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*NGO in Special Consultative Status with the Economic and Social Council of the United Nations*

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## **CARAM Asia Statement on the Occasion of World AIDS Day 2021**

### **All Governments Must Protect Migrant Workers' Health Rights, and End Discrimination Against them to End HIV/AIDS**

Migrant workers are vulnerable to HIV and other infectious diseases due to the lack of the labor protection systems both in origin and destination countries. Structural inequalities such as discriminatory laws, policies and practices intensify their vulnerability and limit their access to health services. This equates to a violation of fundamental health rights and provides no practical disease prevention measures. In the Philippines, there were 6,972 returned migrant workers diagnosed with HIV between 1984 to September 2019, which is 10% of all HIV cases historically. In 2019 in Bangladesh, a total of 919 people have been identified as HIV positive, and among them around 20% are either migrant workers themselves or their family members. Currently, in Khyber Pakhtunkhwa a Province of Pakistan, 66% of people living with HIV/AIDS (PLHIV) on treatment are returned migrant workers.

The COVID-19 pandemic has clearly emphasized the importance of health rights protection for everyone. The pandemic has exposed migrant worker's heightened vulnerability and extra hardships they have experienced due to the drastic measures such as lockdown and temporary restrictions of movement aimed at controlling COVID. In many countries migrant workers have been blamed for being the cause of spreading the virus. In reality, they are at high risk due to substandard living conditions as they live in cramped quarters with poor ventilation and poor sanitation where they are unable to observe safe social distancing and hygiene protocols. They perform difficult, dangerous and demeaning (3D) jobs which also enhance their risk of infection. The pandemic has

contributed to increased xenophobia and tripled the stigma & discrimination of being a migrant worker, having HIV positive status and of heightened concern for COVID-19. Migrants living with HIV are reluctant to inform their employers of their condition due to the social stigma associated with HIV. Discriminatory laws and policies, language barriers, the economic burden of employers not providing paid sick leave, and the high cost at public hospitals compared to locals or out of pocket expenses for HIV services, limit migrants' ability to access HIV related health services, and affect their health.

CARAM Asia and its forty-two (42) member organizations in eighteen (18) countries across Asia express their concern over the vulnerabilities migrant workers continue to experience in this region. The COVID-19 pandemic has not only disproportionately affected migrants by widening health and economic inequalities, it also has disrupted the progress towards reaching the 2030 target of ending AIDS as a public health threat.

According to UNAIDS, forty years since the first AIDS cases were reported, HIV still threatens the world. Today, the world is off track from delivering on the shared commitment to end AIDS by 2030 - not because of a lack of knowledge or tools to beat AIDS, but because of structural inequalities that obstruct proven solutions to HIV prevention and treatment.<sup>i</sup> Migrants and displaced people also face a great number of administrative, financial, geographic, social and cultural obstacles in accessing health care with regularity or continuity of services across borders – including access to HIV treatment.<sup>ii</sup>

COVID-19 is continuing with ups and downs globally, and it is still far from the end. Though many governments have lifted the lockdown and other restrictions, HIV positive migrants are still experiencing logistical challenges to get ARVs, and care and treatment from public hospitals, for example, there are delays in getting ARVs, and in labor sending countries, such as Bangladesh, Nepal, Pakistan, the Philippines, Sri Lanka, there is a lack of sufficient staff, counsellors and doctors. There are those whose sources of income may have been severely affected by the pandemic who need community assistance (e.g., financial assistance) to be able to reach their treatment hubs.

In the first six months of the pandemic, large numbers of migrant workers were forced to return home from receiving countries due to job loss. According to media reports 77,000 Pakistani migrants registered with the government to return due to job loss, and even more

returned without registration. The IOM<sup>iii</sup> provided reports that more than 660,000 migrant workers were sent back to Bangladesh with no income or employment opportunities. An additional two million could face deportation in the near future. This sudden influx of returnee migrants without proper HIV screening and referral will possibly contribute to new HIV cases in the country.

As stated by CARAM Asia members in South and Southeast Asia, based on their information from the communities, loss of jobs and the economic impact due to the pandemic has resulted in many HIV positive migrants and people living with HIV (PLHIV) suffering from depression and anxiety. There are no psychological services for migrants and PLHIV except reaching out to PLHIV networks. Distress can also affect PLHIV taking their HIV medications consistently. Many Overseas Filipino Workers (OFWs), including those living with HIV, have no access to mental health services, in part due to lack of service providers. In the Philippines, there are supposed to be programs from the government to address mental health concerns, but most OFWs are not even aware of those. At the government level in sending countries, there is no specific intervention for HIV-positive migrants and they are treated as general PLHIVs. This basically ignores their specific needs as migrants i.e. lack of information and awareness on HIV prevention at pre-departure stages in origin countries and post-arrival stages in destination countries.

In most of the labor receiving countries, HIV positive migrant workers are still being criminalised for their health status, and are susceptible to being arrested, detained and deported without receiving health services or referral. This means migrant workers who may have engaged or forced in unsafe sex or other behaviours linked to HIV transmission cannot access HIV related health tests and treatment out of fear of arrest and detention.

If governments are sincere in reaching the 2030 HIV goals, they must:

- Include migrant workers in efforts to achieve Universal Health Coverage status in all countries;
- Provide migrant-friendly health services and address their particular needs in both origin and destination countries;
- Remove discriminatory laws, policies and practices regarding HIV, COVID-19 and all communicable diseases;

- Reduce stigma against migrant workers, and promote a rights-based approach to fight the infection not migrant workers.

The statement issued by CARAM Asia (Coordination of Action Research on AIDS and Mobility). It is a regional network of 42 organizations in 18 countries across Asia and has Special Consultative Status with the Economic and Social Council of the United Nations.

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<sup>i</sup> <https://www.unaids.org/en/2021-world-aids-day>

<sup>ii</sup> <https://www.unaids.org/en/2021-world-aids-day>

<sup>iii</sup> United Nations International Organisation for Migration

<https://www.borgenmagazine.com/covid-19-impacts-on-the-bangladeshi-diaspora/>