

An Integrated Approach to HIV and Migration in Asia

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- Address issues of HIV/AIDS and mobility
- Issues of power, control and abuse
- Working conditions
- Forced labor, the D's (dangerous, dirty, difficult, demeaning, degrading)
- Violence, fear, epidemics, disasters, trauma

Working conditions

- $\frac{3}{4}$ of worlds workers working in conditions of forced labor are in Asia
- Forced economic exploitation: carpet weaving, agriculture, mining, stone crushing
- 20% of forced labor in Asia is state-imposed

Impact on migration and health of Forced labor

- Forced labor causes forced migration
- No preparation, no safety
- Forced labor sets “sub-standard” for working conditions
- Forced labor heightens risk threshold

Occupational health and safety

- dirty, dangerous and difficult....the work or the migrants?

More policies, resources and energy are put into place trying to get rid of the migrants than are put into place to get rid of the 3Ds in the work migrants do.

Occupational Accidents and work related diseases

Annual figures world wide (ILO)

- 2 million Deaths (occupational accidents and work related diseases)
- 100,000 deaths caused by asbestos
- 438,000 workers killed by hazardous substances
- 10% of all skin cancers attributable to exposure to hazardous substances at work
- 270 million occupational accidents
- 160 million work related diseases
- In India over 50% of slate pencil workers and 30% of stonecutters have silicosis

Migrants and occupational health and safety

- No inspection, no political will, no responsibility
- In domestic work, no standards
- HIV as an entry point
- Using lessons learnt from HIV projects to inform safe working conditions projects

SARS, Avian flu and tsunami

Epidemics and disasters

- cause distress migration, demand particular responses
- Highlight the gaps/barriers in information access
- The lack of systems in place which can be used in multiple responses

Safer sex informs safer work

- Community involvement
- Strong HIV aware communities ready to tackle other issues
- Sharing approaches:
Communities organizing,
Involvement in policy decisions
Empowerment
Rights

Limitations of HIV programs

- Time-bound
- Issue bound
- Cannot respond to other issues
- Have not impacted on long term changes to structures
- Have not fully seized the opportunity

Labor rights impacting on HIV

- Sex workers networks in the region have promoted labor rights, improved working conditions and one of the results is reduced HIV transmission
- Migrant labor rights defenders from factories also do HIV prevention work, are respected for their labor rights courage

Integrating HIV/AIDS and labour rights and migration

- Domestic workers campaign: working rights, laws, contracts, gender, sexuality, reproductive health, mental health, HIV/AIDS
- Holistic pre-departure/post arrival programs
- Migrant health volunteers/migrant safety officers
- Trainings, protective equipment
- Inclusion in Social security systems

Beyond migration and HIV

- 3% of world population are migrants
- \$110b remittances
- Need for mobile responses:

Portable medical benefits

Regional social safety nets

Union membership beyond borders

“Being Safe” Programs: safe in sex,
safe in migration, safe at work