

**Dr. Sophia Kisting's Presentation "Overview of Migration and HIV" in
The Impact of the financial crisis on labour migration and HIV
Wednesday, 12 August 2009: 16:00-17:30
International Congress on AIDS in Asia and the Pacific (ICAAP)
Bali, Indonesia**

(Five minutes)

First, I would like to thank the co-sponsors of this symposium: UNDP and UNAIDS, working under the umbrella of the JUNIMA (the Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia). This is a collaborative effort to explore the impact that the current financial crisis is having on labour migration, focusing on the topic of access to HIV services.

It is an honour to represent the International Labour Organization in the company of such distinguished panelists:

- The Chair: Drs I Gusti Made Arke, Director General, Directorate General for Guidance and Placement of Indonesian Overseas Workers, Ministry of Manpower and Transmigration;
- Dhannan Sunoto: Director of Cross Sectoral Department, ASEAN Secretariat;
- Gwi-Yeop Son: Convener of JUNIMA and UN Resident Coordinator, Thailand;
- Christopher Ng: Regional Secretary, Trade Unions Asia & Pacific Regional Office;
- And XXX, who is a migrant worker herself, representing the women and men in whose interests this symposium has been convened; those who leave their countries of origin to seek decent work abroad.

Throughout Asia and the Pacific, millions of workers cross borders every year, looking for opportunities to obtain decent and productive work, in conditions of freedom, equity, security and human dignity.

Decent work is every worker's right. And migrant workers, like all others, are entitled to protection against accidents, injuries and diseases. They also have a right to be free of stigma and discrimination.

On that note, as we begin this symposium on migration and HIV, it is important to avoid attaching any stigma to migrant workers and their families. As a recent ILO/IOM report on mandatory HIV testing of migrant workers states:

Migrant workers are often already marginalized, stereotyped as having a negative impact on the economy, culture and social order of their host countries. Add to this stereotype the misperception that migrants are responsible for "bringing" HIV into the country where they work, and migrants are marginalized still further.¹

We must say clearly from the beginning that "Migration itself does not inherently (or inevitably) lead to increased HIV risk. However, migration for work purposes and HIV risk are linked."²

¹ ILO/IOM, *Mandatory HIV Testing for Employment of Migrant Workers in Eight Countries of Southeast Asia*:

From Discrimination to Social Dialogue (ILO, 2009) 18.

² *Ibid.* 11.

Migration and HIV are linked, not because of migrant workers' particular occupations. But as the ILO *Code of Practice* states, "Certain types of work situations are more susceptible to the risk of infection than others."³

These situations can include migrant workers' separation from their partners, families and social support networks. They can be language barriers and lack access to social and health services. Poverty, social exclusion and can also contribute to HIV vulnerability.

Those vulnerabilities exist in a context devoid of financial/economic crises. Add to that context, then, the recent crisis, and these vulnerabilities can be exacerbated, and new risks can emerge.

We know for a fact that the crisis is affecting a number of economic sectors:

- **In Manufacturing** – especially in electronics and textiles, the drop in demand abroad and at home have led to significant increases in unemployment;
- The **construction** sector is one of the most severely hit and lay-offs are frequently reported from countries across the region;

³ *Code of Practice on HIV/AIDS and the World of Work*, 35.

- In **tourism** (where women make up a significant portion of the workers) the response have tended not to be direct lay-offs but, rather, a reduction in working hours;

At the same time that migrant workers are losing their jobs, cuts in national AIDS budgets are being predicted. Migrants are facing higher expenses in food and transportation and are less able to afford basic health care. As opportunities in the formal sector are being cut back, migrants may be more likely to seek unsafe, informal work that increases their vulnerability to HIV.

This is a sad state of events, for the migrants, for their families and for sending and receiving countries.

But there is good news in the report that will be presented here today.

Each of the eight recommendations from our joint research are not just good for migrants, but they also make good business sense. For example:

- Maintaining prevention programmes and budgets that include migrants: every dollar spent by receiving countries on prevention can save up to US\$8 in treatment costs;
- Establishing welfare funds and social insurance schemes for migrants: providing support to one migrant worker impacts on an estimated 3-5 family members in sending countries.

In “ recent years there has been an increasing recognition that migrants’ health issues should be given more attention as healthy migrants are productive migrants, and more likely to make positive contributions to their host communities.⁴

If we look just to the case of Thailand, the ILO estimates that the total contribution of migrant workers in Thailand could be as high as 6.2 percent of Thai GDP.⁵ In essence, decent work for migrant workers provides the workers themselves with dignity and increases the host country’s economy.

In this globalized, interdependent world, there is no life-boat, no possibility – morally or practically – to cut one’s self off from the others who are reeling under the effects of this financial crisis.

Cutting back on migrants’ access to HIV services, or eliminating them altogether, is unsocial, untenable and, in the final analysis, counterproductive.

I thank you for your interest in the fundamental rights of migrant workers, and I look forward to engaging you in a discussion of how to maintain their right to Universal Access within the context of this current crisis.

END

⁴ ILO/IOM, *Mandatory HIV Testing for Employment of Migrant Workers in Eight Countries of Southeast Asia:*

From *Discrimination to Social Dialogue* (ILO, 2009) 12.

⁵ ILO, “The economic contribution of migrant workers to Thailand: Towards policy development” (<http://www.ilo.org/public/english/region/asro/bangkok/library/download/pub07-30.pdf>),