HIV doesn’t stop at borders: 
A human rights approach to protect migrant and cross-border workers

Migration and mobility are not in themselves factors for HIV transmission, however, the migration process itself, as well as precarious working and living conditions that migrant workers often experience while separated from their families, may expose them to associated risks. Most of them have little or no access to social protection and health services. ILO/AIDS programmes cover international as well as internal migrant and mobile workers. The ILO engages a wide range of stakeholders such as ministries of labour and foreign affairs, national AIDS commissions, recruitment agencies, trade unions and civil society to protect employment rights and extend effective HIV prevention, treatment, care and support services in line with the ILO HIV and AIDS Recommendation, 2010 (No. 200), ILO Conventions Nos. 97 and 143 on migrant workers and the ILO Multilateral Framework on Labour Migration.

Indonesia: National authorities commit to protect men and women migrant workers

On 16 March 2011, Indonesian national authorities announced their joint commitment to increase the quality of services — especially health services — for migrant workers at all stages of the migration process. The statement of commitment made by the National Agency for Placement and Protection of Overseas Workers, the Ministry of Health, the Ministry of Foreign Affairs, the National AIDS Commission and the Ministry of Public works was a major outcome of the ILO’s advocacy work to encourage the development of a more supportive policy environment for migrant workers.

Key provisions of ILO Recommendation No. 200 are the focus of the inclusive national dialogue between major stakeholders, including recruiters’ associations, migrant workers’ unions and NGOs. These are shaping a new policy framework on HIV and AIDS protection for migrant workers.

To address specific policy gaps with regard to the protection of women migrants, the ILO encouraged women’s participation in the consultations and ensured the active involvement of the Gender-Based Violence Commission and of the Ministry of Women’s Employment.

ILO Recommendation No. 200 and migrant workers

- HIV testing should not be required of workers, including migrant workers.
- Workers, including migrant workers, should not be required by countries of origin, of transit or of destination to disclose HIV-related information about themselves or others.
- Migrant workers, or those seeking to migrate for employment, should not be excluded from migration by the countries of origin, of transit or of destination on the basis of their real or perceived HIV status.
- Measures to ensure access to HIV prevention, treatment, care and support services for migrant workers should be taken by the countries concerned, and agreements should be concluded among the countries concerned, whenever appropriate.

Mainstreaming HIV prevention into migration and recruitment processes in Sri Lanka

In Sri Lanka, the ILO has focussed on the various compulsory “stops” on a migrant worker’s checklist before leaving the country to work overseas, as well as other contact points upon arrival. The ILO collaborates with key agencies to facilitate the migration and recruitment processes in the North Western Province. The ILO has trained over 50 recruiting agents, government officials and members of community-based organizations, and reached some 1,500 migrant workers with information on how they can best protect themselves from HIV and reduce HIV vulnerabilities during the migration process.

“Migrant workers, especially women, are at risk of exploitation. Before people migrate they go through a series of administrative and medical procedures. The ILO has worked to integrate gender sensitive pre-departure HIV and reproductive health training into these procedures”, explains Dr Indira Hettiarachchi, HIV Focal point for the ILO in Sri Lanka.

Each year, 200,000 Sri Lankan workers go through regular emigration channels to work in the Gulf States. They carry out the formalities required by the Sri Lanka Bureau of Foreign Employment (SLBFE), make appointments with agencies registered with the national Association of Licensed Foreign Recruiting Agencies (ALFEA), and visit one of the 13 medical centres approved by the Gulf Cooperation Council (GAMC). The ILO project provides HIV prevention information at each of these contact points to migrant workers and their family members. Community-based organizations actively trace pre-departure and returnee migrants and their families to inform them on how to avoid and prevent HIV and sexually transmitted infections.

HIV Focal point for the ILO in Sri Lanka: Dr Indira Hettiarachchi, Indira@ilo.org

HIV Focal point for the ILO in Indonesia: Ms Kori Risya Ariyani, risya@ilo.org
**Innovative HIV prevention strategies for young migrants in China**

In China, the ILO “Hometown Fellow” campaign reached approximately 40 million workers with anti-stigma and discrimination messages during their journey between their homes and construction sites, demonstrating the effectiveness of public-private partnerships. With the help of Mega Info Media, which runs the national railways station television network, a short film was screened in 2009 along inter-provincial transport links in 850 major train stations and 500 cities in labour-sending and receiving areas. Young workers are predominant among this migrant workforce. They could easily relate to the lead character in the film, played by a popular Chinese movie star who was once a construction worker himself.

The ILO has also been working to reach young female migrants who lack knowledge of their basic employment and reproductive health rights. The Know Your Rights Campaign launched in 2011 is estimated to reach over 300,000 workers in the Guangdong province. It includes workplace programmes on reproductive health and HIV and AIDS.

To ensure the sustainability of these interventions, the ILO has provided assistance to the Chinese Ministry of Human Resources and Social Security to inform young workers on HIV before they migrate. Programmes integrating HIV prevention into technical curricula have been set up in 1,000 vocational schools. Over 2,000 teachers have been trained in delivering participatory training to prospective young migrant workers.

**HIV Focal point for the ILO in China:** Ms Rulian Wu, wurulian@ilo.org

---

**India: Trade unions are drivers for migrant workers’ welfare**

The ILO office is involving trade unions in work on HIV and AIDS, focussing on migrant workers in the construction sector. This initiative was launched in 2008 with a study in Panvel, Maharashtra that showed 25% of migrant workers had unprotected casual sex. The ILO partnered with Nirman Mazdoor Sanghata, a trade union in Maharashtra that implemented the project in collaboration with the state Department of Labour and state AIDS authorities. The union was also able to mobilize support from the construction companies and take the government welfare schemes to some 10,000 migrant construction workers and their families.

This model of action taken by a trade union was presented as an example of good practice in a national migration workshop organized by the National AIDS Control Organization in India. Inspired by the success of this model, the ILO expanded this approach, involving trade unions in Andhra Pradesh and Delhi. The Delhi project works in close collaboration with a non-governmental organization (NGO) that carries out interventions with commercial sex workers. This enables them to reach out to clients of sex workers, most of whom are employed at nearby construction sites. The ILO model for interventions in the construction sector is to be replicated in five economic sectors under the Global Fund grant that the Ministry of Labour and Employment has received in India under Global Fund Round 9. The National Policy on HIV and AIDS and the World of Work (2009) covers both internal as well as international migrants.

**HIV Focal point for the ILO in India:** Ms Divya Verma, divya@ilo.org

---

**Reaching cross-border workers in transport corridors in Southern Africa**

The ILO transport corridor initiative targets mobile workers from the transport sector crossing borders between South Africa, Zimbabwe, Malawi and Mozambique. Over 42,000 transport workers, including long-distance truck drivers, have been reached at hotspots along key cross-border routes. Peer educators have been trained and condoms are regularly distributed across the corridors. As an innovative approach to creating an enabling environment for HIV prevention, the ILO has trained 128 employees of cross-border institutions such as customs agencies and other regulatory bodies and 76 transport companies in implementing HIV and AIDS programmes. At the Bressano-Garcia border, between South Africa and Mozambique, the intervention went beyond traditional prevention approaches, reaching out to informal communities operating along the railways. An agreement has been signed between ASSOTSU (Informal sector association) and the customs authorities to ensure that informal workers are not excluded from access to HIV services at the borders.

The project started in 2007 with support from the Swedish International Development Agency (Sida). It is now also cooperating with small and informal traders and communities that interact with transport workers. This helps to tackle the underlying factors of vulnerability like difficult economic conditions and gender inequalities. In Zimbabwe, the ILO facilitated the mobilization of leaders among small businesses and informal sector associations. As a result, a Savings and Credit Cooperative (SACCO) was created at the Chirundu border post, and 28 members of the Beitridge Business Association have received short-term loans.

**Chief Technical Advisor for the ILO/Sida programme:** Mr Joseph Ajakaye, ajakaye@ilo.org

---

**HIV Focal point for the ILO in China:** Ms Rulian Wu, wurulian@ilo.org

---

**Migration thematic brief_05-2011.indd   2**