A REVIEW OF GOVERNMENT BUDGET ALLOCATION FOR HIV & SRHR INTERVENTIONS, POLICIES AND OUTCOMES FOR MIGRANT WORKERS

A Regional Research Report by CARAM ASIA

www.caram-asia.org

CONTENTS

INTRODUCTION

The Global South (UN, 2015) is a cluster of countries that appear to share some common indicators, i.e., economies with low GDP per person, which rely on agriculture as a main industry (The Balance, 2021). These two fundamental criteria were once used as a basis in categorizing "developing" countries. However, considering the absence of a universally accepted definition of what a "developing" country is, the difficulty in deciding as to what would fit into the category, and the controversies and divisiveness which arose over the use of the label, made the World Bank decide to phase out the use of this descriptor. In its place, the World Bank reports have presented data aggregations for regions and income groups roughly segregated as the Global South and the Global North (World Bank blogs, 2015).

Of the more than a hundred nations that form the "Global South" divide, the following countries were included in this research study: Bangladesh, Nepal, Pakistan, the Philippines, Sri Lanka, and Thailand. On the other hand, Hong Kong, under its geopolitical landscape and economy, as a Special Autonomous Region of the People's Republic of China, cannot be lumped with the Global South, even if China is included in this cluster.

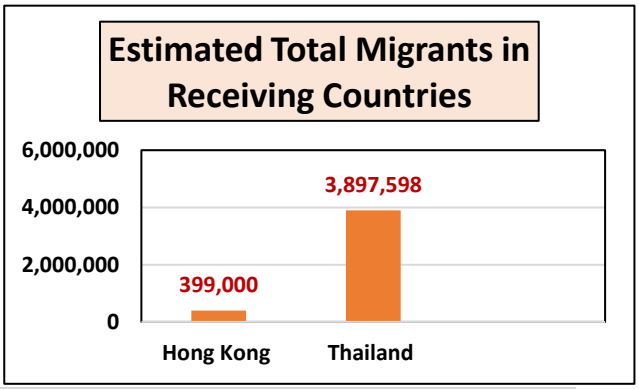
As mentioned earlier, The Global South economies are characterized by lower GDP and lower-income compared to The Global North. In these countries, the rate of unemployment is also higher, where the number of people in the working-age population far exceeds the volume of job opportunities, thereby making for high competition in the job market. Those who are lacking specific skills and relevant qualifications are generally screened out. In some instances, those who may not be as qualified and capable can land a job because of connections or backers. Yet in many of these countries, there are not enough jobs and as a consequence, the rate of unemployment has ballooned.

Those who do not stand a chance to gain good employment in their own country may search outside the country to find opportunities. Others have incubated the wish to work abroad from the outset and simply needed the opportunity. Regardless of the precipitating factor, a common motivation is the high value of the currency in destination countries, which can translate to a big sum when converted to the local currency. Sometimes, an overly simplistic equation is made - making money in a foreign country will result in the family at home becoming rich through remittances.

Of the seven countries included in this research, Hong Kong and Thailand are hosts to migrant workers from neighboring countries. Most of the migrant workers in Thailand are from the GMS (Greater Mekong Subregion) while those in Hong Kong are from the other countries in the Southeast Asian Region.

The table below shows the estimated total number of migrants present in 2019 in these two receiving countries.

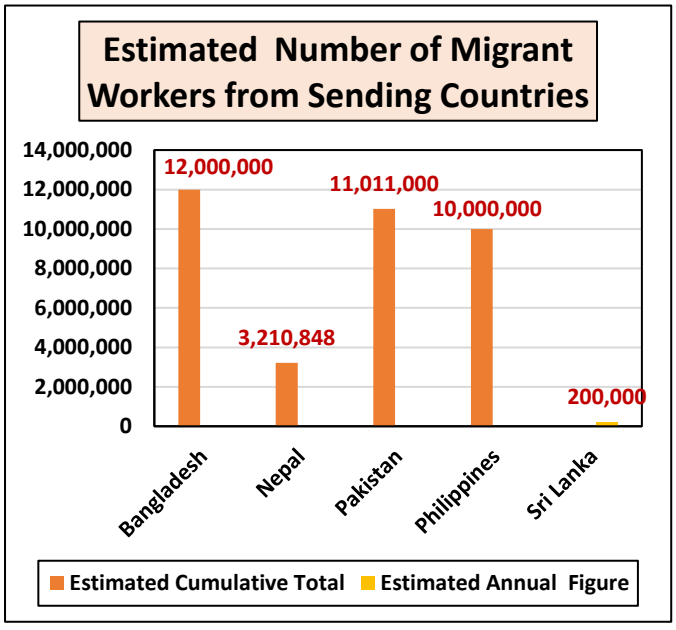
Chart 1: Estimated Total Migrants in Receiving Countries (2019)



A large number of migrant workers in Hong Kong are from countries in Southeast Asia and are predominantly domestic helpers. The estimated number of foreign domestic helpers in 2019 in the territory had the following distributions: 219,000 from the Philippines, which comprised more than 50% of the domestic helpers' population while the rest of the proportion was sliced into 43% coming from Indonesia and the remaining 2% from other countries (Census and Statistics Department, n.d.). About 98.5% of them were women. Of the estimated total migrants in 2019 in Thailand, 3.1 million were regular migrants (with work permits), of whom 850,000 obtained their work permits through MOU (formal/regularized channel). It was estimated that in that same year, there were possibly around 800,000 undocumented migrants.

On the other hand, the rest of the countries that were included in this study send migrant workers to countries in different parts of the globe. Below is a chart that displays the latest reported migration statistics of these countries.

Chart 2: Estimated Number of Migrant Workers from Sending Countries



As displayed in Chart 2, based on the latest reported migration statistics, there were around 12 million Bangladeshi migrant workers abroad, and a significant portion of them being women. (International Organization for Migration, 2019). The chart also shows that approximately 3,210,848 Nepalese were residing outside their country and working as expatriate workers. They were living across 125 countries, with five major destination countries being: India, Malaysia, Qatar, Saudi Arabia, and UAE, which together constitute over 70% of the Nepali migrant population working abroad [National Planning Commission (NPC), 2020]. Whereas, according to the Bureau of Emigration and Overseas Employment (BE&OE), 11.11 million Pakistanis have moved abroad for work or other opportunities through legal channels between 1971 to 2019, of which, 96% of labourers went to Gulf Cooperation Council (GCC) countries. Based on 2020 statistics, there were more than 10 million Filipinos overseas (which includes permanent, temporary, and irregular migrants), among them were 2.2 million Overseas Filipino Workers (OFW), which includes both Overseas Contract Workers (OCW) and those working without existing contracts (Philippines Statistics Authority, 2020). Lastly, with a total population of 21.8 million people as of 2019, the island state of Sri Lanka sends over 200,000 migrants abroad annually and the majority of these migrants work in Gulf countries.

In the countries included in this study, working abroad is generally seen as a potent means of improving the socio-economic status of the family. It is mostly regarded as a ticket to a better life and even a passport to some degree of financial prosperity. Hence, it is commonly viewed as a family investment, and owing to this mindset, the family would go to the extent of borrowing money at exorbitant interest rates or mortgaging a property, hoping that the monthly salary that a family member-turned expatriate worker will receive will take care of paying off

the debt and of redeeming a mortgaged property.

On a macro level, migrant workers are key contributors to their economies. Foreign remittances by migrant workers constitute a significant chunk of the country's Gross Domestic Product (GDP) and contribute greatly to their Foreign Reserves. As the home country goes through an economic slump, foreign remittances play a crucial role in minimizing its impact. Similarly, migrant workers also contribute to the economy of the receiving country through their work and their daily spending.

Cognizant of the role of foreign remittances in helping pump-prime a country's economy, countries that send migrant workers abroad tend to adjust their policy and requirements to meet or satisfy the demands and requirements of the receiving countries. Doing otherwise can mean a backlash which may result in reduced quota allocation by the labor importing country.

Living away from home to work in a foreign land is a life-changing decision that one makes. The ramifications of such a major decision cuts across all facets of a person's life - personal, family, relationships, lifestyle, etc. The changes breed a myriad of challenges on all these fronts. It is not uncommon for a migrant worker to experience an "adjustment disorder" or manifest unhealthy reactions to events unfolding in the early phase of living in a foreign land. They may feel emotionally and mentally vulnerable. Emotional neediness, homesickness, loneliness, etc. can make a person susceptible to manifest behaviors and engage in activities that could expose them to health risks. Seeking out companions, reaching out to someone, forming relationships with people they meet are common coping mechanisms. These behaviors contribute to migrant workers' vulnerability to contracting Sexually Transmitted Infections (STIs) including HIV and AIDS, syphilis, gonorrhoea, chlamydia, and the like.

The lack or limited knowledge and awareness of STIs and limited access to prevention services place migrant workers at risk of contracting and possibly spreading these diseases. Despite migrant workers' contribution to the economy of their own country and that of the country where they work, their health needs are not given adequate attention or appropriate consideration. In fact, what has been done by both their own country and their host country to ensure their health and well-being is generally insufficient.

This study aims to explore and assess the sufficiency of government budget allocation for HIV and SRHR interventions, policies, and outcomes for migrant workers as well as recognize the remaining obstacles in the protection of migrants' health rights, specifically towards migrants who are HIV positive.

METHOD

This research primarily utilized secondary-research or a "desk research" method. This method requires summarizing and collating existing data to achieve the purpose of the research inquiry.

There was a common secondary method of data gathering utilized by the consultants in all seven countries, which, in line with the research design, was mainly accessing the relevant files and information from the websites of agencies and entities that own the data. Additionally, Focus Group Discussions (FGDs) and interviews (face-to-face, written, and oral telecommunication) were incorporated as methods in data gathering by researchers from some of the countries.

The data was culled from government documents that were available online and published on the websites of government agencies concerned. Because governments all had their own system of data collection and reporting, no particular unit of analysis was involved in comparison. In its place, what was deemed as relevant information was picked out and integrated with the rest of the important pieces of information.

The documents selected contain data relevant to migrant workers and their contribution to the country's economy, the government's budget allocation for HIV & SRHR, including, when available, as specified for the needs of migrant workers, and national laws and policies related to labor migration or migrant workers.

REGIONAL ANALYSIS

Exporting migrant workers has been utilized as a strategy by some Global South countries in pumping up their economies. Through their remittances, migrant workers abroad have also been instrumental in raising household incomes, and as such, they are considered as a poverty mitigation force in such countries.

Migrant workers are regarded as a vulnerable population due to the difficult circumstances they find themselves in. The life of a migrant worker is a life spent away from home and family, in a foreign country, and is often characterized by homesickness, loneliness, solitude, sexual longing, deprivation, etc. All these conditions can compel a migrant worker to engage in behaviors that expose him or her to health risks. Migrant workers' limited knowledge about STIs, misinformation about HIV prevention or condom use, combined with unsafe sex practices, which may have been shaped by religious beliefs or cultural practices, increase their risk of exposure to infection. Additionally, other factors can further exacerbate their circumstances, such as language barriers, substandard living conditions, and exploitative working conditions. However, despite being regarded as a vulnerable group, very few of the countries that were included in this study consider migrant workers as a key population under their HIV National Plans. One of the consequences of this is that estimates of HIV infection in this subgroup are not accurate as there is no proper documentation or methodology in HIV surveillance. Similarly, the number of migrant workers infected with HIV who have received treatment with ARV or other health-related services, cannot be accurately ascertained.

HIV Infection Statistics among Migrants

HIV prevalence among migrants in receiving countries is unclear. Among Cambodian and Myanmar migrants in ten provinces in Thailand, it was around 1.0% and 0.7% respectively in 2014 according to National IBBS.

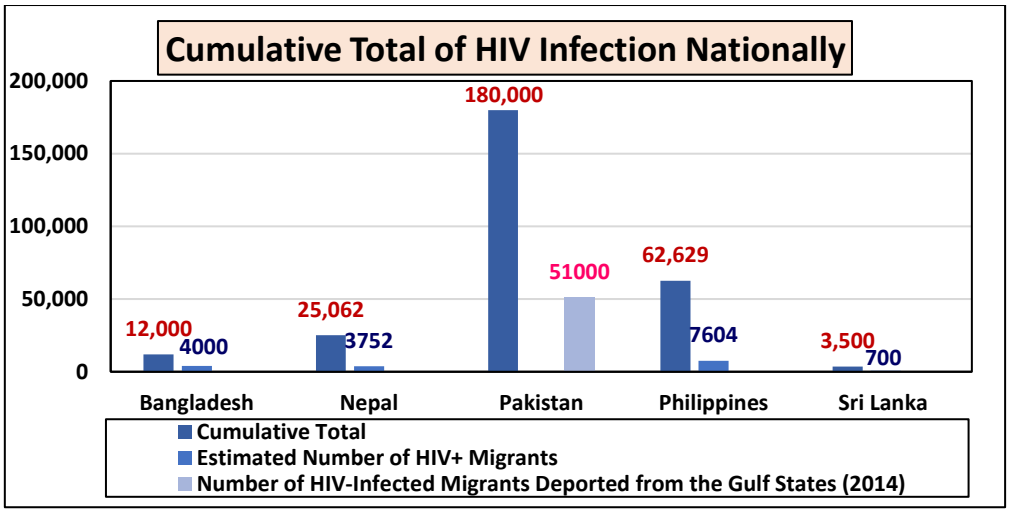
The prevalence of HIV infection in Hong Kong is low, without any statistics on migrants. Below are relevant estimated figures for the two receiving countries that are part of this study.

Table 1: Estimated HIV Infection Statistics in Receiving Countries

Receiving Countries	Years 2018 – 2019	Cumulative Total 2020
Thailand	268 HIV+ cases (migrants / unofficial), 6,400 new infections annually est., national population	Est. 480,000 PLHIV nationally, general population (as of 2019)
Hong Kong	565 HIV infection cases (gen. population)	10,657 HIV infection cases (gen. population)
	122 AIDS cases (gen. population)	2,208 AIDS cases (gen. population)

In Thailand, migrants are not considered a KAP and therefore are not followed with regular HIV surveillance, so there are no accurate current estimates of HIV prevalence or number of migrants living with HIV. However, a project focused on HIV prevention among migrants supported by the Global Fund provided numbers for those migrants who were referred for HIV testing and revealed their HIV status. This number contributes almost 4% of total new 6,400 HIV infections estimated in 2019 among the total population in Thailand. In Hong Kong, under the voluntary and anonymous HIV and AIDS reporting system, in addition to the data supplied in the table above, in 2019, the number of HIV reports was 565, with another 122 being AIDS cases. Nevertheless, no research data on HIV infection among migrant workers in Hong Kong can be identified. On the other hand, Action for Reach Out's record of about ten percent of their clients for HIV testing are commercial sex workers that are undocumented migrant workers.

Chart 3: Estimated Statistics of Cumulative HIV Infection among General Population and migrants in Sending Countries



In the case of sending countries that were part of this study, the statistics relevant to migrant workers who are People Living with HIV (PLHIV) are more clearly identified. From the current total of 12,000 PLHIV in Bangladesh, about one-third, or 4,000, had migration in their background, meaning them or their spouses were former migrants. Nepal, on the other hand, registered 3,752 HIV+ cases of migrant workers, which is 10.7% of the total number of PLHIV in the country, as per the latest statistics. Pakistan has the largest number of migrant workers diagnosed with HIV in relatively recent years, when, in 2014, there were 51,000 workers deported from the Gulf States as a result of their HIV positive diagnosis. It was also revealed that most of these HIV+ deported migrants were unskilled young males in the labor force, and were infected through unprotected sex with female sex workers. In the Philippines, a cumulative total of 7,604 cases, since January 1984, are Overseas Filipino Workers (OFWs). This figure constitutes 9.37% of the latest total number of cases, and a considerable majority of these infections were through sexual contacts. As of 2018, Sri Lanka has reported 3,500 people living with HIV, with 2,709 of these people still alive. A look at the cumulative figures in the same year revealed that around 20% or 700 of HIV infection cases were returnee migrant workers. Relevant statistics for 2018, alone, showed 54 cases of HIV+ migrant workers – a mixture of men and women.

Limitations Relevant to HIV & SRHR Services for Migrants

Thailand is host to migrant workers from Greater Mekong Subregion (GMS) countries. The Thai government does not consider the migrant subgroup as a key population under its National Strategy, hence, it does not support HIV-related prevention programs and services for migrant workers through the national budget. Migrant workers in Hong Kong are also in the same situation. Since Hong Kong does not recognize them as one of the targeted high-risk groups of the recommended HIV and AIDS strategies, while more than four hundred relevant programs and projects have been funded by the Trust Fund, only five programs or projects are for foreign migrant workers, which are on HIV and AIDS education and information dissemination.

It is even more challenging for those who do not have any health coverage, which is exactly the predicament of 36% of migrant workers in Thailand, made up of both documented and undocumented migrant workers. Even if there are interventions provided by the government, i.e. Antiretroviral Treatment (ART), counseling, etc., data do not indicate the number of recipients from the migrant workers' population. There is no specific information that would show if migrant workers are benefitting from healthcare investments, and if they are, in which form and to what extent. This is the scenario for all the countries that were included in this research. Even if Hong Kong provides low cost, if not free, confidential HIV testing and other related services without discrimination to any subpopulation, availing and utilizing such services by foreign domestic workers is constrained by their work schedules, which do not fit clinic or service centers' timing.

There is no available data showing the proportion of migrants receiving treatment from the total number of HIV cases reported. Bangladesh's recent data shows that only 16% of the current number of people living with HIV are receiving ART, yet, this figure does not distinguish recipients with migration background from the rest. This figure suggests the low priority given by the Bangladesh government on treatment and care of those who are infected with HIV, including migrants.

Four decades have passed since HIV shook the world. While there has been a lot of progress made since then, the stigma regarding HIV still persists, and continues to hurt HIV positive

people today. This stigma appears to be more evident in some countries. In Pakistan, HIV is heavily stigmatized, where people see the very concept of contracting the virus as consequential to an act of sexual deviancy and even healthcare workers in the country show prejudice to those infected. In Bangladesh, social stigma is strong, and the country's religious groups are aggravating the issue. They put these issues under the rug and worsen them by stigmatizing those who have the disease. For example, the Migrants Workers Insurance Policy launched by the Ministry of Expatriates' Welfare and Overseas Employment (MOEWOE) in 2019 deliberately added HIV infection cases in their exclusion clause, placing it in the same level as reckless behavior, crime, and even terrorism. Meanwhile, even Sri Lanka's progressive efforts are unable to provide a supportive environment for PLHIVs and key populations to combat stigma and discrimination.

The use of contraceptives, such as condoms and the practice of safe sex, are still of low incidence in some countries that were included in this study. Along with the stigma of HIV in the country, condom usage was reported at only 36.8% in Pakistan in 2018 (FamilyPlanning2020.org, 2019). Some studies show that most Pakistanis are not aware or sensitized to how HIV spreads, and male sex workers lack awareness on the benefits of condom usage in preventing the spread of the disease. Furthermore, in many Middle Eastern countries, there is less access to condoms and the lack of knowledge on HIV and STI's combines to result in a high incidence of migrants practicing unsafe sex. These were identified as contributory factors to the HIV infection of Sri Lankan migrant workers in Middle East countries. The lack of sexual health education results in the lack of awareness of sexual and reproductive health issues. In Pakistan, political and religious influences curtail any efforts to disseminate the right information and dissuade the focus on contraception. In other words, political and religious influences shape health-related programs and services, which have an impact on the knowledge of sexual and reproductive health of its citizens.

Returnee migrants who are infected with HIV can in turn pass the disease on to those with whom they have sexual contact. In Sri Lanka, returnee migrants were not included in the current domestic spending, and were not included in HIV surveillance, despite this particular group taking up about 20% or one-fifth of Sri Lanka's HIV population. As the number of infected migrants rises, migrant returnees are becoming difficult to reach and trace, in part, due to ineffective strategic information systems. Furthermore, due to these mentioned limitations, the agencies in charge do not have data on the number of migrants deported for their HIV

status. In Nepal, the government has no system for tracking undocumented migrant returnees and no relevant policies for them, yet some of this group may be returning infected with HIV.

Migrant Workers' Contribution to the Economy, and Government's Budget Spending on the HIV & SRHR Needs of Migrants

There is a wide gap between governments' budget spending for the HIV and SRHR needs of migrant workers, and migrants' contribution to their countries' economies in all the seven countries included in this research.

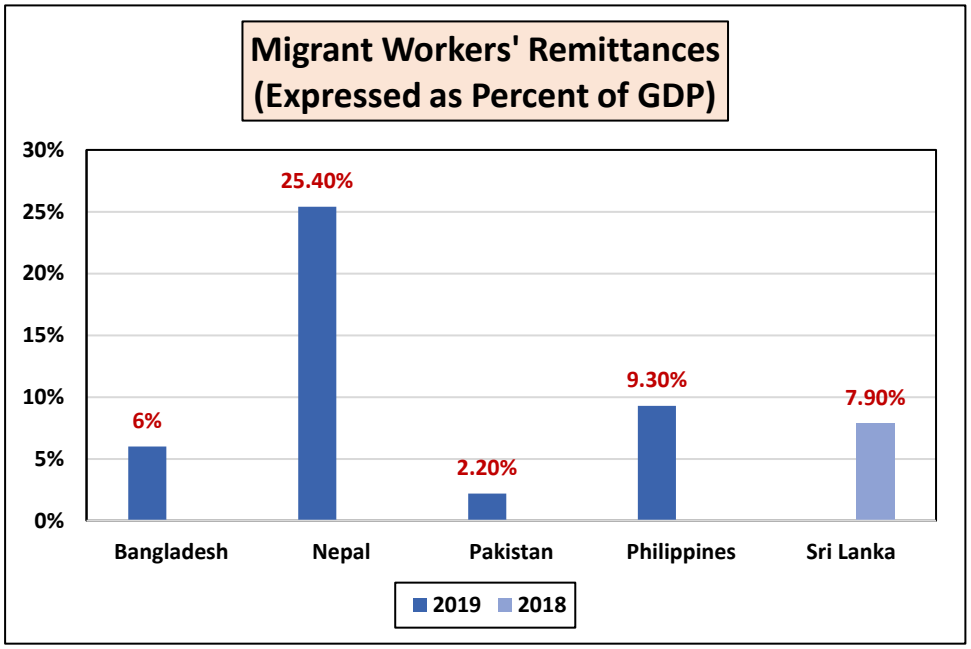
In 2019, migrant workers in Thailand contributed between 4.3% to 6.6% to the nation's GDP (Thailand Migration Report, 2019). The country spent a budget on HIV and AIDS services amounting to 8.4 billion Thai Baht in 2017, of which 89% came from domestic funding and the rest came from international sources. While 70% of the government budget went to care and treatment, only 5% went to HIV prevention programs targeting key populations, which does not include migrant workers because they are not nationals. The rationale goes that the national budget comes from taxes, and therefore can only be used for Thai nationals. However, this precludes the fact that migrants pay 7% VAT on purchases, just like everyone else. Key populations account for more than 50% of new HIV infections but only 35% of the total national budget was spent for HIV prevention programs for key populations in 2017 (UNAIDS Data-Hub). Out of total expenditures on HIV and AIDS which includes international support, thirty-five percent (35%) of the total budget was spent on prevention for key populations, which means most funding for prevention among key populations (30%) came from international funding. While migrant workers who have health coverage are eligible as beneficiaries of HIV treatment programs, no migrants receive government interventions for prevention. Approximately 1.11 million migrants including documented migrant workers without health coverage and undocumented migrant workers all have to pay for ART from their own pockets or through assistance by NGOs. (Thailand Migration Report, 2019)

Migrant workers' direct contribution to the economy of Hong Kong in 2018 was equated to 3.6% of its GDP, however, indirect contributions from foreign domestic workers were

estimated to be 11 times bigger in the form of estimated 'paid domestic work if local workers were employed' and the quantified 'value of freed-up time of employers consequential to employing foreign domestic help.' On the other hand, the estimated total money spent on HIV and SRHR related issues of foreign migrant workers is on a scale of only a couple of million Hong Kong dollars per year, which is very small compared to their contribution to the country's GDP. Conversely, the contribution of migrant workers in sending countries to their country's economy takes the form of foreign remittances.

The chart below summarizes the relevant figures based on latest relevant collected statistics.

Chart 4: Data on Migrant Workers Foreign Remittances Contribution to Home Country GDP



In Bangladesh, remittances in 2019 from migrant workers constituted 6% of the nation's GDP, which represented 30% of the national budget for the same year. In terms of budget spending of the government for health, which subsumes the health needs of migrant workers, it has hovered around 5% over the last couple of years. Yet, this figure has consistently remained well below 1% of the nation's GDP for the past 12 years. The low HIV prevalence in the country has also caused the government to pay less attention to HIV as a public health issue. Bangladesh's Five Year Plans (FYP) show large discrepancies between the projected spending and the actual spending of budgets annually. This is a general issue and one which has particularly affected the public budget for health. The 6th FYP's actual health expenditures only reached 60% of the projected total. Along with this, overall budget utilization has worsened significantly over the past decade, dropping from 92% in 2010 to 84% in 2019.

Recently, even with the COVID-19 pandemic, from the new FYP 2021-2025 budget, it can be gleaned that the Bangladeshi government continues to fail in prioritizing healthcare. In conclusion, the government is severely underspending, thereby resulting in poor services for its citizens. Due to the lack of spending in the health sectors, HIV and AIDS spending also suffers from a similar lack of prioritization. This trend seems to be continuing with the recent government budgets.

Based on reported figures in 2018, the remittances received by Nepal constituted 25.4% of the nation's GDP in the fiscal year 2018-2019. Households Out-of-Pocket (OOP) payment at 55.4% of all the current funds for health care services and goods was the major source of funding for the health system of the country in the year 2015/16. Next to household spending, the government funded 18.6% of CHE from its domestic revenues, followed by Non-Profit Institutions Serving Households NPISH (12.0%) and direct foreign transfers at 8.6%. Multilateral and bilateral donors included USAID (2.4%), GAVI (1.9%), DFID (1.5%), UNICEF (1.4%), and WHO (0.9%) (NCASC, 2018, p. 6). The country's National HIV Strategic Plan of 2016-2021 identified the migrant population as a key population. From its total fund for healthcare services for 2013-2016, 8.6% came from direct foreign transfers/remittances. Yet, the policy strategy and programs relevant to migrant workers' health needs were left out in the five-year development plan. The 15th Development Plan (five-year plan) prepared by federal, provincial, and local governments as well as the Mid-Term Expenditure Framework (MTEF) did not mention any policy strategy and HIV programs for migrant workers.

Pakistani migrant workers' foreign remittances made up 2.2% of the nation's GDP in 2019 (SBP, 2020). Additionally, for July 2020 alone, Pakistan received a record $2.7 billion remittances, which constituted 6.4% of the Gross Domestic Product (GDP), (Remittance Inflows to GDP for Pakistan, 2019). When it comes to the country's spending on health, while the World Health Organization (WHO) recommended raising it to 6%, the country spent less than 1% of GDP in 2019. The data convey that migrant workers' remittances equate to the number of resources Pakistan needs to provide its citizens adequate healthcare. Despite this, migrant workers, along with the general population, are not provided adequate healthcare support and services by the government, especially services that relate to HIV and AIDS. There are prevention and awareness programs and services for STIs including HIV, but they are minimal. In the past two years, only $123,065 has been allocated for such programs. Moreover,

this program focuses on providing information about laws in host countries, and not on prevention and management of the disease. As shown in the national strategic plan in the last five years, the government allocated only an estimated $1.7 million for HIV programs. This accounted for only 7% of the total required budget for HIV. Fortunately, an international funding agency and some local governments allocated budgets for HIV and AIDS, but even with all these contributions, Pakistan's HIV budget still needs $201 million to achieve its projected budget for related health services. Additionally, the allocation does not specify any relevant intervention program for migrant workers, thus diminishing the possibility of any future funding for migrant workers. With Pakistan not spending as much as what is required for health and disease control, epidemics such as HIV are not getting enough government attention. Instead, the government hides these issues under the rug.

Overseas Filipino Workers' remittances in 2019 accounted for 9.30% of the country's Gross Domestic Product (GDP) and 7.80% of its Gross National Income (GNI) (Bangko Sentral ng Pilipinas, 2020). The number of specialized agencies (10 of them) created by the government to cater to the needs of migrants specific to the different migration phases indicates a semblance of concern by the government for the welfare of Filipino migrant workers. Yet, greater scrutiny shows a different picture. The budget allocations for these agencies are more skewed toward other services relevant to migrants than health, such as reintegration programs in the forms of livelihood, entrepreneurship, financial literacy; repatriation assistance in terms of loan and credit assistance and on-site workers assistance; worker protection and welfare programs, death and disability benefits, education, and skill training, among others. A closer look at the budget allocation and spending of these specialized agencies reveals that except for one agency, the rest have no clear budget provision or none at all on programs and services that would cater to the needs of migrant workers who were infected with HIV and other STIs, and in fact, may be funded by migrants themselves.

In 2018, remittances were the key foreign exchange earner in Sri Lanka, bringing home over USD 7 billion, which amounted to 7.9% of the country's GDP. Sri Lanka has been earmarking a budget for specialized health services for common illnesses, and these services target some key populations. The main source of funding is from the government and NGOs. Data reveal that the fund put in by the NGOs is significantly higher than the fund contributed by the government. The country has specific programs and corresponding facilities, i.e., centers, clinics, to facilitate the services and make them more accessible to the target clients. Yet, not

one of them mentions any specific service catering to the needs of migrant workers and their HIV and SRHR needs, in particular. The government has initiated efforts via strategic programs which show that it is serious about curbing the continuous rise in HIV infections and maintaining its status as a low prevalence country. However, there is no clear information regarding the budget that was earmarked for the HIV and SRHR needs of migrant workers even if they are considered a vulnerable group.

IN ESSENCE,

The significant contributions of migrant workers to the economic development of the host and sending countries are not reciprocated by the government's budget allocation and spending to specifically meet their HIV and SRHR needs

RECOMMENDATIONS

There is a pattern concerning HIV healthcare for migrants among these seven countries: the respective governments do not provide adequate and proper healthcare or treatment to migrants, and HIV & SRHR policies and programs are being neglected. Additionally, almost every country has a problem unique to them, such as Hong Kong's migrant workers' conflicts with normal clinic hours, and Bangladesh and Pakistan's underutilization of their funds. Even in countries regarded by others to be models for migrant rights, like the Philippines, there are obstacles and impediments which impact on availability and accessibility of services related to HIV & SRHR for migrants.

In order to deal with such problems, here are what we believe are reasonable and valid recommendations to put these countries in a better direction in terms of treating their migrant and caring for their HIV & SRHR related needs and concerns

To Sending and Receiving Countries

- Increase the healthcare budget towards migrants to an amount that is commensurate to their economic contribution via remittances, particularly with a focus on migrants living with HIV, in addition to other non-communicable comorbidities like pulmonary problems, hypertension, diabetes, etc.
- Include migrant workers as a key population in National HIV Strategic Plans so that related services, including SRHR, will be prioritized by government agencies and NGOs with proper budgets.
- Increase migrants' access to HIV-related services through supporting NGO programs and by increasing related government funding for HIV prevention and treatment for migrants.
- Concerned government agencies should work hand-in-hand with NGOs in advocating for non-discrimination of PLHIV and in eliminating stigma against HIV with a special focus on the confluence of migration and HIV.

To Receiving Countries

- Ensure that migrant workers are recognized in health strategies and in National AIDS Plans, with adequate budgeting for programs to meet their specific needs for HIV prevention, testing and treatment, including accessible Sexual and Reproductive Health services.

- Consider pragmatic issues that affect accessibility of SRH and HIV services, such as schedules that enable migrants to get counseling, and language barriers.

To Sending Countries

- Returnee migrants who are HIV+ should be provided appropriate health and support services. Sending countries should not only focus on delivering financial assistance to returnee migrants who may be in financial distress, but also provide reintegration programs and services, and treatment and care for migrants returning with HIV. The majority of these returnee migrants are still of working age and can still be productive citizens. Hence, their health conditions should be addressed so that they can be properly reintegrated to the workforce and become productive citizens.

Preventive Measures

- NGOs and health organizations should advocate for better reproductive health laws and promote the use of condoms as part of safe sex practices.

- Sex education needs to be implemented in schools at an early age, to help breakdown the stigma of HIV and AIDS, and teach about safe sex and contraceptives, in order to decrease cases of STIs and early or unplanned pregnancy

RECEIVING COUNTIRES

1 HONG KONG

Migrant Workers

Hong Kong is known to have a significant number of foreigners comprising its population of residents. The foreign population of Hong Kong is comprised of both expatriate and migrant workers in different sectors. Among migrant workers, domestic workers constitute a significant number of the expatriate population. Domestic workers in Hong Kong are typically employed by families of Hong Kong nationals. In 2019, there were about 400,000 foreign domestic workers in the territory, comprising five percent (5%) of its population. The exact number of documented migrant workers other than foreign domestic workers could not be identified.

Foreign domestic workers in Hong Kong are primarily engaged in childcare and elderly care. With the support of foreign domestic workers, younger members of extended families can free up their time for paid work and/or better quality of life. In 2018, foreign domestic workers' contribution to Hong Kong's economy was estimated to be about HK$90 billion (USD 12.6 billion), accounting for 3.6% of Hong Kong's GDP.

HIV Infection among Migrant Workers

The prevalence of HIV infection in Hong Kong is low. Under the voluntary and anonymous HIV and AIDS reporting system, up to the end of September 2020, the Department of Health of Hong Kong SAR Government has recorded a cumulative total of 10,675 reports of HIV

infection and 2,208 AIDS cases (Virtual AIDS Office of Hong Kong, n.d.). In 2019, the number of HIV reports was 565, with another 122 being AIDS cases.

Hong Kong is a relatively HIV-positive friendly community. As a news story reported, ‘Vincent, an American who tested HIV positive five years ago, said he decided to move to Hong Kong in 2008 because "it is somewhere that I don't feel threatened by AIDS-related laws"…he has a steady job teaching English in a Hong Kong primary school, gets proper medical care to manage his condition and has joined a group of English speakers so he can talk with other people living with HIV.’(Guo Jiaxue, 2010)

However, for migrant workers, even if their HIV positive status is not known to the employer, when the employer finds out, they will be fired after getting the compensation set by law. Once a foreign migrant worker loses his/her job, he/she needs to leave Hong Kong within fourteen days unless he/she can find another employer, who may also require a new medical check which may include an HIV test.

There are many options for receiving an HIV test in Hong Kong. Testing services run by the government and NGOs are usually free for users. Fee-charging private services are also available. If a foreign migrant worker wants to undergo HIV testing in Hong Kong, all the options that are available to local people are also available to migrant workers. However, these tests are only available on weekdays, and are closed at weekends, and usually close early, creating a smaller time window for workers to get tested, which is inconvenient for workers.

Budget Allocation for HIV & SRHR of Migrant Workers

The HIV and AIDS reporting system of Hong Kong is anonymous and therefore, HIV positive foreign migrant workers will not be surveilled nor deported by the government, and the employers will not be notified. Migrant workers can access free or very low-cost, confidential HIV counselling and testing services provided by the government or by NGOs.

As the data for government, medical services do not differentiate between patients' status as migrant workers or not, it is impossible to calculate the government expenditures on HIV services for migrants. Further, as the number of users is insignificant, and the length of services very brief, the Hong Kong government's allocation on HIV testing and HIV medical services for foreign migrant workers can be assumed negligible.

➢ *Availability & Accessibility*

In Hong Kong, all documented migrant workers can have equal access to all sexual and reproductive health services and benefits provided for all residents. The HIV/AIDS reporting system of Hong Kong is anonymous and therefore, HIV/AIDS positive foreign migrant workers will not be surveilled nor deported by the government, and the employers will not be notified. Migrant workers can access free or very low-cost, and confidential HIV test and counselling services provided by the government or by NGOs.

There are many options for conducting HIV tests in Hong Kong. Testing services that are run by the government and NGOs are usually free for users. Fee-charging private services are also available. Most of HIV testing's are arranged as drop-in services, yet, Action for Reach Out provides reach-out services for commercial sex workers. An estimated ten percent of their clients are undocumented foreign migrant workers.

➢ *Obstacles/Impediments*

In Hong Kong, employers are required to cover all medical expenses of foreign domestic workers when they are in Hong Kong, whether it is related to their work or not. Therefore, HIV positive foreign migrant workers can claim all the HIV medical service expenses from their employers. However, if they do not want to let their employers know about their health issues and the treatments they seek, all documented migrant workers in Hong Kong can use the highly subsidized public health service with the same price and remedy as local residents. Interpretation and information in other languages is available. Nonetheless, as the timing of out-patient public health service is usually day time on weekdays only, it is hard for HIV positive foreign migrant workers to follow-up their medical conditions without inevitably letting their employers know they have chronic health condition (though they can present the HIV positive condition as other chronic health condition such as hypertension).

Since most if not all clinics are only open during weekdays, and are not available after clinic hours, it is hard for migrant workers to get an appointment without raising suspicion from their employers (without lying). If an employer finds out that a migrant employee is positive, it is possible for the employer to fire him/her, giving the person 14 days only to find another job or risk deportation.

All documented migrant workers can have equal access to all sexual and reproductive health services and benefits provided for all residents, however, availability of such services is constrained by the rarity of special arrangements for foreign migrant workers. In particular, this affects the utilization of domestic workers of the said services, as they cannot just leave their employers' domicile during workdays.

Another relevant impediment is that, as migrant workers are not one of the targeted high-risk groups of the Recommended HIV/AIDS Strategies for Hong Kong, while more than four hundred programs and projects got funded by the Trust Fund since 2007, only five programs or projects are related to foreign migrant workers, they are more in terms of counseling, and education/information dissemination.

For undocumented workers, while free HIV testing service is available via NGOs, as they need to pay unsubsidized or market prices for medical services, which are very high, it is unlikely that undocumented migrant workers will use HIV medical services in Hong Kong other than for a short initial period.

Recommendations

Suggestions on what needs to be improved or done additionally to better protect the migrants and on more budget allocation from both the NGOs and the government.

The research team would recommend the following:

- Budget allocation for the HIV & SRHR related needs of migrants should be increased. In 2018, foreign domestic workers' contributions alone to the GDP of the host country's GDP was estimated to be at 3.6%. Yet, government's budget spending on programs and services relevant to HIV & SRHR of migrant workers is negligible. Hence, more funding and resources should be allocated to increase AIDS awareness among migrant workers. This information and awareness campaign can be expanded to other platforms such as pamphlets and social media.

- To extend the opening hours of social hygiene clinics and medical facilities during weekends in order to give migrant workers more time to go and receive HIV testing and treatments.

- Both host and sending countries should strengthen and build in more in-depth information and support on HIV/AIDS for workers.

- Create more accessible ways of getting HIV counseling by providing counseling services online.

- Both AIDS specific NGOs and governmental organizations should work closely with migrant groups and their consulates so that they would have a better way of assessing the HIV & SRHR related conditions and needs of migrants and can subsequently conduct more relevant and adequate AIDS-related programs and services for the migrant workers.

2 THAILAND

Migrant Workers

Thailand has an aging population, decreasing birth rates, and a low unemployment rate, thus, it is expected to continue experiencing labor shortages into the future. Based on 2019 statistics, there were around 3,897,598 migrants in Thailand. Of these, 3.1 million are regular migrants (with work permits), of whom 850,000 obtained their work permits through the MOU (formal/ fully regularized) channel. It was estimated that in that same year, there were possibly around 800,000 undocumented migrants in Thailand. According to the Thailand Migration Report in 2019, it is estimated that migrants take up 10% of the country's workforce, with higher concentrations such as construction and fishing work sectors. In 2019, migrant workers in Thailand generated 4.3% to 6.6% of Thailand's National GDP (Thailand Migration Report).

HIV Infection among Migrant Workers

In Thailand, migrants are not considered a KAP and therefore are not followed with regular HIV surveillance, so there are no accurate current estimates of HIV prevalence or number of migrants living with HIV (Raks Thai Foundation). For the years 2018 and 2019, out of the total 16,304 migrants tested, there were 268 cases directly identified, who revealed their status after receiving the results, and they are primarily migrants who are regarded to have risk behaviors (Ibid).

Budget Allocation for HIV & SRHR of Migrant Workers

In 2017, Thailand allocated and spent a budget on AIDS for a total of 8.4 billion THB, which is equivalent to US$268 million. Of this total, 89% or US$239 million was from domestic

funding, while 11% (US$30 million) was from international funds (Disease Control Department).

In the 2017 budget, the largest chunk of government funding was for Care and Treatment (70%). Beneficiaries under this funding include documented migrant workers with health insurance/social security coverage, of which 64% of documented migrants have health insurance of some sort. Out of the governments' budget for prevention, 15% was for 'other AIDS expenditures', which does not include migrant workers and 10%, was for 'other' prevention targeting the general population/ Thai nationals. The smallest allocation was for 'key population prevention', which is 5%, and does not include migrant workers, because migrants are not nationals. Most prevention measures for migrants are funded by international grants and implemented by NGOs.

a. Availability & Accessibility

For the past years, the budget for healthcare services for migrant workers in Thailand has been earmarked by the government, with the other portion of the budget coming from NGOs. In 2017, the biggest chunk of the budget for health services for SRHR and PLHIVs was for Care and Treatment, and part of those beneficiaries are documented migrant workers with health insurance/social security coverage. On the other hand, in November 2018, of the 862,870 migrants enrolled in the Migrant Health Insurance Scheme (MHIS), where 91% were migrant workers and 9% were their dependents (Thailand Migration Report 2019), 13% of those enrolled used benefits at the hospital. (IOM presentation on Social Protections of Migrant Workers in Thailand, 31 March 2021). However, there were no data provided as to the nature of the ailment that required hospitalization and treatment. Additionally, based on a 2019 migration report, 1,115,865 migrants, which accounted for 36% of the total migrant workers, were estimated not to have any health coverage (Thailand Migration Report 2019 – Harkins, B., United Nations Thematic Working Group on Migration in Thailand).

It can be said that HIV & SRHR health services for migrants are accessible for those who have health insurance coverage. However, a significant portion of the migrant population have no health coverage, thereby, making the issue of availability and accessibility moot and academic for this portion of the population.

In short, migrant workers are already being neglected, but even more so if the migrants are undocumented or those without insurance.

b. Obstacles/Impediments

- Returnee migrants aren't included in the current spending (domestically) and are not in HIV surveillance.

- Key populations account for more than 50% of new HIV infections but only 35% of the budget was spent for HIV prevention programmes for key populations in 2017 (UNAIDS Data-Hub). Migrants are non-nationals, therefore, the national budget cannot be used, and only international funding can be utilized for the same purpose. (i.e. Global Fund).

Recommendations

Priorities for additional budget spending over the next 3 years:

Migrants need to be included in the HIV program under the budget of the Department of Disease Control. Migrants who have health insurance can access ART generally without problem. There are even innovations to ensure adherence for his group. However, undocumented migrants or those without insurance, have to pay for treatment and testing out of their own pockets, leaving them vulnerable to interruptions in treatment and increasing the chance of drug resistance. There is no budget for prevention measures for migrants. Prevention is done by NGOs and is completely reliant on international funding. So, what is needed is:

- To increase migrants' access to HIV related prevention and treatment services through supporting community level health centers run by NGOs where migrants can access information, testing, and follow-up to treatment as necessary; and by supporting general HIV (and TB) prevention interventions by civil society, with preparation for eventual phase out of the Global Fund.

- Budget/funding should be allocated to provide assistance to uninsured /undocumented migrants with HIV and or TB who are in need of treatment and health coverage.

SENDING COUNTIRES

1 BANGLADESH

Migrant Workers

Bangladesh, officially known as the People's Republic of Bangladesh, is a densely populated South Asian country east of India with a population of 163 million people as of 2019 (World Bank). Due to the size of the population, and with 2 million people entering the workforce every year, but only 200,000 jobs being created within the country, Bangladesh is also known to be one of the largest exporters of labor in the world. International migration has played a significant part in the country's development, creating jobs as well as bringing remittances to the country. There are 1 million Bangladeshis who go abroad for work every year, with the overseas migrant worker population estimated to be at 12 million, with a significant portion of these migrants being women (International Organization for Migration, 2019).

Remittances from migrant workers have grown steadily over the past few years, with about $18.3 billion in 2019, which amounts to 6% of the nation's GDP. Though this figure is only slightly above half of what it was during the peak years between 2009-2012 (over 10%), it still represents 30% of the national budget.

HIV Infection among Migrant Workers

Bangladesh is considered a low HIV prevalence country. The annual number of new HIV infections in Bangladesh is 1,500, with the current number of people living with HIV totaling 12,000. However, only 16% of People Living with HIV (PLHIV) are receiving ART, resulting in at least 1,000 HIV-related deaths over previous years. HIV-related deaths have doubled in the last 15 years. There is no definitive figure on the prevalence of HIV among Bangladeshi migrants in particular, however, recent official data suggests that about one-third of all reported HIV cases in the country are people with a migration background (either migrants and/or their spouses). It should also be noted that, relative to the general population, migrants are subject to much more frequent testing, as it is a requirement for various stages in international migration. Thus, official statistics may over represent migrants' propensity for infection.

Some qualitative studies have tried to ascertain the relative risk of exposure to HIV infection for Bangladeshi migrants. They have noted an increased vulnerability of migrants to infection with HIV based on prolonged working hours, separation from regular partners, inefficacious risk appraisal, and inadequate health knowledge, while importance of structural factors was stressed rather than individual behavioral patterns.

Budget Allocation for HIV & SRHR of Migrant Workers

Bangladesh's Five-Year Plan (FYP) sets out policy priorities in general, as well as the budgets of the Ministry of Expatriates' Welfare and Overseas Employment (MOeWOE) and the Ministry of Health and Family Welfare (MOHFW).

The 6th FYP, for 2016-2020, lists fourteen (14) different sectors, including Health, Industrial, and Economic Services. Included under the health sector is "Migration for Development", which is where migrant worker's health is listed. The spending projections have health in the middle of fiscal priorities, making up between 5.4% and 5.7% of the total projected budget

from 2016-2020, and ranking 6th to 7th in size out of 14 sectors. Industrial and Economic Services are at the lower end of the list, making up only between 2.2% and 3% of the budget respectively, ranking 9th to 10th out of 14 sectors.

Additionally, the 6th FYP's actual health expenditures only reached 60% of the projected total. Background to this, overall budget utilization of FYP over the past decade has significantly dropped from 92% in 2010, to 84% in 2019, which suggests that this issue affects all government sectors. Yet, while the allocation for health as a share of the total budget has hovered around 5% over the last couple of years, it has consistently remained well below 1% of the nation's GDP for the past 12 years.

The Wage Earners' Welfare Board (WEWB), which was established by the MoEWOE, provides financial support for migrants in crisis, including those affected by health issues. Migrants returning from abroad in such situations can avail themselves of up to BDT 100,000 to cope with the effects of serious injury, workplace accidents, or any kind of serious illness or physical disability. In the fiscal year 2017-18, a total of 87 migrants received such support, at a total of BDT 8,150,000. During fiscal year 2017-18, a total of BDT 7,204,185 was allocated for this purpose across 33 missions, with individual budgets ranging from BDT 50,000 to BDT 800,000. However, there are no available data that would show what forms of support were extended to 87 migrants during FY 2017-2018, and whether HIV and SRHR services were part of it.

a. Availability/Accessibility

- The country's health-related policies are not inclusive and migrants are never considered as a target population for most of its budgets. It lacks the diverse services their migrants need. Therefore, availability of relevant services is constrained.

b. Obstacles/Impediments

- Social stigma is strong, and the country's religious groups are not contributing to the issue. Rather, they put these issues under the rug and worsen it by stigmatizing those who have the disease. For example, the Migrants Workers Insurance Policy launched

by MoEWOE in 2019 explicitly puts HIV infection cases in their exclusion clause; putting HIV infections in the same level as reckless behavior, crime, and even terrorism.

- The country is generally bad at utilizing its budget, and doesn't use it completely, thereby impinging on the odds of being granted budget increment that will adequately cover the health needs of its citizens, including the migrant workers.

- In addition, the following are the impediments that were highlighted by key informants during the data gathering phase, which tend to impact on government's budget allocation and resoluteness in addressing migrants' health issues, as well as the utilization of whatever HIV & SRHR related services and programs the country provides:

- Some key informants argued that the government's lack of attention to the vulnerability of migrants to HIV has been deliberate, given the enormous significance of migration in the economy. This might explain why there has not been more dedicated programmatic attention to migrants as a vulnerable group in this regard, despite all the good intentions that have been stipulated in the drafted policies, out of fear that this might increase the stigma of migration and dissuade potential migrants from going abroad, thus putting a dent on annual remittances.

- It was commonly observed that there is a widespread lack of information regarding SRHR, including HIV/AIDS issues, especially at community level. Most of the information that migrants had received came from popular media or word of mouth, rather than targeted government campaigns. Some reported having received relevant information from NGOs. This is despite the fact that, for several years now, official government policy related to migration has mandated the inclusion of modules on HIV awareness in the pre-departure trainings being provided by the government at its Technical Training Centres (TTCs).

- Another concrete observation is that, while they are given basic knowledge about HIV/AIDS, it is limited and not sufficient to protect themselves from getting infected.

They attribute the gap in knowledge to the sharing methodology employed during the session.

- It was also observed that there is a huge communication gap between migrants, government, and migrants' organisations regarding HIV and SRHR issues, and the fact that information sharing in this sensitive area would need to be matched much more closely to the specific social realities in which different migrant groups find themselves.

Recommendations

Based on the literature review, as well as the Focus Group Discussion (FGD) with migrants and key informants from relevant sectors, the following recommendations for a more effective way of addressing HIV/ADS and SRHR issues among the Bangladeshi migrant population are:

- More effective resource allocation. The country has a bad habit of underspending, and therefore it needs to work on this issue first. This is a more general issue, but is still an issue that affects the lives of millions of Bangladeshi migrants. This is crucial because a valid rationale for request for budget increment cannot be established if the requisitioning entity has not been fully utilizing the budget allocation on a yearly basis.

- Anchoring migrants' health as a focus area within the MoEWOE. As was seen in the report, migrants' health is not a focus within the MoEWOE. This should be changed as it has been proven time and time again that migrants are not treated fairly when compared to how much they contribute to Bangladesh' GNP and GDP. There is a need to stop doing standardised one-size-fit-all policies; instead, they should create various branches that focus on different groups that seek medical attention.

- Fighting social stigma. Even if better policies for migrants and PLHIVs are created, discrimination will continue against these two groups. Bangladesh must create efforts to promote tolerance towards these groups and to break the stigmas that society has

created towards them. If we change the system within, we can then change the system outside.

- Multi-stakeholder collaboration. The current segregation into silos among the different actors in the field must be overcome. In particular, government initiatives should make full use of the long-established capacities and local knowledge of CSOs to assist with the design, implementation and follow up of relevant programmes. Also, these organisations need to be properly resourced to carry out these vital activities.

- Improve specific services. In order to ensure a more holistic approach to HIV treatment among key populations and migrants, additional effort needs to be put on providing both pre- and post- ART counselling. This should be tailored towards not only those affected by the disease directly, but also to their families and peers.

- Increase the inclusiveness of policies. The nation needs to acknowledge that their policies are not as inclusive as they thought. The nation promises to protect its citizens, and with a more inclusive approach to overall health and social security measures, it would go a long way towards addressing the HIV problem in the country.

2 NEPAL

Migrant Workers

The Federal Democratic Republic of Nepal is a landlocked country located in South Asia. Approximately 3,210,848 Nepalese were residing across 125 countries, with five major destination countries being: India, Malaysia, Qatar, Saudi Arabia, and UAE, which together constitute over 70% of the Nepali migrant population working abroad [National Planning Commission (NPC), 2020]. Since 2009, the Department of Foreign Employment (DoFE) has

approved over 4 million labor migrants to work abroad. Labor migration from Nepal is known for its time-bound employment and is an attractive option for Nepalese citizens due to the lack of opportunities within the country.

Migrant workers' total remittances in FY 2018/2019 were NRs 879.0 billion, and in the first eight months of the fiscal year 2019/2020, NRs 592.0 billion were remitted. The remittances that are being generated from foreign employment have become a major contributing factor to Nepal's economy, equivalent to 25.4% of GDP in 2018/2019. (IOM report on Migration in Nepal-A COUNTRY PROFILE, 2019)

HIV Infection among Migrant Workers

According to the report by The National Centre for AIDS & STIs Control (NCASC), as of July 15, 2019, there were 35,062 people living with HIV in Nepal. Out of this total, 2.5% were Men who have Sex with Men (MSM) and Transgender People (TG), 10.7% are migrant workers, and 8% are spouses and partners of migrant workers.

As of 2016, new cases of HIV infection had been reduced by 43%, AIDS-related deaths had decreased by 12%, and mother to child infections had been reduced by 57% (NCASC, 2016). However, Nepal intends to reach the target of 90% treatment coverage of its HIV-positive population, but, currently, this goal is only one-third reached. In order to reach its goal, the NCASC has developed the National HIV Strategic Plan (2016-2021), planning to fast track towards ending the epidemic as a public health threat by 2030, by aiming to achieve the "90-90-90" treatment targets by 2020. The national HIV strategic plan also identifies the LGBTQ+ community and migrant populations as key populations. The current National HIV Strategic Plan also targets a 75% reduction of new infections, and to achieve no discrimination towards PLHIV populations.

Budget Allocation for HIV & SRHR of Migrant Workers

Nepal's HIV program is heavily dependent on foreign aid. Based on 2014 data, Nepal Government's contribution was 10% of the total investment in HIV-related activities. The Global Fund and its partners' contribution amounted to close to 90% of the total HIV funding for the country.

For the period 2012/13 - 2015/16, The National Health Account estimated that the Current Health Expenditures (CHE) was worth NPR 141.46 billion, which is 6.3% of the nation's Gross Domestic Product. The Capital expenditure was NPR 9.70 billion or 0.4% of GDP.Households Out-of-Pocket (OOP) payment at 55.4% of all the current funds for health care services and goods was the major source of funding for the health system of the country in the year 2015/16. Next to household spending, the government funded 18.6% of CHE from its domestic revenues, followed by Non-Profit Institutions Serving Households NPISH (12.0%) and direct foreign transfers at 8.6%. Multilateral and bilateral donors included USAID (2.4%), GAVI (1.9%), DFID (1.5%), UNICEF (1.4%), and WHO (0.9%) (NCASC, 2018, p. 6).

According to the investment plan (2014-2016), the budget allocation only identified transgender sex workers separately, and the remaining budget did not allocate to any other at-risk populations. (NCASC, 2013). The budget allocated for treatment and ART care cost is considerable, but Transgender sex worker programs have a higher budget than on general prevention and testing, which is where migrants would fall. The investment plan also shows that there was a resource gap of USD 12,518,362 in 2014, USD 17,592,080 in 2015 and USD 44,099,597 in 2016. In 2016, there was a huge gap due to the uncertainty of the Global Fund's renewal.

The National HIV Strategic Plan (2016-2021) prioritized the strategic allocation of resources for Fast-Tracking the HIV response over the next five years. The investments required for the five years were allocated as follows (NCASC, 2016. p.34): The significant majority of budget is allocated for reach and recruitment for testing, which includes activities to identify and reach key populations for prevention and case-finding, and ensuring linkages to

testing and treatment. Treatment and care of people living with HIV with ARV drugs were distributed from 78 ART centers to 17,987 HIV-positive people, which also includes 133 pregnant women under the PMTCT program in the fiscal year 2018/19 (MoF, 2020). There is no specific information that would show if migrant workers are benefitting from these investments and if they are, in which form and to what extent.

Recommendations

Nepal needs to do the following in order to solve the many problems their migrants face, especially migrants with HIV and other health problems.

- The remittance from migrants contribute to the nation's GDP but the government is unable to properly recognize the contribution of migrant workers. Therefore, the government should allocate the budget clearly in the strategic plan, including an annual budget for skill development of migrant workers, and health insurance.

- Nepal government has been providing the ART and SRHR services free of cost but there is no provision to segregate the population therefore the strategic plan needs to categorize the beneficiaries for service delivery.

- HIV-positive migrants are unable to continue the ARV medicine due to their movement in the neighbouring countries and abroad therefore Nepal government needs to manage the cross-border ARV and SRHR services free of cost.

- The government needs to form a joint committee from the Ministry of Health & Population and Ministry of Labour, Employment and Social Security to address the issues of migrants on HIV & SRHR services

3 PAKISTAN

Migrant Workers

Pakistan, officially the Islamic Republic of Pakistan, is a country in South Asia. It is the 5th most populous country in the world with a population of 207 million (Statistics B., 2017), and is known as the second-largest exporter of migrant labor in the South Asian region. According to the Bureau of Emigration and Overseas Employment (BE&OE), 11.11 million Pakistanis have moved abroad for work or other opportunities through legal channels between 1971 to 2019, of which, 96% of laborers went to Gulf Cooperation Council (GCC) countries. Migrants contribute to the national economy in the form of their remittances, which is the second highest source of foreign exchange for the country (Siddiqa, 2020). In the second half of financial year 2020 alone, remittances surpassed $612 million, which is the equivalent of 2.2% of the nation's GDP in 2019 (SBP, 2020) (Pakistan Remittances, 2020).

Pakistan has been receiving increasing annual remittances - from $18,693 billion in 2015, to $22,819 billion in 2020. Additionally, the State Bank has recently announced that Pakistan received a record $2.7 billion remittances in July 2020 alone. These remittances make up 86% of the secondary income of the economy of Pakistan, and 6.4% of the Gross Domestic Product (GDP), underscoring the importance of remittances to the country's economy (Pakistan S. B.), (Remittance Inflows to GDP for Pakistan, 2019).

HIV Infection among Migrant Workers

Pakistan entered a concentrated epidemic from a low epidemic stage in the mid-2000s, and since then, the prevalence of HIV has been growing at an alarming rate. The National AIDS Control Program (NACP) and UNAIDS Pakistan revealed that there are currently 180,000 people living with HIV (PLHIV) out of whom 22,000 were identified in 2018 alone. This

consisted of 15,000 men, 5,900 women, and 1,400 children. HIV-related deaths also reached 6,400 in the same year, which should be a call for a national emergency (AIDS & AIDS, 2019) (NACP, 2019).

Another estimate shows that 51,000 migrants were deported from the Gulf States after being diagnosed as HIV positive in 2014 - most of whom originated from the Khyber Pakhtunkhwa area (Durrani, 2016). Studies by S.A Shah and Qureshi reveal that most of the HIV-positive deported migrants are unskilled young males in the labor force being involved in unprotected sexual activities with female sex workers. Some studies show that most Pakistanis are not aware, or not sensitized to how HIV spreads. They are also not aware of the benefits of using condoms, especially in the cases of male sex workers (Asia, 2018).

HIV prevention is the most challenging task for the government because most of the HIV-positive migrants who are deported do not report to the screening services due to the stigma attached to HIV. These deported migrants may then contribute to the spread of HIV by transmitting it to their spouses, to their children through birth, or through risky behaviors with others. Along with the stigma surrounding HIV, a report in 2018 revealed that Pakistan's condom usage is at 36.8% (FamilyPlanning2020.org, 2019).

Budget Allocation for HIV & SRHR of Migrant Workers

In the last 5 years, the government of Pakistan allocated only around $1.7 million for HIV programs included in the national strategic plan. This only accounts for 3.61% of the total required budget for HIV. Fortunately, The Global Fund to Fight AIDS, Tuberculosis, and Malaria has allocated $225 million in current active grants. Local governments also allocated their budgets to various HIV-related programs. The Punjab province allocated $1.8 million for an enhanced HIV control program from 2019-2020 (Shadow Development Budget for the Health Sector, 2019-2020). The Khyber Pakhtunkhwa government has an established Integrated HIV and Thalassemia Control program with a budget allocation of $2.4 million. The government of Sindh created an HIV and AIDS Control Program and has provided ARV

therapy to 5,771 people; its budget allocation towards HIV targeted interventions amounted to $3.7 million. Lastly, the government of Balochistan has its own provincial AIDS control program, which costs $1.4 million. In conclusion, the federal and local government's combined allocations dwarf in comparison to The Global Fund's allocations, with the government funds contributing only 3.61% of the nation's budget allocation for HIV and SRHR services, and The Global Fund taking up the rest (96.39%).

a. Availability & Accessibility

- With Pakistan not spending enough than what is required for health and disease control, epidemics such as HIV are not getting enough government attention. Instead, their government hides these issues under the rug. Also, the number of prevention and awareness programs and services for STIs including HIV is very minimal. Only $123,065.68 has been allocated for such programs in the past two years. The program also focuses on information on laws in host countries, and not on prevention and management of the disease.

- Analysis shows that migrant workers' remittances equate to the amount of resources Pakistan needs to provide its citizenry with adequate health care. Unfortunately, migrant workers are not provided by the government adequate health care support and services especially those that relate to HIV & AIDS.

- Each of the issues presented above is its own way of stating that with limited budgets for HIV & SRHR related programs and services for migrant workers, actual programs and services provided by the government are also limited. With limited availability of programs and services and the corresponding facilities, accessibility is subsequently limited too.

b. Obstacles/Impediments

- HIV/AIDS as a disease is heavily stigmatized in the country. People see it as a punishment for sexual deviancy, even though most cases are heterosexual patients. As expressed by interviewees, healthcare workers in the country also show prejudice to those infected with the virus.

- Sexual health education appears to be lacking. Many Pakistanis lack awareness of sexual and reproductive health issues. This is due to political and religious influences. For example, only 36.8% of condoms were used in 2018; Ads featuring contraceptives are also censored in the country, according to the interviewees. The lack of knowledge of sexual and reproductive health and the political and religious influences would shape the way they decide to utilize the health-related programs and services that cater to their needs.

Recommendations

Pakistan needs to do the following in order to solve the many problems their migrants face, especially migrants with HIV and other health problems.

- Pakistan needs to allocate more funds towards sexual education. A substantial number of migrants were infected due to unprotected heterosexual intercourse. If the country succeeds in focusing on sexual education, this will target many problems that the country has towards their current approach in reproductive health such as the stigma surrounding STIs and the anti-contraceptive campaigns.

- The country should reciprocate the contributions of their migrant workers, by giving them more benefits and protection. They contribute 2.2% of the nation's GDP in 2019, but the country is spending less than 1% of their GDP on health, even less towards migrant health.

4 THE PHILIPPINES

Migrant Workers

The Philippines, officially known as the Republic of the Philippines, is an archipelagic country situated in Southeast Asia. It is known to have one of the biggest migrant populations in the world, with numerous communities found around the world. Migration became the norm in the 1970s during the Marcos administration when it was considered as a temporary solution to the country's unemployment problem. However, what was supposed to be a stopgap measure became a policy when laws were enacted actively promoting labor migration. The Labor Code of the Philippines (Presidential Decree No.442) provided the legal basis for overseas employment programs, and it laid the foundation for what is called the 'migration culture' in the country.

There are currently more than 10 million Filipinos overseas (which includes permanent, temporary, and irregular migrants), among them are 2.2 million Overseas Filipino Workers (OFW), which includes both Overseas Contract Workers (OCW) and those working without existing contracts (Philippines Statistics Authority, 2020).

The growing migrant population and the overall migration-friendly culture of the Philippines have led to the steady growth of remittances by OFWs to the country. In 2019 alone, personal remittances from overseas Filipinos reached a record high of US$35.5 billion. This accounts for 9.30% of the country's Gross Domestic Product (GDP) and 7.80% of its Gross National Income (GNI) (Bangko Sentral ng Pilipinas, 2020).

HIV Infection among Migrant Workers

The Philippines is a low-HIV-prevalence country, with 0.1% of the adult population estimated to be HIV-positive. However, The Philippines is also listed as one of the countries with the highest increases in cases. As of August 2019 since 1984, the Department of Health (DOH) AIDS Registry in the Philippines reported 69,629 cumulative cases; 9.37% of these cases are OFWs, amounting to a cumulative total of 7,604 cases since January 1984; of this group, 87% or 6,612 were males, 99% (6,532) of whom were infected through sexual contact; among the 992 females, 97% were infected through sexual contact.

Budget Allocation for HIV & SRHR of Migrant Workers

- *Budget allocations of agencies mandated to provide services for migrants*

In the Philippines, migration is managed by specialized agencies, which are assigned specific roles in the different stages of the migration process and in ensuring the protection of migrant rights. Some of these agencies include the Department of Labor and Employment (DOLE), the Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA), Department of Foreign Affairs (DFA)- Office of the Undersecretary for Migrant Workers Affairs (DFA-OUMWA), Department of Social Welfare and Development (DSWD) - International Social Welfare Services Office, and the Commission on Filipinos Overseas (CFO).

A closer scrutiny of the mandate and functions of the above mentioned agencies reveals that not one agency provides budget appropriations for HIV and SRHR needs of migrant workers, or else there is no data showing any budget allocation for SRHR and HIV programs and services for migrant workers. Below are the other specialized agencies that provide assistance in the different stages of the migration process for OFW:

- *Department of Health (DOH)*

The Department of Health or DOH is responsible for the protection and promotion of the people's right to health as provided in the 1987 Constitution, Article II, Section 15. In Executive Order No.102 s.1999, it is provided that the DOH is the overall technical authority on health and is mandated to provide national policy direction and develop national plans, technical standards, and guidelines on health.

Among its roles outlined in the executive order is to be the direct provider for specific programs that affect large segments of the population, such as tuberculosis, malaria, HIV-AIDS, among others. In the area of HIV prevention, the department has already put in place programs and services for the HIV response. DOH has made contributions for HIV-related services and programs with the founding of organizations like the Philippine National AIDS Council (PNAC). Allocations for HIV have gradually increased in the last five years, except for a notable decrease in 2019.

- *DOH-Epidemiology Bureau and the National AIDS/STI Prevention and Control Program*

Most of the budget for the national health response on HIV and AIDS is allocated for the National AIDS/STI Prevention and Control Program (NASPCP). The program has the key objective of identifying national strategies in the country's fight against these diseases. The Epidemiology Bureau (EB), which monitors and evaluates the HIV programs in the country, is under the same department. It is responsible for updating HIV/AIDS data, the ART Registry of the Philippines, and the Integrated HIV Behavioral and Serologic Surveillance, among other reports.

Regarding the DOH budget for HIV response, the data include the budget for the NASPCP and EB, which is presumably deducted from the department budget, was earmarked for the Public Health Program. The budget for HIV response only takes up a very small percentage of the annual budget with an average of 0.99% in the last five years. On the other hand, the allocation earmarked for 'Public Health Program' (or MFO 2 prior to 2018) for the HIV response appears

to have increased since 2018. Additionally, the budget for HIV response is shared with other infectious diseases, which could affect the budget for HIV.

- *PhilHealth and the National Health Insurance Program*

The Philippine Health Insurance Corporation (PhilHealth) is a government corporation attached to DOH. It administers the National Health Insurance Program, which, itself, was established "to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines". The goal of the Program is "to expand progressively to constitute one universal health insurance program for the entire population." As such, it serves as a means "for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot."

Being an insurance corporation, Philhealth's main funding comes from the premiums collected from its members, and the only subsidy it receives from the National Budget via GAA is earmarked specifically for indigents. The GAA allocated Php 67,353,360,000.00 in 2019 and Php 71,353,360,000.00 for 2020 (Department of Budget and Management).

For OFWs, PhilHealth has a wide range of benefits available. Outpatient Benefits are services that include benefit packages for TB, HIV/AIDS, Animal bites, Malaria, Vasectomy, and the like. For PLHIVs, the Outpatient HIV/AIDS Treatment (OHAT) Package is there for them to utilize. This is a case-based payment scheme where PhilHealth pays a maximum of Php 30,000 per member-patient yearly or Php 7,500 quarterly. This package covers Anti-Retroviral Treatment (ART) and laboratory exams based on specific treatment guidelines as outlined in PhilHealth Circular No. 011-2015.

a. Availability & Accessibility

PhilHealth is an insurance corporation whose main funding comes from the premiums collected from members, including OFWs or migrant workers. For OFWs, PhilHealth has a wide range of benefits available, including Inpatient benefits, Outpatient benefits, Z benefits, and SDG-related benefits.

- Inpatient benefits include any kind of diagnostic or therapeutic procedures that require the patient to be confined in an accredited Health Care Institution (HCI). Paid to the HCI and are compensable under all case rates, the case rate amount is deducted from the patient's total bill. This covers hospital charges and professional fees of attending physicians prior to discharge.

- Outpatient benefits, specifically for people living with HIV, is the outpatient HIV/AIDS treatment (OHAT) package. This is a case-based payment scheme where PhilHealth pays a maximum of PhP30,000.00 per member-patient per year or PhP7,500 per quarter. This is regardless of the number of consultations the patients have with accredited treatment hubs or the number of tests they need to undergo and the medicines they need to purchase, if the total is within the given amount. The package covers anti-retroviral treatment (ART) and laboratory exams based on specific treatment guidelines (i.e. CD4 determination, viral load test, etc.) as outlined in PhilHealth Circular No. 011-2015.

- The SDG benefit packages are medical packages that were created by PhilHealth in compliance with the United Nations Sustainable Development Goals (SDG). These include outpatient malaria package, outpatient HIV/AIDS package, anti-TB treatment through the Directly-observed treatment short-course (DOTS) package, voluntary surgical contraception procedures, and animal bite treatment package.

- Generally, as long as the membership of the OFW is up to date, these benefit packages are available for OFWs even if they are confined in hospitals abroad. Just like all other citizens, OFWs are also eligible to become lifetime members like that of retirees and pensioners.

b. Obstacles/Impediments

- Despite being touted as a global model on migration policies and laws, the county lacks focus on adequately and comprehensively informing and educating migrants during the different stages of the migration process on the potential risks of contracting the virus.

- Though not mentioned, both HIV and OFWs are subjects that have their own respective stigmas in the Filipino community.

- Reintegration is exclusive to economic reintegration, and health-related issues and concerns are not covered.

Recommendations

The Philippines is regarded as a global model on labor migration due to numerous laws and policies it has put in place and the institutions that go with these policies. However, the nation's system is not perfect, especially when talking about the nation's health system. The steady increase in HIV cases among OFWs proves this flaw, and therefore it should be dealt with. Here are some ways the Philippine government can deal with these problems:

- It should be noted that HIV is the only systematically monitored health concern for OFWs. Though this may be good news at first, this puts the other diseases on the wayside. Also, even if it is said that it is monitored, there is still an increasing number of HIV cases and this needs to be addressed. The government should be able to devise a program or service that is more responsive to these concerns.

- It is also important to make the services available and easily accessible. This, in turn, will positively impact the health- seeking behaviour of the intended beneficiaries, in this case, the OFWs.

- After making services more available, services should also be expanded so that OFWs will be able to avail of the benefits that they are entitled to after paying expensive PhilHealth premiums even while in their work. This could create easier access to HIV services for migrants who acquire HIV in their destination country.

- The reintegration of OFWs should not be limited to economic reintegration. It is equally important to assist returning OFWs in other aspects if they are to smoothly and

successfully reintegrate into their families and communities. One important aspect where they need assistance as part of the reintegration service is health, in particular, HIV & SRHR issues and concerns.

5 SRI LANKA

Migrant Workers

Sri Lanka, officially known as the Democratic Socialist Republic of Sri Lanka, is an island nation situated in South Asia, located just south of India. With a total population of 21.8 million people as of 2019, the island state sends over 200,000 migrants abroad annually and the majority of these migrants work in Gulf countries. Similar to every sending country in this study, migrant workers contribute to their country's economy through remittances.

Migrant workers' remittances used to contribute only 5.7% of Sri Lanka's GDP but since 2001, they contribute 8%. This increase further reflects the escalating importance of migrant workers' remittances as a component of the nation's GDP. However, this rise of remittances stopped and has been on a downward trend in the past six years, except for 2016 and 2020. In the second half of 2020, migrant workers' remittances increased significantly and recorded the highest monthly remittances in history in December 2020. Accordingly, during 2020, migrant workers' remittances increased by 5.8%, year-on-year, to USD 7.1B. These remittances are a vital part of Sri Lanka's foreign exchange. Based on relevant data from 2009-2018, remittances became the highest foreign exchange earner, bringing home USD 7 billion, which amounts to 7.9% of Sri Lanka's GDP. Meanwhile, Textiles and Tourism earned a combined amount of USD 4 billion in foreign exchange earnings, USD 3 billion dollars less than remittances.

HIV Infection among Migrant Workers

Sri Lanka has reported 3,500 people living with HIV, with 2,709 of these people still alive as of 2018. Out of the total 1,656 PLHIV who are currently linked to HIV treatment and care services, 1,574 have started on ART, and 1,338 have achieved viral suppression. In 2018, a total of 350 people were reported as new HIV infection cases .This is an increase of 23% from the cases reported in 2017. Around 20% of PLHIV are returnee migrant workers. Migrant workers are at risk of contracting HIV due to multiple factors during the migration cycle. Even at the pre-departure stage, potential migrant women workers can be lured by sub-agents and agents to perform sexual favors for them to expedite the migration process or to forge documents to send them aboard. Once in the host country, migrant domestic workers can face sexual exploitation and abuse by their employer. They may also willingly engage in sex with other workers who they meet due to loneliness and isolation. Furthermore, women migrant workers face a risk of being trafficked into the sex trade.

Male migrants are at a different type of risk of HIV infection as they have more freedom than migrant women, especially compared to domestic workers who may be confined to a house. Thus, they may engage in sex with women or other men willingly. Some men who live in work sites where they have no access to females may sometimes engage in sex with men. Some may even turn to sex work to earn an extra income. In many Middle East countries, there is less access to condoms, and the lack of knowledge on HIV and STI's makes the likelihood of migrants practicing unsafe sex to be high, which could increase their risk of contracting HIV. Once the migrants return home, they may infect their partner, or they are at risk of contracting HIV from their spouse or partner who may have engaged in sex with other partners while he or she was away.

Sri Lanka remains a country with low prevalence of infection, with a percentage of 0.02 in the general population. Although there is higher HIV prevalence among groups most at risk, such as female sex workers and men who have sex with men, the HIV prevalence among these groups is still low when compared to other countries.

Budget Allocation for HIV & SRHR of Migrant Workers

There are budget allocations from the government bodies that are responsible for providing services to PLHIV and prevention of HIV for Sri Lankan citizens and migrants.

In the 2019 annual report of the National STI/AIDS Control Program (NSACP) on the sources of funding (CAPEX), there is no budget allocated for HIV prevention, except for "prevention of mother to child transmission" which was the project funded by the United Nations Children's Fund (UNICEF). In another report that showcases the contributions of various organizations to the NSACP, The Ministry of Health is recognized to be the largest contributor, with the Global Fund (GFATM) being a close second. UNICEF, WHO, and UNFPA have also made contributions, but are considered to be small compared to the other agencies previously mentioned. Most of the budget for HIV goes to ART treatments and HIV prevention programs.

With Sri Lanka trying to improve its healthcare system, there has been news of improvements. In the Central Bank Annual Report of 2018, it was reported that there was an increase in funds that go to health expenditures. The amount allocated in 2018 totaled Rupees 218,462 million which is 1.51% of their GDP.

- *Reproductive, maternal, newborn, child, adolescent and youth health (RMNCAYH) programme of Sri Lanka*

The Reproductive, Maternal, Newborn, Child Adolescent and Youth Health Programme (RMNCAYH) has evolved over the decades. The origins of the program date back to 1926 in which the first field-based health unit system was established in Kalutara. At present, RMNCAYH programme has reached almost all families in the country forming a well-organized health care system with 350 Medical Officer of Health (MOH) areas. This program in Sri Lanka includes provision of services in relation to reproductive, maternal, child, school, adolescent, and youth health. The program provides services to about 54% of the population, which includes pregnant mothers, children, adolescents, youth, and women in the reproductive ages.

The RMNCAYH program caters to “Eligible Families" in Sri Lanka. Being an eligible family is defined as a family with a female aged 15-49, either married legally or living together, and/or having a child under 5 years of age. A family with pregnant or cohabiting women regardless of marital status, age and single women (widowed, divorced, separated) is also considered qualified.

- *Well Women Program*

Sri Lankan Women’s health is addressed through the Well Women Program. The program was founded by the Ministry of Health in the 1990s. There are approximately 900 Well Women clinics distributed around the island nation, and these clinics are mostly conducted by Medical Officers of Health that provide screening for the following conditions: hypertension, diabetes, breast, thyroid, cervical cancer, under nutrition, obesity, family planning services and health education. The Well Women Program’s target population are women aged 35 years and above. In the context of HIV prevention and SRHR budget allocation, there are no written records available, which means that HIV & SRHR are not prioritized in the Well Women Program

a. Availability & Accessibility

- Migrant workers are still not recognized as KP despite the fact that they are one of the most vulnerable populations in the country, as has been supported by the data culled from the FGD. Consequently, their health needs and concerns are not paid attention to, to the point of excluding them from relevant programs and services provided by the government.

b. Obstacles/Impediments

- Stigma and discrimination persist for PLHIV and KP groups. There are three PLHIV organizations in the country to support PLHIV, however their existence has still not been publicized for more people to join. These affect the decision of migrant workers who are ‘living with HIV’ to utilize the services that address their health needs.

- The National Migration Health Policy (NMHP) was created in 2013 by the Ministry of Health supported by the IOM as part of the broader migration discourse with emphasis

on the labour migrants. The policy looks at communicable diseases, non-communicable diseases, and occupational health of migrant workers at pre-departure, in-service, and reintegration stages of the migration journey.

- The policy therefore recognizes out-bound, internal, and in-bound migrants and the families left behind by outbound migrants as the key groups considered in this policy. It however, does not refer to undocumented migrant workers, who are an integral group in the migration discourse.

- Alongside these problems, it was discovered that there are no special funds and programs for MSM/PLHIV migrants from NSACP and MOH. However, according to an interview with the Ministry of Health, their reason for why they do not make special programs is due to the fact that the provision of services for HIV prevention was given to SLBFE in 2015. IOM however has 2 programs which provide training for outbound migrants, and a screening for inbound assessments. Even with the presence of the IOM's efforts, all 3 agencies lack a budget report that shows the exact amount of how much is being spent towards HIV+ migrants, and citizens with similar backgrounds.

Recommendations

Sri Lanka needs to do the following in order to solve the many problems their migrants face, especially migrants with HIV and other health problems.

- The national AIDS response must consider migrant workers as a key population group and as part of its national intervention strategy.

- Health benefits should be more accessible for migrants and migrants living with HIV.

- There should also be more/additional health benefits created for migrants as they provide a substantial number of contributions to the country's development.

REFERENCES

References- Bangladesh

- M. Noman and K. Siddiqui, 'List of Bangladeshi expats dying of Covid-19 growing' The Business Standard 07 June 2020. Available online at https://tbsnews.net/coronavirus-chronicle/list-bangladeshi-expats-dying-covid-19-growing-90100 Accessed 13 August 2020.
- International Organization for Migration (IOM), Annual Report 2018: Bangladesh. Dhaka: IOM, 2019. 7.
- Currently, IOM estimates women to constitute about 20% of the migrant workforce (ibid., 6).
- According to research by the Refugee and Migratory Movements Research Unit (RMMRU) (quoted in M.N.I. Sorkar, op. cit.).
- [1] 'Families of migrant workers in dire straits' *The Daily Star* 28 July 2020. Available online at https://www.thedailystar.net/city/news/families-migrant-workers-dire-straits-19372 41 Accessed 13 August 2020.
- M. Noman and K. Siddiqui, 'List of Bangladeshi expats dying of Covid-19 growing' The Business Standard 07 June 2020. Available online at https://tbsnews.net/coronavirus-chronicle/list-bangladeshi-expats-dying-covid-19-growing-90100 Accessed 13 August 2020.
- As reported recently, "[i]n Saudi Arabia, where migrants account for 38 percent of the population, the Ministry of Health reported on May 5 that 76 percent of new confirmed cases were among foreigners." See M.N.I. Sorkar (op. cit.).
- S. Weine and A. Kashuba: "Labour Migration and HIV Risk: A Systematic Review of the Literature", in AIDS and Behaviour (2012, Vol. 16, No. 6, August): 1605-1621; quoted in ILO 2017 (op. cit.), 11.
- International Labour Organisation (ILO), Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action. Geneva: ILO, 2017. xi.
- UNAIDS DataHub, 'Country Profile Bangladesh', quoted in CARAM Asia, A Review of HIV Policy Progression and Migrants' Health Rights in Five Origin Countries. Kuala Lumpur: CARAM Asia, 2018. 21.
- Sultana T, Bin Manjur OH, Omar Md, Kabir Y. 'HIV Landscape in Bangladesh and a Comparison to the Global Context' International Journal of HIV/AIDS and Research 2019;6(2):189-195.Available online at https://scidoc.org/IJHR-2379-1586-06-201.php#ref20 Accessed 04 August 2020.
- The GOB NAPS 2018-22 notes that, "[m]igrants constituted about one third of annual cases in 2016, with no clear trend over time. In 2016, 189 out of 578 new cases were migration related" (ibid., 26).
- Government of Bangladesh, General Economics Division, Planning Commission, 7th Five Year Plan (FY 2016 – FY 2020): Accelerating Growth, Empowering Citizens. Dhaka: GOB. 251-252.
- Migrant Workers' Insurance Policies (2019), Government of Bangladesh, Ministry of Expatriates' Welfare and Overseas Employment (MoEWOE). Available online at

http://www.wewb.gov.bd/site/view/policies/- Accessed 13 August 2020.

- The policy was made mandatory upon launch in December 2019. It has a coverage of BDT 2 lakh (USD 2,300) in its first phase of two years, with a premium of BDT 990 (of which BDT 490 have to be covered by migrant workers), and BDT 5 lakh (USD 5,800) in its second phase, with a premium of BDT 2,475 (of which BDT 1,975 have to be covered by migrant workers. See M.O.U Bhuyan, 'Insurance made mandatory for migrant workers' New Age Bangladesh, 19 December 2019. Available online at https://www.newagebd.net/article/93390/insurance-made-mandatory-for-migrant-workers Accessed 13 August 2020.
- S. Ahmed, T. Begum, and O. Smith, Diagnostic Study of Public Financial Management: To Strengthen Health Financing and Service Delivery in Bangladesh. Washington, D.C.: World Bank Group, 2019. 6.
- Ibid., 60. This was also mentioned by key informants in our interviews.
- Government of Bangladesh, Ministry of Health and Family Welfare (MoHFW) Annual Report 2017-18 and Annual Report 2018-19, available online at http://www.mohfw.gov.bd/index.php?option=com_docman&task=doc_download&gid=19402&lang=enandhttp://www.mohfw.gov.bd/index.php?option=com_docman&task=doc_download& gid=16682&lang=en, respectively. Accessed 20 September 2020.
- Government of Bangladesh, National AIDS/STI Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare, 4th National Strategic Plan For HIV and AIDS Response, 2018-2022. Dhaka: GOB. 52.
- UNAIDS, 'Financial Dashboard: Bangladesh' Available online at: http://hivfinancial.unaids.org/hivfinancialdashboards.html# Accessed 08 August 2020.
- Centre for Policy Dialogue (CPD), 'An Analysis of the National Budget for FY2020-21'. Dhaka: CPD, 2020. 59.
- M. Rahman, "Advancing the Interests of Bangladesh's Migrant Workers, Issues of Financial Inclusion and Social Protection". Dhaka: Centre for Policy Dialogue (CPD), 2015
- Government of Bangladesh, Ministry of Finance, Finance Division: See www.mof.gov.bd and www.mof.portal.gov.bd Accessed 19 September 2020.
- Wage Earners' Welfare Board, Annual Report 2017-18, available online at http://www.wewb.gov.bd/site/view/annual_reports/%E0%A6%AC%E0%A6%BE%E0%A6%B0%E0%A7%8D%E0%A6%B7%E0%A6%BF%E0%A6%95-%E0%A6%AA%E0%A7%8D%E0%A6%B0%E0%A6%A4%E0%A6%BF%E0%A6%A C%E0%A7%87%E0%A6%A6%E0%A6%A8 . Accessed 20 September 2020
- See P. Palma, 'Migrants' Welfare: Budget skips core problems', The Daily Star, 18 June 2020. Available online at: https://www.thedailystar.net/backpage/bangladesh-national-budget-2019-20-migrants-welfare-budget-skips-core-problems-1758511 Accessed 09 August 2020.
- See fn. 15 above; see also 'Bring families of affected migrants under social safety net: OKUP' UNB News, 27 April 2020. Available online at https://unb.com.bd/category/Bangladesh/bring-families-of-affected-migrants-under-social-safety-net-okup/50636 Accessed 13 August 2020.
- Returned migrants to get group loan for rehabilitation' New Age Bangladesh, 13 July 2020.Available online at https://www.newagebd.net/article/111050/returned-migrants-to-get-group-loan-for- rehabilitation Accessed 13 August 2020; see also Arafat Ara, 'Nearly 50,000 workers return home in last 4 months' (op. cit.) for more details. M.N.I. Sorkar (op. cit.) claims the size of the fund is larger, at USD 85 billion (equivalent to

BDT 7.3 billion).

References – Nepal

- Ministry of Finance. (2019). Economic survey 2018/19.
- National Center for AIDS & STIs Control. (2015). Integrated biological and behavioral surveillance (IBBS) survey among male labour migrants in western and mid to far western region of Nepal round V –2015.
- National Center for AIDS & STIs Control. (2016a). National HIV strategic plan 2016-2021.
- National Center for AIDS & STIs Control. (2016b). Integrated biological and behavioral surveillance (IBBS) survey among men who have sex with men (MSM) and transgender (TG) in Terai highway districts of Nepal- 2016 (Round –I)- factsheet.
- National Center for AIDS & STIs Control. (2018). National AIDS spending assessment (NASA) 2016 and 2017.
- National Center for AIDS & STIs Control. (2019). Factsheet: HIV epidemic update of Nepal.
- National Planning Commission. (2017). Sustainable Development Goals: Status & roadmap 2016-2030.
- National Planning Commission. (2019). Fifteenth plan.
- National Planning Commission. (2020). The effects of COVID-19 pandemic on foreign employment and its impact on the economy of Nepal.

References – Pakistan

- 2020, F. P. (2019). FP 2020. Retrieved from Family Planning 2020: http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019CI/Pakistan_2019_CI_Handout.pdf
- Aids, U., & Aids, U. (2019). HIV Epidemics Estimates.
- Arif, F. (2019). HIV crisis in Sindh, Pakistan: the tip of the iceberg. The Lancet, 19(7), P695-696. doi:https://doi.org/10.1016/S1473-3099(19)30265-8
- Asia, C. (2018). THE INTERSECTION BETWEEN MSM AND MIGRATION: HEIGHTENED VULNURABILITY TO HIV AND SEXUAL VIOLENCE.
- Azhar Hussain, S. H. (2018, February). HIV/AIDS-A Growing Epidemic in Pakistan. Journal of Evolution of Medical and Dental Sciences, 7(19). doi:10.14260/jemds/2018/240
- Basharat, R. (2020, May 01). The Nation. Retrieved from nation.com.pk/: https://nation.com.pk/01-May-2020/pakistan-still-spending-below-1pc-of-gdp-on-health
- Durrani, F. (2016). 51,000 migrants deported from Gulf States due to HIV. Retrieved from THE NEWS: https://www.thenews.com.pk/print/138238-51000-migrants-deported-from-Gulf-st ates-due-to-HIV
- Employment, B. o. (2019). Annual Analysis of Manpower Export 2019.
- FamilyPlanning2020.org.(2019).Retrievedfrom

http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019CI/Pakistan_2019_CI_Handout.pdf
- Gazdar, H. (2003). A review of migration issues in Pakistan. Retrieved from http://www.researchcollective.org/Documents/A_Review_of_Migration_Issues_in_Pakistan.pdf
- Ikram, D. N. (2011). MIGRANT WORKERS: A RISK FACTOR FOR HIV TRANSMISSION. 3.
- Khan, D. A. (2017). Strategic Framework for Prevention of Parent to Child Transmission (PPTCT) of HIV in Pakistan. Government of Pakistan, Ministry of National Health Services, Regulation & Coordination. NACP. Retrieved from https://www.nacp.gov.pk/repository/howwework/Publications/PPTCT%20Strategy%20(Final).pdf
- NACP. (2007 – 2012). National HIV and AIDS Strategic Framework. Retrieved from https://www.nacp.gov.pk/repository/howwework/Strategies/NSF-NACP%20(2007-2012).pdf
- NACP. (2019). Retrieved from National Aids Control Programme (NACP): https://www.nacp.gov.pk/
- National AIDS Control Program. (n.d.). Retrieved from NACP - Ministry of National Health Services, Regulation and Coordination: https://www.nacp.gov.pk/index.html
- National AIDS Control Program. (2015). Pakistan Global AIDS Response Progress Report. Ministry of National Health Services, Regulation and Coordination, Islamabad. Retrieved from https://www.unaids.org/sites/default/files/country/documents/PAK_narrative_report_2015.pdf
- Omar A Khan and Adnan A Hyder. (2001). Responses to an emerging threat: HIV/AIDS policy in Pakistan. Retrieved from https://watermark.silverchair.com/160214.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAl8wggJbBgkqhkiG9w0BBwagggJMMIICSAIBADCCAkEGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMn7b5jlyQ9xEYsFjZAgEQgIICEk2NeZ_vIEFHKwvIZplUYjTriKDSkaiHrXGMCSuBjBlWrw26
- (2015). Pakistan AIDS Strategy III 2015-2020. International Labor Organization (ILO). Retrieved from https://www.ilo.org/aids/legislation/WCMS_532867/lang--en/index.htm
- (2017). Pakistan Aids Strategy III 2015-2021.
- Pakistan Remittances. (2020). Retrieved from Trading Economics: https://tradingeconomics.com/pakistan/remittances
- Pakistan, H. R. (2019). State of Human Rights in 2019.
- Pakistan, S. B. (n.d.). Balance of Payments .
- Provincial Assembly of Sindh Notification Karachi, The 1st November, 2013. (November 1, 2013).
- Qureshi, A. (2013, Aug). Structural violence and the state: HIV and labour migration from Pakistan to the Persian Gulf. Anthropology & Medicine, 20(3), 209-220. doi:https://doi.org/10.1080/13648470.2013.828274
- Remittance Inflows to GDP for Pakistan. (2019, October 21). Retrieved from Fred Economic Data: https://fred.stlouisfed.org/series/DDOI11PKA156NWDB (2010). Report Constitutional 18th amend Bill 2010.
- S A Shah, M. D. (2008). HIV-infected workers deported from the Gulf States: impact on southern Pakistan.
- S A Shah, O. A. (1999). HIV-infected workers deported from the Gulf States: impact

on southern Pakistan.
- SBP. (2020). Workers Remittances (credit).
- (2018). Shadow Development Budget for the Health Sector 2019-20. PUNJAB PROVINCE. Centre for Peace and Development Initiatives. Retrieved from http://www.cpdi-pakistan.org/wp-content/uploads/2019/02/Shadow-Development-Budget-Punjab-Health-2019-20.pdf
- Siddiqa, A. (2020, march 23). Asia Dialogue. Retrieved from theasiadialogue.com: https://theasiadialogue.com/2020/03/23/pakistan-and-the-foreign-remittance-sector/
- Statistics, B. (2017). PROVISIONAL PROVINCE WISE POPULATION BY SEX AND RURAL/URBAN.
- Statistics, P. B. (2018). Pakistan Employment Trends 2018.
- The Constitution of Pakistan on pakistani.org. (n.d.). Retrieved from Pakistani.org: http://pakistani.org/pakistan/constitution/part4.ch1.html#238
- The Punjab AIDS Control Program (PACP). (n.d.). Retrieved from pacp: http://pacp.pshealth.punjab.gov.pk/
- UNAIDS.(2018).Retrieved from https://www.unaids.org/en/regionscountries/countries/pakistan
- UNAIDS. (2019). UNAIDS DATA 2019. UNAIDS.
- UNDP. (2004). No Safety Signs Here: Research Study on Migration and HIV Vulnerability from Seven South and North East Asian Countries.
- WHO. (2019). Pakistan: HIV outbreak in Sindh province.
- Yasmin Bhurgri. (2006). HIV/AIDS in Pakistan. Journal of the Pakistan Medical Association, 56(1).

References – Philippines

- https://mail.cfo.gov.ph/downloads/statistics/stock-estimates.html
- https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos
- http://www.bsp.gov.ph/publications/media.asp?id=5290&yr=2020
- https://mail.cfo.gov.ph/news/from-overseas-filipinos/481-worker-remittances-and-the-philippine-economy.html
- http://www.bsp.gov.ph/publications/media.asp?id=5290&yr=2020
- Philippines Statistics Authority. (2020 June). 2019 Survey on Overseas Filipinos: Report No. 1-A.
- https://mail.cfo.gov.ph/news/from-overseas-filipinos/481-worker-remittances-and-the-philippine-economy.html
- Retrieved from https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipino s
- https://www.unaids.org/sites/default/files/media_asset/jc1513_policy_brief_labour_migration_en_0.pdf
- https://www.doh.gov.ph/sites/default/files/statistics/EB_HARP_Apr-Jun_AIDSreg 2020.pdf
- https://www.dbm.gov.ph/index.php/secretary-s-corner/press-releases/list-of-press-releases/1508-duterte-orders-adoption-of-cash-budgeting-system
- https://www.rappler.com/newsbreak/iq/things-to-know-cash-based-budgeting
- www.dole.gov.ph
- http://nrco.dole.gov.ph/index.php/about-us/legal-mandate

- RA 10022, Section 11. Functions of the National Reintegration Center for Overseas Filipino Workers.
- PD No. 1694, Section 1
- RA 10801, Section 34 – Guiding Principles
- Executive Order No. 102 series 1999. Redirecting the Functions and Operations of the Department of Health.
- https://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_REC1-en.pdf
- https://www.philhealth.gov.ph/about_us/mandate.html#gsc.tab=0
- https://www.philhealth.gov.ph/benefits/#gsc.tab=0

References – Hong Kong

- Asia Times (March 15, 2019). HK employer panics after worker HIV-positive. https://www.asiatimes.com/2019/03/article/hk-employer-panics-after-worker-hiv-p positive/
- Census and Statistics Department (2019). Population and Household Statistics Analyzed by District Council District, 2019 Edition. Census and Statistics Department.
- Census and Statistics Department (n.d.). Statistics of Women and Men, Labour Force Characteristics,Table 4.40. https://www.censtatd.gov.hk/FileManager/EN/Content_1149/labour_force_e.xlsx
- Centre for Health Protection, Department of Health (2020). FACT SHEET on HIV/AIDS situation in Hong Kong [2019]. https://www.aids.gov.hk/english/surveillance/sur_report/hiv_fc2019e.pd
- Chung, S. F., Fung, E., She, K., & Law, S. (2008). State of health of migrants 2007-mandatory testing (Hong Kong report). Hong Kong: St. John's Cathedral HIV Education Centre.
- Department of Health (2019). Quantitative Survey Result on HIV risk behavioral survey and focus groups for ethnic minorities (Filipinos and Indonesians) in Hong Kong 2019,
- Experian & Enrich (2019). The value of care report: Key Contributions of Migrant Domestic Workers to Economic Growth and Family Well-being in Asia. https://enrichhk.org/sites/default/files/2019-09/Final_The-Value-of-Care_Full-Rep ort.pdf
- Guo J. (2010). Infected, but not isolated, in Hong Kong. China Daily, 2010-05-05. http://www.chinadaily.com.cn/china/2010-05/05/content_9809588_2.htm
- Hong Kong Advisory Council on AIDS (2019). Annual Report of Hong Kong Advisor Council on AIDS (August 2016 – July 2017). https://www.aca.gov.hk/annrep/acarep18e.pdf
- Immigration Department (2019). https://www.immd.gov.hk/eng/facts/visa-control.html
- International Labour Organization, March 30, 2007. Migration and HIV: They never give up. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/doc uments/article/wcms_146058.pdf
- Research Office Legislative Council Secretariat (2017). Foreign domestic helpers and evolving care duties in Hong Kong. http://www.legco.gov.hk/research-publications/english/1617rb04-foreign-domestic-helpers-and-evolving-care-duties-in-

hong-kong-20170720-e.pdf
- Virtual AIDS Office of Hong Kong(n.d.) https://www.aids.gov.hk/english/surveillance/quarter.html

References – Thailand

- Budget allocation for National AIDS Control Programs/Disease Control Department
- Raks Thai Foundation, 2018-19 Reporting to Global Fund to Fight AIDS, TB and Malaria, STAR2 project
- Thailand Migration Report 2019 – Harkins, B., United Nations Thematic Working Group on Migration in Thailand
- UNAIDS Data-Hub