Policy Brief

HEALTH, HIV AND LABOUR MIGRATION IN THE GMS

Country in focus

Thailand

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Thailand is the main destination country for 60 percent of migrants in the Greater Mekong Subregion (GMS), with 1.48 million registered migrants from Myanmar (78.6 percent), Cambodia (10.9 percent), and Lao PDR (10.5 percent) in 2011.[1] Irregular migration is common, with at least 1.5 million unregistered migrants in the country, including long-term migrants and children of migrants born in Thailand, many from Myanmar.[2] Migrant men in Thailand work primarily in fisheries, construction, agriculture, and manufacturing, while women work in construction, garment factories, domestic work, fisheries processing, entertainment, and agriculture. Migrant women are overrepresented in informal work, where they have less labour and human rights protection; and in 2010 there was an estimated 98,000 babies born to migrant women.[3] Internal migration in Thailand is largely from the north-eastern rural areas and the conflict-affected areas in the south to the Greater Bangkok region. Thai women tend to find employment in entertainment, sales, and garment work and men in such jobs as cleaners, drivers, and in factories.[4] Thai nationals also work in small numbers in Lao PDR and China.

Thailand has a generalized HIV epidemic with a declining national HIV prevalence due to the successful implementation of prevention programmes led by civil society groups and the Thai Government. Adult HIV prevalence stood at 1.3 percent and sex worker prevalence to 1.8 percent in 2011.[5] Heterosexual transmission account for the large majority of new infections, but the rapid spread of HIV among men who have sex with men,

AT A GLANCE

HIV prevalence among injecting drug users

36%

HIV prevalence among sex workers

1.8%

HIV prevalence among men who have sex with men

29%

Total number of migrants

3,721,735

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the high incidence of HIV among injecting drug users, and the persistent elevated HIV rates for sex workers remain a concern. In 2011 more than 225,000 people were receiving HIV treatment with antiretroviral therapy (ART), which was reaching an estimated 65 percent of this number.

While reliable data on HIV prevalence for migrants in the GMS is limited, studies indicate that the risk of HIV can be linked to some occupations of high mobility, to high-risk sexual or drug taking behaviour, to certain geographical locations, and to limited access to affordable health care and HIV prevention and treatment.[6] Migrants in the GMS face specific HIV vulnerability due to exploitative living and working conditions, government policies that confine migrants to specific locations or employers, and high levels of stigma and discrimination.[7] In 2010 the Integrated Biological-Behavioral Surveillance (IBBS) survey estimated the baseline HIV prevalence for migrant workers in Thailand at 0.8 percent,[8] but some migrants in Thailand have shown higher levels, including sex workers, fishermen, factory workers, male transport workers, and migrant women in some provinces.

In seven of Thailand's border and coastal provinces, HIV rates among migrant fishermen was found to be higher than the national rate (2.5 percent in 2008)[9] and higher than migrant men in other occupations – for example, in seafood processing (2.34 percent), deep-sea fishing (1.96 percent), and agriculture (0.7 percent).[10] Long-distance truck drivers from Thailand and other GMS countries are considered a high-risk group due to their number of sexual partners, including sex workers, casual partners, and spouses, as well as for their low level of condom use.[11] A 2010 survey showed migrant women in six coastal and inland provinces had a higher HIV prevalence (2.1 percent) than migrant men (1.7 percent)[12]; and migrant women in Thailand who are the wives or partners of male migrants with high-risk behaviours also show high HIV and sexually transmitted infection (STI) prevalence rates. Also of concern is data showing that pregnant migrant women had HIV prevalence rates that were two to three-times higher than Thai pregnant women in the border provinces of Trat, Ranong, and Tak during the period 2004–2006.[13]

STI rates for Lao migrant women in Mukdahan on the Thai/Lao PDR border was almost double that of Thai women; and in Trat, STI rates for Cambodian migrants were 10-times higher than Thai populations in 2006.[14] In addition, surveys in 2006 have shown higher HIV rates for some migrant sex workers compared to Thai sex workers in Ranong on the Myanmar border and in Trat on the Cambodia border.[15] Issues affecting migrant HIV rates include lack of knowledge of HIV prevention, low condom use, low levels of HIV testing with limited access to treatment, and multiple sex partners for some mobile population groups.[16] Migrant factory workers in coastal and border areas surveyed in 2004 demonstrated a lack of knowledge of HIV modes of transmission and prevention, especially

for those who had recently migrated to Thailand.[17] Also, the Myanmar/Thailand border has been identified as a high-risk area due to high levels of injecting drug use and population mobility.

National policies/development initiatives on migration, health, and HIV

Employment recruitment and labour migration into Thailand is governed by the Immigration Act (B.E. 2522), the Alien Employment Act (B.E. 2551), and a series of cabinet resolutions and bilateral agreements. All incoming migrant workers are required to hold a visa and work permit and to undergo a health test. Mandatory HIV tests are not required for GMS migrants, and Thailand has no HIV-related travel restrictions, but outgoing migrants to some destination countries must adhere to mandated HIV tests.[18] Thailand does not have a national HIV law, but the Thai Constitution prohibits discrimination on the grounds of health status, and the non-binding Code of Practice on HIV/AIDS in the Establishment (2005) prohibits mandatory HIV testing and HIV discrimination in employment.

Thailand has established economic zones at key border crossing points with Myanmar, Lao PDR, and Cambodia, and has signed a memorandum of understanding (MoU) on labour migration with each country guaranteeing incoming registered workers access to health insurance, minimum wages, and labour entitlements under Thai law. Since 2006 the Nationality Verification Programme (NVP) in Thailand has improved documentation and formal migration options for irregular migrant workers from Lao PDR, Myanmar, and Cambodia. In addition, the GMS MoU (2011) on HIV vulnerability and population movement has been signed by Thailand, targeting HIV prevention and treatment for migrant populations, improvements in policy, and collaborative GMS development strategies.

Thailand has two social security schemes for migrant workers. Temporary migrants from Lao PDR, Cambodia, and Myanmar who are undocumented (that is, who have no work permit) can join the Compulsory Migrant Health Insurance Scheme, where an annual fee of 1,900 baht ($50) entitles them to universal health care. Migrants under the NVP and MoU systems can register with the national Social Security programme, which includes monthly contributions by employers, and thus be eligible for seven benefit categories – including health care treatment and maternal health in Thailand's public hospitals and clinics. Undocumented workers can access emergency and basic medical treatment, prior to deportation, under hospital charitable funds or non-governmental (NGO) programmes, but they must pay for more extensive care.

Thailand is the only GMS country with a nationwide HIV-prevention project targeting migrant populations and a clear policy of ART provision to foreign migrant workers. HIV prevention for

migrants is provided under the Global Fund's PHAMIT (Prevention of HIV/AIDS among Migrant Workers in Thailand) Project, with community-based organizations providing condom distribution, HIV education, voluntary counselling and testing, and STI screening in 22 provinces. Further, tuberculosis and HIV treatment programmes target migrants and displaced persons in the Thai/Myanmar border area. The National Access to Antiretroviral Programme for People Living with HIV, funded by the Global Fund since 2004, provides ART to regular and irregular migrant workers via government hospitals and clinics, and prevention of mother-to-child transmission (PMTCT) services are integrated into public maternal and child health care.

The National AIDS Plan 2011–2015 targets migrant workers with HIV prevention services provided via the PHAMIT Project, and targets 15 priority provinces for HIV programmes, including some common migrant destination provinces. It also aims for universal access to ART and PMTCT services. The National Monitoring and Evaluation Plan targets migrant workers and migrant youth (aged 15–24) for targeted HIV prevention and treatment across all levels of intervention, including condom use, needle distribution, STI treatment, voluntary counselling and testing, ART, PMTCT for non-Thai women, behaviour change communication (BCC), and IBBS surveillance of migrant worker HIV outcomes in targeted provinces. The plan uses a rights-based approach and aims to strengthen anti-discrimination laws and review legal barriers for migrant workers and key groups.

The Border Health Development Plan 2012–2016 targets 31 border provinces for improved health service delivery, with both registered and unregistered migrants as a key population for HIV-prevention and reproductive health services, and aims to increase access to health insurance for migrants in border areas. The routine health information system integrates information from health service and community-based organizations providing HIV treatment to migrants. Civil society is a strong and vital part of the HIV response in Thailand, with community-led HIV-prevention programmes for all key population groups, including migrants. Civil society works closely with the government in provincial and national working groups and HIV programme and policy development.

Good practice programme and advocacy initiatives on migrant health/HIV

The Prevention of HIV and AIDS among Migrant Workers in Thailand (PHAMIT) Project, funded by the Global Fund and implemented by seven civil society organizations, is a nationwide HIV-prevention project reaching approximately 480,000 migrants in 22 provinces since 2003. It uses a comprehensive HIV-prevention model to develop migrant-friendly health services utilizing migrant health workers, outreach to migrant work sites and residences, and drop-in-centres.

Chiang Saen Hospital, located in the Thai province bordering Lao PDR and Myanmar, has provided comprehensive, holistic, and cost-effective ART to marginalized cross-border populations. From 2004to 2009 the hospital treated more than 100 patients who lacked formal access to treatment both in Lao PDR and Thailand, and worked with the Thai Ministry of Public Health, civil society groups, local People Living with HIV/AIDS support groups, NGOs, and hospitals in Lao PDR to facilitate more effective cross-border collaboration.

Empower Foundation is a sex-worker organization reaching more than 30,000 sex workers in Thailand annually, including migrant sex workers from Myanmar and Lao PDR. Migrant sex workers act as community leaders and deliver HIV-prevention programmes in three key border areas via outreach, HIV education, legal and human rights advocacy, and skills training.

The Thailand Ministry of Labour Social Security Scheme extends social security protections for migrant workers so that they are eligible for universal health coverage and HIV treatment at the same standards as Thai workers and so that such coverage and treatment is accessible at public hospitals.

Current policy incoherence and gaps on migrant health and HIV

HIV prevention and treatment gaps: Current national ART coverage, production, and distribution is not yet able to meet the treatment needs of local or mobile populations, with up to 3,000 temporary migrant workers on a waiting list to access ART in Thailand in 2012.[19] Plans to scale-up HIV testing and to introduce rapid HIV testing in public areas, such as shopping malls,[20] without adequate ART facilities leads to serious concerns for those who test positive but are then unable to access treatment. The lack of access to comprehensive sexual and reproductive health services for migrant women is also of serious concern, given the indications of high risk within this population group.[21] HIV prevention and treatment for migrants is primarily funded by the Global Fund PHAMIT Project, and migrant sex-worker organizations have been removed from this programme since 2008. Sustainable, long-term financing is a major challenge to ensure ongoing affordability and access to prevention and treatment programmes.

Health insurance: Thailand's health insurance and social security policies do not effectively meet the health needs of migrants. The Compulsory Migrant Health Insurance Scheme, described above, has limited treatment sites and reached only 880,614 migrants in 2010.[22] The national Social Security programme excludes undocumented and informal sector workers and is underutilized by migrants as

it relies on employers, who often do not comply with the scheme. A recent proposal by the Ministry of Labour to reduce the current entitlements of migrants (Amendment to the Social Security Act 2533) is of deep concern, as it excludes maternal, child, and unemployment benefits, and contradicts Thailand's non-discrimination obligations under the Convention on the Elimination of All Forms of Discrimination against Women.[23]

Barriers to an enabling environment: Inconsistencies in Thailand's migration policies have led to high levels of irregular migration, thus posing a serious threat to HIV prevention in Thailand and the region. The bilateral MoU and NVP mechanisms with GMS neighbours are expensive, time consuming, and confusing for migrants, and the use of cabinet resolutions to manage the registration process keeps migrants in Thailand in a precarious and temporary legal position.[24] As a result, large numbers of migrants continue to use irregular migration, and as undocumented migrants they remain outside the public health systems. Restrictions on freedom of movement, which tie migrants to specific employers and locations, and the practice of employers withholding migrants' documents add further barriers to accessing HIV-prevention services,[25] as do language differences, auxiliary costs, stigma, and discrimination by health staff.[26]

Migrants in Thailand who are part of key mobile population groups are adversely affected by laws and policies regarding prostitution and drug use. Sex work is criminalized under the Thai Penal Code, the Prostitution Prevention and Suppression Act, and article 8 of the Immigration Act. Sex workers are exposed to mandatory HIV and STI testing by NGOs and employers, and entertainment workers (including migrant sex workers) have no real access to documentation, and so have difficulty accessing ART if they are HIV-positive. Under Thai Anti-Trafficking Law, workplace raids on sex-work venues result in human rights violations and the deportation of migrant sex workers; and police use the simple possession of condoms as evidence of prostitution for arrest.[27] Thailand's laws on drug control include penalties of from 20 years to lifetime in prison for injecting drug users and the death sentence for traffickers, and the Narcotic Addict Rehabilitation Act (2002) prescribes compulsory drug treatment either in the community or in state-controlled drug treatment centres for up to three years.[28] These legal regimes compromise harm-reduction strategies and HIV-prevention approaches for key mobile and high-risk groups.

RECOMMENDATIONS	LEAD AGENCIES
1. Review and harmonize national migration and health policy to provide an optimum package of sexual/reproductive health and HIV prevention/treatment services for all migrants regardless of legal status, without discrimination, and of the same quality as citizens.	Thailand Ministry of Public Health / National AIDS Committee
2. Improve data collection in key high-risk and border areas to identify gaps in service provision for migrant populations, including the mapping of migrant health service access and delivery, and of migrant HIV, health, demographic, and sexual behaviour profiles.	Thailand Ministry of Public Health, Ministry of Labour
3. Increase migrant participation in HIV prevention via community-based, peer-outreach models with dedicated financing for long-term programming.	Thailand National AIDS Committee
4. Ensure that migrants maintain current entitlements in the various social security systems, and consider measures to improve the access of migrants to the national health insurance system.	Thailand Ministry of Public Health
5. Review and amend laws and policies that criminalize sex work and intravenous drug use, take measures to prohibit condoms being used as evidence of criminal activity, and enact HIV anti-discrimination workplace legislation.	Thailand Ministry of Justice
6. Develop a comprehensive, sustainable, multi-sector policy response to HIV and migration in the GMS to define: specific entitlements for *all* migrant workers to HIV prevention, treatment, and care; subnational delivery mechanisms supported by technical and financial resources; guarantees of confidentiality and prevention of punitive measures for irregular migrants who seek health care; and a clear statement regarding migrants' rights and mechanisms to access ART.	Thailand National AIDS Committee / Ministry of Public Health / Labour Immigration
7. Develop intraregional collaboration mechanisms and an effective model for HIV referrals and treatment, and for general health insurance for GMS migrants in source, transit, and destination countries.	Thailand Ministry of Labour / Immigration / Public Health/ GMS partners
8. Improve access to formal migration mechanisms that guarantee decent work, labour rights, and comprehensive health entitlements for all migrants; and strengthen the implementation of formal bilateral migration mechanisms (MoU and NVP) to reduce costs and complexity.	

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