Rapporteur’s report:
Panel 4: Universal Access, economic drivers and pull factors for mobility

Chair: Davide Mosca, International Organization for Migration
Keynote: Mary Haour-Knipe, Independent Consultant
Rapporteur: Wangari Tharao, Women’s Health in Women’s Hands

18 resource persons from Government, Academia, International and National Organizations, Civil Society

24th Programme Coordinating Board Meeting
Geneva, 22-24 June 2009
Highlights

• Over 100 participants
• Keynote – highlighted economic drivers and push factors which participants built on
• 18 resource persons with broad and varied experience
• Dynamic and engaged discussions
Barriers to Universal Access

- Lack of recognition of migrants rights in country of destination
  - No single actor is clearly responsible for migrants’ health
- Lack of indicators/targets to measure progress on HIV services for migrants at national, regional and global levels
- Fear of stigmatizing migrants impedes action – migrants already face multiple stigma
- Lack of standards to ensure the health and wellbeing of migrants throughout the cycle
- Criminalization of HIV non-disclosure, sex work and MSM impedes access to services and protection
Examples of successful programmes or policies to address these barriers

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<th>Solutions</th>
<th>Actors</th>
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<td>Host country provision of health care, ART to migrants (eg. Thailand MOH and PHAMIT), Brazil public health system</td>
<td>National Ministries of Health, civil society employers</td>
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<td>Strengthen and ensure ethical data collection and reporting- include mobile populations in national HIV surveillance systems</td>
<td>Communities, Ministries of Health, Universities</td>
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<td>Partnerships to work across sectors (eg. JUNIMA Southeast Asia, PHAMSA Southern Africa)</td>
<td>Gov’t (Ministries of Health, Labour, Interior, Foreign Affairs), Civil society, Private sector, Int’l Agencies</td>
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## Examples of successful programmes or policies to address these barriers

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<td>Strategic partnerships along corridors of migration (IT networks, health passports) – public-private partnership – i.e. “transform corridors of HIV into corridors of health”</td>
<td>Northstar Alliance, Int’l Agencies</td>
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<td>Discussion platforms between sending and receiving countries and including government, UN, CSO etc</td>
<td>Ministries of health, UN, Civil society, private sector</td>
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<td>Multichannneled behaviour change communications, including regional edu-tainment (for example For Life With Love in five Southeast Asian countries.)</td>
<td>Ministry of transportation and health, NGOs and Community</td>
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Conclusions and Recommendations

• Protect the rights and promote the health and wellbeing of migrants
  – Recognize migrants’ rights (1990 convention)
  – by ensuring that any HIV testing adheres to international standards of consent, confidentiality and counseling
  – Support to a broad-level of support including violence and psychosocial support
• Need a multi-sectoral approach to ensure a continuum of care & support across migration cycle, and across the years, that includes migrants and their families
• Need for strengthened and gender disaggregated data on migrants so that evidence-based responsive HIV programmes and policies can be designed and implemented.
• Need to put health/HIV on relevant global forums agenda such as the Global Forum on migration and development
• Recognize value of migrants
• Services for migrant and mobile populations, and communities, should focus on transport corridors
• Empower migrant women using micofinance and other effective approaches
• Integrate violence into HIV responses (prevention and responses to violence)
• HIV impact assessments are essential. Not only for infrastructure and development projects, but also for large sporting and entertainment events
• Evaluate and document what works