Training Course in Reproductive Health/Sexual Health Research
WHO, 6th March 2006

HIV/AIDS AND MOBILITY
FROM THE EVIDENCE TO CRITICAL ISSUES

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IOM

HIV/AIDS and STIs in the migrant populations

1. Exploring the evidence

2. International mobility

3. Key issues and concerns

4. Ways forward

Mobility and HIV/AIDS: exploring the evidence

From the assumption...

" HIV spreads from person to person and then most likely follows the movement of people"

...To the evidence that

- Human mobility has impacted the spread of HIV
- Mobile groups are more vulnerable to HIV/AIDS

The scientific evidence

Countries reporting a high migration flow experimented a higher HIV prevalence rate

Observational studies

Côte d'Ivoire-one quarter of the population was made of migrants from neighbouring countries. Côte d'Ivoire had the highest HIV prevalence rate in West Africa.

Similar association was found in relation to Southern Africa.

A recent publication confirmed this in relation to West Africa

Decosas Migration and AIDS, Lancet 1995;
WHO The current global situation of the HIV/AIDS pandemic Geneva: WHO/GP
Legarde Int. Journ. Of Epidemiology 32,744-52

The scientific evidence

Observational studies

Countries reporting a high migration flow experimented a higher HIV prevalence rate

Seroprevalence studies

Higher HIV prevalence among mobile groups vs. people who do not move.

HIV prevalence among mobile people

Sample= 7000 adults Country= Senegal

0.5 % (2 cases out of 414) among control group: those who never moved

27 % among those who had travelled in other African countries

11.3 % among spouses of expatriated

Kane F,N Doyle. AIDS 1993

HIV prevalence among mobile people

Sample= 1913 adults Country= Cameroon

1.4 % those who never moved

7.6 % among those who had travelled in other African countries

Lydie et a*t* J. of Acq. Imm. Syndrome 2004

The scientific evidence

Observational studies

Countries reporting a high migration flow experimented a higher HIV prevalence rate

Seroprevalence studies

Higher HIV prevalence among mobile groups vs. people who do not move.

behavioural studies

people on the move higher vulnerability to HIV/AIDS

- •risk behaviour
- •low awareness
- • increasing partner-change rates

Behavioural studies

- **truck drivers in Africa and India .**

  Y. singh, Int.. Jour. of STD & AIDS 1994
  Carswell, AIDS 1989;

- **labour migrants North and Southern Africa**

  Decosas, Lancet 1995; 346:826-28
  "The current global situation of the HIV/AIDS pandemic" Geneva: WHO/GPA: 1995

The commonly held assumption was that the transmission of HIV is unidirectional, from infected mobile to uninfected resident.

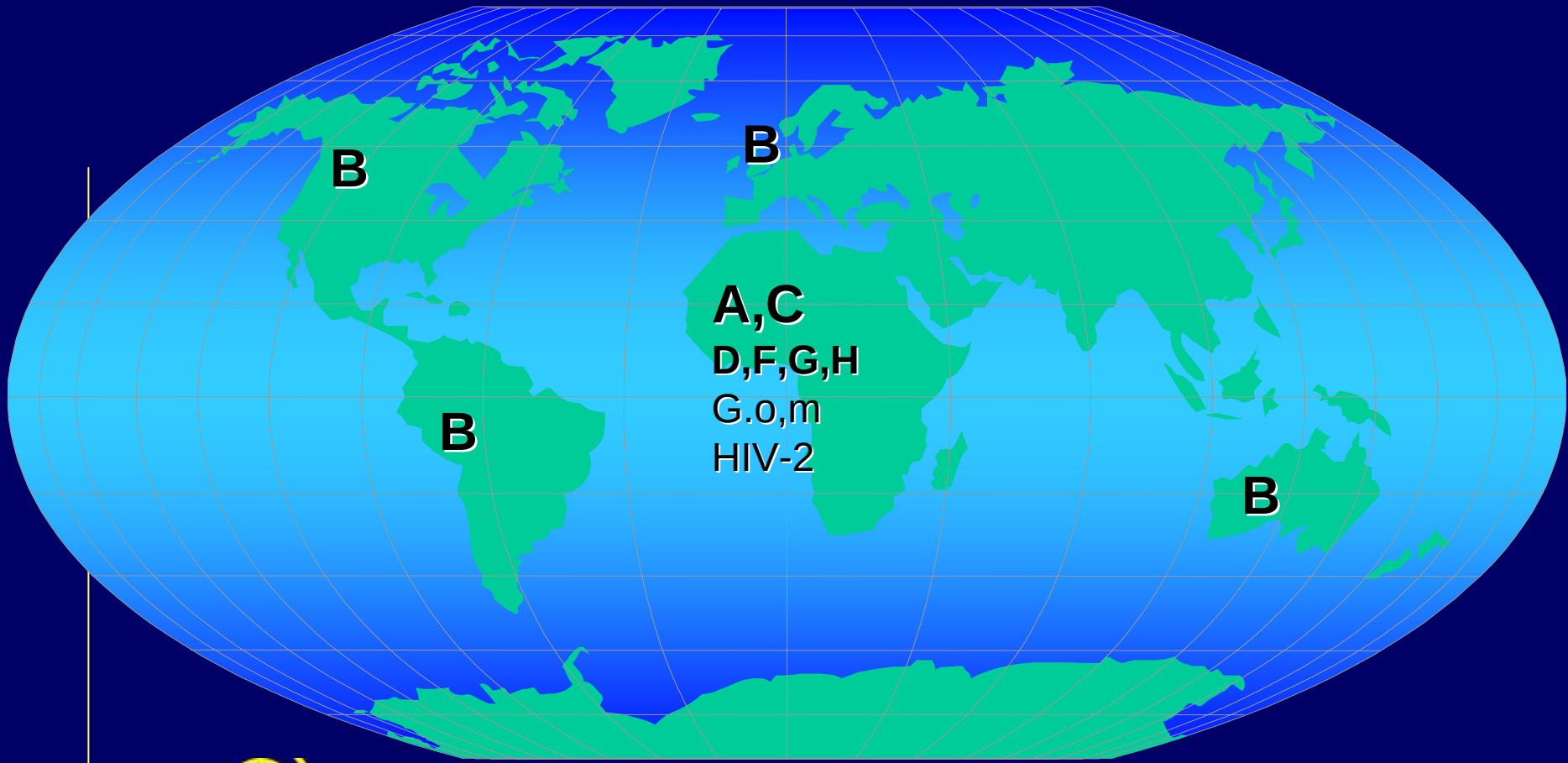
Some studies show now the evidence that in the discordant mobile couple a relevant percentage it is the resident partner who is with HIV.

- **non-mobile partner**

  Inter. Jour. Epidemiology 2003;32
  Lurie et al. AIDS 2003

Mobility and HIV/AIDS: exploring the evidence

1980s Global Distribution of HIV subtypes



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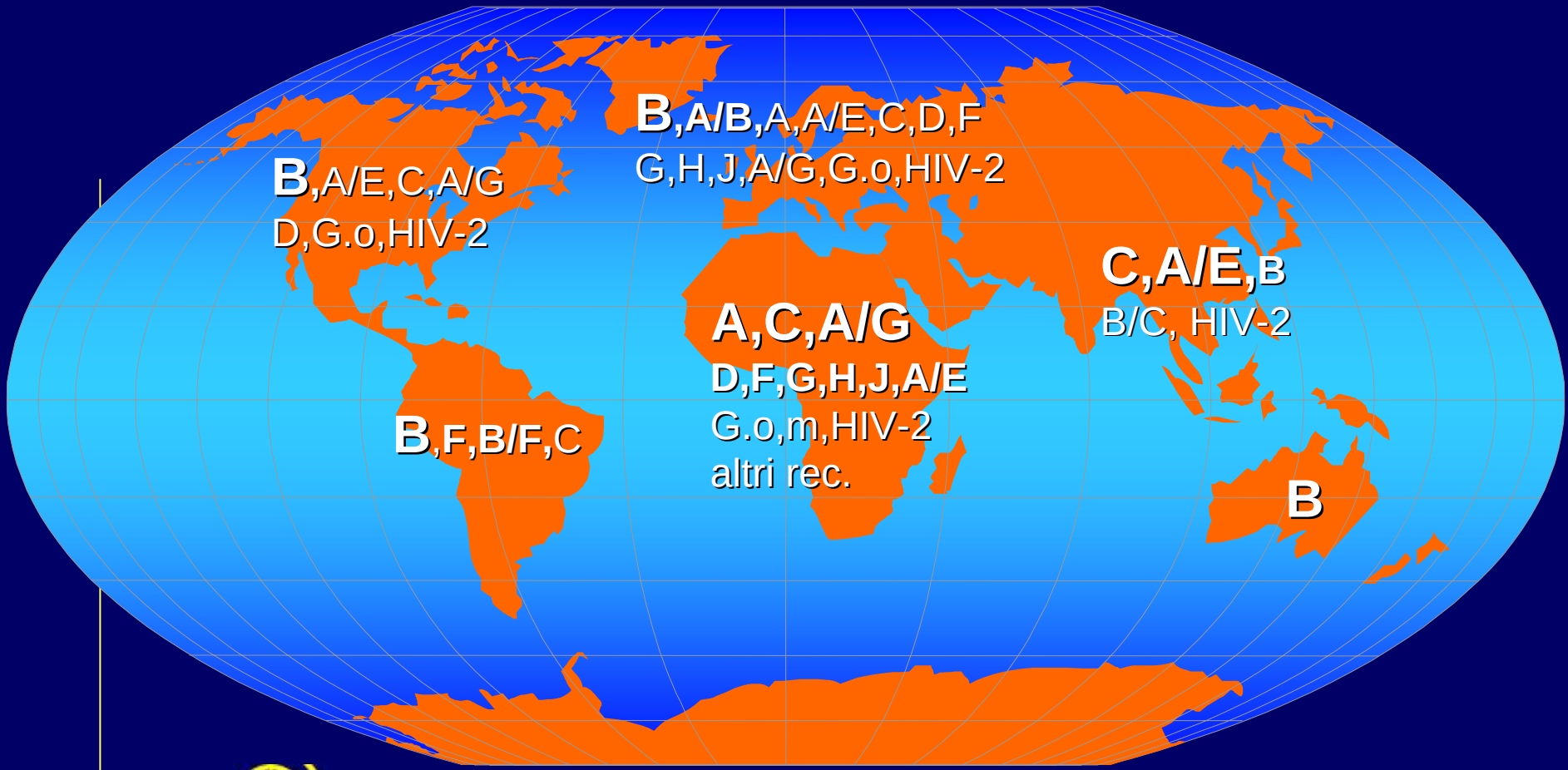
Source: Italian National Institute of Health, Dr. Schinaia

Mobility and HIV/AIDS: exploring the evidence

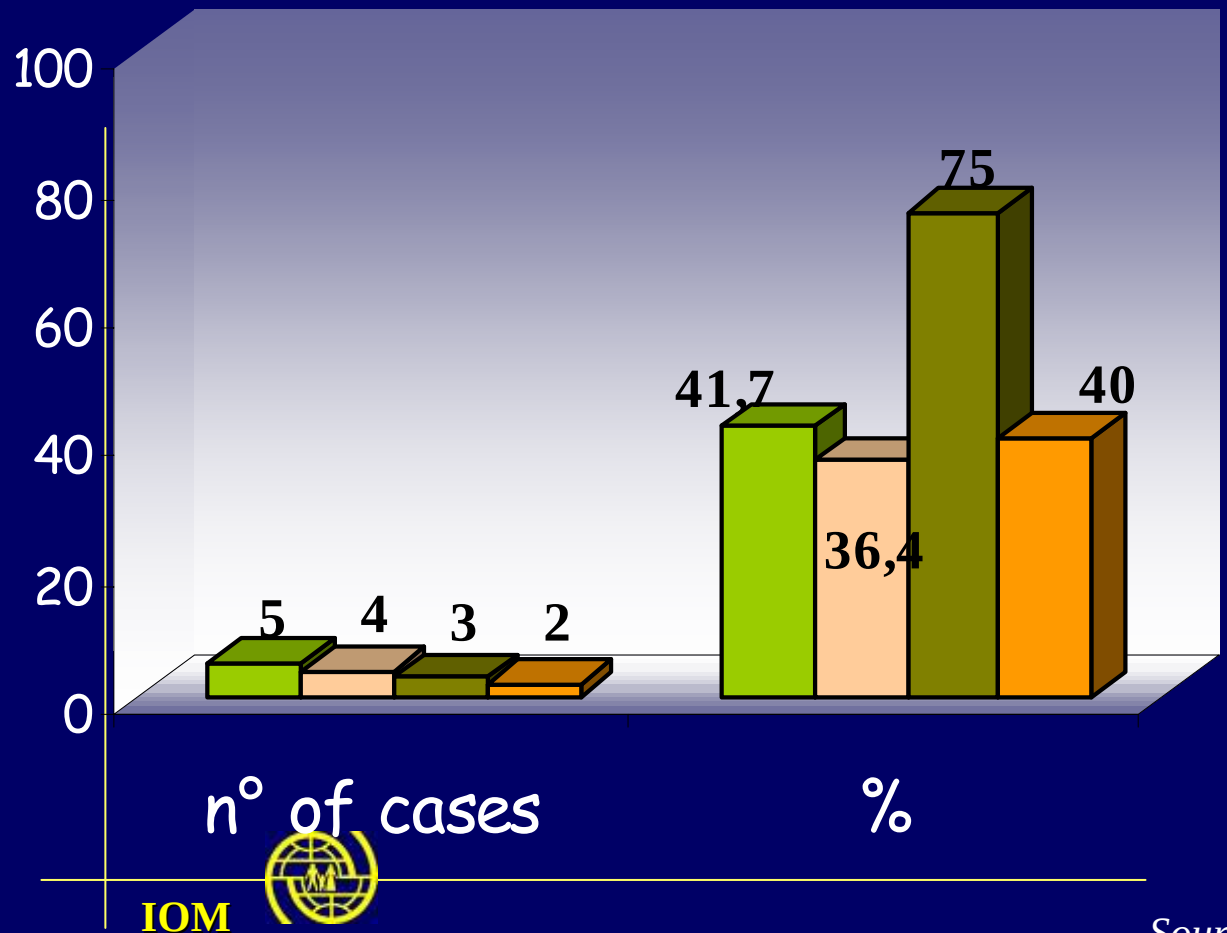
Current Global Distribution of HIV Subtypes



Source: National Institute of Health, Dr. Schinaia

Mobility and HIV/AIDS: exploring the evidence

HIV infections newly diagnosed (2001):
Cases with partner from a country with a generalised HIV epidemic



	Total cases 2001
Albania	12
Croatia	11
Slovakia	4
Slovenia	5

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Source:UNAIDS/WHO report n° 66

Mobility and HIV/AIDS: exploring the evidence

High HIV prevalence in the country of origin is frequently cited as one reason of higher vulnerability

While this approach can be epidemiologically correct, it runs the risk of being perceived as stigmatising

…Stigma creates barrier to effective response

"It is not the origin or the destination of migration,

but the social disruption

which characterises certain types of migration,

which determines vulnerability to HIV".

J. Decosaa, et al. ***Lancet 1995****; 346:826-28.*

Kane et al. ***AIDS 1993****; 7:1261-65*

Mobility and HIV/AIDS: exploring the evidence

Which are the roots of this vulnerability ?

The Social science contribution....

Mobility and HIV/AIDS: exploring the evidence

Structural factors

- Poverty, marginalization → discrimination, xenophobia;
- Lack of legal protection;
- Work in isolated environment with easy access to CSWs
- Lack of access to healthcare infrastructure, including prevention, VCT, care and support;
- Vulnerability to sexual exploitation, harassment

Mobility and HIV/AIDS: exploring the evidence

Individual factors

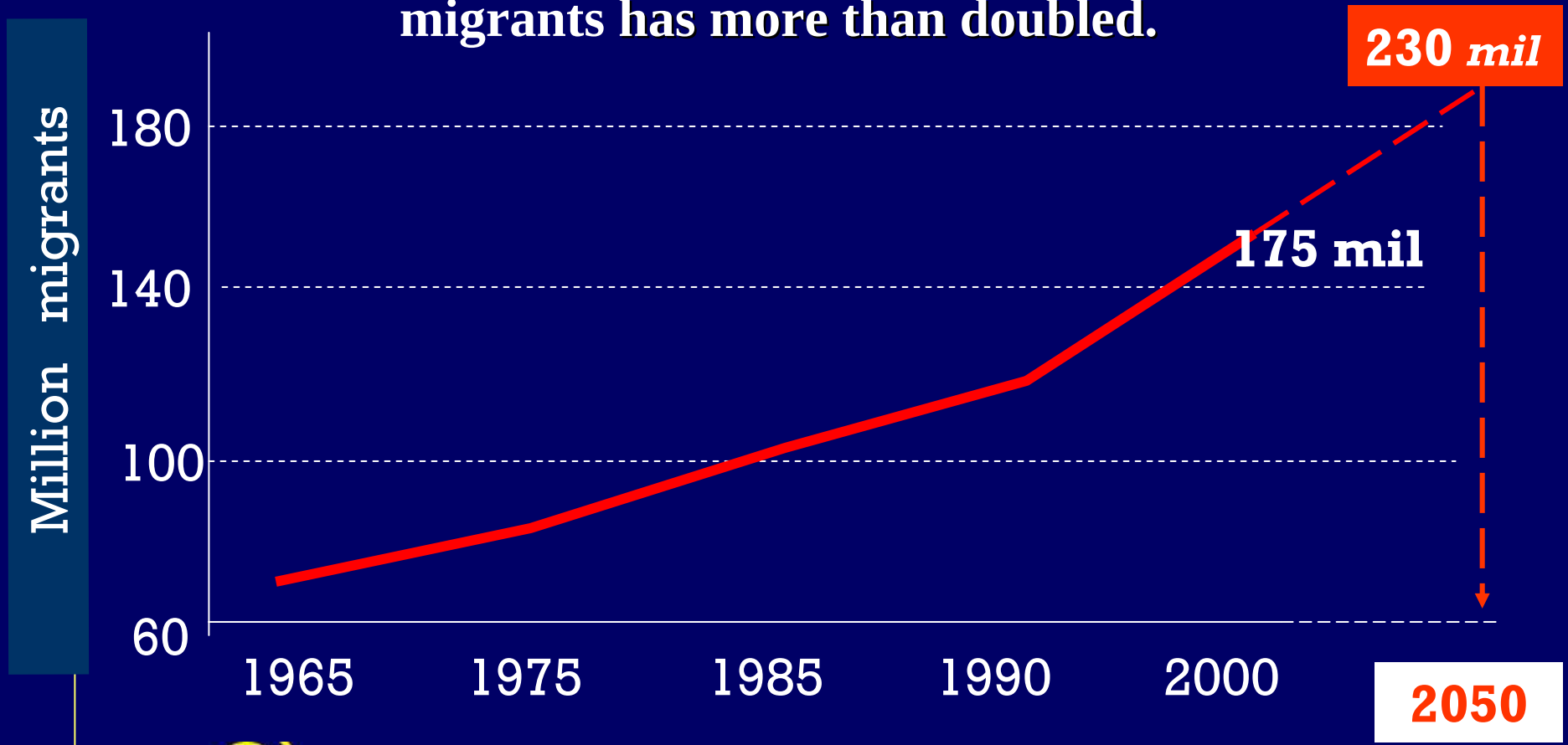
- separation/distance from
  - families and partners
  - communities, norms
- alienation
- despair
- loneliness
- sense of freedom
- different perception of risks

Studies have confirmed that migration does play an important role in the HIV epidemic...

…revealing a more complex picture than expected and challenging some basic assumptions.

International migrants trend

over the past 35 years the number of international migrants has more than doubled.



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Migrants: who are they?

(In)voluntary ← MIGRATION → Forced

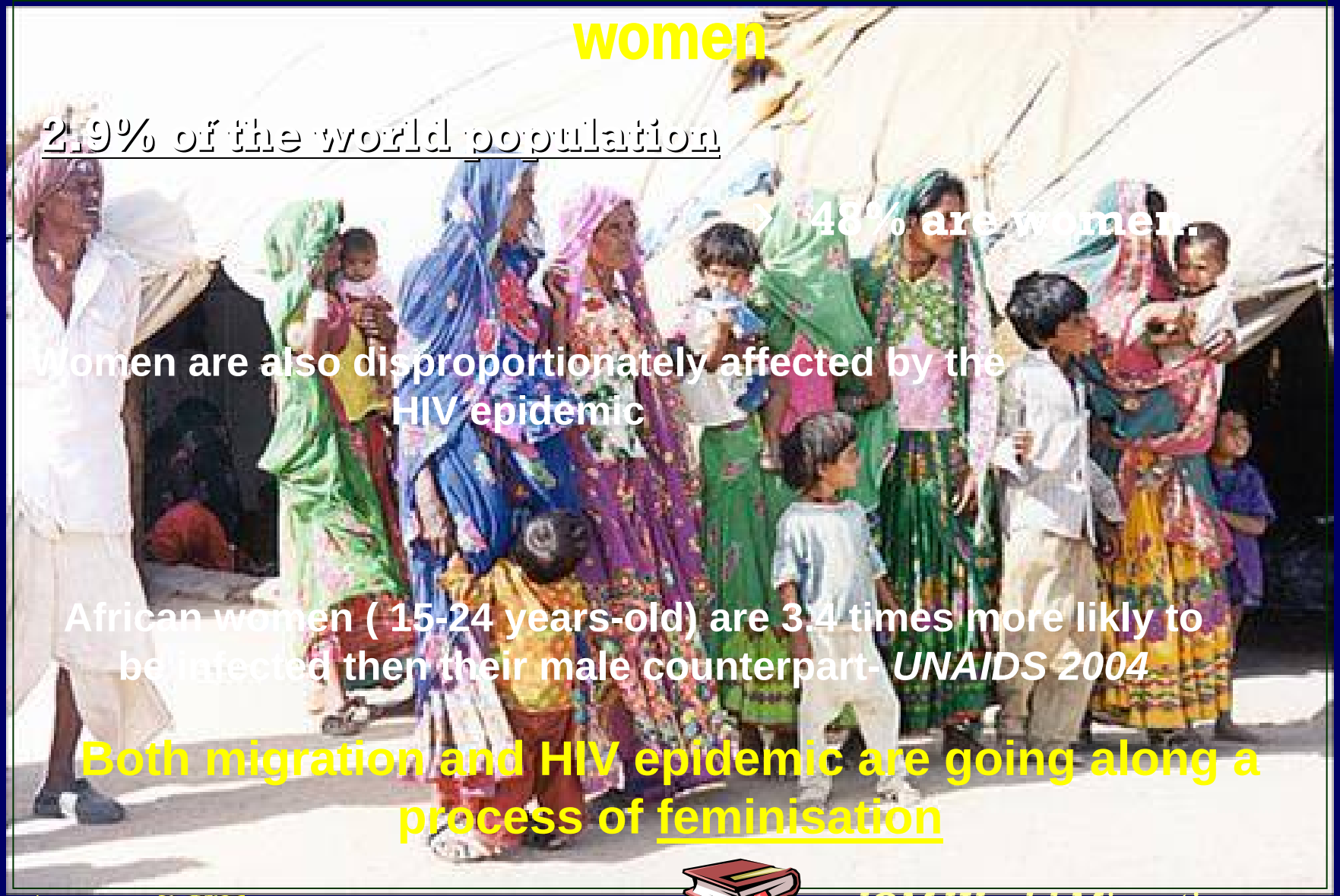
Fleeing from countries struck by economic crises of transition, in search of a better life / education

- **Migrant workers**
- **Families of immigrants**
- **Tourists**
- **Students**

Conflict related
ethnic, religious, politic
persecutions
natural disasters

- **refugee,**
- **asylum seekers,**
- **internally displaced person,**
- **returnee,**
- **environmental migrants**

Reviewing International migration data: women



2.9% of the world population

48% are women

Women are also disproportionately affected by the HIV epidemic

African women (15-24 years-old) are 3.4 times more likly to be infected then their male counterpart- *UNAIDS 2004*

Both migration and HIV epidemic are going along a process of feminisation

Why are women more vulnerable to HIV infection ?

Biologically:

- Larger mucosal surface; microlesions which can occur during intercourse;
- More virus in sperm than in **vaginal secretions**;
- As with **STIs,** women are at least four times more vulnerable to infection;
- **Coerced sex** increases risk of microlesions;
- **Clinical management** based on research on men
- When in treatment may experience stronger side effects.

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Source: WHO Fact sheet N°242 June 2000

Why are women more vulnerable to HIV infection?

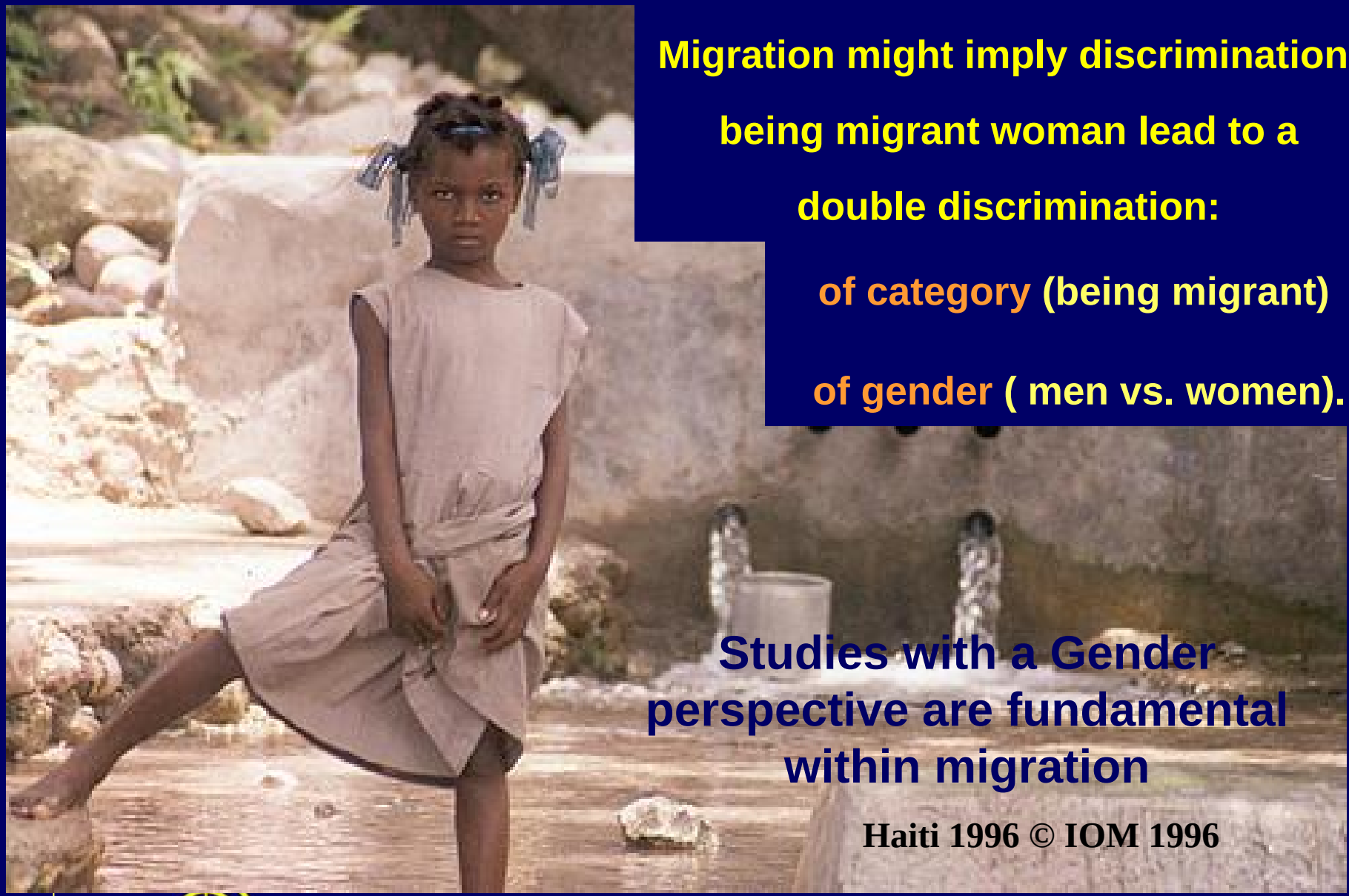
Economically:

- **Financial or material dependence** on men
- **Financial needs**
- **Neglected of health needs**

Why are women more vulnerable to HIV infection?

Socially and culturally:

- **Lack of control** and negotiation over own sexuality and sexual relationships;
- **Harmful cultural practices**;
- **Stigma and discrimination** in relation to AIDS (and all STIs) : much stronger against women who risk violence, abandonment;
- **Cultural Belief:** Men are seeking younger partners in the belief that sex with a virgin cures AIDS and other diseases;
- **Disclosure of status, partner notification, confidentiality**



Migration might imply discrimination, being migrant woman lead to a double discrimination:

of category (being migrant)

of gender (men vs. women).

Studies with a Gender perspective are fundamental within migration

Haiti 1996 © IOM 1996

- **700.000 to 2 million women/children are estimated to be trafficked each year.**

Trafficking and sexual/reproductive health

IOM Kiev Rehabilitation Center (Feb 2002 to Apr 2003):

Assisted: 427 women / adolescents

Detected:

309 Pelvic inflammatory diseases (salpingitis, cervicitis, n-s vaginitis)

213 Mixed infections (2 or more STIs)

13 HIV positive, of them 2 pregnant

244 Mycoplasmosis

182 Chlamydia infection

87 Bacterial vaginitis

45 Trichomonas infections

29 Vaginal candidiasis

23 Syphilis

2 Gonorrhea

18 Unwanted pregnancies

* note: data includes trafficked persons for various reasons, but majority were trafficked for sexual exploitation

Mobile people and migrants : the …evidence

- **Migrants = population "left out"**

  Migrants and Mobile populations have the least access to programmes and research as well as care & services.

- **Highly stigmatized**

  Migrants and Mobile populations are often perceived as abusers of the social welfare system, as criminals, and as the bridge of the infection.

- **Hard to reach**

  In terms of cultural barriers, languages as well as logistics

- **Exact numbers of migrant populations unknown**

- **No data on HIV prevalence in this group**

Research concerns

- Science-based evidence is essential
- Needs of longitudinal studies

but...

...experts reported several concerns about data on migrants in relation to the:

1. **Quality**
2. **Use**

Quality of data

Reliable data are very difficult:

- Lack of esaustive lists to extrapolate an accurate denominator;
- Illigal migrant hard to reach;
- qualitative vs quantitative research;
- HIV seroprevalence data is unlikely to reflex the real situation;
- Wide range of variable to caractherize migrants or ethnic minorities;

Nationality, country of birth, country of origin, country of residence, country of previous residence, place, ethnic group, date of arrival in the country, refugee status.

NATIONALITY is used by 12 out of 15 European countries

Use of data

- Risck to have a partial picture of the phenomena influencing policy and practices in a wrong direction;
- Real dangerous to increae xenophobia and further discrimination;
- Create a false sense of protection amongst population stressing too much the attention to migrants;

Do we know the way forward ?

1. Looking at the mobility process and not the migrants

How…?

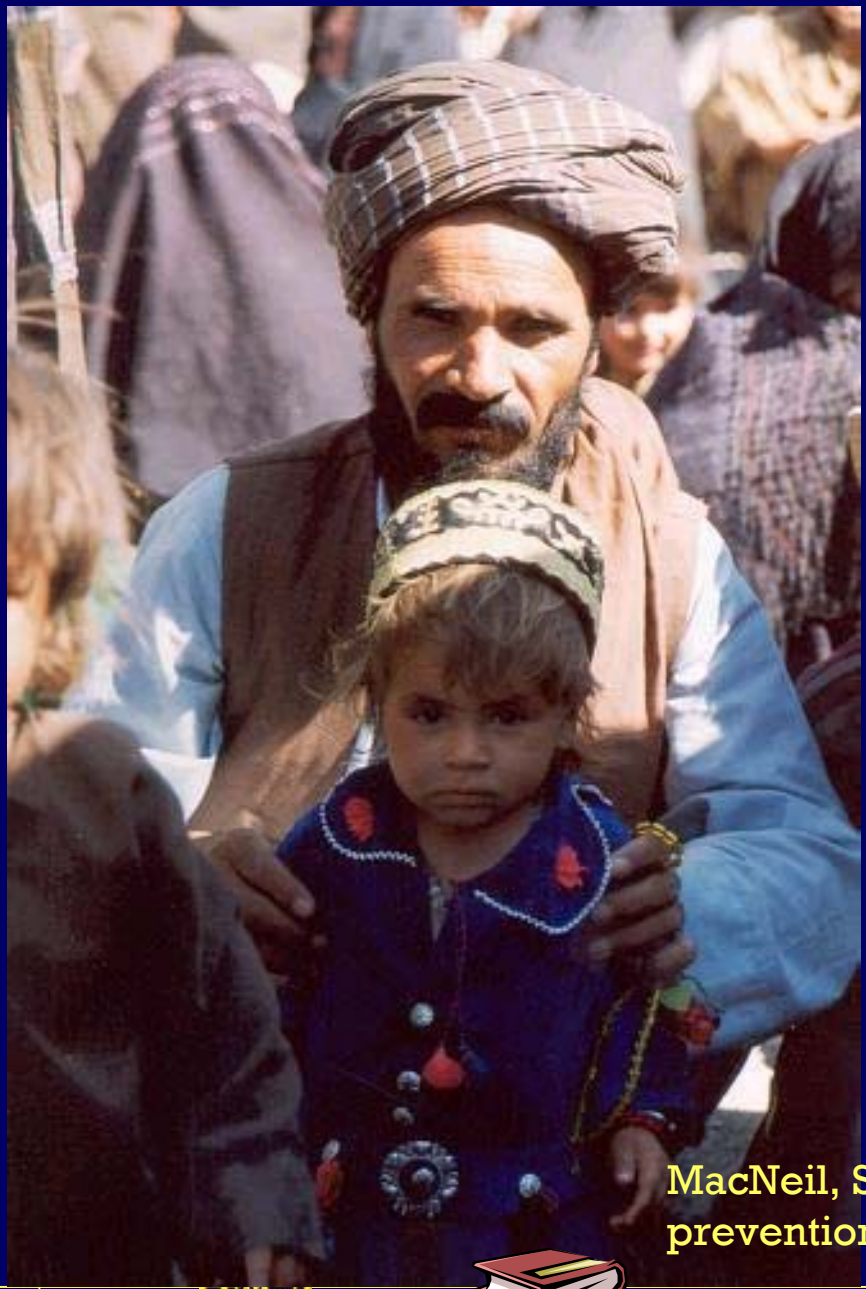
Reducing Risk: individual level

Reducing vulnerability: environmental level

- Giving information
- Promoting condom use
- changing behavioral interventions
- medical
- Empowerment

- Improving governmental policies
- Improving living conditions
- **transfer into action policies**

2. Integrated action with autochthon population!



The challenge is to develop policies and interventions that impact on the cultural, economic, social normative factors that make so many mobile groups vulnerable to HIV/AIDS

Behavioural studies vs. Epidemiological studies

MacNeil, S. Anderson " Beyond the dichotomy: linking HIV prevention with care" *AIDS 1998*

Campbell and Williams, "Beyond the biomedical and behaviour."

Way forward

- ☑ Epidemiological studies only when are essential;
- ☑ Combine epidemiological /surveillance studies with behavioural studies;
- ☑ Readapt methods and tools according to the target and cultural contest;
- ☑ Mainstreaming gender analyses;
- ☑ Mobilizing communities of migrants and mobile people promoting participatory and community-based approach;
- ☑ Studies based on the principal of universal right to know rather then on a target risk group: integrated action with autochthon population;
- ☑ Need to increase access to health services

IOM and HIV/AIDS

More then 50 years of experience on mobile groups and migrants

- Memorandum of understanding with WHO- 1999
- Cooperation agreement with UNFPA- 1996
- Cooperation framework UNAIDS- 1999
- HIV/AIDS programme officers

MEDITERRANEAN CONFERENCE

“Reproductive Health: a new challenge for migration”

16-17 March 2006

University of Catania,

Faculty of Political Science,

Aula Magna

thanks

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