

SUMMARY REPORT OF THE SATELLITE

Empowering Migrant Workers:

Reducing HIV/AIDS Vulnerability by Enhancing Cross Country and Local Linkages and Collaboration

11 July, 2004
Miracle Grand Hotel
Bangkok, THAILAND

Background

The Prevention of HIV/AIDS Among Migrant Workers in Thailand (PHAMIT) is a collaborative project supported by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to dramatically scale-up HIV/AIDS prevention among migrant workers in Thailand. Raks Thai Foundation, the principal recipient, in collaboration with World Vision Foundation of Thailand, PATH, Center for AIDS Rights, Stella Maris Center, MAP Foundation, Empower Chiang Mai, and in partnership with the Ministry of Public Health, are implementing a holistic project that supports direct interventions with the development of health systems, support for community development and advocacy.

PHAMIT partners decided to hold an external satellite session during the International AIDS Conference held in Bangkok to create a forum on issues related to migration, mobility and HIV/AIDS for those working in this field. Over 300 persons, including migrants themselves, representatives of NGOs from various countries, including the PHAMIT partners and the Action Network for Migrants, attended the satellite. Representatives from government agencies, donor institutions, Thai Parliament and the Thai Human Rights Committee were also among the participants.

Notes from the Session

Welcome and Introduction

Introduction – *Promboon Panitchpakdi, Raks Thai Foundation*

To correspond with the International AIDS Conference 2004 being held in Bangkok, the member organizations of PHAMIT have organized this satellite to share experiences on various models used to provide health services and HIV/AIDS prevention and care for migrant workers. The organizers believe that empowering migrants is a key part of the solution and have thus entitled the satellite accordingly.

Welcome Remarks - *Irene Fernandez, CARAM*

Migrants are one of the most marginalized groups in Thailand. The theme of this conference is ACCESS TO ALL, yet migrants have not been allowed to travel from their provinces to attend this conference. This includes migrant leaders who could share with us what they do to empower migrants. We should protest to the government for not allowing migrants from Cambodia and Burma to travel here. This occurs not only here in Thailand, but in other countries also, such as Malaysia. During this time there is a registration of migrants going on in Thailand, which is also a reason why there is tension in terms of mobility.

One issue is the criminalization of migrants, which prevents their participation in society. This often has to do with difficulty in obtaining documentation through reluctant employers, or restrictive government systems. The issue of being “legal” or not, therefore results in discrimination and denies access to health care, treatment and other services.

It is difficult to have accurate statistics of HIV prevalence among migrants because they are mobile. However, there has been a perceived increase in the number of migrants returning home with HIV. What is important is that we see the environment migrants are put in and the factors of vulnerability that increases their risk for infection.

Looking at Malaysia, migrants are not on the agenda of the National Task Force Action Plan, yet Malaysia receives the most number of migrant workers in Asia – 3 million. Vulnerability of migrants comes from being in an environment where they do not have any control (isolation, harshness). Structural and policy interventions have not given enough attention to the environment that migrants live in. Because they do not have a family support system, migrant workers have created their own networks.

At the Beijing +10, women and HIV/AIDS was not a critical issue as HIV/AIDS was integrated into health, which does not consider the related social implications - in actuality HIV/AIDS is a development issue and needs it's own emphasis. There is a need to recognize a gender perspective, as there is a structural imbalance in power between women and men embedded within norms and values.

A critical evaluation of policies is needed in order to make changes. There is a need to recognize migrant workers' rights separately and these rights need to be incorporated into policies before we can empower them. One of the key issues in HIV/AIDS is mandatory testing. If a migrant worker is tested positive, he/she may be deported and access to treatment and care will be denied.

Consolidation of organizations must occur to overcome the discrimination of migrant workers both nationally and internationally. We must work together to challenge institutions that are denying the rights of these workers.

Welcome from Migrant Representatives

Maw Maw Zaw (Burmese)

Maw Maw Zaw came to Thailand as an illegal migrant worker seven years ago. She worked as a laborer, can speak English and learned Thai. She finished her Masters in Public Health at Chulalongkorn University, Thailand in 2003. Currently she is working with MAP Foundation in Mae Sot, raising awareness among migrants about health issues and how to prevent HIV.

Nan Lee + Mite (Cambodian)

These two migrant workers from Cambodia offered their welcome and thanks for being able to participate. They are also migrants who have come to Thailand to work, and are currently assisting the Cambodian migrant community at Rayong by working as outreach assistants with CAR.

Video – Road to Nowhere

The documentary video “Road to Nowhere” was shown, which depicted the situation of Burmese migrant workers in Mahachai, (Samut Sakron Province in Thailand) and at Sangklaburi, on the border with Burma. Using personal stories of migrant workers and a person seriously ill with AIDS, this video depicted the hardships that migrants face in their everyday life, with the potential of AIDS as a looming, ignominious end.

Plenary Session

Models of HIV/AIDS Prevention for Migrant Workers

Moderated by Rex Varona

Promboon Panitchpakdi – Raks Thai Foundation, Thailand

Thailand's economy has been growing, especially when compared to neighboring countries, resulting in Thailand becoming a major recipient of migrant workers. There are over 2 million migrants in Thailand, but only 288,780 were documented in the last registration.

Undocumented migrants do not have any health insurance, and migrants usually buy their own drugs and only go to hospitals in emergencies. Even those who do have health insurance are unable to gain the full benefits, as migrants often have problems communicating at hospitals due to language barriers. Moreover, living conditions are unsafe and sanitation is poor in migrant communities. When a woman is raped, there is little legal recourse.

The government has no HIV/AIDS care and prevention programs for migrants. Although the government talks about addressing this issue, and migrant health in general, as of yet there is no systematic or structured interest, and no definitive action has been taken. The Thai Government is not capable or does not have interest in addressing migrants' needs.

To address the issues and conditions that have arisen from migration in Thailand in a more concerted fashion, seven of the NGOs currently working with migrants have joined in the collaborative project PHAMIT, which stands for the "Prevention of HIV/AIDS Among Migrant Workers in Thailand." PHAMIT is a scale-up project of current activities, intended to cover more of the provinces where migrants are present, and to increase the scope of the work. It is the largest program trying to reduce HIV/AIDS among migrants led by NGOs (in Thailand). PHAMIT emphasizes seafarers as a primary target population because they engage in higher risk behaviors due to occupational and other factors. Estimates, although not official, project about 7% of seafarers have HIV/AIDS.

Strategies of PHAMIT

1. Scale up NGO programs - NGOs have been mainly doing the work, but they could only reach a small proportion due to budget limitations; now NGOs can scale up and reach more people.
2. Strengthen public health systems – NGOs are not the answer to the problem; they can do short-term interventions and raise issues, but the government needs to take care of the situation in the long-term by implementing systems to make health services more accessible to migrants.
3. Strengthen communities – HIV/AIDS affects not only an individual, but also the whole community, thus requiring a community-level response.
4. Influence policy – Currently the government has formulated policy on a year-by-year basis; a long-term policy on migrants that is sensitive to migrants' needs is necessary.

Outreach activities of PHAMIT

One of the most important activities is to develop assistant migrant health workers. Right now, organizations working on the health of migrants are unable to officially have migrant assistant health workers, although many do unofficially. The development of migrant assistant workers is a key aspect of activities that fits with and supports other activities.

1. Health systems
 - One question is “how can we work to develop favorable hospital policies?”
 - Hospitals need to do their own outreach, which requires translation services that can be provided by migrant assistants
 - Need to include private as well as public hospitals in the scope of service provision for migrants
 - Working with employers to gain their willingness to provide employees access to health services is a necessary component to access
2. Community programs
 - Community is essential in assisting migrants to have a sense of hope and belonging and provides a reason and motivation for them to have good health
 - Linking communities with resources contributes to community development
 - The flow of information is also essential to dignity and community, and can assist in informing migrants about their rights
3. Favorable policies
 - Dialogue and workshops at provincial levels can create support at the local level
 - Creating debates and recommendations for national policies occurs through various channels:
 - Human Rights Committee, Action Network for Migrants, TNCA, Academia
 - Influence public opinion through media
 - Most Thais do not support migrants
 - Regional policy – dialogue on migrants needs to involve more than one country
 - Long term sustainability of policies needs to be instituted
 - Need to establish and make changes in migrant policies in 5 year increments in order to be consistent and responsive
 - Need to make sure migrants have a voice on different issues
 - Policy change takes time, and the project has just completed its first year

Rex: How do we sustain these kinds of interventions in different areas with different levels of financial resources and cultural differences?

Ivan Wolfer – CARAM, Netherlands

The situation in Europe is similar to in Asia. Although the resources may be different – the reaction to migrants is similar as illustrated by a recent article in a newspaper entitled “Migration Threatens Europe with huge HIV crisis”. Migration is a big issue in Europe; however, issues cannot be taken solely from the political context. Europe is consistently changing demographically. We see a tendency to try to control migration even though there is a need for labor – particularly labor that locals do not want to do.

A Ministry of Migrants was created in Holland just two years ago. There is a large migrant population in Amsterdam as it is easy to cross the border. A stream of migrants began in the 1970’s when the economy was strong, and now fifteen percent of the population in the Netherlands is migrants. Most are documented and have lived there for twenty years. The situation is changing though, and now migrants want to bring their families over, reflecting part of Europe’s culture, which is rooted in the family. However, the government will not allow this.

Some hospitals use funds from the emergency budget to provide care for migrants, however this is very limited. Although the government provides some funding for migrants, this is also limited and reflects the fact that migrants are a low political priority.

There are safe centers for undocumented workers. When a migrant is undocumented, however, they have no access to health or public services like in Asia. To fill this gap, there are networks of health care workers who care for undocumented workers.

There are also organizations working to increase cultural understanding of migrants, including one group Alphapark, which is an organization working with migrants from Sub-Saharan Africa. Another organization works with migrant sex workers – sixty percent of sex workers in Holland come from other countries from all over the world (Asia, Latin America, Eastern Europe). These organizations act as cultural mediators, develop peer educators, work to empower sex workers, and work against trafficking.

Migrant problems are complicated. Where is the overlap between being documented and undocumented worker? Who gets ARV treatment if there are people who are documented and undocumented in the same family, and both are HIV positive? The implication is that if one gets ARV and the other doesn't, they may end up sharing the medication, leading to poor adherence. Outsiders may view this situation inaccurately, and perceive the reason being because migrants are "stupid" or "incapable" of taking medication correctly (read "backwards").

Comments/Questions

John Sweedman

Problem of seafarer identification – maybe need to develop a passport that includes a photo and name and indicates if they have any communicable diseases. Seafarers can present an ID with all relevant information when entering countries. For language issues, migrants should organize themselves into units that can be contacted by hospitals so if translation is needed, they can contact them.

Supatra – CAR (Center for AIDS Rights)

Recently a fishing boat in Rayong had an accident and 24 people died (23 Cambodians, 1 Thai). When there is an accident or something occurs that results in migrant death, no one takes responsibility – the employer from the boat did not pay salary or compensation to the families and did not help with the funeral.

None of the workers fell under the social insurance or any of the government programs. Who is going to be the one to take responsibility? The government has not made any response in two months.

Response

Promboon: The issue relates to legal rights. If we want to see more legal protection, we must go through the legal system. For migrants this is very difficult. Although the law is supposed to protect everyone, the mechanisms do not work. If someone is raped and they go to the police, they can get arrested and be sent back to the border. Who can they go to for protection?

Ivan: Of course translation is also a problem – many different languages exist. However, there are issues of confidentiality to consider as well. Sometimes, children have to translate for their parents, which could be a problem when talking about issues of reproductive health. In terms of rights of migrants, the government would say that the migrants decided to come themselves, so we are not to blame. The receiving country often does not develop mechanisms to ensure human rights.

Rex: In other Asian countries where 80% of migrant workers are undocumented (Hong Kong, Japan?), systems are created to offer health care and support for these workers.

Comments/Questions

Man from Hanover, Germany

He was involved in a project to integrate Turkish migrants into society in Germany. After awhile, they realized that many of the Turkish women ended up in psychiatric hospitals after having extensive surgery on their stomachs. There was a problem in understanding different cultural definitions and complexities (such as psychosomatic symptoms), for example, the perception of headaches vs. stomachaches differed between Turks and Germans.

A program was started to increase cultural understanding and communication, and provide HIV/AIDS education for migrant populations. The project educated patients in order to educate others in their communities. It is important to strengthen communities before trying to fully integrate them into the local society.

Woman from CARE, Zambia

Issues of children are often overlooked. How do the programs address children of migrant workers?

Response

Promboon: We find that there are many births in Thailand. There are few reproductive health services for migrants, resulting in high rate of self-induced abortion. The issue of birth certificates and nationality is looming. The question is, if the child is born in Thailand, can they return to their parents' country of origin? In Thailand, they say all children can go to school, but the process is very difficult, and prohibitive.

In PHAMIT, under the community strategy, we work with children to some extent, but it needs to be developed further. Someone from UNICEF should help work on this issue. These problems will cause many bigger problems when they get older.

Ivan: Schooling is not a problem in Europe – after age 4, school is accessible to all. This comes back to the idea that once people migrate, they either have to integrate or leave again. We see lots of issues with adolescents in terms of identity issues – there are no programs at all dealing with adolescent issues. We are trying to push for an appropriate curriculum in schools regarding this.

Rex: If this discussion is about empowering migrants by reducing vulnerability so that they can advocate for their own rights and problems, NGOs are not the sole solution, as migrants and communities need to play a key role also. In the host country, HIV/AIDS is already a big problem, but it is a bigger problem among migrants because they are mobile, increasing the spread of infection.

Break-Out Groups and Presentations

The participants broke out into 8 groups under three themes (Health and Health Service Systems for Migrants; Policy and Advocacy; Linkages between Source and Destination Points). Each group had one facilitator and one reporter. The groups also organized translation into Thai either through the facilitators, another group member or in small groups.

It was anticipated that each group would discuss their topic, illuminating issues related to that theme. Although overlap was expected to some degree, it was hoped that the different groups would be able to bring nuances to the theme as well. Each group was given the simple format of thirty minutes to discuss the *obstacles* to achieving the goal of that group, as stated in the group's subject, and thirty minutes to discuss *steps towards achieving the*

goal. The following is a list of the notes compiled from each group session according to this format.

Theme 1: Health And Health Service Systems For Migrants

Group 1: How to empower migrants in reducing vulnerability to HIV/AIDS

Obstacles:

Why are migrants particularly vulnerable to HIV/AIDS?

- Lack of information/education: misconceptions
- Lack of legal rights/labor rights
- Culture and beliefs
- Sexual and domestic violence (gender-based violence)
- Lack of access to health care
- Risky sexual/health behaviors
- Poverty
- Lack of self-esteem
- Power structures
- Process of mobility – constant movement between different conditions/situations
- National policy
- Loss of community support structures
- Lack of control over safety
- Peer pressure
- Unsafe medical practices (traditional practices, abortion, injections)
- Harsh living and working conditions
- Discrimination

Steps towards goal:

- Challenge (*social/power/gender*) structures to challenge behaviors
- Work with all communities for recognition: migrants are human - human rights for all
- Build the strength of organizations working with migrant workers
- Educate and pressure employers to enforce labor rights/laws/human rights
- Advocacy and networking

Notes:

Defining empowerment:

- Having confidence, knowledge, courage
- Able to make decisions, negotiate
- Able to exercise legal rights
- Access to resources
- Space to implement rights
- Safety / security

Group 2: How to improve state health system responses to the needs of undocumented migrants

Obstacles:

- Communication/cultural barriers
- National security
- Resource constraints
- Health workers' and employer attitudes

- Lack of migrant involvement

Steps towards goal:

- Health for all policy (GO and NGOs) – clearer policy and financial system and proper human resources
- Community participation (migrants, locals, employers)
- Migrant friendly and culturally sensitive health services
- Inter-country cooperation on health services systems
- Financial support for migrant interventions

Problems of being undocumented (*from Thai notes*)

- Fear of being arrested
- Employers are afraid of illegal employment
- Expensive cost of medical treatment at clinics and hospitals
- Parents are undocumented, children do not have rights to education and health
- Cannot send ill persons back to their country
- Quality of treatment give preference to host country citizens, no equality
- Lack of information on services and rights
- Afraid of communicating (due to language barriers)

Government

- Government budget does not include costs for migrants
- Inability to communicate with migrants
- Afraid that giving services to migrants might be illegal
- Government officers lack understanding of employees rights
- Lack of support systems between countries (to support equal rights)
- Difficult to provide health information (question of time and resources for provision of activities)
- Some government officers have negative attitudes towards migrants

Conclusion: There is a lack of support systems.

Group 3: How to involve migrant communities in health prevention and care services

Obstacles:

1. Capacity/skills
2. Lack of education/information
3. Language
4. Need for communication channels
5. Government policies/services
6. Legal/social status
7. Lack of support and understanding by the community/discrimination
8. High mobility

Steps towards goal:

1. Adequate training for community workers (guidelines, manuals)
2. Appropriate and effective pre-departure information for migrants (touching on issues of risk and support systems)
3. Information center in the communities to give accurate and updated information and advice

4. Trained peer educators
5. Simple, clear accessible information, and translation of related forms, with clear explanation of government policies and processes regarding health services for migrants
6. Increase involvement of migrants – give education on basic human rights
7. Produce IEC, BCC for the migrants and for the host public
8. Provide a safe work area for migrants
9. Give power and financial resources to local authorities to act on migrant's health issues
10. Ask private sector to help migrants link/talk to Thai government agencies

Theme 2: Policy and Advocacy

Group 4: How to foster caring/friendly local, national, and international policies towards migrants

Obstacles:

- High loss of numbers of migrants registering
- Stigma resulting from local community's lacking of understanding
- Registration system not in favor of migrants
 - Career is not allowed (focus on unskilled labor)
 - Registration period is too short

Steps towards goal:

- Registration fee should be exempted
- System for departure should be cheaper (referring to fee paid to agents)
- Suggestion that host government take money from migrant home country
- Organize a center or task force that works solely on migrant issues

Notes:

Definition of friendly policy:

1. Need legal status
2. No stigmatization
3. Support of local communities

Group 5: How to promote labor and health rights of migrant workers and their families

Obstacles:

1. Values and norms in existing policy:
 - Migration policy is not formulated in a human rights perspective
 - Lack of participation in policy making on migration: no voices from migrant workers or civil society
 - Discriminatory policies (affiliated with authorities as part of politics) affects services provided to workers
2. Lack of common understanding on health rights of migrant workers i.e. mandatory testing (HIV and pregnancy)
3. Lack of monitoring of state on migration policy i.e. 1990, ILO convention on migrants rights
4. Implementation of labor protection policy

Notes:

- Non-participation of policy-making personnel on migrant worker issues
- Registration of workers (restricted to specific jobs)
 - Entertainment-not allowed
 - Only “dirty” (least desirable) work
- Migrant workers in sex work (which is also illegal)→double legal violation
- Migrants are perceived as a “risky” group
 - Employers → hire more migrants (while “anti-trafficking” measures promote fear of migration / migrants)
 - But clear distinctions need to be made about migration:
 - Migration
 - Trafficking
 - Smuggling
- Police linked with brokers (corruption)
- At medical centers/medical care there is confusion as to migrants’ status:
 - Follow-up / remedy (patient)
 - National security perspective (migrant)
- For HIV/AIDS cases, the policy of the Thai Government says ARV cannot be provided for migrant workers
- Problem of management for ARV: first priority with Thai people (migrant workers have barriers to accessing by themselves), but ARV is still very expensive
- Government officers:
 - Recruitment agency for migrant workers
 - Difficulties in policy on migrant workers
 - EU case: World Trade Union (WTU) - not interested in migrant workers (Thailand does not allow WTU)
- There is no charter or framework for the health sector: are WHO/ILO statements applicable?
- Medical recruiters (not in a strong position) to serve health issues of migrant workers, for example:
 - In Malaysia
 - In Thailand
- No clear policy on
 - Protection of migrants
 - Illegal recruiting agencies (brokers)
- Even if government opens registration can be used for harassment
→ Government has ONE policy, but recruiting agencies are different

Steps towards Goal:

- The government should set up offices to deal with migrant workers – currently only administration officers and health officers deal with this, but have to inform the authorities
- Negotiate with
 - Owners of businesses
 - Employers
- Government should adopt ILO monitoring tools (ratify 1990 convention)→Thai has already ratified on trafficking and labor protection, but does not include migrant workers
- Need greater involvement of migrant workers

Theme 3: Linkages between Source and Destination Points

Group 6: How to develop effective referral systems for prevention, treatment and care during the reintegration process

- **Obstacles:**
 - Different health care systems/protocols/cultures
 - Migrants have no understanding of health system/referral system
 - Confidentiality is compromised by entering system
- **Solutions:**
 - Increase understanding of health systems at cross-country, national and community levels
 - Strengthen capacity (health provision and counseling) at different levels
 - Develop a model based on case studies of referral cases
 - Develop a referral format (multilingual)

Group 7: How to facilitate linkages between migrant communities using new and existing structures to create a sense of belonging and security

- **Obstacles:**
 - Migrants are consumed with the primary goal of making money (short-term goals)
 - Very mobile, making it difficult for them to build capacity, and often resulting in them feeling like outsiders.
 - Lack of resources to establish clinics, schools, centers
 - Barriers to organizing and meeting:
 - Resources
 - Legal issues
 - Knowledge of how to organize
 - Policies on migration
- **Steps towards goal:**
 - Disseminate info on how and where to access assistance/community using culturally and language oriented communication
 - Make migrant service centers legal with the involvement of local government, employers, and related groups
 - Work-place-based bonding activities to promote a sense of belonging and security
 - NGOs as capacity builders and advocates
 - Build solidarity and share resources among different groups (different ethnic migrant groups, human rights and labor groups) to have a greater voice to advocate for their rights and needs
- **Notes:**
 - Review of existing structures:
 - Informal networks
 - Clinics
 - Schools
 - Churches/temples
 - Chain migration (e.g., a village or locale that acts as a sending community to a single destination point)
 - NGO/CBOs

Group 8: What kind of linkages can be useful to support the health of migrants, including HIV prevention and care, and how can these be created or strengthened

- **Obstacles:**
 - Unequal quality of care on both sides
- **Steps towards goal:**
 - Network of organizations/providers on both sides of the border
 - Network/linkages on source-destination
 - NGO
 - Health system
 - Collaboration building between government and NGO on both sides prior to linkages across the border
 - Service linkages of health services for non-complicated health issues (e.g. EPI vaccination, ANC, etc.) and complicated health issues (e.g. TB, HIV) that require strong follow-up for treatment adherence and must be considered with extra precaution
 - Referral system must take into account voluntary consent and confidentiality
 - Mechanisms, resources needed to connect info between organizations to form a network (GO-GO, NGO, NGO, NGO/GO – NGO/GO)
 - Policy dialogue between countries
- **Notes:**
 - The “linkages” concept may work in the case of existing linkages (strengthening current linkages)
 - For non-existing linkages, perhaps not possible to utilize source-destination model
 - Linkages will be possible only for “documented” migrants

Closing – Irene

Migrants have to be part of the process, and part of the decision making process. We need to have and work from a rights-based approach. We need to recognize the rights of migrants as accorded in various treaties and conventions, and acknowledge these as inalienable.