and ethnic minorities. They are often confronted with policies which lead to marginalization, and often result in a worrying level of exclusion. This affects not only their legal and socio-economic situation but also their access to health care, especially HIV prevention, treatment, care and support.

With regards to HIV, in 2008, 67% of people living with HIV were in the sub-Saharan African region. Yet over 80% of the 2.7 million people living with HIV globally in 2008 were living in regions with significant populations of new and/or historic African Diaspora (UNAIDS, 2010). This highlights the realities and impacts of social determinants of health and the experience of HIV for key vulnerable populations outside but inextricably linked to the epidemics in Africa.

Migrant and mobile populations bear a heightened risk of HIV infection, in part due to the complex institutional structures, processes and policies that mediate the migration process and movement of people. Marginalized groups, including undocumented migrants, sex workers, trafficked persons, ethnic minorities, injecting drug users (IDUs), men who have sex with men (MSM), incarcerated persons, and people living with HIV/AIDS (PLWHA) can experience exploitation, violence and exclusion. Factors leading to this can include their high level of mobility and circular migration patterns, legal status, language and cultural differences, lack of information, education and work, poor access to prevention, harm reduction and health care services, social exclusion, and gender related factors. Stigma further exacerbates their vulnerability. Travel restrictions, deportation and policies that make it illegal for migrants to stay in a country may also threaten their lives and well-being as well as violate their human rights.

Current policy and practice however do not always reflect these commitments. Health care services and HIV prevention, treatment and care programmes are too scarce and often do not meet the specific needs of migrants and ethnic minorities. In some cases the design of programs actually reinforces exclusion and marginalization instead of ensuring universal access.

The following is an illustration of the impacts of HIV/AIDS on migrant and mobile populations, using African and Black populations in the Diaspora as a reference point):

Country/ Region	Year(s)	Proportion of HIV among ABD Populations	Source
UK	2004-2006	<ul style="list-style-type: none"> <li>• <b>70%</b> HIV prevalence accounted for by migrant/immigrant/refugee populations</li> <li>• <b>90%</b> migrants from SSA</li> <li>• <b>85%</b> of those migrants were infected before leaving country of origin</li> </ul>	HPA, 2006
	Up to 2009	<b>20-25%</b> of HIV-positive African residents and <b>~50%</b> of HIV-positive African MSM may have acquired their HIV infection in the UK	ECDC 2009c, 34
Belgium	Up to 2006	people categorized as foreign-born account for more than <b>50%</b> of all reported HIV cases	EuroHIV, 2006
France	2003-2008	amongst all women newly diagnosed, <b>65% or 2/3</b> were African migrants	EPI-VIH Study Group, 2002
EU27 plus Norway and Iceland	2006	Of those with known geographical origin, <b>77% (1050)</b> AIDS cases were from SSA. Of the <b>57</b> cases of AIDS due to MTCT with known geographical origin, <b>13 (23%)</b> were from SSA	ECDC 2009c, 18
		Out those with known geographical origin, <b>60% (5046/8354)</b> of HIV infections were from SSA. In HIV cases with known geographical origin due to MTCT, <b>41% (69/169)</b> were from SSA	ECDC 2009c, 22
Australia	2005-2009	Of 1185 newly diagnosed cases of HIV attributable to heterosexual contact, <b>58%</b> were in people from high prevalence countries	NCHECR, 2010
New Zealand	2009	African migrants represented <b>14%</b> of new HIV diagnoses	NAF, 2010
United States	2002-2007	Of foreign-born individuals diagnosed with HIV <b>38%</b> were women from Africa and the Caribbean, and <b>30%</b> were men from the same regions	CDC, 2009
Bahamas	2009	<b>3.1%</b> of the adult population is living with HIV. Higher prevalence rates are found only in sub-Saharan Africa, making the Caribbean the second-most affected region in the world	WHO, 2010
Canada	2008	Of the estimated <b>65,000</b> people living with HIV in Canada in 2008, <b>9,250</b> were people from the HIV-endemic category, the majority of whom were born in sub-Saharan Africa or the Caribbean, representing an estimated <b>14%</b> of all people living with HIV in Canada.  People from HIV-endemic countries made up <b>2.2%</b> of the Canadian population in <b>2006</b> , but constituted <b>16%</b> of all estimated new HIV infections in Canada in 2008; with an estimated infection rate that was <b>8.5</b> times higher compared to other Canadians that year.	PHAC, 2010