

HIV & MIGRATION

COUNTRY PROFILE 2009: THAILAND

Migration dynamics have evolved rapidly in Thailand over the past few decades, with Thailand moving from a labor-exporting country to a labor-importing country.¹ In 1995, Thailand sent more than 200,000 migrant workers overseas.¹ By 2004, this number had decreased to 150,000 – 18% of whom were women.^{1,2} Primary destination countries were Taiwan, Singapore, Israel, Japan, Malaysia, Brunei, and Hong Kong.² Thailand receives USD 5 billion in remittances a year.³

At the same time the number of migrant workers to Thailand increased rapidly, with more than 2 million migrant workers registered in the country in 2004.¹ This reversing trend is in part due to the stronger economy of Thailand, which in 2003 had a GDP that was 3.7 and 4.3 times that of neighboring Cambodia and Lao PDR, respectively.¹ Indeed, these two countries together with Myanmar are the primary sources of migrant workers in Thailand.¹

While Thai workers are still numerous in agriculture, the service industry, construction and the informal economy, certain segments of the labor force have developed into occupations employing foreign migrant workers.¹ Most workers on fishing boats are migrants, as are most in garment and textile factories near the border with Myanmar.¹

Summary

Estimated no. of Thai migrants	150,000 in 2004 ¹
Estimated no. of undocumented migrants	200,000 in 1993-94 ⁴
Net migration rate, per 1,000 population	- 0.5 migrants/1,000 population ³
Primary destination countries	Taiwan, Singapore, Israel, Japan, Malaysia, Brunei, and Hong Kong ²
Primary sending countries	Cambodia, Lao PDR, Myanmar ¹
Percentage of women among migrants	18% in 2004 ¹
Involvement in human trafficking	Source, transit, and destination ⁵
Estimated number of displaced people	3,625,510 ⁶
HIV prevalence among migrants	Prevalence numbers not available. Over 2001-2005, 41 HIV positive workers were repatriated (37 from Taiwan, 3 from Brunei, and 1 from Singapore) ²

THAILAND



HIV situation overview

The first AIDS case in Thailand was reported in 1984, with a huge number of HIV infections reported in the subsequent four years.⁷ There has been a drop in adult HIV prevalence rate from 1.7% in 2001 to 1.4% in 2007.⁷ Of the 600,000 adults living with HIV, 250,000 (42%) are women.⁸ There are 14,000 children living with HIV.⁸

The infections have arisen due to different modes of transmission, including injecting drug use, sexual transmission and mother-to-child transmission.⁷

Thailand was one of the first countries to have successfully slowed down the spread of HIV in the nineties, largely due to its policy of 100% condom use in the sex industry.⁷ Indeed, it has one of the most effective national responses to the HIV epidemic.⁷



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HIV and STIs among migrants

Over the period from 2001-2005, the Thai Ministry of Labor reported that 41 HIV positive Thai workers were repatriated from the following countries: Taiwan (37); Brunei (3); and Singapore (1).²

As a destination country for labor, large cross-border migration from Myanmar and Cambodia to Thailand poses numerous HIV prevention, care and treatment challenges.⁹ In 2001, a surveillance sample among Burmese migrants estimated that 1.4% (314 individuals) tested positive for HIV in Samut Sakhorn Province.⁹ In another study, HIV infection rates among pregnant migrant women at antenatal care clinics were found to be higher than among Thai women (4.3% vs. 2%).⁹

There has also been a shift in the primary mode of transmission of HIV in Thailand.² In the early- to mid-1990s, the epidemic was driven by unprotected sex with sex workers.² Consequently, the Thai government employed a “100% condom” policy that significantly lowered HIV prevalence.² By 2005, however, approximately one-third of new infections in Thailand occurred among what was considered a “low-risk” group: married women, who are presumably being infected by their spouses.² This signals the shifting of the epidemic to a broader population, and it presents new challenges for the Thai prevention strategy.² Data is not available on how many of these spouses/intimate partners are or have been migrant workers.

Governance and policies

- **Code of Practice on Prevention and Management of HIV/AIDS in the Workplace, 2005, Department of Labor Protection and Welfare:**²
 - The Code prohibits discrimination in employment on the grounds of HIV status (section 5.1.1). The Code is not legally binding, however, being that it is a set of guidelines rather than a legal document.
- **Immigration Act BE 2522 (1979):** prohibits the entry of migrant workers from other countries with prescribed diseases.^{2,10}
 - **Section 12:** “Aliens that fall into any of the following categories are excluded from entering into the Kingdom:” **(No.4):** “Being mentally unstable or having any of the disease as prescribed in the Ministerial Regulations.”
 - HIV is not a prescribed disease. The regulation stated that ‘prevention of infected aliens or those who are HIV positive into or to reside in the Kingdom has no effect on the spread of this disease within the nation.’¹¹
- **Employment Agencies and Employment Seekers Protection Act BE 2528 (1985):** Requires employment agencies to send employment seekers for a physical examination according to the criteria, method and medical facility location prescribed by the Director General.²
- **Notification on the Application for Approval as Place for Physical Examination of Job Seekers Going to Work Abroad Under Job Seekers Placement and Job Seekers Protection Act, 1990:** Prescribes the conditions for becoming an approved establishment for physical examination of job seekers going abroad.²
- **Bilateral agreements:** The Thai Government has incorporated many of the principles and objectives of the 1999 Bangkok Declaration in Memoranda of Understanding (MoUs) that it has signed with the Governments of the Lao People’s Democratic Republic (October 2002), Cambodia (May 2003) and

Myanmar (June 2003).¹ The three bilateral MoUs describe an elaborate system for the employment of nationals from one country in the other country.¹ One country would prepare a list of jobs to be filled and the other would select applicants for them. When the two countries agree on the workers to be hired, they will cooperate to provide the workers with a visa, work permit, health insurance, a work contract and contributions to a savings fund.¹ (The MoU with Lao People's Democratic Republic does not specify that a contract is required.)¹

Healthcare and HIV-related services

Thailand as a source of migrant labor:

In 2004, close to 150,000 Thai migrant workers left for work in countries like Taiwan, Singapore, Israel, Japan, and Malaysia.² Employment agencies must be registered, and applications must be submitted to the Ministry of Labor for approval.² Migrant workers leaving for these countries have to receive medical testing as required by the receiving countries, including HIV testing.² A physical exam is required by law.² There is a half-day orientation for workers going overseas.² The employment agency must notify the Thai embassy in the recipient country upon recruiting workers, and the employment agency is expected to enforce the employment contract.²

Thai migrant workers deported from other countries can access the government's subsidized antiretroviral treatment (ART), under the National Health Security Scheme.⁹

Thailand as a destination for migrant labor:

Since Thailand is a major destination for migrant labor, with 2 million registered in the country in 2004, it has many laws and policies in place for the care of migrant workers entering the country. It has a *Migrant Health Strategy* developed jointly by the Thai Government and civil society.⁹ There is no mandatory HIV test for incoming workers, nor is there any exclusion for foreign workers with HIV.²

The government has signed a Border Health Programme to provide health care, including HIV and AIDS prevention and treatment services, to anyone living along Thai borders, whether they be Thais, migrants or stateless people. Access to these services is still weak by undocumented and mobile populations.⁹

Migrants entering Thailand must register for a work permit, which requires a health examination but no HIV test.⁹ Unfit migrants will be deported.⁹ Those who are fit and are registered are included in the national 30-baht health insurance scheme – through which health services are available at a subsidized cost – and they are assigned a health care provider.⁹ ART, however, is not available to migrants at a subsidized cost, making the therapy financially inaccessible for them.⁹

Vulnerabilities:

- **Undocumented/irregular migrants:** The number of foreign migrants in Thailand is currently estimated at 2 million and only about 30% are documented.¹³ Undocumented migrant workers are most vulnerable to health hazards and communicable diseases because of the lack of affordable health care services available to them.¹³ Stigma, discrimination and fear of arrest – especially among undocumented migrants – are major hindrances to their access to health services.⁹

Human trafficking: Thailand is a source, transit, and destination country for men, women, and children trafficked for the purposes of forced labor and commercial sexual exploitation.⁵ Thailand's relative prosperity attracts migrants from neighboring countries and from as far away as Russia and Fiji who flee conditions of poverty and, in the case of Myanmar, military repression.⁵ Significant illegal

migration to Thailand presents traffickers with opportunities to force, coerce, or defraud undocumented migrants into involuntary servitude or sexual exploitation.⁵ Following migration to Thailand, men, women, and children (primarily from Myanmar) may be trafficked for forced labor in fishing-related industries, factories, agriculture, construction, domestic work, and begging.⁵ Women and children are trafficked from Myanmar, Cambodia, Laos, the People's Republic of China, Vietnam, Russia, and Uzbekistan for commercial sexual exploitation in Thailand.⁵ Ethnic minorities such as northern hill tribe peoples, many of whom do not have legal status in the country, are at a disproportionately high risk for trafficking internally and abroad.⁵

- **Cross-border populations:** Cross-border migrants in locations along the Greater Mekong Subregion – including Poipet and Koh Kong that border with Thailand – are vulnerable to HIV infection.¹³ These locations are sites for the convergence of different mobile and occupational population groups, and have larger numbers of undocumented migrants who do not have access to health care. The border regions also see heavy trafficking of both people and drugs, making HIV transmission via the sex trade or injecting drug use higher in these areas.⁹

Notes

- Map from www.worldatlas.com

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