

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

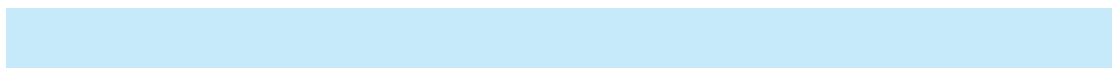
- Over 100 participants
- Keynote – highlighted economic drivers and push factors which participants built on
- 18 resource persons with broad and varied experience
- Dynamic and engaged discussions

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

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



Examples of successful programmes or policies to address these barriers

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



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 microfinance 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