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

STATEMENT

BY

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"WOMEN AND HIV/AIDS"

INTERNATIONAL WOMEN'S DAY

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Ladies and Gentlemen,

We are gathered here on International Women's Day to discuss 'Women and HIV/AIDS'. It is a pleasure and honour for me to speak on a subject close to my heart.

Today should be devoted all over the world to commemorating the positive contributions, the qualities and immense assets that women bring to every facet of life, an occasion for joy and celebration. We all know, however, that this is also an occasion to recall the pain suffered by millions of women, day after day. The theme of this year's Women's Day is a sad one indeed but I should like to reflect not only on the anguish but also on the glimmer of hope available to those women, particularly migrant women, affected by or involved in this terrible disease.

It is well known that women make up nearly half of the migrant population around the world, estimated today at approximately 175 million persons; this means that there are approximately 87 million migrant women on the move today. A good proportion of these women migrate on their own and no longer as dependants or members of a family. A combination of economic, social and political factors accounts for this feminisation of migration. Some of these developments are positive such as the promotion of self-esteem and empowerment when migration offers women an option motivated by economic reasons and more opportunities. There is, however, a darker side of migration that feeds on the vulnerability of women resulting in physical and sexual exploitation and abuse, coercion, violation of human rights, devastating mental health consequences, and often in the transmission of sexually transmitted infections, including HIV/AIDS. And I refer here to the scourge of trafficking in persons.

But before going on to examine the link between trafficking and HIV/AIDS, allow me to briefly speak on the link between migration and HIV/AIDS. While HIV is present in all regions of the world, more than 95% of infections occur in developing countries where the AIDS epidemic is rife due to poverty, lack of education and adequate medical systems, and where resources for prevention are still limited (i.e. in spite of recent commitment to increase access to care). In the recent past, one of the main preoccupations of governments related to migration was that migrants would be carriers and propagators of HIV and other sexually transmitted infections, that they would transport (or bring) infections into countries. If this preoccupation has not entirely disappeared, there is increasingly an awareness that migrants often live in situations where they are more vulnerable to HIV than local populations, and also that they run the risk of spreading the infection upon their return in communities and countries of origin, often unwittingly. I should like to underline here that male or female migrants, in their very quality as migrants, do not in and of themselves constitute a risk factor in the transmission of HIV/AIDS. It is the situations they face in their migration – in particular poverty, exploitation, and separation from families and partners – that put them at risk. One example of these risk factors is the economic uncertainty in rural areas that motivates people to migrate to urban areas, only to find that there are no decent jobs available. Another example is policies of single sex labour migration, which mean that many male migrant labourers live away from their partners in overcrowded and unsanitary barracks, with little recreation except the sex work scene that inevitably grows outside the gates on pay days.

It is important to distinguish here between voluntary and involuntary migration. Different levels of HIV vulnerability are involved in voluntary and in forced population movement. Examples of voluntary migration include displacement for professional reasons such as that of truck drivers, agricultural workers, employees of large industries, members of the military, students and teachers, sex workers and traders… and many of the people listening to us today. Examples also include people joining family members, as well as labour migrants, both regular and irregular.

Examples of forced or involuntary migration include people who move as a result of poverty, war, human rights abuses, ethnic tensions, violence, famine, persecution, and victims of trafficking for sexual exploitation or forced labour.

Let us return more specifically to migrant women. We have already seen that a majority of women migrate independently. These women are particularly exposed to deprivation, discrimination and abuse. Moreover, migrant women run the real risk of physical and sexual violence during their mobility as well as upon arrival in the destination country. Many who start out as migrants fall into the traffickers' net en route.[1]

For physiological reasons, women are more vulnerable to HIV than men. They are, moreover, particularly vulnerable for social reasons as many women do not have the power to determine how, when, where - and often with whom - they have sexual relations. Inequality between the sexes obliges women to remain in ignorance of prevention, protection, and treatment. Indeed, there is a direct relation between the unequal status of women, the violation of their human rights and the transmission of HIV.[2]

If female sexuality is often perceived as one of the factors that provoke violence against women, migrant women are particularly exposed. One of the key concerns for IOM policy and programme development is the increasingly patent connection between the trafficking of human beings for sexual exploitation and the exposure to sexually-transmitted infections, including HIV/AIDS. The common factor linking HIV transmission and trafficking is the powerlessness to negotiate and the absence of choices. It is this 'nexus of vulnerability' that links the two phenomena.[3]

Stereotypes and lack of information about curing HIV/AIDS have also increased trafficking. The wrong belief that sexual intercourse with virgins, often babies, may cure the infection, has led to thousands of small girls being sold or abducted for this purpose in many parts of the world.

HIV/AIDS is not strictly a medical issue, but rather a crosscutting one which needs to be addressed from a wide range of angles. This is obvious in the area of trafficking in women, and our direct operational experience in this field over the past several years has led us to attempt to integrate HIV/AIDS issues in IOM's counter-trafficking activities. Programmes and policies both look at the prevention of the phenomenon of trafficking and respond to it in terms of health care and service delivery.

The very nature of the process of human trafficking includes various levels of risks that may significantly affect the victims' health. Trafficked persons face serious health risks: exposure to sexually transmitted diseases including HIV/AIDS, reproductive health problems such as sexual abuse/violence, unwanted and unsafe motherhood; complications associated with teenage pregnancies, physical traumas from severe beatings, psychological and mental health disorders including substance abuse/misuse, other communicable diseases such as tuberculosis and hepatitis among others.

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[1] UNDP HIV & Development Programme, South and Southwest Asia; Twilight Zone, Youandaids, August 2003

[2] Statement by President of Hunger Project, Joan Holmes, upon receiving the 'Africa Prize for Leadership', New York, 26 October 2001

[3] UNDP YouandAids, Twilight Zone, Op. Cit.

Unfortunately, there are so many aspects of health and human trafficking that are not understood and are under-researched. There is a colossal public health services gap in many under-resourced countries like Ukraine and Moldova when it comes to addressing the essential health needs of trafficking victims. In particular, child/minor trafficking victims will have their own specific health concerns requiring appropriate interventions.

IOM's strategy to counter trafficking consists of three pillars: 1) prevention through research and data collection, awareness raising information campaigns, and capacity building and technical cooperation through training and advisory services for institution; 2) direct protection and assistance for trafficked persons in reception centres where IOM provides legal, social and medical counselling, and 3) assistance for their voluntary return to countries of origin and their reintegration.

Along the lines of awareness raising under IOM's first pillar, IOM Bangkok developed an animated drama, produced as a video under the name of "*Shattered Dreams*". This video was created to raise awareness of the situation of young people at risk of trafficking. The video, together with a training manual, is part of a training packet for *Life Skills*. The story presented in the video dramatizes a series of events that leads to the trafficking of a young girl. The issue of HIV is also covered when the girl who moved to the city for employment ends up working in the sex industry and falls ill.

Another example dealing more specifically with HIV/AIDS was developed in Ethiopia and raised awareness amongst female students on the risks of trafficking and HIV/AIDS while encouraging them to pursue their education.

An important development has been the establishment by IOM of a global health database for health practitioners working with victims of trafficking. It will be a continuously updated, standardized medical data collection system. Great care will be taken to make sure that confidentiality is maintained but the system will be capable of tracking individual medical histories, as well as providing statistical information and epidemiological data on common health trends among victims. This system will not only facilitate the work of physicians working directly with trafficked victims, but it will also serve as a tool for decision-makers to assess specific policy and programme needs related to health and human trafficking.

The first phase will be a pilot testing phase limited to Central and South-east Europe whereas in the second and third phases, the system will be expanded to a European and worldwide coverage.

Further to a regional conference organized by IOM in March 2003 in Budapest to raise awareness to the physical and psychological abuse and trauma of victims of trafficking in southeast and Eastern Europe, a final conference declaration (the Budapest Declaration which will be posted on the WAD website) declares that:
'victims of trafficking must be given access to comprehensive, sustained, gender, age and culturally appropriate health care which focuses on achieving overall physical, mental, and social well-being'. Furthermore, as highlighted in the Budapest Declaration, in defining strategies for developing sustainable health care assistance for trafficking victims, it is clear that:

? minimum standards are established for the health care offered.
? there is a focus on trafficked minors.

? these standards should be developed through partnership among governments, inter-governmental and non-governmental organizations, and academic institutions.
? they should be based on comprehensive research and best practices.

As an example of IOM's second pillar of assistance, in Bosnia and Herzegovina all victims of trafficking in the IOM shelters receive tailored counselling based on a brochure on reproductive health. This brochure gives explicit details on how to treat sexually transmitted infections (STIs).

And in reference to IOM's third pillar of assistance, the IOM Mission in the Ukraine implements current activities within its return and reintegration assistance for trafficking victims, the following direct medical and psycho-social components:

? health examinations and diagnostic assistance.
? treatment of conditions such as tuberculosis or sexually transmitted infections.
? counseling (psychological and psychiatric counseling/treatment, pre- and post- HIV testing and counseling on reproductive health conditions, such as STIs.
? medical escort services when necessary to strengthen the voluntary return and reintegration assistance, as well as of integration and resettlement.

The variety of activities that are offered and provided to these trafficking victims and their families serve to ensure the effective reinsertion of the trafficked persons back into their communities. IOM and its NGO partners recognize these as vital components of a successful return and reintegration process. Important considerations that these activities include:

1. Human rights-based approach
2. Informed consent, assistance on voluntary basis, preferably using the language of the trafficked person
3. Right to confidentiality and privacy
4. Active participation of the trafficked person in decision making process
5. Individualized treatment, care and sustained follow-up process

HIV/AIDS, trafficking, and migration have one thing in common: they know no borders and can be found all over the world. While the first two feed on female powerlessness due to gender discrimination and the abuse of what is considered women's inferior status and her vulnerability, the third can quickly become an unwilling partner of the former two. Until such time as women's rights are not enforced, women will always be subject to vulnerability and fragile marginalisation.

I should like to invite all States to have recourse to and enforce existing legislation and conventions not only to join efforts in combating trafficking and violence against women but also to join forces to fight the HIV/AIDS epidemic that is threatening our very societies

Thank you.