

Emerging Issues in HIV/AIDS Interventions for Migrant Workers

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There are 8 million Filipinos overseas.

40 % or about 3.2 million are contract workers.

35 % are permanent residents

25% are undocumented

About 3,000 OFWs leave the country on a daily basis.

The Philippines is the second largest sending country for seafarers, with about 200,000 at sea at any given time.

More than 60% of new hires are women employed in the service sector.

With annual remittances amounting to US\$ 8 billion, OFWs' contribution to the Philippine economy comprises 12% of the Gross Domestic Product (GDP).

Philippine Statistics on Migration and HIV/AIDS

DATE	Total reported cases	Total OFWs	Percentage
July 31 2000	1,402	335	24%
June 2001	1,515	408	27%
July 2002	1,733	499	30%
August 2003	1,921	615	32%
June 2004	2,107	676	32%
December 2004	2,200	725	33%
May 2005	2,279	758	33%

Month	Total Monthly Infections	Total Monthly Infections Among OFWs	Total Infected Since 1984	Total Infected OFWs Since 2000
July 04			2,121	682
August	18	10	2,139	692
September	26	10	2,165	702
October	11	7	2,176	709
November	12	9	2,188	718
December	12	7	2,200	725
January 05	14	6	2,214	731
February	17	11	2,231	742
May 2005	19	9	2,279	758
TOTAL	129	69		

As of May 2005, of the 758 OFWs:

271 (36%) were seafarers

127 (17%) were domestic workers

69 (9%) employees

56 (7%) health workers

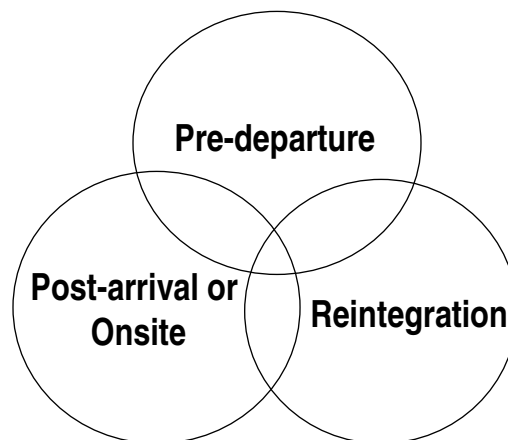
51 (7%) entertainers

568 (75%) - MALES

190 (25%) - FEMALES

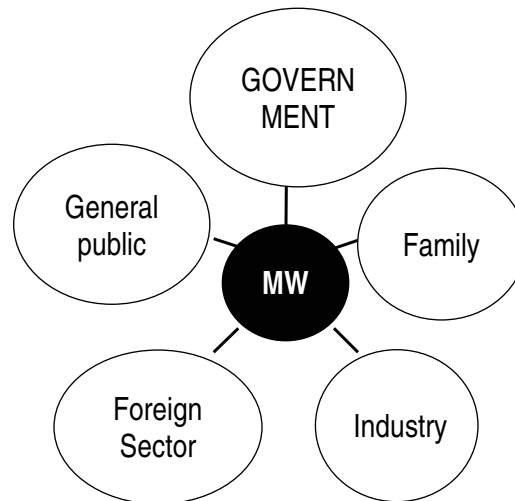
**Sexual intercourse is the leading mode of transmission.
(92%)**

INTERVENTIONS



**Education; Capacity Building; Mass Awareness;
Advocacy for Policy Changes**

TARGET SECTORS



EMERGING ISSUES

1. Framework of interventions:
 - 1.1 Measuring effectiveness of prevention methods for migrant workers

Many behavior change communication programs are directed mainly to the migrant worker. No matter how much we empower the migrant --- if the structural conditions remain in place, the problems will continue.

- **Absence of laws and policies that protect migrant workers and render them more vulnerable;**
- **Socio-economic situation that impacts on their survival and adaptation in the host country;**
- **Gender and sexual dynamics in the relationships they engage in;**
- **Violence or abuse of women in the workplace;**
- **Lack of access to support services or information onsite**

1.2 Greater/more meaningful involvement of migrant workers/families in HIV/AIDS interventions.

Factors that impede their involvement:

- **Mobile nature of migrant workers – how to access them, how to sustain their involvement?**
- **Lack of capacity or experience in undertaking HIV/AIDS programs**
- **Lack of resources to sustainably build capacity of migrant workers and their families/Lack of models or good practices that can be adapted**
- **Invisibility/urgency of the issue among migrant workers**
- **Fear tactics/messages on HIV prevention**
- **Confidentiality of HIV test results: how to build links with HIV+ migrants?**

2. Scope and coverage

- **Which migrant workers: legal status (documented/undocumented); job occupation (service workers, professionals); country of destination (countries with many migrant workers, high incidence of HIV), etc.**
- **What programs to implement at what stage of the migration process: pre-departure, post-arrival or reintegration; how is migration regulated?**
- **Which other stakeholders to involve? Recruitment agencies? Employers? Brokers? Middlemen or intermediaries? Government regulating bodies? Airport or seaport or border authorities? Immigration?**

3. Data/Evidence

- **Lack of credible data or evidence on incidence or prevalence of HIV/AIDS among migrant workers**
- **Low prevalence-settings**
- **How to use or analyze available data**
- **Implications of mandatory testing**
- **Extent by which data is used to incorporate HIV/AIDS interventions for migrant workers in the national AIDS plans**

4. Vulnerability of Families

- **Migration also creates impact on the families who are left behind. The vulnerability is two-way, because in the absence of a spouses or partners, there is always a possibility of either one engaging in sexual relationships outside their pre-existing ones.**
- **Female spouses are particularly vulnerable to HIV/AIDS because of their gender and socio-economic situation.**
- **There are still limited interventions addressing female spouses.**
- **Difficulty in bringing up issues related to sexuality and sexual relationships (denial, blind trust, helplessness)**

5. Mandatory Testing

- **More and more countries are now imposing HIV Antibody testing, not just as a pre-departure requirement but also upon arrival.**
- **The testing is done without consent and counseling and without any strategic planning on institutionalization of support mechanisms and systems in the event of HIV positive diagnosis among migrants.**
- **There is no confidentiality of test results.**
- **It is the basis for refusing entry into a foreign country.**

6. Mandatory Deportation/Repatriation

- **An HIV+ status renders a person unfit to work abroad, even if he or she passed all the other medical exams that he or she was required to take. Those who are diagnosed abroad, as some countries require post-arrival testing, are immediately subjected to deportation, sometimes within 24 hours. There are no protocols or mechanisms between countries and even within the sending countries to ensure the safety and well-being of the migrant deportee.**

7. Mitigating the Impact on those infected

- **Absence of care and support programs for migrant workers and spouses living with HIV/AIDS**
- **Absence of reintegration programs, both social and economic, especially those who experience abrupt disruption of economic life due to mandatory testing**
- **Dealing with psycho-social and emotional impact of being infected**

8. Difficulty of sending governments in negotiating with receiving countries about institutionalizing protective measures for migrant workers or ensuring access to health services and information.

Absence of internationally agreed protocols or standards in handling HIV/AIDS cases among mobile populations, particularly migrant workers.

- **Increase in Promotion of Labor Migration**
- **Growing HIV/AIDS epidemic**
- **Increased vulnerability due to various factors**
- **Increased controls and restrictions on mobility across borders (terrorism, diseases, etc.)**
- **Increase in numbers of migrant workers and families living with HIV/AIDS.**

“When we are healthy, we are heroes. But when we get sick, what happens to us? The time is now. Together, let us empower migrant workers against HIV/AIDS. Save lives. Stop AIDS.”

- Joy Zamonte 1963-2004