



CARAMAsia
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The CARAM Asia Secretariat operates from Kuala Lumpur, Malaysia.

The Secretariat Core Team comprises of:

◆ Musarrat Perveen ◆
Regional Coordinator

◆ Elizabeth Deveraj ◆
Finance Manager

◆ Parimala N. ◆
Migrant Workers' Rights Program Officer

◆ Billal Hossain ◆
Community Mobilizer

THE CARAM ASIA VISION

All peoples have the right to settle or migrate, and live and work in dignity,
with equal rights, in a society where their quality of life is ensured.

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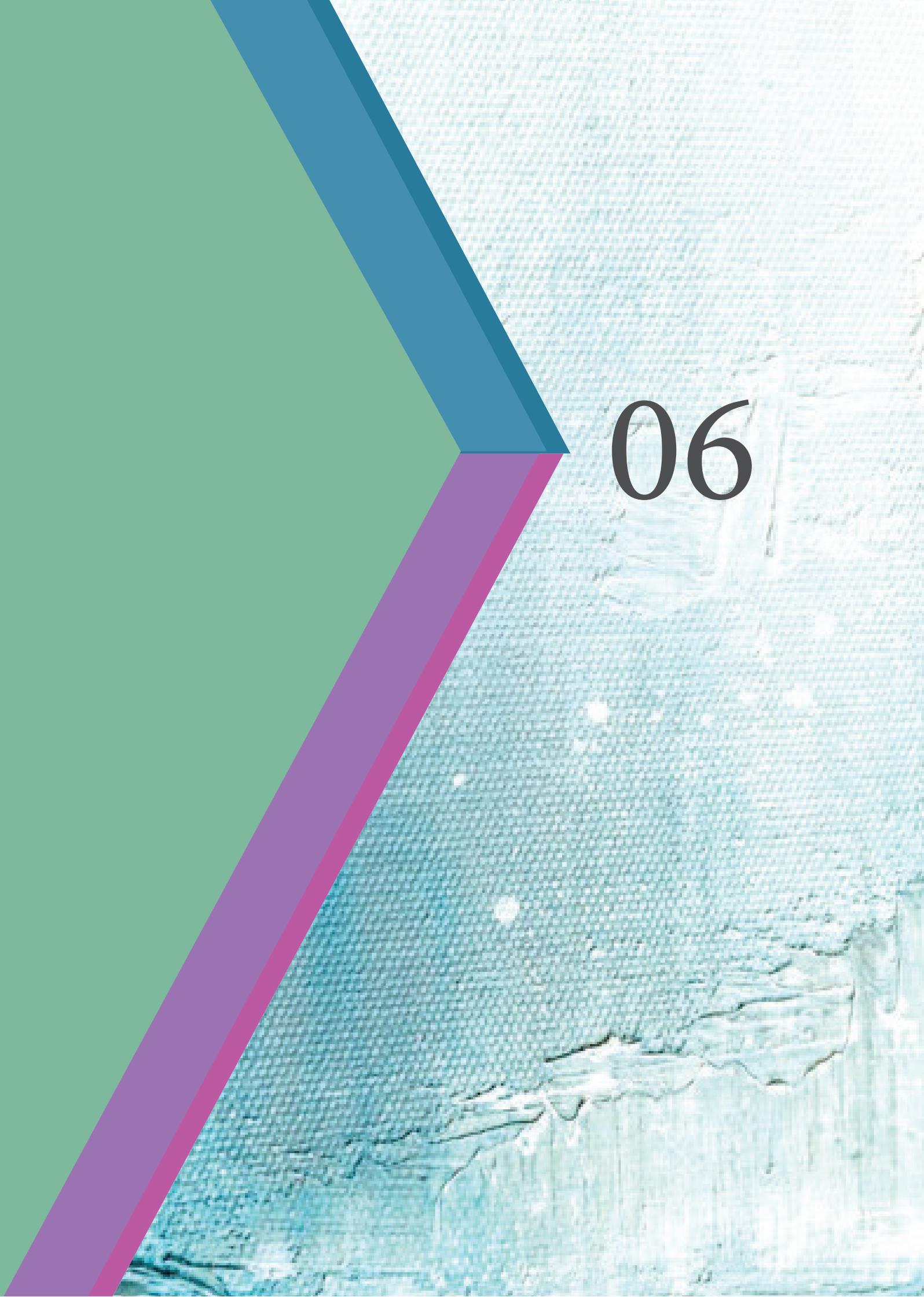


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06

THE MIGRANT
WORKERS'
RIGHTS TASK
FORCE REPORT

CARAM ASIA TASK FORCES

1. TASK FORCE ON MIGRANT WORKERS' RIGHTS (MWR)

The Migrant Worker's Rights Task Force addresses issues related to violation of rights and violence against migrant workers, and seeks to remedy the extreme situations of lack of legal protection, rights to redress, and access to justice for them. The Taskforce also focuses on the recognition of domestic work as an economic activity, and to have it included under the national employment act or labour laws in both origin and destination countries.

Access to Justice for Bangladeshi Migrant Workers in Malaysia Project

CARAM Asia has undertaken a 4-year project funded by the Swiss Agency for Development & Cooperation (SDC) starting from 2015 to 2018 titled "Access to Justice for Bangladeshi Migrant Workers in Malaysia" with the aim of supporting migrant workers in their right to redress and access to justice in cases of violence and violation of rights. Tenaganita in Malaysia and OKUP in Bangladesh are the project partners who are the main legal service providers to Bangladeshi migrants.

One of the projects' priority objective was for Access of migrant workers to justice and the right to redress, and related advocacy programmes were implemented in this regard. Many migrant workers, predominantly women, are facing violence, abuse and exploitation, including sexual violence, on a daily basis. In extreme cases migrant workers die due to lack of food, torture etc., due to various inadequacies in laws, policies, judicial systems and practices that leave them unable to exercise their right to redress and access justice. The Project supported Bangladeshi migrant workers in Malaysia by improving their access to justice and protection of the right to redress for migrant victims.

Major activities and Achievements under this Project

1. Paralegal Trainings

CARAM Asia and Tenaganita organized several paralegal trainings and follow up of the trainings for the Bangladeshi migrant workers. The main purpose of these trainings was to educate migrant leaders, CBOs and community paralegals on relevant laws including detailed information on support avenues and referral mechanisms.

These trainings helped tremendously, as the identified leaders among the communities were able to assist other Bangladeshi migrants who were victims of violence and violation of rights within their vicinities, and survivors of violence, abuse and torture, by providing them with information on laws and policies. They were also able to extend assistance to victims who did not have access to any support and provide them with information on the available support avenues. Training manuals, a directory of available support services and a simplified booklet on their rights were used and made available for the participants at the trainings.

These paralegals were instrumental in bringing other cases of rights violations to Tenaganita seeking intervention through different stakeholders and key players including the state, employers and authorities.

These trainings also had a great impact as the migrant workers in attendance were exposed to various challenges and obstacles, gained knowledge on their rights, and were made aware of the available support

avenues. The overall number of Bangladeshi migrant workers who benefited from this project through its services and activities in 2017 was 1,361.

Approximately 900 Bangladeshi migrants were approached from 7 communities. To further enhance the lives of migrant workers, linkages between migrant communities were formed through approximately 40 migrant community focal points, who continue to offer support to the victims within their community.

2. Legal Aid for Migrant Victims Case Management in Malaysia and Bangladesh

MALAYSIA

As project partners, Tenaganita in Malaysia and OKUP in Bangladesh are the main legal service providers to Bangladeshi migrants. Tenaganita provided Bangladeshi migrants with legal aid, representation, and support in court, advice on health issues, closed cases with settlements, safe repatriation (some released from police stations), and detention and immigration operations.

In 2017, through the community intervention and follow up paralegal trainings with CARAM and OKUP, Tenaganita handled 305 cases involving Bangladeshi migrant workers. Tenaganita provided assistance in preparing documents, and provided legal representation in Court. Many of the arrest and detention cases are still ongoing, as once the affected migrants complete their sentences in prison, they will be repatriated/ deported back to Bangladesh.

BANGLADESH

OKUP provided legal assistance, airport pickup, family reunification, and shelter and healthcare services to returnee migrants. OKUP also provided assistance to the migrant family of the deceased, to apply to the Wage Earners' Welfare Board for repatriation as well as compensation for death. Case study by Tenaganita (Malaysia) and OKUP (Bangladesh).

Both Tenaganita and OKUP carried out case studies to document instances of labour and human rights violations faced by women migrant workers, and access to justice for migrants. The data findings of issues, trends, and patterns during the case documentations were used as information tools to bring about awareness within different target audiences such as government representatives, policy makers, academicians, organizations, etc. It was also an advocacy tool in promoting and protecting the rights of migrant workers in Malaysia.

Case study by OKUP details how the domestic worker was traumatized by the employer who sexually abused and raped her. Her trauma and bitter experience is detailed out in the case study below.

OKUP (in Bangladesh) played an important role in assisting her with preparations of her reintegration stage through personal counseling, and helping her in rebuilding her life, and eventually, in being accepted by her community.

Asya : Domestic Worker
 VIOLATION OF RIGHTS :-
 1. Sexual Abuse
 2. Abuse by Employer (Physical & Verbal)

“Aysa Begum (35) hails from Hobigonj district. Her husband is an auto rickshaw driver, and they have two daughters. In search of earning a livelihood in 2015, she went to Lebanon as a domestic worker. She was beaten up very often for many trifle mistakes. “Mister (the male employer) used to provoke me to engage in bad (sexual relations) work. I never agreed to that. One day he raped me forcefully. This had been happening every now and then. I had no way to protest since he threatened to kill me.” Being repeatedly raped Aysa became pregnant. Once the employer came to know about the pregnancy, he started to treat her even worse and he eventually became rough with her. “I have a husband and two children. I didn’t know what I should do. Time was running fast. During six months of pregnancy, he (Mister) filed a false case against me which landed me in jail. From the jail I was sent to a shelter. I stayed there for several months. With the assistance of the shelter home in Lebanon, I gave birth a baby boy in a hospital. They sent me back to Bangladesh with my three-month old child saying that an NGO would receive me and help me in Bangladesh.”

On April, 2017 Aysa arrived in Bangladesh. OKUP received her in the airport and brought her to the shelter. “She was mentally stressed and worried upon arrival. She wanted to give her baby up for adoption and return home to be reunited with her children and family. We provided her psycho-social counseling continuously for a couple of weeks as the doctor suggested. After recovering from the trauma, Aysa changed her mind to give her baby up for adoption. She asked OKUP to speak to her mother on her behalf. She wanted them to tell her mother about the misery and trauma she underwent during her time in Lebanon, her baby and how she wanted to go back home. But Aysa’s mother did not allow her to return to her family with the baby.”

Since Aysa did not want to leave her baby, she had no place to go and OKUP recruited her as the “Shelter Home Assistance”. She started working and helping other women at the Shelter, “I could have committed suicide many days back but I got a new life here. It is my home. I found a big family here who care for me and my son very much. I came to a heaven from the hell in Lebanon.”

Aysa returned home in May 2018, after 15 months’ stay in the Shelter, when her family finally accepted her. She went back home with the hope of a new life, but her husband left her after a few weeks, so OKUP provided her with tailoring training and helped her to get a job in a garment factory at an adjacent district. Now she is trying to stand on her feet again, leaving her son in the custody of her parents.

The above case study shows that violence and discrimination are present throughout the labour cycle for many migrant workers. They are vulnerable even before setting off to a different country, because the very desire to seek a ‘better life’ may be motivated by abusive circumstances in their home countries.

Although certain countries of origin have introduced laws and policies to help curb these rights violations, abuses are still seen to continue. This is due to a lack of proper enforcement; despite punitive action taken against some recruitment agencies, they continue to engage in errant practices such as fraud, contract substitution, and in some cases, outright physical and sexual abuse of women migrant workers. This situation is exacerbated by the fact that the conditions of domestic work itself—where workers are left almost entirely to the whims of their employers—make women migrant workers vulnerable to abuse.

Fatimah: Domestic Worker
 VIOLATION OF RIGHTS:-
 1. Unpaid Wages
 2. Withholding of passport by Agent
 3. No off-days
 4. Extra-long working hours
 5. Prohibited from talking to other people
 6. Abuse by Employer (Physical & Verbal)
 7. Irregular provision of meals
 8. Commercial work during the day and domestic work during the night

Fatimah, 35 years old, is a divorcee with one child who is from Kuningan, Jawa Barat Province, Indonesia. She was approached by the domestic worker agency, PT Aman Jaya in Indonesia, who offered her work as a domestic worker in Malaysia. They agreed to pay her RM1000 as a monthly salary. The contract would be for a period of two years. She was then given an advance sum of 5,000,000 Indonesian Rupiah, which is the equivalent sum of RM1, 405.00. It was agreed by both parties that the advance sum shall be deducted from Fatimah's salary accordingly. She arrived in Malaysia on the 13 th June 2016. Accompanied by the agent's representative, she was brought to Agensi Pekerjaan Putri Kasim Sdn Bhd. in Melaka. She signed a new contract prepared by the agent, but she had no knowledge of the contents of the contract.

The agency's representative performed a thorough strip search and took away papers which contained the names and contact details of persons of interest. She was then sent to the house of her employer, Mr.Wong. Fatimah was provided a room with a mattress by the employer. She worked from 5am until around 10pm. She had to work both at the residence of the employer and the shop lot downstairs which was an air conditioning service and repairing business. She had to carry heavy machineries, i.e air-conditioning compressor, air-conditioning unit, amongst others. Operation hours at the shop ended at 7pm, and Fatimah would subsequently continue her work at the residence of her employer until 10pm.

In the residence, Fatimah's work involved taking care of the employer's children and cleaning the house. Sometimes, she was kicked and slapped during her working hours when the employer's wife was angry, Fatimah also suffered verbal abuse. The employer's wife would yell and curse at her almost every day when she was annoyed with something Fatimah did. Fatimah was not given any days off as required under the Employment Act 1955. Initially, two meals (lunch and dinner) were provided to her by the employer, but subsequently she was only given one meal per day at dinner. She had no choice but to make an arrangement with her colleague at the company to have another meal without the knowledge of her employer. This is because she was prohibited by her employer from communicating with other people. She did not receive any payment from her employer during the entire period of her employment of 525 days (Sundays and Public Holidays included). Unable to tolerate the harsh treatment, she finally left her employer on the 22nd November 2017.

She then met Encik Lat, who subsequently brought her to his mother's residence in Negeri Sembilan. He invited Fatimah to work at his mother's house. In return for the lodging and food, she had to take care of the employer's mother who was disabled. Fatimah worked there for four months. After four months, Encik Lat referred her to Tenaganita. She was given a sum of approximately RM350 as a token of appreciation. She arrived at Tenaganita's office unannounced on a Saturday morning, 31st March 2018 by taxi from a village 100km away. Fortunately, an officer happened to be in the office and he sent her to the shelter after giving her some food and drink.

Tenaganita provided assistance by bringing her to the police station to file a police report. Tenaganita met with the employer's wife and sister, and the agent to negotiate the settlement of the unpaid wages, overtime, and withholding of passport. The employer agreed to pay RM18,000 to Fatimah for the unpaid and overtime wages. They also paid for her flight ticket and other expenses to send her back to Indonesia, including the penalty for the cancellation of working permit by the employer. On 4th May 2018, Tenaganita accompanied Fatimah to the airport. She was safely repatriated back to Indonesia.

3. National Consultation for Bangladeshi Migrant Workers on Access to Justice and the Right to Redress in Malaysia

As a follow up based on the outreach and paralegal trainings, CARAM Asia and Tenaganita organized a national consultation for Bangladeshi migrant workers with a view to identifying and developing more leaders among them who would be able to extend assistance to their community where migrant workers face violence, abuses and torture and who don't have access to any support. These leaders then are able to provide them with information on the available support avenues and assist their community wherever they can. These leaders would also serve as a link between Tenaganita and the community members so that issues affecting them can be more efficiently handled.

Migrant workers were able to voice out on issues and concerns and become equipped with information on the rights of migrant workers and how to deal with their problems.

The consultation also focused on the types of evidence that would be needed to build a case against the perpetrators and where to get assistance including police stations, the Bangladesh High Commission and Legal Aid Centres. The consultation further strengthened their skills and built on their experiences. A Handbook entitled "What Every Bangladeshi Migrant Worker Should Know" was distributed to all.

The participants had acquired a better understanding of their rights as migrant workers, the various ways in which their rights were being violated, and where they could seek assistance. A system for referral of cases to Tenaganita to access the right to redress was established. This was a positive outcome of the consultation.

4. Press Conference on Launch of Fact Sheet

CARAM Asia and Tenaganita had developed a Fact-sheet on the overall situation of migrant workers in Malaysia based on the 2 years' findings of the project focusing on Bangladeshi migrants. During the launch of the factsheet, Tenaganita and CARAM Asia took the opportunity and used this platform with the media, to expose some of the exploitations faced by Bangladeshi Migrant Workers in Malaysia.

The Launch of the Fact Sheet was a joint press event with the members of the media as they were the main key players in disseminating the information in the factsheet. Affected migrant workers were present at the press conference and shared their testimony. Concluding the testimonies by the migrant workers, a joint statement by Tenaganita and CARAM Asia was released. The Fact Sheet was officially "launched" by the migrant workers themselves who handed over copies of the fact sheet to the media personnel who were present. The Fact Sheet also serves as an advocacy tool to increase the protection of migrant workers in Malaysia.

5. Strengthened the Involvement and Use of Media for Advocacy for Bangladeshi Migrant Workers

Press Statements were released during International Migrants Day, Launching of Fact Sheet, World AIDS Day and GFMD using the mainstream media, alternative media, community media and social media under this project by project partners.

On International Migrants Day a joint Press Statement by Tenaganita and CARAM Asia titled "A Nation Built with Broken Bones" was released to all media. The media personnel and social media participated actively in the event which was well covered in all mainstream media.

As a part of advocacy for the project, during a major crackdown by the government on undocumented migrant workers, CARAM Asia issued a strong statement calling on the government to halt the crackdown on undocumented Migrants and set up a complaint Mechanism to investigate permit renewals/rehiring Fraud committed

by Agents, and regularize these migrants through strict monitoring and compliance. CARAM Asia called on the authorities to focus on actual causes of irregular migration and its perpetrators rather than having crackdowns and raids on vulnerable, undocumented migrants. There have been many appearances in the media on the issues of migrant workers, domestic workers, refugees and human trafficking.

CARAM Asia's Statement to the Civil Society Days of the GFMD on Safe, Orderly, and Regular Migration was widely distributed at the GFMD in Berlin.

CARAM Asia also distributed its research book on "Study on Relation between contributions of migrants to development and governments' budget allocation for protection of Migrants" at the GFMD.

6. Scooping Visit by OKUP to Malaysia

A Scooping Visit was organized by CARAM to enhance the case referral system from Tenaganita (Malaysia) to OKUP (Bangladesh). The visit also gave OKUP exposure to the realities of the Bangladeshi migrant workers in Malaysia and provided a better understanding of Malaysian Labour laws, remedies and services available for migrant workers. OKUP's aim was to set up a functional cooperation and collaboration with the Bangladesh High Commission in Malaysia. A formal link was set up to communicate with the High Commission for any type of support for migrant workers. It was felt that the on-going support for the community groups were very important because it was no easy task for migrant leaders to work independently just by attending one paralegal training. Therefore, the community visits and small meetings with focal points have been very useful in enhancing their performance.

Major Achievements

1. The major achievement of the project was the development of community paralegals particularly the Bangladeshi migrant workers who were trained in identifying rights violations and accordingly been able to seek redress through relevant interventions.

Community paralegals and peer leaders were developed to strengthen information outflow, to monitor and document evidence of violations in order to provide effective interventions in other states.

2. The community paralegals began to manage their own cases and the cases of their peers, though from time to time, they did contact Tenaganita for advice. This clearly showed their capability and confidence in handling and managing their own cases.

3. Dialogue with companies was facilitated to develop migrant policies such as no recruitment fee, no withholding of passports and compliance of labour standards. Tenaganita was able to conduct training sessions with top and middle management of the companies, to develop greater migrant rights based perspective.

4. Approximately 160 young lawyers have been trained to assist the Bangladeshi migrant workers with legal aid support. They were trained in understanding migrant workers' rights, relevant laws and international instruments for rights protection. These lawyers were trained to give legal support for the affected Bangladeshi workers, and consequently migrant workers received increased legal support and representation at police stations and labour courts.

MIGRATION,
DEVELOPMENT
AND
GLOBALISATION
TASK FORCE
REPORT

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2. TASK FORCE ON MIGRATION, DEVELOPMENT AND GLOBALIZATION (MDG)

Migration is globular in nature and is heavily influenced by neoliberal policies and structures which impact outcomes for migrant workers especially their rights and well-being. This task force aims at linking and filling the gaps in the current migration and development context of globalisation. Activities will include strengthening the analysis, perspectives and awareness on globalisation/ World Trade Organisation (WTO) / International Financial Institutions (IFIs), policies on migration rights and health; the impact and implication of migrant workers' well-being through the privatisation process in healthcare, and developing global action on debt and poverty to reduce vulnerabilities in migration. Its objective is also to address the issues related to violation of rights of migrant workers, including domestic workers.

Activities:

1. The Global Forum on Migration and Development (GFMD) - 2017. Rational of CARAM Asia Participation in GFMD -2017

One of the objectives of GFMD is to provide a venue for policy-makers and high-level policy practitioners to informally discuss relevant policies and practical challenges and opportunities of the migration-development nexus, and engage with other stakeholders, including non-governmental organizations, experts and migrant organizations to foster practical and action-oriented outcomes on national, bilateral and international levels.

In line with this objective CARAM Asia used this opportunity to participate in the GFMD Civil Society Days in order to be involved with the process and advocate for migrant's health rights with focus on HIV & AIDS issues, as well as promotion and protection of women migrant domestic worker's rights. CARAM Asia's participation in GFMD provided an opportunity to the Network to highlight challenges and issues of concern to the governments via contributing into the Civil Society Recommendations.

Objectives of CARAM Asia Participation

GFMD is the platform where policy-makers and high level policy practitioners will be present to discuss relevant policies and practical challenges and opportunities of the migration-development nexus. On this occasion the Network advocated;-

- ✓ the health rights of migrant workers' with particular focus on HIV & AIDS; and
- ✓ the protection of migrant's labour rights especially women migrant worker's protection under labour laws.

Participants from CARAM Secretariat, POURAKHI Nepal and OKUP Bangladesh attended this meeting. There were also other members from CARAM Asia who obtained financial support from other sources. Civil society raised the following issues on: ethical recruitment, women's agency and rights, regularised migration, return and reintegration, detention, migration 'firewall' (separating migrants' migration status from their being able to access other services i.e. health.) and justice.

CARAM's input at the "Mechanism for Ethical Recruitment of Migrant worker's session;-

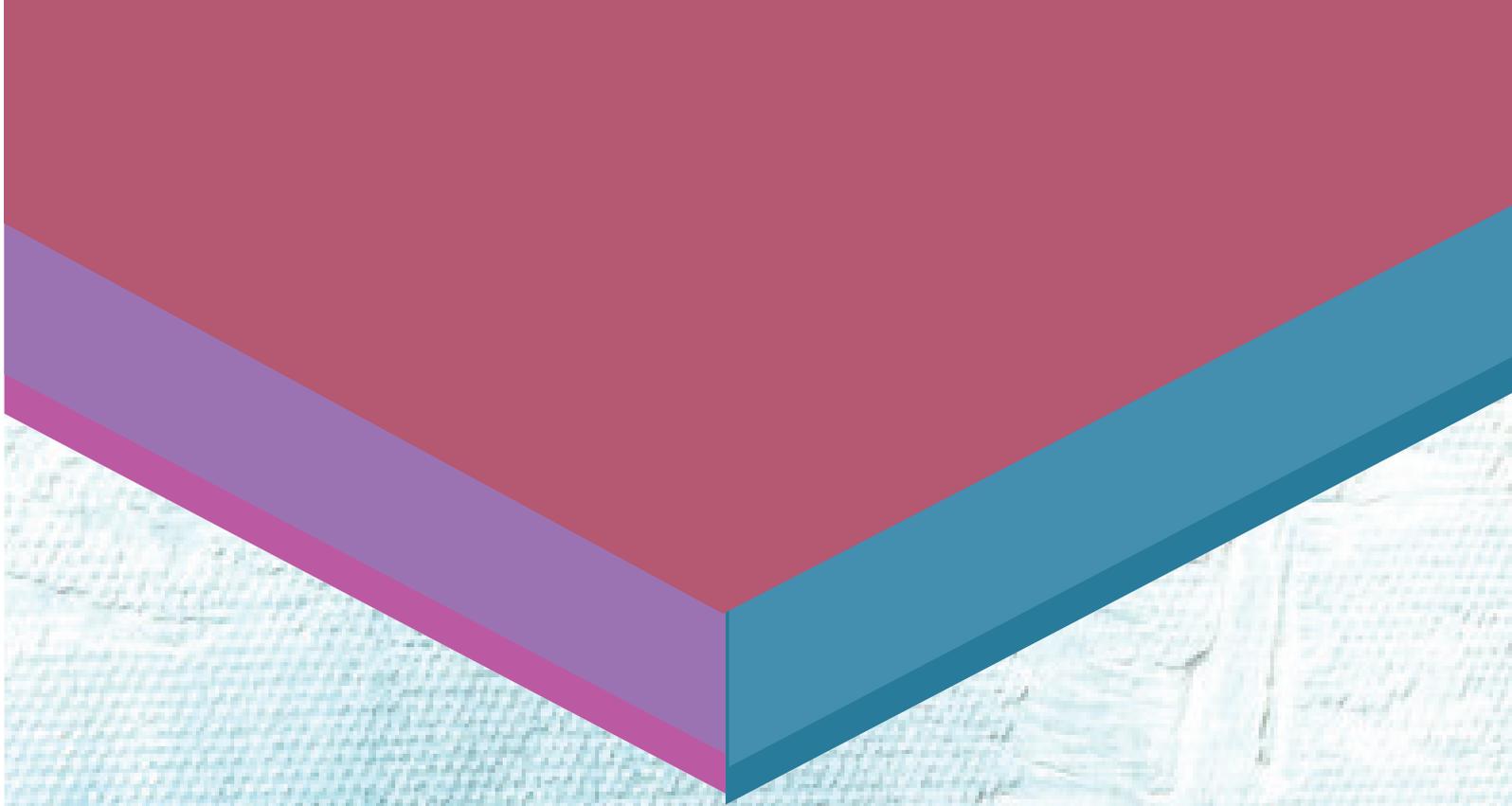
- a. The protection of the labour rights of migrants and ethical recruitment needs to be stepped up;
- b. Recruitment fees should be borne by the employer, not the migrant worker;
- c. To end exploitation, migrant worker visas should never be tied to one employer; and
- d. The rights of workers to join and form trade unions and workers organizations.

CARAM's inputs on the Group discussion: Different perceptions, thoughts and suggestions were put forth in this discussion;-

- The mal practices in recruitment – National, global and regional;
- Abolishing recruitment fees – 0 recruitment fees;
- E-migration system could be a good recruitment method, minimizing irregular migration;
- Forming systems to lodge complaints online;
- Ethical recruitment – extend to society with conviction; and
- Greater accountability through transparency.

CARAM ASIA Statement to the Civil Society Days of the GFMD on Safe, Orderly, and Regular Migration. CARAM Asia developed a statement that was very well received. Copies of the statement were made available to members so that the former could be used as a guide in future GFMD and Global Compact on Migration.

CARAM Asia also distributed its research book on “Study on Relation between contributions of migrants to development and governments’ budget allocation for protection of Migrants”.



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THE MIGRATION HEALTH AND HIV TASK FORCE REPORT

3. TASK FORCE ON MIGRATION HEALTH AND HIV (MHHTF)

The objective of the MHH Taskforce is to promote the health rights of migrants through the reform of discriminatory policies and equity in provision and access to health services for migrant workers, including sexual and reproductive health and HIV.

The key strategies of the Task force focuses on capacity building on a local level involving NGOs and government officials, and advocacy and networking.

HIV/AIDS Workshop for women migrant domestic workers in Malaysia

The taskforce is also partnering with international, regional and local partners in the implementation of policy advocacy for the health rights of migrant workers. MHH taskforce not only promotes members, but also invites migrant workers to be involved in the consultations, conferences and meetings.

Key issues tackled by the MHH task force;-

1. Mandatory HIV Testing and related deportation;
2. HIV Risks and Vulnerabilities (subgroups and intersecting communities);
3. Access to Treatment;
4. Mental Health of Migrants; and
5. Sexual and Reproductive Health and Rights.

The highlights of the programmes implemented by MHH Task Force are as follows;-

8. Stakeholder's Consultation on Protection of HIV Positive Migrants' Rights in Pakistan September 2017, Pakistan

This consultation was organized by AMAL Human Development Network in partnership with CARAM Asia under project "Integrated Services for HIV Positive Migrant's and their Families (phase II)" funded by Robert Carr Civil Society Funds. The Consultation brought together relevant stakeholders from Pakistan to discuss and advocate for migrants' accessibility to, and affordability of, health services. Additionally, the focus was also on the need to empower and sensitize migrants on HIV risks and vulnerabilities.

The consultation aimed to achieve the following objectives;-

- ◆ Reflect on the current HIV-related issues of migrant workers; and
- ◆ Reaffirm commitments and generate recommendations on inclusion of services for migrants living with HIV and their families.

There were 4 speeches by individual guest speakers and 2 panel discussions (followed by a Q&A) around HIV and Migration with following key themes;-

- ◆ Panel Discussion 1: Current Situation of HIV and Migration in Context of Pakistan; and
- ◆ Panel Discussion 2: Enabling environment & Support Mechanisms for HIV Positive Migrants.

In the concluding session, a group activity was held in order to materialize discussion points and recommendations made by key stakeholders and participants during consultation. Three working groups were made to identify key gaps and generate recommendations under the following core themes;-

Brief Outcomes:

- 1) Mr. Noor Zaman, Senior Joint Secretary (Ministry of Overseas Employment and Human Resource Development) invited the AMAL team to participate in the process of formulating a policy for the welfare of migrant workers and provide technical input regarding welfare provisions for HIV positive migrant workers to make the policy more holistic.
- 2) IOM invited AMAL to collaborate and generate ideas for a programme on strengthening the mechanism of pre-departure HIV orientation to all potential and actual migrants.
- 3) All key stakeholders developed a letter of demand with consensus by identifying gaps and generating recommendations to strengthen three key areas essential for the welfare of HIV positive migrant workers;
 - i) Research and Data
 - ii) Policy and Advocacy
 - iii) Service Delivery. The letter of demand has been presented to government.

A Review of HIV Policy Progression and Migrants' Health Rights in Five Origin Countries Supported by Robert Carr Fund for Civil Society Networks

INTRODUCTION

Many countries in South and Southeast Asia are migrant countries of origin. These countries have growing populations of work-aged people entering the workforce with few or limited opportunities in the local job market. Labour exporting countries rely on policies which promote out-migration to relieve the pressure of under-employment. Simultaneously, the export of the surplus workforce provides considerable income to the countries' coffers through foreign exchange generated by migrants' remittances. The impetus of securing macro-benefits tends to drive migration policies, while considerations of migrants' rights are overlooked. In the rush of competing for market position, many countries are willing to compromise their nationals' rights by allowing or even facilitating their placement in countries which lack proper migrants' rights protections. While incidents of labour exploitation, physical abuse and trafficking are the most dramatic incidents, migrants' health rights are quietly being violated on a regular basis.

When a migrant is denied employment opportunities overseas because of a health condition, not only is it a great indignation, it is a great hardship. As job opportunities are difficult to find at home, many migrants take out loans beyond their means in order to work abroad. All their hopes ride on this opportunity. If it is taken away, it is not just them, but also their families that suffer. Yet, health is a right which should be provided in order to obtain opportunity, rather than used as a screening device to limit opportunity. While origin countries want to send as many migrants abroad as possible, they still abide by the demands of the destination countries, which translates to discriminatory health screening policies. In effect, a small number of people are sacrificed, usually those who come from a poor or rural background, have low education, and limited skills beyond their manual labour.

While it is destination countries which impose migrant health policies that are considered insensitive or outright discriminatory, origin countries also bear a certain portion of the burden. As migration is a continuum, the health rights of migrants need to be considered and upheld at all stages of migration.

This means health information and services need to be provided at the pre-departure stage (which includes the "contemplation" period before even deciding to migrate), in transit, upon arrival, on-site, upon return, and as part of reintegration. In many cases, this may require specialized services or policies. The difficulty is that when

a migrant is in his or her home country, they are simply considered as any other civilian, even though they may have special needs as a pre-departure migrant, or having already gone abroad and returned. Countries of origin are also unwilling to negotiate too much with destination countries, such as the health testing issue, out of fear they will reduce quotas of migrants.

This study intends to provide a brief context of the current situation of migrants' health rights, primarily by looking at the progression of HIV and AIDS related policies and practices over time. HIV is considered an indicator because it is one of the most sensitive health conditions. As a treatable disease, considerations surrounding HIV extend beyond health and encompass social issues of stigma and discrimination. The aim of this study was to compile information to assess whether there had been any positive changes at policy level in the protection of migrants' health rights, as well as to identify remaining obstacles in the protection of migrant's health rights, specifically as it concerns HIV.

Objectives of the study:-

- ♦ To review HIV and AIDS related policies in five origin countries to identify new changes or remaining obstacles in protecting migrant's health rights;
- ♦ To explore impediments in access to HIV services for migrants.

Methodology

Member organizations from CARAM Asia in five origin countries, namely, Bangladesh, Cambodia, Pakistan, Philippines and Sri Lanka, undertook this brief research. The majority of the research was desk review of policies and statistics which were readily available, looking at policies on migration, data on numbers of migrants abroad, National Health and HIV/AIDS Laws, National HIV Strategy Plans, and data on HIV trends. This information was aimed at assessing whether or not policy changes had provided increased health rights protections for migrants over time, specifically with a focus on HIV prevention and care.

This was then followed up with interviews with policy makers and health service providers, as available, and focus group discussions (FGDs) with HIV positive migrants and HIV positive networks, to reflect on the reality of how these policies were being implemented and impacting migrants. It was not a rigorous research exercise. Much of the evidence was self-evident, partly from previous research done by the partners and CARAM Asia, moreover there were limitations on the time and availability of partners. This was not an attempt to prove or repudiate the effectiveness of policies, but rather a cursory research aimed more or less at reviving advocacy on the issue of mandatory health and HIV testing of migrants. There was an analysis provided and recommendations which were primarily generated by migrants and HIV positive representatives, as well as reports from the five countries.

The countries and partner member organizations which undertook this research:

- ♦ BANGLADESH – Ovivashi Karmi Unnayan Program (OKUP)
- ♦ CAMBODIA – CARAM Cambodia
- ♦ PAKISTAN – AMAL Human Development Network
- ♦ PHILIPPINES – Action Health Initiatives (ACHIEVE)
- ♦ SRI LANKA – Community Development Services (CDS)

Regional Analysis

A Brief History of HIV and Migration

HIV has shadowed migration since the late 80s. As people started migrating more for work, HIV started appearing in the countries of origin along with returned migrants. Although the act of migrating itself is not a risk factor contributing to HIV infection, the conditions surrounding migration contribute to an increased risk of transmission among those who do engage in risky behaviors. As a result, the first cases of HIV in Asian countries where there was significant out-migration were registered with returned migrants. Philippines, Bangladesh, Pakistan and Sri Lanka were notable in this respect. It is generally assumed that the primary route of transmission among migrants while abroad has been through sexual transmission. While in Cambodia, although HIV was not originally traced to migrants, a number of migrants' source communities were ravaged by AIDS during the peak of the epidemic.

It is notable that four of the five countries included in this study have had low-prevalence since the beginning of the global AIDS epidemic. Cambodia was the exception with one of the highest record of HIV prevalence in Asia, but has successfully reduced its rate of infection to the point where it is characterized as a "concentrated epidemic". Although some countries have had an aggressive stance on tackling HIV from the outset, such as Sri Lanka, other countries have had a mixed response, hindered by poor infrastructure and traditional values. While most of these countries have had low-prevalence for such a long time, complacency has set in. Now, some of the low-prevalence countries are seeing significant increases in HIV infections, including increases among migrants.

All five countries in the study have advanced their approach to HIV and AIDS at both a medical and policy level. Laws and programs have been introduced to promote HIV prevention, decrease stigma and discrimination, and to increase the general population's access to HIV related services, including testing and treatment. Notably, there are efforts to expand into rural communities where many migrants come from. Policies and laws are in place to protect confidentiality, protect from disclosure of HIV status, and prevent discrimination in employment or travel. There are still practical limitations though, and implementation of policies and enforcement of laws is inconsistent.

While migration has been one of the largest contributors to HIV prevalence in each country, to varying but significant degrees, the HIV response to migration has been mixed in each of these countries. Public awareness campaigns and the addition of HIV components to pre-departure programs have been limited in scope and success. HIV prevention messages are commonly over-simplified for convenience, rendering efforts ineffective. In other cases, the medium may not be adequate to give comprehensive information, for example, billboards in airports, or an hour long session in a pre-departure training for migrants.

One thing none of these countries have been able to conquer is the stigma surrounding HIV generally, and especially among those who migrated and returned with HIV. In some cases, migrants who have returned HIV positive have been shunned by their families, in other cases, they have been afraid or unable to face their families. Especially in low-prevalence countries, historically, HIV has been associated as the "migrants' disease." Previously, migrant women who returned infected with HIV were especially stigmatized, as it was assumed that they had been doing sex work. Now, many MSM migrants are returning home infected with HIV, forcing them to face not just HIV related stigma and discrimination, but also homophobia and possibly punishment under religious edicts. (CARAM Asia, 2015)

While migration has contributed to the HIV epidemics of the five countries studied here, the two policy areas of HIV and migration are disconnected. Although over time there have been increased initiatives on migration and on HIV, there seems to be little interaction between HIV and migration policies. When there are interdisciplinary initiatives on migration - HIV is rarely identified as a key thematic; and, conversely, HIV initiatives rarely identify migrants as a key target group. In fact, migrants are generally relinquished to the

second tier of the National HIV Response regardless of the percentage of the population infected with HIV that are migrants.

RECOMMENDATIONS

To Destination Countries

- ◆ Destination countries should remove HIV status and other treatable conditions as exclusionary conditions for recruitment and placement, and revise all health related entry and stay restrictions for non-contagious diseases.
- ◆ Labour countries of destination should make voluntary and confidential counselling and testing available to migrant workers, and allow migrant workers who become infected with HIV while onsite to be able to continue working abroad and access affordable treatment and care services.
- ◆ Ensure that authorised testing centres (GAMCA and other similar accredited testing centres) do not override national laws and conform to and respect internationally recognized universal testing guideline standards from UNAIDS and WHO including: informed consent to test, pre- and post-test counselling provided by qualified personnel (in language understandable to the migrant worker), test results that are kept confidential, and the person is provided referral to appropriate treatment and care services.
- ◆ Governments of destination countries should ensure migrants get proper days off, and as possible, provide affordable, accessible, and healthy recreational activities to migrant workers as alternatives to risky behaviours for relaxation and holidays.

To Origin Countries

HIV Policies and Service Delivery

- ◆ National level research should be conducted and disaggregated data collected on HIV and migration to provide evidence-based policy guidance in countries with high rates of out-migration.
- ◆ National AIDS Strategies, National Strategic Frameworks and Programmes need to include “migrants,” “migrant workers” and “families and partners of migrants” more prominently and address their specific needs with clearly elaborated strategies and comprehensive services, supported by appropriate levels of funding and inter-agency coordination.
- ◆ Migrant representatives from civil society, including those with other identities such as MSM or other most-at-risk groups, should be consulted and integral to the drafting of national and local HIV and AIDS strategies and programs.
- ◆ Combat stigma and discrimination, especially among health providers in all public and private hospitals and clinics.
- ◆ Make all HIV services and facilities, including ARV distribution and CD4 testing and other necessary services, as widely available as possible without stigmatization in rural areas where migrants come from by integrating HIV services into primary health service provision including the use of community dispensaries, and incorporate civil society such as PLHIV networks in the running of such facilities.
- ◆ Ensure that health rights are protected in bi-lateral agreements with labour countries of destination.

Prevention Measures

- ◆ HIV education should reach migrants’ source communities and be comprehensive, including information

about sexual orientation, gender identities and expression (SOGIE) in interventions and media, especially social media targeting migrant workers, potential migrant workers and their communities, and the MSM community.

- ◆ Pre-departure training for both men and women must include a comprehensive session on HIV prevention, treatment and care, with contextual and factual information on risky behaviors which migrant workers may engage in while abroad (including homosexuality), with testimonies by previous migrants (as possible).
- ◆ Electronic multi-media (such as apps and facebook) should be utilized to provide migrants access to country specific information on health services, policies and laws of destination countries, as well as practical advice on safer sexual behaviours.
- ◆ Properly monitor recruitment and placement agencies to ensure that they are providing correct and accurate information to potential migrants about destination countries, migration and health related policies, and ensure that travel agents and their associations do not act in lieu of proper recruitment agencies.

On Site, Return and Reintegration

- ◆ Labour Attaches and consular staff of embassies and all foreign missions should be better prepared and sensitized to be able to provide appropriate emotional support, counselling and referral, as necessary, to distressed migrants, especially those who find out they are HIV positive and may be deported.
- ◆ Establish health referral mechanisms between countries of destination and origin to assist migrants with HIV or other conditions to return home safely and access appropriate services and treatment.
- ◆ Provide voluntary and confidential counseling and testing (VCCT) to returnees, their spouses and partners, and encourage HIV positive persons to join PLHIV support groups and networks.
- ◆ Develop voluntary and consensual reintegration programmes which integrate returned HIV positive migrant workers into mainstream employment opportunities without stigmatization, including provision of vocational skills training and training on self-employment / business start-up and management.
- ◆ Ensure comprehensive social protection packages are provided and accessible to PLHIV and other deported migrants, ranging from health services, to social-psycho, financial and livelihood support.
- ◆ Support migrants' networks and associations in both origin and destination countries to promote advocacy on migrants' rights and health.
- ◆ Promote broader networking among civil society, bringing together migrant networks with PLHIV and MSM groups, as well as other groups that may have overlapping issues which are not immediately obvious in order to build a stronger social movement. Higher Political and Multi-lateral Platforms.
- ◆ International and regional platforms like the Abu Dhabi Dialogue, Colombo Process, ASEAN and SAARC, can be utilized as potential venues for increasing bi-lateral and multi-lateral cooperation and collaboration on HIV / AIDS and migration.
- ◆ Explicitly recognize and protect migrants' health rights in the Global Compact on Migration.
- ◆ In order to achieve the Sustainable Development Goals, with Universal Health Coverage as one of the identified mechanisms, the governments of countries of origin need to accelerate policies, programs and

services in order to ensure that their migrant workers receive their full health rights wherever they are, and governments of destination countries need to ensure access to health for everyone within their borders, including migrant workers.

9. JUNIMA Steering Committee Meeting Report - July, 2017 | Bangkok JUNIMA Co-Chairs, CARAM Asia and WHO, welcomed the new Steering Committee (SC) to the first meeting under the new configuration. In attendance was IOM (Secretariat), Ministry of Health

Cambodia, Department of Health Philippines, ACHIEVE, Migrant Forum Asia, UNAIDS and ADB. Regrets were received from Ministry of Public Health Thailand and the ASEAN Secretariat.

JUNIMA Secretariat Updates.

The Secretariat provided an overview of JUNIMA, for those who were new to the Steering Committee, and detailed the governance structure of the mechanism, which includes Steering Committee Meetings for SC members each quarter, and an Annual Meeting for all member organizations and migrant health stakeholders. Details of the JUNIMA website upgrade and communication methods of the Secretariat were shared. Three modes of communication with members were through: the JUNIMA website, JUNIMA mailing list newsletter to 200+ stakeholders, and quarterly Secretariat email updates to JUNIMA members. All JUNIMA members were encouraged to share relevant research, reports, studies, information etc. for circulation through the mailing list and website.

The Secretariat recently contracted a web design company to update the www.junima.org website; this should be ready for launch by the end of September, 2017. As part of the new website, there will likely be a login area for members to be able to access key documents and communicate with each other. The SC discussed whether or not the JUNIMA logo needed updating. It was agreed upon to produce alternative designs of logo options for selection by the SC, ideally referencing the SDGs in the design.

- ▶ JUNIMA members to contribute relevant migration health content (research, statistics, publications, photos, infographics, videos etc.) for uploading to the website and for circulation on the mailing list. Send to IOM (Secretariat) for circulation.
- ▶ Secretariat to commission the design of alternative logos for JUNIMA and to share with the SC for discussions, feedback and finalization.
- ▶ Secretariat to share JUNIMA Member TOR and Strategic Plan to government partners for improved buy-in.

Global Migrant Health Updates

The 2nd Global Consultation on Migrant Health was hosted by the Government of Sri Lanka in February, and was co-organized by IOM and WHO. Several JUNIMA member organizations were present: IOM, CARAM Asia, ACHIEVE, the Government of the Philippines, and the Government of Thailand.

Objectives of the Consultation were:

1. To share lessons learned, good practices and research done in addressing the health needs of migrants, and in identifying gaps, opportunities and new challenges faced;
2. To reach consensus on key policy strategies to form a unified agenda across regions on the health of migrants, reconciling acute large-scale displacement, as well as long-term economic and disparity-driven structural migration, and to pave the way towards a possible roadmap of key benchmarks;
3. To engage multi-sectoral partners at policy level for a sustained international dialogue and an enabling policy environment for change. Three main focus areas for the Consultation were:

- Global health;
- Vulnerability and resilience; and
- The development agenda of the SDGs.

Outcomes from the 2nd Global Consultation was the Colombo Statement, endorsed by 19 member states that were present, along with key policy recommendations for a monitoring framework. Local, national, regional and global development agenda, rights-based approach focusing on UHC, shared responsibility for countries of origin and countries of destination, and a multi-sectoral approach were strong themes. See report being finalised by GC and link to Colombo Statement.

The Global Compact for Migration will be the first, inter-governmentally negotiated agreement, to cover all dimensions of international migration in a holistic and comprehensive manner. In the New York Declaration for Refugees and Migrants, adopted in September 2016, the General Assembly decided to develop a global compact for safe, orderly and regular migration. The process to develop this global compact for migration started in April 2017. The General Assembly will then hold an intergovernmental conference on international migration in 2018 with a view of adopting the global compact.

Phase 1 of this process is Consultation, where there will be thematic consultations and regional consultations. The Asia-Pacific Consultation will be held at ESCAP from 6-8 November, including country level and community level consultations. All input will be brought together in a global meeting in Mexico at the end of 2017. In September 2018, the final Global Compact will be signed in New York.

IOM and WHO have pushed for health to be a cross-cutting theme across all 6 thematic areas. It was agreed that JUNIMA would have a voice on the regional level consultations, and the Steering Committee will need to develop and submit a brief position paper to ESCAP ahead of the Consultation in November. The Colombo Statement from the 2nd Global Consultation on Migrant Health will also be submitted.

- IOM to develop the first draft of a JUNIMA position paper for circulation with the SC in August.

The 2nd ASEAN Cluster 3 Meeting (Strengthening Health Systems and Access to Healthcare) was hosted by the Department of Health, on July 5-6, 2017. The ASEAN Community is comprised of three pillars, namely the ASEAN Political-Security Community (APSC), ASEAN Economic Community (AEC) and ASEAN Socio-Cultural Community (ASCC). The ASEAN Health Cooperation is under the ASCC pillar. Taking direction from the ASEAN Vision 2025 and the ASEAN Socio-Cultural Community Blueprint 2025, the ASEAN Health Cooperation adopted the ASEAN Post-2015 Health Development Agenda (APHDA), which encapsulates the shared goals, strategies, priorities and programs of the health sector between 2016-2020. In order to attain the vision, mission and goals of the ASEAN Health Cooperation, the APHDA will focus attention and resources towards 20 Health Priorities overseen by four Health Clusters. The ASEAN Health Cluster 3 is responsible for Strengthening Health Systems and Access to Care, including systems and care for migrant populations.

The Migrant Health and Development Research Initiative (MHADRI) has been established between IOM and the London School of Hygiene and Tropical Medicine. The MHADRI is an international partnership of academic, policy and operational organisations aiming to improve the health and wellbeing of migrants through research evidence.

MHADRI aims to improve the health and wellbeing of migrants and their families through:-

- ◆ Building and strengthening the global research evidence on migrant health through research collaborations and networks;
- ◆ Providing technical advice, expertise and training to governments, as well as both national and international organisations, on migrant health;

- ♦ Identifying and disseminating best practices to promote migrant health;
- ♦ Informing and shaping national and international migrant health policy and practice through research.

The Framework of Priorities and Principles to Promote the Health of Refugees and Migrants was requested in January 2017 by the Executive Board at its 140th session, to be considered during the 70th World Health Assembly.

To achieve the aim of the 2030 Agenda for Sustainable Development – to leave no one behind – and the health-related commitments outlined in the New York Declaration for Refugees and Migrants, it is imperative that the health needs of refugees and migrants are adequately addressed in the global compact on refugees and the global compact for safe, orderly and regular migration, to be endorsed in 2018.

Eight guiding principles of the Framework include:-

1. The right to the enjoyment of the highest attainable standard of physical and mental health;
2. Equality and non-discrimination;
3. Equitable access to health services;
4. People-centred, gender-sensitive health systems for refugees and migrants;
5. Non-restrictive health practices based on health conditions;
6. Whole-of-government and whole-of-society approaches;
7. Participation and social inclusion of refugees and migrants; and
8. Partnership and cooperation.

There will be an opportunity for JUNIMA members and all MH stakeholders to contribute to the draft Framework. It will help member states in their discussion and guide the thought process around national plans, policies and inputs to the Global Compact Framework; JUNIMA can position itself to be a monitoring mechanism for implementation and progress on that for the region.

- WHO to share the WHO Circular Letter with the SC, inviting MH stakeholders to contribute to the draft Framework.

The Global Forum on Migration and Development summit meeting was held in Berlin from 28-30 June. Consistent with the New York Declaration for Refugees and Migrants, the GFMD is focused on contributing to the global dialogue and collaboration, and to the intergovernmental negotiations and consultative processes for the Global Compact on Migration. Germany and Morocco share co-chairmanship for the GFMD 2017-2018 role.

Civil society raised the following issues for discussion at the GFMD: ethical recruitment, women's agency and rights, 'regularised' migration, return and reintegration, detention, migration 'firewall' (separating migrants' migration status from their being able to access other services i.e. health.) and justice.

In summary, there are many different activities focusing on migrant health priorities, frameworks, global compact, conferences, etc. What is JUNIMA doing at a country and regional level to implement these statements and agreements? What can we do through assessing the current situation and monitoring implementation? What can we do as JUNIMA to have further impact and contribution to these above processes?

JUNIMA needs to work on getting health onto the agenda for the Global Compacts, and advocating UHC for migrants and refugees. The Compact is going to be a reference point for many years ahead, so this is an important moment and a good opportunity to contribute. We need to advocate hard on recommendations for migrant health, with links to SDGs. ESCAP is organising regional consultation meeting, which will feed into the Global Compact. IOM is one of the members on the committee. While there is no specific focus on health, it is a cross-cutting issue. SC decided to develop a brief JUNIMA position paper (referencing the Colombo

Statement and draft Framework) for submission ahead of the regional consultation. We can also identify a champion country to advocate for UHC (Philippines or Thailand). There are many instruments and declarations that have been developed; our role is to remind member states to not leave these out. Civil Society will also be hosting a regional consultation in August in advance of the regional consultation.

➤ Secretariat to draft a JUNIMA statement for the regional global compact meeting in November, hosted by ESCAP. WHO-IOM Population Mobility and Malaria Health Services Policy Review (see PPT slides here)

The WHO and IOM have published a review titled Population Mobility and Malaria: Review of Policies and Legal Frameworks that promote Access to Health and Malaria Services for Migrants in the Greater Mekong Sub-region.

The study's objective was to identify and describe existing laws, policies and legal frameworks in health and non-health sectors that impact migrants' access to health and malaria services in the Greater Mekong Sub-region.

The study's methodology looked at:-

- 1) The review of existing documentation on how GMS countries have addressed the health of migrants and responded to global and regional migration frameworks; and
- 2) Extensive consultations and discussions with key informants, government ministries and malaria experts to explore existing laws and policies. Along with specific recommendations for internal migration, inbound migration and outbound migration, the study suggests the following general recommendations for improved access to health for migrants:

Short-term General Recommendations

- ✓ Strengthen multi-sectoral and inter-ministerial collaboration to develop interdisciplinary educational programmes for migrants
- ✓ Increase collaboration of regional financial institutions and multilateral development banks
- ✓ Improve monitoring and surveillance of migrants' health by establishing systems to collect regional health migration data that include migrant health indicators and malaria trends
- ✓ Conduct periodical mapping of malaria trends (including for internal and irregular migrants)
- ✓ Conduct malaria risk assessments particularly for migrants involved in logging, mining, rubber plantations, agriculture, transportation, and road construction sectors
- ✓ Integrate migrants' perspective when formulating upcoming health and labour policies by improving active participation of migrant communities in policy development
- ✓ Be guided by the 2030 Transformative Agenda for Sustainable Development Goals (Goals 3, 8 and 10)
- ✓ Be guided by the WHA 61.17 Resolution on Health of Migrants particularly on its key operational frameworks
- ✓ Include all migrant workers in social security schemes, in social protection mechanisms and in Corporate Social Responsibility

Long-term General Recommendations

- ✓ Establish a welfare fund or special insurance scheme for migrant workers to cope with contingencies
- ✓ Develop policies towards UHC considering three channels of service delivery to achieve it: public, private and community based
- ✓ Develop pharmaceutical regulations to ensure high quality drugs
- ✓ Advocate inclusion of all types of migrants in the post-2015 development agenda
- ✓ Inclusion of the health of all migrants, displaced populations and refugees in post-2015 development agenda
- ✓ Advocacy for increased ratification of international instruments, in particular ILO Conventions

No. 97, No 102, No 143, No 155, No 181, No 188, and No 189; the Refugee Convention, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

If there are partners in other countries interested in conducting a similar study, it would be valuable to build up a monitoring benchmark of MH policies and practices. Now that a baseline framework has been established, these policies can be monitored and possibly even expanded. This study was conducted in collaboration with the GMS governments, which adds strength to the findings and recommendations of this research.

Annual Meeting

In addition to the quarterly Steering Committee meetings, JUNIMA will be holding an Annual Meeting to bring together all member organizations and other MH stakeholders, which will serve as an opportunity to discuss within a regional context the Global Compact, outcomes of 2nd MH Consultation, contribution to some of the ASEAN Cluster 3 work, etc.

If the budget can be secured, it was suggested to hold this meeting prior to the regional GC consultation, possibly on Friday 3rd or Sunday 5th November, and to include some JUNIMA members in attendance of the ESCAP consultation in Bangkok.

- Secretariat to identify the correct channels for submitting position paper to ESCAP ahead of the regional consultation.
- Secretariat to draft a JUNIMA position paper with the SC for circulation in August.

To develop and promote integration of migrant and gender-specific indicators and data into national health management information systems

To develop, collect, analyze and disseminate evidence for development of policies and programmes that meet the needs of migrants

To promote processes and systems that guide the implementation of services for migrants.

ACTIVITIES / DELIVARABLES	TIMELINE	REGIONAL SCOPE	LEADING ORGANIZATION	FUNDING
Identify relevant migrant-specific health indicators and disaggregated data and develop a guidance tool for integration into national health management information systems (SDG targets and health indicators could feed into this).	Wait for global recommendations	Asia	SEARO/ WPRO	WHO, IOM
Compile a resource list of all migration and health programmes, policy updates, publications, and research findings in the region and list on website (members to share URLs/docs through Dropbox link).	Q3 2017 ongoing	Asia	IOM	Secretariat
Develop tracking matrix/framework to map programmes, policies, practices, case studies and existing models of migrant health in the region. Build on evidence from relevant sub-regional and cross-regional studies on migrant health needs and migrant-sensitive programming to guide advocacy, policy and innovation. *	Q3 2017 ongoing	Asia	IOM, UNAIDS	
Gather evidence and stories from migrant workers regarding their health status, experiences in accessing healthcare, and impacts that strict policies have on their health outcomes.	Set up working group 2017 ongoing	Asia	CARAM, MFA, WHO, IOM, LSHTM	
Compile country examples, case studies, best practices of migrant health protection practices and policies (e.g. The Philippines, Thailand, etc.) and display visually on JUNIMA website.	Q3 2017 ongoing	Asia	UNAIDS	
Maintain knowledge management platform website on migration and health to influence and guide country-level advocacy, policy and innovation. Maintain domain registration and digital communications.	Q3 2017 ongoing	Asia	IOM (JUNIMA website)	IOM
Send regular migration health updates through the JUNIMA Mailing List to the wider network.	Q3 2017 ongoing	Asia	IOM (JUNIMA website)	IOM

To identify sectors and stakeholders to coordinate migrant-inclusive, gender-sensitive programming, including barriers and opportunities for collaboration.

To create and establish effective partnerships for coordination and action throughout the region.

To promote 'South-South' collaboration and knowledge exchange around innovation and best practice health systems and services.

ACTIVITIES / DELIVARABLES	TIMELINE	REGIONAL SCOPE	LEADING ORGANIZATION	FUNDING
Compile a resource list of all relevant events and meetings of ASEAN, SAARC, and other regional platforms on health and social protection for migrants, which can be used as opportunities for engagement and collaboration	Q3 2017 ongoing	Asia/ Global	IOM (Secretariat)	n/a
Engage WHO at regional and country levels to advance work on Resolution 61.17 and 70.15	Q3 2017 ongoing	SEARO/ WPRO	WHO, UN country teams	n/a
Strengthen CSO and Government links within SAARC/ASEAN/ESCAP/APEC.	Q3 2017 ongoing	Asia	IOM, Steering Committee	n/a
Identify best practices, resources and existing mechanisms that engage private sector and academia in the area of migration/health in Asia (regional or country level)	Q3 2017 ongoing	Asia	IOM, Steering Committee	n/a
Collate and share information on 'south-south collaboration' (i.e. study tours, cross-border exchanges) and best practice learning re: national health systems and migrant health services.	Q3 2017 ongoing	Asia	WHO, ADB, Government members	n/a

To promote approaches and provide guidance to countries to make universal health coverage schemes migrant-inclusive.

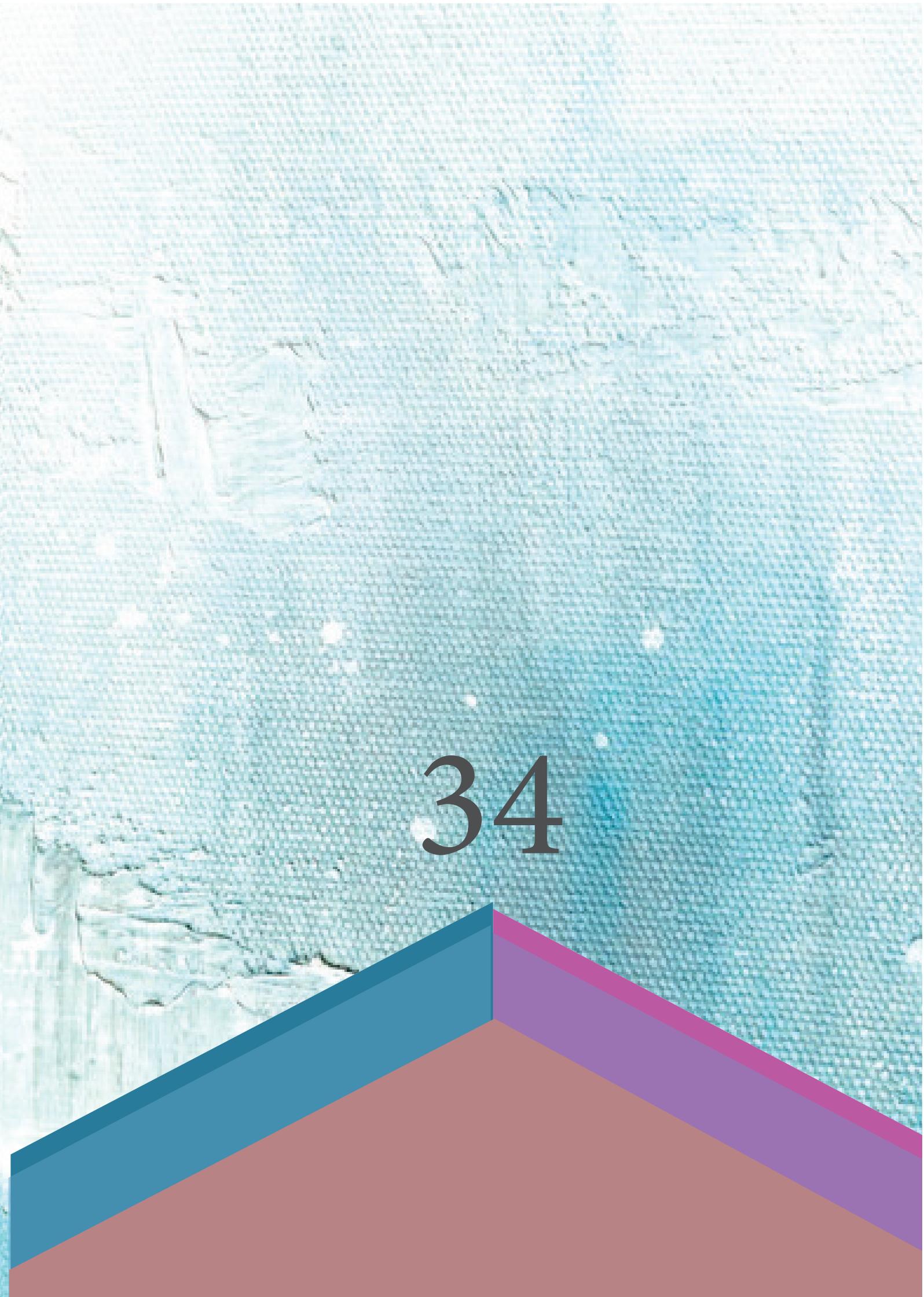
To advocate and sensitize the relevant, non-health sectors on the value of adopting migrant-sensitive and inclusive policies.

To promote investment in migrant health for regional health security.

ACTIVITIES / DELIVARABLES	TIMELINE	REGIONAL SCOPE	LEADING ORGANIZATION	FUNDING
Map/compile information on policies and practices for migrant-inclusive UHC and portable health insurance, to inform governments *	Q3 2017 ongoing	Asia	IOM, UNAIDS	
Advocate for strengthened curriculum for pre-departure health promotion, health assessments and disease prevention information.		Asia	IOM	
Advocate for universal health coverage and the removal of HIV travel restrictions to be included in regional plans (also to feed into Global Compact discussions).	Ongoing	Asia	UNAIDS CARAM Asia ASEAN Sec	
JUNIMA to push for UN-SDG policy discussions for the inclusion of migrants as a vulnerable population in national plans (to feed into Global Compact discussions).	Q3 2017 ongoing	Asia	WHO, IOM, Steering Committee	n/a
Maximize civil society spaces at bilateral and multilateral discussions and agreements for advancing migrant rights-based policies (health as a human right).	Q3 2017 ongoing	Asia	CARAM Asia, IOM, Steering Committee	
Hold a regional, multi-sector, technical consultation with relevant sector focal points on migrant-sensitive policies and programmes (e.g. at the Annual Meeting).	Q3 2017 ongoing	Asia	ADB, IOM, Steering Committee	Needed
Collaborate with ASEAN for migrant health inputs into the development of the ASEAN Work Plan IV (2016-20).	Ongoing	Southeast Asia	WHO, IOM	n/a
Collaborate with SAARC on incorporating health into the migration agenda for South Asia.	Ongoing	South Asia	WHO, IOM	n/a
Build focus on wider, regional health security issues (cross-border treatment harmonization, TB and malaria drug resistance amongst migrants, mapping of MMPs and diseases).	Q3 2017 ongoing	Asia	IOM, Steering Committee	
Share country examples and harmonize migrant-friendly policies and practices	Ongoing	Asia	IOM, Steering Committee	

*SIMILAR DELIVERABLE

MIGRATION,
CLIMATE CHANGE
AND HUMANITARIAN
CRISIS TASK
FORCE REPORT



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4. TASK FORCE ON MIGRATION, CLIMATE CHANGE AND HUMANITARIAN CRISIS

CARAM Asia previously had three task forces on different thematic issues, namely Migrant Worker's Rights (MWR), Migration, Health and HIV (MHH), and Migration Development and Globalization (MDG).

TASK FORCE ON Migration, Climate Change and Humanitarian Crisis (MCCHC) is a new addition in CARAM Asia's thematic areas due to increasing number of Climate Migrants. This task force was formed to understand and provide input from the perspective of migration, climate change and humanitarian crisis and advocate for the rights of Climate Migrants.

Climate Migrants have been defined as persons or groups of people who for compelling reasons of sudden or progressive changes in the environment as a result of climate change that adversely affect their lives or living conditions are obliged to leave their habitual homes, or choose to do so either temporarily or permanently and who move either within their country or abroad (IOM 2008). Variations in the world's climate have been happening for all of human history. However passage of time, rising temperature, decreasing rainfall, rising sea levels, increasing frequency and intensity of extreme weather conditions are leading to massive flooding, earthquake, landslides and droughts causing extensive damage to property, assets, and human life.

According to the United Nations between 2008 and 2015, an average of 26.4 million people per year were displaced by climate- or weather-related disasters. And the science of climate change indicates that these trends are likely to get worse. Asia is most at risk as it continues to be exposed to impacts of climate change. Asia is home to the majority of the world's poor, the population of the region is particularly vulnerable to dangerous impacts, and this pushes people to migrate. Hence, Climate Change is now also one of the drivers of migration. This task force has been formed to understand and provide input from the perspective of migration, climate change and humanitarian crisis, and advocate for the rights of Climate Migrants.

10. CARAM Asia Strategic Planning Meeting 2017

Traditionally, CARAM Asia developed comprehensive strategic plans every 2 - 3 years, to strengthen its regional directions and interventions, as well as to address its objectives and goals in line of recent developments and challenges. The strategic planning helped in strengthening CARAM Asia's niche as a leading migrant right's organization.

The last strategic planning was done in 2013 for the next three years (2013-2016). CARAM Asia organized a strategic planning meeting to identify the coming direction for 2018 – 2020. The aim of the Planning process is to update the strategic plan, which addresses the complex, multifaceted, and ever-evolving migrant worker's issues in the area of health, labour and human rights violations with focus on women migrant workers survivors of violence and/or violation of rights.

Outputs of the Strategy Planning Meeting

CARAM Asia undertook a comprehensive review of all the task forces, both in terms of CARAM's achievements, and regional and global trends that had an effect on the 3 strategic areas of Task Forces and the

migration discourse. During the strategic planning meeting all CARAM members brainstormed on developing a strategic plan that was in line with Sustainable Development Goals, Global Compact and other relevant global, regional or national developments.

Caram Asia identified its strategy for 2018 - 2020. The strategy planning exercise had the following objectives;-

- ♦ CARAM Asia revised priority areas related to migrant worker's issues to focus on each taskforce, bringing the focus in line with ongoing processes at a global level;
- ♦ Each task force updated their strategic plans with objectives and activities for implementation in coming year;
- ♦ Resource mobilization strategy was in hand to follow for the sustainability of the network; and
- ♦ Strategies to strengthen the secretariat.

Plenary Session - Held discussions about the current situation in relation to violation of migrant workers' rights, and came up with priority areas to be focused on in the next coming years.

Group Discussion- For the strategic planning of each taskforce, the convener taskforce members and program officers, as well as some of Board members, brainstormed on priority program areas and activities for next three years or a longer period based on decisions by the larger group.

The Participants - Those in attendance of the strategic planning meeting were CARAM Asia Board of Directors, Taskforce Conveners, and members. Three (3) migrant workers, including women migrant domestic workers, were also invited to give input and suggestions for the strategic planning and activities in view of their experience. The Planning meeting was organized in Kuala Lumpur, Malaysia on 15 th November 2017.

3 April 2019



CARAM ASIA BERHAD

WISMA HAMID ARSHAT, 12-5, JALAN BANGSAR UTAMA 9, BANGSAR UTAMA
59000 KUALA LUMPUR, MALAYSIA

TEL: +603 22821669 | FAX: +603 22821155

WWW.CARAMASIA.ORG