



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

STATEMENT

BY

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AT THE

**HIGH-LEVEL SEGMENT
OF THE HIGH-LEVEL MEETING ON AIDS
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Mr. President and Mr. Secretary General of the United Nations,

Distinguished Delegates, Ladies and Gentlemen,

In this year's follow-up to the 2001 Declaration of Commitment on HIV/AIDS, it is imperative that migration enters the debate. AIDS and migration are eminently cross-national issues. Every country in the world is touched by migration today, as a country of origin, transit, destination or return, and most countries are all of these.

Five years ago, 189 countries committed to developing and beginning to implement, by 2005, national, regional and international strategies for HIV prevention for migrants and mobile workers.¹ However, the draft country reports prepared for this high-level meeting show a mixed picture:

Many of the country reports recognize the vulnerability of cross-border migrants, mobile populations, victims of trafficking in human beings, refugees, and/or displaced populations, but less than half describe programmes. Very few transit or destination countries take into account the issue of return migration, although reports from some countries of origin illustrate its importance: in at least three countries a significant proportion of those living with HIV are nationals who were infected while working abroad.

Overall, the country reports touch upon a number of critical issues, such as the epidemiology and demographics of HIV as they are related to population mobility, and of irregular migration and of stigma. The AIDS prevention programming as described in the country reports vary for the different groups - labour migrants, ethnic minorities, forced migrants, tourist industry workers, and people who move from one place to another for professional reasons.

Particular difficulties are described in providing access to treatment, care and support for migrants and mobile populations, especially when those diagnosed with HIV or AIDS are in transit or have irregular status. Other barriers, even for migrants in regular status, are linguistic and cultural, but also legal, such as "...laws that may hinder the delivery of HIV prevention and treatment services to vulnerable and at-risk populations [including] ... use of residency status to restrict access to services."²

Other issues are barely touched upon in the reports. Gender issues with respect to migration deserve more attention, and little mention is made of either internal displacement or of trafficking in human beings. Little or no attention is given to the migration of health workers that drains already-overextended health systems in countries heavily affected by AIDS.

Mr. President,

This review and high level meeting of the General Assembly invites us to assess what needs to be done. Improved data gathering and knowledge-sharing is

¹ The Declaration of Commitment on HIV/AIDS (United Nations, 2001) paragraph 50.

² Declaration of Commitment on HIV/AIDS: five years later: Report of the Secretary-General, A/60/736, 24 March 2006, para 37, p. 14.

essential, along with more systematic programme evaluation, although these must be conjugated to avoid further stigmatizing already-stigmatized groups.

In particular, partnerships between governments and organizations at community, national and regional levels must be strengthened, to improve access to prevention, treatment and care for all mobile populations, regardless of immigration or residence status. Such programmes must be funded, and IOM joins civil society in stressing the importance of the Global Fund in reaching universal access by 2010 and in supporting the call for all technically sound Round 6 proposals to be fully funded in 2006. IOM also calls for increased attention to population mobility by Country Coordinating Mechanisms.

As pointed out in the Secretary General's report, effective prevention means that the global community must address the factors that increase vulnerability to HIV, such as poverty, illiteracy, economic and gender inequality and all forms of discrimination and social exclusion.³ In the case of population mobility, this means better integration of migrants and reinforced linkages between communities of origin, transit, destination and return.

Thank you, Mr. President, for this opportunity for IOM to inject the issue of migration in this follow-up to the 2001 Declaration of Commitment on HIV/AIDS.

³ Declaration of Commitment on HIV/AIDS: five years later: Report of the Secretary-General, A/60/736, 24 March 2006, para 59, p. 19.