



# Labour Migration and HIV

- While migration is not itself a risk factor for HIV, **conditions of travel, accommodation and work associated with migration can increase the risk of exposure to HIV infection.**
- **Factors such as separation from spouses, families and from familiar social and cultural norms,** language barriers, substandard living conditions, and exploitative working conditions, including sexual violence, influence the HIV vulnerability of labour migrants. Their risk of HIV infection is exacerbated **by inadequate access to HIV prevention information, services** and fear of being stigmatized for seeking such information or services.
- **Migrant workers,** particularly those whose status is irregular, **rarely have the same entitlements as nationals to insurance schemes** that would facilitate access to health services.
- 40 countries currently impose some form of restriction on entry, stay and residence based on HIV status. There is **no evidence that HIV-related restrictions protect the public health or help prevent HIV transmission. To the contrary, they are discriminatory, violate human rights** and can in fact **impede effective HIV responses.** HIV-related travel restrictions have no economic justification, as people living with HIV can lead long and productive working lives if they have access to appropriate treatment.

The **ILO HIV and AIDS Recommendation, 2010 (No. 200)** provides that:

- **HIV testing should not be required** of workers, including migrant workers... (para. 25)
- Workers, including migrant workers... **should not be required** by countries of origin, of transit or of destination to **disclose HIV-related** information... (para. 27)
- 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.** (para.28)
- **Measures** to ensure access to HIV prevention, treatment, care and support services for migrant workers should be **taken by countries of origin, of transit and of destination,** and agreements should be concluded among the countries concerned, whenever appropriate. (para. 47)

## What can leaders in Africa do?

### ► Governments can:

- Ensure that national laws recognize labour migrants' fundamental right to health and that national legislation does not create barriers that keep labour migrants from accessing health and HIV-related services.
- Ensure that labour migrants and their families have the same access as nationals to HIV prevention, treatment, care and support programmes that are sensitive to both gender and culture, and provide services in a language or medium that migrant workers can understand.
- Integrate HIV prevention, care and support programmes in pre-departure, post-arrival, return and reintegration processes.
- Enter into bilateral agreements between sending, transit and receiving countries, to promote fair recruitment practices and remove HIV-related travel restrictions.

### ► Employers can:

- Establish and support programmes that include labour migrants to prevent HIV, offer HIV and AIDS education and reach out to communities.
- Develop and ensure application of workplace policies that provide for the principle of non-discrimination between migrant workers and local workers.
- Encourage all employees-- including migrant workers-- to seek voluntary, confidential counselling and testing for HIV. If they test positive, employers can refer employees to partner health facilities.
- Replace the hostel system with family friendly accommodation or housing allowances.
- Work with governments and unions to ensure non-discrimination, advocate for removal of travel restrictions and protect the rights of migrant workers to access HIV-related services.

## Levi-Strauss: Identifying Vulnerable Populations and Focusing Interventions on Female Migrant Workers

Levi Strauss & Co. has demonstrated leadership in providing HIV and AIDS education to thousands of female migrant workers in the regions where it operates. The company integrates HIV prevention into a comprehensive labour services programme that covers workers' rights, basic and occupational health, communication skills, legal aid, and asset building.

### Targeted activities include:

- Developing HIV and AIDS peer education for female migrant workers.
- Mass distribution of information, education, communication (IEC) materials; including an HIV and AIDS-themed edition of the women workers' newspaper.
- Building social support networks for disadvantaged female migrant workers.
- Empowering migrant women through financial literacy training.
- Training workers and supervisors on legal rights and providing access to legal aid services.

Source: GBC Health, *Fighting HIV/AIDS in the workplace, a Company Management Guide* (2009)

## ► Unions can:

- Promote the development of HIV workplace policies aligned with the ILO HIV and AIDS Recommendation, 2010 (No. 200) and the International Convention on the Protection of the Rights of Migrant Workers and their Families (1990).
- Support the formation of worker associations by labour migrants and their inclusion in existing organizations, and the incorporation of HIV-related issues into programmes implemented by these organizations.
- Advocate with governments and employers to protect the rights of migrant workers through legislation as well as through the development of collective bargaining agreements that include clear clauses on HIV and AIDS.
- Support efforts to eliminate HIV-related discrimination against international and national migrant workers.
- Advocate for the ratification and implementation of international conventions on migrant workers.

## Workers' action against HIV in the construction sector

- The construction industry has a long tradition of employing migrant labour. During the process of economic development, work in construction provides a traditional point of entry to the labour force for migrant workers from rural areas.
- Building and Wood Workers International (BWI) has been working in Africa and Asia with its affiliates to promote a better understanding of the epidemic and to include HIV and AIDS in existing occupational safety and health structures.
- A survey carried out in the construction sectors in Angola, Zambia and Zimbabwe found that campaigns by trade unions helped to increase access to condoms by construction workers, including migrant workers. The survey also showed increased awareness of trade union policies on HIV and AIDS among workers as a result of these campaigns.
- Several BWI affiliates have also developed clauses on HIV and AIDS in their collective bargaining agreements (CBAs). In some instances, integrating clauses in CBAs have been found to be more effective in producing results than company policies.

Source: ILO Toolkit for Trade Unions on HIV and AIDS, Booklet 2 (2011)