IOM HIV COUNSELLING IN THE CONTEXT OF MIGRATION HEALTH ASSESSMENT

International Organization for Migration

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FOREWORD

The IOM's Migration Health Department delivers direct services to a wide variety of mobile people, including migrants, refugees, displaced populations, students, long term visitors, demobilized soldiers, trafficked persons, and voluntary returnees. These services include preventive and curative health activities such as the assessment of fitness to travel, the provision of immunizations, the promotion of health through awareness and education, and the detection and treatment of infections and diseases.

IOM assists in the resettlement of migrants and refugees by providing pre-departure health assessments as requested by receiving countries. Such health assessments are part of the wider process of the resettlement application, a process that differs from country to country. Some States request a blood test for the detection of the human immunodeficiency virus (HIV); such tests are compulsory if the candidate wishes to pursue his or her immigration application.

The question of mandatory HIV testing is a complex one, and one that is evolving as effective antiretroviral treatments are becoming increasingly available. In the case of pregnant women, for example, it is now possible to significantly reduce the risk of HIV transmission to their offspring by providing short course treatment during pregnancy and delivery. Some have thus suggested that in the protective interest of the health of their babies, pregnant women should be required to undergo HIV testing.

While IOM promotes HIV voluntary testing as opposed to mandatory HIV testing for travel purposes[1], IOM does nevertheless carry out HIV testing for migrants going to countries that require it. In such cases, IOM follows a harm reduction model, ensuring that high quality HIV counselling is offered. There is good evidence that high quality HIV counselling is effective in preventing the transmission of STIs[2]. Individuals who know whether or not they are infected are more likely to practice safer sex, and are more likely to reduce risks of transmission and re/infection.

This Guide was designed within the United States Refugee Program (USRP) with the support of the United States Department Bureau of Population, Refugees, and Migration (PRM) and is focused on HIV counselling within the context of resettlement. However, the same HIV counselling principles most certainly apply to other contexts. It is hoped, for example, that professionals working on non-voluntary HIV testing might find the document useful.

Although required, and not necessarily sought-after, the HIV test may also provide a valuable service to migrants and refugees. In using the opportunity to educate applicants on HIV and AIDS, in helping them learn how to protect themselves and their partners, and in providing referral services and appropriate support, IOM is fulfilling its commitment to provide good services to the Member States in regards to migration health and to the migrants that we ultimately serve.

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IOM Geneva, April 2006

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[1] *UNAIDS/IOM statement on HIV/AIDS-related travel restrictions*, June 2004.
[2] The Voluntary HIV-1 Counselling and Testing Efficacy Study Group, *Efficacy of voluntary HIV-1 counselling and testing in individuals and couples in Kenya, Tanzania and Trinidad: a randomised trial*. 2000. The Lancet, 356, pp. 103-112.

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ACRONYMS

ARV drugs	Antiretroviral drugs
CDC	Center for Disease Control and Prevention
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
MHD	Migration Health Department
PMCTC	Prevention of mother-to-child transmission
PRM	United States Bureau of Population, Refugees and Migration
PRV	Prevention
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
USRP	United States Refugee Program
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

INTRODUCTION

Although high quality HIV counselling appears effective in preventing the transmission of HIV and other STIs, research has shown that the impact of such counselling may not be the same in all populations and contexts, and does not always lead to behavioural changes. The weight of surrounding factors such as the stage of the epidemic, social norms, cultural beliefs, attitudes, and practices among targeted populations may limit the impact of the intervention[3].

Attempting to maximize the personal impact of the HIV counselling and testing it carries out in the context of its immigration health assessment programmes, IOM has adopted a policy of respect of the following benchmarks:

- Migrants need to fully understand the meaning and implications of the test result prior to undergoing it, notwithstanding disparity in initial awareness on HIV and AIDS, educational level, cultural background, gender or age
- High quality HIV pre- and post-test counselling must be provided, and should be undertaken to the extent that both the counsellor and the tested person deem necessary for a positive outcome
- Protection of confidentiality must be guaranteed to the fullest extent possible within the limitations imposed by the specific requirements of States
- Positive coping mechanisms and management of risk factors must be pursued in a manner similar to the objectives and methods of VCT
- Protection against stigma, ostracism, and discrimination within communities where migrants live must be factored into both the HIV testing and counselling planning, and the implementation process

The IOM Guide for HIV counsellors is written with these principles in mind. Although numerous documents exist for HIV counsellors carrying out VCT, there are few - if any - protocols on non-voluntary HIV testing and counselling.

The contents and methodology of our approaches will determine the potential outcome on the knowledge, attitudes and behaviour of applicants. It is therefore necessary for IOM to design standardized approaches and tools that are constantly adjusted to different situations and continuously improved.

📖 Within the specific context of mass health assessments, HIV counselling should respect the following principles:

- Pre- and post-test counselling are adequately planned and implemented as standard basic steps of the health assessment process
- Trained counsellors carry out HIV pre- and post- test counselling
- Pre-test counselling is gender, language, and age sensitive
- Pre-test counselling includes basic information on the health assessment process, the HIV test procedure, the meaning of test results, the modes of HIV transmission and ways of prevention
- Pre-test counselling also includes a demonstration on the correct use of a condom, and the completion of the Consent Form
- IOM HIV counsellors document their work and concrete experiences of successes and failures
- Standardized HIV pre- and post-test counselling report tools are implemented within assessment sites. They allow IOM to assess the quality and impact of its services on migrants' HIV awareness, beliefs and attitudes. In addition, the results are used to improve the IOM Guide for IOM counsellors

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[3] UNAIDS, *The impact of Voluntary Counselling and Testing, A global review of the benefits and challenges*. Geneva: UNAIDS 2001.

How does this Guide differ from other HIV counselling and testing manuals?

This Guide differs from those prepared for the more widely practiced VCT. Migrants and refugees undergoing IOM migration health assessments *have not specifically sought HIV testing*. Their main concern is life in a new country, and not having their health assessed or their HIV status checked.

In addition, because of the simultaneous processing of large groups, often in remote environments and with stringent logistic constraints, this Guide refers to pre-test *group counselling* for individuals coming from many different ethnic backgrounds, and with a wide range of educational levels.

This Guide reflects IOM's standard concepts of HIV counselling. However, it illustrates *the specific procedures promoted by IOM in Africa in a context where:*

- HIV and AIDS are widespread: most applicants are originating from countries that are highly affected by the AIDS epidemic
- IOM provides simultaneous health assessments to large groups. Thus, the services of HIV counsellors are essential, as physicians are fully dedicated to the medical examination of applicants [4]
- The target group is quite varied. Because of immigration requirements and procedures, and the after admission to resettlement of a large number of migrants originating from rural and underdeveloped areas, knowledge on HIV, cultural background, age groups targeted, largely differ from those of people that most commonly approach VCT services
- Resettlement and family reunification are commonly handled by immigration authorities as family cases, and the excludability on medical ground of one of its members is likely to impact on the case processing of the whole family. Counselling in this resettlement context needs to consider and address this peculiar aspect

IOM also carries out migration health assessments in low HIV prevalence settings where applicants are highly educated and seek resettlement for international employment or for studies. HIV counselling tools and materials need to be adapted to such environments but the ethical and quality principles should remain the same. This does not exclude that health personnel who are properly trained, oriented and motivated can deliver quality counselling. What is unacceptable is that this option is taken for cost-effectiveness purposes disregarding ethical and quality principles. HIV counselling is not an optional addendum to the migration health assessment process. As indicated by the regulatory and official technical instructions of most of the immigration countries on which behalf IOM operates, HIV counselling is a mandatory requirement.

In producing a Guide for HIV counsellors, IOM aims to achieve a balance between the *requirements* for an HIV test and *the maintenance of confidentiality while*, at the same time, *providing a meaningful service* to migrants.

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[4] During the fiscal year 2005 (October 2004-September 2005) 66,909 HIV tests for resettlement to the US have been carried out by IOM worldwide.

How to use this Guide

This Guide includes seven sections.

Section 1 – Guidance for HIV counselling: This section aims to remind users of some basic elements of HIV counselling. The qualities and skills of HIV counsellors are described and concepts of culture and tradition are introduced.
Section 2 – HIV pre-test counselling in a group setting: Section two describes the main goals of pre-test counselling, as well as the key challenges faced by counsellors working with groups. Technical and logistical suggestions for session preparation are provided.
Section 3 – Starting the HIV pre-test counselling group session: This section describes how migrants are welcomed to a group counselling session. Counsellors are instructed on how to introduce the HIV testing procedure and on how to explain the Consent Form to applicants.
Section 4 – Giving information about HIV and AIDS: Section four moves towards the essence of HIV pre-test counselling, starting with the importance of assessing migrants' level of understanding of HIV and AIDS. It describes how to encourage group participants to reflect on and reduce their personal risk of HIV infection. A description of correct condom use is provided. The section ends with a discussion of how counsellors can help group participants anticipate their HIV test results.
Section 5 – Conducting HIV post-test counselling: HIV post-test counselling is carried out individually, in private, and with confidentiality. In this section, the requirements of the post-test counselling session are discussed, as are the ways to give HIV test results, both when the test result is HIV-negative and when it is positive.
Section 6 – Ensuring high quality HIV counselling: Section six tackles evaluation issues related to the programme quality.
Section 7 – Annexes: This section contains references on resettlement, HIV and AIDS, and voluntary HIV counselling and testing. It also includes an HIV and AIDS Quiz, the Consent Form (USRP), a sample script for safer sex discussions, the Addendum and the Waiver of Grounds of Excludability (USRP).

Throughout the document:

1. ***Statements in bold print italic are instructions and recommendations for HIV counsellors***

2. *Sentences in italics are statements that might be used during sessions. These statements will need to be adjusted for the culture and the educational level of the migrants being counselled*

3. 🕮 Boxed scripts contain additional comments and advice for IOM counsellors

SECTION 1. GUIDANCE FOR HIV COUNSELLING

1.1 What is effective HIV counselling?

Although education can be a component of counselling, HIV counselling is more than information sharing.

HIV counselling:

- Goes beyond providing information
- Helps people to identify their own concerns
- Empowers individuals to develop prevention goals and strategies
- Is interactive: it is questioning, listening, and answering; it is not a lecture
- Is culturally competent and linguistically specific
- Is appropriate and sensitive to issues of sexual identity, gender and age

Effective HIV counselling also considers aspects of:

Time: Migrants' concerns should be addressed without rushing.

Acceptance: The person should feel that he/she is fully accepted irrespective of his/her HIV status, lifestyle, and socio-economic, ethnic, and religious background.

Accessibility: HIV counselling should be easy to obtain. People who need counselling should be able to ask for a meeting or call on counsellors. Although workload makes time limited, counsellors should strive to perform their duties as efficiently as possible. Hence, a counsellor should be available and offer opportunities for subsequent meetings.

Consistency and accuracy: Any information on HIV provided through counselling must be consistent and accurate. The counsellor should have an understanding of the facts about HIV and AIDS, and should answer questions with confidence or be informed of resources in the community where migrants can obtain other information and services (See Annex 2 for references on HIV and AIDS).

Confidentiality: Confidentiality establishes trust between the migrants and the counsellor, and must be maintained at all times. But confidentiality does not mean secrecy.

Appropriateness: Counselling needs to take into account expectations, limitations, and cultural/social profiles of individuals counselled.

1.2 What are the personal qualities of the HIV counsellor?

1.2.1 Being a “change agent”

The HIV counsellor facilitates behaviour change: he/she is a ‘change agent'. The counsellor:

- Believes that HIV counselling can make a difference for the individual, the family, and the community
- Listens rather than preaches or admonishes
- Balances well selected open-ended questions with statements, summaries, and reflections
- Is comfortable in discussing specific HIV risk activities
- Is able to remain focused on risk issues
- Is able to assist individuals to develop realistic risk reduction plans
- Is able to discuss and demonstrate condom usage with ease
- Reflects upon and considers the quality of his/her sessions
- Is interested in learning new counselling skills and approaches
- Invites ongoing supervision, quality assurance measures, and feedback
- Is patient
- Is non-judgmental and able to separate personal values (views, opinions, and attitudes) from the counselling process
- Does not make assumptions, and respects different ways of coping with HIV infection
- Is not ashamed to admit limitations
- Is not overly afraid of death and dying, and is able to effectively counsel others on issues related to death and dying

1.2.2 Listening and questioning

When listening to a migrant being counselled, the counsellor will:

- Pay attention to the individual’s risk history, issues, and circumstances
- Bring together pieces of information and links between situations, feelings, and actions
- Remember information for use later in the session
- Develop a picture of the person’s life
- Strive to truly understand and empathize with the migrant

When questioning a migrant being counselled, the counsellor will:

- Acknowledge that he/she has heard and understood the migrant(s)
- Ask appropriate follow-up questions
- Ask migrants to elaborate on unclear issues or contradictory information
- Ask questions about “missing links” related to HIV risks, coping, and support
- Blend reflective, guiding questions with well-chosen open-ended questions

1.2.3 Using open-ended questions

Open-ended questions are best for effective HIV counselling. They provide an opportunity for individuals to explore and reflect upon their situation and emotional state. Open-ended questions encourage people to take more control of the conversation, and allow them to provide only the information they want. Such questions will help the counsellor to understand persons’ willingness to change, sense of control, and even whether or not they see a situation as problematic.

Some examples of open-ended questions that facilitate HIV counselling	
Open-ended questions	***Closed questions***
How do you think you might have been infected?	*Do you have unprotected sex?*
What are you doing now that you believe may put you at risk for HIV?	*Do you have more than one sex partner?*
Tell me about the last time you put yourself at risk for HIV.	*Did you have safe sex?*
How often do you use condoms when you have sex?	*Do you use condoms with your regular partner?*
When did you have sex without a condom?	*Do you use condoms with other sexual partners?*
In what circumstances do you have sex without a condom?	*Do you use condoms when you first have sex with someone?*
How often do you drink alcohol?	*Do you drink a lot?*
How does alcohol influence your HIV risk?	*Have you ever had sex when you were under the influence of alcohol?*
What are you currently doing to protect yourself from being infected with HIV?	*Are you able to decrease the number of partners you have sex with?*
Who could support you in reducing your risk	*Do you have someone who could help you reduce your risk?*
Tell me your concerns about your partner's HIV risk behaviours.	*Is your partner infected with HIV?*

1.3 Culture, tradition, and HIV counselling

As a counsellor, you need to examine your own beliefs and attitudes in order to counsel people from different backgrounds, cultures, and religions openly and without judging. The term “culture” refers to the habits, expectations, behaviours, rituals, values, and beliefs that human groups develop over time. It is culture that makes people learn what is right and wrong. Tradition simply means a way of doing things, and is handed down from one generation to another. Tradition becomes particularly important during times of transition such as puberty or marriage, or at times of stress such as illness and death.

As a counsellor, you must appreciate the cultural importance of the behaviour that you might seek to change.

Below are some examples of cultural practices that may need to be addressed during HIV and AIDS counselling.

Traditional initiation rites

Many groups carry out initiation rites for young people as a way of marking the transition from childhood to adulthood. Such rites may include teachings about sexual practices and how to have sex. Adolescents in all cultures need to be informed about STIs in order to protect themselves, and such information could be integrated into initiation rites.

Traditional healers

Although traditional healers can be an important source of health care, it is crucial that migrants are well informed about HIV transmission and manifestations of AIDS in order to protect themselves from the potentially harmful practices proposed by some traditional healers.

Traditional healers may be herbalists or use other methods to cure, such as prayer or the laying on of hands. A migrant who tells you that he or she is taking traditional medicine and feels much better should not be discouraged from doing so unless there is a medical reason.

Widows and sharing of wives

Many groups practice polygamy for historical reasons, for example, because a chief wants to have many children for future political and social continuity. Polygamy is a cultural form of child spacing where the wife does not practice sex for long periods after the birth of a child. The husband can then turn to another wife for sexual purposes. Some groups sanction, and may even encourage, the ‘inheritance’ of widows by brothers or close kin of a deceased man. In the past, this practice served as a ‘safety net’ for the security of the wife and her children, while at the same time keeping the children within the clan of their birth. Some groups also sanction the ‘sharing’ of wives among brothers and/or close kin.

As a counsellor, you should not express disapproval of cultural practices such as widow inheritance or wife sharing, but rather mention factors that could justify a change in sexual behaviour. For instance, you could explain that if one family member is infected with HIV, there is a good chance that other members of the extended group who have sexual relations with that person will also contract the virus. As a counsellor, you might ask: “Who will take care of the family if the breadwinner dies?” The decision to actually change behaviour will come from the migrant, not from you. Facts alone will not change behaviour, but you can suggest alternative means of protection for the group, such as the proper use of condoms.

SECTION 2. HIV PRE-TEST COUNSELLING IN A GROUP SETTING

2.1 Goals of pre-test counselling and basic components

Pre-test counselling is the best opportunity to inform and educate individuals on HIV and AIDS. It provides benefits for those who test HIV-positive as well as those who test HIV-negative. Pre-test counselling increases migrants' perception of their vulnerability to HIV and promotes behavioural changes. Moreover, it is a unique opportunity to reinforce prevention messages. In providing accurate information and correcting false beliefs and myths on HIV and AIDS, pre-test counselling may also assist in reducing stigma in the community. Finally, pre-test counselling prepares individuals to cope with a potential HIV-positive status and contributes at establishing a relationship with the counsellor.

The goals of HIV pre-test counselling are to:

- Ensure that participants are provided with up-to-date information about HIV and AIDS
- Provide participants with the opportunity to discuss and reflect upon risk situations, on prevention and on safer sex
- Ensure that participants understand the health assessment [5] procedure
- Ensure that participants understand the HIV test process and the meaning of the result
- Ensure that participants understand and accept immigration requirements (Waiver of excludability[6], and/or Consent Form [7])
- Ensure that migrants are aware of the implications of an HIV-positive and of an HIV-negative test result in relation to migration

The basic components of the HIV pre-test counselling:

- Provide basic information about HIV and AIDS
- Clarify misconceptions, false beliefs, and facts
- Discuss HIV-related risk situations and their prevention
- Explain safer sex practices
- Demonstrate the correct use of a condom
- Inform about the health assessment procedure
- Describe the HIV test procedure and explain the test result
- Introduce the Waiver of Grounds of Excludability (if applicable)
- Explain the Consent Form and the meaning of signing it
- Provide additional materials on HIV and AIDS

2.2 The HIV pre-test group counselling process

Ideally, the HIV pre-test counselling should be given on an individual basis, and should be offered to every migrant when necessary. However, IOM will often conduct pre-test HIV counselling in groups. This format is cost-effective in view of logistic, linguistic and time constraints associated with the examination of high numbers of applicants over a short period of time, sometimes in out-reach settings. It is also the best means to maintain accuracy and maximize the time use and resources of the personnel involved. Although group sessions have proven to be more effective since they stimulate discussion and interactivity, this is only possible when the gender, age and language composition of the groups are appropriate. HIV counselling for groups requires skills similar to those needed for individual counselling, but as a counsellor you may need additional skills in order to deal with a range of complex dynamics.

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[5] Medical examination required by some Governments for permanent or long term immigration

[6] Some countries grant a "Waiver of Grounds of Excludability" on humanitarian or other ground to some categories of immigrants (e.g. refugees), for medical conditions considered potentially excludable for immigration purposes. See also *section 5.7* on the Waiver of Grounds of Excludability.

[7] After pre-test counselling applicants are requested to sign a 'Consent From'. See *section 4.8* and Annex 5 on the Consent Form.

As a counsellor, you will need to assess the overall level of HIV and AIDS knowledge on within each group, as well as the potential for stigma (*see section 4.1*). You will also assess the communication dynamics within groups. Specifically, you may need to:

- Deal with an over-assertive, dominant individual
- Deal with the official or unofficial representative of the group
- Deal with an individual who is not participating
- Pay special attention to those who are shy and withdrawn
- Address widely different religious, cultural, and medical beliefs of group members in a non-judgmental way
- Identify those who have special needs, for example, those who are disabled
- Support those who may become emotionally distressed
- Cope with ethnic rivalries or other divisions that might surface during the session

2.3 Planning the HIV pre-test counselling group session

2.3.1 Gender and age considerations

In many cultures, men and women do not discuss matters pertaining to sex, sexual behaviour or STIs in mixed groups. For that reason, men and women must be counselled in separate groups. Similarly, members of the same family should be seen separately, as adolescents may feel uncomfortable discussing sexual behaviours in the presence of their parents. Similarly, parents may be uncomfortable discussing sexuality in the presence of their adolescents.

Groups should be kept small, i.e., limited to a maximum of 15 or 20 men or women who, ideally, will be of similar culture.

2.3.2 Logistical considerations

The counselling session will take place in a quiet and undisturbed atmosphere where people can concentrate, and where they will be able to absorb the content of the discussions. As a counsellor, you will take this into consideration while planning examinations by the mobile team or setting-up new health assessment processing sites.

2.3.3 Use of interpreters

As IOM counsellors, you will be called upon to carry out HIV pre-test group counselling sessions with people of various ethnic and linguistic backgrounds. The use of well-selected and trained interpreters is crucial to deliver quality services to migrants.

Interpreters should receive training. Such training should mainly focus on the migrants' cultural background, HIV transmission and prevention, HIV mandatory testing versus voluntary testing. Interpreters should also be made aware of the IOM Mission Statement and MHD's main activities. Interpreters must therefore have appropriate levels of education, language skills, maturity, and openness to other cultures.

2.3.4 Preparing the pre-test counselling material

The following materials should be prepared before initiating the HIV pre-test counselling session:

1. Penile model
2. Condoms (male and female)
3. Consent Forms (see Annex 5)
4. Ink pad (to help migrants who are illiterate "sign" their Consent Form)
5. IOM Information Brochure on HIV and AIDS
6. HIV and AIDS Quiz (optional tool, see Annex 4)
7. Flip chart and pens (optional)
8. Videos about HIV and AIDS in local languages (optional)

📖 During a counselling session, as a counsellor, you will remember to always:

- Maintain dialogue with migrants
- Communicate in simple terms
- Clarify important misconceptions
- Provide information in a way that avoids lecturing
- Focus on HIV risks and prevention
- Stay organized
- Avoid filling out forms during the counselling session

SECTION 3. STARTING THE HIV PRE-TEST COUNSELLING GROUP SESSION

3.1 Welcome and introduction

Warmly welcome participants, put them at ease, and ensure that all are comfortably seated.

Then introduce yourself as a counsellor and describe your role:

Hello, my name is _____. I'll be talking with you today about HIV and AIDS and the test for HIV. As your counsellor, my role is to help you understand what HIV and AIDS are. I will also talk with you about HIV risks and prevention.

Ensure that each member of the group understands the language you are speaking, or fully understands the interpreter.

Inform migrants that during the session you will:

- Explain the health assessment procedure
- Explain the HIV test process and what the test results mean
- Explain the Waiver of Grounds of Excludability
- Explain the Consent Form
- Explain what HIV and AIDS are
- Discuss risk situations
- Show how to correctly use condoms
- Have them sign the Consent Form at the end of the session

3.2 Describing the health assessment and the HIV testing

3.2.1 Explaining the health assessment procedure

Tell the participants:

Your physician will undertake a medical examination that may include an examination of the chest, of the abdomen, of the ears and mouth.

You will also have some tests including an X-ray of your chest, a blood test for syphilis and HIV, and a urine test.

📖 Encourage migrants to ask questions about any step of the procedure that they do not understand. Experience has shown that women, especially, may need support to ask questions. Having adequate opportunity to ask questions will help to put participants at ease with the entire process. The physical examination will be less threatening if those undergoing it are well prepared. They may ask for example about the physical check-up and having to remove their clothes.

As a counsellor, you need to be fully updated on the medical procedures and work closely with the nurse and the doctor.

3.2.2 Explaining the HIV test

Say: *You will be tested for something that may be new to you. You will be tested for HIV to detect if you are infected with the virus that causes AIDS. The doctor will take some blood from your arm and send it to a laboratory to test if you have been infected with HIV.*

Inform the migrants about timing:

Say: *You will have to wait some time for the results, but we will make every effort to make sure that accurate results are returned to you as soon as possible*.

Explain to the group that the HIV testing is required for the resettlement application:

Refusing to undergo any portion of the health assessment could negatively impact on the migrant's application for resettlement. If the applicant's medical file is incomplete, immigration authorities may be unable to make a recommendation for medical admissibility.

Say: *An incomplete health assessment file could negatively affect your application for resettlement.*

📖 Migrants confronted with non-voluntary HIV testing may need to prepare themselves psychologically.

An individual who seeks *voluntary* counselling and testing is likely to:

- Have already thought about HIV and AIDS
- Believe that he or she has been at some personal risk of HIV infection
- Be somewhat psychologically prepared for the outcome of the HIV test, whether it is negative or positive

In contrast, it is likely that most people who are *required* to have an HIV test may:

- Not have thought about HIV or AIDS, or about having a test for HIV
- Not have thought about the consequences of a positive HIV result
- Require information more basic than that needed by most individuals voluntarily seeking counselling and testing
- Not feel at risk of infection
- Be concerned about confidentiality and stigma
- Be concerned about the implications of the HIV test on their application for resettlement

3.2.3 Explaining the meaning of the HIV test result

Say: *If the test is negative, it means you are not infected with HIV. However, if you were recently exposed it may not reflect this exposure. Your doctor will then request that you repeat the test in a few months. If the test is positive, it means you are infected with HIV. A positive result does not mean you are sick or will soon become ill and it does not mean you have AIDS. There are people who test positive for HIV that stay healthy for years.*

3.3 Introducing the Waiver of Grounds of Excludability (if applicable)

During the pre-test group counselling sessions, it is important to inform the migrants about the existence of the Waiver of Grounds of Excludability. Such waiver exists in resettlement procedures for the United States and Canada, but does not exist for Australia and New Zealand. Migrants who are found HIV-positive may be able to apply for resettlement through the Waiver[8].

Say: *Those appliying for resettlement in the United States and who test HIV-positive, can request to sign the Waiver of Grounds of Excludability in order to be allowed to resettle. However, you will only be allowed to sign this form after undergoing several post-test counseling sessions.*

3.4 Introducing the Consent Form

It is essential that migrants give informed consent *before* the health assessment and HIV testing are carried out. Informed consent means that applicants understand and agree to the procedure.

Show the applicants the Consent Form specific to the immigration country programme they have been admitted to, or for the visa they are applying for and explain that they will be asked to sign it at the end of the session[9].

***Say*:** *This is the Consent Form you will be asked to sign and date at the end of this session. By signing it, you give permission for IOM to conduct a health assessment, including an HIV test and to inform immigration authorities of the country where you want to go about your HIV test result.*

Tell participants that they will have a chance to discuss the consent form in more detail at the end of the session (see section 4.8).

Say*: In order for all of you to better understand the Consent Form, we will read it together later on.*

3.5 Closing the preliminary part of the session

Say: *We have finished with the first part of this session. We are now going to discuss HIV and AIDS, and I will be giving you much more information.*

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8 See *section 5.7* on the Waiver of Grounds of Excludability. See Annex 8
9 See *section 4.8* and Annex 5 for the Consent Form.

SECTION 4. GIVING INFORMATION ABOUT HIV AND AIDS

4.1 Assessing the group's level of awareness and attitudes on HIV and AIDS

Say to the migrants that HIV and AIDS will now be discussed.

Participants need to be provided basic information about HIV and AIDS. The amount of knowledge they already have may vary widely, so the first step is to gauge the level of understanding in the group, and to tailor the information to meet their specific needs.

You can begin this part of the session by open-ended questions to assess the group's understanding of HIV and its modes of transmission. For example, you could ask:

- *What have you heard about HIV?*
- *What have you heard about AIDS?*
- *What is the difference between HIV and AIDS?*
- *How do you think the virus can pass from one person to another?*

You will also need to assess the potential for stigma in the group. Stigma is often associated with low level of awareness, and false beliefs on HIV and AIDS. For example, you may ask:

- *Have you ever encountered people who are HIV-positive?*
- *What makes you think that they are HIV-positive?*
- *Do they represent a risk to you in daily activities?*

4.2 Explaining HIV and AIDS

4.2.1 HIV

Ask participants about the meaning of HIV, its effects on the body, and the ways it is transmitted. You may say:

HIV stands for **H**uman **I**mmunodeficiency **V**irus*. HIV weakens your body's immune system, making it less able to fight against diseases and infections.*

HIV passes from one person to another through contact with the body fluids of someone infected with the virus. Most often, the virus spreads through oral, vaginal, or anal sex with a person who is HIV-infected and during which a condom is not used. You can be infected after a single sexual intercourse.

A woman can pass HIV to her baby during pregnancy, delivery, or breastfeeding. However, there are medicines that a pregnant woman can take to greatly reduce the chance of her baby being born with HIV.

HIV can also be transmitted through transfusion with infected blood and through the use of cutting instruments or needles that are not sterilized.

Sharing syringes and other equipment for drug injection is another route of HIV transmission. Sharing syringes allows a direct exchange of blood from one person's body into the bloodstream of another. Keep in mind that if you share syringes, you may also be putting your sexual partner or partners at risk through sexual activity.

Ask participants about the symptoms of HIV. Do not forget to say that:

You cannot tell by a person's appearance whether he or she is HIV-infected.

Take time to discuss this information and clear misconceptions about it.

4.2.2 AIDS

Ask migrants what they know about AIDS. In particular, ask them about symptoms and treatment. Clarify some of the following issues:

If you are infected with HIV, later you might develop AIDS. HIV is a virus and AIDS is a disease.

AIDS is different in every infected person: some people become sick soon after being infected with HIV, while others live normal lives for many years. Symptoms of AIDS can include: sudden loss of weight, lack of energy, frequent fevers and sweats, skin rashes and diarrhoea.

There is still no vaccine that protects people from HIV and no cure once a person has been infected. However, medical therapies are now available for HIV-infected people. These are the Antiretroviral (ARV) drugs. They help to reduce the rate at which HIV weakens the immune system.

There are also drugs available to prevent and to treat some of the specific infections that affect people with HIV.

> 🕮 At this point, you might choose to use the HIV and AIDS Quiz (see Annex 4). This quiz can be used in a number of ways to stimulate discussion and to correct common myths about HIV and AIDS.

4.2.3. HIV prevention

Inform the group about how to prevent HIV infection and transmission, and discuss the concepts of abstinence, faithfulness, and use of condoms.

Abstinence from sex means having absolutely no sexual intercourse.

Clarify this as people sometimes understand 'abstinence' to mean having sex with 'safe' partners.

Faithfulness means having sex with only one partner. However, for this to be an effective prevention method, both partners have to be faithful and HIV-negative. Individuals in polygamous marriages should be advised similarly.

> 🕮 As a counsellor, you should emphasize that faithfulness in itself provides no protection from infection. Many people are unsure of the HIV status of their partners, and those who are faithful cannot be certain that their partner is maintaining the same commitment.
>
> Note as well that abstinence is not a realistic option for the millions of women and girls who are in abusive relationships, or those who have been taught to be obedient to their husbands: in such situations, women and girls have little power to negotiate condom use, abstinence, or mutual fidelity with their husbands or partners, even when they know that they are HIV-positive. Such expectations are a major cause of HIV transmission to married women.

Proper and consistent use of condoms

The key term is 'consistent' as many individuals might use condoms during the first few acts of sexual intercourse with a partner, but later feel that it is safe to stop using condoms.

Say to the group that:

Practices such as tattooing, ear piercing, circumcision, and scarification can spread the virus if instruments coming into contact with the blood are not disinfected. Knives and razors must be disinfected before each use.

If you inject drugs, you should always use a clean needle, syringe, and other equipment each time you inject. Never share any of these with anyone else.

📖 You are encouraged to give additional information by the means of a brochure or video.

4.3 Discussing HIV-related risk situations

A very important aspect of pre-test counselling is discussion of risk situations. Group participants should be encouraged to do most of the talking.

***Discuss situations of potential risk relevant to participants, for example*:**

- Current and past sexual relationship(s), not only of oneself but also of one's partners
- Sexual relations with multiple partners or with partners who are HIV-infected
- Not practicing safe sex, not using condoms
- Injection drug use
- Receiving a blood transfusion
- Exposure to non-sterile procedures, such as injections, tattooing, scarification, circumcision, and mutilations

Alternatively, discuss some of the following situations and ask participants to identify the main risks:

- A young person engaging in sex because of peer pressure
- A single mother having to trade sex to support herself and her children
- A person involved in a polygamous or multi-partner relationship
- A young person in a relationship with an older person in return for gifts
- A man who has sex with men
- A woman, a girl or a boy who is victim of a sexual assault
- An older person in a relationship with a younger person because they believe that a younger person would be more likely to be free of HIV

Refer to specific examples given by the migrants by asking questions such as the following:

Your teenage child is likely to go out with friends. What would you think might be a risk factor in this situation? What role could you play in HIV prevention?

You have said that you go to social places with friends in the evening. What do you think might be a risk factor in this situation?

What would you think about taking your partner or wife along with you when you go out for social evenings?

Explore beliefs and perceptions associated with risks:

Factors associated with continued risk behaviour include whether or not participants:

- Underestimate personal risks
- Do not really believe that they will be able to successfully change their own behaviour
- Believe that HIV is an "act of God", or is associated with "fate", magic, or witchcraft
- Feel that the suggested behaviour changes will not be approved by their friends
- Fear stigma and rejection
- Believe that HIV can be cured (whether by antiretroviral medications or by folk remedies or other non-medicinal means)

Encourage the group to discuss specific risk situations, by asking several open-ended questions[10]. For example:

- *Tell me about situations that you feel might put people at risk of HIV*
- *What do people do that you think may put them at risk for HIV infection?*
- *Do you think there might be a risk when peoples' partners, husbands or wives spend time away from home, for example, travelling for their work?*
- *Have you ever had a blood transfusion?*

You may also say:

Sometimes, partners meet friends at social places (drinking places, at the market in the evening, etc.). Do you think there might be HIV risk associated with this?

Let us talk about the unmarried or unattached women or girls in or near social places (markets, drinking places).

If anyone has had a very bad bout of malaria – can you tell me about the treatment and whether it included a blood transfusion?

📖 Ideally, the counselee should conduct his or her own personal risk assessment, but this may be difficult during a group session. Your task is thus to probe subtly, to encourage participants to identify and discuss risk situations that may realistically apply to group members, and the ways in which behaviour could be changed to reduce the risk of HIV transmission.

When probing for responses, you should keep in mind that individuals speaking in the third person or in the abstract are often referring to their own experience and attitudes. Again, the important point is that individuals consider the possibility of their own personal risk situations.

Personal risk assessment involves considering our own behaviour and how our behaviour places us at risk of HIV infection. This covers much more than simply our sexual behaviour. Walking alone along isolated and dark pathways, for example, might put us at risk of contracting a sexually transmitted infection should we be assaulted. The exploration of many different forms of risk helps participants to understand better the broad concept of risk.

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[10] See also the *section 1.2.3* on open-ended questions.

4.4 Discussing means for reducing risks

The participants should leave the pre-test counselling session fully aware of possible risk situations in their own lives. Those who have identified risk of infection should also identify at least one concrete action or step that they can take to protect themselves. The step needs not to be a huge change of behaviour, which would be unrealistic to achieve. The change of behaviour could be a small but meaningful step that would help the individual avoid infection with HIV or another STI, or infecting someone else.

Specific risk reduction steps might include:

- Remembering that alcohol can affect both male and female decision-making abilities, and that when alcohol is used, risky sexual practices might occur
- Avoiding traditional invasive procedures such as tattooing
- Proper, consistent, and convenient use of condoms
- Talking to one's partner about the possibility of being infected with HIV
- Discussing faithfulness with one's partner
- For youth, talking to one's partner about waiting to have sex until both are sure they are ready
- Avoiding places where risky practices are known to take place
- Avoiding sharing material such as razors and needles
- Obtaining a condom and trying it out

Suggest measures for reducing personal risk, such as:

Make sure this is what you both really want when you start having sex with a new partner.

Sex may lead to immediate satisfaction but can lead to worries about STIs, including HIV, and unwanted pregnancies, as well as to concerns about moral values. People who knew their partner before starting sexual relations often express more satisfaction that those who didn't know their partner.

For behavioral as well as physiological reasons, early sexual debut increases adolescents' risk for STIs. Youth who begin sexual activity early are more likely to have high-risk or multiple partners and are less likely to use condoms. The delay of sexual initiation is a mean to avoid sexually transmitted infections.

How about talking with your partner about HIV, and about being faithful?

Often, new partners do not discuss their previous or current sexual life and they do not discuss commitment and faithfulness. Discussing risk behaviours and dangers associated with infidelity is important. Agreement about their code of conduct should be reached between partners.

Why not carry a condom those evenings when you go out to meet your friends?

Consistent condom use is an effective way of protecting against STIs and unwanted pregnancies. Those who may have unexpected sexual relations or know that they may have new encounters should always carry a condom with them.

4.5 Demonstrating the correct use of a condom

Prepare the penile model to demonstrate the proper use of a condom. Demonstrate the use of male condoms, starting by saying:

I am now going to demonstrate how to properly use a condom. I will pass male condoms around the room so that you can have a close look. Take them out of the package so that you can see them and feel them. You will notice that the condom is similar to the rubber glove nurses and doctors use to protect themselves from infections.

Show a sample condom and say:

I like these, or *these are very popular.*

> 🕮 It is very important that you feel at ease when discussing sexual practices and demonstrating the use of condoms. Many migrants may be unfamiliar with condoms and initially reluctant to ask questions. It is far more effective if you personalize your recommendations. Allow time for questions.

Demonstrate how to properly open the condom packet. Show how one carefully tears off the top strip without injuring the condom. Grasping the bottom of the packet, push the condom gently towards the opened end. This avoids grasping and pulling the condom, which might lead to a small tear.

Next, unroll the condom carefully onto the penile model and demonstrate what is meant by 'grasping the tip' of the condom in order to 'remove any air'. Be sure to explain slowly and thoroughly why the air is removed from the tip. If the condom is placed on the penis and air is trapped in the tip during intercourse the pressure of movement could cause the trapped air in the tip to break the condom.

Show a female condom, and explain its use:

I am now going to show you a female condom and describe how it is used.

Carefully show how the ring at each end is used and for what purpose.

Ideally, the female condom, like the male, should be used for one sexual intercourse only. However, the female condom is both more expensive and sturdier than the male condom, and current practice allows for a female condom to be washed and reused up to five times.[11]

Give additional information on condoms if the group requests it. Explain to migrants that they are welcome to request individual support. Say for example:

If anybody needs to discuss a specific issue, I am available at the end of the session, as well as for individual appointments.

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[11] The WHO recommended in July 2002 that the female condom be used for one sexual intercourse only. WHO does not recommend or promote reuse of female condoms but has released a document together with guidelines allowing disinfection with a 1:20 dilution of household bleach for 1 minute and the maximum number of uses was set at five. The generic protocol and instructions on safe reuse must be adapted to local circumstances and settings, and can be found at http://www.who.int/reproductive-health/stis/reuse.en.html.

4.6 Providing skills-building opportunities

Effective prevention counselling includes advice and practice in skills building. Skills required to avoid transmission of HIV include the ability to negotiate safer sex. This includes the skill - and the ability - to speak openly about sensitive subjects.

A good way to provide skills-building opportunities is through role-play. Many cultures discourage open discussion of sex, sexuality, and sexual behaviour, so a sample script 'acted out' as a short role play might be used to evoke a response from the individual or group which will allow useful discussion of 'negotiating safer sex'.

Depending on participants' needs, you may ask the participants to demonstrate problem-solving strategies such as:

- Communicating commitment to safer sex to new or continuing sex partners
- Using male condoms properly
- Using female condoms properly
- Trying alternative preventive methods such as non-penetrative sex
- Cleaning drug injection equipment

Remind people being counselled that learning to say 'No' to sexual intercourse, or learning to request the use of a condom, can reduce the risk of HIV infection.

Suggest role-plays such as:

Imagine that I am your partner, what would you say to me about wanting to use condoms?

Let us switch roles. I will be you and you are your partner. I will ask you to use condoms.

> 🕮 A sample script for safer sex discussions can be found in the IOM Information Brochure on HIV and AIDS. See also Annex 6

4.7 Anticipating the HIV test results

Asking some questions may help the migrants anticipate the HIV test results. Some examples are:

- *Have you been tested for HIV before?*
- *If you discover that you are not infected with HIV, what do you think it will mean to you?*
- *If you discover that you are infected with HIV, what would you think?*
- *Who would you trust to discuss the test results with?*

> 🕮 The pre-test counselling session is also the time to assess the migrants' concerns and views about the HIV test results. Remember that:
>
> - A positive HIV test result may make resettlement more difficult, or even impossible
> - A negative HIV test result may create a false sense of security, as some individuals may not understand the necessity to continue to take the advice and instructions for HIV prevention seriously

4.8 Explaining the Consent Form

As mentioned earlier (see section 3.4), the Consent Form should be explained and signed at the end of the session. Signing a Consent Form involves a high level of self-determination because it implies that migrants accept to undergo the HIV testing, and agree to disclose their HIV status to concerned authorities. At any moment of the process, a person can decide to withdraw his/her application and stop any further procedure towards resettlement.

As a counselor, you should read every statement of the consent form and wait for the translation of the interpreter. One statement mentions the window period. That concept is likely to be questioned by participants. Answer as well as you can all questions raised by the migrant.

📖 Allow time for questions to be raised about the Consent Form. ***Be prepared to answer questions about immigration regulations, and HIV and AIDS, but limiting these to the questions explained in section 5.7. Additional request of information beyond that scope should be referred to the IOM examining physician who can forward it to the resettlement authorities.***

The group participants may also need to be reassured about confidentiality. They need to understand that IOM will make every effort to maintain the confidentiality of HIV test results. But they also need to understand that in order to meet the requirements of countries' immigration authorities, the HIV test results will be provided to a number of people such as immigration and public health officials of the countries to which they have applied for entry. This is what they have to consent to.

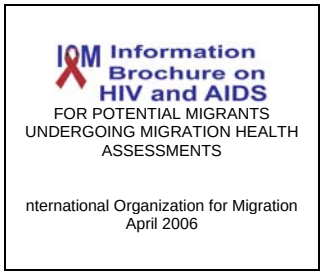
This procedure of explaining the consent form and ascertaining what the migrant has consented to, is called obtaining an informed consent.

NOTE: See Annex 5 about the Consent Form (USRP example)

Then proceed with signatures. Use the ink pad for migrants who are unable to write and sign.

📖 Remember: private individual counselling should always be available in case a participant becomes distressed during the group session.

4.9 Providing information material



The "IOM Information Brochure on HIV and AIDS" written specifically for the migrant should be distributed during the pre-counselling session. While focusing on HIV and AIDS, this brochure also provides information on sexually transmitted infections and tuberculosis. Time must be allowed for migrants to peruse the brochure and to ask questions. This brochure is currently available in English.

SECTION 5. CONDUCTING HIV POST-TEST COUNSELLING

5.1 Requirements

Every person who is tested for HIV should have access to individual HIV post-test counselling. Post-test counselling provides an additional opportunity to stress the public health message about the importance of protecting oneself and one's partner(s) from HIV and other STIs[12].

When possible, IOM encourages counsellors to see not only migrants whose HIV test result is positive, but also those for whom results are HIV-negative or indeterminate[13]. An additional counselling session for those who are HIV-negative can be used to reinforce the information and the plans established during the pre-counselling session.

Individuals whose HIV test results are positive *must be counselled individually, in private, and with full confidentiality*, unless they invite another person to attend the session. Adolescents should be seen individually for HIV post-test counselling[14].

As a counsellor, you must take care to avoid possible *stigmatization* of HIV-positive individuals. This could occur if the wider group perceived that only some people were being invited for post-test counselling. In a closed setting such as a refugee camp, for example, if it becomes obvious that *only* people who test positive for HIV are invited for post-test counselling, confidentiality of results will be impossible. The usual way of getting around this problem is to show that there are several reasons an individual might be called back to see the HIV counsellor. This can be achieved by assigning other tasks to the counsellors, or by hiring the services of a counsellor who practices in several locations. This concern is of course well addressed when examining physicians deliver the HIV post-test counselling.

5.2 Aims of HIV post-test counselling

Post-test counselling aims to address migrant's emotional response to the test, and help him/her to cope with prevention, issues of stigma, disclosure, and health care. The objectives are to:

- Help people understand the HIV test result
- Assist them to cope with immediate emotional responses to the test result
- Reinforce the need for continued HIV prevention measures
- Assist them to disclose their status to their sexual partner(s)
- Provide them with up-to-date information on living with HIV or AIDS
- Refer them to existing local resources, such as HIV and AIDS clubs and associations

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[12] See Annex 3 for references on voluntary counselling and testing.

[13] Until follow-up test results are available, migrants with an indeterminate result should receive information regarding the meaning of test results. HIV prevention counselling should be the same as for an individual with newly identified HIV infection. Behaviours that minimize the risk for HIV transmission to sex and needle-sharing partners should be emphasized, even if the migrant reports no risk behaviours.

[14] U.S. Requirements are for an HIV test for people above the age of 15. However an HIV test may be required of children in some cases, for example if either of the parents are HIV-positive, or if there is a history of blood transfusion.

5.3 Giving an HIV test result

Greet the person warmly. Be aware that a person may be very anxious to receive the HIV test results. Do not increase migrants' anxiety by unnecessary delay in giving the test results.

Ask if there are any questions before providing the test results. Then you can proceed by saying:

Let us look at your test result, and then we will talk about how best to understand it.

5.3.1 Giving an HIV-negative test result

When informing a migrant about the HIV test result being negative:

Say: *The test result is negative, which means you have not been infected with HIV.*

Assess the reaction to the results and ask:

How does it feel to hear that you are not likely to be infected with HIV?

Ask: *Now that you know that you are HIV-negative, what does this mean to you?*

> 🕮 Use explicit language when providing test results. Provide the HIV test result in simple terms, avoiding technical jargon or phrases such as 'window period' or 'non-reactive'.
>
> The migrant may be very relieved at receiving the negative test result. Allow him or her to experience pleasure at not being infected, while underscoring the need for safe behaviours in order to remain HIV-negative. Cautiously explore the person's feelings and beliefs about the negative test result. It can be helpful to repeat his or her words, and to label feelings.

Clarify that negative test results do not mean lack of HIV risks. Inform the person that a negative HIV test result does not mean that he/she is immune to HIV.

Be alert to the possibility that individuals may experience disinhibition in response to the results. For example, they may feel more inclined to engage in risky behaviours.

An individual with ongoing risk behaviours should not be given a false sense that those behaviours are safe.

Avoid statements like:

Whatever you were doing seems to be safe or, *continue to do whatever you are doing now*.

Rather, encourage him or her to reconsider the benefits of safe behaviours and initiate discussion of a risk reduction plan by asking an open question such as:

Now let us talk about how you intend to stay HIV-negative.

And do not forget to provide information about where to obtain condoms.

> 🕮 Remember: the person must leave the counselling session fully aware of the continued risk of HIV infection, and should have clearly stated his or her intention to remain uninfected with HIV. He/she should have specified at least one realistic step towards that goal.

5.3.2 Giving an HIV-positive test result

Some people are better prepared to receive HIV-positive test results than others, but most persons with newly identified HIV infection will have immediate acute needs. The emotional impact of hearing that the result of the HIV test is positive prevents many people from clearly understanding any other information that might be given during the session.

Persons with an HIV-positive test result will need to:

- Understand what an HIV-positive result means
- Be given an opportunity to express how they are feeling
- Discuss their plans for the immediate future
- Manage the conflict between wanting to share the burden by telling someone and to keep their HIV status secret
- Decide how and what to tell those closest to them
- Know about possibilities for medical attention and antiretroviral treatment (if available)
- Decide what kind of support he or she may want from partners, family and friends, or from any voluntary organizations available
- Maintain a sense of hope for the future
- Know where they might obtain assistance with their applications for immigration

Inform the person that the HIV test result is positive by saying:

Your test results are ready now. The test result is positive, which means you are infected with HIV, the virus that causes AIDS.

It is especially important to allow the person time to react. People's reactions to learning that their HIV test results are positive vary significantly. Reactions of denial, fear, anger, and despair are very common.

Do not begin talking immediately after giving the result. Be patient. A brief period of supportive silence is often helpful. If the person is upset, try to comfort him or her by providing a tissue and saying something reassuring. For example:

I realize how difficult it is to hear this news. I'm here for you.
Would you like we talk more about it?

> 🕮 Many individuals will be very upset and unable to absorb further information or discussion. Do not insist. When too disturbed, some people may leave the session. Be prepared for that situation.

If the person is calm enough, you could ask a few more questions to assess his/her state of mind. For example:

It can be difficult coping with knowing that you are infected with HIV. How are you feeling about this test result?

Make sure that the migrant fully understands the meaning of the test result by asking:

How do you understand this test result? What does this test result mean to you?

When the person regains self control, plan the next session by saying:

I wonder when you want us to meet again.

Provide also information on other support groups in the area (if existing).

Tell the migrant that you would like to meet him/her again and fix a specific date together.

5.4. Disclosure to the partner

Many HIV-negative persons are unaware of their partners' HIV status or risk behaviours. They may believe that their partner is not at risk because he/she is married, looks healthy, or because their partner did not ask to use a condom. HIV-positive persons may make the same assumptions, that their partner is also HIV-positive because the partner didn't ask about serological status, or suggest using condoms. In many communities where this is not the norm, using a condom can mean disclosing an HIV-positive status.

5.4.1. Preparing the disclosure to the partner

At early stages of the post-test counselling process, many married applicants express the need to disclose their HIV-positive status to their spouse. This is one of your duties to encourage them to do so. However, disclosure of one's serological status is difficult for many HIV-positive persons, especially women, who may fear stigma, rejection or violence from their partners.

> 🕮 As a counsellor, you should **NEVER consult the medical file of the partner** for the result of his/her HIV test, or seek to know the partner's HIV status, **UNLESS** informed consent has been given by the partner for you to do so. Like all health professionals, you are bound by the code of deontology that protects confidentiality. As a counsellor however, you can facilitate disclosure within the couple of one's HIV-positive test.

You can say: *If you learnt that your partner was HIV-positive, what would you think? If you learnt that your partner was HIV-negative, what would you think?*

Then discuss the benefits of partner notification with the migrant, highlighting that by informing the partner, the benefits for the HIV-positive person will be:

- Increasing opportunities to set-up a couple HIV risk reduction plan and make joint decisions on reproductive health
- Increasing opportunities for emotional support
- Reducing anxiety, and feelings of guilt

It is also important to assess the potential negative impact of partner notification, such as rejection, physical violence, breaking of confidentiality within the community, or separation.

If the migrant is willing to disclose his/her status to his/her spouse or partner, you can invite both of them to attend the next session together. HIV counselling for couples, including for serodiscordant couples (where one partner is HIV-positive, and the other is HIV-negative) have proven effective at reducing new HIV infections[15].

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[15] See Annex 3 for references on HIV couple counselling.

5.4.2. Conducting the disclosure to the partner

In the opening remarks within the next session with the couple, you will revisit the migrant's consent to disclose his/her HIV-positive status on his/her behalf to his/her partner.

Say for example: *The last time I met your partner, and I told him/her the result of his/her own HIV test. He/she asked me to take this opportunity to inform you in his/her presence, that he/she is HIV-positive.*

Leave time for partner's reactions. Immediate partner's thoughts and feelings may be that his/her spouse has been unfaithful, or that he/she transmitted HIV to him/her. Partners may also ask why they are HIV-negative while their spouses are HIV-positive.

Regardless of the feelings expressed, it is important that you address the immediate feelings and reactions of the partner.

Say: *I imagine that it is difficult for you to hear that your partner is HIV-positive.*

Come back then to the migrant whose HIV-positive status has been disclosed. He/she may feel self-pity, guilt or shame. It is not unusual that the HIV-negative migrant will openly blame his/her spouse, and say that he/she is disappointed.

Now try to create an atmosphere of mutual support within the couple.

Say: *Now that you are in this together as a couple, you may look for ways to cope with the situation together.*

Now that the two of you know that you are HIV-positive, what plan of action would you want to put in place?

Depending on the couple's ability to cope with the situation, ask them when they will be available for another session.

In the next session, you will revisit the couple's feelings, and discuss positive living and issues of resettlement (see sections 5.6. and 5.7.). Other key issues to be addressed are prevention of the transmission of new infections and safer sex.

5.5. Counselling HIV-positive adolescents

IOM counsellors deliver post-test counselling sessions to HIV-positive applicants aged 14 to 18. In most cases, such adolescents are found to be sexually active; they need to be fully supported on developing a risk reduction plan, safer sex, and positive living. Many have a good knowledge about HIV and AIDS but need more post-test sessions to properly cope emotionally with their status. Generally, after two post-test sessions, adolescents express the wish to disclose their positive status to one of their parents, usually the mother. You will therefore plan a session with the adolescent and the mother, and facilitate the disclosure. Learning about a child's HIV status may deeply affect the mother's emotional state. The mother will therefore be encouraged to attend subsequent sessions with her child, but you would also pursue individual counselling sessions with the adolescent if needed, and also with the mother. The mother will need support in dealing with the confidence with which her adolescent has entrusted her, while not generating mistrust from the rest of the family, particularly the adolescent's father.

📖 At the moment, IOM counsellors do not offer post-test counselling to HIV-positive children aged below 14 years. However, IOM counsellors conduct post-test sessions with the parent(s) to strengthen their abilities to deal with the child's HIV or AIDS care and support in the future. Parents are also referred to local health facilities that provide child care services.

5.6. Discussing positive living

After learning that they are HIV-positive, individuals may need psychological support and guidance, as well as medical advice.

While recognizing the seriousness of the diagnosis, you should stress that one can live quite healthily although HIV-positive. For example, you can say:

Being HIV-positive does not necessarily mean you are going to get sick or die soon. This is because HIV may go slowly in the body. You may be free from symptoms for years. Even after an AIDS diagnosis, with proper care and treatment, people are now living much longer than they were in the past.

As a counsellor, do not give false hope, but do not take away hope:

Do not give false hope by saying things like: *You will not die* or *there is medicine* (unless ARV drugs are a real option). It is not helpful to tell the counselee things like: *Do not worry*; *Take it easy*; *Life goes on*; *Be happy.*

Praying is important in the lives of many. If a migrant feels he/she can be helped by praying, encourage her or him to continue. This is a positive attitude that should not be discouraged.

HIV-positive migrants may request assistance, and further counselling for emotional, social, and health care concerns. Migrants in transition to a new country should be given printed handouts containing advice on resources for people living with HIV and AIDS in the community to which they will be going, and on how to gain access to such services. There are numerous organizations, social agencies, and peer support groups in receiving communities which significantly assist individuals living with HIV and AIDS. You should be aware of these options.

In some cases, the HIV-positive status can result in exclusion from a resettlement programme. It is thus important that migrants access long-term counselling. IOM counsellors working in refugee camps must collaborate with local HIV and AIDS community services, health providers, and other agencies concerned with resettlement.

Discuss HIV-positive living with migrants and tackle the following issues:

- Risks of HIV transmission or of re-infection
- Safer sex
- Risks of opportunistic infections
- Pregnancy, and referral HIV-positive mothers to services specializing in prevention of transmission of HIV from mothers to babies
- Nutrition (adapted to the economic conditions of the migrant)
- Exercise (including sport)
- Affordable leisure activities
- Managing stress
- Where to obtain condoms

Issues that must be addressed with HIV-positive individuals in subsequent post-test sessions include means of protecting themselves and others by:

- Employing 'safer sex'

- Not sharing needles or syringes with others
- Informing physicians, dentists, and other health care workers of one's HIV infection
- Preventing other STIs (e.g. gonorrhoea, syphilis, herpes)
- Not donating blood, body organs, or semen
- Not sharing personal hygiene items such as razors or toothbrushes
- For pregnant women: reducing the risk of HIV transmission to the baby

Pregnant Women

If the person you are counselling is an HIV-positive pregnant woman, provide her with these key prevention messages during the post-test counselling session:

- The meaning of the test result
- Determining whether she understands the meaning of the result and letting her talk about her feelings and her immediate concerns
- Informing her about essential prevention of mother-to-child HIV transmission (PMTCT) issues (see references in Annex 2)
- Discussing and supporting initial ARV treatment, prophylaxis, and infant feeding decisions
- Disclosure and partner testing. Many couples are discordant

5.7. Special concerns related to resettlement

Migrants may be so concerned about their opportunity for resettlement that they are not able to reflect on the overall impact of being HIV-positive. This is one of the reasons they should be given opportunities for further counselling, to be able to deal with each aspect.

The Waiver of Grounds of Excludability

Those applying for resettlement (see Annex 1 for references on resettlement) to countries that foresee the granting of a waiver of excludability on humanitarian or other grounds for some classes of immigrants (e.g. refugees), should be assured they have a chance of obtaining such a waiver, and should be given a copy of the instructions for the relevant application procedure.

Show the waiver form to applicants and read it together

Upon completion of a series of counselling sessions, and if the post-test counselling has been carried out by a designated counsellor and not by the physician him/herself, the examining physician - who is ultimately responsible for the whole health assessment - will meet with the applicant to verify his/her level of knowledge on HIV and AIDS and the positive coping mechanisms achieved. He/she will then countersign the application for the waiver and forward it for final decision to the relevant consular section. See Annex 7

Migrants are very likely to ask you questions, and they should be warmly encouraged to do so. They are likely to ask:

- Will my HIV status prevent me from immigrating?
- What about my partner (wife/husband/other partner) and my family?

As a counsellor, you need to remind applicants that:

- Their HIV status will be communicated to the concerned immigration and health authorities of the resettlement countries
- They will be asked to adhere to health intervention regulations (potential medication and treatment) of resettlement countries
- They will be asked to demonstrate that they have been counselled, have knowledge about HIV and AIDS and are willing to protect others from transmission of the virus

SECTION 6. ENSURING HIGH QUALITY HIV COUNSELLING

Quality assurance and supervisory measures should include periodic assessments of the counselling contents and processes, existing protocols and data management, staff, and materials.

6.1 Contents and processes

Supervisors should periodically attend counselling sessions in order to ensure that HIV pre-test group counselling includes the required components and that the methods used are appropriate. They should especially ensure that:

- Basic information on HIV and AIDS is given
- Condom demonstration is performed
- Migrants' culture, language, gender, and age are addressed appropriately
- Migrants' interest is maintained during the sessions
- Critical HIV prevention strategies are identified

Supervisors should also regularly evaluate the adequacy of physical space and client flow. For HIV post-test counselling to be carried out effectively, privacy must be ensured. Discussions of sexual relationships need to take place in a private office or an isolated room. Regarding client flow, the following aspects should be documented:

- How many people, on average, are there per group?
- How many group-counselling sessions were held in the past month?

6.2 Protocols and data

When pre- and post- HIV test counselling are undertaken, defined procedures should exist and be described in written protocols:

- Counsellors must ensure that individual files and medical records are kept secure (e.g. in a locked box, or with password protection and encryption for electronically stored records) and that confidentiality is maintained
- Other staff, such as laboratory staff, nurses, and receptionists, should also receive specific guidance about the role of counselling and confidentiality
- Reporting mechanisms on counselling should be in place and documented
- The relevance of any routinely collected data should be periodically assessed. Any data collected during pre- and post-test HIV counselling sessions should have an anticipated use. Methods should be compatible with the evaluation needs and priorities

6.3 Counsellors' selection, training, and recognition

Counsellors should be selected by IOM counselling trainers, in close coordination with the IOM physician responsible for the health assessment programme. Candidates should have a good understanding of the counselling process and a good knowledge of counsellors' responsibilities. Counsellors need training on HIV and AIDS, on IOM resettlement programmes, and on the role and procedures of pre- and post- HIV test sessions.

It is the supervisors' responsibility to ensure that IOM counsellors are properly trained and that they know and use the IOM Guide.

Health assessment managers must recognize the importance of HIV counselling. Often, counsellors are asked to carry out other routine activities that can take precedence over counselling. They must be allowed sufficient time to provide support to applicants.

6.4. Taking care of counsellors

Counsellors need support and good supervision. Counselling on HIV and AIDS is stressful. The counsellor frequently meets people in difficult situations, and is confronted with the realities of HIV, illness, death, grief, and loss. There is a risk for counsellors to develop an emotional and physical fatigue that can lead to burnout. The burnout syndrome has been described as a physical, mental, and emotional response to constant levels of high stress that include emotional exhaustion, depersonalization, and negative personal evaluation. Burnout may produce feelings of hopelessness, powerlessness, and failure.

Knowing the signs of unmanaged stress, identifying the causes of stress, recognizing the limits of control, and taking care of yourself emotionally and physically can help prevent burnout[16]. There are no simple recipes to avoid burnout, but these are some options shared by counsellors:

- Be aware of your emotions
- Know what your personal limitations are as a counsellor
- Speak up about your own needs. Other counsellors and staff are there for you
- Try not to become attached to the people you are offering help to
- Remember that the counselling process belongs to counselees. You can't control it for them, "fix it' or guarantee that they get what you want them to get
- Rest from time to time
- Know how to reach out for help. It is much better to ask for help and to share work problems as soon as you are experiencing them than to allow pressure to build up

6.5 Referral

In high HIV prevalence areas, a wide range of care and support services may already be in place in the community. You need to be aware of these resources and be able to make appropriate referrals, especially for HIV-positive applicants who are denied resettlement. Care and support services may include:

- Other counselling services
- Social services
- NGOs
- AIDS support groups
- Spiritual/religious groups

Counsellors need to ensure that the services they provide are reflected in writing (counselling reports, client's files).

6.6 Evaluation mechanisms

Ways should be developed to assess migrants' increase in HIV and AIDS knowledge and protection behaviours as a result of IOM counselling, as well as their satisfaction with the services provided.

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[16] On burnout syndrome, see Demmer, C. (2004). Burnout: The health care worker as survivor. *AIDS Reader, 14*(10), 522-523, 528-530, 535-537, and Osborn, C.J. (2004): Seven salutary suggestions for counsellor stamina. *Journal of Counselling & Development, 82* (3), 319-328.

SECTION 7. ANNEXES

ANNEX 1. REFERENCES ON RESETTLEMENT

AUSTRALIA

Refugee Resettlement Advisory Council, Australian Government
http://www.immi.gov.au/facts/101rrac.htm

Migrating to Australia
http://www.immi.gov.au/migrate/index.htm

CANADA

Immigration & Refugee Protection Act
http://www.settlement.org/sys/offsite_frame.asp?id=1002944&link=http://www.cic.gc.ca/english/irpa/index.html&page=http://www.settlement.org/sys/faqs_detail.asp?faq_id=4000245

UNITED STATES

United States Refugee Programme (USRP)
http://uscis.gov/graphics/howdoi/refapp.htm

Questions & Answers about USRP
http://www.cal.org/corc/qa/qaeng.htm

Medical examination of refugees and migrants
http://www.cdc.gov/ncidod/dq/health.htm

ANNEX 2. REFERENCES ON HIV AND AIDS

There are a large number of websites providing information about HIV and AIDS. The following selections are reliable sources of information:

AEGIS (The AIDS Education Global Information System)
http://www.aegis.com/

AIDSMAP (Information on HIV and AIDS)
http://www.aidsmap.com

AVERT (International AIDS Charity)
http://www.avert.org/

AVERT (HIV, AIDS, and mother-to-child transmission)
http://www.avert.org/motherchild.htm

Center for Disease Control and Prevention (CDC) - Division of HIV/AIDS
http://www.cdc.gov/hiv/dhap.htm

The Body (HIV and AIDS Resources)
http://www.thebody.com/index.shtml

UNAIDS (Joint United Nations Programme on HIV/AIDS)
http://www.unaids.org/

WHO - HIV/AIDS programme
http://www.who.int/hiv/en/

WHO (HIV, AIDS, and mother-to-child transmission)
http://www.who.int/docstore/hiv/PMTCT/

ANNEX 3. REFERENCES ON HIV COUNSELLING AND TESTING

ALLEN S, MEINZEN-DERR J, KAUTZMAN M, and al. *Sexual behavior of HIV discordant couples after HIV counselling and testing*. In: *AIDS*, 28: 17(5): 733-40, March 2003.

CENTER OF DISEASE CONTROL (CDC). *Revised Guidelines for HIV Counselling, Testing and Referral*, CDC 2001
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm

CENTER OF DISEASE CONTROL AND PREVENTION (CDC). *Post-Test Counselling for HIV-Seropositive Pregnant Women*
http://www.cdc.gov/hiv/pubs/HAC-PCG/section5.htm

GRINSTEAD OA, GREGORICH SE, CHOI KH, COATES T, VOLUNTARY HIV-1 COUNSELLING AND TESTING EFFICACY STUDY GROUP. *Positive and negative life events after counselling and testing: the Voluntary HIV-1 Counselling and Testing Efficacy Study*. In: *AIDS*, 25, 15 (8): 1045-52, May 2001.

THE VOLUNTARY HIV-1 COUNSELLING AND TESTING EFFICACY STUDY GROUP. *Efficacy of voluntary HIV-1 counselling and testing in individuals and couples in Kenya, Tanzania and Trinidad: a randomized trial*. In: *The Lancet*, 356: 103-112, July 2000.

KEANE V, HAMMOND G, KEANE H, HEWITT J. *Quantitative evaluation of counselling associated with HIV testing*. In: *Southeast Asian Journal of Tropical Medicine and Public Health*, 36 (1): 228-32, January 2005.

MAMAN S, MBWAMBO J, HOGAN NM, KILONZO GP, SWEAT M. *Women's barriers to HIV-1 testing and disclosure: challenges for HIV-1 voluntary counselling and testing*. In: *AIDS Care*, 13 (5): 595-603, October 2001.

PAINTER TM. *Voluntary counselling and testing for couples: a high-leverage intervention for HIV/AIDS prevention in sub-Saharan Africa*. In: *Social Sciences and Medicine*, 53 (11): 1397-411, December 2001.

ROTH DL, STEWART KE, CLAY OJ, VAN DER STRATEN A, and al. *Sexual practices of HIV discordant and concordant couples in Rwanda: effects of a testing and counselling programme for men*. In: *International Journal of STD and AIDS*, 12(3): 181-8, March 2001.

UNAIDS. *The impact of Voluntary Counselling and Testing: A Global Review of the Benefits and Challenges of VCT*, UNAIDS 2001
http://data.unaids.org/Publications/IRC-pub02/JC580-VCT_en.pdf

UNAIDS. *Counselling and voluntary HIV testing for pregnant women in high HIV prevalence countries, Elements and issues*, UNAIDS 2001

WHO. The right to know: new approaches to HIV testing and counselling, WHO 2003
http://www.who.int/hiv/pub/vct/en/Right_know_a4E.pdf

ANNEX 4. HIV and AIDS QUIZ (OPTIONAL TOOL)

The 'False Beliefs and Facts Quiz' can be used in several ways to clarify misconceptions and reinforce correct information. If the group is small, you can read each one of the beliefs or facts and ask participants to decide if they think the answer is 'true' or 'false'.

Alternatively, you might give each participant a set of quiz cards and give them five minutes to examine them. Then open discussion: point out the correct information and give participants an opportunity to ask for clarification of any of the statements.

Is it true or false?

"HIV can be transmitted by mosquitoes"

False. Only humans can transmit HIV to other humans. Mosquitoes cannot transmit HIV.

Is it true or false?

"People won't get HIV if they have sex with a woman who is using the contraceptive pill"

False. Female birth control drugs (the pill) only prevent pregnancy, not STIs or HIV. Condoms prevent pregnancy and STIs, including HIV.

Is it true or false?

"People with one partner will not get HIV"

False. People in single partner relationships are at a lower risk of contracting HIV because they are only having sex with one partner. There is still a chance, however, that one of the partners might have had sex or shared needles with someone who was HIV-positive. Communication about past and present sexual experiences, and about having used intravenous drugs, is important to a healthy single partner relationship.

Is it true or false?

"As soon as a person is infected with HIV, he/she develops AIDS"

False. A person who is infected with HIV may stay healthy for years before developing AIDS. AIDS is the disease caused by HIV. HIV attacks the body's immune system. Over time the immune system is weakened and an HIV-infected person can become sick with different symptoms and illnesses. The HIV-positive person is then diagnosed with AIDS.

Is it true or false?

“Only men who have sex with men are at risk for HIV”

False. Every person who is sexually active or shares needles is at risk for HIV infection. Societal prejudices and stereotypes have led some people to believe that HIV is only an infection of homosexuals. Anyone can become infected with HIV regardless of his or her sexual orientation. Education is the only way to change this perception.

Is it true or false?

”Being abstinent is one way to prevent HIV infection”

True. Worldwide, the two most common ways that HIV is passed from one person to another are through having sex and through sharing needles. So a good way to prevent the spread of HIV is to have NO sex. This is called 'abstinence'. People are abstinent for many reasons. It is important that you are comfortable and informed about your sexual choices.

Is it true or false?

“A baby can contract HIV if his/her mother is HIV-positive”

True. A woman's choice to have a child when she is HIV-positive is a complex and emotional one. Studies have shown that if no antiretroviral treatments are taken during pregnancy, there is a significant risk of HIV transmission from the mother to the foetus. If antiretroviral treatments are used, the risk drops considerably. Women who are HIV-positive and are pregnant or considering becoming pregnant should discuss their situation with a health professional who is experienced in the issues surrounding maternal transmission of HIV. It is also important to remember that HIV is present in the breast milk of HIV-positive women.

Is it true or false?

“The best way to lower your risk of becoming infected with HIV during sex is to wear a condom”

True. Properly wearing a condom is a good way to protect yourself against HIV. A condom prevents semen (cum) and other body fluids from either partner coming in contact with each other’s bodies.

Is it true or false?

“It's safe to have sex once without using a condom”

False. Even one sexual encounter without a condom can put you at risk for HIV infection. It is important that you take charge of your sexual health. Talk with your partner about using condoms. If your partner refuses to wear a condom, you always have the right to say “NO” to sex.

Is it true or false?

“Drugs or alcohol can influence ability to make healthy sexual choices”

True. Drugs and/or abuse of alcohol may impair your ability to make healthy sexual decisions. If you are drunk or high, you may abandon safe sex practices, or be unable to get out of uncomfortable situations.

Is it true or false?

“Condoms are too difficult to use so people shouldn't use them”

False. Some people may believe that the use of condoms is a difficult and time-wasting process. They may say that condoms ruin ‘the mood' or that they do not feel while using them. Putting on a condom is not difficult and can be included as a fun part of lovemaking.

Is it true or false?

“HIV can be passed through kissing or hugging someone who is HIV-positive”

False. Since HIV is passed through blood, semen, vaginal secretions or breast milk, hugging or kissing someone who is HIV-positive is in the 'no risk' category. HIV can be found in saliva, but in much lower concentrations than in semen, blood, vaginal fluid, and breast milk. Furthermore, an enzyme in saliva has been found to inhibit the capacity of HIV to enter white blood cells and therefore to infect the body. For this reason, the exchange of saliva does not pose a risk of HIV transmission. However, if HIV-infected blood is present in saliva, there may be a risk of HIV transmission.

Is it true or false?

“People can tell by looking at the skin whether a person has AIDS”

False. You cannot tell by looking at a person’s skin whether or not he/she has AIDS.

Is it true or false?

“People who are infected with HIV always show symptoms”

False. Symptoms of HIV infection may not become apparent for months or even years after someone is infected with HIV. In addition, treatment can sometimes help people reduce the symptoms and signs of AIDS.

Is it true or false?

“People who are HIV-positive should be isolated”

False. People who are HIV-positive should not be isolated. HIV cannot be transmitted by casual contact. Touching, coughing, sneezing, sharing dishes or sharing toilets cannot transmit HIV. Hugging people cannot transmit HIV. Having unprotected sex with an infected individual, having a transfusion with HIV-infected blood or sharing syringes can transmit HIV. An HIV-positive mother can transmit HIV to her child during pregnancy, delivery, and breast-feeding.

Is it true or false?

“People who have AIDS need love and care”

True. People who have AIDS need the same love and care given to people with other serious conditions or illnesses. People who receive love and care generally cope far better with their conditions than people who are neglected and unloved.

ANNEX 5. HEALTH ASSESSMENT CONSENT FORM (USRP)

Health assessment consent form

To be read and signed by all migrants/refugees undergoing health assessment by the International Organization for Migration for resettlement in the United States of America.

Please ask IOM staff for a complete explanation if there is anything you do not understand.

1. I understand that the medical examination is part of the resettlement process as required by the United States Immigration Authorities.

2. I understand that part of the medical examination includes a blood test for Human Immunodeficiency Virus, the virus that causes AIDS.

3. I understand that the test for HIV tells whether or not my blood contains antibodies to HIV, which means that my blood is infected with HIV.

4. I understand that if my test reveals that my blood is *not* infected with HIV and that I have practised risky behaviours in the past three to six months, the test may not be accurate and I may be infected with HIV.

5. I accept that this test will be carried out.

6. I accept that the results of my test will be communicated to the United States authorities and other agencies responsible for my resettlement.

7. I understand that if I test positive for HIV I may apply for a waiver of excludability that, if granted, will allow me to be resettled in the USA.

8. I understand that I have the right to refuse to have this test but accept that such a refusal will have a negative impact on my resettlement prospects.

9. I understand and accept the above conditions

Signature _____ **Date** _____

Name_____ **ID number**_____

Name and signature of the IOM HIV Counsellor

_____

ANNEX 6 - SAMPLE SCRIPT FOR SAFER SEX DISCUSSIONS

If your partner says:	You can say:
What's that?	A condom, sweetheart
What for?	To use when we're making love
I don't like using them	Why not?
It doesn't feel as good	I'll feel more relaxed, and if I'm more relaxed, I can make it feel better for you
But we've never used a condom before	I don't want to take any more risks
It just isn't as sensitive	Maybe that way you'll last even longer and that will make up for it
Putting it on interrupts everything	Not if I help put it on
I'll try, but it might not work	“Practice makes perfect”. The more you do it, the easier it gets.
But I love you	Then you'll help me protect myself

ANNEX 7 - THE ADDENDUM (USRP)

Statement by Panel Physician

I hereby certify that I have met with _____ and have given him or her information about HIV. I have counselled this patient with the information about the nature of the disease, how it is spread, and how to control its spread. I have advised this migrant that he or she will need counselling, examinations, and medical regimens that may be appropriate for his or her condition.

_____ _____ _____
(Panel Physician's Name) (Panel Physician's Signature) (Date)

Statement by Waiver Applicant

I, _____ have met with this doctor and was told that I have HIV. I have been told how to prevent the spread of HIV. I understand and agree to follow these instructions to keep me from spreading HIV. When I get to the United States, I will see a doctor who will give me instructions, examinations, the drugs, and the medical care that I need, and I will continue to see that doctor.

_____ _____ _____
(Applicant's name) (Applicant's Signature) (Date)

Statement of Release of Confidential Information.

I, _____ have no objections to the information and photographs contained in my file being used for the purpose of assisting me and my accompanying family in seeking resettlement or in resolving any issues facing us as refugees. I understand that this information will be shared as needed with Health and Refugee Resettlement personnel and, unless otherwise requested below, my anchor relatives in the U.S.

(Optional) Exempted persons (These persons may not receive information about my medical condition):

_____ _____ _____
(Applicant's name) (Applicant's signature) (Date)

ANNEX 8 – WAIVER OF GROUNDS OF EXCLUDABILITY (USRP)

OMB No. 1615-0069; Exp. 7/31/05

U.S. Department of Homeland Security
Bureau of Citizenship and Immigration Services

I-602, Application by Refugee for Waiver of Grounds of Excludability

To be completed by all applicants. Type or print in black ink.

PART 1.

Family Name (in capital letters)	First Name	Middle Name	A File #

Present Address: Number and Street	City or Town	State	Zip Code

Date of Birth (mm/dd/yyyy)	Place of Birth City or Town	Country of Birth
		Country of Citizenship

PART 2.

I have been declared inadmissible or ineligible for adjustment of status under the following section(s) of 212(a) of the Immigration and Nationality Act (INA): **(NOTE: Sections 212(a)(4), 212(a)(5) and 212(a)(7)(A) do not apply to refugees under Sections 207 or 209 of the INA.)**

I am inadmissible because: (List the specific acts, convictions or physical or mental conditions. If you have active or suspected tuberculosis, fully complete **Part 3** on **Page 2**. If you have, or have had, a physical or mental disorder and behavior asociated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of you or others, fully complete **Part 3A** on **Page 2**.)

I request a waiver of the grounds inadmissibility listed above for the following reasons *(check the appropriate block and explain below):* ☐ **For humanitarian reasons** ☐ **To assure family unity** ☐ **In the public interest**

Applicant's Signature: **Date:**

Do not write below this line. FOR BCIS USE ONLY.

☐ Waiver of grounds of inadmissibility is granted. Basis for Favorable Action: _____

☐ Waiver of grounds of inadmissibility is denied. Basis for Denial: _____

Date of Action	BCIS Office Director	BCIS Field Office

Form I-602 (Rev. 05/06/03)N (Prior versions may be used until 12/31/03)

PART 3. **To be completed for appplicants with active or suspected tuberculosis or who have or have had a physical or mental disorder and behavior associated with the disorder.**

A. Statement by applicant:

Upon admission to the United States I will:

1. Go directly to the physician or health facility named in **Part B** below; and
2. Present copies of diagnostic tests used in the medical examination to substantiate the diagnosis; and
3. Submit to counseling and such examminations, treatment and medical regimen as may be required: and
4. Remain under prescribed treatment or observation whether on inpatient or outpatient basis, until I am discharged.

Signature _____ **Date:** _____

NOTE to Applicant's Sponsor in United States: Arrange for medical care of the applicant and have the physician complete Section B below:

B. Statement by physician and/or health facility:

This section of Form I-602 may be executed by a private physician, health department, other public or private health facility or military hospital. **NOTE:** Upon arrival of the alien in the United States, Form CDC 75.18, Report on Alien With Tuberculosis Waiver, will be sent to the address given below.

I agree to supply any treatment or observation necessary for the proper management of the alien's tuberculosis condition.

I agree to submit Form CDC 75.18 to the health officer named below (**Section C**) either (a) within 30 days of the alien's reporting for care, indicating presumtive diagnosis, test results and plans for future care of the alien; or (b) 30 days after receiving Form CDC 75.18, if the alien has not reported. (**NOTE:** Military Hospitals should submit this form directly to the Centers for Disease Control, Atlanta, GA 30333.)

Satisfactory financial arrangements have been made. (**NOTE:** This statement does not relieve the alien of submitting such evidence as the consul may require to establish that the alien is not likely to become a public charge.)

I represent *(check the appropriate box and give the complete name and address of the facility):*

1. ☐ Local Health Department Outpatient Clinic
2. ☐ Military Hospital
3. ☐ Other Public or Private Health Facility
4. ☐ Private Practice

Signature of Physician: _____ **Date:** _____

Address: *(If military, enter name and address of receiving hospital.)*

_____

_____

_____

NOTE to Applicant's Sponsor in United States: If medical care will be provided by a physician who checked Box 3 or 4 in Section B above, have Section C completed by the local or state health officer who has jurisdiction in the area where the applicant plans to reside in the United States. Provide the health officer with the address where the applicant plans to reside in the United States.

C. Endorsement by local or state health officer:

Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in **Section B** is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Signature: _____ **Date:** _____

Enter name and address of the local health department to which Form CDC 75.18, Notice of Arrival of Alien With Tuberculosis Waiver, should be sent when the alien arrives in the United States.

Local Health Department Address

_____

_____

_____

Paperwork Reduction Act Notice.

Under the Paperwork Reduction Act Notice, an agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it contains a currently valid OMB control number. We try to create forms and that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 15 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you may write to the Bureau of Citizenship and Immigration Services, 425 I Street, N.W., Room 4304, Washington, DC 20536. *(Do not mail your completed application to this address.)*

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

MIGRATION HEALTH DEPARTMENT
MISSION STATEMENT

- Promote migrants' health
- Lead on migration health research, policies and management

To fulfil its goals, Migration Health Department endeavours to:

- **Advocate** for migrants' physical, mental and social health
- **Deliver** high quality and comprehensive health care services to migrants and mobile populations
- **Provide** capacity building and technical cooperation
- **Respond** to the changing patterns of mobility and consequent needs in migration health management through migration policy and in collaboration with States and communities
- **Conduct** research to guide policy making on population mobility health issues
- **Advocate** for comprehensive health policy implementation, including policy changes relevant to the various complex patterns of migration of benefit to both migrants and communities
- **Provide** a forum for dialogue, consultation and learning with counterparts and partners
- **Promote** cooperation and coordination among stakeholders in migration health issues

Migration Health Department is accountable to:

- **Migrants**, for the provision of high quality health services in full respect of their human rights
- **Governments**, for the provision of advice on emerging migration health issues, including how to manage and research them
- **Donors**, for delivering needed and cost-effective services
- **IOM**, for ensuring the integration of migration health in all relevant areas of its work

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