

People left behind: Migrants

[Link with the pdf, Migrants](#)

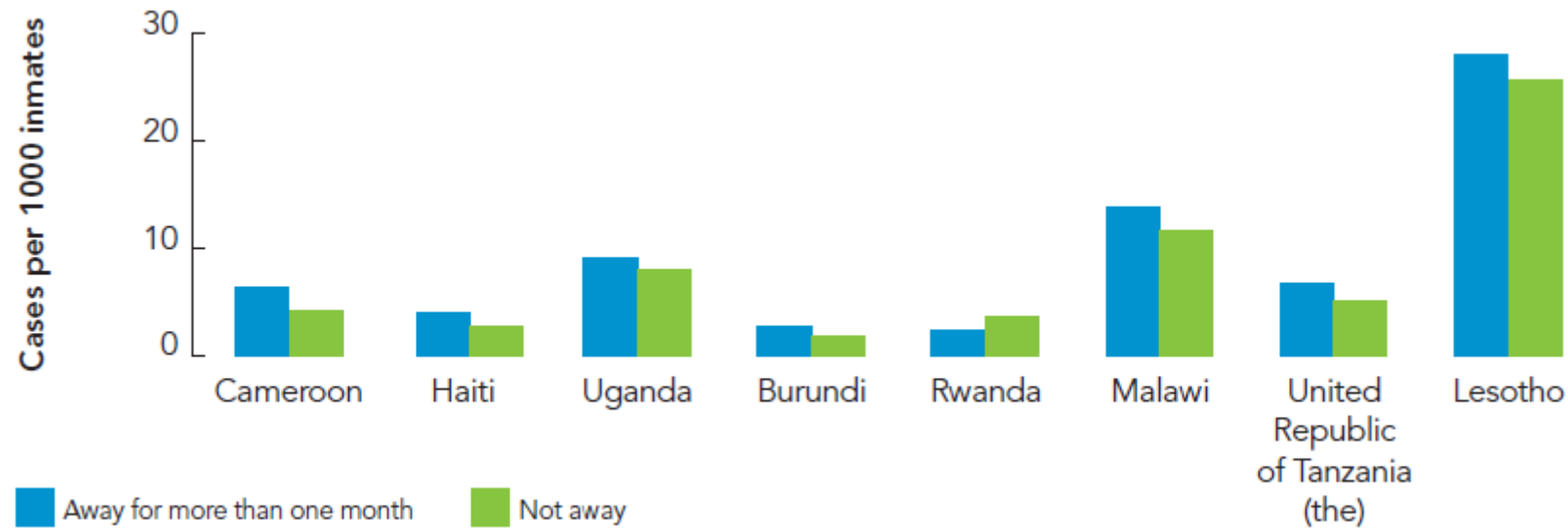


I am a migrant.
I face these issues.

HIV burden

- In KwaZulu-Natal, South Africa, where migration is common, studies found that HIV prevalence among migrant women aged 25–29 was as high as 63%.
- In South-East Asia, HIV prevalence among migrants to Thailand from neighbouring countries is up to four times the rate of HIV prevalence found among the general population.
- In India, HIV prevalence among people who have migrated from rural to urban areas is estimated at 0.9%, almost four times the national prevalence.

HIV prevalence in women by migrant status in selected countries



Source: Demographic and Health Surveys, 2009–2012.

Why migrants are being left behind

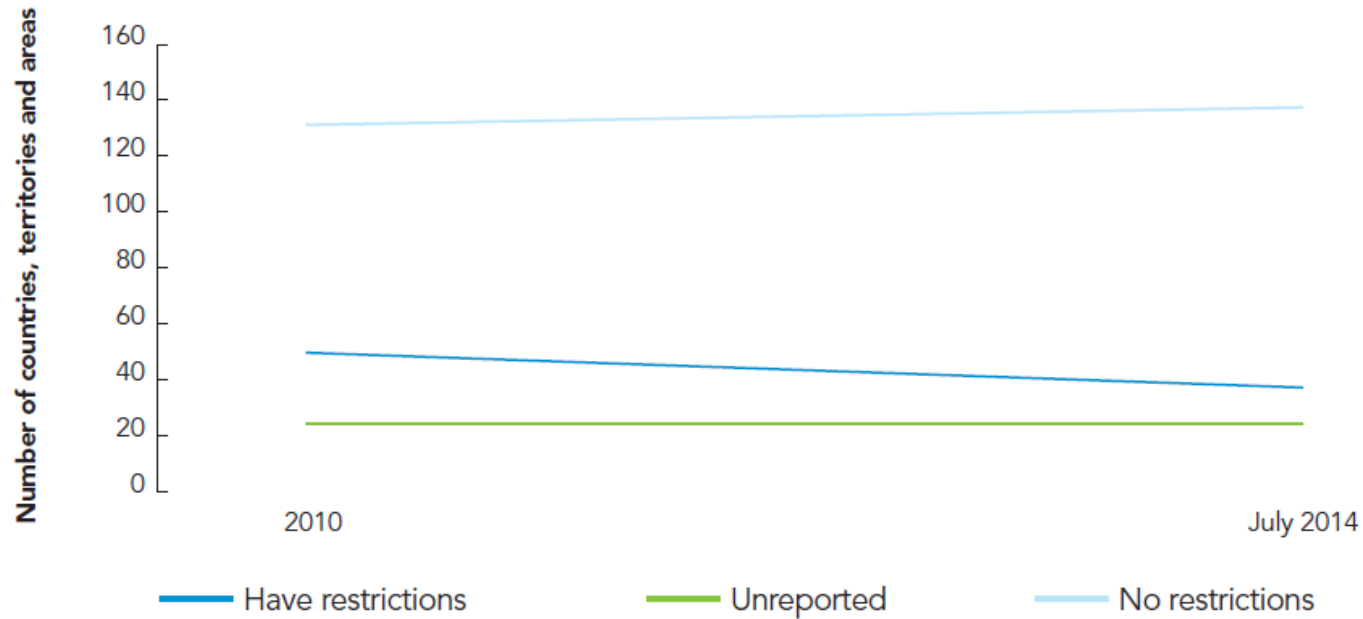
- There are approximately 231.5 million international migrants. Combined with some 740 million internal migrants, this means that there are about 1 billion people on the move at any given time.
- Migration can place people in situations of heightened vulnerability to HIV and has been identified in certain regions as an independent risk factor for HIV.
- In a majority of countries, undocumented migrants face complex obstacles, such as a lack of access to health-care services or social protection. Social exclusion also leaves migrants highly vulnerable to HIV.
- Social, economic and political factors in both the country of origin and destination countries influence migrants' risk of HIV infection.
- Whatever their diverse reasons for travel, migrants often find themselves separated from their spouses, families and familiar social and cultural norms. They may experience language barriers, substandard living conditions, exploitative working conditions and a lack of social protection, such as health insurance and other social security benefits.

WHY MIGRANTS ARE BEING LEFT BEHIND

THE TOP 4 REASONS

- 01 Restrictive laws and policies
- 02 Limited access to health information and services
- 03 Vulnerability to exploitation
- 04 Stigma and discrimination

HIV-specific restrictions on entry, stay or residence, 2010–2014



Source: UNAIDS human rights and laws database. Geneva, UNAIDS, 2014.

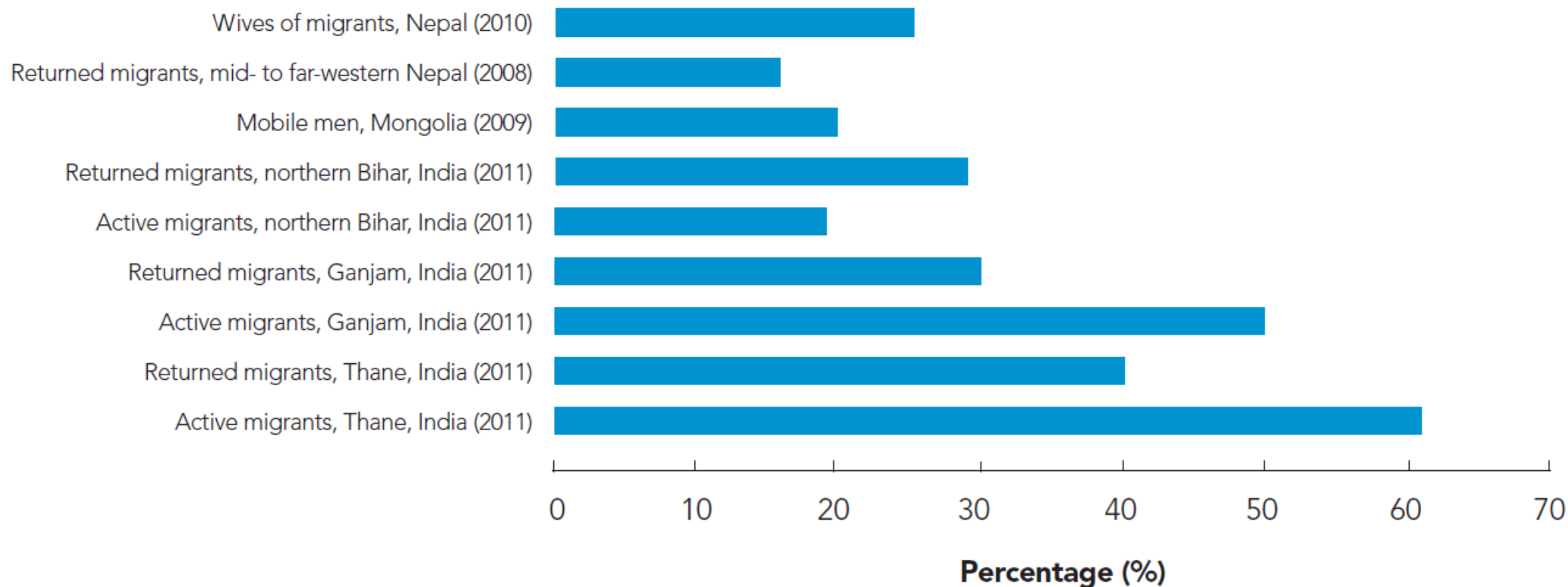
Mandatory HIV testing is ongoing in contravention of internationally agreed standards related to informed consent, confidentiality and counselling.

Availability of antiretroviral therapy for undocumented migrants in Europe and central Asia, 2012



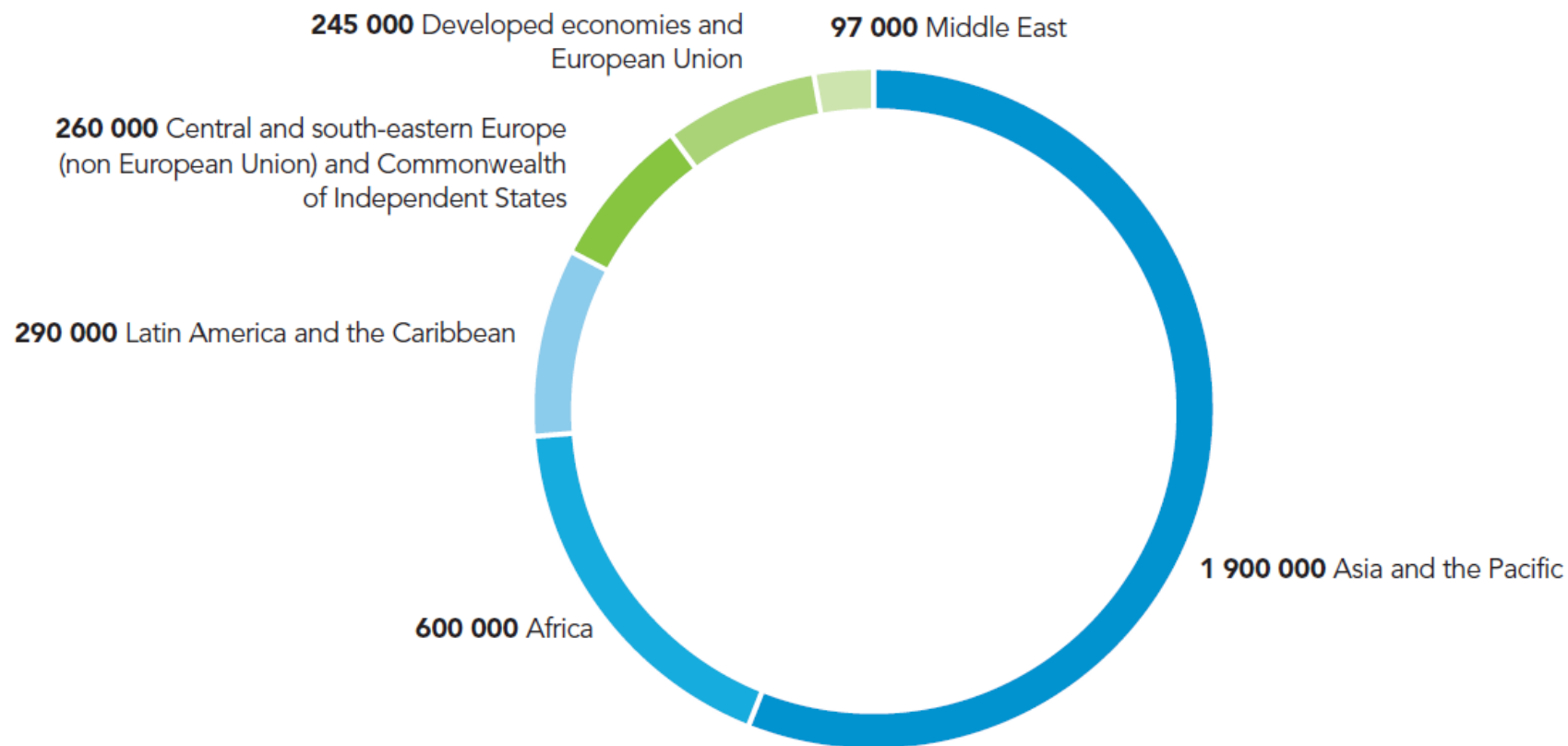
Source: ECDC 2013. Thematic report: Migrants. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and central Asia: 2012 progress.

Proportion of migrants with comprehensive knowledge on HIV in India, Mongolia and Nepal (2008–2011)



Source: HIV and AIDS Data Hub for Asia Pacific (www.aidsdatahub.org).

Total number of victims of cross-border sexual exploitation by region



Source: Recalculated from ILO global estimates of forced labour: results and methodology. Geneva, ILO, 2012.

Stigma and discrimination

- Stigma, discrimination and social exclusion have made it more difficult to provide health services to migrants.
- Migrants who are living with HIV endure a double stigma: for being migrants and for being HIV-positive.
- Migrants—whether documented or not—may face significant challenges in accessing mechanisms of redress in relation to discrimination or abuse.
- Undocumented migrants have reported being turned away from public health clinics when unable to present citizenship papers.

CLOSING THE GAP

HOW TO CLOSE THE GAP

- 01 End restrictions and ensure rights
- 02 Provide access to health services, including cross-border initiatives
- 03 Protection from sexual and labour exploitation
- 04 Non-discrimination laws and strengthened civil society leadership