

MOBILITY AND HIV VULNERABILITY  
IN THE ASIA PACIFIC

REGIONAL COOPERATION



THE  
FORGOTTEN  
SPACES





**T***his manual is dedicated to Jonathan, former migrant worker and advocate who inspired many to work for the empowerment of migrant workers against HIV/AIDS, and who helped in sowing the seeds towards realization of this manual.*



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## OVERVIEW OF THE GENERIC MANUAL

This manual was developed through the involvement of various people. Soon after CARAM recognized the need for the continuation of the consultative process (after the summit) for the development of the generic manual, a team of four people came together to deliberate and develop four chapters of the manual, namely, - Pre-departure, Post-arrival, Reintegration and Gender, based on information gathered by CARAM Asia. This team of four, from varied backgrounds and experiences, who constituted the team included:

1. Malu Marin - Malu is the head of Achieve, Philippines. She was from a sending country with vast experiences in Participatory Action Research; advocacy; capacity building; interventions with HIV+ returnee migrants; and, programs with female spouses. ACHIEVE has strived to increase the participation of HIV+ migrants at different levels from the organizational level to program and policy advocacy levels. It has also established successful and effective networking links with government agencies, CBOs and health care providers in the provinces to address some of the needs of migrants AND SPOUSES at this level.
2. Jackie Pollock who has worked with sex workers as well as migrant men and women in South-East Asia for many years. MAP broadcasts health information, including HIV/AIDS, to migrant workers in ethnic languages of Burma. It also has a strong community based program with migrant women addressing the issue of vulnerability and violence.
3. Sakuil Millat Morshed Executive Director of SHISUK, an organization working with migrants and with rural communities in Bangladesh. Bangladesh is a major sending country of migrants throughout Asia. Morshed is known for developing voluntary counseling programs with migrants at testing centers, and holistic community based interventions with strong health programs with spouses of migrants, returnees and potential migrants.
4. Irene Fernandez Chair of CARAM Asia and Director of Tenaganita. Tenaganita is a women/migrant worker rights organization in Malaysia, the largest receiving country of migrant workers in Asia. Tenaganita has developed various programs with migrants from various countries in Malaysia.

However, we found that this was not sufficient to complete the manual.

So, we got Madhu Deshmukh to work further on the manual with Irene. Madhu has previously worked in various capacities with bilateral agencies, UN agencies, and NGOs in the area of HIV/AIDS. Her sound knowledge of HIV and developmental issues in the Asian region, strong knowledge of and networks with Government institutions, NGOs, Bilaterals and Multilaterals working on various issues, and skills in program management, strategic planning and strategy development helped tremendously in her contribution to make the manual relevant for various stakeholders.

Madhu conceptualized, wrote/collated information and coordinated feedback and information from CARAM.

Madhu, Sharuna and Irene deliberated and decided on seven chapters to make the manual holistic and practical. They are:

- Introduction
- Pre-departure
- Post Arrival
- Reintegration
- Health
- Gender
- Regional Co operation.

Sonal Zaveri provided support in writing up some of the chapters of the manual. Sonal has a strong commitment to social development, management and research specifically issues related to health and gender. She is currently the Executive Director, Center for Research and Development, (CRD) India. CRD is a national, non-profit, research, training and documentation organization established in 1972. Its strengths lie in interdisciplinary and diverse expertise in reproductive health, disability, HIV/AIDS, community health, aging, leprosy, education as well as the strategic planning, monitoring and evaluation of programs.

Prof Ivan Wolffers of the Section Health Care and Culture, Vrije Universiteit of Amsterdam provided invaluable feedback and support to the entire manual and contributed especially to the chapters on Health and Regional Collaboration. Prof Wolffers graduated from the Medical Faculty of the State University of Utrecht in 1975 and as General Physician in Utrecht in 1976. He received his PhD in 1987 at the State University of Leiden with a thesis called 'Changing Traditions in Health Care (Sri Lanka)'. In 1989 he was appointed as professor in 'Health Care in developing countries' at the department of Social Medicine of the VU-University in Amsterdam. Since 1990 he has been the founder and editor-in-chief of the publication series 'Primary health Care in Practice'. Between 1990-1996 he was a member of the RAWOO, the council of advice for the ministry of International Cooperation (DGIS) on scientific research in developing countries. Since 1995 he has been in charge of the development of a research cooperation programme between African countries and The Netherlands on 'Health and Development' for the Ministries of International Cooperation (DGIS) and Research and Education (OC en W). Since 1997 he has also been a member of the AIV (Adviesraad Internationale Vraagstukken/Advisory Council on International Affairs) and a member of the Joint Programme Committee of the Ghanain-Dutch Research Programme on Health and Development since 1999. He is the author of several books and articles in the area of Health Research for Development.

Madhu worked very intensively for three months, rewriting, consulting and obtaining feedback from CARAM partners after each chapter was completed. The final draft of the manual was then sent for feedback to all the partners in CARAM and partners/institutions that supported the regional summit and the development of the manual.

## ABOUT THE WRITERS

### **IMPORTANT:**

Do not be intimidated by the size and number of chapters of the Manual. You need not read all the chapters of the manual and you need not be an expert in order to use the manual.

The manual places the migrant worker as the center and the most important person to realize any effective change in the migration process.

The Manual is a tool for the Empowerment of the Migrant workers and for Policy Development in order to promote and protect the rights of all migrants and their families

The Manual is a tool to assist us to understand the forgotten spaces in a migrant's life that creates vulnerability to HIV/AIDS and how we can eliminate if not at least reduce the vulnerability.

The Manual is a TOOL

A tool to understand the migrant worker and migration. It is to see how to empower the migrant worker, individually and collectively so that his/her rights are respected and upheld. It is a tool to help us to respond effectively to the needs and aspirations of migrant workers, their spouse and families.

A tool for Migrant workers in the whole migration process; a tool for migrant organizations, NGO's and other communities. It is a tool for policy makers, employers, recruiting agencies and all other relevant stakeholders

It is a tool developed from the lives, experiences, cries, tears and joys of migrant workers in Asia and from the interventions and action research developed by CARAM Asia.

The Manual is holistic and generic

The manual consists of seven chapters. Each chapter is independent but connected. While it focuses on the migrant worker, it brings the user through the whole migration process, expressing how each stage of migration impacts on the next stage and the need to be holistic in perspective and in action. Thus each chapter can be used independently.

In order to acquire a good understanding of the overall process and to comprehend the migrant perspective, it will be necessary to read the whole manual in its entirety. However, each chapter can be read and used

independently of each other and they need not be read in sequence. It is recommended that anyone who is serious in developing a program or intervention read each chapter, at least, carefully.

If you go through this manual, you will realize it aims to be as practical and simple as possible with illustrations of experiences from different countries. But while we attempt to be simple, we have tried to clarify concepts and perspectives as well so that actions will be clear when concepts are understood.

We have given great emphasis to the forgotten spaces, to the inner voices of migrants, the inner conflicts, feelings and emotions of people on the move that are hardly spoken about but contribute to vulnerability in a great way. It is important to take cognizance of this reality.

This tool is generic. It raises the core issues and concerns especially the forgotten spaces of the migrant's life in the migration process e.g. Mandatory testing is generic to all, sending and receiving countries. The manual provides the core issues related to mandatory testing, with analysis and the impact it creates. However, for a local organization, the group then needs to contextualize mandatory testing to its national or local reality in terms of policies, laws, implementation and perceptions.

#### A Multi Purpose Manual

The manual has its own special character. It can be used for varied purposes to meet different objectives. A group can use for the following purposes:

- i). Awareness building and education programs.
- ii). Orientation seminars, trainings and consultations.
- iii). Mobilization of migrant workers, migrant communities e.g. peer educators program, spouse program.

Development of support programs and services.

Policy Advocacy

Specific areas/issues/stage in migration e.g. Health, Reintegration or Gender.

Networking

The Manual is for ALL

The manual has been designed for anyone who has the interest and concern for migrant workers. It is for anyone who believes in the migrant worker, in his/her rights and that of his/her families. It is for persons who want to realize the empowerment or increase his/her capacity to make decisions so that he/she and migrants in general can reduce their vulnerability to HIV/AIDS.

In order to make the manual relevant for and implementable by various stakeholders each of the three chapters on pre-departure, post arrival and reintegration make suggestions for various strategies and activities that can be implemented jointly and/or variously by the different players.

#### Outline of the Chapters.

Each chapter develops the migrant perspective, defines the rights and brings about an understanding of the reality the chapter focuses. As one understands the reality at the stage of migration or a core concern, recognizes the rights related to the migrant worker or that of his family, then the manual goes further to outline the possible actions and who should be involved in the interventions. This provides a holistic approach both at the life of the migrant worker and the regional dimension that impacts on migration.

#### Chapter 1: Introduction

This chapter gives one the overall view, defines the migrant and raises the general issues confronting the migrant worker and how his rights get violated. The chapter situates the reader to migration in total and thus spells out the perspective essential for program development.

#### Chapter 2: Pre-departure

This is the first stage of migration. The substance of the chapter starts at pre migration, a period long before the potential migrant makes a decision. This space is usually forgotten in pre-departure programs or interventions. It then takes the reader till the post-arrival stage, reflecting the personal conflicts and contradictions in decisions and policies, at the individual and structural levels and initiatives taken to bring change and to empower the migrant worker.

#### Chapter 3: Post Arrival

This chapter raises issues, problems, conflicts, gaps, policies and exploitative conditions in this stage of migration. It is in this chapter where we find the migrant alone in a new environment. This stage of migration is crucial for all and has to be read with pre-departure issues in mind and emerging concerns for reintegration. The reader needs to give focus on the impact this stage has in a migrant's life. It is here that the regional dimension becomes clearer. The chapter therefore is important for initiatives in regional cooperation.

#### Chapter 4: Reintegration

Reintegration, the second responsibility of a sending country is revealed in this chapter. Picking up the pieces in migration is quite often left to the migrant worker and his family. Here, the chapter leads the reader to recognize this forgotten space. It connects clearly how life at receiving country creates the reality on return and how this can influence remigration and migration as well. This chapter is very important, as it is one area that is

forgotten by policy makers and NGO's. Even when it is remembered, it is usually the economic aspects of reintegration that is addressed. The human dimension including issues related to social relationships, sexuality, psychological health and so on are forgotten.

#### Chapter 5: Health

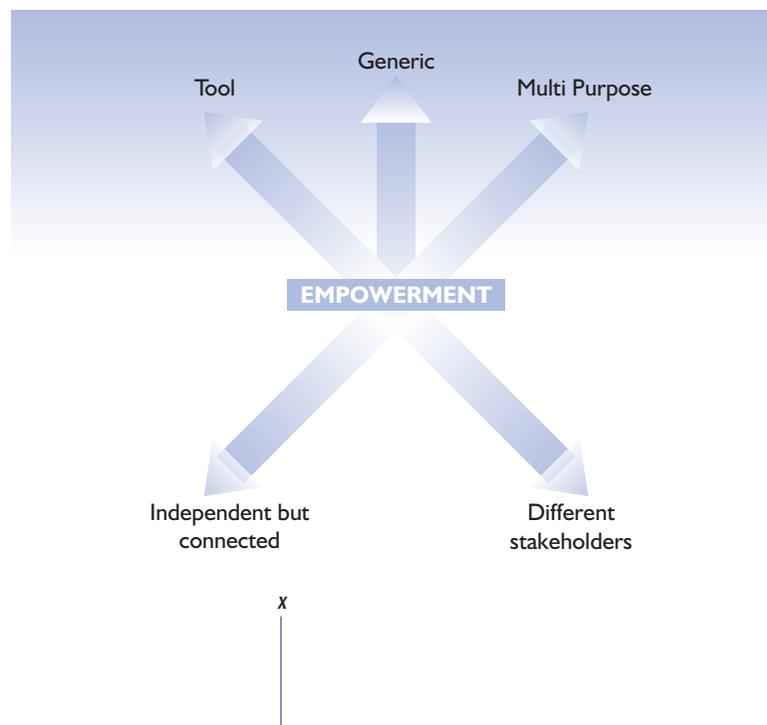
It is in this chapter that the manual shows the importance of health of the migrant worker is if we want to reduce HIV vulnerability. Health is the common thread that pulls through in this manual. Thus this chapter is important to understand the forces and factors that impact the health of the migrant worker and how it induces vulnerability. The reader has to also recognize the perspectives brought out in the chapter that are fundamental for effective interventions.

#### Chapter 6. Gender

As we read the introduction and each chapter, we will realize that women lead as migrant workers. The number of women involved in migration increase tremendously when we include the female members left behind by migrant. The chapter gives equal importance to this group and shows how crucial it is to address the HIV vulnerability factors in the migration process. The chapter clarifies concepts related to gender and proceeds carefully to raise the gender perspective in the migration process. It is very important to understand the woman migrant if we want to develop effective interventions and ensure the participation of women in migration.

#### Chapter 7: Regional Cooperation

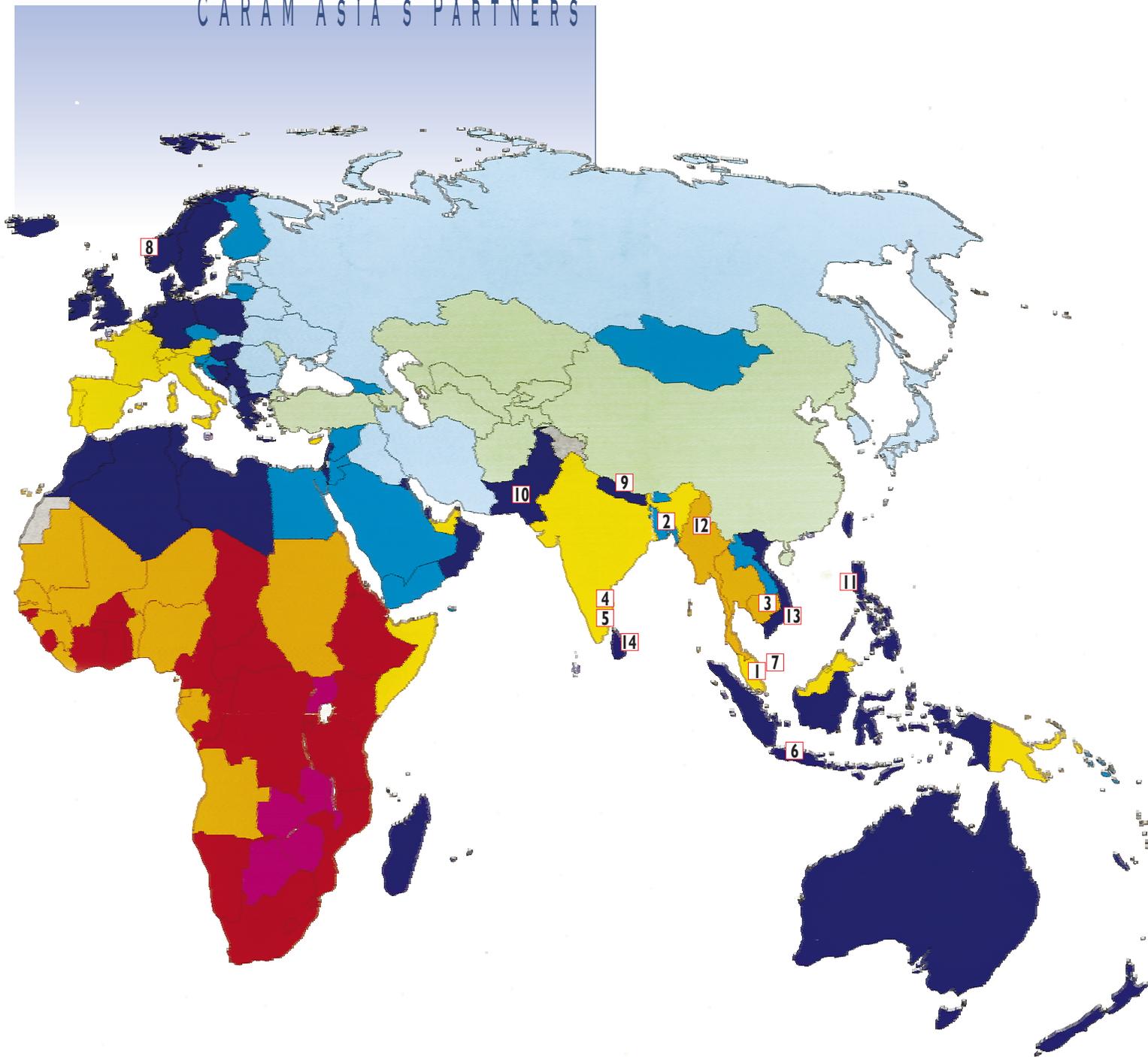
This chapter should be read by all who are interested in the manual. It is a major forgotten area in interventions. Migration is regional and one cannot have a myopic perception. The chapter helps the reader to understand the regional dimension and the regional perspective in migration. It helps the reader to think and act local and global.



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## CARAM ASIA'S PARTNERS



- 1 **CARAM Asia Secretariat, Malaysia**
- 2 **Shisuk, Bangladesh**
- 3 **CARAM Cambodia, Cambodia**
- 4 **Peace Trust, India**
- 5 **Migrant Forum, India**
- 6 **Solidaritas Perempuan, Indonesia**
- 7 **Tenaganita, Malaysia**

- 8 **Vrije Universiteit, The Netherlands**
- 9 **Nepal Institute of Development Studies, Nepal**
- 10 **Lawyers for Human Rights & Legal Aid, Pakistan**
- 11 **ACHIEVE, Inc., Philippines**
- 12 **MAP Foundation, Thailand**
- 13 **Mobility Research & Support Center, Vietnam**
- 14 **Migrant Services Centre, Sri Lanka**

**M**igration patterns for the Asia region are on the rise both regular and irregular. Migration amongst women is increasing.

**T**here is an urgent need to implement interventions at the regional level because of:

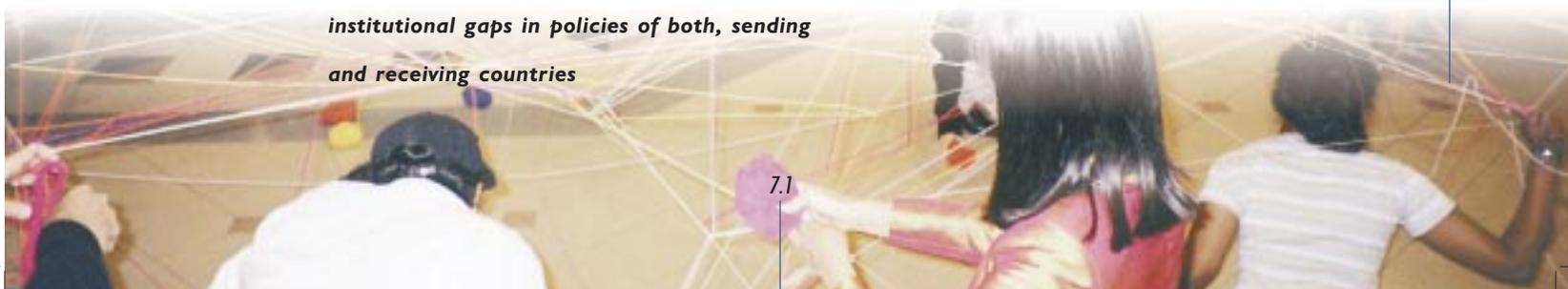
- ◆ the nature of HIV and growing pandemic that knows no borders.
- ◆ the process of Migration Pre Departure, Post Arrival and Reintegration which is a continuum; and the stages are interrelated.
- ◆ the conditions of vulnerability are created at different stages of migration.
- ◆ the diverse nature of migrant worker communities in host countries and the need to facilitate interventions with them.
- ◆ the social & economic impact of migration on both, the sending and the receiving countries.
- ◆ the impact of economic disparities, which create imbalance of power between the sending and the receiving countries. Migrants are seen as a labour commodity and an economic tool. Bilateral agreements do not reflect standardization of health and employment policies and practices
- ◆ the rise in irregular migration as a result of institutional gaps in policies of both, sending and receiving countries

- ◆ the rectification and use of international instruments such as Convention 1990, CEDAW, CRC, UNGASS.

**R**egional collaboration should focus on policy issues including standard policies related to recruitment and employment, coordination for collective bargaining and strength; networking for effective interventions; and ratification of UN conventions and international tools to protect migrant workers.

**A**ll initiatives should address empowerment and rights of migrant workers and involve migrant workers themselves.

**V**arious partners need to come together for collaboration. For example, Governments, UN agencies, NGOs, migrant workers groups, gender groups and other civil society organisations; trade unions, recruitment agencies; medical practitioners and many others should pool in their comparative advantages and resources.



## REGIONAL TRENDS AND PATTERNS

IOM, in its latest World Report (2000), estimates that there are over 150 million people living outside their countries of origin. According to other estimates, out of the total number of people on the move globally, 18 million are political refugees and more than 25 million are Asian migrants working in other countries.

In the past, mobility was characterised by out-migration from the region as migrant workers and emigrants. The present times show that migration has become much more complex, characterised by intra-regional migration, temporary labour migration and a rise in irregular movements. This context has drawn considerable attention to the issue of migration by governments in the region.

*In early 1980s, the number of Asian migrant workers in Asia was estimated at around one million. In 1997, the number went up to an estimated 6.5 million in Japan, Korea, Taiwan, Malaysia, Singapore and Thailand alone.*

*Various agencies like the IOM estimate that there are over 3 million Asian migrant women working overseas. This figure is increasing in countries like Sri Lanka, the Philippines and Indonesia where they account for 60-80% of the total number of overseas contract workers.*

Migration in the Asian region is being characterised by more and more migrants being women. The age profile of the migrant worker is that of a young individual in his or her reproductive age group.

The region is also characterised by a rise in irregular or undocumented migration.

*In Korea, by the end of 1997, there were 240,000 migrants, 140,000 of whom were irregular migrants. In Thailand, around 700,000 irregular workers are employed in construction and fishing industries and are mainly from Myanmar, Bangladesh, Cambodia and Laos.*

### Estimates of Irregular Migrants in Selected Asian Countries

Country of origin	Receiving Countries					Total
	Japan	Korea	Taiwan	Malaysia	Thailand	
Bangladesh	5,864	6,939	-	246,400	-	259,233
Cambodia	-	-	-	-	81,000	81,000
China	38,957	53,429	-	-	-	92,386
Indonesia	-	1,013	2,700	475,200	-	478,913
Korea	52,854	-	-	-	-	52,854
Malaysia	10,926	-	400	-	-	11,326
Myanmar	5,957	-	-	25,600	810,000	841,557
Pakistan	4,766	3,350	-	12,000	-	20,116
Philippines	42,627	6,302	5,150	9,600	-	25,319
Taiwan	9,403	-	-	-	-	9,403
Thailand	38,191	2,528	6,000	8,000	-	54,719
Vietnam	-	3,181	-	-	-	3,181
Others	72,242	18,285	5,750	23,200	109,000	228,477
<b>Total</b>	<b>281,157</b>	<b>95,627</b>	<b>20,000</b>	<b>800,000</b>	<b>1,000,000</b>	<b>2,196,784</b>

(Scalabrini Migration Center, 1999)

Many reasons have been attributed to this change in trends of migration. These include different rates and stages of economic growth in different countries within the region; rising educational levels in host countries; labour export as a major economic activity often propelled by national policies; ease of goods and transport; and reduced opportunities outside the region. These factors along with factors such as promotion of tourism as a major development strategy; civil conflicts;

natural and man made disasters have contributed to the rising movement of people within the countries of the region.

Intra-migration patterns were intensified and became more visible in the late 80s with the coming up of New Industrial Countries (NICs) in Asia, and the Gulf region developing more organised recruitment of migrant workers. The need for this form of migrant labour grew in order to sustain the industrial growth. NICs and the Gulf which are the main recruiting countries, thus, dictated the terms and conditions of recruitment and employment.

## WHY ARE REGIONAL INTERVENTIONS REQUIRED ON MIGRATION AND HIV/AIDS

**M**igration of people across countries in the region has raised the following issues of concern, which need to be understood for initiating regional interventions.

Regional Interventions are required amongst various countries because of:

- ◆ the nature of HIV and growing pandemic which knows no borders
- ◆ the process of migration, Pre Departure, Post Arrival and Reintegration which is a continuum and the stages are interrelated
- ◆ the conditions of vulnerability created at different stages of migration
- ◆ the diverse nature of migrant worker communities in host countries and the need to facilitate interventions with them
- ◆ the social and economic impact of migration on both, the sending and the receiving countries
- ◆ the impact of economic disparities which create imbalance of power between the sending and the receiving countries. Migrants seen as a labour commodity and an economic tool. Bilateral agreements do not reflect standardization of health and employment policies and practices
- ◆ the rise in irregular migration as a result of institutional gaps in the policies of both, sending and receiving countries
- ◆ the ratification and use of international instruments such as Convention 1990, CEDAW, CRC, UNGASS

**I. Nature of HIV and the HIV/AIDS patterns in the region:** HIV/AIDS epidemic hit Asia in late 80s. According to estimates by UNAIDS (Report of Global HIV/AIDS Epidemic, June 2000), 5.6 million adults and children are living with HIV/AIDS in South and South East Asia. However, general epidemiology and estimated prevalence rates in Asian countries are quite different from each other. Prevalence of HIV among 15-49 years old exceeds 1% in Cambodia, Myanmar and Thailand, while in Indonesia, the world's fourth most populous country, fewer than 5 people in 10,000 are living with HIV. China and India between them, account for around 36% of world's population. With such huge populations, even low prevalence rates mean that huge number of people live with the virus.



Gabriella Rodriguez, UN Special Rapporteur on Human Rights of Migrants, Irene Fernandez, Chair of CARAM Asia and Patrick Taran, ILO at Public Hearing on Migrant Workers WCAR, Durban 2001

However, countries such as Bangladesh, Hong Kong, Laos, Philippines and South Korea have reported very low levels in 2000, though there is no guarantee that it will remain low indefinitely.

Epidemiology of the disease cannot be separated from existing policies and situations. HIV is a transnational epidemic recognising no boundaries, borders or authorities. It travels along with the people. Movement of populations from low prevalence areas or countries to high prevalence areas and back (irrespective of the areas or countries being receiving or sending), gives HIV an opportunity to move with these populations.

However, the above data should not be interpreted as if the mobile population or the sex workers are the 'carriers' of HIV. This provides a false sense of security to the countries by focussing on sex workers and mobile populations only and neglecting other risk behaviours and populations practicing the same.

In the absence of any treatment and cure for HIV, activities including *empowerment and information dissemination* are the key. Sharing of information and implementing interventions at different locations of mobility in the region is crucial for successful behaviour change. An *enabling environment* needs to be created for implementation of the above. Also, countries with lower prevalence of HIV can definitely benefit from the experiences and lessons from the programmes implemented by higher prevalence countries.

**2. Process of Migration:** The very process of migration and mobility in the region involves movement between different countries

While establishing the link between HIV and mobility, MAP (Monitoring AIDS Pandemic) Report released in October 2001, states

*“Anywhere between 5-12 million Filipinos work overseas, and a quarter of the country's 1,500 reported HIV cases so far have been in workers returning from abroad.”*

*“HIV prevalence has remained low in the Lao People's Democratic Republic, though it is sandwiched between the higher prevalence countries of Thailand and Cambodia. Workers from Laos go to neighbouring countries including Thailand for temporary work. Prevalence of HIV among sex workers in Thailand is still relatively high, despite successful prevention efforts. While in Thailand, some Lao workers may visit sex workers and become infected, thus bringing HIV back home. Already, some of the early cases of HIV detected in Lao PDR are among migrant workers returning from work in Thailand.”*

*“A recent survey among returning migrants and non-migrants in Nepal shows some of the first evidence of a major epidemic in Nepal. In an area of Doti district in the far west region of Nepal, 10% of the returning migrants from Mumbai were infected with HIV compared to the 2% of non-migrants.”*

*“Another STI/HIV behavioural survey of sex workers in Terai area of Nepal shows the association of HIV with sex work and trafficking of women to India. The study revealed that women who never worked in India had lower prevalence (of 1.2%) than those who had worked in India. Women who worked in commercial sex areas of Mumbai registered the highest HIV prevalence of 50%; followed by those who worked in other areas of India, 7.4%. It showed that even though only a small percentage of women had worked in India (17%), they accounted for three quarters of all of the HIV infections found in the sample.”*

as sending, receiving and transit destinations. Also, as discussed in previous chapters, the three stages of migration, namely, pre departure, post arrival and reintegration cannot be seen in isolation because of the *interrelationship between the various stages i.e with each stage impacting the other*. They have to be considered as a part of the continuum and, thus, countries involved in all or any of the three stages, need to collaborate with others in the continuum.

Also, the process of migration necessitates regional collaboration and networks, some of which already exist, such as recruitment networks etc.

**3. Migrant workers and conditions/factors of vulnerability:** The whole process of migration creates different sets of conditions at different stages that make the migrant workers more vulnerable, economically, physically, and mentally. *These conditions could be* lack of information (on the recruitment process, mechanisms, host country culture, lifestyles etc.) or services (health, legal aid etc); economic and social (high debts, pressures from the family, dealing with new social and work environment in a host country, human needs of warmth, sex and companionship etc); discriminatory policies (recruitment and employment, working conditions, no mechanism of legal redress, health and HIV related, deportation etc.) or lack of policies (non recognition of informal

sectors such as domestic work, minimum wages etc.); and gender discrimination (gender biased recruitment policies; contract substitution; documentation policy; working conditions and low wages; control by employer, high violence and abuse, no mechanism of legal redress, deportation and health; etc.).

Most countries, however, focus on national security and economic issues instead of human security and protection and welfare of migrant workers as well as their human rights.



**4.** The above vulnerabilities demand appropriate interventions with migrant workers communities in the host as well as the sending countries. However, the very nature of migrant workers as a community in the host country makes it *difficult to implement* effective interventions with them. Migrant workers are from *different countries*, and thus represent diverse cultures, speak different languages, belong to different economic sectors. Even if they are from the same countries, their

language and culture may vary considerably, for example, migrants from different parts of India or Indonesia. It thus becomes essential to understand their backgrounds, cultures and languages before implementing any activity. Also, the NGOs implementing the programmes belong to the communities from the host countries. It thus takes time and effort to build the *trust and rapport*, since most host countries view the migrants negatively.

Collaborating with NGOs from the sending country will benefit the NGOs in the host country in trying to understand the culture and practices, easily and in a short time, given the urgency to deal with HIV/AIDS. This collaboration could be extended to the sharing of materials, which are culturally sensitive with appropriate messages, joint research and documentation and monitoring between NGOs from the sending country with the NGOs in the host country for each of the specific community.

5. The rise in migration has created many fold **impacts** on the countries in the region:

Numerous reports have indicated the involvement of *criminal activities* surrounding the migration process, especially involving the vulnerable group of women. Many forms of violence, from physical assaults including sexual abuse to long-term psychological damage caused by trauma have been reported. The connivance of local officials with illegal

recruiters has been an established fact, but even in the case of documented workers, officials are known to take *bribes* for processing travel and visa papers for employment.

This rise in migration has also resulted in severe *violations of human rights* and sexual exploitation. Women who have been hired as waitresses or shop girls are turned over to prostitution establishments. Marriage has become a cover for pimping foreign brides or forced labour. Male migrants also contribute to the vulnerability of female migrant workers by creating a *demand for sexual services*. Migration has also resulted in *family disintegration* while also impacting upon social family norms and culture. This has given rise to many *children* who are placed under vulnerable situation. An *increase in reproductive health related problems* including higher levels of STDs, HIV and AIDS as well as other psychological and mental illnesses have been reported. These impacts need to be addressed jointly by sending, receiving and transit countries, in a collaborative manner.



Regional Summit on Pre-Departure, Post Arrival & Reintegration Programmes for Migrant Workers organized by CARAM, UNDP, IOM & CHRF. 2000 Bangladeshi delegates.

6. Migration creates an **imbalanced interdependence of countries** on one another. The sending countries benefit from export of labour that helps them to bring in foreign exchange to help in the development of national economy. The host country procures cheap labour, which helps in the development of infrastructure and production. However, since the *host country* provides the valued ingredient of 'employment' it more often than not, *dictates the contract and employment terms* and conditions for the sending countries, which are often different for different countries and discriminatory.

The *sending countries* oblige with the same and in return give away the rights and welfare of their migrant workers. The migrant worker is seen as an economic tool, a labour commodity. This results in *increasing competition between sending countries* contributing to institutionalisation of low wages and other exploitative working conditions. The receiving country on the other hand does not recognize and protect these rights. *The sending countries thus have no power to bargain or demand better standards and conditions of recruitment and employment.* This leads to further marginalisation and violation of rights of migrant workers. Regarding health as an issue, while most host countries require a healthy workforce, they seldom take responsibility for providing welfare and health services to the migrants.

It has also been seen that bilateral agreements between the sending and the receiving countries are hardly useful for standardization of health and employment practices and regulations due to these unequal negotiation powers.

Thus the sending countries need to come together and advocate and lobby for standardization of health and employment practices and regulations.

*Though Indonesian domestic workers sign a contract at home, these are not enforceable in a country like Malaysia since legal authorities have not attested them.*

7. **Irregular migration**, which is sometimes seen as violation of basic rules/principles of migration, is often an *outcome of* institutional deficiencies, lack of access to accurate and adequate information, and policies and mechanisms for migration. For example, a domestic worker is not recognised as a worker in most countries and thus is not covered by labour legislations. They are more often than not, *women*. These women work in isolated conditions with fragile contracts often between the employer and the agent, which is open to abuse and exploitation. On the whole, migrant workers take on jobs that are dirty, demanding and dangerous, with very low wages. Consequently, many workers flee these jobs, in situation of abuse, and become "illegal" and thus more vulnerable to exploitation and health risks. Many a time, stringent policies related to notification of ill health and subsequent deportation makes many migrant

workers to become undocumented workers. Reaching these undocumented and most vulnerable individuals is important and can happen only if the institutional deficiencies and information needs are addressed in a collaborative manner between countries.

8. Planners and implementers at national levels do not consider the 'migrant's perspective' while designing and implementing recruitment and employment policies. Migration trends and experiences are not considered for framing appropriate policies or adequate protective and welfare measures. Social and human conditions, rights and welfare of migrant workers are not considered for policy development and implementation. Advocacy and lobbying at a regional level needs to be undertaken with the help of various stakeholders.

9. Ratification of Convention 1990: Migrant Rights are universal and indivisible as defined in Convention 1990 "UN Convention on the Rights of Migrant Workers and Their Families", as well many other conventions. Hence, even if the migrant workers are moving from one place to another, no rights should be lost. They should be upheld and promoted at every stage, by all, especially the host countries. However, through ratification of Convention 1990, host countries can ascertain their commitment to upholding migrants' rights.

*Thus, some of the key challenges that mobility brings to a nation and the region, within the context of the HIV/AIDS pandemic, are :*

- 1. There needs to be a recognition that the migration process in particular at the three stages of migration, is interlinked, interdependent, multidimensional, multi sectoral and is a continuum. It is beyond national borders.*
- 2. The conditions in one stage of migration and in the environment have serious implications on the next stage and environment. This demands a multilateral regional perspective and understanding.*
- 3. Information with a holistic approach is a crucial tool of empowerment and decision making for all stakeholders. This goes beyond the migrant worker and should reach all simultaneously.*
- 4. Creation of an enabling environment means a paradigm shift where the migrant workers are seen as human beings with social and sexual needs and the protection of their rights including health rights.*
- 5. Development of an enabling environment requires a critical evaluation of work and living conditions, safety and security of migrant workers.*
- 6. Conflict resolution, culturally, socially, sexually and politically is a Process. It demands a partnership with a common understanding of changes made in spatial mobility.*
- 7. Current programs like pre-departure, post arrival/pre-placement or reintegration programs still focus on the productivity of the migrant workers and the economic benefits that can be derived. There is need for a more humane policy development along with increasing the capacity of migrants to make decisions to control their lives and reduce risk.*
- 8. The perception that a HIV+ person is unfit for work reflects a poor understanding of the disease by policy makers, employers and consequently by communities. This requires a new perspective with policy changes and the respect to right of employment.*

9. *Gender selectivity: gender biased and discriminatory policies only increase vulnerability and continued subordination of women. Specific efforts and emphasis must be made for the empowerment of women in Asia at all levels. In particular there is a need for an openness to challenging sexual subordination, cultural norms and values that increase a culture of silence and changes that spatial mobility brings about.*
10. *Inequalities exist in various aspects in all stages of migration. However, the highest form of inequality and discrimination exists in receiving countries, which are reflected at work, in living conditions, in social policies, in access to health care, and in recognition of rights. These inequalities need to be addressed and policy changes brought about with education and awareness.*
11. *There is a gap and lack of concern for spouses left behind both at sending and receiving countries. This has increased vulnerability. Community based ongoing intervention and mobilization is urgently required.*
12. *Irregular migration is indeed a major concern for the region with increased trafficking and trade in human beings. This creates invisibility, which in turn develops vulnerability. Therefore governments need a dialogue to develop coordinated interventions with mechanisms at all levels with strong political commitment.*
13. *Any AIDS intervention strategy and program needs to challenge current economic strategies. We need to arrest privatization and the commodification of health care services for pure profit. The concept of privatization of essential services and deflation of state responsibility denies health for all. People's health cannot be compromised as it only increases vulnerability and a backlash on the country.*

## WHAT SHOULD BE THE REGIONAL INTERVENTIONS? WHAT SHOULD THEY FOCUS ON?

**R**egional activities focus on various aspects of the migration process that involves two sides of the border. In that way they link the health risks of the spouse who is left behind in the sending country with the changed life style of the migrant in the receiving country. This involves everything that brings the migrant in the very living conditions that are so specific to migration. Those aspects in the process that are comparable are especially targeted: national policies that have a regional impact; regional policies that have a national impact; and issues like mandatory testing, human rights of migrants and their families, access to care, rights of HIV-infected migrants etc.

There is a critical and an urgent need to create opportunities for change, develop tools for empowerment and preserve rights of migrant workers, in an enabling environment that facilitates choice and access to information and service to the migrant worker. Given the limited resources, the urgency to deal with HIV/AIDS in the region and address migrant workers, the countries have to come together to pool their strengths, resources and information keeping the migrants perspective as the central focus.

**Some of the regional interventions and initiatives need to consider the following:**

1. All governments in the region need to recognise standards for recruitment and employment and commit themselves to implementing these standards and ensuring people's rights.
2. All governments in the region, thus, need to ratify and implement UN Instruments: UDHR, CEDAW, UN Convention on the Protection of the Rights of Migrants and Members of Their Families, and ILO conventions 97 and 143.
3. Strong advocacy and campaigns need to be launched for ensuring the ratification and implementation of international instruments.
4. Monitoring of government's commitment to Vienna, Cairo and Beijing Declarations.
5. Multilateral agreements need to be formulated, as bilateral agreements could be weak and ineffective due to unequal negotiating strengths of the sending countries.
6. Receiving countries need to take a greater responsibility for the health of migrant workers. Compulsory insurance on health, life and occupational hazards should be ensured in receiving countries.

7. Long term strategies and action plans need to be developed for addressing issues of mobility and HIV/AIDS.
8. Need to include strategies to reach the undocumented, trafficked and so-called illegal migrants.
9. Focus has to be made especially to sectors like domestic workers, women in entertainment, tourist industry and trafficked women and children.
10. Formulation of inter-ministerial committees on a multi-sectoral basis to facilitate monitoring and development of effective policies.
11. Regional mechanisms to ensure effectiveness of policies need to be initiated. Existing regional fora such as the ASEAN, UN, Special Rapporteurs for Migrants and Violence Against Women and their related mechanisms like the ASEAN Task Force on AIDS (ATFOA) may also be used.
12. Consultations and training programmes for both NGOs and government agencies need to be developed in a systematic way.
13. Effective tools like manuals need to be implemented regionally for pre departure, post arrival and reintegration stages. Additional tools to focus on information sharing for empowerment need to be implemented.
14. Health and policy planners need to be sufficiently aware of current migration patterns to effectively anticipate and adequately plan for the consequences of migratory flows.
15. Standardization and harmonization of health care services need to be advocated for.

## WHO SHOULD PARTICIPATE IN THE REGIONAL INITIATIVES?

**R**egional Cooperation should not be limited to government-to-government interactions. *Governments* play a key role in policy development and implementation, as well as facilitating an enabling environment for choice and access to information and services. They can play a key role in establishing bilateral agreements; ensuring compulsory insurance on health, life and occupational hazards in receiving countries; and ratifying the UN convention of 1990 on Migrants' rights.

However, there are many other players who can bring in their comparative advantages within the whole process of mobility. Partnerships need to be broadened and strengthened while recognising the strengths of each of the partners and stakeholders. Within the government, there is a need to include *different ministries, embassies etc.*

*NGOs* play a key role in the implementation of activities. They have direct access to the communities. Through their frequent interactions, rapport building and peer education strategies, a mutual relationship of trust is built between the NGO and the community. They can effectively lobby and

advocate for rights of migrant workers, and strengthen networking amongst NGOs.

Community Based Organisations (CBOs) including *migrant workers groups* facilitate empowerment of migrant workers and help to understand their cultures, beliefs and practices for effective interventions. They, with their membership of migrants and returnees, are able to ensure wider and realistic dissemination of information, provide support to the families of the migrants when they are away and also provide support services to people living with HIV/AIDS.

Working with employment organisations and *trade unions* is critical to ensure implementation of employment conditions and provide a mechanism for redress and registering complaints.

International agencies such as the UN with their technical mandate and neutral status, provide a political ground and fora for negotiations and discussions with governments, NGOs and other groups.

Participation by related *civil society organisations* as well as people's organisations such as gender groups, human rights groups, lawyers' collectives need to be involved during advocacy and development of policies and strategies.

Participation of *policy makers and politicians* is crucial to facilitate advocacy and political leverage for ensuring protection of migrant workers rights, development of policies and collective bargaining power.

Positive involvement of *law enforcers, recruitment agencies, employment agencies, medical professionals* etc. is also critical, by sensitising them to the vulnerabilities of migrant workers during the migration phase; provision of information and access to services; as well as for ensuring protection of migrant's human rights and welfare.

## HOW CAN REGIONAL COOPERATION ACTIVITIES BE IMPLEMENTED: STRATEGIES FOR ACTION

## GUIDING PRINCIPLES OF IMPLEMENTATION

### **P**articipatory

Regional collaboration activities need to ensure the participation by all key stakeholders including migrant workers and communities including their families at all stages.

Recognising the complex and the dynamic nature of the process, not only should the participation be ensured, but also the partners need to be broad based for a comprehensive multi sectoral response, which should include various government departments and ministries, NGOs, CBOs, UN, and others as mentioned in the above section on partners and stakeholders.

Multi sectoral responses should include participation of constituencies and stakeholders working on specific issues like HIV/AIDS, mobility etc; or stakeholders from other development sectors working on related issues (such as labour, law and justice etc.).

*Networking and Partnership building* are crucial strategies to implement participatory activities. Regional networks on specific issues may be formulated or specific issues could be integrated into existing *mechanisms*. In order to ensure effective participation, simultaneous processes at regional and national levels need to be followed.

Following examples highlight the strategies of networking and partnership building (Regional Summit on Mobility and AIDS, ASEAN, Seven Sisters Network and ATFOA).

#### **Regional Summit on Predeparture, Post Arrival and Reintegration Programs for Migrant Workers: (September 11-13, 2000, Malaysia)**

*Co-organized by CARAM Asia, UNDP HIV and Development Project - South East, South and South West Asia, Canadian Human Rights Foundation (CHRF), International Organization for Migration (IOM), in*



collaboration with UNAIDS/GIPA (Global Involvement of People with AIDS), Canadian Society for International Health (CSIH), and Canadian International Development Agency (CIDA).

The Regional Summit sought to address the issue of existing information gaps for migrant workers and recommend development of strategies to overcome these gaps.

There were 110 participants from 15 countries:

- | <b>1) South Asia</b> | <b>2) South East Asia</b> | <b>3) East Asia</b> |
|----------------------|---------------------------|---------------------|
| a) India             | a) Malaysia               | a) Japan            |
| b) Pakistan          | b) Thailand               | b) South Korea      |
| c) Bangladesh        | c) Singapore              | c) Taiwan           |
| d) Sri Lanka         | d) Cambodia               |                     |
| e) Nepal             | e) Vietnam                |                     |
|                      | f) Indonesia              |                     |
|                      | g) Philippines            |                     |

The delegates included:

- members from various national non-government organizations of migrant support groups, groups working with people infected and affected by HIV/AIDS, and working in the area of health
- government sector employees from the Ministries of Labour and Health
- Labour attachés of sending countries based in Kuala Lumpur
- representatives of regional and international organizations
- representatives of umbrella organizations of recruiting agents from Nepal, Malaysia, and Bangladesh
- academicians and researchers

The Summit was an amalgamation of simultaneous participatory consultations with various groups at national level.

The Summit undertook a consensus building process between the above stakeholders at both national and regional levels to suggest a strategy and tool (generic manual) that would address the access gaps to accurate, appropriate and timely information to migrants and their families.

The conclusions of the Summit and the advocacy for the implementation of the generic manual at the national level have been integrated into various regional and global fora and initiatives of governments, NGOs, UN etc. Various national level activities were initiated

after the Summit by NGOs along with migrant worker communities and governments.

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#### **Coalition of Asia Pacific Regional Networks on HIV/AIDS**

The Coalition is a broad-based alliance of regional networks from the Asia Pacific region formulated in February 2001 after following a strategic and participatory process for 18 months to achieve the same. Fundamental platform for coalition building included principles of

- ◆ protection and promotion of health of marginalised/disempowered communities
- ◆ empowering rather than welfare
- ◆ approaches based on human rights, gender equality/equity, and participation at all levels

The Coalition brings together all seven networks, namely:

- Asia Pacific Network of PWAs (APN+)
- Asia Pacific Network of Sex Workers (APNSW)
- Asian Harm Reduction Network (AHRN)
- Coordination of Action Research on AIDS & Mobility (CARAM-Asia)
- AIDS Society Asia Pacific (ASAP)
- Asia Pacific Network of Lesbians, Gays, Bisexuals & Transgenders (AP- Rainbow)
- Asia Pacific Network of AIDS Service Organisations (APCASO) (Coordinator)

The Coalition is structured as a mechanism with the aim to jointly develop collaborative (inter-network) regional policies & programmes responsive to the HIV/AIDS pandemic in the region; advocate for support for these policies and programmes at governmental levels; respond in a timely and effective manner to emerging issues, which have implications on HIV/AIDS prevention & care efforts in the region

Immediate to mid-term period activities include:

- consensus & advocacy on common issues
- information & resource sharing
- capacity-building for in-country network partners
- facilitation of linkages among in-country partners
- partnerships & joint action
- mobilising resources on common projects

### **ASEAN Heads of Government Summit on HIV/AIDS**

While endorsing their commitment to HIV/AIDS and to regional collaboration, Heads of State of the ASEAN adopted the 7th ASEAN Summit Declaration on HIV/AIDS in November 2001, at Brunei Darussalam. This meeting, though, of Heads of States with representation from different ministries and governments, did include active participation from NGOs and other organisations. Preparatory meetings for this regional meeting ensured participatory and consultative national processes with different stakeholders.

The declaration, while expressing its concern to HIV/AIDS and related issues in South East Asia, referred to the UN Declaration of commitment on HIV/AIDS and other existing declarations and conventions. It declared its commitment to providing a sound leadership for intensifying and strengthening inter-ministerial collaboration and multisectoral collaboration at national, regional and international levels; promoting positive and an enabling environment. It specifically outlined the scope for strengthening joint regional actions by increasing and optimising the utilisation of resources to increase access to affordable drugs and testing reagents; reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; adopt and promote innovative

inter-sectoral collaboration to effectively reduce socio-economic vulnerability and impact; expand prevention strategies and care; provide care, treatment and support.

### **UN Task Force on Mobile Population and HIV vulnerability for South East Asia; South Asia Regional Strategic Plan and forum on Mobility and HIV facilitated by UNDP South and South West Asia regional office on HIV and Development**

These mechanisms also attempt to broaden the partnership base for a comprehensive multisectoral response towards mobility and HIV/AIDS. NGO and community participation has been crucial in these fora to ensure that migrant and community perspective is built into the processes and information for the same is shared. Presence of neutral partners such as the UN has been useful in providing a neutral ground for discussions on various issues and bringing partners with differing perspectives to one forum. Government participation for policy formulation and implementation has also been productive. These fora also provide an opportunity for collaboration and coordination of various activities at the national and regional level; as well as for sharing of information.

## Rights-based

All human rights are universal, indivisible, interdependent and interrelated. While the significance of national and regional backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms. (World Conference on Human Rights: The Vienna Declaration and Programme of Action, June 1993). Most governments in Asia have adopted this principle though delays in full implementation have been experienced due to existing diverse political, economic, social and cultural realities.

Migrant workers need full human rights protection to reduce HIV vulnerability. Protection and promotion of the rights of migrant workers are compelling needs, as often they have diminished control on their lives, being non-nationals in the destination

NGO Meeting, WCAR, Durban 2001



countries. Various factors occurring during various stages of migration process reduce the rights of migrant workers and predispose them to acquiring HIV.

Thus any activity on mobility and HIV/AIDS needs to understand, promote and protect the rights of migrant workers to ensure safe mobility and reduce vulnerabilities and conditions that enhance it.

Rights-based approaches can be adopted at the global, regional and national levels through various mechanisms. *Empowerment and mobilisation/collectivisation* of the communities, in this case, migrant workers and their families, is critical. These strategies along with respect for human dignity and human rights should be the core guiding principle of any community-based intervention to be facilitated by NGOs.

States can express their commitment by *ratifying various international instruments and declarations* such as UNGASS, Convention 1990, CEDAW, CRC etc. and then translating these instruments into *local level policies and legislation*. Violation of rights need to be monitored regularly. In order to achieve these objectives and activities, advocacy needs to be undertaken with various stakeholders including NGOs, government institutions, UN etc. United Nations Office of the Human Rights Commissioner, along with National Human Rights Commissions, could play a key role in ensuring-rights based implementation of activities related to mobility and HIV/AIDS.

**United Nations General Assembly 26th  
Special Session : Declaration on  
Commitment to HIV/AIDS “Global crisis  
Global action”**

**Selected relevant excerpts from the  
Declaration:**

*We, Heads of States and Governments and Representatives of States and Governments, assembled at the United Nations, from 25-27 June 2001, for the twenty sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;*

*Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;*

*Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations must also be addressed;*

*Recognizing that the full realization of human rights and fundamental freedom for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;*

*Acknowledging that prevention of HIV infection must be the mainstay of the national, regional, and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;*

**At the regional and sub regional level:**

*Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, sub regional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;*

*Support all regional and sub regional initiatives on HIV/AIDS including: The International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to overcome HIV/AIDS; the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and other Diseases; the*

*CARICOM Pan-Caribbean Partnership against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan, the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action : Accelerated action on HIV/AIDS, Malaria and TB in the context of poverty reduction;*

*Encourage the development of regional approaches and plans to address HIV/AIDS;*

*Encourage and support local and national organisations to expand and strengthen regional partnerships, coalitions and networks;*

*Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;*

### ***In the area of Prevention:***

*By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS*

*By 2005, develop and begin to implement national, regional and international strategies*

*that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers; including the provision of information on health and social services;*

### ***HIV/AIDS and Human Rights:***

*By 2003, enact, strengthen and enforce appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure full enjoyment of all human rights as fundamental freedom of people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality and develop strategies to combat stigma and social exclusion connected with the epidemic;*

*By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape, and other forms of sexual violence, battering and trafficking in women and girls;*

*By 2003, develop and/or strengthen national strategies and programmes supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health*

of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug using behaviours, livelihood, institutional locations, disrupted social structure and population movements, forced or otherwise;

### **Conflict and disaster affected regions:**

*Call on all United Nations agencies, regional and international organisations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;*

## **G**ender Sensitive

Gender sensitive programmes and policies recognise women as 'human beings' with human potential. It is also based on the recognition that equal participation of women in all areas of life including individual, familial, societal as well as political, economic and social spheres is essential to all major development objectives.



*Right to Redress Campaign for Migrants - Malaysia.*

Gender is a key factor in determining not only the employment sectors for women, but also for many policies as already discussed in the “Gender and Health” chapter.

*In the Beijing Platform for Action and recent Trends in Female Migration in the Asia-Pacific Region on “Rights Approach to Empowerment of Women”, it has been proposed that governments should move from work which has already been done. Some of the key elements proposed for interventions are:*

- *Defining a framework for monitoring the conditions of migrants: Such a system would develop a feedback mechanism to monitor how programs are implemented and the actual impact of interventions on the intended beneficiaries. This would mean a continuous monitoring and evaluation process with indicators for pre-departure, post arrival and reintegration programs.*
- *Review of data on migrants that are collected both by governments and NGOs: Besides mapping out*

components in migration, this should also include experiences, initiatives in information sharing and exchange etc. Through this process it can assist in harmonizing definitions, measures, modes of data collection and usage at the regional level for regional cooperation.

- *Pilot testing of selected indicators and evaluating performance: Indicators of violence and vulnerability, empirical support for the applicability, appropriateness and validity of these indicators would encourage their use.*
- *Making space for migrants: An important component for monitoring is the perspective of migrants about the programs and measures intended to enable and empower them. Most of the data on migrants are from administrative data records on deployment, welfare cases, illegal recruitment cases or the number of persons that have gone through pre-departure programs. We need to know the impact on the migrants and how they define the situation. We need to understand what their needs are and what kind of support and services they want and anticipate. It is to ensure the full participation of migrants in the process of reducing vulnerability.*

#### **Regional Summit on Foreign Migrant Domestic**

**Workers:** To be organised by CARAM Asia along with UN Special Rapporteur on Human Rights of Migrants, the Asia Pacific Forum on Women in Law and Development, the Arab Organization for Human Rights, Migrante International, the Global Alliance Against Trafficking in Women, Solidarite Mondiale, the Indonesian National Commission on Violence against Women and the Canadian Human Rights Foundation, in May 2002, with the objective of protecting and promoting the life, health, and human rights of migrant domestic workers in Asia. Through this initiative, it hopes to initiate a collaborative effort with national and regional groups and networks as well as with international agencies, government institutions and migrant workers through the use of a gender-sensitive and rights-based approach and a process of consensus building.



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## **R**eflecting Migrants' perspective based on migrants needs/ expectations / level of learning

The migrant perspective is about conceptualizing, analyzing, developing and assessing policies and interventions from the view of migrants. It is based on the recognition of the wisdom and value of migrant experiences in analyzing the issues and concerns with regard to themselves and in their ability to define the solutions to these problems.

All programs and policy initiatives need to reflect this perspective by ensuring empowerment of migrant workers and their families and their representation at all stages of the migration process as well as strategy and program development.

*During small group discussions at the Regional Summit on Pre Departure, Post Arrival and Reintegration for migrant workers, organised by CARAM Asia, along with UNDP, CHRF, IOM, UNAIDS, CSIH and CIDA in September 2000 in Malaysia, the South Asia Group came up with the following suggestions:*

### **National Policy Framework**

- Review existing Emigrants Acts
- Convince Labor Department to take up pre-departure information campaign
- Initiate dialogue with the governments to set-up migrant information centers, for providing
  - Directory of approved agencies
  - Directory of blacklisted agencies
  - Directory of blacklisted employers
- Bilateral agreements to be made public

### **Monitoring Mechanisms**

- Consumer Fora ( to be activated)
- Labour Tribunals (more involvement)
- National Human Rights Commission
- State Human Rights Commission
- Arrange South Asian Labour Ministers meet, along with Health and Law Ministers
- Involve UN and ILO mechanism with proper reports and documentation on Human and Labour Rights violation

## SOME OF THE REGIONAL INITIATIVES BEING IMPLEMENTED BY CARAM ASIA AND ITS PARTNERS

1. Experiences of HIV-infected returned migrants in different Asian countries are collected and processed in order to strengthen the regional lobby with Asian governments to improve mechanisms and policies for migration in the region. Interviews with HIV-infected migrants are held and analysed. A regional CARAM working group has been established to develop the material into lobby tools.
2. Through analysis of access to care in different migrants receiving countries in Asia, regional CARAM programme characteristics and trends are analysed in order to suggest to policy makers in the region better models for access to care of migrants (documented as well as undocumented).
3. Mandatory testing is an ineffective tool to control HIV infection and more often it is counterproductive. Authorities in the region do not always understand that. CARAM is currently trying to analyse different policies in the region, from receiving countries, perspective as well as

from the point of view of sending countries. The material will be analysed and a campaign to influence policy makers will be started in different countries in the region.

4. CARAM has been active to influence thinking about the whole issue of migration and health. In regional workshops, awareness has been created to move away from looking at migration as a cause of HIV infection, and to look at the conditions that come along with migration and make migrant workers extremely vulnerable to HIV and other health hazards. In national workshops and advocacy work, different CARAM partners have again worked to create that awareness at the national level. Strategies and experiences are then brought back to the regional platform so that different stakeholders can profit from it.



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## GLOSSARY OF ACRONYMS

### Acronym

### Expanded Form

AHRN	Asian Harm Reduction Network
AIDS	Acquired Immunodeficiency Syndrome
APCASO	Asia Pacific Network of AIDS Service Organisations
APN+	Asia Pacific Network of People living with AIDS
APNSW	Asia Pacific Network of Sex Workers
AP-Rainbow	Asia Pacific Network of Lesbians, Gays, Bisexuals and Transgenders
ASAP	AIDS Society Asia Pacific
BOMW	Bangladeshis Overseas Migrant Workers
BOSEL	Bangladeshis Overseas Service Employment Ltd.
BMET	Bureau of Manpower Employment and Training
CBO	Community Based Organisations
CARAM	Coordination of Action Research on AIDS and Mobility
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CHRF	Canadian Human Rights Foundation
CIDA	Canadian International Development Agency
CRC	Convention on Rights of Children
CSIH	Canadian Society for International Health
FGD	Focus Group Discussion
GNP	Gross National Product
GAATW	Global Alliance Against Trafficking in Women
GIPA	Greater Involvement of People living with AIDS
HIV	Human Immunodeficiency Virus
ICAAP	International Conference on AIDS in the Asia Pacific
ILO	International Labour Organisation
IOM	International Organisation for Migration
IPAA	International Partnership Against AIDS in Africa

KABP	Knowledge, Attitude, Behaviour and Practices
MAP	Monitoring AIDS Pandemic
MoU	Memorandum of Understanding
NGOs	Non Governmental Organisations
NOVA	Network Opposed to Violence Against Women Migrants
OFW	Overseas Filipino Workers
OWWA	Overseas Workers Welfare Association
PDOS	Pre Departure Orientation Seminar
PLWHA	People Living With HIV/AIDS
PoE	Protector of Emigrants
POEA	Philippine Overseas Employment Administration
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SSWA	UNDP South and South West Asia Project on HIV & Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing