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## **Hidden Epidemic: HIV in Migrant Communities**

### **Championing Human Rights for an AIDS-Free Future, there is Urgent Need to Take the Rights Path and Recognize Migrant Worker's High Vulnerability to HIV**

On World AIDS Day 2024, CARAM Asia stands in solidarity with communities around the globe to end HIV among Migrant Workers (MWs) and their communities. We emphasize the importance of a human rights-based approach to ensure that MWs, including groups particularly vulnerable to HIV, including men who have sex with men (MSM) and Migrant Sex Workers have access to accurate information on HIV prevention in their languages and equitable healthcare services when living with HIV.

This year's theme, "*Take the Rights Path*", emphasizes the critical importance of safeguarding the fundamental rights of every individual. Governments, especially in MW's receiving countries, must urgently repeal laws that criminalize MWs with HIV and implement policies that ensure equity and dignity for everyone. These actions align with international mandates such as the **International Covenant on Economic, Social and Cultural Rights (ICESCR)**, which guarantees the right to health without discrimination<sup>i</sup>, and the **Universal Declaration of Human Rights (UDHR)**, which emphasizes equality and dignity for all individuals<sup>ii</sup>. These mandates not only hold legal weight but also empower communities to demand accountability from those in power, fostering an environment where no one is left behind in the fight against HIV.

CARAM Asia has conducted research through a survey and an in-depth desk study to explore the prevalence of HIV among MWs, and to obtain updated information on related policies, barriers, and challenges experienced by MWs living with HIV in accessing healthcare services in Asia. The study reveals that in Sri Lanka, the total number of HIV cases reported in 2022 was 607, with 30.8% involving migrants

with a history of external migration. This represents an increase compared to 2021, when 411 cases were reported, with 28.7% linked to migrants with external migration histories<sup>iii</sup>.

In Bangladesh, survey findings indicate a steady rise in new HIV-positive cases among MWs over the past three years. In 2023, 1,276 new HIV-positive cases were reported, with MWs comprising 17.6% of the total<sup>iv</sup>. This marks an increase from 2022, which recorded 947 new cases, with 18% involving MWs<sup>v</sup>. Similarly, in 2021, 729 new cases were documented, with MWs accounting for 20%<sup>vi</sup>.

As of March 2023, the Philippines has reported a total of 9,340 HIV-positive cases among migrants. Before the COVID-19 pandemic, the reported number of cases was 6,905 from January 1984 to August 2019. This information from the Department of Health's Epidemiology Bureau highlights ongoing challenges in addressing HIV in this demographic.

Nepal has also experienced a concerning rise in HIV-positive cases among MWs. Research data shows that as of July 2021, 4,576 migrants were reported as HIV positive, constituting 11.3% of the country's total reported HIV cases (40,341)<sup>vii</sup>. In comparison, in 2020, there were 4,200 HIV-positive MWs, accounting for 11.2% of total cases (37,596)<sup>viii</sup>.

The above-mentioned figures reveal a hidden epidemic among MWs, highlighting the urgent need for targeted health interventions.

The intersection of migration and HIV poses significant challenges that require focused strategies. MWs especially MSM and sex workers face numerous barriers in accessing healthcare, including discrimination, language obstacles, lack of legal protections, and economic instability, all of which heighten their vulnerability to HIV. In many sending countries, policies often fail to address the specific HIV-related needs of migrants, as healthcare frameworks typically cater to the general population, neglecting the unique circumstances of MWs.

Based on a CARAM Asia study, MSM MWs often migrate to more economically developed countries in search of better-paying jobs. However, these countries enforce policies that criminalize male-to-male sex and impose punitive immigration measures on migrants with HIV. Many of these MWs engage in risky sexual behaviors, such as unprotected sex with multiple partners, and some even resort to selling sex for financial gain. Due to a lack of accurate information about HIV and migration realities in their sending countries, they are often unaware of their HIV risk and unprepared to protect themselves. While the social environment in some receiving countries may seem more permissive, restrictive policies, such as criminalizing male-to-male sex, deporting HIV-positive migrants, and limiting access to healthcare and

HIV prevention services, hinder their ability to access essential care. These discriminatory policies significantly increase their vulnerability to HIV infection<sup>ix</sup>. Furthermore, systemic discrimination within healthcare systems, the absence of health insurance, and the stigma associated with migration and HIV deter MWs from seeking voluntary testing or treatments, perpetuating negative cycles of health.

In receiving countries, frequent and mandatory health testing required for visa renewals deter migrants from seeking healthcare services, further entrenching their vulnerability. Upon testing HIV-positive, MWs are often arrested, detained, and deported without access to health services. This approach criminalizes MWs for their health status, stripping them of their right to access health services. It also leaves them vulnerable to double stigma if they are exposed as being MSM. The absence of pre- and post-test counseling during the HIV testing process compounds the issue, as no referrals are provided for treatment or support, either in the receiving or sending countries. Many migrants are left unaware of the reason for their deportation, returning to their communities without knowing their diagnosis, or they may evade authorities and health services out of fear of being exposed. Tragically, this lack of awareness and fear may result in the unintentional transmission of HIV to spouses or partners, further perpetuating the cycle of infection and stigma.

As the number of HIV-positive MWs continues to rise, addressing their heightened vulnerabilities due to risk factors in the migration process has become increasingly urgent. These factors include single entry visas, isolation, restrictions on bringing partners/spouses together, prohibitions on marriage in receiving countries, repression of sexual expression including LGBTQ, lack of access to Sexual and Reproductive Health Services (SRHR), extremely high out of pocket healthcare costs, even in public sectors, and fear of arrest, detention and deportation. Without significant attention to MWs' hidden epidemic and provision tailored health services by governments of MWs' sending and receiving countries, as identified by stakeholders such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), Global Fund, the World Health Organization (WHO), achieving the goal of ending HIV and AIDS by 2030 will become increasingly challenging.

On World AIDS Day 2024, CARAM Asia, in partnership with its 42 member organizations across 18 Asian and Middle Eastern countries, calls for decisive action from policymakers and global leaders to address MWs' vulnerabilities in the fight against HIV and AIDS, to address poor access to healthcare, social stigma, language barriers, precarious working conditions, and restrictive immigration policies that impede HIV prevention and treatment efforts.

Key actions include:

- **Eliminate Discriminatory Policies and Practices:** Governments must abolish mandatory HIV testing, decriminalize HIV-positive status and homosexuality, and eliminate discriminatory policies that target MWs in both sending and receiving countries. These measures are essential to uphold human rights and reduce systemic inequalities.
- **Prioritize MWs in National Health Strategies:** Governments, funding organizations, WHO, the Global Fund, and UNAIDS should recognize MWs as one of the key populations and integrate them into their National HIV Strategic Plans. This ensures that voluntary testing, treatment, and related services, SRHR, are adequately funded and accessible.
- **Enhance Healthcare Access for Migrants:** Strengthen Universal Health Coverage (UHC) by removing barriers to health insurance and public healthcare for MWs regardless of their documentation status. Governments and funding organizations must allocate dedicated resources to provide comprehensive health services, including HIV care.
- **Reduce Stigma and Promote Inclusivity:** Governments, in collaboration with NGOs, must actively combat stigma against people living with HIV (PLHIV) and MSM, focusing on inclusive healthcare services and public awareness campaigns that target the general population and migrant communities.
- **Support HIV-Positive Returnee Migrants:** Sending countries should establish reintegration programs and support services for returnee migrants living with HIV. These programs should include treatment, care, and financial assistance for those in distress.
- **Strengthen Collaboration Among Stakeholders:** National governments, international organizations, and NGOs must work together to advocate for and implement non-discriminatory practices, reduce vulnerabilities, and improve healthcare systems for all MWs.

CARAM Asia (Coordination of Action Research on AIDS and Mobility) remains committed to advocating for the health and rights of migrant communities. Through evidence-based interventions, policy advocacy, and regional cooperation, we aim to create a future where MWs can live with dignity, free from stigma and discrimination.

**Statement issued by:**

CARAM Asia Task Force on Migration Health and HIV (MHH), and CARAM Asia Secretariat.

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<https://unaidsp.org/2024/10/17/world-aids-day-2024-theme-take-the-rightspath/#:~:text=The%20World%20AIDS%20Day%202024,development%20and%20for%20human%20security.>

<sup>ii</sup><https://www.un.org/en/about-us/universal-declaration-of-human-rights#:~:text=Article%201,in%20a%20spirit%20of%20brotherhood.>

iii [https://www.aidscontrol.gov.lk/images/publications/annual\\_reports/2023/NSACP Annual report 2023 Final draft-2662024.pdf](https://www.aidscontrol.gov.lk/images/publications/annual_reports/2023/NSACP_Annual_report_2023_Final_draft-2662024.pdf)

iv <https://asp.gov.bd/site/page/35e35f51-c6f0-4e9c-8779-85038dd05994/->

v <https://asp.gov.bd/site/page/7e4194d2-d4ae-4fa0-a167-5f960c469045/->

vi <https://asp.gov.bd/site/page/4ddd6dc0-6713-4cf5-8973-8fad8bfc1e37/>

vii <https://www.aidsdatahub.org/sites/default/files/resource/nepal-world-aids-day-2021-factsheet.pdf>

viii <http://www.ncasc.gov.np/facts-figures/22>

ix <http://www.caram-asia.org/pdf/money-and-sex.pdf>