



Migration and HIV and AIDS

An outline of international standards, regional trends and good practices

Mobility and migration are not themselves inherently risk factors for HIV, however a number of factors in the migration process can increase vulnerability to HIV transmission. Separation from spouses and family, poor living and working conditions, including sexual violence, and isolation and stress may lead to behaviours (such as unprotected sex and drug use) that increase the risk of HIV transmission. Migration can also affect those remaining at home, as those left behind may face increased economic pressures and other challenges including food insecurity. Those left behind are also at risk if their spouse returns infected with HIV. Migrant workers often do not have the same access to health care services and insurance schemes as nationals, particularly if their status is irregular. There are also rarely culturally and linguistically appropriate HIV and AIDS programmes available for migrants. Migrant workers may also face problems accessing services, due to state-imposed restrictions on their mobility.

Migration and HIV and AIDS also intersect in the realm of discrimination in immigration and employment. Worldwide, more than 60 countries restrict people living with HIV from entering or remaining in a country for any purpose.¹ International labour migrants may be refused entry or face deportation if they are found to be HIV-positive. Where HIV testing occurs in the context of migration, internationally agreed standards for informed consent, confidentiality and counselling are not routinely applied. Migrant workers receiving antiretroviral treatment in the destination country may also have their treatment disrupted by deportation, if, in the country to which they return, they cannot access HIV treatment, care and support services. These discriminatory practices ignore the fact that HIV-positive migrant workers can live long, productive and meaningful lives if they are provided with appropriate care, treatment and support.



International Labour Organization instruments

The **HIV and AIDS Recommendation, 2010 (No. 200)** recognizes HIV and AIDS as a workplace issue. Migrant workers are explicitly recognized under the Recommendation and should receive the same level

¹ UNAIDS HIV and International Labour Migration Policy Brief, available at: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2008/jc1513_policy_brief_labour_migration_en.pdf.



Living with HIV in Samut Sakhon, Thailand

Aye is a 36-year old widow of Mon ethnicity, originally from Mawlamyine, Myanmar. She holds a temporary passport and work permit, and has been working in the Thai seafood processing industry for 15 years. She was supposed to receive social security benefits but her employer did not enroll her in the system and she remains uninsured. She has not worked since April 2012 due to deterioration in her health.

Aye first learned she had HIV eight years ago during her second pregnancy. Upon experiencing HIV-related symptoms in 2012, Aye went to a hospital for antiretroviral treatment (ARV). Unable to pay for the full cost of the tests and medication (THB1,800), Aye is in debt to the hospital. As she is not eligible to receive subsidized ARV treatment, Aye must pay all subsequent expenses out of pocket, even though she is currently unable to work.

Aye has not told her employer or co-workers she has HIV. She says that nobody talks about HIV at her workplace, and speculated that if they knew an employee had HIV they would probably fire that person. The employer does not support health education activities and NGOs are not allowed to provide health activities at the workplace. Aye has received support from the Raks Thai clinic, where she has received HIV counselling in her language, a home visit and food supplies.

M. Piercy, B. Press and K. Zin: *Worried about the future: Narratives of migrant workers living with HIV in Samut Sakhon Province, Thailand* (Bangkok, Raks Thai Foundation, 2013).

of employment protection and access to prevention, care, treatment and support as other workers. The Recommendation outlines the following:

- Real or perceived HIV status should not be grounds for discrimination preventing recruitment or continued employment, or be a cause for termination of employment.
- Measures should be taken in or through the workplace to reduce the transmission of HIV and alleviate its impact.
- Workers, their families and their dependents, should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the

workplace should play a role in facilitating access to these services.

- Training, safety instructions and any necessary guidance in the workplace related to HIV and AIDS should be given in a clear and accessible form to all workers, in particular for migrant workers.
- Workers should not be required to undertake an HIV test or disclose their HIV status. 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.
- Workers should benefit from programmes to prevent the specific risk of occupational transmission of HIV and related diseases, such as tuberculosis.



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International Labour Standards on Migrant Workers Rights: A Guide for Policymakers and Practitioners in Asia and the Pacific:

Routine medical testing for migrant workers should not include mandatory HIV testing. Employers, migrant workers and their representatives should encourage confidential voluntary counselling and testing provided by qualified health services. Workplaces should provide counselling and other forms of social support to migrant workers infected and affected by HIV and AIDS.



United Nations instruments

The **2001 Declaration of Commitment on HIV/AIDS** adopted at the United Nations General Assembly Special Session on HIV/AIDS calls on member States to develop and implement national, regional and



Good practices

The **Government of Thailand** has extended the national health insurance policy to include all migrant workers and their families, regardless of their documentation status. The insurance provides for comprehensive health care, including HIV care, treatment and support services. Migrants and mobile populations are included in national responses to HIV.

HIV, AIDS and sexual health are topics covered in the ILO GMS TRIANGLE project's **Pre-Departure Training Curriculum (PDTCT)** for migrant workers departing from Cambodia, Lao People's Democratic Republic, Viet Nam and Myanmar, to work in Thailand, Malaysia and Taiwan, China. The training curriculum includes modules on what HIV and AIDS is, how it is transmitted, and how migrants can protect themselves. The modules also address the issue of combating stigma and discrimination in the workplace.

international strategies that facilitate access to HIV and AIDS prevention programmes for migrants and mobile workers and provide information on health and social services.



Regional instruments

The **ASEAN Human Rights Declaration (2012)** calls on ASEAN Member States to create a positive environment in overcoming stigma, silence, denial and discrimination in the prevention, treatment, care and support of people suffering from communicable diseases, including HIV and AIDS.

The **ASEAN Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths (2011)** noted the high HIV prevalence among key affected populations, including migrant and mobile populations, and recognized that HIV and AIDS responses must deliver focused, evidence-informed interventions that address the particular risks and vulnerabilities faced by this population. The Declaration commits to improve treatment coverage, equity, effectiveness and efficiency, by addressing key obstacles, including access barriers for migrant and refugee populations.

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