

Key Populations Key Solutions.



A Gap Analysis and Recommendations for Key Populations and HIV in South Africa

POLICY BRIEF

Who are Key Populations?

Men who have sex with men (MSM), transgender people, sex workers, injecting drug users (IDU), prisoners and migrant¹ populations are collectively labelled 'Key Populations'. They exist in every region of the world, in every country, and in most communities. Because they are often marginalised by society and greatly affected by discrimination and stigma, these groups have become some of the most at-risk populations for HIV infection.

Key Populations and HIV

Globally, HIV prevalence among Key Populations tends to be higher in communities where legislation does not ensure their human rights, specifically where national health responses fail to ensure their right to health. High levels of prejudice and moral loading have also been shown to create barriers against accessing prevention, treatment, and other health care services.

In South Africa, local evidence shows that Key Populations are greatly affected by HIV and that they account for a disproportionate number of new HIV infections, thereby indicating that HIV preventions to date have not reached and benefited these individuals. In fact, HIV prevalence in these groups has been measured to be much higher than the general South African population (Table 1).

Many cost-effective interventions focused on Key Populations have been shown to decrease the rate of new HIV infections. Individuals from Key Populations need tailored HIV prevention, care, treatment and support services to address the structural, social and individual vulnerabilities that are specific to them.

Table 1

Population group	HIV prevalence
General population HIV estimate (men and women aged 15–49, 2008) ²	17%
Men who have sex with men (MSM)	10–50%
Sex workers	40–69%
Injecting drug users (IDU)	3–35%
Prisoners	19–41%

1 It is the conditions that certain migrants are exposed to which put them at increased risk for HIV acquisition, not being a migrant per se.

2 Human Sciences Research Council, National HIV Prevalence, HIV incidence, Behaviour and Communication Survey, 2008

Why focus on Key Populations?

National efforts to reach zero new HIV infections, zero stigma and zero AIDS-related deaths will only be achieved through explicit commitment to addressing the HIV epidemics among Key Populations as part of South Africa's overall response to HIV. The new National Strategic Plan (NSP) on HIV and AIDS, TB and STIs which will guide South Africa's HIV response until 2016 must include goals, objectives, targets and evaluation mechanisms to ensure programmatic implementation for Key Populations. Additionally, South Africa has committed to act upon international declarations that refer to addressing the needs of Key Populations: specifically 'The UN Declaration of Commitment to HIV/AIDS (UNGASS)' and the recent 'Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS'. Therefore, by supporting the needs of Key Populations, South Africa will be acting to fulfill its international obligations as well as implementing interventions which are based on public health and human rights based approaches; save lives and in many cases save costs.

Background

This policy brief is a summary of the findings and recommendations of the 'Key Populations, Key Responses' report. Commissioned by the South African National AIDS Council (SANAC) and the South African UN Joint Team on HIV & AIDS, this report provides a comprehensive situational analysis of South African men who have sex with men, transgender people, injecting drug users, sex workers, prisoners and migrants, and HIV in South Africa. It includes an overview of completed research, current service provision, gaps and recommendations for Key Populations. The report was developed through a literature review and complemented by extensive consultations with representatives from academic, government, civil society and other sectors that took place between November 2010 and August 2011. The full report and relevant references can be accessed at www.desmondtutuivcentre.org.za or by emailing ben.brown@hiv-research.org.za.



Men who have Sex with Men (MSM)

South Africa's progressive constitution and legal framework should facilitate equality and freedom from discrimination. Yet, research has shown the need for improved HIV prevention interventions for MSM and the barriers they face when accessing sexual and reproductive health services in South Africa. HIV prevalence among these men in South Africa is estimated to range from 10–50%.

Apart from specialised MSM health services in three metropolitan areas, no national MSM programming exists and none of the NSP targets relating to MSM have been reached. Data around HIV testing and prevalence were the only MSM UNGASS indicators reported on for South Africa in 2010.

Inequality, violence, insensitive health services, poor socio-economic status, limited access to condoms and compatible lubrication, stigma, homophobia, drug use and discrimination are social and structural factors that continue to increase the vulnerability of MSM to HIV infection. High risk sexual behaviours have also been shown to contribute to the risk of HIV acquisition among MSM. Sexual coercion and violence within detention settings is under-reported and poses a significant risk for HIV acquisition among detainees.

Evidence exists to inform appropriate programming, so now is the time for the commitment of funding and the roll-out of MSM services.

Fast facts

- HIV prevalence among men who have sex with men (MSM) is approximately double that of men in the general population
- MSM experience discrimination and stigma, lack of services, and barriers to accessing care that contribute to their vulnerability to HIV, despite constitutional and legal protection
- No national programming exists and most MSM services are provided by the non-governmental sector
- High-risk sexual behaviours have been identified in some MSM, including unprotected anal intercourse, multiple sexual partners, and sex work
- Condoms and lubricants are not accessible to many MSM
- The challenges facing MSM are compounded in detention settings where, in addition to consensual sex, widespread sexual coercion and violence occurs between men
- Pre-exposure prophylaxis (PrEP) is a proven HIV prevention strategy for MSM, and should be considered for inclusion in combination HIV prevention packages for high risk MSM

Recommendations

- A Minimum Service Package (MSP) for MSM should be accessible in all provinces and should include:
 - Appropriate sexual and reproductive health messaging
 - Access to condoms and condom-compatible lubrication;
 - Peer-based outreach activities
 - Voluntary and confidential HIV counselling and testing (HCT)
 - STI and TB screening
 - Access to non-discriminatory and sensitive health care services
 - Access to anti-retroviral therapy (ART), as appropriate
 - Mobile HIV prevention services at clubs and other spaces frequented by MSM
 - Established referral pathways for sensitive provision of: HIV, STI and TB treatment, care and support; substance abuse and mental health services; post-exposure prophylaxis (PEP) and other related health services
- An Extended Service Package (ESP) should be provided by specialised MSM centres of excellence where the concentration of MSM is greatest and, in addition to the MSP, should include the provision of:
 - STI treatment and ART
 - Substance abuse and mental health services
 - Hepatitis A and B screening and vaccination
 - PEP
 - PrEP according to South African guidelines, once published
- Development of a nationwide HIV-prevention messaging campaign that specifically addresses the risks of unprotected anal intercourse
- Establishment of a national MSM coordination office to oversee and implement national health worker sensitivity training, advocacy and monitoring, and evaluation efforts

Injecting Drug Users (IDU)

Africa is part of the international drug trafficking domain and the number of African heroin users and injecting drug users (IDU) is increasing. The spread of HIV among IDU and their partners is predicted to be a key factor in the African HIV epidemic in the near future. Changing restrictive laws, outdated policies and implementation of IDU-specific interventions is needed in order to proactively intervene.

Drug possession, use, selling and trafficking is illegal in South Africa, causing drug users to remain a hidden population. Yet, research shows that there are a significant number of heroin users, a significant proportion of whom inject drugs, in South Africa and that the number of heroin users admitted to drug treatment centres is increasing. Initial studies have shown HIV prevalence among adult IDU to range between 3 and 35%.

The risk of HIV infection through injections is six times higher than that of unprotected penile-vaginal penetrative sex. The use of unclean equipment (needle sharing and poor needle cleaning) is a major risk factor for HIV and other health problems among IDU. Needle and syringe exchange (NSE) and opioid substitution therapy (OST) programmes have been shown to decrease the rate of new HIV infections and needle reuse and needle sharing practices. NSE and OST have been proven to be cost-effective and are recommended by the World Health Organization (WHO), UNODC and UNAIDS as an essential part of comprehensive risk-reduction packages for drug users.

Programmes for treating drug users, including IDU, are limited and most are provided through the private sector. South African health facilities do not provide access to clean needles and syringes, and discrimination by health care workers and fear of arrest prevent IDU from accessing health services, leading to needle reuse and needle sharing.

Fast facts

- The Drug Use and IDU Technical Working Group has the potential to guide proactive thinking and programmatic interventions around HIV transmission among drug users, including IDU, their partners and beyond
- Drug use is often combined with unsafe sexual practices, leading to a higher risk of transmitting HIV and other STIs
- Injecting drug use is a high risk factor for not only the transmission of HIV, but also of viral hepatitis (B and C)
- As long as drug use and possession are criminalised it will be very hard to effectively reach drug users with harm reduction and other prevention, care and support strategies
- Drug use in general is increasing in South Africa, including injecting drug use

Recommendations

- Conduct a national assessment of HIV prevalence and drug-taking practices among drug users, including sample size estimations
 - Improve integration of HIV and drug prevention, treatment and support services
 - 'Harm reduction philosophy' should form part of a holistic approach to HIV prevention, treatment, care and support for people who use drugs, including IDU
 - The WHO guidelines for IDU need to be incorporated into drug policy and implemented in order to save lives and costs and to control the HIV epidemic
 - South African guidelines for the treatment of heroin and opioid dependence are needed
 - The accreditation of heroin abuse treatment practitioners and treatment facilities need to be enforced and monitored to make sure standardised care is provided
 - Funding for drug prevention and treatment programmes, which explicitly include IDU is needed
 - Build capacity and sensitisation of health care workers and law enforcement agents to manage drug use and IDU according to human rights and public health principles
 - HIV information, education and communication (IEC) materials must increase awareness around HIV risks and drug use, including the specific risks of injecting drug use
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Sex Workers

The rights to freedom, access to health care, non-discrimination and choice of occupation are violated where sex work is illegal. These are indeed explicit human rights in South Africa's constitution. Yet, sex work in South Africa remains a criminal offence.

Sex work is widespread and sex workers experience human rights abuses, including sexual and other types of violence (often at the hands of the police). Unsafe working environments, unfair labour practices and limited legal recourse result from a legal framework which does not support human rights and public health based approaches to sex work.

Widespread stigma and discrimination by health care providers and the community towards sex workers frequently lead to the social isolation of sex workers and discourages the use of health services. Unequal power structures and gender inequality greatly affect sex workers, and have direct effects on sex workers' ability to negotiate condom use and vulnerability to violence, including sexual violence.

Neither the decriminalisation of sex work, nor sex worker targets were achieved during the NSP (2007–2011) period, despite their specific recommendation. Furthermore, no sex worker

indicators were reported on in South Africa's 2010 UNGASS country report.

Fast facts

- Sex work pertains to adult, consensual sex. It is different to human trafficking and child prostitution, which are human rights abuses
- Insensitive and discriminatory health services lead sex workers to avoid health facilities
- The ongoing criminalisation of sex work undermines several constitutional rights; it increases the overlapping vulnerabilities of sex workers including violence, abuse by law enforcement officials, harassment, HIV acquisition and lack of access to health and justice services
- Decriminalisation of sex work is in line with a public health approach to ensuring access to health care
- Protection of sex workers under labour law will mitigate unsafe working conditions and empower sex workers

Recommendations

- Conduct more research on sex work and sex worker needs
- Decriminalisation of sex work and removal of all criminal laws and municipal by-laws pertaining to sex work
- Protection of sex workers under existing labour and occupational health and safety laws
- Capacity building of sex workers is required in order for them to exercise their rights and access to justice
- Increase sex worker representation and participation in the HIV response
- Where sex work is prevalent, specialised sex worker clinics and mobile services should be implemented, inclusive of:
 - Peer educators to provide condoms (particularly female condoms) and lubrication
 - Information, education and communication (IEC) materials and linkages to services for sex workers and their clients
 - General public education and anti-stigma campaigns
- In areas where sex worker numbers are low, sex work-friendly services should be integrated into existing services
- Implement targeted sensitisation training programmes for key stakeholders, including health care workers, police, customs officials, journalists, judiciary and teachers
- Access to sexual and reproductive health services, not limited to HCT and ART; STI and TB screening and treatment; family planning and termination of pregnancy services; medical male circumcision; PAP smears and referral for mental health and substance abuse services

Prisoners

Prisons are dynamic communities where the total number of individuals who pass through South Africa's prison system each year is three times the current number of inmates. Together with crowded conditions, sexual activity and drug use, prisons are environments conducive for the transmission of infectious

disease. The HIV prevalence among South African prison inmates is estimated to be between 20 and 41%.

Little accurate information on high risk activities within South African prisons exists. Male sexual assault, which has been

extensively documented, is believed to be the most under-reported form of assault within the prison system and beyond. Furthermore, unprotected consensual penile-anal penetrative sex, drug use, tattooing and sharing of blades are known to occur, yet the prevalence of such behaviours and their impact on HIV within the correctional services is not well understood.

Such abuse often forms part of the complex practices within the prison system, but can be prevented through effective policies and strong management. While condoms are supposed to be consistently available, this is uneven in reality. In addition, the condoms provided are for vaginal rather than anal sex and are not supplied with lubricant. Low levels of knowledge around HIV (on the part of both inmates and staff), and high risk behaviours in the community and within the prison system contribute to high levels of HIV in detention.

Great efforts have been made by the Department of Correctional Services to provide comprehensive HIV prevention, testing and support services, however, staffing shortages, limited technical support, and gaps in policy and training contribute to the high demand for appropriate services to promote the sexual health and rights of inmates, and to prevent and respond to sexual abuses.

Currently there are limited sexual and reproductive health services accessible to unsentenced detainees, and the conditions facing these individuals may be particularly conducive to the transmission of disease, and results in breaks in treatment for those on ART.

The prison setting presents an opportunity to intervene in the spread of HIV by providing health services, HIV education and information to individuals who are the least likely to access them through other means. However, the lack of access to consistent and effective care and prevention measures in the South African prison system, coupled with high levels of violence and poor management, only exacerbate the problem.

Inmates retain their right to health care and to be treated with dignity. The state also takes on the responsibility to provide care for, and ensure the safety of, detainees. As most people return to the community after their incarceration, appropriate HIV prevention, treatment and support services will greatly impact the HIV epidemic beyond the correctional services system. Good prison health is good public health, but in order to achieve that vision the fulfillment of prisoner rights must be on par with that of individuals in the community.

Fast facts

- South Africa has the highest proportion of prisoners in southern Africa (413 per 100 000), approximately 162 000
- HIV prevalence among prisoners is much greater than the general population
- Violence, particularly sexual violence, and drug use goes under-reported in prisons
- Condoms are (unevenly) available within the prison system
- Lubrication is not available within the prison system
- Neither inmates nor staff receive sufficient information regarding HIV and safer sex practices
- Shortages of health care professionals within the Department of Correctional Services limits HIV-related health service provision
- Overcrowding in prisons and unhygienic conditions increase the risk of transmission of communicable diseases, including TB
- The Department of Correctional Services does not adequately address stigma, discrimination and violence, including sexual abuse

Recommendations

- HIV education for inmates and staff
- Workshops for staff on addressing sexual abuse of inmates
- Education for inmates and staff on the nature and implications of sexual offences and to promote progressive understanding of sexuality and gender
- Additional research into HIV prevalence, sexual and drug use practices in detention settings
- Increased access to appropriate HIV prevention, treatment, care and support services in prison settings, specifically voluntary testing and counselling, condoms appropriate for anal sex, lubricant, STI symptom recognition and treatment, and TB screening
- Activities like education, work and sport to serve as harm reduction interventions that decrease high risk behaviour
- Develop and implement a gang management strategy in conjunction with a policy framework on addressing sexual violence
- Address overcrowding, privacy and confidentiality, and infection control
- Ensure appropriate care for inmates who are raped: victims must be taken to the local hospital to receive medical care, a forensic examination, testing for HIV and other STIs, PEP, related counselling, and timely follow-up. These services must be carried out at no cost to the victim and only with the victim's informed consent
- Apply the Sexual Offences Act in detention settings: the gender-neutral statutory offence of rape; the establishment of other crimes pertinent in detention settings and the right to receive counselling and PEP in cases of possible exposure to HIV as a result of a sexual offence

Migrants

Migration is a global phenomenon and has played, and continues to play, an integral part of South Africa's development. Circular migration, the pattern of leaving one's place of birth to spend time in a different area before returning, is typical and occurs within South Africa, as well as across its borders. Migrants often find themselves existing in spaces of vulnerability, and face multiple barriers when accessing health care services. These 'spaces of vulnerability' may include border areas, ports, urban informal settlements and farms. It is these situations that migrants face which increase their vulnerability to HIV, not being a migrant per se.

Discriminatory attitudes, isolation, language and cultural barriers, as well as integration challenges are just a few of the many factors that increase the risk of some migrant groups to acquiring HIV, and increase the vulnerability of some migrant groups to the effects of HIV. Undocumented cross-border migrants face greater challenges in accessing services. Currently, few services are sensitive to the needs of migrant populations and there is a lack of evidence-informed focused programming.

Appropriate policy exists in South Africa to ensure that all migrant groups have the right to access HIV prevention and treatment services, but dissemination, implementation and monitoring of these policies are inadequate. Existing legal frameworks and policies that ensure the right to HIV prevention, treatment, care and support services for all migrant groups need to be effectively implemented.

Within the Southern African Development Community (SADC), relevant draft policy exists to address population mobility and the management of communicable diseases, including the harmonisation of treatment protocols. However, this framework remains in draft form; South Africa is urged to ratify this framework.

Fast facts

- Approximately 3% of people residing in South Africa are estimated to be cross-border migrants
- The conditions associated with migration may increase the risk of acquiring HIV for some migrant groups. Some migrant groups reside in 'spaces of vulnerability' which require spatially targeted programmatic responses
- Discriminatory attitudes within the health sector limit access and quality of care for some migrant populations
- Precarious legal status makes some migrants scared to access services
- Lack of targeted and appropriate health information in migrant languages limits access to knowledge
- Lack of a clear framework for the implementation of existing policies and directives affects the health sector's response to migration and migrant populations

Recommendations

- Increase migrant population access to prevention services, tools and technologies
- Implement peer-led social and behaviour communication interventions, including the development of culturally sensitive IEC material
- Address barriers to access of health care, including language barriers and discrimination
- Capacity-build health care workers on migration and its impact on health and HIV
- Harmonisation of treatment protocols across borders: ARVs, TB treatment and minimum standards of care
- Disseminate, enforce and monitor existing migration policy
- The International Organization for Migration (IOM) and other stakeholders have recommended that migration be mainstreamed into existing health policies, and that building capacity to better engage with migration within the public health sector in South Africa and SADC become a priority
- Conduct research to understand the social factors that increase migrant vulnerability
- Map migrant communities for better understanding of the HIV epidemic
- Strengthen health information systems to capture data on migrants, for example health passports
- Develop key advocacy messages that reflect and communicate the following objectives:
 - The rights of migrants to access health services
 - The need for public health policy that incorporates migration health issues
 - The need to include migration health onto the public health agenda
 - The need for dialogue at policy and strategy level, while raising the profile of migration health through dissemination of key information (based on research) to inform policy

Transgender People

Transgender people consist of a wide spectrum of individuals with diverse sexual practices, preferences and identities. Increased vulnerability to HIV is associated with barriers to accessing health care and prevention services. Other factors leading to increased vulnerability include poverty, discrimination, high rates of sex work as a result of economic need, abuse, rape and substance use. Pervasive stigmatisation, denial and the hidden nature of some transgender people have led to the exclusion of transgender people from much research. Globally, data on this population is lacking.

More importantly, laws that outlaw same-sex behaviour, drug use and sex work have been shown to increase vulnerability to HIV and create barriers to accessing services, while also undermining basic human rights. Programmes should make provision for gender identity and cater for the needs of transgender people. The human rights of transgender individuals and their right to freedom from discrimination, right to dignity and access to health care should be guaranteed.

Recommendations

- Realisation and recognition by policy makers that transgender people are a diverse group of individuals
- All efforts to address sexual abuse in detention must include an emphasis on the safety of transgender inmates
- Transgender people should have self-determination and not be limited through inclusion under MSM and women who have sex with women (WSW) groupings
- Although transwomen are most often found in MSM communities, it is important to recognise their vulnerability separate from people who identify as male. Their vulnerability is located in their roles as the receptive sexual partners when expressing feminine identity. It stands to reason that their position should be examined from that perspective in the same manner as one would examine the different roles of men and women when dealing with men having sex with women (MSW)
- All future programming should take gender identity into account
- Programmes should cater for the needs of transgender people, including usage of gender-neutral and transgender sensitive language/training material and examples. Instead of using binary language such as male and female condoms, name them internal and external condoms
- Active representation and participation by transgender people on Lesbian Gay Bisexual Transgender and Intersex (LGBTI) platforms and other bodies should be ensured to allow for gender identity to be appropriately acknowledged

Fast facts

- The marginalisation of transgender people and barriers to accessing employment result in higher rates of sex work and unemployment.
- Interventions aimed at men who have sex with men (MSM) do not automatically address the needs of transwomen³, and nor do those directed at women who have sex with women (WSW) address the needs of transmen⁴.
- The Alteration of Sex Description and Sex Status Act No. 49 of 2003 allows for individuals to legally change their gender, and provides for those who are in various stages of transition. It is not limited to those who have undergone reassignment surgery.
- Sexual violence and rape are key issues facing transgender people. Due to structural and social influences transgender people are disproportionately likely to become criminally involved and are among those most vulnerable to sexual abuse behind bars. While detained, they are typically housed with other inmates of the same birth gender, which places transgender women at tremendous risk for sexual assault by male inmates.
- Only two South African public specialist centres provide gender reassignment surgery, which does not meet the demand.
- The health needs of transgender people are unique and are rarely addressed. In addition to physical, mental and sexual health services, many transgender people require specialised services including hormone therapy and gender reassignment surgery.
- Transgender people have been excluded from research because of pervasive stigmatisation, denial and the hidden nature of some transgender people.

and transgender people are empowered with the right to self-determination

- Gender identity of individuals should allow them to participate and engage in services which they choose to use
- Implement sentinel HIV surveillance and behavioural surveys to build an evidence base around HIV epidemiology among transgender people
- Provision of minimum service package of services for Key Populations which is tailored to the specific needs of transgender people

3 A transwoman begins life with a male body but identifies as female

4 A transman begins life with a female body but identifies as male

Conclusion

All forms of discrimination, including those based on sexual orientation, gender, gender identity and behaviours, have a negative impact on the health of individuals. Service providers need to be sensitised to the vulnerabilities facing Key Populations in South Africa, and should be accountable for providing non-stigmatising, non-discriminatory services.

In line with international recommendations, a minimum package of combination HIV prevention services should be available and accessible to Key Populations. Referral networks for complementary services need to exist and be accessible to Key Populations. Government and civil society partnerships could facilitate the implementation of such interventions.

In order to appropriately manage the overall HIV epidemic, the South African government, civil society and individuals must not only consider HIV within the general population, but must also develop focused programmes that address the needs of Key Populations. Tailored services in addition to the minimum package of services should be offered for specific Key Populations in areas of high vulnerability and demand.

With this information, there is much opportunity for improvement, specifically during the development of the new NSP (2012–2016) and related policies and programmes.

General principles for addressing the needs of Key Populations

- Key Population representation and active participation on relevant provincial and national structures are essential
- Dedicated funding to ensure implementation of Key Population focused interventions is required
- Tailored HIV testing, prevention, treatment and care programmes for Key Populations are needed to remove barriers to access. Such services need to be provided in a sustainable, responsible and integrated manner
- Accurate national HIV prevalence estimates for Key Populations, as well as characteristics of various populations and their specific risk behaviours, are essential to inform programmes and monitor impact
- HIV messaging and HCT services should include risks associated with unprotected penile-anal intercourse and drug use
- Public HIV education programmes should aim to reduce all forms of stigma, discrimination and violence and to encourage informed decision making and safer sex practices
- The provision of sensitive services by government employees (health care, police and justice service providers) is essential and relevant training should be provided in order to reduce stigmatising attitudes and behaviours towards clients
- Appropriate specialised technical training should be provided to ensure service providers are equipped to serve Key Populations appropriately

Definitions

Sex worker

Sex workers include consenting female, male and transgender adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally. The term sex worker is preferred to 'prostitute' and denotes that the services sex workers provide are considered 'work'.

Transgender

A transgender person has a gender identity that is different from his or her sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance). Transgender persons may also prefer not to conform to any gender binary and to instead use gender-neutral references.

Men who have sex with men (MSM)

The term 'men who have sex with men' describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity.

Injecting drug user (IDU)

The term 'injecting drug users' is preferable to 'drug addicts' and refers to people who regularly inject drugs either intravenously, intramuscularly, subcutaneously or by some other route.

Prisoner

A prisoner is someone in a prison setting, which includes jails, prisons, pre-trial detention centres, forced labour camps and penitentiaries.

Migrant populations

Migration is considered to include the movement of people within a country (internal migration) and the movement of people across international borders (cross-border migration). The International Organization of Migration (IOM) defines migration as involving 'a diverse group of people, including regular and irregular migrants, victims of trafficking, asylum seekers, refugees, displaced persons, returnees, migrant workers and internal migrants.'⁵

5 IOM (2008). Migration and Health: IOM's Programmes and Perspectives: 'Towards a multi-sectoral approach', Standing Committee on Programmes and Finance: Second Session: International Organization for Migration (IOM)



Contributions and input into this document were also received from the Alcohol & Drug Abuse Research Unit of the Medical Research Council and Just Detention International