



THE IRAQI NATIONAL RESPONSE TO HIV/AIDS

**NATIONAL PRIORITIES FOR
HIV/AIDS IN THE WORLD OF WORK**



KEY HIV STATISTICS IRAQ

- **585 HIV cases reported (June 2010)**
- 288 Iraqis (49%)
- 297 Foreigners (51%)
- 83% male

KEY HIV STATISTICS IRAQ

- *Mode of transmission (n=585)*
1986-2010 (June)
- Blood transfusions (71%)
- Heterosexual (18%)
- MTCT (4%)
- Unknown (7%)
- MSM not documented
- IDU not documented

SOCIAL, ECONOMIC, CULTURAL “RISK” FACTORS FOR HIV/AIDS

- **War and armed conflict:**
 - → Displacement & refugees
 - → Social, economic and psychological impact
 - → Human trafficking by organised crime for foreign sex industries
- **Poverty & Unemployment:**
 - → Work-related Mobility (labour migration)
 - Short-term marriages
 - Criminalisation of most-at-risk populations
 - Conservative traditional norms → difficult to work in HIV prevention
 - Stigma and discrimination of PLHIV

MOST-AT-RISK POPULATIONS

Who are most at risk?

- Female Sex Workers (FSWs)
- Men who have Sex with Men (MSM)
- Injecting Drug Users (IDUs)
- → *But..... Extremely hard to reach*

VULNERABLE GROUPS IN THE GENERAL POPULATION

Particularly vulnerable groups:

- **Returning refugees, displaced persons, widows**
- **Mobile men, Labour migrants (Gulf Council Countries, Jordan, Lebanon, Turkey), Long-distance truck drivers**
- **Most-at-risk Adolescents & Youth (MARA/Y): Working girls, Young men working in workshops, factories**
- **Wives of Men engaging in unprotected sex with multiple partners (sex worker clients; married MSM)**
- *Problem: no Research, no Evidence*

NATIONAL RESPONSE TO DATE:

STRENGTHS

- Early recognition of HIV and response despite very low HIV prevalence
- Large amount of HIV test data provides evidence of low HIV prevalence
- National AIDS Programme in place, despite major disruptions
- Blood safety guaranteed
- ARV treatment available:
 - 8 ART patients; 51 under pre-ART care
- Social & economic support for PLHIV

NATIONAL RESPONSE TO DATE: *KEY CHALLENGES (1)*

- Lack of reliable data on HIV rates, most-at-risk groups and risk behaviours
- Lack of data on potential drivers of HIV epidemic – especially in World of Work
(*Workplace risks, labour migration*)
- Very few HIV-prevention programmes in place
- Limited number of NGOs – weak capacity of civil society organisations to reach MARPs



NATIONAL RESPONSE TO DATE: *KEY CHALLENGES (2)*

- Addressing stigma & discrimination of PLHIV in the workplace and Protecting their labour & employment rights
- Lack of experience with HIV prevention in the workplace to reach vulnerable groups: labour migrants, young working men and women

PRIORITY AREAS 2012-2013

- **1. *Strengthen Surveillance & Research***
Improve understanding of HIV risks,
including in World of Work
- **2. *Build technical & organisational capacity
for HIV prevention*** (NAP, NGOs)
- **3. *Create supportive environments*** for HIV
prevention (legal, policy, social, workplace)
- **4. *Establish HIV prevention among
MARPs and vulnerable groups*** (incl. WoW)

HIV/AIDS INTERVENTIONS IN *“THE WORLD OF WORK”*

- 1. Research on HIV risks in the World of Work
- 2. Build national & local Partnerships on HIV/AIDS in the workplace
- 3. Workplace HIV prevention programmes
- 4. HIV-prevention for Iraqi labour migrants in other countries
- 5. Advocacy for supportive legislation and policies regarding labour/employment rights
- 6. Regional collaboration on HIV programmes in World of Work



1. RESEARCH ON HIV RISKS IN THE WORLD OF WORK

- a. Special study on Iraqi labour migrants (GCC, Turkey, Jordan, Lebanon)
- b. Special study on workplace-related HIV risks for young women and men in specific labour sectors



2. NATIONAL & LOCAL PARTNERSHIPS ON HIV IN WORKPLACE

- Establish partnerships between NAP, Min. Of Labour, Health, Soc. Affairs, Private sector employers, Trade Unions, ILO at
 - a) national and b) local (Governorate)levels to address HIV in the workplace

3. WORKPLACE HIV PREVENTION PROGRAMMES

- a. Workplace programmes for Iraqi nationals
- b. Workplace programmes for foreign migrant labourers in Iraq
- Components include IEC materials, World AIDS Day activities, peer education, VCT promotion, workplace policies in support of HIV prevention
- ***Integrate*** HIV/AIDS in existing workplace health programmes



4. HIV PREVENTION FOR IRAQI LABOUR MIGRANTS IN OTHER COUNTRIES

- Pre-departure programmes (HIV education, incl. for families, VCT, peer education), legal education & support
- Post-return/reintegration programmes (HIV education, VCT)



5. ADVOCACY FOR SUPPORTIVE LEGISLATION & POLICIES RE: LABOUR RIGHTS AND HIV/AIDS

- Advocacy for supportive legislation and policies regarding labour/employment rights
- Labour rights of PLHIV
- Stigma & discrimination in workplace
- Voluntary HIV testing \leftrightarrow Mandatory testing



REGIONAL COLLABORATION ON HIV PROGRAMMES IN WORLD OF WORK

- Partnerships with NAPs in neighbouring countries and international partners (ILO, donors, etc.)
- HIV workplace programmes for Iraqi migrant labourers in neighbouring countries
- Development of (sub) regional HIV workplace policy