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*NGO in Special Consultative Status with the Economic and Social Council of the United Nations*

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## **Recognise Migrant Worker's Vulnerability to HIV and their Access to Health**

### **CARAM Asia Statement On World AIDS Day 2017 for the Recognition of Migrant Workers' Health Rights**

**Universal Health Coverage (UHC) by 2030 is one of the United Nations' Sustainable Goals which was signed by Global Leaders in 2015; to achieve that goal, migrant worker's right to health, their vulnerability to HIV must be recognised.**

The theme of World AIDS Day 2017 is "Every Body Counts". Under this theme CARAM Asia advocates for migrant worker's health rights "Don't leave migrants behind, remove discriminatory policies and practices against migrant workers which reduce their access to health services.

On the occasion of 1<sup>st</sup> December - World AIDS Day (WAD), a day of worldwide solidarity to unit in the fight against HIV & AIDS, CARAM Asia with its 42 member organizations in 22 countries across Asia urges all countries sending and receiving migrants to urgently provide protection mechanisms for migrant workers' to uphold their health rights, enhance their access to health services, and recognise their vulnerability to HIV & AIDS.

According to World Health Organization (WHO) Key Facts HIV continues to be a major global public health issue, having claimed more than 35 million lives so far. In 2016, 1.0 million people died from HIV-related causes globally. There were approximately 36.7 million people living with HIV at the end of 2016 with 1.8 million people becoming newly infected in 2016 globally. According to WHO Key Fact the key populations are groups who are at increased risk of HIV irrespective of epidemic type or local context. They include: men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and their clients, and transgender people. However migrant workers as one of key populations are not listed here and their vulnerability has not recognised in many countries. Although migration is not itself a risk factor for HIV infection, returning migrant workers, their spouses and children constitute a significant portion among the HIV identified people every year, especially in the labour sending countries in south and south Asia. Unfortunately, migrant workers' vulnerability to HIV is ignored in most of the countries both origin and destination. The National Strategic Plan

of most of these countries excludes migration workers, their spouses and children, and thereof, they are deprived of the national HIV program.

Migrant workers are recruited and continue visas and work permit on the basis of mandatory HIV testing. Unfortunately, the countries of destination do not take any responsibilities once the migrant workers are infected with HIV. Instead, they deport HIV infected migrant workers depriving of their universal access to health and HIV treatment facilities.

Social, economic and political factors in origin and destination countries influence the risk of HIV infection of international labour migrants. These include separation from spouses, families and familiar social and cultural norms, substandard living conditions, and exploitative working conditions. The resulting isolation and stress may lead migrant workers to engage in behaviours which increase HIV risk. Destination countries policies and laws regulating in-migration are built on the concept of a short-term remedy for labour shortage problems, and do not take health rights into consideration. Policymakers have failed to recognize the critical contribution migrant workers make over the longer term, and therefore lack a comprehensive policy on in-migration. Policies are dehumanizing, constituted around Single-Entry policies with the insinuation that migrants are not to have sex, get pregnant, or get married while abroad. There is an urgent need to develop migrant-friendly policies to reduce their vulnerabilities to HIV and to uphold their health rights.

The country HIV data of the major labour sending countries show migrant workers and their families are mostly infected and affected population by HIV/AIDS. In such a context, migrant workers must be taken into due account in order to achieve the global target "90-90-90". CARAM Asia and its member organizations, therefore, seriously urge migrant workers to consider as one of the most vulnerable community; and hence develop migrant-friendly policies to reduce their vulnerabilities to HIV and to uphold their health rights.

World AIDS Day is an opportunity for people worldwide to show their support for people living with HIV and to commemorate those who have died. World AIDS Day was held for the first time in 1988. Now, almost thirty-one years later, with a new set of global targets for 2030 it is more important than ever to include the marginalised sectors of societies in the response. This means reaching migrant workers with meaningful programs and services, because migrants not only face stigma and discrimination at all levels, increasing their vulnerability to HIV, but they are relatively neglected when compared to HIV prevention strategies for other groups.

To end AIDS by 2030, CARAM Asia recommends that:

- Migrant workers must be recognised as an at-risk, affected and vulnerable population and be included into national HIV strategic plans.
- Completely eliminate all mandatory HIV testing of migrant workers as criteria for employment.
- Host countries must halt deportation/ repatriation of HIV positive migrant workers and allow them to stay at work and provide them with necessary referral to services and treatment.

- All countries should work to eliminate stigma and discrimination of HIV positive people and respect gender and sexual orientation among migrant workers.
- Both sending and receiving countries which are engaged in labour migration should invest sufficient funds into HIV education for migrant workers' communities to provide awareness of HIV all along the migration continuum - from contemplating migration, to pre-departure, on-site and reintegration.
- Increase migrants' access to public health services by increasing accessibility to health insurance, eliminating discrimination in the form of high costs compared to nationals, and by reforming policies which restrict access to health services in the form of limitations on mobility and arrest of undocumented migrants.
- Enhance the knowledge base on Male who have Sex with Male (MSM) migrant workers;
- Improve HIV education programs for male migrant workers in their communities at all phases of migration;
- Enhance HIV programs and services for MSM migrants by capacitating service providers;
- Review and repeal punitive laws and policies that criminalize homosexuality, and/or discriminate against MSM, PLHIV and migrant workers
- Include migrant workers as an HIV key population in national HIV strategic plans

*CARAM Asia (Coordination of Action Research on AIDS and Mobility) is a regional network of 42 organizations in 22 countries across Asia and has Special Consultative Status with the Economic and Social Council of the United Nations.*

The statement issued by: CARAM Asia Task Force on Migration Health and HIV (MHH)