

HIV & MIGRATION

COUNTRY PROFILE 2009: PAKISTAN

Given its porous borders and tough economic conditions, Pakistan faces a variety of migration issues.¹ According to the Human Rights Commission of Pakistan, at least 450,000 people migrate each year, of whom 300,000 resort to irregular means.³ While some migrate through the government Bureau of Emigration and Overseas Employment, others use informal social networks, relying on friends and family already working abroad.¹⁵

People with technical skills tend to migrate to Canada, the United Kingdom and Australia, while the majority of unskilled and some semi-skilled workers migrate towards the Gulf region, as well as to other Asian countries like Malaysia and South Korea.² Up to 63% of Pakistan's population is under the age of 25, and most of the migrants migrating into unskilled labor are between the ages of 20 and 30 years old.² This population tends to be illiterate and has very little knowledge of health issues, including HIV.²

Remittances sent home from migrant workers have become a major source of income for Pakistan, and have a significant impact on the local economy.³ In 2008, Pakistan received the tenth largest amount of remittances of any country, with USD 7 billion being sent back home from migrant workers.¹

Summary

Estimated no. of Pakistani migrants	3.5-4 million ⁶
Estimated no. of undocumented migrants	Not available
Net migration rate, per 1,000 population	-2.4 migrants/1,000 population ⁷
Primary destination countries	Unskilled labor: Gulf countries, Malaysia, South Korea. Skilled labor: UK, Australia, Canada. ²
Primary sending countries	-
Percentage of women among migrants	Overall, 44.7% ⁶ . However, among unskilled migrant laborers, women make up as low as 1%. ¹⁵
Involvement in human trafficking	Yes; source, transit and destination country ⁸
Estimated number of displaced people	1,939,700 ⁹
HIV prevalence among migrants	Not available

PAKISTAN



HIV situation overview

The first case of AIDS in Pakistan was reported in 1987.⁴ In 2007, UNAIDS estimated that Pakistan had 96,000 people living with HIV, up from 51,000 in 2001.⁴ Just over a quarter of the cases were among women.⁴

While the overall prevalence is still low at 0.1% of the adult population, there are significant risk factors that put Pakistan at risk for a full-blown epidemic.⁵ There is already a concentrated epidemic among injecting drug users, with an HIV prevalence of 5% in three of the four provinces.⁴

Despite the risk factors, there is a window of opportunity to prevent the spread of HIV while HIV prevalence is low, but vigorous and sustained action is needed.⁵



www.aidsdatahub.com

HIV and STIs among migrants

After the first case of HIV in Pakistan was diagnosed in 1987, it became evident that – during the late 1980s and 1990s – an increasing number of Pakistani male migrant workers were returning home with HIV.⁴ Upon their return, some of them subsequently infected their wives, and through them, their children.⁴ By 1999, three-fourths of all HIV infections were among migrant workers returning from Arab Gulf States.¹³ In the period from 1996-1998, 58 returned migrant workers were reported to be HIV positive – representing 61-86% of cases in those years.¹⁴ During the same period, five wives of returning workers were also diagnosed with HIV.¹⁴

Governance and policies

- **Bureau of Emigration and Overseas Employment (BEOE) established in 1971:** BEOE is a centralised agency that falls administratively under the Ministry of Labor, Manpower and Overseas Pakistanis. Its mandate incorporates two goals: to reduce unemployment within the country and to earn foreign exchange through remittances from workers abroad.¹⁵ BEOE operates through the Protector of Emigrants, located in seven regional offices.¹⁵
- **Section 8 Emigration Ordinance, 1997:** regulates the activities of overseas employment promoters and agencies by establishing procedures for licensing and recruitment, and protects workers against malpractices and provides for the redress of workers' grievances.¹⁵
- **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 promoter or its authorized representative.¹⁵ This visit is meant to brief future migrants on the laws of the host country, the terms of their contract, and their rights and obligations while employed abroad.¹⁵ By law, no one can leave 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.¹⁵
- **National HIV and AIDS policy, 2007:** recognises migrant workers as a vulnerable group.¹⁰ The policy also lays out a plan to prevent mother-to-child transmission in pregnant women, with a special focus on the wives of returning migrants.¹⁰
- **Migrant Welfare Funds (MWF):** the Pakistan Emigration Ordinance (POE) was adopted in 1979 and is administered by the Overseas Pakistani Foundation (OPF).¹¹ It is financed by a fixed contribution of USD 25 per person.¹¹ Funds are allocated towards covering consultancies, legal services, travel costs of migrants whose contract has been terminated due to physical abuse, contract violations or other reasons, and towards the repatriation of remains of migrant workers who have died while in the destination country.¹¹ The OPF also uses funds to establish scholarships, vocational training and business loans to migrant workers and their families.¹¹

Healthcare and HIV-related services

Pre-departure

Recruitment occurs through private agencies, which are licensed and regulated by the BEOE.¹⁵ All applicants must appear at a briefing session at the office of the Protector of Emigrants.¹⁵ This session does not contain any information on medical testing – including HIV testing – nor on health risks and precautions.¹⁵

Applicants must undergo medical examinations to pass conditions stipulated by receiving countries.² There are numerous government-approved medical diagnostic centers, but for Gulf region countries, applicants must be tested at centers accredited by the Gulf Approved Medical Centers Association (GAMCA).² HIV testing is included whether it is a GAMCA test center or not.

Prospective migrants do not receive information on the tests they are undergoing at any stage.² There is a pre-departure briefing session, but it does not contain any information on mandatory testing, including for HIV, or on the consequences of testing 'unfit'.² There is no pre- or post-test counseling, even in the case of HIV positive results.² Prospective migrants have the option of picking up their results the next day, but most return to their villages and the results are sent to the recruiting agencies.²

Among temporarily unfit cases, the system of treatment and referral varies, from being offered no treatment, to being given prescriptions or being referred to hospitals.² In HIV positive cases, the testing center's administrative department is notified, and the cases are referred to the government AIDS Control Program with a referral letter given to the patient.² There is no mechanism to ensure follow-up on the HIV positive individual, or to ensure they actually comply with the referral.²

On site

Depending on the requirement of the destination country, migrant workers may undergo medical examination upon arrival and then again over the next 1-3 year period.² In many destination countries in the Gulf, migrants are not informed before departure about further testing requirements, and there is no informed consent for the medical tests, results are given to the employer, and there is no pre or post-test counseling.² Unfit migrant workers are deported, and will never be able to apply or travel to that country again. If tested HIV positive, the migrant workers are not provided with any form of treatment, referral, or counselling, and face rapid deportation.² This has led to an atmosphere of fear, as well as attempts to evade the testing process, or stay on illegally.²

Reintegration

While government and NGO initiatives exist to offer care, treatment and support to people with HIV, in the absence of formal referral systems, many returnees with HIV are not aware of these facilities and fail to access them.² In some cases, migrant workers are deported without being informed of their HIV status, or fail to understand their HIV status, and thus are not aware of treatment needs and precautions.²

Vulnerabilities:

- **Lack of official health policies:** In 2007, the National HIV and AIDS policy recognised migrant workers and their spouses and children as a high-risk population.¹⁰ However, lack of official policies continue to be a problem throughout the process – from the recruitment stage, to medical testing and referral services. Pre-departure sessions do not include information on health, health care access or HIV. There are no official policies for referral of migrants found positive during the application process, or for those deported from destination countries for having HIV. Even though government and NGO initiatives exist to care for HIV positive people, lack of official policies lead to an underutilization of these services.
- **Undocumented/irregular migrants:** As the migrant population abroad grows, many prospective migrants are not relying on recruitment agencies but instead on social networks set up by families and friends in destination countries.¹⁵ Many of them migrate clandestinely and try to evade authorities to avoid deportation.¹⁵ Some migrants use desperate and dangerous means to reach host countries, with some perishing along the way. For instance, in August 2009, seven Pakistanis were starved to death and thrown overboard after a failed mission to smuggle them into Gulf states.¹⁷ In

addition, on arrival, undocumented and irregular migrants usually have no access to health care or legal representation to protect them from being abused or mistreated.

Some employers prefer undocumented workers who are a cheaper source of labor than legal migrants or local workers.¹⁶ In view of the current global economic crisis, this preference may become more common.¹⁶

- **Human trafficking:** Pakistan is a source, transit, and destination country for men, women, and children trafficked for purposes of forced labor and sexual exploitation.⁸ Voluntary low-skilled migrant workers sometimes fall prey to fraudulent job offers, and – despite paying high fees to recruiters – may find themselves in conditions of involuntary servitude or debt bondage, with restrictions on movement, non-payment of wages, threats and physical or sexual abuse.⁸ Pakistani girls are also trafficked to the Gulf region for sexual exploitation. Meanwhile, Pakistan is also a destination country for women and children from Afghanistan, Azerbaijan, Bangladesh, India, Iran and Nepal, trafficked primarily for bonded labor.⁸

There is very limited protection or services for victims of bonded labor or sex trafficking.⁸ In some cases, victims of sex trafficking are arrested for prostitution without screening for evidence of trafficking, and are subjected to punishment under Islamic law for fornication and adultery.⁸

- **Displacement:** Hostilities between insurgents and government forces in the Federally Administered Tribal Areas (FATA) and the North-West Frontier Province (NWFP) have led to the displacement of nearly 150,000 people. These internally displaced persons are now living in camps or with host families.¹⁸ In addition, the current economic crisis has had negative impacts on the country, resulting in soaring food and oil prices, and making the displaced population even more vulnerable.¹⁸ Throughout 2009, most of the IDPs will continue to need humanitarian assistance, especially shelter, food, water and sanitation.¹⁸
- **Mistreatment and abuse:** Unskilled migrant workers often experience sub-standard or hazardous living and working conditions.¹⁵ The majority of them are subjected to long working hours, with no fixed salary, and are often deprived of rest or days off.¹⁵ They have limited access to health facilities, further aggravating their health risks.¹⁵
- **Separation from spouse and family:** The majority of the unskilled migrant workforce is male, between 20 and 30 years of age, and illiterate.² The combined effects of a low understanding of diseases like HIV and other sexually transmitted infections, long absences from family and spouses, and easy access to sex workers can lead to sexual risk-taking behaviours.¹⁵ A UNDP study among Pakistani migrant workers in the Gulf states showed that 82% had sexual relations with female sex workers during their time abroad.¹⁵ Eighty-six percent of the migrant workers said they had little-to-no knowledge of safe sex practices.¹⁵

Notes

- Map from www.worldatlas.com

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