



HIV Vulnerabilities of Migrant Women: from Asia to the Arab States

Shifting from silence, stigma and shame to safe mobility with dignity, equity and justice



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The cover features the photo of the mother of a migrant woman from Sri Lanka.

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Foreword

The unprecedented economic growth and social and economic inequalities that Asia is experiencing combine to create complex push and pull factors that have led to large movements of people in the region. At any given point in time, there are an estimated 54 million people on the move outside of their home countries within Asia and beyond, and almost half that number, are estimated to be women. Asia is one of the largest suppliers of international migrant women who serve as domestic workers¹. Outside Asia, the countries of the Arab States region are the primary destination for a majority of migrant workers from the Philippines, Bangladesh, Sri Lanka and Pakistan.

The economic gains generated by migrant workers to both countries of origin and host countries are considerable reaching almost 8% of GDP in Sri Lanka and as high as 17% of the national GDP in the Philippines. Yet, there is a major disconnect between the economic contribution of migrant workers and the poor conditions and meager support many receive throughout their migration journey.

A key issue of concern with cross border and overseas migration is HIV and AIDS. In recent years, an increasing number of migrant workers from Asia have been diagnosed with HIV in various countries in the Arab States. Deportations due to HIV status have resulted in severe economic loss for migrant workers and their families, who have been declared by local authorities as “unfit” to work abroad.


Governments from Asian countries have also been concerned about this issue. The Ministers of Health from the Governments of Pakistan, Sri Lanka, Indonesia, India, the Philippines and Bangladesh called for a meeting on the issue at the time of the World Health Assembly of 2007 highlighting the need to engage in inter regional dialogue with countries from the Arab States region to find ways to reduce the risks and vulnerabilities to HIV that migrant workers face..

The purpose of this study was commissioned to shed light on the complex relationship between migration and HIV vulnerability, with a special focus on the vulnerabilities faced by Asian migrant women.

Through in-depth and focus group discussions, the study discloses the vulnerabilities that Asian migrant women encounter throughout the migration cycle. They often leave for overseas work under unsafe conditions, live in very difficult circumstances, and are often targets of sexual exploitation and violence before they depart, during their transit and stay in host countries and on return to their countries of origin. With little or no access to health services and social protection, these factors combine to make Asian women migrants highly vulnerable to HIV.

Confronted with inadequate policies and legislation that are not enforceable in host countries, migrant women often have limited or no access to justice and redress mechanisms, especially in Gulf countries. If they are found HIV positive, they face deportation and back in their countries of origin they experience discrimination and social isolation in addition to the difficulty of finding alternative livelihoods.

As the research shows, there are several good practices from both countries of origin and host countries that are making a difference to migrant’s lives, from the bilateral agreements negotiated between the Philippines and host countries, to social protection afforded to migrants in Lebanon. It is the intention of this study to highlight emerging good practice, deepen our understanding of the linkages between HIV and migration to inform and shape more effective policy and programme responses for Asian migrant women that will ensure safe mobility with dignity, equity and justice.



Ajay Chhibber
UNDP Assistant UN Secretary General
& Director Regional Bureau for Asia and the Pacific

¹ Migration in the Asia Pacific region, paper for GCIM, Graeme Hugo, p18

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This is a qualitative research study undertaken by UNDP Regional HIV and Development Programme – in close partnership with Coordination of Action Research for AIDS and Mobility in Asia (CARAM Asia) and the Caritas Lebanon Migrant Center (CLMC), and with support from UNAIDS, the International Organization for Migration (IOM), and the United Nations Development Fund for Women (UNIFEM) - on the HIV vulnerabilities of Asian migrant women in Arab states. The study covered four countries of origin: Bangladesh, Pakistan, Philippines, and Sri Lanka; and three host countries: Bahrain, Lebanon, and specifically Dubai in the United Arab Emirates (UAE).²

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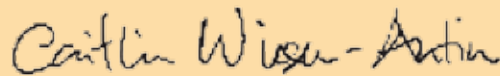
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It is our collective hope that this study will contribute to generating more responsive policies and programmes that will ensure the safe access of Asian migrant women to HIV prevention, care, and support services throughout the full cycle of migration.



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² Individual Country Study Reports are planned to be released in 2009.

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Acronyms

ACHIEVE	Action for Health Initiatives, Inc.	MoPH	Ministry of Public Health
ARV	Anti-Retro Viral	MSM	Men who have Sex with Men
ASEAN	Association of South East Asian Nations	MWPS	Migrant Workers Protection Society (Bahrain)
BEOE	Bureau of Emigration and Overseas Employment (Pakistan)	NACP	National AIDS Control Programme (Pakistan)
BMET	Bureau of Manpower, Employment, and Training (Bangladesh)	NAP	National AIDS Programme (Lebanon)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	NCPA	National Committee for Prevention of AIDS (Bahrain)
CFO	Commission on Filipinos Overseas	OEP	Overseas Employment Promoters (Pakistan)
CLMC	Caritas Lebanon Migrant Center	OFWs	Overseas Filipino Workers
CWA	Community Welfare Attaché	OHCHR	Office of the High Commissioner for Human Rights
CARAM-Asia	Coordination of Action Research for AIDS and Mobility in Asia	OKUP	Ovibashi Karmi Unnayan Programme (Bangladesh)
DFA	Department of Foreign Affairs	OUMWA	Office of the Undersecretary for Migrant Workers Affairs
DoLE	Department of Labour and Employment (Philippines)	OWWA	Overseas Workers Welfare Administration
DSWD	Department of Social Welfare and Development	PDOS	Pre-Departure Orientation Seminar
FGD	Focus Group Discussions	PLHA	People Living with HIV/AIDS
GAMCA - GCC	Approved Medical Centres Association	PLHIV	People Living with HIV
GCC	Gulf Cooperation Council	PNAC	Philippine National AIDS Council
HASAB	HIV/AIDS and STD Alliance Bangladesh	POEA	Philippine Overseas Employment Agency
IDI	In-Depth Interviews	POLO	Philippine Overseas Labour Office
IDU	Injecting Drug Users	RCP	Regional Consultative Processes
ILO	International Labour Organization	SAARC	South Asia Association for Regional Cooperation
IOM	International Organization for Migration	SLBFE	Sri Lankan Bureau of Foreign Employment
KABP	Knowledge, Attitude, Behaviors and Practices	STI	Sexually Transmitted Infections
KII	Key Informant Interviews	UAE	United Arab Emirates
LMRA	Labour Market Regulatory Authority (Bahrain)	UFDWR	United for Foreign Domestic Workers' Rights
MOA	Memorandum of Agreement	UNAIDS	Joint UN Programme on HIV/AIDS
MOU	Memorandum of Understanding	UNIFEM	United Nations Development Fund for Women
MoEWOE	Ministry of Expatriate Welfare and Overseas Employment	UNDP RCC	United Nations Development Programme - Regional Center in Colombo
MoHFW	Ministry of Health and Family Welfare	VCT	Voluntary Counseling and Testing
		WHO	World Health Organization



A. Overview



A. Overview

1. Background

The Arab States are the primary destinations for many migrant workers³ from various countries in Asia, including Bangladesh, Pakistan, the Philippines, and Sri Lanka. Of these migrants, many are women. For example, in 2005, 59 percent of Sri Lankan migrant workers were women, of which 90 percent were domestic workers, largely in the Arab States⁴. Since 2000, women have comprised 90 percent of the yearly deployment of new hires⁵ for service workers from the Philippines, of which 30 percent are employed as domestic help⁶. Similarly, between 1991 and 2007, 60 percent of women migrants from Bangladesh left to find employment in the Arab States⁷.

Women migrants from the region generate substantial economic benefits both to their countries of origin and their host countries. Remittances from Filipinos working in the Arab States in 2007 amounted to \$2.17 billion⁸. In Bangladesh, migrant workers sent back close to \$1.4 billion from Saudi Arabia and \$637 million from the UAE. Current remittances by migrant workers from Sri Lanka amount to \$3 billion⁹. In terms of benefits to the host countries, women migrant workers supply much needed assistance in the domestic help sector while contributing to the countries' wealth generation process.

Despite this substantial contribution, migrant workers, especially women, often migrate under unsafe conditions, live in very difficult circumstances, and are targets of sexual exploitation and violence. In addition, in all host countries studied, domestic workers are formally discriminated against, falling outside the ambit of local labour laws that protect the rights of migrant workers in other sectors. Hence, legislation and enforcement governing the scope of work, number of working hours, minimum wages, and leave and other entitlements of these domestic workers are practically non-existent. Unsafe migration, duress in the workplace, sexual exploitation (both in the home

and host country), lack of legal coverage, and limited or no access to health and social services tend to make women migrants, especially in the domestic sector, particularly vulnerable to HIV. While migration is not a direct risk factor for HIV infection, there are economic, socio-cultural, and political factors in the migration process that make migrant workers particularly vulnerable.

As it is often the case in countries with low HIV prevalence, such as Bangladesh, Pakistan, the Philippines, and Sri Lanka, migrant workers represent a large percentage of those identified as living with HIV, primarily as a result of compulsory HIV testing prior to departure and/or upon arrival. Cases of HIV among domestic workers have been recorded in a number of migrant-sending countries, including Indonesia, the Philippines, and Sri Lanka, among others. In the Philippines, according to the National HIV Registry of the Department of Health, 34 percent of the registered people living with HIV (PLHIV) were Overseas Filipino Workers (OFWs); moreover, as of December 2007, women domestic workers comprised 17 percent of HIV cases among OFWs. The 2008 report of the Commission on AIDS in Asia notes that the HIV epidemic in the region depends to a considerable extent on what happens when men have disposable income and are traveling for work or are working overseas, as they constitute the largest demand for commercial sex¹⁰.

2. Purpose of the study

In August 2007 the United Nations Development Programme (UNDP), in close partnership with the Coordination of Action Research for AIDS and Mobility in Asia (CARAM-Asia), the Caritas Lebanon Migrant Center, and development partners such as the Joint UN Programme on HIV and AIDS (UNAIDS), International Organization for Migration (IOM), and the United Nations Development Fund for Women (UNIFEM), conducted a qualitative study to deepen the understanding on the nexus between migration and HIV. The specific focus of the study was

³ For the purpose of this study the term "migrant worker" is inclusive of temporary contract workers, which is often the term used within government and legal documents in the Arab States. "Migrant worker" can mean both persons who are temporarily living in a given local as well as permanently settled individuals. The term "temporary worker" connotes persons who are not making the host country their permanent home.

⁴ SLBFE 2006.

⁵ "New hires" refer to Overseas Filipino Workers who have new employers.

⁶ POEA 2006.

⁷ BMET 2007.

⁸ This figure does not include remittances coming from the Middle East but coursed through correspondent banks in the United States (POEA 2007).

⁹ SLBFE 2006.

¹⁰ Commission on AIDS in Asia, "Redefining AIDS in Asia: Crafting an Effective Response" (India: Oxford University Press, 2008).

on the vulnerabilities faced by migrant workers in four countries of origin: Bangladesh, Pakistan, the Philippines, and Sri Lanka; and in three host countries: Bahrain, Lebanon, and specifically Dubai in the United Arab Emirates (UAE). In Bangladesh, the Philippines, and Sri Lanka the research concentrated on female migrant workers; in Pakistan, where women make up only 1 percent of migrant workers, the study focused on men migrant workers and the impact on their spouses upon their return.

2.1 Objectives

By analyzing the economic, socio-cultural, and political factors that influence the vulnerability of migrant workers to HIV - especially women migrant workers - this study aims to aid the design of appropriate rights-based HIV prevention programmes. It also intends to identify emerging challenges and trends in the response to HIV and migration issues in host countries, particularly in the area of human rights and public health.

The specific objectives of this study are:

- 1) Identify links between migration conditions and HIV vulnerability, with a focus on women.
- 2) Generate data on existing HIV responses, as well as challenges and gaps in both origin and host countries, with regards to prevention, care, and support.
- 3) Propose research, policy, and programme recommendations related to HIV prevention, care and support for women migrant workers.

2.2 Methodology

Women migrant workers from three countries of origin (Bangladesh, the Philippines, and Sri Lanka) working in the domestic sector in three host countries (Bahrain, Lebanon, and Dubai, UAE), and men migrant workers from Pakistan working in two of the host countries (Bahrain and Dubai, UAE), were chosen as the focus for this seminal report on migration and HIV in Asia and the Arab States.

The study initially began as a response to a satellite meeting on migration and HIV held during the 2007 World Health Assembly (WHA), which called for more research on the HIV vulnerabilities faced by migrant workers. Bangladesh, Pakistan, the Philippines,

and Sri Lanka were countries initially involved in the WHA satellite meeting. Bahrain, Lebanon, and the UAE were selected as Arab States representing Gulf and non-Gulf countries on account of their significant migrant populations and emerging best practices.

The decision to focus primarily on women domestic workers was motivated by indicative data from the Philippines, which shows that 17 percent of HIV cases among OFWs are domestic workers (while 8 percent are entertainers),¹¹ and by the unique nature of their work (considered as unskilled and with low wages), their working conditions, and their living arrangements (which restricts access to economic and social resources).

This regional study utilized qualitative methods in data collection and analysis. Initial desk reviews were undertaken by the in-country research teams to compile existing literature on migration, including those identifying HIV and AIDS patterns and trends among women migrant workers to the Arab States. Relevant information on national policies, legislation, and programmes were also compiled. This was followed by focus group discussions (FGDs) and one-on-one in-depth interviews with 448 women migrant workers and 142 men migrant workers over a period of nine months, focusing on pre-departure, migration, and return experiences. One-on-one interviews were conducted with selected participants from FGDs and involved more in-depth discussions of migrant experiences and risks.

Research participants included migrants living with HIV who had returned from the Arab States. Migrant and migrant returnee participants (who had not been home more than three years) were selected with the assistance of local NGOs in origin and host countries. In addition, key interviews were conducted with senior officials of the ministries of Health, Labour, and Foreign Affairs, as well as representatives of the National AIDS Authority, Bureau of Foreign Employment, and the various embassies. Other key informants interviewed included service providers, relevant NGOs, and recruitment agencies in both origin and host countries. Interviews with key informants focused upon the realities of migrants and the respondent's perceptions/

¹¹ National HIV Registry of the Department of Health, December 2007.

Table 1: Number of Migrant Interviewees, inclusive of participants in FGDs and one-on-one interviews

	In-country respondents	Dubai, UAE	Bahrain	Lebanon	PLHIV returnees	TOTAL
Bangladesh	125	22	28	20	2*	195 (female)
		15	15	15	1*	45 (male)
Philippines	34	18	21	16	4	93 (female)
Sri Lanka	100	15	15	15	15	160 (female)
Pakistan	48	25	24		9*	97 (all male respondents)
TOTAL	307	95	103	66	31	590

* Included in the In-Country Respondents total figure.

views related to these realities; policies with regards to migrant workers, especially pertaining to work, legal status, and health; and how policies and laws are implemented. Table 1 illustrates the breakdown of respondents.

Interviews with participants were coded and tallied. Although the research was qualitative in nature, numbers and percentages are given to provide summaries of research findings. The numerical information should be used as a guide for further quantitative research.

The overall research included two technical meetings with the researchers and development partners: the first one, to develop the research design and tools; and the second one, to discuss preliminary findings and themes for the analysis of the data.

The key challenge faced by the researchers was the limited access to women migrants in the origin and host countries as well as to officials and agents. Women domestic migrants are not organized and do not necessarily come from the same communities, making access difficult. The situation was even more difficult in host countries because domestic workers were largely confined to their workplace and restricted by their contracts, though the researchers sought the support of NGOs wherever they existed. In addition, the reluctance to speak on record by officials and agents in some locations inhibited access to information for this study.

3. Key Findings

Limited preparedness and poor access to information and services render migrant women vulnerable to HIV.

The study found that the four countries of origin require migrant workers to go through a pre-departure training or briefing before they emigrate. However, the nature and extent of this training varies widely; in some cases, women migrant workers do not receive sexual and reproductive health information that includes awareness on HIV. Furthermore, attendance at pre-departure trainings is low: in Bangladesh only 9 percent of the respondents attended the pre-departure briefing; in Pakistan only 17 percent said they had undergone any pre-departure orientation. In Sri Lanka and the Philippines the percentages were higher, with 70 and 71 percent of respondents, respectively, saying they had attended these trainings/orientations.

Knowledge among migrants concerning HIV and AIDS was found to vary from country to country. Although HIV training is part of the mandatory pre-departure migration programmes in Sri Lanka and the Philippines, over 50 percent of the Sri Lankan respondents believed that HIV could be transmitted by mosquitoes, and over 25 percent did not know that condoms could provide protection from HIV. Among the Filipino migrants interviewed in the host countries, 84 percent were aware that HIV is sexually transmitted and that using condoms can help to prevent its spread. However, 14 percent also had misconceptions, e.g., that HIV can



be transmitted through kissing or mosquito bites. Ninety-six percent of Bangladeshi domestic workers interviewed onsite did not receive training on HIV before they left the country. While half of them had heard of HIV through the media or from co-workers, none had in-depth knowledge on HIV prevention and safer-sex practices. In Pakistan, 88 percent of respondents did not have any information related to HIV and AIDS before traveling abroad.

Illegal and excessive fees are charged by recruiting agents and sub-agents to most migrant workers, pushing them into greater economic debt.

The combination of excessive recruitment fees and poor wages often push migrant workers into debt traps, which, in turn, can lead to sexual exploitation¹².

In Pakistan, for example, the majority of respondents shared that the hiring agents charged them an enormous sum for their visas. The cost of overseas employment depends on the type of visa and the nature of work. A company-sponsored visa to Saudi Arabia could cost as much as \$2,900, whereas an open visa (or Azad visa) would cost around \$1,450. The latter, usually arranged through friends and relatives, is said to leave migrants at risk of deportation or harassment by law enforcement agencies given that its legality is circumspect¹³.

In Sri Lanka, a large majority of the women were unaware of the legal cap of \$50 fixed by the Sri Lankan Bureau of Foreign Employment (SLBFE) on fees charged by hiring agents. Some women reported paying as much as \$345 for the “opportunity” to work abroad. For Filipino domestic workers, the placement fees for Bahrain ranged from \$62.50 to as high as \$375. For those who

¹² None of the four sending countries or the three receiving countries have ratified the ILO Convention 181 on private employment agencies, which clearly indicates that no fees for labour migration can be transferred to the worker. Of the sending countries to Arab States, only Ethiopia is one of the 21 signatories to this convention.
¹³ Adnan Sattar, “Migration - Trafficking Nexus: The Case of Pakistan” (2007).

went to Dubai, the range was from \$50 to \$500. However, those without valid work permits paid more exorbitant fees, starting from \$2,000.

The high cost of migration is not matched by sufficient wages, and often migrants find it hard to save enough to pay off their debts and send money home.

While extortionate sums charged by recruitment agents in the countries of origin lead the migrant workers into indebtedness, the problem is exacerbated by the low wages that the workers receive in the host countries. Although wages vary, depending on the migrants' countries of origin and on the host countries where they work (see Box 4, p. 39), they often do not receive an income that allows them both to support family members at home and service their debts. Furthermore, a common complaint is that of non- or under-payment of wages. Large debts, low wages, and callous employers who do not pay their workers on time or pay them less than the agreed amount contribute to a crippling financial burden on the female migrant worker, which can motivate high-risk behavior and increase the worker's vulnerability to HIV.

Domestic workers, like other migrants, are tested for HIV without consent, counseling, or confidentiality, and are deported if found HIV-positive.

To obtain a work permit, migrant workers need to undergo a medical test, which includes testing for HIV. Often the testing happens without counseling or informed consent. Moreover, employers or hiring agents are informed of the results before the migrant workers themselves. If the workers are tested and diagnosed with HIV in the host country, they are subject to deportation.

In the Philippines, 62 percent of respondents interviewed onsite¹⁴ underwent an HIV test prior to departure. Those who went through other visa schemes, such as a sponsorship or visitor visa, did not go through HIV testing prior to departure but still

underwent medical testing when they applied for a work permit in the host country.

Female domestic workers are only recognized as official employees when it comes to pre-employment HIV testing, but they are not protected by the basic labour rights of migrants as their jobs are not recognized by labour laws.

While domestic and non-domestic workers are subject to similar requirements and testing processes in the pre-employment phase to obtain a work permit, domestic workers are excluded from the protective cover of local labour laws in many countries around the world, including the host countries covered in this study. This anomaly is attributable to reluctance on the part of governments to regulate the behaviors of residents within their homes. In fact, privacy laws that "protect the sanctity of the household" in the host countries also prevent interventions at the household level. As a result, domestic workers often complain of an excessive workload and disproportionate pay.

Disproportionate workload and non-payment or minimal payment are the most common complaints. Those who flee abusive working conditions are immediately rendered 'illegal' by host countries, exposing them to greater risk of abuse, including sexual exploitation and increased vulnerability to HIV.

The Sri Lanka Country Report notes that 33 percent of the respondents suffered from non-payment or underpayment of wages as well as physical abuse, and almost all Filipino domestic workers interviewed were not allowed days off. Bangladeshi migrant workers reported irregular payment of salaries, long working hours, physical beatings, and sexual abuse. Overall, the most common abuses reported were long working hours, excessive workload, low salary, inadequate food, late and non-payment of wages, verbal and physical abuse, and sexual harassment.

¹⁴ "Onsite" refers to the place of employment or the destination site. For the purpose of this research, it collectively refers to the three host countries: Bahrain, Lebanon, and the UAE.



Migrant workers who flee abusive working conditions are immediately rendered “illegal” by host countries, as mandated by the kafala (sponsorship) programme¹⁵. Illegal/irregular status increases the potential for systematic abuse, and the study found that many women domestic workers who leave their homes are sexually exploited and some are coerced into sex work. The Sri Lankan respondents and NGO officials reported that these “runaway” women, who lack valid work or residence permits, are especially susceptible to being abused by taxi drivers, other migrants, or may even fall victim of organized crime. Since their legal status deprives them of access to judicial protection or redress mechanisms, these workers are often at the mercy of the people from whom they seek support or shelter.

In the absence of local mechanisms within host countries to address the abuse of migrant workers, embassies and consulates can play a critical role.

However, embassies and/or consulates, where they exist, are often understaffed or ill-prepared to address the wide range of migrant needs. At the time of this research, there were 80 women in the shelter in the Philippine Overseas Labour Office in Bahrain and 54 in Dubai, UAE.

Many women reported enduring verbal, physical, and in some cases sexual abuse.

The isolated and individualized nature of household work within a private home, combined with the fact that local labour laws to date do not cover domestic work, put women migrants at greater risk to verbal, physical, and sexual abuse. Such abuse has the potential to affect general, mental, and sexual and reproductive health, and puts migrants at a higher risk of contracting HIV.

¹⁵ See Box 1, p. 25, for explanation on the Kafala programme.

Deportation of HIV-positive migrants by host countries and the absence of reintegration programmes in countries of origin can be devastating for the health, well-being, and livelihoods of migrants and their families.

There is little or no assistance for returning HIV-positive migrants to reintegrate into their countries of origin. There is minimal institutional or systematic effort to ensure that these migrants have access to counseling and HIV-care services or to guide them towards alternative income-generation opportunities.

Mandatory deportation of migrants who are HIV-positive imposes substantial economic costs on the affected worker, owing primarily, to a loss of livelihood. In addition, they are often stigmatized and discriminated against by their families, fellow migrant workers, and their immediate communities. The impossibility of returning HIV-positive migrants to migrate again by regular channels, coupled with the disconnect from their communities, puts them at substantial risk of being trafficked. This study identified a large lacuna in terms of efforts to reintegrate returning migrant workers, a gap that government agencies and civil society organizations (CSOs) are best positioned to fill.

Host countries and countries of origin have an equal responsibility to provide protective policies and programmes.

The study shows that the degree of vulnerability among migrants also depends on the involvement and policies of the countries of origin. Women from countries with protective policies and programmes are better equipped to deal with the challenges they are apt to face than are women from other countries. Bilateral agreements on migrant welfare between countries of origin and host countries are especially important for the protection and wellbeing of woman migrants. There are a number of good practices among the countries studied that others can learn from. However, it was also noted that there is considerable room for improvement.

The Philippines, for example, has enacted legislation to protect the rights of Filipino migrant workers as well as to make mandatory the inclusion of HIV orientation in the pre-departure training. It has also signed on to various international declarations, such as

the 1990 UN Convention for the Protection of Migrant Workers and Members of their Families. Since 2004, all its foreign service personnel are required to undergo an HIV and AIDS seminar conducted by ACHIEVE in partnership with the Foreign Service Institute, the training arm of the Department of Foreign Affairs. To support migrant workers in need, the government also maintains a 24-hour hotline at the Overseas Workers Welfare Administration. Other measures to protect migrant workers, such as the Memorandum of Understanding (MOU) between the Philippines and the UAE for the standardization of the recruitment and placement of Filipino manpower in the UAE, have been recently instituted. Yet another recent development has been the establishment of the National Center for Reintegration, which is tasked to address the reintegration needs of returning migrant workers, including those that have been found HIV-positive.

Host countries have also shown a resolve to strengthen the protection accorded to migrant workers in general, and domestic workers in particular. In April 2007, the UAE issued a standardized contract for domestic workers that explicitly spells out their rights and entitlements, including medical aid (see Box 6, p. 34). In addition, a new labour law to protect domestic workers from potential abuse was issued in October 2007. In Bahrain, the newly established Labour Market Regulatory Authority has amended existing laws to accord greater freedom to migrant workers to change jobs following completion of their initial contracts. Similarly, in Lebanon, a draft for a standardized unified contract was submitted to the Ministry of Labour (MoL) by a National Steering Committee that includes government agencies, NGOs, and placement agencies, and is supported by the International Labour Organization (ILO) and the Office of the High Commissioner for Human Rights (OHCHR). The same committee has been working with the MoL in drafting of a specific law for domestic workers. In addition, a 2003 MoL law regulates practices of recruitment agents by requiring them to be licensed; licenses can be obtained and maintained only upon the satisfaction of stringent performance criteria (see Box 5, p. 32). Other positive responses include the recognition by the Jordanian Government of domestic work in its labour laws, and the development of standard employment contracts for domestic workers.



Banning women from migration pushes migration underground, placing women at even greater risk of exploitation and vulnerability to HIV.

Less positive are the so-called protectionist policies of countries of origin, such as restrictions on the movement of women. While these may be aimed at protecting women from potential harm, they can also push women into illegal channels of migration and thereby heighten HIV vulnerability. For instance, in Bangladesh where migration of women was banned from 1998 to 2005, such policies did not deter women from leaving the country, with the result that they became illegal migrants, the cost of their migration increased, and it became more difficult for them to seek

justice and get help in times of crisis¹⁶. Nepal encountered similar problems when it banned the movement of women migrants in 2007. Even the ban on Filipino workers to Iraq and Lebanon has not stopped the irregular flow of migrants into these countries.

¹⁶ Therese Blanchet, "Doing Bidesh: Cross-Border Labour Migration and Trafficking of Women from Bangladesh" (Dhaka, November 2003).

4. Recommendations

In order to address HIV and AIDS issues among women domestic workers in the Arab States, there is a need to address the major economic, socio-cultural, and political factors that render them vulnerable. Thus, the thrust of any policy and/or programmatic response to HIV issues among women migrant workers should be on making their migration safe, wherein the migrants make their decisions based on informed choices and are protected from various forms of exploitation. Safe migration entails access to information and services that protect migrants from HIV and any related stigma or discrimination during all phases of the migration cycle.

Human rights, as stipulated in the Universal Declaration of Human Rights, that cover, for example, the right to security of a person, freedom of movement, the right to free choice of employment, and the right to rest and leisure should be promoted through the provision of information and services that improve the migrants' decision-making and cognitive and behavioral coping skills, as well as their control over their body and health. Human rights violations put women migrant workers at risk of acquiring HIV, and can lead to further abuse and exploitation by employers, recruiting agents, and others. Conversely, the promotion of human rights lowers the risk of acquiring HIV.

4.1 Countries of Origin and Host Countries

Both origin and host countries should consider ratifying the ILO Convention 181 on the monitoring and regulation of private employment agencies, which clearly indicates that no fees for labour migration can be transferred onto the worker. Upon ratification they can further harmonize their national laws for better regulation and monitoring of recruitment and placement agencies.

Urgent reforms to existing labour laws must be made to bring domestic workers' rights and working conditions on par with migrant and native workers employed in other sectors. The standardization of domestic worker contracts, explicitly outlining the rights and obligation of the worker, will minimize the potential for abuse.

The merits of mandatory testing of migrant workers need to be carefully reviewed. Regional dialogue with the vision of promoting the voluntary counseling and testing (VCT) of migrant workers must be initiated and intensified, and the confidentiality of test results must be protected.

4.2 Countries of Origin

Countries of origin must lobby for bilateral or multilateral agreements with host countries for the standardization of contracts for their migrant workers, especially for those working as domestic help.

HIV awareness and prevention programmes must be scaled-up during the pre-departure orientation of potential migrant workers. It is also imperative that the rates of attendance at these orientation sessions be boosted beyond existing levels.

Initiatives must be undertaken to promote safe and informed migration, and greater advocacy is needed to promote better social acceptance of migrant women workers.

Pre-departure programmes should include information on migrant workers' rights and responsibilities, country specific information, and adequate host language instruction in order to facilitate better communication and understanding between employers and employees.

Recruitment agents must be monitored more comprehensively, and there must be stricter enforcement of existing laws to prevent economic and physical exploitation of prospective migrant workers. Placement fees need to be standardized, and knowledge of what these fees are must be effectively disseminated among the potential migrant population.

Government agencies and CSOs must urgently address the need for effective reintegration mechanisms for returning migrant workers. Such reintegration programmes need to be holistic, encompassing the economic, social, and psychological concerns that returning migrants face.

Policies banning migration must be critically reviewed in light of the evidence that such restrictions on mobility deepen the potential for abuse of women migrant workers and enhance their vulnerability.

The embassies of countries of origin must proactively protect the rights, and promote the well-being, of their migrant workers in the host countries. Embassy staff, labour attaches, and social affairs officers must be trained to be sensitive to the needs of women migrant workers, especially those who test positive for HIV.

Training and outreach to embassy staff should occur collectively, with representatives from as many migrant countries of origin as possible. Embassy officials are apt to respond more positively and effectively to a common standard.

4.3 Host Countries

Legislation must be enacted to outline the responsibilities of recruitment agents in the host country. Systematic monitoring and enforcement will reduce the exploitation of women migrant workers by these agents.

The sponsorship programme (or Kafala system), which renders a domestic worker's status "illegal/irregular" if she is living outside her sponsor's home, needs to be critically assessed. Accordingly, appropriate policy reforms must be suggested, debated, and implemented.

Domestic migrant workers should be permitted to contact embassies/NGOs from their places of employment, and embassies and NGOs should be given access to domestic migrant workers within private homes. At the same time, embassies and NGOs should provide information to employers on their rights and responsibilities vis-à-vis their migrant domestic help.

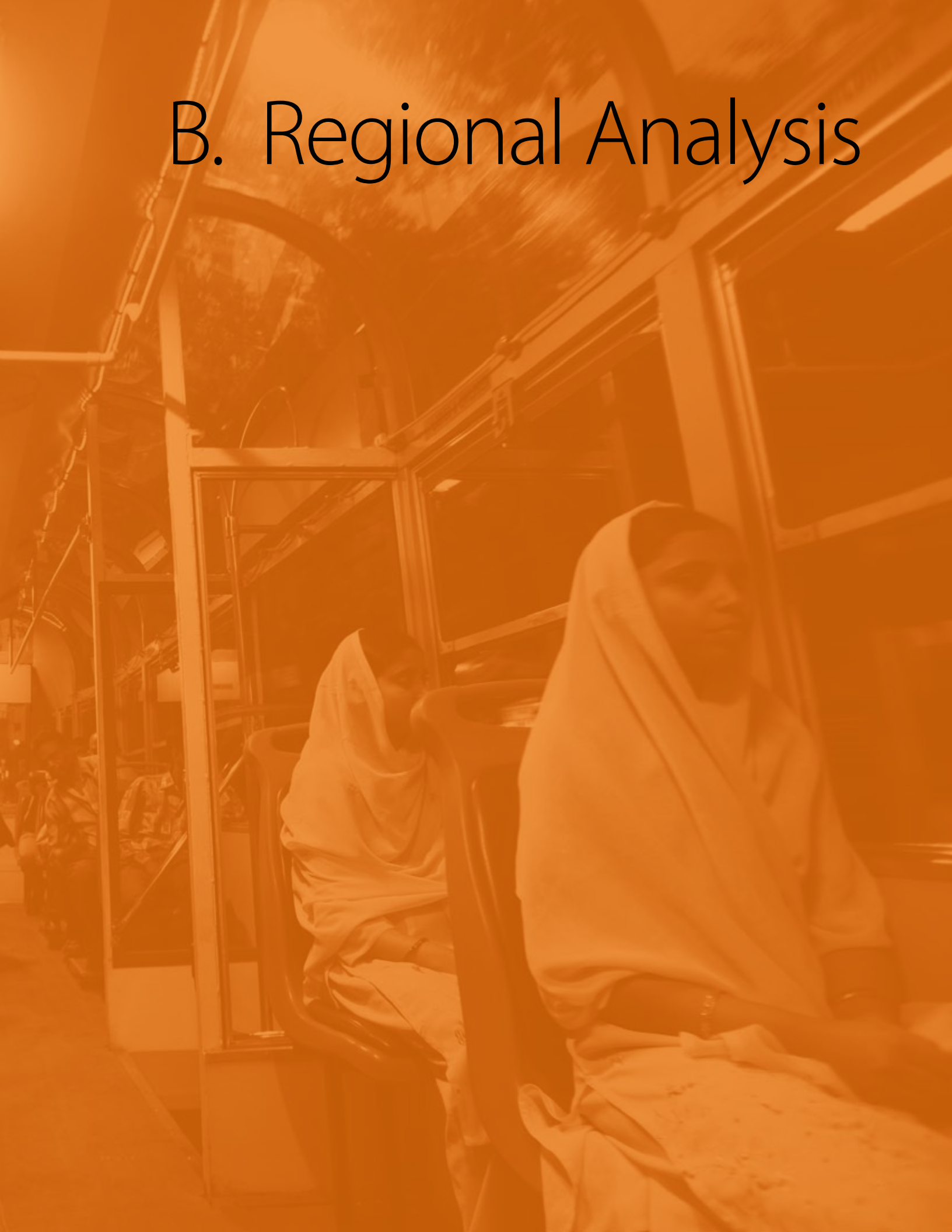
NGOs should partner with prominent local individuals who are already sensitive to the issues of migrant workers and who could be called upon to be public advocates for safer migrant mobility.

Migrant workers should be allowed to form their own associations, and to become members of trade unions.

Upon arrival in the host country, migrants should be given information on their rights and responsibilities, country-specific sensitization training, and information on available public and health services, inclusive of sexual and reproductive health. Embassies, government bodies, and NGOs should share the responsibility of disseminating such information.



B. Regional Analysis



B. Regional Analysis

Asian populations have traditionally been mobile. However, since the Arab oil boom in the 1970s the trend of Asian emigrants moving to countries in the Arab region has become increasingly noticeable. These emigrants have included highly educated professionals, entrepreneurs (e.g., shopkeepers who set up independent businesses), and semi and low-skilled workers (in the service sector, factory workers, and workers in elementary occupations¹⁷). Nonetheless, there has been a recent upsurge in interest among several key stakeholders in the specific problems faced by low and semi-skilled emigrants, which demonstrates the need for greater protection of this category of migrant workers by governments, civil societies, and international agencies alike.

Particularly, discussions on the need to increase protection for low skilled-women migrant workers to the Arab region has motivated several initiatives related to policy, programme, and dialogue by the state, civil society, and international agencies. This research seeks to contextualize the existing initiatives within a conceptual framework that sees the women migrant worker as being vulnerable to contracting HIV. By highlighting this vulnerability, this research aims at promoting greater inter-regional dialogue and cooperation, which might result in safer migration processes.

Migration in itself is not a risk factor for HIV infection. However, migration contributes to the migrant worker's vulnerability to HIV. Though the terms risk and vulnerability are often used synonymously, they are different but inter-related. Risk is the probability that an individual could become ill (contract HIV) within a given period of time¹⁸. Vulnerability, on the other hand, has been conceptualized as a "quality of life experience or capacity that can elicit various responses in an individual that may or may not lead to harmful outcomes."¹⁹ Vulnerability modifies the risk posed to an individual, either by increasing the probability of a negative health outcome (by exacerbating the risk conditions) or by reducing the probability of a negative health outcome (through positive responses).

UNAIDS states that: Vulnerability results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection. These may include: (i) personal factors, such as the lack of knowledge and skills required to protect oneself and others; (ii) factors pertaining to the quality and coverage of services, such as inaccessibility of services due to distance, cost and other factors; (iii) societal factors such as social and cultural norms, practices, beliefs and laws that stigmatize and disempower certain populations, and act as barriers to essential HIV prevention messages. These factors, alone or in combination, may create or exacerbate individual vulnerability and, as a result, collective vulnerability to HIV.²⁰

To make migrant workers resilient to HIV infection, policy and programmatic responses are imperative. Augmenting their individual capacities to resist infection would also necessitate enabling systemic responses by providing facilitative environments to migrant workers that increase their access to cultural, legal, medical, and social resources.

Reducing the HIV vulnerability and risk of migrant workers entails the protection and promotion of their human rights in all stages of migration. The need to uphold migrants' rights in the context of migration and HIV is more necessary and compelling owing to the diminished control that migrants have over their lives as "outsiders" in host countries, and because they tend to fall between the cracks of national policies and programmes related to HIV in both origin and host countries.

The following analysis on migration and HIV is an inter-regional analysis as it provides an in-depth summary of the research findings from both Asian and Arab States. It begins with an overview of report findings on the nature of Asian women's labour migration from Asia to the Arab States (and of men's in the case of Pakistan) from pre-migration through post-arrival and reintegration. It then provides an analysis of actions already taken by governments, NGOs, and the international community to address migrant vulnerabilities and assesses their results. It concludes with recommendations for origin and host countries, NGOs, international agencies, and donors.

¹⁷ Fargues 2006: 10; Cainer 2000.

¹⁸ Aday 1994: 487.

¹⁹ Clarke and Driever 1983 and Spiers 2000 in Leffers et al 2004: 19.

²⁰ UNAIDS 2007: 4.



1. Pre-Migration and Pre-Departure

The pre-migration and pre-departure experiences of the migrant workers interviewed in this study share many aspects that increase their HIV vulnerability. These include structural causes of socio-economic development, subordination of women in the economic sector, individual and familial economic deprivation, and a lack of information regarding migration and its costs (both monetary and social), which is frequently exploited by unscrupulous recruiting agents and other intermediaries.

1.1 Migration - Gains and Costs:

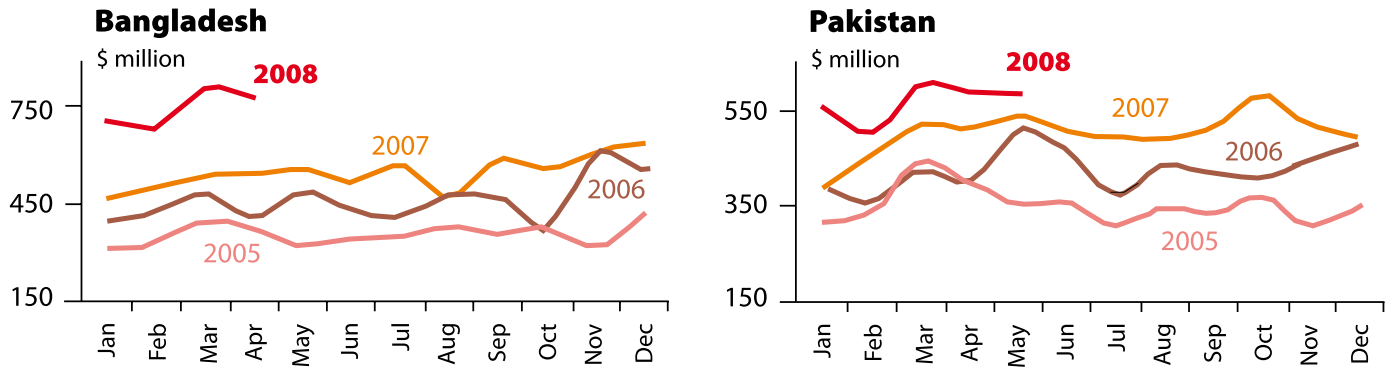
The marginalization of the migrant worker as described above contrasts sharply with the size (and consequent significance) of migrant remittances accruing to countries of origin, as shown in Table 2 and Figures 1 and 2. Potential foreign exchange earnings have traditionally been a motivating factor for individuals to migrate, and for countries of origin to allow (or even promote)

emigration. Recent statistics on migrant remittances show to what extent this potential is justified.

For all the four countries of origin of this study there has been a sharp increase in inward remittance flows in recent times. While the increase in remittances to the Philippines and Pakistan increased steadily over the 4-year period (Figure 1), remittances to Bangladesh climbed steeply in the same period. The increase in remittances indicated in Figures 1 and 2 have been attributed to mounting out-migration to the Gulf Cooperation Council (GCC) countries, which are experiencing an economic boom due to high commodity prices and are thus fuelling an expanding demand for migrant labour. In Sri Lanka, for example, migrant remittances grew at a higher rate in 2007 for the third consecutive year²¹. This was attributed to an 8 percent raise in emigration of migrant workers; better wages in the Arab nations, such as Saudi Arabia, UAE, Kuwait, and Qatar; increased migration to high-wage

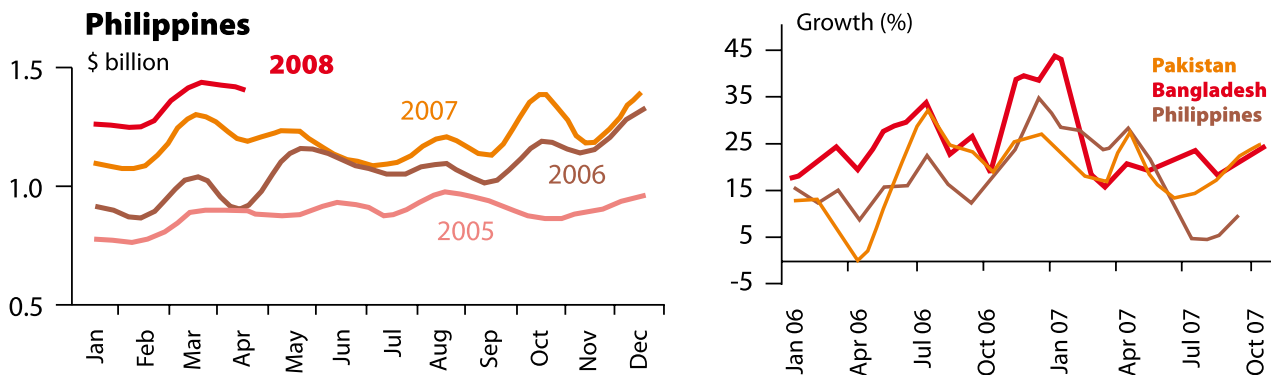
²¹ Annual Report of the Central Bank of Sri Lanka 2007, at www.cbsl.gov.lk/pics_n_docs/10_publication/_docs/efr/annual_report/Ar2007/Ar_Data2007_E/9_Chap_5_e.pdf

Figure 1: Remittances to some Asian Countries



Source: World Bank. Migration and Development Brief 5 - Development Prospects Group, Migration and Remittances Team- July 10, 2008

Figure 2: Remittances in selected Asian Countries - Year on Year growth of 3 month moving average of remittances



Source: World Bank. Migration and Development Brief 3 - Development Prospects Group, Migration and Remittances Team-November 29, 2007

Table 2: Inward Remittance Flows in US\$ Million

	2000	2001	2002	2003	2004	2005	2006	2007e
South Asia	17.2	19.2	24.1	30.4	28.7	33.2	39.91	
Philippines	6,212	6,164	9,735	10,243	11,471	13,566	14,9232	
Bangladesh	1,968	2,105	2,858	3,192	3,584	4,314	5,4283	6,400
Pakistan	1,075	1,461	3,554	3,964	3,945	4,280	5,1214	6,100
Sri Lanka	1,166	1,185	1,309	1,438	1,590	2,088	2,0885	2,502*

e-estimate 1 3.6% of GDP in 2006; 214.6% of GDP in 2006; 38.8% of GDP in 2006; 44.0% of GDP in 2006; 57.6% of GDP in 2006

Source: Migration and Remittances Factbook 2008
<http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:21352016~isCURL:Y~menuPK:3145470~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html>.

* Source: Annual Report 2007 of the Central Bank of Sri Lanka

Box 1: Kafala or Sponsorship Program

Under the kafala (literally, 'guaranteeing and taking care of' in Arabic) programme in the Arab States, an employer is required to sponsor a migrant worker's visa and assume full economic and legal responsibility for him/her during the contracted period. Legally, the sponsored migrant worker can work only for his/her sponsor. In the case of a domestic worker, the programme makes it mandatory for her to remain in her employer/sponsors' home.

While the kafala system was created to provide the government with a way to regulate foreign labour flows, critics charge that the system can lead to the exploitation of migrant workers in general, and women domestic workers in particular.

countries, such as Malaysia, Singapore, and South Korea; and the new initiatives taken by commercial banks to mobilize migrant remittances.

Despite the significant economic contribution of women migrants, the seven country studies in this research indicate that the process of migration imposes significant cost on the emigrating women. Gaps in migration preparedness trainings and inadequate policies and laws jeopardize their physical safety during the migration process. In addition, migration seems to contribute to economic dispossession (for example, selling land to go abroad) and exploitation. More significantly, women migrants are exposed to conditions that escalate their vulnerability to HIV infection, amongst other sexual and reproductive health problems.

1.2 The Economics of Survival

This research revealed that the overwhelming majority of participants migrated under economic duress.

Several Sri Lankan women reported that the inability of their spouses to find employment either domestically or as an emigrant was their single most important reason to migrate. In Pakistan (where the research uncovered a two-stage migration model: rural to urban, followed by overseas emigration) and in Bangladesh, migrant workers identified landlessness and feudal control exerted by landlords as a primary incentive to migrate.

What emerges as common to these stories of economic dispossession and marginalization is the recognition that most

women migrants (and men, in the case of Pakistan) at lower skill and education levels migrate in order to escape undesirable domestic economic circumstances.

1.3 Dispossession and Debt Before Migration

The studies of the countries of origin in this research highlight the different types of dispossession a migrant woman and her family experiences in financing her migration. As one participant from Bangladesh said:

"(After) borrowing some money from relatives and taking a loan on interest, I went abroad.... For this purpose I sold the tiny piece of land that I got from my father to finance my going abroad. Brokers have betrayed me two times."

(Bangladesh Country Report)

The Pakistan report likewise noted that migrants sell valuable assets, such as land, or take out loans to pay for entry into the recruitment process. Many Sri Lankan women participants reported that they did not have the money to pay recruitment fees, and that in such cases they would often take loans from family members or friends to cover initial costs.

For some of the women who lacked the necessary collateral (such as land) or did not have the necessary social network to facilitate borrowing (e.g., sympathetic relatives), the option of having their employer or sponsor deduct the necessary funds from their salary seemed attractive. However, this put these employees at an even greater dependence upon their employers.

The Arab States primarily rely on the sponsor (kafala) system²² for the recruitment of foreign workers, using the services of recruitment agencies (see Box 1). Unfortunately, this arrangement can endanger women migrant workers by generating an excessive dependency upon their sponsors.

However, migrant workers from Bangladesh, Pakistan, and the Philippines explained that the decision to migrate to the Arab States (in the case of Bangladesh and the Philippines, for domestic work²³) was to a large extent due to the advantages of the sponsorship system, which included the non-insistence on upfront payment, the ease of recruitment and placement, and the ease of processing documents.

However, the sponsorship system is not the only indication that migrant workers often have few or no resource with which to build a better economic future. This is also apparent in the arrangements that potential migrant workers make with recruitment agencies. As the Philippines research shows, the majority of women migrants do not have enough money to pay their recruitment agents; consequently, they resort to installment salary deductions. Recruitment agencies in the Philippines are allowed by the Philippine Government to receive payments directly from the sponsors in Bahrain on the condition that the worker will not receive her salary for her first three months of employment.

Given the many economic challenges that potential women migrants face, and how further impoverished they may become in their quest to emigrate, the need for easy and affordable access to formal credit mechanisms can not be over emphasised.

1.4 Inadequate Safeguards

Remoteness of Villages from Capital Cities

Three out of the four origin country reports (Pakistan, the Philippines, and Sri Lanka) indicated that the remoteness of the migrants' homes was a factor that impeded their access to timely, accurate, and adequate information prior to migration. In addition, their distance from the capital city, where most of the official processing needed to be done, created security risks for

these women, who often traveled alone and required overnight accommodations. Several Sri Lankan research participants reported having been subjected to sexual harassment and blackmail during their trip to, and stay in, the capital. In the case of the Philippines, however, women migrant workers who did not have relatives in the capital with whom they could stay were allowed to stay in the house or office of their agents.

Growth of Informal Networks for Emigration

In Bangladesh, Pakistan, and the Philippines there also seemed to be a tendency to utilize informal networks of friends, relatives, and unlicensed intermediaries in order to secure overseas employment, as opposed to formal migration channels. In Bangladesh, the research found that among the 190 women migrant workers interviewed both in the countries of origin and host countries, 116 migrated on their own, that is, through individual contracts facilitated by their relatives and unofficial middlemen. In these cases, the hiring agents were usually retained only for processing of the official government clearance, ticketing, and other such arrangements. The Pakistan report confirmed a trend of social networks involving friends, relatives, fellow tribesmen, etc. The majority said they initially traveled on a visitor visa and then simply remained undocumented in the host country until they were found and deported; these findings are corroborated by the Philippines report as well.

Box 2: Numbers of Licensed Recruiting Agents

- Bangladesh - 762
- Sri Lanka - 580
- Philippines - 2481 land based recruitment agents whose licenses are still valid (not revoked, suspended, etc)

Weak Regulation of Recruiting Agents

With inadequate state-regulated channels and mechanisms for providing recruitment, placement, and education information regarding work and living overseas, women migrant workers tend to fall prey to unscrupulous recruiting agents and unlicensed intermediaries. The Bangladesh report noted that no information about the nature of the work, the number of work hours, the

²² Gwenann S. Manseau, "Contractual Solutions for Migrant Labourers: The Case of Domestic Workers in the Middle East," pp. 29-30, at www.nottingham.ac.uk/shared/shared_hrlcpub/HRLC_Commentary_2006/manseau.pdf.

²³ Not applicable for Pakistan, which focused on male migrant workers.



salary, or the benefits (such as leave entitlements) were provided to the migrant workers prior to their departure. In most cases, women migrants reported that they signed their contract with their agency just prior to departure without knowing what the terms of the contract were.

The lax monitoring and regulation of recruitment agencies was also evident from the high recruitment and placement fees paid by women migrant workers. The Philippines report states that women paid anywhere between 2,500 pesos (\$62.50) to 15,000 pesos (\$375) to go to Bahrain. For those who went to Dubai, the fees ranged from 2,000 pesos (\$50) to 20,000 pesos (\$500). Some of the participants reported having later learned that their employers had already paid for the cost of their

travel and employment. Further, the report indicated that the women's expenses even included payments to the airport official who accompanied them through immigration. The Sri Lanka report found a similar situation where women were unaware of legal caps on the fees of hiring agents. This resulted in them paying fees as high as \$345 rather than the official registration fee stipulated by the Sri Lanka Bureau of Foreign Employment (SLBFE) not to exceed \$50.

The gaps in regulating recruiting agents further resulted in irregularities with contracts. The Philippines report indicated that while all domestic workers interviewed had agents, not all agents were legal. Some domestic workers reported that their agents simply phoned them when it was time for them to fly, met them

at the airport, and gave them their passports and plane tickets. For some, it was also at the airport where they were shown their employment contract for the first time. Others did not see or sign any contract before leaving the Philippines.

The Bangladesh report noted that there was no mechanism to identify and regulate the middlemen who recruit domestic workers in Bangladesh. The Philippines report mentioned that while systems have been established to regulate migration in that country, there are still gaps in the monitoring of recruitment practices of local recruitment agencies and their foreign counterparts.

The country reports clearly indicate that the movement of less educated migrant women from the hinterlands of countries of origin to the homes, hotels, bars, and restaurants in interior, urban, and metropolitan areas of host countries is facilitated by a strong and active network of recruiting agents (both licensed and unlicensed) in origin and host countries. While there are a few examples of recruiting agents intervening to assist women migrant workers in seeking redress for their problems, by and large, most country reports seem to implicate recruiting agents in misinforming or failing to inform potential migrant workers about salary, work conditions, and visa related issues, in charging exorbitant recruitment fees, in substituting contracts, and in threatening and abusing migrant workers when they lodge complaints against their employers.

In general, all the country reports identified the gaps in monitoring and regulation of recruiting agents as a major source of problems and/or abuse faced by the migrant workers in the study. Interestingly, the general position of recruiting agents in both Dubai and Bahrain, contrary to the testimonies of migrant workers, embassies, and NGOs, was that “the situation of migrants is not as bad as it has been reported.” There was also a denial of irregularities in the recruitment process.

Faced with this ambivalence regarding the role that recruitment agencies play in facilitating migration, a uniform code of conduct to regulate agency practices needs to be designed and enforced.

1.5 Pre-Departure Orientation

Seventy-one percent of Sri Lankan respondents and 70 percent of Filipino respondents attended the official pre-departure orientation trainings. The Bangladesh report indicated that the remoteness of the only training centre of the Bureau of Manpower, Employment, and Training (BMET) training centre was in part the reason why only 9 percent of respondents attended the official pre-departure briefing in that country. Recruiting agents contributed to this phenomenon by helping to process all formalities for migrant workers, including BMET clearance, so that they did not need to attend the pre-departure training. The Pakistan report showed that all the migrant workers interviewed who had lived in either Bahrain or Dubai were given no information by any government department regarding the host country's culture, rules, and laws before they travelled for the first time.

With regard to the HIV component of the pre-departure orientation programs, research participants in Pakistan stated that they were not provided with any information related to HIV and AIDS. In the Philippines, 54 percent of the 70 percent who attended the Pre-Departures Orientation Seminars (PDOS) remembered that it included an HIV orientation. However, all the Filipino migrant workers interviewed in Lebanon stated that they had PDOS, including HIV information, before they migrated. In contrast, 96 percent of Bangladeshi domestic workers interviewed onsite stated that they had not received any HIV orientation before they left the country. Half of them had heard of HIV from the media or from co-workers, but none had in-depth knowledge on HIV prevention and safer sex practices. The Sri Lankan report found that although nearly 80 percent of the women attended the trainings, the HIV awareness sessions were ineffectual as women failed to retain the information that was presented.

Pre-departure orientation sessions are important bridges between potential migrant workers and their host countries; and the effective sharing of relevant and adequate information is crucial for preparing the worker to better cope in their new environment.

1.6 Medical and HIV Testing

Research revealed that the mandatory health examination of foreign workers required by host countries always includes HIV testing, and during HIV testing procedures one or all of the “3Cs” - Consent, Confidentiality, and Counseling - are violated.

The Bangladesh report found that women were not given any prior information regarding the tests they would be taking, and only knew that the medical personnel took their blood and urine and checked their chest. The Philippines report found that only 62 percent of the women interviewed underwent a medical examination before departure. Those that did not were required to undergo a medical examination when applying for a work permit in the host country. The report concluded that HIV testing may have been conducted without pre-test and post-test counseling, given that 82 percent of those interviewed were unsure whether they had been tested for HIV or not.

Research with Sri Lankan migrant workers revealed that test results were given directly to the agent, a clear violation of confidentiality, and that none of the women interviewed were given pre-test or post-test counseling. Few had a clear idea why the tests were conducted. Further, many reported that the medical centers in Sri Lanka also provided them with birth control pills or injectable medroxyprogesterone, commonly distributed under the brand name Depo-Provera, to prevent pregnancy. The study learned that birth control medications are administered at the request of the hiring agents to reduce the number of women who must return from abroad due to pregnancy. This is especially so given that in the case of pregnancy within the first three months abroad, hiring agents must bear the burden of the related expenses.

The Pakistan report indicated that migrant workers who processed their travel through agents were tested for HIV in Pakistan prior to their departure, but those leaving on visitor or sponsored visas were not tested. Those tested said that the medical staff did not

inform them as to the kinds of tests that were required to go abroad.

1.7 Banning Movement - Increasing Vulnerability

Unsafe migration can also be aggravated by laws and policies that restrict migration, such as those banning the movement of women under a certain age or certain circumstances.

As shown by the overseas travel bans imposed on women in Bangladesh (from mid-1998 to 2005) and Nepal (prior to 2007), despite the restrictions thousands of Bangladeshi²⁴ and Nepali women continued to leave for work abroad in the informal sector, especially for domestic work. In 2003, for example, The Bangladesh National Women Lawyers' Association estimated that between 10,000 and 15,000 Bangladeshi women were seeking employment abroad every year since the mid-1998 ban was imposed.

Nepal's position on the movement of women migrant workers has been ambivalent. It imposed a ban on May 16, 1997, prohibiting women migrant workers from going overseas as a response to the suicide of Kani Sherpa, a Nepali domestic worker in Kuwait who had been repeatedly beaten and raped. However, this failed to deter the continued out-migration of women, who, instead, used circuitous routes via Bangladesh and India to avoid detection at the Kathmandu airport²⁵. Labour activists complained that the ban denied women legal opportunities to work abroad. In addition, informal migration made them susceptible to human trafficking and denied them access to pre-departure orientation programmes and to systems of redress in the host countries. It also stigmatized outgoing women migrants who consequently chose to be silent about their overseas employment before leaving and upon return²⁶. This ban was partially lifted on January 17, 2007, and was completely lifted after the passing of the Foreign Employment Act on September 5, 2007. On 25 August 2008 the ban was, once again, imposed on women Nepali migrant domestic workers going to Korea, Kuwait, Malaysia, Saudi Arabia, and Taiwan²⁷.

²⁴ The Bangladesh Country Report in this research quotes the study by anthropologist Thérèse Blanchet, which suggested that the ban on the migration of unskilled women to the Middle East not only failed to protect them, but turned them into illegal migrants, increased the cost of their migration, and made it more complex for them to seek redress against various forms of abuse.

²⁵ UNIFEM-NIDS 2006: 9-21.

²⁶ Hemlata Rai, "Why can't 'manpower' agencies find jobs for women?", Nepali Times, No. 127 (10 - 16 Jan 2003), at www.nepalitimes.com.np/issue/2003/01/10/Nation/4816/print

²⁷ However, Ganesh Gurung, Chair of the National Nepal Safe Migration Network, states that the ban has led to women using irregular channels to migrate overseas, making them more vulnerable to trafficking, exploitation, and ill health. Personal communication, September 16, 2008.

Box 3: PHILIPPINES - LEGAL AND INSTITUTIONAL FRAMEWORK FOR MIGRATION MANAGEMENT
The combination of a strong legal framework on migrant labour and comprehensive migration management institutions contribute to the relatively enhanced protection of human rights of Overseas Filipino Workers (OFWs) vis-à-vis migrant workers of other nationalities.

Key migration management institutions:

The Overseas Workers Welfare Administration (OWWA), an attached agency of the DoLE, is the lead government agency tasked to protect and promote the welfare and well-being of OFWs and their dependents. Its programs include insurance and health care services, education and training benefits, family welfare assistance, and worker assistance and on-site services (www.owwa.gov.ph/).

The Philippine Overseas Employment Administration (POEA) in the Department of Labour and Employment (DoLE):

1. licenses private recruitment agencies; 2. informs potential overseas workers of agencies that have issued false contracts or have not complied with rules during the deployment process; 3. publishes through their website an updated list of overseas job openings, recruitment agencies' contact information, and the number of vacancies available; 4. provides a quality control service by rating the status of the private recruitment agencies; 5. works with the Philippine Overseas Labour Offices overseas to monitor the treatment of OFWs, verify labour documents, and assist OFWs in employment and labour-related disputes.

The legal framework has its roots in constitutional provisions, e.g.:

- “values the dignity of every human person and guarantees full respect for human rights.” (Art. II, sec. 11)
- “recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and rights.” (Ibid., sec. 14)
- “affirms labour as a primary social economic force. It shall protect the rights of workers and promote their welfare.” (Ibid., sec. 18)

Republic Act No. 8042 (RA 8042) or the Migrant Workers and Overseas Filipinos Act of 1995, which provides the main legal framework for the Philippine labour export system, and states that “(t)he existence of the overseas employment programme rests solely on the assurance that the dignity and fundamental human rights and freedoms of the Filipino citizens shall not, at any time, be compromised or violated.”

Declaration of Policies (sec. 2 (c)) designates state agencies responsible for promoting the welfare and protecting the rights of OFWs and for creating new mechanisms, including the establishment of a legal assistance fund and emergency repatriation fund.

- Sets the criteria for countries to which Filipino migrant workers can be deployed.
- Defines acts constituting illegal recruitment and penalties thereof.
- Sets mandatory periods for the resolution of illegal recruitment cases.
- Provides for free legal assistance and preferential treatment of victims of illegal recruitment under the witness protection program.
- Requires gender-sensitive labour migration policies, programs, and services.

Source: Verghis and Conda 2008; Ruiz NG 2008.

The experiences of both Bangladesh and Nepal illustrate the counterproductive nature of such a prohibition. Rather than protecting women migrants from abuse, it increases their susceptibility by excluding them from formal legal frameworks.

1.8 HIV and AIDS - Pre-Migration Training

All the country studies pointed to a greater need for attention to developing and strengthening HIV policy and programs for (women) migrant workers, including the development of national strategic frameworks and national action plans, stronger integration of HIV in pre-departure orientation programs, and more effective monitoring of counselling, confidentiality, and consent during pre-emigration HIV testing.

1.9 Conclusion - Pre-Departure

The above discussion identifies various aspects of the pre-departure process that jeopardizes the health of women migrant workers. Acknowledging that loopholes exist during pre-departure, the study makes the following general observations and recommendations:

- Measures must be undertaken to encourage safe and informed migration. Stricter regulation of the recruitment process is required to prevent irregular and undocumented forms of migration. Potential migrants' access to accurate, timely, and adequate information is crucial to their making an informed decision regarding migration. Community-based interventions have traditionally been cited as the best method to address such a need.
- To avoid dispossession of women in the process of migration, the costs of migration should be contained, including a cap on fees for recruiting agents, medical examinations, and training. To be truly effective, measures should be in place to ensure that such caps are enforced.
- Pre-departure information needs to include comprehensive information on migration procedures; health and HIV issues; and the laws, policies, and culture of host countries.
- Consistent and coherent regulation of the recruitment and placement process is likely to prevent the abuse and exploitation of migrating women.
- Policies that ban the migration of women must be critically

reviewed as these bar women's economic advancement, push migration underground, and place women at an even greater risk of exploitation and vulnerability to HIV.

2. Post Arrival

This section discusses the implications of imbalanced economic development in the countries of origin and of regional economic disparities in terms of "push and pull" factors for migration. Further, it looks at the institutional and legal frameworks in host countries that inhibit the exploitation of migrant women who work as domestic workers.

2.1 Gender Selectivity in Migration

Feminization of migration is now an accepted global phenomenon. In some countries women constitute as much as 70 to 80 percent of the migrant population²⁸. Women migrant workers also tend to be concentrated in occupations associated with traditional gender roles²⁹. In the present study, it was common that most participating migrant women that they did not have options for a secure and sustainable livelihood in their country of origin.

Structural inequalities in the distribution of income and wealth, imbalanced rural-urban development, and a gender-segregated labour market (whereby only the lowest paying occupations were available to unskilled women) were all cited within the literature reviews as limiting economic opportunities for women. However, their opportunities for employment overseas seemed to be limited by an equally gender-segregated labour market in the host countries, as the skill profile of the migrating women left them excluded from most vocations other than that of domestic help.

Statistics from Lebanon and Dubai draw attention to the annual climb in the number of migrant domestic workers in these countries, providing evidence for the notion that gender selectivity in migration is related to the gendered overseas labour market.

2.2 Domestic Work - Unrecognized and Unprotected

A further impediment to ensuring the welfare of migrant domestic workers in host countries, as investigated in this research, is the

²⁸ IOM 2005.

²⁹ Chammartin 2006; 77.

Box 4: Salaries of Domestic Workers

Domestic workers' salaries in the Arab States, in most instances, need to be increased to better reflect cost of living and the demands and responsibilities of the work.

- For Filipino domestic workers the monthly income is approximately \$125-150 in Bahrain, \$187-375 in Dubai, and \$200-400 in Lebanon.
- For Bangladeshi domestic workers the monthly income is approximately \$100 in Bahrain and the UAE, and \$125 in Lebanon.
- For Sri Lankan domestic workers the monthly income is approximately \$125-140 in Bahrain and the UAE, and \$120-150 in Lebanon.

exclusion of domestic work from the purview of national labour laws. Marginalization of domestic workers is further evident in the exclusion of domestic work from the national labour codes of all the countries participating in this study except for the Philippines.

The Philippines employs a vague definition of "domestic or household service" as "service in the employer's home which is usually necessary or desirable for the maintenance and enjoyment thereof and includes ministering to the *personal comfort and convenience*³⁰ of the members of the employer's household.³¹" Such an attitude, even in a country of origin, contributes to the difficulty of securing labour protections for domestic workers.

Contracts between employers and migrant domestic workers are an important legal tool for the latter, allowing the worker a means to seek redress in case of violation of or non-compliance with the contract. The report indicated that those who migrated through irregular channels (either because they were misled by their recruiting agents or of their own volition) did not have regular contracts. Among those who did migrate through conventional channels, some did not see their contract until they were just about to leave the country, and some did not sign a contract before leaving. Twenty-two percent of OFWs said that their contracts were written in Arabic, which they could

not understand, and a similar percentage was reported for Sri Lankans.

An additional problem is that of contract substitution. This happens when women migrant workers are compelled to sign a different contract upon arrival in the host country stipulating less favorable terms and conditions of employment. For example, 27 percent of the OFWs interviewed for this report said that they signed contracts before leaving home, but nearly two-thirds of these workers were made to sign a different contract upon arrival in the host country.

Non-compliance on the part of employers with the terms of the contract (salary, days off etc.) was found to be one of the more common complaints. Some workers recalled that the content of their contracts did not accurately reflect the nature of the work they were given, such as the actual scope of their responsibilities or the number of households they were supposed to serve. Several pointed out that the contract did not specify the arrangements for their meals and accommodation.

In the case of so-called "individual contracts" used by those who do not go through licensed recruiting agents, as in Bangladesh, the domestic workers have a contract with hiring agents in order to process their necessary papers. Understandably, this makes the enforcement of the contract with the employer problematic. Often, recruiting agents were cited as the reason for employers subjecting migrant domestic workers to exploitative and abusive work and living conditions. Two quotes from the Philippines Country Report validate this claim:

"One Bahraini employer who intended to pay 120 BD (\$318) in salary to her domestic worker was told by the agency to give only 60 BD (\$159) when she went to file her request for a domestic worker. Her domestic worker was made to sign the contract in front of her. She was also told not to allow her domestic worker to have days off. She came to know of the abuses that her fellow Bahrainis inflicted on their domestic workers."

³⁰ Emphasis added. Visayan Forum has argued that such a definition is general and inappropriate and creates a negative idea about the nature and scope of domestic work as allowed by law (www.antislavery.org/archive/briefingpapers/ilo2006philippines.pdf).

³¹ Presidential Decree No. 442, as amended [a decree instituting a labour code thereby revising and consolidating labour and social laws to afford protection to labour, promote employment and human resource development, and ensure industrial peace based on social justice].

Box 5: LEBANON - LAW GOVERNING MONITORING OF RECRUITING AGENTS

Decree law 1/70, issued by the Ministry of Labour in 2003, regulates the responsibilities of recruiting agents in Lebanon, and stipulates that:

- A recruiting agent must have a license to perform such service. This license is issued and approved by the Minister of Labour, provided all conditions for such request are in order and respected.
- A license can be retrieved at any time by the Ministry, if the recruiting agency does not abide by the laws. In fact, in 2004-2005, more than 11 agencies were closed for not conforming to the law.

Certain procedures and conditions to receive a license are:

- The agent must provide a deposit of 50,000,000 LBP (\$33,000) as a warranty at the Housing National Bank (affiliated with the Lebanese Government).
 - The agent must present a notarized statement that he will abide by all laws and regulations of the Ministry.
 - The owner and any partner of the agency must have a clean judicial record.
- A recruiting agent is entitled to a single license, which cannot be bequeathed to another person or sold or lent.
 - Recruiting agents are forbidden from presenting any request under fictitious sponsorship to bring a migrant worker into the country for the purpose of making them work on a daily or monthly basis or in companies.
 - Recruiting agents must draw up a schedule to call upon the sponsor and migrant worker periodically in order to assess the worker's performance and to ensure that she is well treated and is receiving all that she is entitled to (e.g., proper monthly wages, sufficient rest, an acceptable place to sleep, and the provision of medicine, food, and clothing). Should the sponsor fail to respect these provisions, the sponsor will be subject to judicial pursuit. In such instances, the recruiting agent must inform the Complaint Desk in the Ministry of Labour.
 - The recruiting agent must not abuse the migrant worker and, in cases of disagreement or conflict between any of the three parties (agency/sponsor/worker), any party may file a complaint before the Ministry of Labour's Complaint Desk.
 - The recruiting agent must keep an accurate and updated record of all sponsor/worker names and addresses, work permit numbers, and dates of entry into Lebanon. This record is reviewed and stamped by the Ministry of Labour.
 - In a case where the migrant worker did not receive a work permit within two months of her entry, the recruiting agent must inform the sponsor of this mandatory obligation. In a case of non-compliance by the sponsor within three months, the recruiting agent must inform the Ministry of Labour.
 - The monitoring of recruiting agents is among the Ministry of Labour responsibilities (work inspection sector). The latter must present a comprehensive report on the status of agents once every six months. Any non-compliance by a recruiting agent to the above will lead to legal pursuit and the forfeit of license. There are other possible penalties as well.
 - The General Directorate of the General Security (the government institution providing entry visas and residency permits to migrants) maintains a "black list" of non-compliant recruiting agencies. The General Directorate also has certain authority over the recruiting agents, and can use that authority to refuse visas for migrants recruited by a black listed recruiting agent.

Box 6: UNITED ARAB EMIRATES & DOMESTIC WORKERS

- A new unified contract to regulate the rights and duties of domestic workers was enforced in April 2007. Some of its features are:
 - o Contracts will be valid for two years.
 - o Three copies of a contract, in both Arabic and English, will be provided, with each party possessing one copy, and a third being placed with the Residency Department.
 - o A month's paid leave (over two years) and medical aid will be provided.
 - o A unit of the Residency Department will arbitrate disputes.
 - o A one-way ticket will be provided by the employer at the end of contract. If the contract is ended by the sponsor prior to its expiration, a ticket and a month's salary will be paid to the worker. If it is ended by the worker, he or she will be charged for the ticket.
 - o Employers will facilitate contact with workers' families back home.
 - o Disputes not settled within two weeks will be referred to courts.
 - o A worker's legal rights will be forfeited if he or she absconds.
 - o Fees charged by recruiting agencies will be checked through coordination with consulates of labour in the exporting countries.
 - o In case of death of the domestic worker, the employer is responsible to repatriate the body of the deceased and personal belongings.
 - o Heavy fines of up to 50,000 dirhams (\$14,000) can be levied for hiring illegal domestic maids.
- A new labour law to protect domestic workers was drafted by a taskforce as per a Cabinet decree in October 2007, and will be sent to the relevant government bodies for amendments and revisions before promulgation by the UAE President.
- Since January 2008, sponsors of housemaids in Dubai who abet maids in carrying out illegal work will be charged with the crime of human trafficking and face 10 years in jail or more. Previously, sponsors who released their housemaids for a fee to carry out jobs illegally were charged with the crime of selling visitor/residence visas.

Source: Combating Human Trafficking, United Arab Emirates Annual Report 2007; accessed at www.uaeinteract.com/docs/Full_text_of_UAEs_annual_report_on_combating_human_trafficking/30166.htm.

"Recruiting agents tend to deter women migrants from seeking support. They search and confiscate belongings, including contact numbers of the embassy. Even when women are in abusive situations they agree to give these details only after the women have paid off their placement fees or after completion of their contracts."

Host country initiatives that seek to address the HIV vulnerability of migrant domestic workers must factor in strategies that address the lack of labour laws to protect domestic work. In this regard, recent initiatives taken in Bahrain, Lebanon, and the UAE to reform the migrant labour sector are extremely welcome, and can pave the way for a more comprehensive review of migration and health-related laws and policies in order to reduce the vulnerability of women migrant workers to HIV infection. Some of these initiatives are detailed below.

Bahrain

- The new Labour Market Law, which allows for greater freedom for migrant workers to change jobs after completion of contract.
- Initiation of policy to monitor the sponsorship system.
- Initiation of policy to impose sanctions against employers who withhold workers' passports.
- Inclusion of migrant women in national strategies to address violence against women.
- An amnesty programme for migrant workers to leave in dignity.
- Intensification of inspection of workers' housing, ensuring its suitability from humanitarian, health, and security aspects.
- Legislation that permits migrant workers to become union members without any conditions.

- Adoption of anti-trafficking laws, including the withdrawal of its reservation to article 20 of CAT to prevent and punish possible violence or abuse of women domestic workers.
- Creation of the Inter-Ministerial Task Force by the Ministry for Foreign Affairs regarding the ratification of human rights instruments and their incorporation into national legislation. In this regard, Bahrain has expressed that it will consider the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families³².

The GCC countries have also stated individually that a new bill covering domestic workers and addressing their protection needs is under consideration³³.

Lebanon

- Decree law 1/70, issued by the Ministry of Labour in 2003, regulates the responsibilities of recruiting agents in Lebanon. (See Box 5).
- General Security (the government institution providing entry visas and residency permits to migrants), in collaboration with the Caritas Migrant Center, is providing humanitarian assistance to detained workers.
- General Security, in a 2005 Memorandum of Understanding with International Catholic Migration Commission (ICMC) and Caritas, and with support from the US Embassy in Beirut, has created a safe house for migrants in need.
- A National Steering Committee led by the Ministry of Labour, including representatives from the Ministries of Interior, Foreign Affairs, Social Affairs, and Justice as well as NGOs, and with technical assistance from the ILO and the OHCHR, will draft a standardized contract for domestic migrant workers and a specific law for all domestic workers. It will also raise the awareness of workers through information booklets in nine languages: Amharic, Arabic, English, French, Nepali, Sinhalese, Tagalog, Tamil, and Vietnamese.
- A national awareness campaign with a media component targeting Lebanese employers, including two documentary films on the situation of women migrant domestic workers

Box 7: Health Problems of Domestic Migrant Workers

Many of the research participants onsite reported experiencing various health conditions, including common respiratory illnesses, poor nutrition, urinary tract infections, and skin rashes and blisters due to weather conditions. They also reported cases of unwanted pregnancy, unsafe abortions, and STIs among their peers. Accessing medical services was not easy for most domestic workers, because it depended on whether their employers allowed it.

in Lebanon (Maid in Lebanon I and Maid in Lebanon II), with activities by the ILO, Human Rights Watch, Caritas Migrant Center, and other NGOs, has been launched.

United Arab Emirates

Special measures taken by the United Arab Emirates through a unified contract to regulate the rights and duties of migrant workers and employers include medical aid provision for domestic workers (see Box 6).

In addition, other measures geared to reforming the migration process are:

- Bilateral agreements signed in December 2007 with prominent labour supplying countries (e.g. Bangladesh, India, Nepal, Pakistan, and Sri Lanka) to regulate migration flows and streamline labour contracts.
- In a reform of the sponsorship programme in 2007, domestic workers were permitted to change jobs conditional on their being able to produce a no-objection certificate from the original sponsor.
- Payment of salaries through an electronic system to address non-payment of wages.
- A 2007 Ministry of Labour review of the procedures for regulating UAE-based recruiting agents.
- An amnesty programme for migrant workers who have overstayed.

³² Working Group on the Universal Periodic Review, First Session, April 9, 2008.

³³ Bahrain UPR Report 2008; UAE Country Report; UAE Annual Report on Combating Human Trafficking 2008.

2.3 Access to Health Care Services in Host Countries

Access to health care is an important determinant of resilience against any disease, including HIV. Such access must be timely, appropriate, affordable, confidential, and non-discriminatory. As reported in other studies,³⁴ women migrant workers in this research experienced many barriers that impede their access to health care services.

In the absence of health benefits, the majority of the women testified to being dependent on their employers for treatment when they were sick. In addition, in Bahrain and the UAE women domestic workers are included in their employer's family health plan and, thus, do not have access to independent and confidential health care services. Illnesses and health needs varied from common colds, headaches, and menstrual cramps to pregnancies, abortions, and more serious conditions requiring hospitalization.

The dependency upon employers for health needs has several negative implications:

- Women are physically dependent on their employers to take them to a doctor when they fall ill.
- Employers tended to give migrant women medication without consulting a doctor.

In addition, women migrant workers complained that they were not allowed adequate time by their employers to rest and recuperate following an accident, injury, or surgery. Many women also reported that they feared that if they were to get sick there would be negative repercussions, such as non-renewal of contract or termination of employment. In some cases, they self-medicated; in other cases, women did not seek any treatment when they fell ill.

Affordability was another major issue. If the cost of treatment was not covered by the family health plan, an employer often advanced the cost and later settled this debt through deductions in the worker's salary.

Nonetheless, positive steps are being taken in host countries to ensure health insurance, including easy access and affordable care:

In Lebanon, all migrant workers, including domestic workers, have health insurance. The research indicated that this policy provided for satisfactory access to health care services.

In Bahrain, health care is subsidized by the government for both Bahrainis and non-Bahrainis, whereby the non-Bahraini population pays a health check-up fee to the public hospital of just 3 BD (less than \$1).

In the UAE a new unified contract to regulate the rights and duties of domestic workers includes a medical aid provision. Health centres in Dubai offer sexual and reproductive care services for citizens and non-citizens alike, whereby women migrant workers can access these services independently. However, migrant women's knowledge and frequency of use of these services are not known.

Although there are examples (as in Bahrain and Lebanon) where the existing national health policies and systems facilitate the affordability of women migrant workers to health care services, there are non-cost barriers that hold back women from making full use of them. These barriers include the documentation status of the migrant worker, linguistic barriers, and insufficient knowledge as to when, where, and how to access health care (as in the UAE).

In the case of Pakistani men migrant workers, health benefits varied depending upon what their company offered, with some employers picking up all healthcare costs, and others providing a fixed amount of money in the event of illness.

2.4 Sexual Relationships

Although risk factors differ within populations, countries, and continents, HIV is largely transmitted through unprotected sex regardless of location³⁵. Further, the proportion of women living with HIV has been increasing steadily. Today, women account for

³⁴ CARAM Asia - State of Health – 2006 – Access to Health

³⁵ www.kff.org/hiv/aids/upload/3030_12.pdf

half of all people living with HIV worldwide, which demonstrates the urgent need for increasing women's empowerment in order to reduce their vulnerability to HIV.

The studies in the four countries of origin delved into the topic of sexual relationships of migrant women. The findings point to women migrant workers engaging in sexual relationships for a variety of reasons and under various circumstances. Many women engaged in intimate relationships to overcome feelings of loneliness; being away from home and the comfort and security of their traditional social networks of family, community, and friends created a need for warmth and belonging. Other women reported that they became sexually involved for economic reasons as well - either to share living expenses with a boyfriend or to earn wages through transactional sex. However, not all relationships were consensual.

Relationships ranged from consensual to forced, and varied depending on living arrangements (if they lived with their employer or lived independently), the number of days off and amount of free time, and the power dynamics between partners. Relationships also varied in duration (from longer-term monogamous relationships to short-term and occasional casual sexual encounters) and in motivation (affection or in exchange for favors).

Often, women migrant workers desired to have more leisure. Employees were not accustomed to having their freedom of movement restricted, whereas employers were reluctant to allow women employees to leave their homes unaccompanied. In several instances, workers were expected - and even forced - to work seven days a week, 52 weeks a year. Such conditions, which deprive the worker of the ability to have and enjoy a social and cultural life, can be considered a violation of their basic human rights.

Domestic migrant workers need to be provided with time off work, and measures should be taken to ensure that they have the freedom to leave their places of employment during those leisure periods, while respecting the local culture. For the women who choose to become involved in intimate relationships during their

periods of leisure, a concerted effort must be made to ensure that their health and safety is not compromised. This is critical in light of the reports from this study, which found that women involved in consensual sexual relationships are largely engaging in unsafe sex, with little or no condom use.

Although women migrant workers reported consensual relationships, there were also reports of coercion, sexual abuse, and rape. Some feared losing their jobs and/or persecution if they did not acquiesce to sexual encounters. Others cited instances of abuse and violence inflicted by partners and boyfriends. Incidents of sexual harassment and rape, either by nationals (including employers and strangers) or men migrant workers, were reported in the Bangladesh, Philippines, and Sri Lanka studies.

2.5 Condom Use

The related risks of HIV infection arise from low knowledge among women migrant workers about HIV transmission and safer sex practices. Research identified a low level of condom use, which is often related to the willingness and consent of male partners.

The Sri Lanka Country Report stated that none of the 145 women who participated in this study regularly used condoms either in Sri Lanka or while working abroad. It was reported that condom usage was seen as a sign that there was not significant love and trust between partners, that it affected sexual sensation, that it created a barrier between themselves and their partners, and that it was better understood as a means of contraception than for preventing HIV transmission.

The Philippines report indicated that 20 percent of the participants interviewed onsite engaged in sexual activities, but that only one participant reported occasional condom usage with her boyfriend. Women who were sexually active reported that they did not use condoms because their male partners did not want to do so, the couple did not like the feel of the condom, and/or they used other forms of birth control.

Bangladeshi participants reported similar reasons for low or no condom use, but also cited the inability to leave their places of employment to purchase condoms.

Box 8: Closed Borders for PLHIV

Last updated survey on mandatory HIV testing conducted on 195 countries worldwide found:

- 96 countries either have special regulations or the existence of special regulations cannot be ruled out due to contradictory information received.
- 60 % of the 195 countries examined have implemented discriminatory entry regulations, especially for PLHIV.
- Most countries with restrictive residence regulations have implemented mandatory HIV screening.
- 15 countries have been identified that currently deport HIV-positive foreigners: Armenia, Bahrain, Brunei, China, Cuba, Egypt, Iraq, North and South Korea, Kuwait, Libya, Malaysia, Oman, Russian Federation, and Taiwan.
- 12 countries have been identified that totally forbid PLHIV access and residence: Armenia, Brunei, China, Iraq, Qatar, South Korea, Libya, Moldova, Oman, Saudi Arabia, Sudan, and the United States.

Source: European AIDS Treatment Group, www.eatg.org/pages/article.php?id=1080

Though the Pakistan report focused on men migrants, it reported that, in general, women in Pakistan lack the power and skills to negotiate condom use with their male partners. For Pakistani men migrants, the research indicates that condom use is low, and that these individuals lack knowledge about the relationship between STI prevention and condom use, and/or they argue that sex without condoms is more enjoyable.

2.6 Knowledge of HIV and AIDS

All the country studies identified poor knowledge regarding HIV transmission as a barrier to reducing vulnerability to HIV. According to the Philippines Country Report, 84 percent of the women interviewed onsite were aware that HIV is sexually transmitted and that using condoms can prevent it. However, 14 percent of the participants also had misconceptions, for example, that HIV can be transmitted through kissing or mosquito bites.

The Sri Lanka Country Report stated that women are aware that there are diseases called AIDS and STIs. However, they are not aware of how HIV is spread and have little knowledge of preventive measures. Likewise, knowledge of other STIs is scant.

Over 50 percent of the women who participated in the study believed HIV could be transmitted by mosquitoes, over 25 percent did not know that condoms could provide protection from HIV, and a majority believed that someone with HIV or AIDS could not look healthy. The Pakistan Country Report affirmed that 16 of the 24 respondents participating in the Bahrain FGDs had no knowledge about HIV and AIDS when they left Pakistan. Most of the low and semi-skilled Pakistani migrant workers responded that they did not use condoms while engaging in sexual activity with women sex workers in host countries.

2.7 Mandatory HIV Testing

In host countries mandatory testing is generally used in tandem with deportation to stop the spread of HIV infection to the host population and to prevent the continued residence of migrant workers who are seen as a potential burden on the country's health care system. However, UNAIDS states that existing epidemiological data on HIV transmission demonstrates that allowing HIV-positive foreigners into a country does not create an additional risk to the population of the host country³⁶. Rather, such prevention tends to create a false sense of security in host populations. Furthermore, the policy of mandatory HIV testing and deportation of migrant workers as it is currently practiced has been found to breach international guidelines on HIV testing and to violate the human rights of migrant workers³⁷.

The seven-country research indicated similar patterns in both origin and host countries in the mandatory HIV testing of migrant workers as a pre-employment fitness requirement and, in host countries, periodic screening needed for the renewal of work permits. In both origin and host countries there was a general breach of the internationally recognized 3Cs of HIV testing³⁸, namely, that testing should be Confidential, accompanied by Counseling, and only be conducted with informed Consent. There was also evidence to indicate that personnel involved in

³⁶ UNAIDS-IOM (2004)

³⁷ CARAM Asia (2007)

³⁸ UNAIDS-WHO (2004).

HIV testing in both origin and host countries lacked the required knowledge regarding HIV testing polices and guidelines

A 2007 CARAM Asia study³⁹ on mandatory HIV testing noted that in Bahrain, “language diversity among health centre staff is low” and could be a reason for the inability to provide proper counseling together with HIV testing. It added that GAMCA (GCC Approved Medical Centres Association) guidelines do not require staff to be able to speak migrants’ languages. Furthermore, GAMCA guidelines require that migrant workers should indicate their consent by signing an English/Arabic form on their medical report. However, this form cannot be understood or filled out by migrant workers who do not know either language. Moreover, many workers stated that no consent or signature was asked of them at the time of testing, and several interviewees indicated that it was their sponsor who had signed the consent form for their test.

In Dubai, the study noted that the general feeling among migrant workers during testing is that of fear of being declared unfit and losing the right to work in the Emirates. Among the migrants covered in this study, none could recollect having been asked for their consent prior to testing, nor did anyone explain to them about the tests and the possible consequences of an adverse result. Further, none could recollect undergoing any pre-test or post-test counseling. This observation was also confirmed by the staff of a testing centre. As one respondent noted: “No counseling is done here. We do not inform the testee also. It is confidential, no?”

Other critical issues related to mandatory HIV testing and deportation evidenced in host countries include:

- *Compromised confidentiality of HIV status, with the migrant worker being the last to know the reason for deportation.* The report found cases of those who did not know that they had been deported because of HIV, but only belatedly discovered this fact when they decided to migrate again and had to pass the medical examination. This lack of awareness has serious consequences for the health and HIV vulnerability of the spouses/partners of HIV-positive migrants

and for the migrants themselves. In this research, migrant workers who were aware of their HIV status reported that they took precautions to prevent transmission of the disease. However, for those who were unaware, there is a substantial risk of further transmission.

- Fear of a potentially unfit medical status has been known to lead migrant workers to opt for irregular status, which can lead to further abuse, extortion, exploitation, and blackmail.
- The rapidity with which a migrant worker found to be HIV-positive is deported precludes the scope of possible supportive interventions, such as post-test counseling and positive prevention education. It also does not allow space for providing referrals for support to the migrant worker upon return to her country of origin. Most often, embassies are not informed of the deportation either.

The impact of mandatory HIV testing and deportation on HIV-positive migrant workers and his/her family is enormous. Not only do they have to deal with loss of livelihood opportunities, but they must confront new challenges of stigma, discrimination, loss of social status, restricted employment options, and the pressure of securing treatment and dealing with the disease in general. All of these create new risks and vulnerabilities for their health and welfare, as well that for their spouses/partners and families. Fortunately however, access to treatment, which is becoming increasingly affordable, has the capacity to mitigate some of these risks and vulnerabilities.

2.8 Physical and Sexual Abuse

The isolated and individualized nature of household work within a private home, combined with the fact that local labour laws do not cover domestic work, can put women migrants at greater risk to verbal, physical, and sexual abuse. These abuses have the potential to affect general, mental, and sexual and reproductive health, as well as the risk to HIV.

The Bangladesh report, for example, noted that the majority of those interviewed said that they had been abused physically and verbally by their employers. Most said it was a common

³⁹ CARAM Asia - State of Health of Migrants 2007.



phenomenon in their daily life. In most cases, children were said to punch, kick, or bite the domestic workers without provocation, and were seldom reprimanded by their parents. Some women also reported that young men in the household sexually harassed them and/or offered money in exchange for sex. In some instances physical violence was involved.

The research indicates that even if women flee from private homes to escape abusive situations, they are often faced with circumstances that are equally abusive. Frequently, they are raped and/or forced into sex work by people who offered to help them escape. This was particularly evidenced in the Sri Lanka report. Interviews with Sri Lankan women indicate that women migrant workers experience sexual harassment and rape in all stages of migration: pre-migration planning, start of migration within Sri Lanka, transiting to the host country, working abroad, while leaving/escaping, and upon return (reintegration). Eight women shared experiences of sexual abuse by their male employers, ranging from harassment to rape. They also reported physical abuse, including being slapped and hit by their employers and

recruiting agents. Women who worked as waitresses in hotels also experienced sexual harassment by boyfriends, employers, and/or strangers.

Box 9: Serious Forms Of Abuse Faced By Women Domestic Workers

- Debt bondage
- Passport retention
- Illegal confinement
- Rape
- Physical assault

The Sri Lankan research also found that security was a major issue prior to departure and upon return. Several women who had to travel long distances from their villages to pre-departure trainings or from the airport back to their homes reported being taken advantage of by hiring agents, employers, and taxi drivers.

2.9 HIV and AIDS Programmes - Considerations for Migrant Workers

There is a need for greater HIV and AIDS planning and programming in both origin and host countries that addresses the needs of migrant workers. While origin and host countries have been taking steps towards building the necessary infrastructure and programmes, gaps remain.

Bahrain:

In 1986 the Government of Bahrain established the National Committee for Prevention of AIDS (NCPA), which is responsible for the policy formulation, resource mobilization, and advocacy for HIV/AIDS activities in the country. The NCPA has bilateral partners aboard and addresses a variety of activities and constituencies, including health and education personnel, religious affairs, people living with HIV/AIDS (PLHIV), the uniformed forces, and youth in sports. Furthermore, four subcommittees on HIV/AIDS were established by ministerial decree. These subcommittees coordinate and implement services for HIV/AIDS awareness and counseling, treatment, research, information, and public health. Information, Education, and Communication (IEC) has been the NCPA's major strategy in response to HIV/AIDS. Diverse forms of IEC messages and materials have been developed and disseminated by the NCPA and other stakeholders, including the Ministry of Religious Affairs, the Family Planning Association, and the Red Crescent.

Dubai, United Arab Emirates:

The National AIDS Prevention Programme in the Ministry of Health is tasked with generating HIV/AIDS awareness among the general population. Given that new HIV infections are reported primarily among youth, the awareness programmes focus on this age group. The awareness programmes include the development and distribution of leaflets and pamphlets both in English and Arabic and of television advertisements. Religious groups are also involved in generating awareness. However, to date there has not been any focused prevention programme designed for migrants. The national programme provides free care, support, and treatment services to UAE nationals. Currently, there is no national HIV strategic framework, but the government is in the initial stages of developing such a framework, and it is expected to be in place some time in 2009. That framework will include:

- A review of national HIV and AIDS policy that requires mandatory HIV testing and deportation of migrant workers.
- Inclusion of migrant workers within the national HIV framework.
- Migrants' access to voluntary and confidential HIV testing, as well as to treatment, care, and support.
- Establishment of Voluntary Counseling Centres, available to migrant workers and addressing linguistic needs of the migrant population.
- Extension of HIV prevention programs to migrant workers.
- Encouragement of the private sector to join the fight against HIV and AIDS.

Lebanon:

As a national response to the HIV epidemic, the Lebanese Government declared in 1988 that HIV/AIDS was a threat to public health. Consequently, the National AIDS Control Programme (NAP) was created in 1989 - a joint programme of the Ministry of Public Health (MoPH) and the World Health Organization (WHO). Its objectives are to:

1. Encourage preventive measures and safer sexual behavior to limit the spread of HIV.
2. Reduce the impact of HIV on health and society.
3. Identify and mobilize the local and external resources that could be used in the fight against AIDS.

Primarily, the NAP has performed activities based on short-term action plans, notably the local epidemiological situation, needs assessment, and KABP (Knowledge, Attitude, Behaviors, and Practices) studies. Medium-term planning that was undertaken for the period 1995 to 2000 identified a number of at-risk groups: youth (in and out of school), travelers and migrants, women (particularly women sex workers), men who have sex with men (MSM), intravenous drug users (IDU), prisoners, and members of the armed forces. In addition, several acts or mandates related to HIV control were put into laws or decrees, such as those related to the safety of donated blood, mandatory declaration, confidentiality, non-discrimination, and compulsory HIV testing of foreigners seeking a work permit. Since 1997, the Ministry of Public Health has vowed to increase the supply of Anti-Retro Viral treatment (ARV) to AIDS patients; also, if migrants are found HIV-positive, they are given ARV in the event that they need them

before being repatriated. The government's commitment to fight HIV and AIDS is also seen in its collaboration with the private sector and international agencies.

As shown above, migrant workers' HIV vulnerability and their specific needs have yet to be completely factored into the national HIV/AIDS planning and strategies of the three host countries. There is, however, scope in all three countries for migrants to be further integrated into national HIV and AIDS efforts, such as:

Bahrain & UAE:

- Allow migrant workers access to services when Voluntary Counseling and Testing Centres are set up.
- Include migrant workers comprehensively in existing STI/HIV/AIDS programs.
- Include condom distribution in HIV prevention programs for migrant workers as part of the national AIDS control program.
- Encourage the private sector to join the fight against HIV and AIDS and to address the needs of migrant workers in terms of the latter's HIV vulnerability.

Lebanon:

- Extend the principle of prohibition of mandatory HIV testing to migrant workers.
- Review the policy of deportation of migrant workers in relation to HIV and allow migrant workers with HIV who are still fit to work to continue working in the host country.
- Expand the temporary provision of ARV to migrant workers.

It is imperative that migrant workers are included within national HIV and AIDS action plans of the host countries, as it has been demonstrated that protecting migrant populations against HIV enhances the resilience of the host populations against the spread of infection.

2.10 Support Systems

Support systems are critical in facilitating migrants' adaptation to new environments and contexts. For migrant workers, support systems generally include formal and informal networks of family and friends in the origin and host countries, consular support, and the support mechanisms of the host country, NGOs, and faith-based organizations.

The seven-country research explored the available support systems for women migrant workers in the three host locations, specifically, Manammah (Bahrain), Beirut (Lebanon), and Dubai (UAE). Migrant social networks seemed to be a major source of support for meeting material needs, especially when in abusive situations. These networks consisted mainly of fellow migrant workers, both men and women. It was not uncommon to see support being sought from and given to fellow migrant workers of a different nationality. Often in such situations, support for women migrant workers did not come without a price; and some had no choice but to be in a relationship with a man in order to meet material needs.

With regard to formal support systems, the studies indicate the following services:

EMBASSIES

Bangladesh:

The review of literature in the Bangladesh Country Report and the primary data gathered indicate that the Bangladeshi embassies/consulates lack the capacity to meet the consular needs of migrant workers. Non-cooperation and lack of assistance by Bangladeshi embassy or consulate staff were common complaints. This was a regret expressed also by NGOs in Lebanon and Bahrain. In all three countries – Bahrain, Lebanon, and the UAE – many research participants were unaware of the availability of consular services. The small number of domestic workers who accessed these services complained that they had to go several times for a single purpose, which involved considerable loss of time and money.

In Dubai, the Bangladeshi consulate office is only able to provide services related to passports, such as passport delivery and renewal. In Bahrain, the embassy provides humanitarian and legal support services, if requested by the migrants. An avenue to access this support was the Open House Service, organized by the embassy once a month. In addition, two medical doctors run a monthly health clinic within the embassy itself. In Lebanon, the consulate is for visa purposes and for limited legal assistance only. The nearest embassy otherwise is in Jordan.

Pakistan:

Information from migrant workers indicates that there is little interaction between embassy officials and Pakistani nationals working in the Arab States. As the country report notes, “The embassy does not handle any cases related to sexual abuse, rights violations, and health issues such as HIV and AIDS because it has no organized policy to provide help to migrant workers.” Even in cases of deportation due to HIV, Pakistani Embassy officials are not informed by the agencies in the host country because there is no existing policy to exchange such information.” (Pakistan Country Report).

Philippines:

The Government of the Philippines has a formal support system for migrant workers through its Overseas Workers Welfare Administration (OWWA) and its embassies. Shelters run by the embassies and the Philippine Overseas Labour Office (POLO) offer food and accommodation to abused OFWs. At the time of the research, there were 80 women in the shelter in Bahrain and 54 in Dubai, UAE. These shelters are also supported by NGOs, civic organizations, and religious groups, which provide donations of clothing, food, toiletries, and even plane tickets back to the Philippines.

In Bahrain, Dubai, and Lebanon it is not possible for either the embassy or the POLO to fetch a domestic worker from her employer’s home following a complaint of abuse. However, in Lebanon, complaints received by the embassy from domestic workers regarding employers are referred to the Lebanese General Services Office, which takes appropriate action.

Sri Lanka:

For Sri Lankan women migrant workers, access to consular support proved problematic, and this gap was filled by support services provided by NGOs and other faith-based groups.

Sri Lanka does not have an embassy or consulate in Bahrain. A volunteer consul, who is also a member of the white-collared Sri Lankan Club in Manama, tries to serve the needs of the approximately 12,000 large Sri Lankan community in Bahrain by

assisting with visas, emergency return migration, repatriation of bodies, hospital and jail visits. The Migrant Workers Protection Agency (MWPA) and the Manama Sri Lanka Club affirmed a major need for effective and adequate consular representation and services for visas, legal assistance, medical care, and other emergency assistance.

NGOS AND FAITH-BASED GROUPS

In many instances where embassies and states are not able to protect migrant workers, NGOs and faith-based groups step in to try and assist those in need.

In Bahrain, besides the services offered by the Manama Club (as discussed above), the Migrant Workers Protection Society assists migrants needing emergency assistance⁴⁰. The society, which primarily assists Sri Lankan women migrants, runs a three-bedroom, nine-bed safe house and provides clothes, food, and return tickets as needed, and has a good working relationship with the authorities. Discovery Islam in Manama offers religious courses that are patronized by women migrant domestic workers. They also offer social services to women migrant workers in difficult situations with their employers and sponsors, and provide referrals to health clinics, legal assistance, and consular support. The Budaya Club - a social, sport, and cultural club comprised of blue-collared Sri Lankan migrant workers - has a membership of 300, of which 30 percent are domestic workers. The research also identified the Bahrain Center for Human Rights (BCHR) as a key NGO assisting migrant workers.

Beirut (Lebanon) has two NGOs working with migrant workers. The Afro-Asian Migrant Center has a community center where approximately 100 migrant women go to share a meal and meet other migrants. The center also offers counseling, English language classes, legal support, Catholic spiritual training, health screening, and transport to health facilities, if needed. The Caritas Lebanon Migrant Center (CLMC, which is part of Caritas Internationalis) is the primary reference agency when it comes to migration issues. It offers a broad array of services that are provided nation-wide to migrants inside and outside

⁴⁰ This is an important model for the Arab States to highlight as a prototype of organizing for migrant workers where they are not legally allowed to form their own organizations. The society is established under Bahraini names, and has a Bahraini director, but the volunteers, workers, etc., are all migrant workers, both women and men.

retention centres (holding cells), including social counseling, administrative follow-up, legal assistance and representation, humanitarian assistance, medical aid, hospitalization, vocational training, prison visits, pastoral care, and repatriation. Additionally, CLMC maintains seven hotlines “24/7”, and runs several shelters and one safe house for migrant women in need. Migrants can self-refer to the CLMC and/or are referred by their respective diplomatic missions, community leaders, other NGOs, and by the General Security and law enforcement officers.

The UAE provides shelter and support particularly to local destitute women and children through two organizations, but assists migrant women as well. The Foundation for the Protection of Women and Children runs a shelter that is linked to the European Union and is in line with international standards. It provides both psychological and social support. The Red Crescent Authority operates shelters for women and children who are victims of human trafficking. These safe havens provide healthcare as well as psychological and social support.

GOVERNMENTS OF HOST COUNTRIES

Dubai:

The UAE Government has taken several commendable steps to deal with human trafficking and violence against women and children through the work of an active national committee as well as a four-pillared action plan, comprised of (i) legislation, (ii) enforcement, (iii) victim support, and (iv) bilateral agreements and international partnerships.

The government’s anti-trafficking measures include:

- A website and 24-hour hotline.
- Penalties for fraudulent recruiters.
- Pledge of \$9 million for the rescue and repatriation of child camel jockeys.
- An anti-trafficking awareness program.
- Temporary shelter, counseling, medical care, and repatriation for women who formally identify themselves as trafficked victims, provided by the Dubai police.
- Human rights and social support offices in all Dubai police

departments, and many others in the Emirates, to assist abused women and children.

The country has also shown that it recognizes the need to address the problems of domestic workers and has initiated reforms.⁴¹ In April 2007, new uniform contracts, which standardize the rights and duties of domestic workers, came into force. The new contracts are valid for two years, and copies of the contract are provided in both Arabic and English. In addition, they provide for a month’s paid leave to be paid within the two-year contractual period, and for the provision of medical aid.

These anti - trafficking measures would offer more scope for strengthening the protection of women migrant workers, especially domestic workers, if they could be expanded to extend services beyond trafficked persons who formally identify themselves to the system. There is also need for the capacity building of enforcement officials in dealing with women who have been trafficked.

Bahrain:

Like the UAE, Bahrain has taken several anti-trafficking measures and has pursued legislative reform to address the problems of migrant workers, especially domestic workers.

In its Universal Period Review report (2008), Bahrain stated that it had developed special measures for the protection of women migrant workers, including the establishment of a shelter for women victims of violence and a hotline to report violence against domestic workers. Bahrain also has a law for the protection of victims of violence within homes, as well as a special home for the protection of those who might be exposed to violence, including domestic workers. In addition, Bahrain has a law regarding unemployment benefits, which are available to migrant workers if they lose their job.

Bahrain has also taken several specific anti-trafficking measures, which include:

- Distribution of multilingual brochures to migrant workers on their rights and resources in the country.

⁴¹ Combating Human Trafficking, United Arab Emirates Annual Report 2007.



- A 60-bed shelter offering medical, psychological, and legal care open to non-Bahrainis.
- A 24-hour hotline for women victims of violence, including advice on dispute resolution.

These are all welcome efforts to enhance the protection of women migrant workers. Although they are geared to reducing the vulnerability of women migrants to human trafficking, they have the additional potential to reduce their vulnerability to health and HIV risks.

Lebanon:

Lebanese law entitles foreign workers who are in possession of a work residency permit to enjoy full social rights.

The Lebanese General Security is partnering with the Caritas Migrant Centre in the implementation of a regional pilot project aimed at protecting and assisting victims of trafficking. The project involves admission to a safe house, provision of humanitarian, medical, social, and legal assistance, as well as trauma counseling. Two 24-hours hotlines enable the staff to receive complaints. Project activities include raising awareness among General Security investigators and prison guards regarding the rights of migrants and trafficking issues, as well as improving interview/investigation techniques with victims of trafficking.

Furthermore, the government has formed a National Steering Committee to Combat trafficking, of which the Caritas Migrant Center is part. The center is the sole NGO in Lebanon allowed

by the General Security to operate within the retention center, whereby a multidisciplinary team ensures social, medical, and legal aid at all times. The General Security refers to CLMC all pregnant or sick migrant women for shelter, as well as those women who are accompanied by their children.

2.11 Strengthening Inter-Regional Aspects of Support Systems

Government efforts to secure the protection and promotion of the human rights of women migrant workers and to reduce their HIV vulnerability need to develop stronger cooperation in the functioning of government bodies inter-regionally. These include:

- Coordination between the State departments and agencies in the countries of origin and their embassies in the host countries.
- Coordination between embassies within a host country.
- Greater coordination among State departments, agencies, and embassies within host countries.

Government officials in both Dubai and Bahrain showed openness to dialogue with embassies on the problems faced by migrant workers, and suggested that embassies be more proactive in bringing forward problems. The need for embassies to be proactive in addressing the needs of migrant workers has been an issue that has been consistently raised by migrant workers and migrant support groups in past studies as well as in this research. For example, the monitoring of recruitment agencies in Bahrain through cooperation between the Bahrain Labour Market Regulatory Authority and the various embassies is said to be more effectively utilized by the Philippines Embassy than it is by other embassies.

2.12 Conclusion - Post Arrival

As this report shows, women migrant domestic workers in the Arab States find that their new environment and context brings new material, social, physical, and psychological needs. Migrant domestic workers demonstrated greater vulnerability to ill health and HIV because of the isolated and individualized conditions of their work. The challenge for the woman migrant worker under

such circumstances is the successful adaptation to her new context, needs, and altered capacities in order to stay healthy and free from HIV infection. Supporting factors include an enabling environment, recruitment of social support, and the building of cognitive and behavioral coping skills.⁴²

Governments of origin and host countries have taken several measures that reflect their intent to find solutions to these difficult problems. However, more needs to be done to address the core problems regarding the vulnerability of women migrant workers in informal, unrecognized, and unprotected sectors, such as domestic work. Much stronger political will is needed to initiate legislative and policy reform and programmatic interventions to create an enabling environment that respects and protects the human rights and health of women migrant workers.

Post Arrival Recommendations:

Enabling environments that build resilience and reduce HIV vulnerability in the onsite stage require, among other things:

- A coherent, effective, and responsive legal and extra-legal framework with equally effective enforcement. Given that most host countries have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), it is critical that its integration in national law be based on the principle of substantive equality of women migrant workers in all spheres of life, as provided for by CEDAW.
- The recognition of domestic work as professional work together with its legal and social protection are of paramount importance, because it is the absence of such recognition that is currently exacerbating the human rights violations and HIV vulnerability of women migrant workers in the domestic sector.

Legal protection of domestic work under the law ought to include:

- Standard contracts between employers and domestic workers, attested by the origin country embassy in the host country and having clear provisions for hours of work, days off, overtime pay, annual leave, accommodation,

⁴² Fine 1994; Blum, McNeely, and Nonnemaker 2001.



medical check-ups, social security, and comprehensive health and accident insurance.

- Adequate access to legal support.
- Effective enforcement of standardized contracts.
- An assessment of the kafala sponsorship programme and the required policy reforms.
- Public awareness and education efforts that promote non-discriminatory social norms and values that will facilitate supportive interpersonal relationships and interactions, and will positively influence normative frameworks of laws and policies. The recognition and legal protection of domestic work in itself will serve to reframe the discriminatory norms related to women and work done by women.
- Universal access to health care services.
- Inclusion of (women) migrant workers in national AIDS strategies and programme responses.
- Review of policies related to mandatory HIV testing and

deportation based on HIV status, and to the provision of/ access to treatment.

- Availability and accessibility of adequate social support systems and programs that enhance the capacity of women migrant workers to adapt to their new situation.
- On-site information programs providing women migrants with integrated, timely, accurate, and adequate information.
- Strengthening of existing social services to make them safer and more accessible, especially when women migrant workers are in crisis.
- Humane deportation processes for those who entered unauthorized.
- Support for networks and organizations initiated by women migrant workers.

3. Reintegration

The preceding two sections have indicated that inadequate preparation for migration during the pre-departure stage contributes to HIV vulnerability, and this condition is further aggravated in host countries by inadequate or unhelpful policies and laws, conflicts of societal norms and values, and inadequate availability/access to supportive programs and services. The process of reintegration also contributes to the risk of HIV infection and/or creates further vulnerabilities for women migrants.

3.1 Stigma and Discrimination towards Women Migrant Workers

Stigma and discrimination confront women migrant workers in all stages of migration in a far broader context than HIV alone, though HIV does exacerbate the situation. In some cases women migrate as a means to overcome discrimination related to the stigma of being widowed, of being single and beyond the socially acceptable age of marriage, and/or of being poor and dispossessed of property and material assets. However, in migrating from home they also transgress a social norm that assumes the immobility of women, and thus in some countries they face the stigma of being viewed as an “impure” woman who lives away from the watchful eye of family and community.

Life abroad brings its own forms of stigmatization. Negative stereotypes related to the race, gender, class, and occupation of

migrant workers create inter-personal and institutionalized forms of discrimination. Further, women migrant workers who are HIV-positive and are forced to return to their country of origin have to deal with the two-fold experience of stigmatization related to:

- the failure of migration and consequent loss of prestige and respect within the home community; and,
- the different experiences towards HIV by women and men, respectively.

The consequences of such stigmatization are severe and include economic destitution, emotional anguish, familial suffering, and social exclusion⁴³. Undoubtedly, HIV-related stigma and discrimination leads to social isolation. Women especially have been accused of immorality and have been blamed for the spread of HIV.

“You think so much about your money, you spent the money and then nothing. You’re going back. It’s for nothing, you don’t have money.” (Bangladesh Country Report)

“Some people put the land for [sale] because they want money to go to Bahrain or whatever, and then they go back and they don’t have their land. No house, nothing. That is true.” (Filipino domestic workers)⁴⁵

“I was searching for a job in Pakistan after deportation from Bahrain. I contacted a petrol pump owner. He refused to recruit me

Table 3 - The Impact of being HIV-Positive ⁴⁴		
Economic	Social	Psychological & Emotional
<ul style="list-style-type: none"> • Loss of income • Difficulty in finding employment • Depletion of savings • High cost of treatment 	<ul style="list-style-type: none"> • Alienation & isolation • Stigmatisation • Discrimination 	<ul style="list-style-type: none"> • Depression • Guilt • Fear of death • Shame • Mental suffering

⁴³ CARAM State of Health Report 2007, p. 123.

⁴⁴ Source: Marin, M.L. - Achieve Inc/CARAM Philippines. The impact of HIV/AIDS, Policy and Programme Implications: Case study of Filipino migrant workers living with HIV/AIDS.

⁴⁵ CARAM State of Health Report 2007

because of my HIV-positive status.” (Shaukat, PLHIV in Pakistan, Pakistan Country Report)

The Bangladesh Country Report raised concerns about harassment and stigma towards HIV-positive persons by health care centers as well as the negative reporting by media of people living with HIV and AIDS.

In the Sri Lanka Country Report, the Migrant Services Center, an NGO based in Colombo, notes that “one of the biggest concerns for migrant returnees who are HIV positive is discrimination. They go into hiding, remain unemployed, and do not receive adequate health care.”

Just as stigma and discrimination are being factored into HIV and AIDS policy-making and programming, the specific context of stigma and discrimination with regard to migrant workers needs to be integrated into efforts that link migration and HIV so as to make migration safer and to reduce the HIV vulnerability of migrant workers. Given the differences in the experience of HIV by women and men, the needs of HIV-positive women migrant workers need to be analyzed and addressed from a gender perspective.

3.2 Positive Prevention

“Some male migrants do not even inform their spouses about their HIV status.” Bangladesh Country Report

Positive prevention refers to HIV prevention that focuses on people living with HIV. Promotion of preventive behaviors among PLHIV and their partners improves their health while reducing HIV transmission⁴⁶. It is thus crucial that positive prevention programs should be made available for migrant workers who test positive with HIV.

As noted above, the sexual partners of HIV-positive migrant workers are at risk of contracting HIV, particularly when the status of the HIV-positive partner is not known and precautions are not taken to prevent transmission. There is also the threat of social

discrimination and reprisal, which leads to fear in getting access to information and services, including health care. Furthermore, the gender power imbalance in many sexual relationships limits the opportunities for women to negotiate for safer sex.

In the Sri Lanka report, all of the HIV-positive migrants who participated in this study were unaware of HIV prior to contracting it. Five of the fifteen HIV-positive participants interviewed had heard of AIDS, but had never heard of HIV until a doctor explained that they were positive. Furthermore, nearly half of the fifteen were still uncertain as to how they could spread the disease. Two individuals feared telling their spouses, and, without explanation, merely refused to engage in sexual relations with them. Another woman was afraid to cook for her family as she feared transmitting HIV through utensils and crockery.

Positive prevention in tandem with access to treatment and other structural efforts, e.g. the development of positive laws and policies that build a facilitative or enabling environment, would significantly facilitate the control of HIV. In the context of migration and HIV, this would require national and inter-regional cooperation among agencies involved in HIV testing, including government bodies, embassies, PLHA groups, and organizations working with migrant workers, international agencies, and national AIDS committees.

3.3 Conclusion - Reintegration

The reintegration stage of migration is as fraught with vulnerability as its preceding two stages. Stigma related to HIV is an additional layer of discrimination encountered by women migrant workers. Women migrant workers who are HIV-positive endure amplified discrimination because of misguided norms that associate the movement of women beyond their homes and/or HIV infection with promiscuity.

Lack of sufficient information on migration in general and HIV in particular during the pre-departure stage, combined with the manner in which mandatory HIV testing and deportation is carried out in host countries, can leave migrant workers unaware of their

⁴⁶ APCASO (2007).

HIV status and/or without knowledge of how to maintain good health and prevent transmission. On the other hand, in terms of the reintegration process, it is common for returning migrants to find an unchanged domestic economic and political context that offers restricted opportunities for gainful employment and little value for any newly acquired skills (particularly female domestic migrant workers) - a situation often compounded by small savings and high debt.

Rather, the successful adaptation of women migrant workers in the reintegration phase and reduction of their HIV vulnerability requires the following:

- Adequate attention to the needs of reintegration in the pre- departure and post-arrival programmes in terms of information, savings programs, and skills building.
- Reintegration programmes addressing economic, social, and psychological needs of domestic workers must be established and sustained, particularly for those returning due to problems encountered abroad, e.g. exploitation, violence, illnesses, and mental health.
- Increase in access to treatment and positive prevention programs for returning women migrant workers who are HIV-positive.
- Mainstreaming of migrant perspectives and issues into discourses and programmes that deal with HIV-related stigma and discrimination.
- Creation of alternative livelihood opportunities to broaden the choices available to returning women migrant workers and thereby ease the pressures under which they might decide to re-emigrate.
- Lastly, there are still many gaps in the understanding of the HIV vulnerability of women migrant workers during the reintegration stage, and more research needs to be conducted in order to strengthen programmatic interventions on their behalf.

Regional Recommendations:

The protection of migrant workers is a transnational issue involving a variety of actors. The discourse on migration in migrant worker and civil society forums has largely focused on the protection needs of migrant workers. Human rights violations in all stages of migration and the need for stronger protections

have been emphasized. It has also been highlighted that limited opportunities for regular migration coupled with inadequate systems of protection give rise to human rights violations and create situations of irregular migration when workers, in a bid to escape abusive situations, end up outside systems of due process, and may even find themselves as victims of human trafficking and/or smuggling. Women migrant workers are more vulnerable within such a schema - especially because of their presence in occupations that are largely informal, unrecognized, and unprotected. Superimposing the HIV dimension upon the complexity of migration magnifies the need for systematic, coherent, and integrated approaches to dealing with migration and HIV.

4. Requisites For Regional Approaches

The success of regional approaches is incumbent upon integrated responses, given the multi-sectoral nature of the problem. This requires greater coordination of various ministries, including and not limited to ministries of labour, immigration, health, women's affairs, and social welfare. Also needed is a comprehensive legal, policy, and programmatic response that takes an integrated approach to the health needs of migrant workers, including HIV.

The effectiveness of such an integrated approach can only be sustained through harmonized regional policies on mobility, health, and HIV that are contextualized within the broader regional socio-economic context of the inequalities that drive migration and the HIV epidemic. Harmonized regional policies on migration and HIV need to be based on the principle of reciprocity, common goals, and a common vision to reduce inequalities and address the interests of origin and host countries in a fair and equitable manner. They also need to include monitoring and data collection strategies that go beyond mere monitoring of migration flows to monitoring the human rights extended to migrant workers.

The discussion thus far has illustrated the centrality of the State's role in the realization of protections for women migrant workers and reducing their HIV vulnerability through the development of enabling environments, including coherent and systematic legal and policy frameworks. This also includes coherent mechanisms



of governance. However, the nature of conflicts and challenges experienced by women migrant workers at the individual level in adjusting to the different stages of migration also demonstrates the limitations of the State to respond to the problem.

The studies have also indicated that community-based organizations and civil society organizations have an edge in being able to respond to these needs. This is partly because of their proximity to women migrant workers, and because of an existing mutual trust and rapport that is a pre-requisite for interventions that seek to develop cognitive and behavioral coping skills that build resilience, especially in hard to reach populations like women migrant workers. This research emphasizes the need for combined and multiple approaches to address HIV vulnerability in women migrant workers, and especially the uniqueness of community-based interventions.

The value of prevention and early intervention in policy and programmatic responses to address the HIV vulnerability of migrant workers was also emphasized in all the studies of the research. Comprehensive pre-departure programs and post-arrival education programs, compliance with the internationally recognized 3Cs of HIV testing to optimize opportunities for HIV education for migrant workers, and access to health-care services were among some of the identified measures. On-site especially, the principle of prevention needs greater attention within existing support systems for women migrant workers. An analysis of on-site support systems indicates that most of these focus on crisis intervention requirements. While the need for such systems cannot be underestimated, there is also a need for support systems that proactively build resilience in women migrant workers, help them to adapt positively to changed contexts and environments, and in that sense help minimize the need for crisis interventions.

Given the interface between human rights and the resilience of migrant workers to HIV, the integration of the former into regional policies and programmes to reduce HIV vulnerability is critical. Ratification of the core international human rights instruments, especially the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and ILO conventions 97 and 143, by both origin and host countries, would provide a common framework for perspectives related to the protection of women migrant workers and the governance of migration.

4.1 Migration and HIV: Forms of Regional Cooperation

There are some good examples of various forms of regional cooperation, including attempts to foster common understanding and to explore common strategies, that are being undertaken by states, civil society, and international agencies to make migration safer. Some of these focus specifically on migrant domestic workers and HIV, and can operate as vehicles to further communicate the importance of taking action to ensure safe mobility for migrant women. A few of these are highlighted below.

4.2 Regional Consultative Processes

Regional Consultative Processes (RCPs) are cooperative mechanisms for managing international migration that include, inter alia, discussions on the benefits of common approaches and even, in some cases, harmonizing policies⁴⁷. The majority of RCPs address a wide range of issues, such as migration and development, migration trends, social integration of migrants, protection of migrants' rights, smuggling and human trafficking, migration and health, migration and trade⁴⁸.

Regional Consultative Processes related to labour migration include:

*Ministerial Consultations on Overseas Employment and Contractual Labour (The Colombo Process)*⁴⁹: The International Organization for Migration (IOM) acts as the secretariat for the Colombo Process, whose focus areas include: protecting vulnerable migrants and

providing support services, optimizing benefits of organized labour migration, capacity building, data collection, and inter-state cooperation. The priorities of the Colombo Process are:

1. The adaptation of the common training curriculum for labour administrators and labour attachés for national-level training.
2. Taking further steps for the establishment of a common migrants' resource centre.
3. Establishment of regular information sharing mechanisms.
4. Active exploration of opportunities for dialogue and cooperation with host countries.

The Colombo Process, which was established in 2003, was originally a grouping of eleven Asian labour-sending countries meant to share experiences in organizing overseas work. After three ministerial meetings in Colombo, Manila, and Bali, it was expanded to include labour-receiving countries in the EU, the Gulf, and Asia⁵⁰. The Abu Dhabi Dialogue followed these three consultations in January 2008.

The Abu Dhabi Declaration was adopted by Afghanistan, Bahrain, Bangladesh, China, India, Indonesia, Kuwait, Malaysia, Nepal, Oman, Pakistan, the Philippines, Qatar, Saudi Arabia, Singapore, Sri Lanka, Thailand, United Arab Emirates, Vietnam, and Yemen on 22 January 2008. Collectively, this group is known as the Ministerial Consultation on Overseas Employment and Contractual Labour for Countries of Origin and Destination in Asia, referred to as the Abu Dhabi Dialogue. The Abu Dhabi Declaration established four partnerships that were designed to:

- enhance knowledge and share information about labour migration;
- assist countries to build capacity by providing training and assisting in the development of a framework of laws to address the many issues that affect contractual labour;
- prevent illegal practices and improve the quality of life of migrant workers;
- provide a smooth transition for workers as they begin their employment and, again, to reintegrate them into their home countries.

⁴⁷ IOM 2002.

⁴⁸ Regional Consultative Processes, at www.iom.int/jahia/Jahia/cache/offonce/pid/386

⁴⁹ Matrix of RCP, at www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/main/site/microsites/rcps/May%2019%20Matrix%20of%20Major%20RCPs.pdf

⁵⁰ 6th ASEM Meeting for Directors General on Management of Migratory Flows between Asia and Europe, at www.belgium.iom.int/document/Dec_KP_Article%20DG%20Keynote%20at%20ASEM.pdf.

Though RCPs do not aim to have a normative impact, there are exceptions. For example, the Manila Process - led by the IOM - initiated the 1999 Bangkok Declaration on Irregular Migration that feeds into some of the ongoing RCPs. RCPs have also been known to enhance regional coordination on migration, build trust and a better common understanding of migration issues, and provide an alternative to global migration management forums⁵¹.

Other State-led regional cooperation efforts related to migration and HIV (though not always jointly) include:

- The South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, which promotes regional cooperation for the prevention, interdiction, and suppression of trafficking by international prostitution networks, and the repatriation and rehabilitation of victims.
- The Coordinated Mekong Ministerial Initiative against Trafficking, which identifies a framework for a systematic response to human trafficking and a three-year sub-regional Plan of Action for collaborative efforts to protect victims of human trafficking, promote cooperation in investigating and prosecuting traffickers, and undertake protective efforts to address vulnerability to trafficking.
- SAARC-UNDP-ILO Workshop on Leadership and Development Challenges in Addressing HIV/AIDS and Mobility, Kathmandu, Nepal, 23-25 June 2008, which made several national and regional-level recommendations for SAARC countries to combat HIV in the context of migration. Regional-level recommendations include:
 - Establishing an Inter-ministerial Group of SAARC Member States representing health, labour, and other relevant ministries to discuss issues of HIV and mobility, to recommend actions for improved collaboration between labour-sending and receiving countries, and to strengthen labour policies/

laws based on ILO conventions and other relevant UN instruments, such as CEDAW, the ILO multilateral framework for migration, and the ILO Code of Practice on HIV/AIDS.

- ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers, signed on 13 January 2007 by all ten Heads of State at the ASEAN Summit in Cebu, Philippines⁵².

As a follow-up to the above declaration, the ASEAN ministers also established the Committee on the Implementation of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers⁵³ during the 40th ASEAN Ministerial Meeting, held in Manila, 29 July to 2 August 2007. As an update to this, ASEAN convened a Forum on Migrant Labour on 24-25 April 2008 in Manila, and among the recommendations of the forum was to operationalize the ASEAN Declaration on Migration specifically to:

- Convene the first meeting of the ASEAN Committee on the Implementation of the Declaration on the Protection and Promotion of the Rights of Migrant Workers before the 14th ASEAN Summit, held in Bangkok, December 2008.
- Operationalize the structure and function of the committee in accordance with the provisions of the statement on the establishment of the ASEAN Committee, which was adopted during the 40th ASEAN Ministerial Meeting on 30 July 2007.
- Institutionalize and convene on a regular basis the ASEAN Forum on Migrant Labour as a platform for broad-based discussions on migrant labour issues under the auspices of the committee, which reports to SLOM.
- Task the committee to determine its work plan, including the timeline towards the development of the instrument on the Protection and Promotion of the Rights of Migrant Workers as provided in the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers.

⁵¹ UN Economic and Social Council 2005.

⁵² At www.aseansec.org/20768.htm.

⁵³ Ibid. Join Forces to Protect Foreign Domestic Workers, at ufdwrs.blogspot.com/



- The ASEAN Commitments on HIV and AIDS, also signed by all ten Heads of State on 13 January 2007, Cebu, Philippines, states that migrant and mobile populations are vulnerable groups that need support and attention.

NGO Regional Cooperation

United for Foreign Domestic Workers' Rights

United for Foreign Domestic Workers' Rights (UFDWRS) is a coalition of five regional/international organizations: Coordination of Action Research on AIDS and Mobility (CARAM-Asia); Asia Pacific Forum on Women, Law, and Development (APWLD); Global Alliance Against Traffic in Women (GAATW); Asia Pacific Mission for Migrants (APMM); and Mekong Migration Network (MMN). The current kick-start campaign, "One Paid Day Off Per Week," was launched in November 2007 to enable domestic workers to have the opportunity to pursue personal interests as

well as to address health and other concerns. This feeds into the greater purpose of recognizing domestic work as professional work by affording them a fundamental workers' right.

In August 2008, a high-level roundtable forum on the situation of foreign domestic workers, hosted by the ADALEH Center for Human Rights Studies and co-organized by UNIFEM and CARAM Asia, was attended by representatives of the Jordanian Government, the Solidarity Center, CARITAS Lebanon, as well as groups from Bahrain, Bangladesh, Burma, Hong Kong SAR, India, Indonesia, Jordan, Lebanon, Malaysia, Nepal, Pakistan, the Philippines, Saudi Arabia, Singapore, and Thailand. The representatives at the forum welcomed Jordan's recent move to amend its labour laws to include the protection of all domestic workers, but emphasized the need for implementation to begin as soon as possible. The signing of the amendment, which

Country	Bangladesh	Pakistan	Philippines	Sri Lanka	Lebanon	Bahrain	UAE
Pre departure training on HIV	Yes	Rarely	Yes	Yes	N/A	N/A	N/A
Support for migrants found positive	No	No	Yes	Some	No	No	N
Embassy/Consular support to migrants and staff trained	No	No	Yes	Some	No	Yes, but not adequate	Yes, but not adequate
Support for deported migrants	No	No	Yes	No	No	No	No
Migrant friendly testing	No	No	Yes	No	No	No	No
Regulation of agent fees	Yes, but not enforced	Yes, but not enforced	Yes	Yes, but not enforced	Yes, but not enforced	Yes, but not enforced	Yes, but not enforced
Presence of NGOs that support migrants	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Recourse for migrants experiencing violations by employers	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Recognition of domestic work as labour with conditions that protect migrants	No	No	No	No	Under government consideration	Under government consideration	Under government consideration
Bilateral Agreements between host countries and countries of origin	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Member of Gulf Cooperation Council	No	No	No	No	No	Yes	Yes
Member of Abu Dhabi Declaration	Yes	Yes	Yes	Yes	No	Yes	Yes
Member of Colombo Process	Yes	Yes	Yes	Yes	No	Yes	Yes

was gazetted on 17 August 2008 by His Royal Highness King Abdullah II, coincided with growing public awareness of cases in which foreign domestic workers have been subjected to serious violations, including physical abuse, non-payment of wages, and denial of rest days⁵⁴.

Jakarta Process

The Jakarta Process is a coalition of national and regional organizations and national human rights institutions that seeks to promote the role and mandate of national human rights institutions in increasing the human rights protection of migrant domestic workers and irregular migrant workers.

The Jakarta Process was initiated by Komnas Perempuan, the Indonesian National Commission on Violence against Women. Members of its Steering Committee belong to Tenaganita

(Malaysia); SBMI (Indonesian Migrant Trade Union); Asia Pacific Forum on Women, Law, and Development (Thailand); the Human Rights Commission of Sri Lanka; the Task Force on ASEAN Migrant Workers (Singapore); Migrant Forum Asia (Philippines); and Komnas Perempuan.

Multi-Sectoral Cooperation

Joint United Nations Initiative on Mobility and HIV/AIDS in Southeast Asia and Southern China (JUNIMA)

Geographically, JUNIMA covers all ASEAN countries (i.e. Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam) as well as the southern provinces of China (Yunnan and Guangxi)⁵⁵. It is the former UNRTF.

⁵⁴ Join Forces to Protect Foreign Domestic Workers, at ufdwrs.blogspot.com/

⁵⁵ About JUNIMA, at www.hivmobilitysea.org/AboutUNRTF/index.html.



The focus areas of the JUNIMA are advocacy, information sharing, coordination, capacity-building, monitoring, and evaluation.

Its main activities include:

- Establishing multi-sector partnerships at national and regional levels.
- Creating an enabling environment for responses that address the needs and rights of migrants and mobile populations.
- Coordinating national planning and HIV-prevention efforts in member countries.
- Facilitating the development of national and regional data collection and research mechanisms.
- Disseminating information for regional programming responses to HIV and mobility issues.
- Enhancing coordination and collaboration mechanisms between regional and national levels on HIV prevention, care, and treatment for migrants and mobile populations.

The main implementing partners of JUNIMA are the ASEAN Secretariat, the United Nations and family organizations (UNDP, UNAIDS, IOM, ILO, UNESCO, UNHCR), regional NGOs (Asia Pacific Network of People Living with HIV/AIDS, APN+, CARAM Asia, Migrant Forum Asia, Raksthai, ACHIEVE and representatives of all ten ASEAN Member States (through the ASEAN Task Force on AIDS, ministries of labour, or similar bodies).

The Joint Initiative is convened by the UN Resident Coordinator of Thailand, a multi-stakeholder steering committee serves as the executive arm of the Joint Initiative and the Secretariat is run by the UNDP Regional HIV Programme in Asia and the Pacific .

5. Recommendations

The foregoing analysis of the seven country reports points to key areas that need to be addressed to reduce the HIV vulnerability of migrant workers. These key areas cover a wide range of issues and require comprehensive strategies for the effectiveness and sustainability of interventions. This, in turn, necessitates a broad-based approach capable of harnessing collaboration among governments of origin and host countries, international agencies (including those of the UN, (i.e. ILO, IOM, and others), as well as NGOs and migrant associations. A proactive approach is vital for moving the recommendations forward.

As can be seen in Table 4, positive steps have been taken by origin and host countries to address the needs of migrant workers and, in particular, the needs of migrant workers in regards to HIV protection and services. While emerging good practices include bilateral agreements, mechanisms that allow migrant workers to file employment complaints, support to NGOs that address the concerns of migrants, and legislation to protect the rights of migrant workers, there remains a gap between laws and enabling practices. To ensure the safety of migrant workers and that they are provided with quality working and living conditions, there is an urgent need to improve the design of pre-departure trainings, to regulate the functioning of recruitment agencies, and institute migrant friendly HIV testing. With regard to domestic workers, domestic work needs to be brought under the ambit of labour laws in the host countries.

The Philippines stands out as a country that provides a variety of protections and services for its migrant workers, varying from pre-departure and embassy staff HIV training to reintegration training and support for migrants who are HIV positive. On the back of such support systems, Filipino workers are often less vulnerable, receive higher wages, and are able to demand more equitable treatment in host countries. Conversely, when enforceable mechanisms and laws are not in place, this lacuna is reflected in poorer living and working conditions for migrant workers in host countries.

Governments play a unique role in developing and sustaining facilitative environments that would ensure the protection of the human rights of women migrant workers and reduce their

HIV vulnerability. An integrated multi-sectoral and inter-regional approach is required.

1. Inter-regional dialogue and coordination for the promotion and protection of the rights, health, and well-being of women migrant workers must be initiated jointly by the ministries of health, labour, foreign affairs, and social welfare in origin and host countries.
2. Governments of origin and host countries need to demonstrate their commitment to reducing the HIV vulnerability of women migrant workers by institutionalizing the protections required in bilateral and multilateral memoranda of understanding and agreements.
3. Migrants who have a medical condition that does not impair their ability to work, such as living with HIV, should not be denied the right to work.
4. Health insurance schemes for migrant workers should cover all aspects of health, including HIV. In addition, insurance schemes should ensure affordable health care.
5. A migration ranking system should be developed, similar to the US trafficking tier 1-3 ranking system. Such a system would 1) assist authorities in the country to know what measures need to be taken to improve the situation, and 2) inform workers of migrant safe practices within a given country.
6. Hiring agent and employer blacklists need to be created, monitored, and shared with all migrants, hiring agents, embassies, and both origin and host country governments.

Recommendations for both countries of origin and host countries:

- Advocate bilateral agreements with host countries that standardize contracts and conditions of work for migrant domestic workers. Explicitly outline their rights and obligations in order to minimize abuse.
- Grant the same legal status to domestic work as is granted to professional work.
- Ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and other relevant migrant conventions, as well as labour conventions such as ILO Convention 181 on the monitoring and regulation of private employment agencies.

- Initiate strategic regional, national, and international action across sectors - notably health, labour, and foreign affairs - to ensure safe access to HIV programmes and services for migrant and mobile populations.
- Establish and build capacity of government officials and CSOs to address the social and psychological needs of domestic workers, particularly those facing conditions of exploitation, violence, and poor health.
- Train and utilize media to assist in creating informative messages on safe mobility and HIV.

Recommendations for countries of origin:

- Design and strengthen effective HIV awareness and prevention programmes during the pre-departure orientation.
- Ensure safe and informed migration and advocate better social acceptance of migrant women workers.
- Monitor recruitment agents to ensure overcharging and exploitation of women does not occur.
- Train embassy and consular staff in host countries on the special needs and vulnerabilities of migrant women.
- Establish effective reintegration programmes for returning migrants that are responsive to the health and social and economic needs of migrants and their families.
- Review policies banning migration, where they exist, as they often do not halt migration but rather push it underground, making women even more vulnerable to exploitation and HIV.

Recommendations for host countries:

- Reform existing labour laws to cover migrant workers in the domestic sector.
- Promote voluntary HIV counseling and testing of migrant workers instead of mandatory testing and summary deportation.
- Critically assess and reform the sponsorship programme, which currently renders a domestic worker's status "illegal/irregular" if she is living outside her sponsor's home. This will enable migrant women in abusive situations to seek recourse and redress.

- Advocate better social acceptance among local communities of overseas migrant women workers.
- Ensure, through mandatory contract provisions, that domestic migrant workers have a reasonable amount of time off work and the freedom to leave their places of employment during leisure periods. For women who choose to become involved in intimate relationships during their periods of leisure, a concerted effort must be made to ensure that their health and safety is not compromised.
- Include migrant workers in the National AIDS Programme response.

5.1 Recommendations for International Agencies

The leverage that international agencies have in facilitating multi-sectoral forums and dialogues needs to be accessed to promote the human rights and health of women migrants and to secure their protection.

- Initiate an Arab-Asian multi-sectoral forum similar to the JUNIMA for South-East Asia to meet periodically to exchange information and develop collaboration to address the HIV vulnerability of migrant workers, with a specific focus on women.
- Strengthen initiatives in the SAARC region, involving the SAARC secretariat, to deal with HIV vulnerability of women migrant workers.
- Support civil society groups, especially in host countries, to be effective partners in the fight against HIV and AIDS, specifically in relation to migrant workers.
- Given the openness shown by several countries of origin in Asia and some Arab governments in working with the UN human rights system⁵⁶, the Office of the High Commissioner for Human Rights is urged to integrate the human rights of migrant workers and their HIV vulnerability into its ongoing arrangements of technical cooperation on human rights with these governments.
- Utilize the Universal Periodic Review, which assesses each UN Member State's fulfilment to its human rights obligations and commitments

⁵⁶ See Appendix 2 for status of ratification of international treaties, including the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.



through a mechanism of the Human Rights Council, to assess progress and areas for improvement.

- Share the findings of this research with the Asia Pacific Forum of National Human Rights Institutions.

5.2 Recommendations for National Human Rights Institutions (NHRIs)

The unique position, role, and mandate of NHRIs within the human rights landscape and infrastructure of a country enables them to mediate between the state and society, and to provide transnational advocacy networks in conjunction with allies inside state bureaucracies. Thus, they are key to advancing the human rights of women migrant workers⁵⁷.

- NHRIs in the Asian region are encouraged to proactively link with efforts in the Arab region to initiate NHRIs that would promote migrant workers' rights and their related vulnerabilities to HIV.

5.3 Recommendations for Non-Governmental Organizations (NGOs)

NGOs, too, have a distinctive role to play in reducing the HIV vulnerability of women migrant workers, given their proximity to migrant workers and their mutual trust and rapport.

- Expand the reach of community-based interventions that address capacity-building on issues of migration, labour, and health as they relate to HIV.

⁵⁷ Cardenas in Verghis and Conda 2008: 98). For more information, see Cardenas, Sonia, "Adaptive States: The Proliferation of National Human Rights Institutions"; and Carr Center for Human Rights Policy Working Paper T-1-04, "National Human Rights Institutions," at www.ksg.harvard.edu/cchrp/Web%20Working%20Papers/Cardenas.pdf.

- Constantly ensure that the perspective and voice of women migrant workers are made visible and audible in public forums on migration and HIV/AIDS - particularly since the participation of affected communities has been internationally recognized as key elements for the success of public health programs.
- Disseminate the findings of this research widely among other civil society actors and NGOs working on labour migration and HIV, as well as with migrant associations and organizations.
- Incorporate the conclusions of this study in ongoing advocacy related to labour migration and HIV/AIDS.

5.4 Recommendations for Women Migrant Workers Associations/Organizations/Unions:

Women migrant workers associations/organizations/unions that can leverage their first-hand knowledge of target communities are best poised to advance the issues of safe migration and the reduction of HIV vulnerability.

- Incorporate the findings of this research into their advocacy and outreach programs.
- Strengthen links and network with their counterparts in other origin and host countries, especially those that have an international membership.

5.5 Research and Monitoring

Finally, gender-sensitive information and data on labour migration, epidemiology, and social health - especially in relation to the socio-economic impacts of HIV vulnerability and infection - need to be strengthened via the efforts of all the stakeholders identified above as a way of building evidence-based approaches to policy formulation and programme design.

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Annex 1: Ratification /Accession /Succession Of Regional and International Instruments ⁵⁸									
Law / TREATY	UAE	Bahrain	Lebanon	Sri Lanka	Bangladesh	Philippines	Pakistan		
International Convention on the Elimination of All Forms of Racial Discrimination	x	x	x	x	x	x	x		
International Covenant on Civil and Political Rights		x	x	x	x	x	x		
Optional Protocol to the International Covenant on Civil and Political Rights				x					
International Covenant on Economic, Social and Cultural Rights		x	x	x	x	x	x		
Convention on the Elimination of All Forms of Discrimination against Women	x	x	x	x	x	x	x		
Optional Protocol to the Convention on the Elimination of Discrimination against Women				x	x	x			
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment		x	x		x	x	x		
Convention on the Rights of the Child	x	x	x	x	x	x	x		
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families				x	x	x			
South Asian regional Convention on Preventing and Combating Trafficking of Women and Children for Prostitution					x				
Arab Charter of Human Rights/Amended	x acceded	x							
Cairo Declaration on Human Rights in Islam	x	x							
Abu Dhabi Declaration	x	x			x				
Colombo Process	x	x			x				
UNGASS	x	x	x		x				
ASEAN Commitment on HIV and AIDS	x	x							
SAARC - HIV /AIDS and Mobility				x	x				

⁵⁸ At www2.ohchr.org/english/law/index.htm#core.

ANNEX 2: Why stigma and discrimination are major 'road blocks' to universal access to HIV prevention, treatment, care and support

According to UNAIDS, the following conditions explain "Why stigma and discrimination are major 'road blocks' to universal access to HIV prevention, treatment, care and support" (UNAIDS 2007a):

- Lower uptake of HIV preventive services, testing, and counseling.
- Reduced and delayed disclosure to partners, health care providers, and family members.
- Postponement or rejection of treatment, care, and support because of fear of breaches of confidentiality, and non-adherence to treatment regimes.
- Disproportionate affect of stigma and discrimination regarding women and girls, including an increase in violence against them.
- Magnification of discrimination on socially vulnerable groups, which often leads members of these groups to avoid or delay seeking needed services for fear of being "found out," humiliated, and/or treated differently by health workers – and, in some instances, prosecuted and imprisoned.



C. Country Reports

Countries of Origin & Host Countries

C. Country Reports

Overview

Each country report presented in this section examines the situation of female migrants and their vulnerability to HIV infection in both origin and host countries. It also analyzes the laws, policies, programmes, and practices that are in place to protect female migrants from abuse and discrimination. Special focus has been placed on identifying deficiencies and gaps (both in origin and host countries) in existing mechanisms to ensure the safety of migrant workers and to minimize their risk of contracting HIV. In addition, host country reports highlight and examine the various perceptions of key stakeholders on the issues particular to women migrants and the efforts undertaken by home and host governments, embassies, and NGOs to protect female migrants against any form of human rights violation.

It is envisaged that the generation of data on the HIV vulnerabilities of migrant workers, with specific focus on women and on existing responses in the host country, will highlight the need for the development of new and/or the scaling-up of existing HIV responses.

COUNTRIES OF ORIGIN

1. Bangladesh

1.1 Introduction: Migration and HIV

Data from the Bureau of Manpower, Employment, and Training (BMET) shows that from 1976 to January 2007 the total number of Bangladeshis working abroad as short-term migrants stood at 5,613,752. In 2007 alone, 832,609 migrants left Bangladesh and sent back \$6.5 billion in remittances. Between 2006 and 2007, an estimated 18,000 women migrated from Bangladesh, compared to approximately 14,000 in 2005-2006. From 1991 to 2007, the majority of Bangladeshi women migrated to Saudi Arabia and the UAE.

Between 1991 and May 2007, BMET listed a total of only 69,967 women who migrated to Asian countries and the Arab States. Of

these, 22,826 went to Saudi Arabia, while 20,482 went to the UAE. The next major destinations of Bangladeshi women migrants are Kuwait, Jordan, Malaysia, and Bahrain. From 1981 to 1998, the Bangladeshi Government repeatedly banned or restricted the emigration of women considered “unskilled,” which resulted in women migrants accounting for just 1 percent of the total flow of migration up to 2003. With the lifting of the ban and restrictions in 2003, the official flow of female migration rose to 6 percent in 2006. This official figure might be lower than the actual number as it is estimated that only 40 percent of women migrant workers migrate through recruitment agencies, while 60 percent leave in cooperation with relatives and friends who reside in the host countries.

According to the Ministry of Health and Family Welfare (MoHFW), there were 1,207 registered HIV cases in December 2007. This was a sharp increase from only 363 registered cases in 2003. Overall, the prevalence of HIV in the general population is low, at under 0.1 percent ⁵⁹.

In Bangladesh, migrant workers account for a significant number of HIV cases, primarily because they are subjected to mandatory HIV testing. It has been estimated that 51 percent of the 219 confirmed cumulative HIV cases in 2002 were among returning migrant workers⁶⁰. According to the International Centre for Diarrhoeal Disease Research (ICDDR), 47 of the 259 cases of people living with HIV during the period 2002-2004 were infected during the migration process. Of these, 29 were returning males from abroad, seven were wives of migrant workers, and four were children of HIV-positive migrant workers. In 2004, data from the National AIDS/STD (Sexually Transmitted Disease) Programme of the MoHFW showed that 57 of the 102 newly reported HIV cases were among returning migrants.

The links between migration and HIV and AIDS is an area that needs further investigation in Bangladesh, especially since statistical data fails to provide adequate insight into this complex connection.

⁵⁹ UNGASS (United National General Assembly Special Session on AIDS) Country Report 2008.

⁶⁰ Bangabandhu Sheikh Mujib Medical University (BSMMU).



1.2 Research Methodology

The qualitative research in Bangladesh included interviews with 125 women returnee migrant workers. In the host countries, 53 domestic workers were involved in the study: 18 in Bahrain, 15 in Dubai, and 20 in Lebanon. An additional 17 women migrants, including workers in the garment industry, hotel-based sex workers, and bar and nightclub workers, were interviewed, as were some 45 male migrants who were either boyfriends or clients of sex workers.

The snowball sampling⁶¹ method was followed to identify participants for the focus group discussions (FGD). Migrant women peer educators, trained by the Ovibashi Karmi Unnayan Program, were engaged to identify the returnee women migrants based on a set criteria - for example, country of employment,

period of employment, employment category, income, and geographic origin.

In Bangladesh, the research team conducted key informant interviews with stakeholders from government agencies, such as the Ministry of Expatriate Welfare and Overseas Employment (MoEWOE), BMET, and Immigration. Other key informants included recruiting agents; international organizations, such as UNIFEM and IOM; local NGOs, such as HIV/AIDS and STD Alliance Bangladesh (HASAB); and people living with HIV (PLHIV) self-help groups, especially Mukto Akash Bangladesh and Ashar Alo Society. Onsite, the team conducted interviews with the consular officers in the Bangladesh missions and with migrant support organizations in all three host countries where the research took place.

⁶¹ "Snowball sampling" is a non-probability method of survey sample selection that is commonly used to locate hidden populations. This method relies on referrals from initially sampled respondents to other persons believed to have the characteristic(s) of interest.

1.3 Policies and Laws

External migration in Bangladesh is regulated by the Emigration Ordinance of 1982, which allows only persons with valid travel documents to emigrate. It also empowers the government to disallow emigration of persons of a particular occupation, profession, vocation, or qualification in the public interest. In 2002, this ordinance was revised and became Emigration Rules, which, among other things, states the need “to provide briefing to the outgoing overseas employees before issuance of emigration clearance.” Moreover, the Code of Conduct of Recruiting Agencies and License Rules, also enacted in 2002, requires recruiting agents to ensure that migrant workers attend pre-departure briefings, and that recruitment agents must arrange for medical examinations

From 1981 onwards, the Bangladesh Government repeatedly banned or restricted the out-migration of so-called “unskilled” women. In early 1981, a Presidential Order stated that professional and skilled women could migrate as “principal workers” (that is, primary bread winners). Semi-skilled and “unskilled” women could also migrate as principal workers, but they could not go overseas without a male guardian. In 1988, the government withdrew the ban but imposed a restriction on the migration of “unskilled” and semi-skilled women⁶². In 2003, an announcement was made that the employment of Bangladeshi women as domestic workers in Saudi Arabia would be permitted, provided they are above 35 years old, preferably married and accompanied by their husband.

In September 2007, the Government of Bangladesh issued a gazette notification applicable only to female domestic workers bound for Saudi Arabia and other countries in the Arab States. This notification provided for particular rules regarding the issuance of a work permit (for example, minimum age of 25 for migration), visa processing, and mandatory training and briefing at the pre-departure stage. It also stated that a database of migrants be maintained and controlled by recruiting agencies, embassies, and the Bangladesh missions.

With regards to HIV and AIDS, the National Policy developed in 1998 provides that HIV testing should be confidential or anonymous and that counseling services will be made available in all places where individuals are to be notified of test results. The policy further states that screening for HIV infection or other sexually transmitted infections (STIs) will not be mandatory for travelers or migrants into or out of the country. However, such is not the case for Bangladeshi migrant workers going to many countries in Asia and the Arab States, as it is required by their employers.

In 2006, the government developed the National HIV/AIDS Communication Strategy 2005-2010, involving all relevant ministries, NGOs, the United Nations, and other development agencies. The Communication Strategy identified high-risk populations – sex workers, drug users, men having sex with men, mobile populations (emigrants, people crossing borders regularly, transport workers, factory and other mobile workers), prisoners, uniformed forces, and street children – as priority groups for HIV prevention, and also recognized the need to involve these vulnerable groups in policy dialogue and formulation.

1.4 Research Findings

60 percent of respondents interviewed onsite and in Bangladesh migrated through private channels, that is, through “individual contracts” facilitated by their relatives and other middlemen. In these cases, hiring agents are usually involved only for paper processing, including BMET clearance, ticketing, and so forth. There is no mechanism to identify and regulate the middlemen who are recruiting domestic workers.

At the time of this study there were 762 known recruiting agencies in Bangladesh, but an unknown number of agents, sub-agents, and middlemen were also engaged in recruiting prospective domestic workers throughout the country. There is no specific record of agencies that recruit for a particular host country. Thus, there is no mechanism to efficiently monitor agents, sub-agents, and middlemen.

⁶² Siddiqui, T., “Transcending Boundaries: Labour Migration of Women from Bangladesh” (Dhaka: The University Press Limited, 2001)

There is no minimum standard wage for Bangladeshi domestic workers either in Bahrain or in Dubai. Domestic workers in Bahrain are paid less than \$100 a month, and earn approximately \$100 in Dubai. In Lebanon the domestic workers are usually paid \$125, as stipulated in their work contract.

Only 9 percent of those interviewed in Bangladesh attended the official pre-departure briefing. The BMET runs only one pre-departure briefing center for the country; however, recruiting agencies also manage a few accredited private pre-departure briefing centers. The weak monitoring mechanism, the inability to reprimand defaulting recruiting agents, and loopholes in existing laws all contribute to continued violations of the compulsory pre-departure briefing policy.

The Pre-departure Briefing Module includes the rules and regulations that migrant workers are supposed to abide by in their host countries. Domestic workers are taught how to perform their household tasks. Relevant health information is not adequately provided, and women receive only limited orientation on STIs and HIV. 96 percent of Bangladeshi domestic workers interviewed onsite did not receive training on HIV before they left the country. Half had heard of HIV from the media or from co-workers, but none had in-depth knowledge on HIV prevention and safer sex practices.

Abroad, women face numerous hardships, including irregular payment of salaries, long working hours, and physical and sexual abuse. Even for some of the more common illnesses, they seldom have the time, knowledge, or resources to visit a physician, and thus tend to treat themselves for such maladies as back pains, colds, headache, fever, gastric pain, and menstrual cramps. Pregnancy is a major concern as it is considered a crime for unmarried women in the UAE and Bahrain. Since abortion is officially prohibited in many countries in the Arab States, unmarried domestic workers are sent to a detention camp, or even jail, if they are discovered to be pregnant. In order to avoid such a situation, some take the risk of undergoing unsafe, clandestine abortions.

Bangladeshi research participants reported that some migrant women become involved in sexual relationships while abroad.

While many relationships are consensual, there are instances where partners, both nationals and other migrant workers, take advantage of the women. Reports indicated that some domestic workers become victims of sexual exploitation by abusive partners and/or by employers and their relatives. Incidents of rape and group rape, either by local nationals or male migrant workers from other nationalities, were reported in the host countries. Usually, the domestic workers do not disclose incidents of sexual exploitation for fear of losing their jobs and to avoid stigma and discrimination.

Currently, there is no mechanism in place to address sexual abuse and exploitation of domestic workers. Since domestic work is not covered by labour laws in the host countries, domestic workers have scant protection when their rights are violated. In the face of abusive situations, domestic workers sometimes resort to running away, which increases their vulnerability to other forms of exploitation, including forced sex work.

In addition, many live-in domestic workers are kept under strict control. Usually, they are not allowed any days off, and they are forbidden contact with other men. Despite this restriction, some women still find the opportunity to get involved with a male migrant worker with whom they might come in contact, such as a driver, electrician, plumber, etc. Occasionally, they may have sexual relationships with their broker, or even enter into a fake marriage in order to maintain a relationship.

Home-based and hotel-based sex workers, as well as women working in bars and nightclubs, who become involved in sexual relations reported low condom use and a general lack of knowledge regarding HIV and safer sex practices. However, the research also found that hotel-based sex workers in Dubai consistently use condoms with their clients. In contrast, among the Bangladeshi male migrant workers interviewed onsite, 80 percent said they had sexual relations, but of these only five percent said they used condoms.

Regarding HIV knowledge and safer sex practices among domestic workers, the research revealed that: first, there is lack of knowledge of safer sex practices; second, access to purchase

condoms is limited as many are not allowed to leave their places of employment; and, third, the use of condoms is usually dependent on the willingness and consent of the male partner.

All the research participants in the three host countries said that they had no knowledge about support services provided either by the Bangladesh Embassy or other agencies. Very few domestic workers approach the embassy for support, even if they need it.

1.5 Recommendations

Women migrant workers must be provided access to accurate and relevant information on migration and HIV prevention during pre-departure and post-arrival stages.

Treatment and care services must be made available for deported migrant workers living with HIV. In addition, legal support and social and economic reintegration programmes should be established.

Collaboration among NGOs, self-help groups, and PLHIV networks within the country is necessary and should be established. Support linkages and referral systems between origin and host countries also need to be established.

Policy advocacy at the national and international level needs to be strengthened to mainstream HIV issues among migrant workers.

Comprehensive policies that protect women migrants need to be developed, including providing safeguards and protection during the recruitment process.

Bilateral agreements and/or MOUs for the protection of migrant domestic workers have to be developed with all host countries.

2. Pakistan

2.1 Introduction: Migration and HIV

Since the oil boom of the 1970s, millions of Pakistani men have migrated to the Gulf States in search of better employment opportunities. Similar to most labour-sending countries, the migration patterns are characterized by a two-step process: first, rural-to-urban (internal), and, second, urban-to-overseas (external). Data from the Bureau of Emigration and Overseas Employment (BEOE) shows that the majority of Pakistani migrants working in the Gulf countries are between the ages of 20 and 30 years. Most of them are unskilled and uninformed about health issues, including HIV.

What is not similar to most labour-sending countries, however, is the ratio of men and women workers traveling abroad. While there is little data on the migration flows of Pakistani women to the Arab States, according to the BEOE, of the more than 700,000 Pakistanis who migrated overseas during the last five years, only 1,200 were women.

The global stock of migrant Pakistani workers was estimated to be around four million in 2001. During the period 2005-2007, the Government of Pakistan, through the Overseas Employment Promoters (OEP), has sent some 615,403 persons abroad. These included doctors, engineers, nurses, teachers, accountants, managers, agriculturists, and skilled technical workers such as welders, masons, and the like. In 2007, 280,279 Pakistani migrant workers were registered by the BEOE, with almost half going to the UAE. Today, some migrant workers do not go abroad through such conventional channels as government offices, overseas employment agencies, or other agents. Rather, the current trend is to use the social networks that the migrants themselves have facilitated during their travel overseas, thus relying on the assistance of friends, relatives, fellow tribesmen, etc. The majority travel on visitor visas and end up staying irregularly in the host countries until they are discovered and deported.

Pakistan benefits from the foreign exchange earnings brought by its overseas workers. At its peak in the mid-1980s, remittances from overseas workers constituted half of the country's foreign

exchange earnings. In fiscal year 2006-2007, foreign remittances reached around \$8 billion.

According to Pakistan's National AIDS Control Programme (NACP), there are approximately 4,000 registered HIV/AIDS cases in Pakistan. UNAIDS and WHO estimate the figure at around 70,000-80,000, with cases among women at 15,000. Data analysis indicates that most infections occur among Pakistanis between the ages of 20 and 44 years, with men outnumbering females by a ratio of 5:1. UNAIDS estimates that 0.1 percent of the population is infected with HIV, although the number of cases reported by the NACP suggests less. Official numbers may be underreported, due to the social stigma associated with the disease, the limited voluntary counseling and testing facilities available, as well as the lack of HIV/AIDS knowledge among the general population and health practitioners.

Many of the HIV-positive cases are found among low-skilled Pakistani workers deported from the Gulf States. During the period 1996-1998, a total of 58 returned migrant workers with HIV represented 61 percent to 86 percent of reported cases. During that same period, the wives of five returning workers also tested positive for HIV.

2.2 Research Methodology

The research team undertook a desk review of existing data and information on migration and HIV/AIDS in Pakistan, which proved to be challenging as the data on these issues was scanty and difficult to obtain. The team also faced other challenges in the preparatory phase of the research, such as the difficulty in getting the support and interest of concerned government ministries and departments. In addition, the research commenced at a time when the political situation in Pakistan was particularly unstable, thus hampering the collection process.

Returned migrant workers formerly working in Bahrain and Dubai are spread throughout Pakistan. Through various sources, the research team identified clusters of these populations where the majority of the household heads (men) had been previously employed by construction companies in Bahrain and Dubai.



Through these contacts, it was possible for the research team to identify the target community and to collect data, especially with PLHIV. In order to accomplish the latter, AMAL (literally “action” in Urdu, and one of the country’s most visible advocates for HIV/AIDS prevention, treatment, and awareness) held several meetings with NGOs working on HIV/AIDS issues, and with families, friends, and relatives of PLHIV. The team initially had a difficult time in getting the migrants to share their experiences about working and being abroad. Even people who were not HIV-positive and had been working in Arab countries refused to meet the research team because of the stigma surrounding the issue of HIV/AIDS.

Despite these difficulties, the research team was able to conduct five focus group discussions (FGDs) in the country, including one with PLHIV, for a total of 46 participants. Participants included

both professionals, such as bank workers, factory managers, etc., and labourers or those considered “unskilled,” such as construction workers, factory workers, etc. Two FGDs in Bahrain involving 16 participants and two in Dubai with 17 participants were also carried out. In addition, the research team conducted in-depth interviews with eight participants each in Bahrain and Dubai. Two case studies of returned migrant workers living with HIV were also completed. Finally, AMAL conducted key informant interviews with 12 respondents from various government ministries and departments, UN agencies, recruitment agencies, testing centers, NGOs, and PLHIV.

2.3 Policies and Laws

In Pakistan, the legal framework that safeguards the rights of overseas workers and regulates the activities of overseas

employment promoters and recruiting agents is contained in the Emigration Ordinance (1997) and the Emigration Rules (1997). Overseas employment is regulated under Section 8 of the Emigration Ordinance, which grants vast powers to the Director General of the BEOE, the Protector of Emigrants, and the Community Welfare Attaché/Labour Attaché, who, among them, deal with all matters pertaining to overseas employment of Pakistani workers.

The Emigration Ordinance regulates the activities of overseas employment promoters and agencies by establishing procedures for licensing and recruitment, and provides for the protection of workers against malpractices and for the redress of workers' grievances. The BEOE is the central organization for regulating labour emigration from Pakistan and administratively comes under the Ministry of Labour, Manpower, and Overseas Pakistanis. Its mandate has two main goals: to reduce unemployment within the country, and to earn foreign exchange through salary remittances from workers abroad.

The BEOE, with seven regional offices, functions through the Protector of Emigrants. The Protector of Emigrants directly supervises the activities of overseas employment promoters; processes their requests for workers; inspects their offices; and receives such reports as may be required by the Director General. The Community Welfare Attaché (CWA), the equivalent of the Labour Attaché in other countries, is responsible for the promotion of overseas employment of Pakistani workers and for their welfare while abroad. At present, Pakistan has CWAs stationed in Bahrain, Kuwait, Libya, Oman, Qatar, Saudi Arabia, the UAE, and the United Kingdom.

According to Emigration Rule 27, all workers recruited for employment abroad are required to appear at the Protector of Emigrant's office prior to departure for orientation and briefing along with the overseas employment promoter or his authorized representative. During this visit they are supposed to be briefed about the laws of the host country, the terms and conditions of their contract, and their rights and obligations while they remain employed abroad. According to the law, no one can leave Pakistan for overseas employment on an employment visa unless they

are registered in the office of Protector of Emigrants and have a certificate of registration stamped on their passport.

Pakistan currently has no law regarding HIV/AIDS, but in the National HIV/AIDS Strategic Framework migrant workers were considered a vulnerable group with regard to HIV transmission within the country. This attention was brought about by the cases of mostly male Pakistani migrant workers deported from the Gulf States after being found HIV-positive. Without proper counseling, these returning migrants could pose a significant risk to their spouses and partners.

2.4 Research Findings

The research found that the pre-departure orientation provided to migrant workers is inadequate, especially on topics related to policies, laws, rights, working conditions, health hazards, and other vulnerabilities in the host countries. In Bahrain, almost all respondents interviewed stated that they received no orientation session before their departure. In Dubai, all the migrant workers interviewed said that they were unaware of the country's laws, rules, and culture. With most Pakistani migrants lacking formal education and coming from remote areas, they face a significant risk of exploitation by the recruitment agencies or independent agents both while in Pakistan and in their host country. 83 percent of respondents did not go through pre-departure orientation from any concerned government department, and 16 percent received no information from the official government department on policies, rights, working conditions, issues related to health, and other vulnerabilities. However, prior to departure most migrants received informal information from their friends, relatives, and/or colleagues.

In terms of HIV/AIDS, 88 percent of respondents did not receive any information prior to traveling to host countries, but all the professional migrants interviewed had some previous knowledge about HIV/AIDS.

63 percent of respondents said that they traveled to host countries through hiring agents. The rest traveled either through a relative-sponsored or friend-sponsored visa. Those who traveled through agents were charged a large sum of money. In Pakistan,

a company-sponsored visa to Saudi Arabia could cost as much as \$2,900, whereas an open visa (or Azad visa) would cost around \$1,450.

Pre-departure registration of migrant workers at the private and government levels remains weak. There is a lack of coordination between various departments and stakeholders to facilitate regular migration and to address irregular migration from Pakistan. Policy-makers and programme implementers have yet to systematically address the issues and concerns that migrant workers face, particularly at the pre-departure and post-arrival phases.

All registered migrant workers, especially those going to the Arab States, undergo mandatory HIV testing. However, pre- and post-counseling are not often provided by the HIV testing centers in Pakistan.

In the host countries, Pakistani migrants - especially low-skilled and “unskilled” labourers and those irregularly documented - often experienced sub-standard or hazardous living and working conditions. 60 percent were subjected to long working hours, had no fixed salary, and were often deprived of rest, days off, and recreation. In addition, they had limited access to health facilities, orientations, and check-ups, which further aggravated their health risks and vulnerabilities. Eight of the respondents were diagnosed with HIV by the medical officials in host countries. They were arrested by the police, ill-treated, and forcefully deported to Pakistan, being neither informed about their HIV-positive status nor able to collect the wages their employers owed them.

70 percent of respondents were living in their employers’ camp sites during the entire duration of their stay in the host countries. 30 percent were living outside the camp, which meant sharing accommodations with at least eight to ten persons in a room. The savings realized from sharing the rent enabled them to communicate with their families about once a week, as well as to spend money on visiting sex workers.

A majority of Pakistani migrant workers reported that they engaged in sexual relations with female sex workers during their stay in the host countries. 86 percent of the respondents who fell

in the “unskilled” category had little or no knowledge about safer sex practices, including condom use, whereas the majority of professional migrants responded that they did.

Most of the Pakistani migrant workers who were interviewed onsite in Bahrain, Dubai, or upon their return to Pakistan, were not in contact with the Pakistani Embassy while in their host countries. The embassies do not handle any cases related to sexual abuse, rights violations, and health issues such as HIV/AIDS because the government has no organized policy to provide help to migrant workers. Even in HIV-related deportation cases, the embassy is not informed by any local official because there is no policy to exchange information regarding the situations and conditions of migrant workers, particularly in relation to their HIV status.

2.5 Recommendations

Advocacy efforts from civil society, such as AIDS service providers and women’s rights groups, are needed to ensure gender-based migration policies that are sensitive to HIV/AIDS issues. Pre-departure briefings by emigration sub-offices need to provide basic information to migrant workers on migrants’ rights and HIV vulnerabilities.

Bilateral agreements between Pakistan and host countries should be signed to deter exploitation and abuse of Pakistani migrant workers during their stay in host countries.

The Pakistan Bureau of Emigration should improve its capacity for the registration of migrant workers. Coordination among major stakeholders, including agents, promoters, and government bodies, needs to be strengthened for purposes of accountability and transparency in the pre-departure and post-arrival phases of migration.

The Pakistani embassies in Bahrain and the UAE need to establish and maintain assistance units for Pakistani migrants. They should be centrally located, easily accessible, and open after migrant work hours. In collaboration with host country governments, they also need to support and facilitate the creation of workers’ unions to protect migrants’ rights.

Cooperation mechanisms need to be put in place among government ministries/departments, UN agencies, NGOs, community-based organizations, and the National Commission on the Status of Women to promote workers' and women's rights, and to address the vulnerability of migrants to HIV.

In-depth qualitative data on the nexus of gender, migration, and HIV/STIs should be gathered and studied; and awareness programs to reduce the vulnerabilities faced by the spouses of returning migrant workers should be developed.

Referral and support systems as well as reintegration programmes should be put in place for HIV-positive migrants.

3. The Philippines

3.1 Introduction: Migration and HIV

The Commission on Filipinos Overseas (CFO), a government agency mandated to uphold and promote the interests and well-being of overseas Filipinos, estimates that the number of Filipinos outside the country reached 8,233,172 in December 2006. Of this figure, 3,556,035 (43 percent) were immigrants or legal permanent residents abroad; 3,802,345 (46 percent) were contract workers (who are also referred to as Overseas Filipino Workers, or OFWs); and 874,792 (11 percent) were irregularly documented migrants⁶³.

Since 2000, women have comprised 90 percent of the yearly deployment of new hires for service workers from the Philippines, of which 30 percent are household workers. In 2006, 184,454 women migrated in search of work, and about half of these found employment in the domestic sector. Such figures do not represent the total stock of female OFWs, as these exclude rehires, those with ongoing work contracts, and those who are undocumented. That same year, the top ten host countries for domestic workers were: 1) Hong Kong, 2) Kuwait, 3) Saudi Arabia, 4) United Arab Emirates, 5) Lebanon, 6) Qatar, 7) Jordan, 8) Singapore, 9) Oman, and 10) Cyprus.

In 2007 the Bangko Sentral ng Pilipinas (Central Bank of the Philippines) reported that OFWs remitted a total \$14.4 billion. These contributions make up about 13 percent of the country's total gross domestic product (GDP). Remittances from land-based workers comprised 85 percent, or \$12.2 billion⁶⁴.

Classified as an HIV "low-prevalence" country, as of July 2008 the Philippines had a cumulative total of 3,358 cases of HIV infections dating back to 1984. A total of 796 (24 percent) are AIDS cases, and of these 310 (39 percent) have died.

Since the start of the decade, the National HIV Registry of the Department of Health has been recording and reporting the continued incidence of HIV cases among OFWs. Of the total number of cases, OFWs make up 34 percent (1,142). Such figures have to be looked at as a function of mandatory HIV testing for

overseas employment, which is required by most host countries. As of December 2007, women domestic workers comprised 17 percent of HIV cases among OFWs.

3.2 Research Methodology

The ACHIEVE research team undertook preliminary data gathering through a desk review of existing literature covering the topics related to migration, gender, and HIV and AIDS. Meetings were held with the Executive Director of the Office of the Undersecretary for Migrant Workers Affairs (OUMWA) of the Department of Foreign Affairs (DFA), and with the specific focal persons/officers handling the three countries identified as the research sites, to discuss the research design. The DFA provided valuable technical support, which enabled the research team to conduct the research in Bahrain and Dubai in the UAE. A consultant from UNDP-Regional Center in Colombo (RCC) conducted the data gathering activities in Lebanon.

Utilizing qualitative data-gathering methods, such as focus group discussions and in-depth interviews, the team interviewed a total of 93 women—38 in the Philippines and 55 in the host countries (21 in Bahrain, 18 in Dubai [UAE], 16 in Lebanon). The majority of the respondents were domestic workers staying in the Philippine Overseas Labour Office shelter in Bahrain and Dubai. Eight waitresses were also interviewed. Of the 38 women interviewed in the Philippines, four were HIV-positive who had previously worked in the UAE.

The research team conducted key informant interviews with various stakeholders and individuals in Bahrain, the UAE, Lebanon, and the Philippines. These included officials from foreign missions, such as the Philippine Embassy/Consulate, Overseas Workers Welfare Administration (OWWA), and the Philippine Overseas Labour Office (POLO). Other professional OFWs (journalist, nurses, and a Filipino physician licensed to practice in Dubai) were also interviewed. In the Philippines, the key informants interviewed were government officials from the OUMWA-DFA, the Philippine National AIDS Council, the Department of Social Welfare and Development, migrant support NGOs, AIDS service providers, and the association of people living with HIV.

⁶³ Philippine Overseas Employment Administration (POEA). 2006. OFW Global Presence: A Compendium of Overseas Employment Statistics. Philippines

⁶⁴ Bangko Sentral ng Pilipinas (BSP), Overseas Filipinos Remittances, at www.bsp.gov.ph/Statistics/keystat/ofw.htm.



3.3 Policies and Laws

There are two main laws that are relevant to migrant workers and HIV and AIDS issues. The first is Republic Act (RA) 8042, or the Migrant Worker and Overseas Filipinos Act of 1995, a law envisaged to protect and promote the rights and welfare of OFWs. The law makes explicit its aim to “uphold the dignity of Filipino migrant workers” and “afford full protection to labour, local and overseas, organized and unorganized, and promote full employment and equality of employment opportunities for all and provide adequate and timely social, economic, and legal services to Filipino migrant workers.” It aims to provide safeguards against illegal recruitment, respond to labour rights violation of OFWs onsite, and provide for reintegration services. Lastly, it also makes the pre-departure orientation seminar (PDOS) mandatory.

The second piece of relevant legislation is Republic Act 8504, or the Philippine HIV/AIDS Prevention and Control Act of 1998, a law that provides the policy backdrop for the country’s national HIV and AIDS response, as well as protection for people living with and affected by HIV. A provision that applies specifically to OFWs is Article 1, Section 7, which reads: “All Overseas Filipino Workers, diplomatic, military, trade, and labour officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention, and consequences of HIV/AIDS before certification for overseas assignment.” Because of this, all departing OFWs, as well as Foreign Service personnel, are required to undergo HIV orientation during the mandatory PDOS. Another important provision of this legislation is the prohibition of compulsory testing for HIV.

In 2007, the Philippine Overseas Employment Agency (POEA) Governing Board took steps to try to reduce the abuses and maltreatment experienced by female domestic workers abroad through the issuance of a reform package for domestic workers. This package consists of: a minimum age requirement of 25; an entry-level minimum wage of \$400 per month; prohibition on the collection of placement fees; pre-qualification of recruitment agencies under the POLO; the securing of a pre-qualification certificate from employers; and mandatory verification by POLO of individual contracts and subsequent job offers. It remains to be seen, however, if such steps are adequate to alleviate the vulnerability of domestic workers, rather than fuel the proliferation of illegal recruitment agencies that have become increasingly resourceful in subverting government restrictions and regulations on labour migration.

In August 2007, the Philippine Government entered into a Memorandum of Agreement with the Government of the UAE, setting standards for the recruitment and placement of Filipino manpower in that country. According to this agreement, the worker “shall perform work for the employer and shall be recruited through selection according to the needs of the UAE, and shall be given protection pursuant to the labour laws and regulations in force in both countries.”

The Philippines has signed on to key international instruments and agreements, such as the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the Association of Southeast Asian Nations (ASEAN) Declaration for the Protection of the Rights of Migrant Workers, and the ASEAN Declaration of Commitment on HIV/AIDS.

3.4 Research Findings

Like many Filipinos who decide to work overseas, the participants in this research opted to work abroad mainly to alleviate their families’ financial condition. The participants paid a range of amounts to their agents that supposedly covered placement fees, agent fees, payment for medical examinations and trainings, and even payment for the airport official who accompanied them through Immigration. 27 percent of the domestic workers in this

study said that they already signed contracts before leaving the Philippines. Upon arrival at the host country, 60 percent of them were made to sign a different contract. 22 percent said that their new contracts were written in Arabic, which they could not understand.

While all OFWs are required to undertake the PDOS, only 71 percent of the participants in this research attended. Of these, 54 percent remembered that it included an HIV orientation. Under the law, the PDOS should include information on a variety of migration realities, as well as on HIV and AIDS. However, the module on HIV and AIDS is not uniformly or even regularly implemented. Because the PDOS is viewed as just another requirement, many of the participants seem to have ignored much of it and, thus, their lack of clear recollection on the topics discussed. Various stakeholders have deemed the PDOS as inadequate in preparing domestic workers for the actual situations they encounter abroad. Further, those who are irregularly documented or who migrate through sponsorship visas, as in the case of those in Dubai, do not go through the PDOS at all.

Of the participants who were interviewed onsite, only 62 percent underwent a medical examination before departure. However, those who traveled on a sponsorship visa, such as the waitresses interviewed in Dubai, needed to undergo the required medical examination when applying for a work permit onsite. The fact that 82 percent of those screened were unsure as to whether or not they were tested for HIV demonstrates that HIV testing is being conducted without pre-test and post-test counseling. Most medical testing facilities in the host countries are not cognizant of the pre- and post-test requirement of HIV testing or they view this as an added “burden” in the medical testing process.

This issue of the PDOS and HIV screening reflects a larger flaw in the system, that is, the inability of the government to regularly monitor the implementation of the relevant provisions of RA 8042 and RA 8504.

At the individual level, the level of knowledge on HIV and AIDS - its modes of transmission and how it can be prevented - can lead to unsafe sexual practices that put migrant workers in danger

of infection. 84 percent of the women interviewed onsite were aware that HIV is sexually transmitted and that using condoms can prevent it. However, 14 percent of the participants also had misconceptions - for example, that HIV can be transmitted through kissing or mosquito bites. 20 percent of the participants interviewed onsite admitted engaging in sexual activities but only one said she sometimes used condoms with her boyfriend.

According to the comments of the research participants, the relatively high cost of migration and the need to provide for the needs of their families at home have pushed women migrant workers to engage in economically-beneficial relationships while working abroad, within which their right to safer sex may have been difficult to assert. For example, six domestic workers interviewed in Lebanon stated that they did not use condoms in their sexual relationships, citing that one of the reasons was that their male partners did not want to use them. Other reasons included not liking the feel of the condom and that they used other forms of birth control. Even if they were aware of the consequences of unprotected sex, they were hard-pressed to assert protection with their partners in the context of such relationships. In many cases, the participants did not take proactive steps to protect themselves; but the worst consequence of their economic vulnerability is the fact that some actually opted to endure sexual exploitation in exchange for money.

This situation is aggravated by the fact that salaries for domestic workers in most Arab State countries are not high (as compared to Hong Kong, for example) and are often subject to delays. The monthly income of a domestic worker is approximately \$125-150 in Bahrain, \$187-375 in Dubai, and \$200-400 in Lebanon. These salaries are not in compliance with the POEA reform package, and one reason for this is the practice of contract substitution, i.e. migrant workers are made to sign a different contract that stipulates lower wages once they reach the host country.

32 of the research participants interviewed onsite reported experiencing various health conditions, including common respiratory illnesses, poor nutrition, urinary tract infections, and skin rashes and blisters. They also reported cases of unwanted pregnancy, unsafe abortions, and STIs among their peers.

Accessing medical services was not easy for most domestic workers because it depended on whether their employers allowed it.

A common thread running through the stories of domestic workers who were interviewed in the POLO shelters is the experience of verbal, physical, and sexual abuse and maltreatment. Almost all of them were overworked, going through the day without rest and adequate food. Many of them did not get their salaries on time or did not get their salaries at all. In some cases, the agencies onsite also inflicted violence on the domestic workers.

Eight women shared experiences of sexual abuse from their male employers, ranging from sexual harassment to rape. The women who worked as waitresses in hotels also experienced sexual harassment perpetrated by their boyfriends and/or strangers.

The harshness of their working and living conditions force some domestic workers to flee from their employers and, in the process, they may become even more vulnerable to sexual abuse. The Philippine Embassy/Consulate and the POLO in all three research sites have been overwhelmed with various cases of women OFWs who have escaped from their employers and have filed complaints or cases of maltreatment. At the time of the research, there were 80 women in the shelter in Bahrain and 54 in Dubai. Understandably, the embassies and consulates are unable to attend to and provide adequate support to all cases, given their limited personnel and resources. In addition, they are unaware of HIV cases among OFWs, including those who are detained and deported, because the host countries do not inform them of such cases.

Filipino research participants reported that migrant women do engage in consensual relationships with men while abroad. Respondents reported that a common perk of these relationships is that male partners provide phone credits so that women can call families at home. While 58 percent of domestic workers in this study reported that not having any days off made it difficult for them to engage in relationships, they also shared that it was still possible to engage in sexual relations, notably with

men who do odd jobs for their employers, such as electricians, drivers, and gardeners. Of those women who do engage in sexual relationships onsite, few engage in safe sex practices.

Although there is very limited data that points to the actual prevalence of HIV infection among Filipino domestic workers from Bahrain, Lebanon, and the UAE, the findings of this study show that the vulnerability of these workers to HIV infection is real. It must also be noted that compared to other countries in the Arab States, there are more known cases of OFWs deported from Dubai due to HIV. While the majority of these cases have been men, there have also been women who have been forced to return after being diagnosed HIV positive.

3.5 Recommendations

The government, particularly the POEA, needs to exert more vigilance in regulating private recruitment agencies to ensure that domestic workers are properly recruited, documented, and protected once deployed. As a corollary to this, there should be stiffer penalties for recruitment agencies that fail to diligently follow procedures set forth in the recruitment guidelines of the POEA.

The Department of Health needs to develop and enforce implementing guidelines for the proper conduct of HIV screening among OFWs, one that includes signed consent as well as pre-test and post-test counseling.

The government, through the Department of Foreign Affairs and the Department of Labour and Employment, should step up efforts in initiating and engaging in bilateral agreements with host countries in the Arab States for the protection of migrant workers, particularly women domestic workers.

Efforts should also be undertaken by various stakeholders to engage international organizations, such as the International Labour Organization, for a global campaign that would result in the recognition of domestic work as professional work. This should be accompanied by the development of appropriate labour standards.

Regional and international bodies, such as ASEAN and the UN, as well as government in origin and host countries, should begin discussions on HIV testing among migrant workers with the goal of removing mandatory testing and making it voluntary in the future.

Another proactive measure to monitor the human rights of migrant workers is the maintenance of an updated database of recruitment agencies, brokers, agents, and employers by the POEA and OWWA, especially those that engage in acts that violate the human rights of migrant workers.

HIV-prevention education should be intensified. Since the PDOS is clearly inadequate as an avenue for HIV awareness-raising, it should be supplemented by more information, education, and communication (IEC) and behavior change communication (BCC) materials in strategic locations where OFWs congregate: for example, in medical testing facilities, airports, recruitment agencies, training centers, and the like. Community-based education also needs to be undertaken, especially for women migrants coming from rural areas.

The Philippines posts abroad should reinforce HIV awareness by sponsoring regular outreach HIV-prevention activities for OFWs. These can be integrated into ongoing outreach activities undertaken by the embassy or consulate or by Filipino organizations abroad.

The Philippines should also pursue negotiations with the Immigration Department or the Ministry of Health of host countries to ensure that the current practice of HIV-related deportation is coursed through the embassy or consulate. In this way, the posts can assist OFWs in the repatriation process and can refer them to appropriate agencies and NGOs in the Philippines for counseling and support.

4. Sri Lanka

4.1 Introduction: Migration and HIV

Sri Lanka has an active policy of promoting the emigration of its female citizens for work to several destinations around the world, including the Arab States and affluent Southeast Asian nations, such as Singapore and Malaysia. Over the past three decades the number of Sri Lankan migrant workers has increased steadily, as has the proportion of women in the emigrant group. Today, an estimated more than one million female Sri Lanka citizens earn their livelihood abroad in the Arab States.

In 2007, the number of Sri Lankan who emigrated stood at 21,500, the majority of whom were female (58 percent). Furthermore, 70 percent of the female emigrants in that year left to work as domestic workers. Within the last ten years, women leaving to work as housemaids comprised half to two-thirds of all work-related migration out of Sri Lanka. The rise in emigration - especially of females - is the result of several factors. In addition to the economic incentive of a higher wage in the receiving country (which can range from two to more than ten-times the local salaries) and the corresponding anticipation of an increase in standard of living, the social and political uncertainties precipitated by the nation's ongoing civil war provide a strong push for migration.

An increasing number of migrant workers in the Arab States are being detected with HIV infections. The costs of detection are substantial: deportation leads to a loss in income, and the return to Sri Lanka is fraught with anxiety regarding social ostracism and discrimination.

Migrant workers, especially female, are vulnerable to systematic abuse throughout the migration process. Such abuse can be economic (including extortion and non-payment of wages), sexual (including harassment and rape), or mental (including harsh working conditions and the trauma of dislocation). All these factors point to the need to strengthen the evidence linking high-risk behavior among migrant workers to structural deficiencies in the migration process. It is envisaged that generating data on the HIV vulnerability of migrant workers, with specific focus on women and on responses in both origin and host countries, will

provide insights for the development of new, and/or the scaling-up of existing, HIV programmatic responses.

Sri Lanka has historically been categorized as a low HIV/AIDS prevalence nation. Since the first AIDS case was reported over 20 years ago, a plethora of factors - including high literacy rates, high socio-economic status of women, widespread access to health care services, and comprehensive HIV education programmes - have contributed to keeping HIV incidence at manageably low levels. Cumulative HIV cases at the end of 2006 were reported to be at 838, increasing, by the end of 2007, to 957. However, after taking into account the fear and stigma associated with HIV and the consequent non-testing and non-detection, UNAIDS estimates that approximately 3,500 people are living with the virus in Sri Lanka. It is worth noting that more than 96 percent of HIV infections in Sri Lanka are acquired through unprotected sex, and those who work abroad are considered to fall into a high-risk group.

4.2 Research Methodology

Research for this report was commissioned by the UNDP Regional Center, Colombo, Sri Lanka, between June 2007 and March 2008. During this period, 145 Sri Lankan migrant women were interviewed, both on a one-to-one basis and within focus group discussions. Of these women, 100 had returned to Sri Lanka from the Arab States within the past three years, having worked in Bahrain, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, and the UAE. All of the women - 15 of whom were HIV-positive - came from five districts with high rates of female migrant workers: Colombo, Kurunegala, Kandy, Polonnaruwa, and Batticaloa.

In terms of the host countries, 15 workers were interviewed in each of Bahrain, Dubai, and Lebanon. The majority of the women were economically marginalized, were married with two or three children, and were educated at the fifth to sixth-grade level. In Sri Lanka, interviews were conducted with NGO representatives, trade union leaders, hiring agents and sub-agents, and government officials, including those from the Sri Lankan Bureau of Foreign Employment (SLBFE) and the Ministry of Labour. In the Arab States, Sri Lankan embassy and consular officials, NGO representatives, social club representatives, and hiring agents participated in the study. The interview team was comprised of



three women and one man representing diverse backgrounds, including civil society, government, healthcare, and academia. In accordance with the preference expressed by the interviewers, the interviews were either taped or documented via note taking.

4.3 Policies and Laws

Government policies play a substantial role in encouraging migration, primarily of women. The government's enthusiasm for sending female workers abroad stems from the economic benefits of such migration: currently migrant remittances amount to over \$3 billion per year, making it one of the largest sources of foreign exchange. These remittances help support five

million Sri Lankans - roughly a quarter of the total population. Migration also makes possible fiscal savings on the part of the government, since low-income families become ineligible to receive governmental welfare transfers once a member of the family migrates.

Sri Lanka has publicly committed to stemming the proliferation of HIV infections and reversing the trend by 2015. In 1992, the National AIDS Council in conjunction with the National AIDS Committee started the national STD and AIDS Control Programme to collect and consolidate HIV-related data nationwide; and to design and implement, in partnership with provincial directors

of health services, STD clinics, and the National Blood Transfusion Service, effective strategic responses for prevention and control. In addition, several NGOs are making concerted attempts at improving public awareness of HIV-related issues in order to eliminate the social stigma attached to persons living with HIV and to curb discrimination against such persons.

It is acknowledged in regulatory circles that a successful strategic response to HIV must take into consideration the high rates of HIV prevalence in migrant women (various reports assert that of all women living with HIV in Sri Lanka, 20 to 48 percent are returning migrants). To this end, in 2005 the SLBFE began offering HIV education as part of the pre-departure training that domestic migrant workers are required to attend. SLBFE operates 34 training centers around the country; in 2006 it established eight migrant desks to disseminate information to potential migrants, and to aid returning migrants to reintegrate into society both economically and psychologically.

4.4 Research Findings

SLBFE currently conducts training programmes of 12-13 days to prepare female migrant workers departing for the Arab States. Such programmes typically consist of instruction on usage of household cleaning and cooking equipment, child and elderly care, banking and financial matters, multicultural communication, basic Arabic, and health and HIV issues. However, only approximately 70 percent of the 145 people sampled for this study attended the full duration of the programme. The remaining 30 percent attended a shorter version or did not attend at all.

Approximately 90 percent of the women informed family members and their husbands of their decision prior to migrating, making arrangements for their children to be cared for by fathers, grandparents, or other relatives. The 10 percent who left without informing their kin migrated under duress, typically caused by domestic violence or crippling domestic responsibilities.

Approximately 80 percent of the women made arrangements, through banks or private channels, for remittance of their foreign income to Sri Lanka. However, 40 percent complained about mismanagement of these monies by their beneficiaries in Sri Lanka.

A large majority of the women were unaware of the legal cap on fees charged by hiring agents, fixed at \$50-100. Some women reported paying as much as \$345 for the “opportunity” to work abroad. Such extortionary practices on the part of unscrupulous hiring agents were found to be pervasive.

In most cases, the women needed to make long trips from remote villages to urban training centers and/or to the airport, often involving an overnight stay. During this phase, the women were routinely exposed to sexual harassment, rape, or blackmail. Several women complained of being robbed on return to Sri Lanka.

In the Arab States, some women attempted to escape their employers’ homes - a practice known as “jumping” - either after having become aware of a better employment prospect or to avoid being abused or exploited by their employer. Often, women who “jump” end up in a more precarious position and are, often, robbed, raped, and/or forced into sex work.

Ten of the interviewed women who were outside the stipulated 18-45 age group reported having used the passport of a friend or relative to migrate to Lebanon, known for its lax immigration policy. Furthermore, 19 women working in the Arab States had irregularities in their immigration status: nine of these women had expired visas, and ten lived outside their sponsor’s home (a practice illegal in most Arab States). An irregular immigration status amplifies the potential for abuse, as these women avoid accessing even the minimal channels of relief and redress that exist for fear of imprisonment.

Sri Lankan migrant workers earn \$100-140 per month in the Arab States, while being exposed to a multitude of abuses and indignities. An overwhelming majority (89 percent) reported confiscation of their passports, and 35 percent of the women had access only to limited communication with family and friends and were denied permission to leave the employer’s home. 33 percent of the participants complained about non- or under-payment of wages, many were physically abused, 17 percent were sexually harassed, and five percent reported having been raped.

Blood and urine tests (for HIV and pregnancy, respectively) are mandatory for legally migrating women prior to their departure. The test results are provided directly to the agents, and many of the interviewed women admitted to being in the dark about the nature of these tests. Clinics performing the tests, administered at the request of the hiring agents, also were reported to administer contraceptives (either orally administered birth control pills or the injectable medroxyprogesterone) to potential migrants, who were not always aware what they were taking. Interviewed women reported abortions as being common amongst Sri Lankan migrant workers in Bahrain, Dubai, and Lebanon despite their being illegal in all three countries.

The interviewed women displayed a low level of awareness concerning the transmission and prevention of HIV. Over 50 percent believed that HIV could be spread through mosquitoes; over 25 percent did not know that condoms could protect against HIV infection; and over 50 percent believed that an HIV-positive person could not look healthy. None of the 15 HIV-positive participants in the study had heard of the virus prior to contracting it, and nearly half were uncertain about how they could spread it. None of the women reported using condoms in their current practice, and most were unsure about the availability or legality of condoms in the host countries.

The majority of the women disclosed that opportunities for leisure and access to recreational amenities and social support groups were minimal.

Any migrant worker in Lebanon can seek assistance from the Afro-Asian Migrant Center or Caritas, both located in Beirut. In the Budaya Club in Bahrain, 30 percent of whose 300 members are domestic migrant workers, serves as a focal point for social and cultural interaction. In addition, the Migrant Workers Protection Society operates a safe-house and deals regularly with women, primarily Sri Lankan, who have “jumped.” A similar function is provided in Dubai by the Dubai Foundation.

The interviewed women with work experience in Dubai and Lebanon revealed their lack of confidence in Sri Lankan embassy or consular support, citing overcharging of fees by officials and

complacency towards the migrant workers’ plight. In Bahrain - where Sri Lanka doesn’t have a formal embassy or consulate - the 12,000 Sri Lankan migrant workers have to depend on a part-time Consul, who volunteers his services.

Interviewees reported that some women migrants engage in sexual relationships with Arab nationals and other migrants for a variety of reasons, including a desire for companionship, for protection, or to share living expenses; invariably, there are also those who are coerced into such relationships. Consensual relationships come in a multitude of forms, ranging from short and long-term monogamous relationships to sex work. Non-consensual relationships were reported to include sexual harassment (10 percent), forced to work as sex surrogates for young Arab males in the employer’s home (one percent), and rape (five percent). Informants and NGOs in host countries reveal that some Sri Lankan migrant women engage in transactional sex for survival. Whether coerced or voluntary, sex work further marginalizes these women and puts them at greater risk of HIV infection.

4.5 Recommendations

The Ministry of Labour needs to negotiate reasonable salaries for its migrant workers with the Arab countries. At the same time it should initiate dialogue with other sending countries to negotiate the same wages for all migrant workers, regardless of nationality.

SLBFE needs to look into opening more training centers to cater to women in remote areas. This will lower the cost of training for women and eliminate the long journeys that provide an opportunity for harassment.

SLBFE needs to enforce the cap on recruitment fees that hiring agents charge potential migrants by blacklisting the errant agencies. Undercover monitoring of agencies can help expose violations of the cap. At the same time, sub-agents who exploit migrant workers’ ignorance of other migration-related costs should be brought under the ambit of the legal system in order to ensure better monitoring and greater accountability.

SLBFE officials stationed at the airport should be made responsible for ensuring the safe and harassment-free arrival and departure of migrant workers.

SLBFE should have clear guidelines concerning the medical tests that prospective migrants must undergo. It must make confidential pre- and post-test counseling mandatory and ensure that the women, and not the agencies, receive their test results. Administration of contraceptive medication must be made conditional upon consent.

Pre-departure training programmes for domestic migrant workers need to be lengthened beyond the current period of 12-13 days and made more comprehensive. Apart from increasing the scope of language training, HIV awareness, and condom usage campaigns, the trainings should inform prospective migrant workers about recruitment fees, airport procedures, and medical test procedures. It must also identify proper channels for workers to register their grievance against harassment and for seeking redress. Training programmes should be conducted 1-3 months prior to departure in order to increase their effectiveness, and should include accurate information – preferably provided first-hand – about the various vulnerabilities that women are likely to face during their time abroad. This will allow women to make a more informed decision to migrate.

Grassroots (village)-level education on HIV/AIDS should take place, preferably through a cultural medium, so as to reduce the social stigma and superstitions associated with migrant workers living in those communities who have tested HIV-positive.

Country Reports

Host Countries



HOST COUNTRIES

5. Bahrain

5.1 Introduction: Migration and HIV

Following the oil boom of the 1970s, Bahrain experienced rapid economic growth. As a consequence, the government embarked on massive redevelopment projects encompassing the construction, public health, and public education sectors. Of the large number of jobs that were created, those towards the relatively lower end of the skill spectrum were sought by immigrants from several Asian countries. Today, migrant workers fill Bahrain's labour gaps, primarily in the manufacturing, construction, entertainment, and domestic work sectors. As a whole, migrant workers comprise 38 percent of Bahrain's total population. Women migrant workers in Bahrain are characterized as either "regular" or "unskilled": regular workers include professionals (engineers, bankers, nurses, etc.), and the bulk of unskilled workers consist of domestic help. Women migrants in Bahrain are primarily of Indian, Sri Lanka, Filipino, Bangladeshi, Ethiopian, or Thai origin.

The oil boom significantly increased family incomes and the number of working Bahraini women, thereby fueling the demand for domestic help. Even though domestic workers do not come under the ambit of local labour laws in Bahrain, employers of domestic help need to obtain work permits for helpers - granted for a two-year period but renewable - to facilitate their entry into the country. Despite the Bahrain Government's efforts to equip locals with the skills to work in areas currently monopolized by migrant labourers, the trend towards an increase in the number of foreign domestic help is likely to continue owing to the reluctance of Bahrainis to hire other Bahrainis. Commonly cited reasons for this antipathy include anxiety about possible romantic relationships between a Bahraini worker and a family member, privacy concerns, and the threat of retaliation in the event of maltreatment of the Bahraini worker. According to the Bahrain Labour Market Regulatory Authority, between the fourth quarter of 2005 and the third quarter of 2007, 66,054 new work permits were granted, up from the 36,678 recorded in the corresponding period between 1999 and 2001. At the end of the third quarter of 2007, Bahrain was employing 49,503 legally

documented migrant workers - of which 34,766 were women. In addition, between 2004 and 2006 approximately 48,000 migrant workers had irregular status, that is, were either holding expired work permits, had left their original employer without consent, or were working in places or occupations other than those listed in their work permits.

Bahrain has a relatively low prevalence of HIV/AIDS. However, transmission has increased from 1 in 1986 to more than 1000 in 2005. Even after ignoring the problem of underreporting, the overall growth rate of new cases in 2005 was 10 percent. Prevalence was highest among injecting drug users (up 69 percent), and there was a marked increase in transmission through heterosexual activity (23 percent). Transmission through blood transfusions, homosexual contact, and mother-to-child were at four, three, and one percent, respectively. Demographically, the 15-35 age group is most susceptible to HIV infection as a consequence of high-risk behavior, which includes the use of injectable drugs and low condom usage (it is reported that only a quarter of the 90 percent of sexually active injecting drug users [IDUs] had used condoms). Amongst the migrant population, HIV cases have increased from 52 to 68 between 2002 and 2007. Testing positive for HIV leads to the deportation of a migrant worker - without any counseling - within three to seven days.

5.2 Research Methodology

This study was undertaken in Bahrain with the assistance of the UNDP Country Office and the head of the Bahrain National AIDS Committee. Qualitative data was collected through meetings, interviews, and discussions with key stakeholders, including representatives of ministries, embassies, health centers, and relevant NGOs. In addition, a comprehensive literature review was undertaken to assess and analyze the vulnerabilities encountered by female migrants in Bahrain. In the case of interviews and discussions, a set of guiding open-ended questions was employed to initiate the dialogue. Even though discussions were initially recorded, this practice was later abandoned in an attempt to put the discussants at ease. For the literature review, over 40 documents of various kinds and from various sources were analyzed.



5.3 Policies and Laws

To regularize and monitor the labour market, the government established the Labour Market Regulatory Authority (LMRA) on 31 May 2006. Since July 2008, all work permits except for domestic workers have been issued by the LMRA; and beginning in January 2009, LMRA will issue work permits to domestic workers as well. The Ministry of Labour and Ministry of Interior will no longer be responsible for providing work permits. The new work permits are valid for a two-year period and renewable for subsequent periods. LMRA is maintaining a database of all expatriates in the Kingdom, and also monitoring the recruitment agencies, employment offices, and business practices of self-sponsored expatriates.

The National AIDS Committee, established in 1986, is the highest government body in Bahrain addressing the issue of HIV/AIDS. Four subcommittees assist it to design, coordinate, and implement policies with regard to awareness and counseling, research, treatment, and public health. However, even though HIV-related topics form an integral part of high school curriculums and a significant effort is expended on peer education activities, a section of the migrant community, including domestic and construction workers – vulnerable groups in terms of HIV transmission – continue to remain uninformed. Amongst another high-risk group, IDUs, there are no comprehensive behavioral change or condom promotion campaigns. There is optimism, however, that this might change under the National Strategic

Framework on HIV/AIDS – a blueprint intended to guide the national response to HIV between 2008 and 2010.

To protect women migrants from abuse, the government distributes multilingual brochures to incoming migrants containing information on workers' rights and in-country resources. It also provides a 60-bed shelter offering medical, psychological, and legal care for female victims of abuse. Training programmes in abuse-sensitization are run for the police, whose referral is necessary for a migrant to obtain a place in the government shelter. On the NGO front, the Migrant Workers' Protection Society, established in 2002, handles cases of abuse and runs a shelter for up to 20 people. More generally, migrant issues – including the granting of permits for all categories of workers, regulation of recruitment agencies, and the monitoring of expatriate business practices – come under the purview of the recently established Labour Market Regulatory Authority.

5.4 Research Findings

Officials in the embassies of the Philippines, Bangladesh, and India concurred that despite the efforts of the Bahrain Government, female migrant domestic workers suffer from multiple forms of abuse, including non/under-payment of wages, harsh working conditions, and physical and sexual abuse. Embassies provide dispute resolution support between employees and employers, arrange documents for those in need, and facilitate the repatriation of those migrant workers who wish to return. The Embassy of the Philippines runs a shelter providing legal, medical, and social support to migrants, and monitors and regulates recruitment agencies.

Embassies reported that upon arrival in Bahrain migrant workers are often forced to accept terms of employment that are different from the terms in the pre-departure contract. Additionally, contracts are in Arabic, which leave workers unaware of the terms that they are accepting. The Embassy of the Philippines also reported employers holding on to the keys to the rooms of the domestic help, thus engendering conditions rife for abuse. The problem of unscrupulous taxi drivers exploiting runaway migrant workers by forcing them into sex work was also mentioned. The same source suggested that bringing domestic help within the ambit of local labour law might minimize the potential for

such abuse and provide victims with access to mechanisms of redress.

Senior Bahrain health officials, including the head of the National AIDS Committee and the head of the hospital responsible for the pre-employment medical examination of migrant workers, defended mandatory testing for HIV by citing that greater migrant knowledge of their HIV status will better enable migrants to seek appropriate treatment and care. Nevertheless, both agreed that without access to community-based support networks and post-detection counseling, mandatory testing might be counterproductive as it might provide incentives to evade testing and lead to discrimination against, and ostracism of, those who test positive. Within government circles it was believed that HIV-positive migrants should be deported, given the inadequate care and treatment infrastructure for the local population. However, even though treatment services will continue to be denied to migrants, the Head of the National AIDS Committee elaborated that migrant workers will benefit from a targeted information campaign – including training for correct and consistent condom use – under the new National HIV/AIDS Strategic Framework. However, he warned that bottlenecks would likely delay implementation of the activities planned under the new framework.

Interviews with ministry officials confirmed that abuse of domestic migrant workers exists, and that some recruitment agencies contributed to the problem. These officials felt it would be difficult to cover domestic workers by the provisions of local labour laws as this would constitute interference by the government in the family life of Bahrainis. Officials were also adamant that systems are in place for potential and actual victims of abuse, saying that abused migrant workers should seek – and embassies should proactively encourage their members to do so – local police and public prosecutor support, and not merely check themselves into shelters.

The spokesperson for the Migrant Workers Protection Society (MWPS) asserted that one of the biggest areas of concern in terms of the abuse of migrant domestic workers is the role of recruitment agencies. Women from remote areas in the sending country are lured with promises of lucrative jobs but are not

provided any details about the nature of employment. In some cases, women migrate without even knowing which country they are migrating to; and many of these women – some unable to speak the language of their employers – fail to communicate effectively and struggle to perform their jobs, creating conditions ripe for abuse. It was stressed that recruitment agency practices should be scrutinized in order to create a more stringent regulatory framework in which they operate.

It also came to light that in most cases when abused domestic help complained to female members in the employers' households, the complaints were disregarded.

The spokesperson for the MWPS, in noting the lack of a Sri Lankan embassy in the country, mirrored the government's views on the need for the relevant embassies to be more proactive in protecting the rights of their migrant workers and ensuring redress for those who have been abused.

The MWPS spokesperson mentioned not having encountered any migrants living with HIV but admitted that as HIV/AIDS is not a focus area for MWPS, its members and volunteers have not undergone any training in this area.

Recruitment agencies insisted that the reports of actual abuse of female migrant workers and the threat of potential abuse were exaggerated. It was suggested that the agencies are instrumental in ensuring that women have access to substantially higher wages and a better standard of living as compared to that in their home countries. Officials representing the various agencies claimed to help the migrant workers by negotiating on their behalf in terms of wages, and by settling disputes that might arise between workers and employers.

5.5 Recommendations

The scope of national labour laws need broadening to ensure that even domestic migrant workers have rights within their places of work.

The regulatory framework within which recruitment agencies operate has to be made more stringent to prevent exploitation of migrant workers. Binding guidelines on recruitment practices

should be set, and monitoring for guideline violations should be intensified.

A coordination team comprising officials from the sending and receiving governments, relevant embassies, and concerned NGOs should work to address the problems and issues that migrant workers face.

Embassies should organize orientation sessions for all new workers, taking care to include existing workers in the process. During such sessions, information about local culture, law, hotline numbers, and emergency services should be disseminated.

Local women's organizations should work in tandem with concerned embassies to sensitize employers towards the needs of domestic migrant workers. In the same way, international agencies such as UNDP and IOM should organize similar programmes for policy-makers on a regular basis.

The government should institute formal victim identification procedures, allow victims to refer themselves to the government shelter (the current practice is for police referral only), and allow victims of sex trafficking access to the facilities at the shelter.

Migrant workers who test positive should be provided post-detection counseling and information on organizations and services available in their home countries. The help of concerned embassies should be recruited to link victims with their respective national AIDS control bodies.



6. Dubai, United Arab Emirates

6.1 Introduction: Migration and HIV

The Emirate of Dubai, given its high per capita income, open and growing economy, and small national population, has been a destination of choice for migrant workers from throughout South and East Asia. Of Dubai's total population of 1.4 million, a large majority, 1.12 million, are expatriates. A striking anomaly in demographic statistics in Dubai is the predominance of males. Nearly 75 percent (989,305) of Dubai's population is male, with trends projecting even more skewed gender representation by 2010 (1.5 million males to 420,430 females). In addition, there are substantial gender-based discrepancies in job profiles and working conditions: male migrants are more likely to occupy

the relatively higher paying jobs, with greater skill requirements, while female migrants often work in traditionally female sectors, such as domestic service.

The majority of professional workers (engineers, bankers, doctors, nurses, etc.), regular workers (those working in hotels and bars), and unskilled workers (those working as domestic help) come from a variety of countries, including Bangladesh, Ethiopia, India, Indonesia, the Philippines, Sri Lanka, and Thailand. Official statistics on the number of migrant workers in Dubai are likely to be underestimated in light of the fact that the Emirate has a large number of undocumented workers - those whose work permits have expired, those who have run away from their sponsor/employer's residence, and those who have vocations

other than what is listed on their work permit. One indicator of the magnitude of the problem is the 350,000 people who chose to leave the UAE - of which Dubai is part - during the recently granted amnesty to all undocumented workers in the country.

Domestic workers currently constitute five percent of the UAE population. Such is the demand for domestic workers that between 1975 and 2005 the number of work permits issued for domestic workers grew from 1,340 to 218,000. In Dubai alone, 83,600 new visas for domestic workers were granted in 2007, bringing the total spending on domestic help to close to \$3 billion. The majority of domestic workers in the UAE are from Sri Lanka, Indonesia, and the Philippines. Some 80 percent of all Sri Lankan female migrants choose the UAE for overseas work, while the corresponding figure for the Philippines stands at 40 percent. Furthermore, despite a ban on female migration to the Emirates both in Bangladesh and Pakistan, Bangladeshi and Pakistani female domestic workers continue to travel to the Emirates to work.

UNAIDS characterizes the UAE as a low-prevalence country for HIV. By the end of 2006, the country had a total of 466 recorded cases of persons testing positive for HIV, all of whom were UAE nationals. The corresponding figure at the end of 2007 was 540. However, even though the number of people with HIV increased, new infections in the same period dropped from 42 to 35. A large majority of new infections in both years were detected in men - 33 and 29, respectively. HIV transmission has commonly occurred through heterosexual activity and injecting drug use. The problem with sexually transmitted infections (STIs) is more acute. In the 16 months prior to the research, 650 cases of STIs were reported, mostly among young women who were infected by their husbands. (It is notable that the government has recently instituted mandatory premarital HIV testing.) The bulk of the recorded cases are UAE nationals; corresponding figures for migrant workers are not available publicly.

6.2 Research Methodology

The research for this study was conducted in Dubai by a team consisting of a lead researcher and a research assistance, with support from the UNDP Country Office. The study was qualitative in nature: data was collected via in-depth interviews,

meetings, and discussions with key stakeholder, such as embassy officials from sending countries, officials in the relevant Dubai ministries and government departments, doctors from hospitals entrusted with the pre-employment medical examination of migrant workers, relevant NGOs, and officials representing the recruitment agencies. Prior to the discussion itself, a guiding questionnaire - which addressed migrant laws, policies, and practices, as well as future plans to address migrant issues - was designed to initiate discussions with the participants. A conscious decision was made to take notes (as opposed to recording) during interviews and discussions in light of the experience in Bahrain, where interviewees appeared uncomfortable in expressing their opinions while being recorded. In addition to this primary research, over 30 migration and HIV-specific documents from various ministries and national and international organizations were studied for an updated view of migrant and HIV statistics and the problems faced by migrant women.

6.3 Policies and Laws

Domestic workers are outside the purview of local labour laws, falling under the jurisdiction of the Ministry of Immigration rather than the Ministry of Labour. Nonetheless, in April 2007 the UAE passed a separate domestic worker law, which governs working conditions, leave allowances, medical care, and salary issues. This is in addition to the bilateral agreements signed in December 2007 with prominent labour supplying countries such as Bangladesh, India, Nepal, Pakistan, and Sri Lanka to regulate migration flows and streamline labour contracts. The agreements envision a future where contracts would be processed by the labour ministries of the supplying countries, thus bypassing recruitment agencies. Earlier in the same year, in a reform to the sponsorship programme, domestic workers were permitted to change jobs conditional on their being able to produce a no-objection certificate from their original sponsor. Finally, in a recent attempt to bolster legal cover for migrant domestic workers, sponsors who facilitate domestic workers in working illegally are, since January 2008, liable to be charged with human trafficking and face a minimum jail term of ten years.

Other recent efforts in ensuring the well being of such workers have been the establishment of a dispute resolution unit to iron out employee-employer discord and the setting up of an

electronic system for wage payments to foreign workers. In addition, to prevent abuse the Dubai police maintain a 24-hour hotline and website for the lodging of complaints. The police also employ human rights and social support offices to provide assistance to women who are victims of abuse.

Migrant workers are required to be tested for HIV upon each renewal of their work permit and to be deported if they are found HIV-positive. Tests are also conducted for Hepatitis and TB, and a positive test in either case is likewise followed by deportation. For TB, however, if it can be shown that a migrant worker contracted the disease during a stay in Dubai, he/she receives access to treatment and is not liable to be deported.

The National AIDS Prevention Programme, under the Ministry of Health, carries out awareness campaigns - including the distribution of literature published in English and Arabic - focusing on youth. It also provides free care, support, and treatment services to all UAE nationals. There is no preventive campaign targeting migrant workers in particular, who are also excluded from the curative infrastructure. The nation's first Voluntary Counseling and Testing Center facility, intended exclusively for use by nationals, is also in the pipeline.

6.4 Research Findings

Two hospitals, both under the Ministry of Health, are responsible for conducting pre-employment checks for migrant workers. The checks are conducted for each migrant worker before the first approval of his/her work permit and for every subsequent renewal. The cost of administering each test, which is borne by the migrant worker, is approximately \$136, and each year approximately 1.1 million migrant workers are tested.

In the event of a positive test result, confidentiality is not maintained. Rather, the results are sent to the ministries of Labour, Immigration, and Health, as well as to the employer, and the deportation process starts immediately. Both hospitals, however, do not make the worker's HIV status explicit, opting instead to categorize the worker simply as either "fit" or "unfit" on the test report. The hospitals also provide treatment for opportunistic infections to the needy prior to starting the deportation process.

The consolidated data related to HIV incidence amongst migrants is not made available to the public by the Ministry of Health.

Interviews with officials from the embassies of Pakistan, the Philippines, and Sri Lanka revealed a wide range of abuse and deprivation faced by female migrant workers. The Embassy of the Philippines reported that many Filipino domestic workers complained of maltreatment by employers in terms of physical and verbal abuse, long working hours, and restriction on freedom. Many of the women are not allowed to keep mobile phones, and some are locked in their room when their employer leaves home.

Officials from all three embassies were unanimous in their view that many women enter or stay in Dubai illegally, hindering attempts to reach or be of assistance to them. They also insisted that measures were in place for regular monitoring of recruitment agencies and to take appropriate action in the event of any detection of malpractice. The Filipino and Sri Lankan embassies revealed that it was common practice for employers to withhold the passports of their domestic help, despite the fact that this is in clear violation of Dubai law.

Officials in the Ministry of Labour highlighted that domestic migrant workers often sign employment contracts - written either in Arabic or English - without taking due care to understand the provisions outlined therein. This increases the potential for exploitation and limits the migrants' access to protection services. Even though these officials insisted that the government has established mechanisms to safeguard the rights of migrant workers, they envisioned even greater participation in future from both the embassies and the recruitment agencies.

Within the Ministry of Health there was consensus that migrant workers who tested positive for HIV should be deported. The lone dissenting voice belonged to a doctor from a local hospital, who suggested that the fear of deportation is a disincentive for migrants to seek testing, which in turn delays diagnosis and could culminate in further transmission of the virus. A top official from one of Dubai's hospitals suggested encouraging prospective migrants to test themselves in their home country prior to

migration in order to avoid wasteful expenditures. Another health ministry official disclosed that migrant HIV statistics are not made public in order to prevent public antagonism towards migrant workers.

The Dubai Foundation for Women and Children - established in October 2007 - supports women and children who are victims of abuse regardless of whether they are nationals or migrants. An official of the foundation revealed that to date more expatriates than nationals have sought the foundation's assistance. There was consensus amongst the foundation's officials that government measures against the exploitation of female migrant workers were adequate; nonetheless, it was agreed that their interests would be better served by more proactive embassies and recruitment agencies. Officials also conceded that, owing to the foundation being relatively new, staff members have yet to acquire HIV-related training.

Officials from recruitment agencies were adamant that the situation of domestic female migrant workers is not as precarious as it is made out to be. The interviewees stressed that workers represented by the agencies are safe, and that agencies try their utmost to match migrant domestic workers with households where they would be comfortable. In addition, agencies provide these workers with support in terms of salary negotiations and the resolution of disputes that might arise between employers and employees. Agency officials also asserted that unsafe sexual behavior on the part of the migrants was a phenomenon for which migrants themselves were responsible.

6.5 Recommendations

Labour laws should be amended to cover domestic work to ensure that female domestic migrant workers are accorded the same level of legal protection against exploitation as migrant workers in other vocations.

Best practice guidelines and benchmarks need to be developed for recruitment agencies, and effective monitoring mechanisms should be developed jointly by governments and embassies to enforce the guidelines.

A coordination team composed of representatives of the sending and receiving governments, the relevant embassies, recruitment agencies, and related NGO groups should be formed to engage with workers' problems and issues.

The AIDS Prevention Committees of origin and host countries should be linked in order that migrant workers who test positive for HIV can receive counseling, as well as information regarding care and support facilities in their home country, prior to deportation.

Embassies should organize orientation sessions for all new workers, taking care to include existing workers in the process. During such sessions, information about local culture, law, hotline numbers, and emergency services should be disseminated.

Local women's organizations, in conjunction with embassies and agencies, should make an effort to sensitize employers regarding the needs and rights of domestic migrant workers. This has the potential for preventing inadvertent abuse of the migrant workers, such as the withholding of their passports.

The National AIDS Programme in Dubai, with help from the corporate sector and NGOs, should reach out to migrant workers with target specific literature on HIV prevention in an effort to discourage high-risk behavior of this vulnerable group.

Recruitment agencies should ensure that employment contracts signed by domestic migrant workers are, in addition to being in English and Arabic, in a language that the worker can understand - preferably the worker's native language. This will ensure that workers understand the provisions that they are obligated to undertake and, thus, will enable them to ask for amendment or deletion of any clause they might find unfair or exploitative.

7. Lebanon

7.1 Introduction: Migration and HIV

Despite continuing political uncertainty, Lebanon is a prime destination for migrant workers from all over Asia. Statistics from the Ministry of Labour confirm that the influx of migrant workers is steadily trending upward: between 2006 and 2007, the total number of work permits issued increased from 107,568 to 121,375. During the same time period, the number of new migrants increased from 31,468 to 42,218. A large proportion of these new migrants in both years (20,713 in 2006 and 37,104 in 2007) came to Lebanon to work as housemaids. Since the official statistics do not enumerate the number of migrant workers who arrive/live in Lebanon irregularly, and given the large number of migrants working in the informal sector, the numbers provided by the Ministry of Labour are likely to be underestimated.

Female migrant workers employed as domestic workers in Lebanon can be classified in one of three categories: live-in workers, freelancers, or runaways. Women in the first group reside within their employer's household, and the latter is responsible for the costs of paperwork, health insurance, food and clothing, and a return airfare at the end of the employment period. In addition, it is the employer's responsibility to renew work and residency permits and health insurance. Freelancers, on the other hand, have their own accommodations and usually work for multiple employers on an hourly basis. Both these groups require a Lebanese sponsor. Runaways comprise workers who, for a variety of reasons – including non-payment of wages and abuse – flee an employer's household to seek refuge in embassies, with friends or NGOs, or live independently to pursue freelance work. Should a domestic helper become a runaway, employers are required to notify the authorities immediately.

Lebanon is characterized as a low HIV/AIDS prevalence country, with a total number of 1,056 reported cases at the end of November 2007. Of these, 42 percent are asymptomatic carriers of the virus, and approximately 41 percent are living with AIDS. Ministry of Health statistics reveal that sexual activity is the highest mode of transmission (68 percent), while transfusion and injecting drug use contribute seven and six percent, respectively. Prenatal transmission accounts for roughly three percent.

According to a 1996 study by the National AIDS Control Programme (NAP), unsafe sexual practices such as multiple partners and low condom use contribute to making sexual activity a high-risk behavior. In terms of gender, an overwhelming majority of those living with HIV are males (82 percent), with most infections recorded in the 31-50 age group. Migrant workers along with sex workers and injecting drug users are identified by most studies as high-risk groups in terms of exposure to and contraction of the disease.

Socio-economic marginalization, low-levels of education, lack of legal access, the trauma of cultural dislocation, and the potential for harassment and abuse are amongst the many factors that dispose migrant workers to engage in high-risk behavior that makes them particularly vulnerable to HIV infection. Many runaway female migrant workers either are coerced into sex work or choose it voluntarily. In either instance, they are ill-equipped to enforce condom use. In addition, the economic and social costs (and consequent deportation) of being detected HIV-positive constitutes a significant disincentive for migrant workers to opt for testing, with the result that they are deprived of care, support, and treatment. Limitations of language and culture further inhibit the dissemination of preventive information.

7.2 Research Methodology

The primary information used in this study was generated via in-depth interviews with all major stakeholders of migrant welfare and the HIV situation in Lebanon. This includes officials from embassies of the sending countries, various government departments and ministries, NGOs, recruitment agencies, testing centers, and the ILO. All interviewees were sent a preliminary questionnaire outlining the major issues that would be addressed during the interview.

7.3 Policies and Laws

As the private home is generally viewed to be outside the jurisdiction of the State and, furthermore, is not viewed as a place of employment, domestic work is not covered under local labour laws in Lebanon. This means that domestic workers can be denied the right to minimum wage, time off, maximum working hours, vacation time, accident or end-of-work compensation, or the freedom to organize through labour unions. However, the



Lebanese Government in recent years has taken some positive steps to protect domestic workers and other migrants.

In 2000, the government established a formal complaint procedure for migrant workers, allowing them to register their complaint directly with the Ministry of Labour. Most notably, as a consequence of this procedure some hiring agencies have had their licenses suspended for improper conduct. In terms of the private sector, some Lebanese NGOs, and particularly the Caritas Migrant Center, have had some success relying on criminal law to prosecute employers and hiring agents who have exploited workers.

In addition, as early as 1998 the government computerized the names and addresses of all sponsors and foreign workers. This has made it easier to trace sponsors through the ministry if a domestic worker, particularly in the case of a runaway, is filing a complaint. The Lebanese Government has also at various times granted amnesty to migrant workers. Most recently, in July 2006 migrant workers who were in an illegal/irregular status were permitted to leave without financial penalties. Generally, the aim

of the amnesties is to lower the number of illegal foreign workers and lower the governmental expenses involved when a worker is apprehended. Finally, Lebanon requires that all migrant workers, including domestic workers, have health insurance.

In 1989, Lebanon created the National Aids Control Programme (NAP), which is jointly instituted by the Ministry of Public Health and the World Health Organization. NAP's plans and actions are based on the local epidemiological situation, needs assessments, KABP (Knowledge, Attitude, Behaviors, and Practices) studies, and WHO directives. The government's commitment towards stemming the spread of the disease and providing specialized care to nationals living with HIV has been crystalized in efforts to formulate multi-sector strategies to combat the disease. This has involved capacity-building in several ministries and increased partnerships with NGOs and the private sector in order to increase awareness amongst high-risk target groups, ensuring adequate social support and care for people living with HIV/AIDS (PLHIV), as well as increasing the availability of Anti-Retro Viral Treatment (ARV).

The National AIDS Policy does not make it mandatory for Lebanese citizens to undergo testing for HIV, but testing is compulsory for blood donors. In 2007, all units of donated blood were tested via quality assured processes. Even though the renewal of work permits for migrant workers does not require screening for HIV, in accordance with Lebanese labour laws, all new migrants are required to submit negative HIV and STD lab test results along with their application for a work permit. Migrant workers testing positive are deported and, in accordance with the law, repatriation costs are borne by the recruitment agency. As of 2007, however, in such cases foreigners are given access to ARV treatment prior to deportation.

7.4 Research Findings

According to officials in the Bangladeshi, Filipino, and Sri Lankan embassies, common abuses faced by their respective migrant workers include non/under-payment of wages, long working hours, inadequate nutrition, lack of private accommodation, sexual abuse/rape, and prohibitions on returning home. There was a general consensus that while male migrant workers mainly encountered problems related to illegal entry, overstaying, or expiration of entry visas, women migrants were more often susceptible to physical and sexual abuse. While the Sri Lankan and Filipino embassies provided social, medical, and legal services to their expatriates, actions of the Bangladesh Consulate focused primarily on wage related disputes between migrant workers and their employers in collaboration with recruitment agencies.

While officials of the Filipino and Bangladeshi diplomatic missions reported having undergone training to handle HIV/AIDS-related cases, the Sri Lankan officials admitted to being unequipped to do so. Officials at the former two missions considered the sexual behavior of migrants as the primary risk factor in terms of contracting HIV, and were unanimous in asserting the need for comprehensive awareness programmes for both Lebanese and migrant populations. In addition, the Philippines Consul suggested that HIV-positive workers be deported only with the worker's consent, while the Bangladesh Consul suggested making an HIV test mandatory for renewal of work permits (current practice is to insist on the test only for new work permits).

The interviewed official from the Ministry of Social Affairs revealed that the bulk of the ministry's efforts were targeted at

increasing awareness amongst women and the youth population on best practices concerning reproductive health. In so far as migrant workers were concerned, the official was in favor of more comprehensive screening prior to the granting of work permits. The NAP representative mentioned that no records of migrants testing HIV-positive are kept. In order to foster better awareness and adherence to preventative practices, NAP, in conjunction with local NGOs, runs nationwide campaigns, as well as campaigns at the company level, targeting migrant workers directly and indirectly. The representative from the Ministry of Labour corroborated the embassies' perception that female migrant workers are more susceptible to abuse than their male counterparts, though most workers, regardless of gender, are exposed to some form of infringement of their human rights.

Labour Ministry officials receive training on HIV/AIDS-related issues; and the ministry is in favor of lobbying the government to let migrant workers continue to work in Lebanon regardless of their HIV status. Nonetheless, the relevant department in the Interior Ministry reported that most detained migrant workers, regardless of their nationality, lacked requisite papers, were runaways, or had had their contracts terminated. This ministry supported the deportation of workers who had tested positive, citing the benefits to the migrants of comprehensive social and family support back home and the prohibitive costs of ARV treatment.

Testing centers that were responsible for the HIV screening of prospective migrant workers acknowledged that there was a lack of confidentiality involving the test results. In 99 percent of cases, results were provided directly to either the employer or the recruitment agency; additionally, no pre- or post-test counseling was provided to the tested worker.

Both NGOs selected for this study worked with PLHIV and offered a comprehensive array of services that included VCT (as per NAP guidelines), pre- and post-test counseling, psycho-social support for family member of persons living with HIV, skills-building for a variety of income-generating activities, and more. Migrant workers who turned to these NGOs were not discriminated against in terms of further access to their facilities; confidentiality issues in terms of test results were respected; and active lobbying for recognition of the rights of the PLHIVA were conducted. NGO



representatives expressed the opinion that migrant workers who test positive could continue working in Lebanon. They also suggested that the pre-departure test for HIV be conducted in the countries of origin (rather than post-arrival screenings in the host country) to spare the expense that prospective migrant workers incur in terms of travel to and from Lebanon, as well as the test cost upon arrival.

In 2003, peer counsellors from the Caritas Lebanon Migrant Center attended an HIV/AIDS awareness training of trainers. Curricula was developed in Amharic (for Ethiopians) and Sinhalese (for Sri Lankans), and subsequent sessions were carried-out with approximately 300 migrant women.

7.5 Recommendations

HIV/AIDS awareness amongst migrant populations (especially women) should be raised to reduce high-risk behaviors. In this light, migrant workers should be directly targeted. Preventative literature - e.g., brochures, posters, talks, etc. - must be made "migrant specific" in order to be effective.

Policy-makers need to acknowledge that any sustainable strategy for combating HIV/AIDS must be based around prevention rather than cure. The ability to provide treatment to persons living with HIV is dependent on keeping the rates of new infection low.

In the countries of origin, there need to be broad efforts both at the level of policy formulation and programme design

and implementation to empower women. Multi-dimensional empowerment encompassing women's social, political, and economic clout will make them stake-holders in an HIV-free society. To this end, legislation is required to ensure the protection of women's rights and to reduce gender-skewed access to resources.

Pre-departure orientation sessions for migrant workers in the countries of origin are often too general. Other host countries should follow the lead of the Caritas Lebanon Migrant Center (CLMC) in drafting (in conjunction with partners in the countries of origin) a comprehensive, destination-specific set of guidelines that outline the rights of migrant workers to access testing, counseling support, and care facilities. Such country-specific information in the pre-departure orientation session will enhance the preparedness of migrant workers and reduce the potential for their abuse.

Current efforts by the CLMC to lobby government entities to introduce migrant-friendly legislation needs to be scaled-up. One aspect that is in particular need in this regard is the right of migrant workers who have tested positive for HIV to continue to work in Lebanon. Continuous and effective lobbying to amend current laws requiring the deportation of such workers is necessary.



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