

PHAMIT *Focus*

The Newsletter for the Prevention of HIV/AIDS Among
Migrant Workers in Thailand Project (PHAMIT)



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The Growing Presence of Migrants Living with HIV/AIDS in Thailand

What will it take before migrants can access treatment?

The PHAMIT outreach team in Mahachai was approached by the village headman. He took them to a migrant woman from Burma, age 30, who was very sick. She had sores on her body and couldn't stop coughing. She had been abandoned by her flat mates and was all alone. The PHAMIT team accompanied her to the hospital where she stayed three days and then was turned out due to issues of payment and documentation. The team then took care of her at the drop-in center a couple of days until she was taken to a safe house at the border of Sangklaburi, where she died a week later.

A migrant woman goes to the antenatal clinic (ANC), pregnant with her second child, and finds out she has HIV. A young Burmese girl orphaned by AIDS is taken in by her uncle's family. A young man who just finished working on a long-distance fishing boat for a year and is suffering from a severe cough and sores, stays at a drop-in center where he dies awaiting transport home. A Mon man who worked as a fisherman for eight years seeks treatment for a cough and ends up finding out he has HIV. Another migrant fisherman finds out he is HIV positive, but his wife doesn't know her HIV status yet. A migrant woman is arrested while she is attending the funeral for her husband who just died of AIDS... And each day there are more stories about migrants with AIDS.

An Increasing Presence of Migrant PLHAs

It appears that migrants with HIV/AIDS are becoming more obvious in Thailand. This is not necessarily a result of an increase in the number of migrants being infected with

HIV/AIDS, but rather the fact that with increased awareness and access to support services, more migrants suffering from HIV/AIDS are being identified. In many cases, these people are encountered by community members or volunteers who then contact PHAMIT outreach teams. In other cases, health providers may refer these people to PHAMIT teams for counseling and support when they suspect that the patient's condition is related to HIV/AIDS.

The fact that an increasing number of migrants with HIV/AIDS are being connected to support channels is a clear indication of progress. Whereas in the past, these people probably would have quietly disappeared, returning home to die. Yet, there is still much more that can be done to assist migrant PLHAs (People Living with HIV/AIDS).

Increased Awareness, Increased Testing

With an increase in awareness, more migrants are becoming interested in voluntarily testing for HIV. The main limitation to this is that hospitals lack staff who can provide language-appropriate pre and post-test counseling to migrants, and NGO clinics do not have the resources necessary to test for HIV.

Proper counseling requires proper communication; without both, the benefits of testing are negated. Underlining the importance of this issue is the fact that many migrant women find out their HIV status when they are tested at the ANC clinic.¹ Without

¹ HIV testing is a standard part of antenatal clinic services in Thailand.

proper counseling in migrants' own languages, explaining what this means in relation to measures for preventing mother-to-child-transmission (PMTCT) is limited. In one case, for example, a migrant woman with HIV who had recently given birth was asked in Thai by hospital staff if she knew what HIV was. When she answered "no," the language barrier was too great to explain, and it was reported that the hospital simply gave her powdered milk and told her that her breast milk was "no good."

On the other hand, there is an obvious solution. PHAMIT partners and other NGOs have been training migrant volunteers in referral and counseling at numerous locations. Many of these volunteers are now able to assist in providing HIV/AIDS counseling to migrants in their own language. A number of hospitals at PHAMIT sites call on these volunteers to assist with interpretation at ANC clinics, and to provide counseling when a migrant has been admitted and is suspected to be suffering conditions related to HIV/AIDS.

PHAMIT implementers are also being contacted directly by migrant workers who have a concern about their HIV status. After receiving information on HIV/AIDS through PHAMIT activities, some migrants have approached PHAMIT volunteers or come in to drop-in centers requesting HIV testing. In other cases, when a migrant has been provided referral for STI testing and treatment, they are also encouraged to get HIV testing accompanied by proper counseling, as well.

Worrying Numbers

The number of migrants voluntarily testing is increasing, and oftentimes, these people are testing for a reason. A spouse who has become ill and has tested positive for HIV; a fisherman's drunken visits to sex workers in the past; knowing a friend who recently died from AIDS; suffering from a persistent health condition such as a cough or sores; or being diagnosed with an STI are just some of the reasons that migrants are seeking HIV testing.

Fishermen, sex workers, housewives and manual laborers have all approached PHAMIT partners for HIV counseling and testing, and most have a serious concern or suspicion that motivates them.

Unfortunately, the numbers of migrants who are testing positive for HIV are reportedly quite high. In areas with large populations of migrants from Burma, 10-50 percent of those seeking testing are HIV positive. The high rates are alarming, however, the fact that the pool of those testing are self-selected tends to skew the rates, thus discounting these results as an accurate representation of the general prevalence rate among migrants.² At the Mae Tao Clinic in Mae Sot, however, the HIV prevalence rate among pregnant women attending the ANC clinic is 1.5%.³ (Mae Tao Clinic, 2005)

Support for Migrant PLHAs

On a regular basis, PHAMIT partners assist a small number of migrant PLHAs with their wish to return home. There are many more migrants, however, who have no desire to leave or to stop working. So, as part of PHAMIT activities, networks of volunteers and support groups for migrant PLHAs have been developed in seven provinces. Over the past year, these groups have assisted over 300 migrant PLHAs in Thailand by providing them with social support and home-based care; and some of the people that provide home-based care are migrant PLHAs themselves.



Members of a PLHA support group for migrants.

Most of the members of these support groups are women. This is partly because more women find out their HIV status than do men, albeit unwittingly, when they attend the ANC clinic. In Mae Sot, for example, almost every member of a PLHA support group for migrants is a woman with child. Which raises another

² A *self-selection bias* insinuates that those who volunteer for testing may suspect their HIV status in the first place, eliminating the element of randomization necessary in proper surveillance, and resulting in unrepresentative, high rates.

³ ANC rates are often used in lieu of surveillance to ascertain general HIV prevalence rates.

issue... What becomes of migrant children in Thailand who are orphaned by HIV/AIDS?

Access Denied

Currently, migrants in Thailand have no access to anti-retroviral drugs (ARVs) – the only effective treatment presently known for HIV/AIDS. Although all pregnant women found to have HIV, including migrants, are provided ARVs during pregnancy to reduce the chance of mother-to-child transmission, migrant women are not eligible to continue treatment once the child is born.

Yet, the fee registered migrants pay for health insurance is supposed to provide them equal coverage as Thais under the 30 Baht health scheme. Although ARV has only been available under the 30 Baht scheme since Oct. 1, 2005, there is no provision for migrants with health insurance.

At the International AIDS Conference in Bangkok 2004, Prime Minister Thaksin Shinawatra proclaimed that everyone in Thailand would have access to cheap ARVs. Why doesn't this include migrants too? Resistance comes from Public Health officials, who balk at the idea of providing migrants with ARVs. They argue that migrants' high mobility would automatically result in low adherence rates, in turn, potentially breeding drug-resistant strains of HIV.

The rebuttal to this is two-fold. First, many consider access to ARVs to be a humanitarian issue. In light of the numerous personal indignities and rights violations migrants endure, and the benefit they provide Thailand's economy, they should be allowed to extend their health so that they may continue to pursue their livelihood in order to support themselves and their families.

Secondly, as is being demonstrated on a small scale, it is possible to develop support systems that promote adherence to treatment among migrants. As testimony to this, there are currently examples of networks of migrant volunteers being developed to follow-up treatment for TB cases among migrants in Thailand. There are also informal referral systems in place that assist migrant PLHAs who wish to return home, which could be used to ensure that migrants enroll into support and treatment programs in their home countries, and act as a linkage for cross-border health information systems.

It becomes clear that with the political will and necessary resources, these networks, in coordination with NGOs and health providers, could develop support systems that promote adherence to treatment on both sides of the border. Thus, the question remains, "what will it take before migrant PLHAs are able to access treatment?"

-Brahm Press (Raks Thai Foundation)

PHAMIT

The Prevention of HIV/AIDS Among Migrant Workers in Thailand Project (PHAMIT), funded by the Global Fund to Fight AIDS, TB and Malaria (GFATM), is a collaborative project of eight NGOs working in partnership with the Ministry of Public Health and local health providers. PHAMIT partners are working in over twenty provinces throughout Thailand to prevent the transmission of HIV/AIDS and improve the quality of life among migrant workers, their families and sex workers.

PHAMIT partners use four main strategies to achieve the project's objectives: focused interventions in the language of migrants; development of health systems for migrants; development and support of migrant communities; and advocacy on migrant-related policies.



For more information, please go to our website which is regularly being updated.

www.phamit.org