

HIV & MIGRATION

COUNTRY PROFILE 2009: VIETNAM

Exporting migrant workers is part of the Vietnamese government's mandate, with a target of 75,000 workers per year, increasing to 100,000 by 2010.¹ In 2006, Vietnam sent out 78,855 migrant workers, 35% of whom were female.¹ Currently, there are 3.2 million Vietnamese living abroad permanently, and 500,000 Vietnamese migrant workers working in over 40 different countries under time-limited labor contracts.²

Most Vietnamese migrant workers go to work in other Southeast Asian and East Asian countries, with the two main destinations being Malaysia and Taiwan (24,605 and 37,941 migrants in 2006, respectively).³ Other main destinations are South Korea, Laos and Japan (10,577, 5,731, and 5,360 migrants in 2006, respectively).³ In recent years, there has also been an increase in the number of Vietnamese migrants going to the Gulf region countries of Qatar and the United Arab Emirates (combined total of 4,364 migrants in 2006).³

It is estimated that the remittances from migrant workers alone account for USD 1.6 billion a year, with another USD 3-4 billion per year from Vietnamese permanently settled abroad.²

Summary

Estimated no. of Vietnamese migrants	500,000 ²
Estimated no. of undocumented migrants	An estimated 150,000 in Cambodia. ⁹
Net migration rate, per 1,000 population	- 0.5 migrants/1,000 population ⁴
Primary destination countries	Malaysia, Taiwan, South Korea, Lao PDR and Japan ³
Primary Sending countries	-
Estimated number of Vietnamese overseas	3.2 million ²
Percentage of women among migrants	34% in 2006 ¹
Involvement in human trafficking	Yes, source and destination ⁵
Estimated number of displaced people	330,210 ⁶
HIV prevalence among migrants	Not available

VIETNAM



HIV situation overview

The first HIV infections in Vietnam were reported in 1990 in Ho Chi Minh City, with only eleven reported cases.⁷ By 2001, however, there were 160,000 people living with HIV, increasing to 290,000 in 2007.⁷

Overall HIV prevalence is still low at 0.5%.⁸ Almost 80% of all cases are among the 20-39 years age group, with males accounting for 85% of all reported HIV infections.⁸

Despite an overall low prevalence, there is a concentrated epidemic among most-at-risk populations.⁸ Specifically, HIV prevalence is 28.6% among injecting drug users, 4.4% among female sex workers and 9% and 5% among men who have sex with men in Hanoi and Ho Chi Minh, respectively.⁸



HIV and AIDS Data Hub for Asia-Pacific

**EVIDENCE
TO ACTION**

www.aidsdatahub.com

HIV and STIs among migrants

In a study of HIV prevalence and risk behaviour among mobile populations of various categories (such as border traders, fishermen and migrant construction workers) in four border provinces of Vietnam, overall HIV prevalence was relatively low in the mobile groups (ranging from 0 – 2.5%), except among border traders in An Giang (2.1%; 95% CI, 1.0–3.8%) and Dong Thap (2.5%; 95% CI, 1.3–4.3%).¹⁰

There is also a higher prevalence of drug use among migrant workers as compared to the general public. This is of concern given that injecting drug users constitute the population with the highest national prevalence of HIV in Vietnam (23.1% in 2007).^{8, 11} Migrant workers are also more frequent clients of sex workers, another high-prevalence sub-group (HIV prevalence of 4.2% in 2007).^{8, 10, 11} Among the mobile populations in the four border regions study, consistent condom use with female sex workers was high but significantly lower with other non-regular partners and particularly low with regular partners.¹⁰

Governance and policies

- **National Strategy on HIV/AIDS Prevention and Control in Vietnam up to 2010, with a Vision to 2020:** seeks to provide a comprehensive set of prevention, care and treatment interventions, harm reduction programs, and provisions for access to antiretroviral treatment for people living with HIV/AIDS.⁹
- **Vietnam's Labor Law:** stipulates that Vietnamese employment agents should provide migrant workers with a pre-departure orientation.⁹ The phrasing of this Law, in that the provision 'should' be made, as opposed to 'must', raises questions of the enforceability.
- **Labor Code 2002, Article 102:** stipulates that '[a]n employee must have his health examined during recruitment and, on a regular basis, during employment...'¹²
- **Law on HIV/AIDS Prevention and Control (No. 64/2006/QH1)**
 - **Article 1.2:** The law applies to Vietnamese and foreign agencies, organizations and individuals in Vietnam.¹²
 - **Article 8:** Prohibits 'discriminating against HIV-infected people'.¹²
 - **Article 14 (2):** states that an employer shall not be allowed to:
 - Terminate a labor or job contract of an employee or cause difficulties to this person in his/her work on the ground that such a person is infected with HIV;
 - Refuse to give a salary raise or to promote an employee, or fail to ensure his/her legitimate rights or benefits on the ground that such a person is infected with HIV; and
 - Request a job applicant to have an HIV test or produce an HIV test result, or refuse to recruit a person on the ground that such person is infected with HIV...(unless the application is for an occupation or profession from the government list.)¹²
 - **Article 16:** addresses HIV prevention among migrant workers, laying out the responsibilities of government and private sectors.⁹

- **Article 27:** “HIV testing shall only be conducted on the basis of voluntariness of persons to be tested”.³
 - **Article 28:** “1. Compulsory HIV testing shall be conducted in the case that there is an official request for judicial appraisal or a decision of an investigative body... or a people’s court. 2. The Minister of Health shall issue regulations on compulsory HIV testing in certain necessary cases for diagnosis and treatment purposes.”³
 - **Article 28 (3):** The Government may issue a list of occupations and professions requiring HIV testing before recruitment.¹²
- **Decree on Vietnamese Manpower Export (No. 152) 1999:** Vietnamese seeking to work overseas must submit a health certificate to the relevant manpower-exporting enterprise.¹²
 - **Joint Circular No. 10/2004/11-BYT-BLDTBXHBTC of the Ministry of Health, Ministry of Labour, War Invalids and Social Affairs (MOLISA) and the Ministry of Finance:** guides the implementation of medical testing for Vietnamese migrant workers going abroad.³ It does not state that medical testing is mandatory for those who go to work abroad; however, it does give a list of health standards for being qualified to go abroad and a list of diseases that are grounds for disqualification.³ The Circular also indicates the steps that hospitals have to take to apply for permits to provide testing and issue health certificates, and the fees that can be charged. However, there are no clauses about monitoring these activities.³

Healthcare and HIV-related services

Pre-departure

Vietnamese Labor Law stipulates that recruiting agents should provide migrant workers with orientation services prior to departure, as well as mandatory tests, including HIV, as requested by the receiving countries.⁹ Currently there are 70 government-mandated hospitals that provide health testing and issue health certificates for migrants.⁹

Recruiting companies sign contracts with hospitals stating each party’s responsibility.³ Recruiting companies are responsible for ensuring the correct identity of the person sent for testing (to avoid ‘replacements’ taking the tests), while the hospital is responsible for the result being recorded on the health certificate.³ In the case of a migrant worker being deported on arrival due to health status, a hospital in Vietnam must reconfirm the destination country’s diagnosis.³ If the hospital was responsible for the incorrect result, they must pay for the one-way ticket for the deported migrant to return home.³ Some destinations, like Dubai, do not require health certificates from Vietnam as they test migrants themselves.³

Joint Circular 10/2004 delineates the certification procedure, and also provides a price list for medical testing, including HIV testing.³ A financial bureau checks the charges recorded against the sum to prevent staff from overcharging or absconding with the fees paid.³ Total charges paid by migrants vary from USD 25 to USD 40, depending on the testing requirements of destination countries.³

The validity of the test lasts for only three months, and re-testing is required if the migrant cannot depart within that time period.³ Testing centers are available in each province, but some receiving countries like Taiwan and Malaysia only accept results from 4-5 centrally-located hospitals in either Hanoi or Ho Chi Minh, adding the cost of travel and board for the migrants.³ To expedite the process, some hospitals have a ward devoted to migrant workers testing, and most recruitment agencies have a contact person who

accompanies groups of migrant workers to the hospital and guides them through the process.³

There is no consent form accompanying the test, and no pre- or post-test counseling is offered.⁹ There is also breach of confidentiality as results are reported to recruiters rather than to the migrants, or are sometimes announced to the migrant worker in public.⁹

In the case of positive results, the hospitals do not have the authority to retest, but will send the result to the National Institute of Hygiene and Epidemiology for confirmation.³ If a migrant is found permanently unfit, there are no counseling, referral or treatment services.³

On site

Depending on the requirements of the destination country, migrant workers may undergo medical examination upon arrival and then again over the next 1-3 year period.³ Receiving countries do not provide information, counseling or referral services. In the case of testing unfit, migrants are summarily deported, with no follow-up information or services provided.³

Reintegration

No medical, social or financial services are in place to help migrants returning with HIV.⁹ As such, deported migrants face huge monetary and psychological shocks.³ In many instances, they have been deported without being properly informed of their condition, or its severity, and many fail to seek medical help.³

Vulnerabilities:

- **Cross-border populations:** Cross-border areas tend to be rural with limited coverage of healthcare services. In the study of populations at-risk in four border provinces of Vietnam, the use of public sexually transmitted infection (STI) clinics was very low. Overall, 9.9% of female sex workers reported an STI in the past 12 months; of these, 14.5% sought treatment in the public sector and 67.6% in a private clinic.¹⁰

In certain provinces such as the An Giang province, mobility of women and sex work across the border was suggested as the most likely explanation for a high prevalence of HIV (9.5% in 1995 and 24.3% in 2002) among FSW in the province.¹⁰

- **Lack of official health policies:** There are no policies for referral, counselling or treatment services for migrants testing HIV positive in Vietnam before departure, nor for those deported after testing positive in a destination country.³
- **Undocumented/irregular migrants:** Although there is an estimate of about 150,000 Vietnamese in Cambodia, the total numbers and more extensive information on undocumented migrants is not available.¹ Undocumented workers face even more challenges than regular migrant workers, with no access to health care information or treatment. Furthermore, undocumented migrants may not have access to information regarding their rights regarding HIV testing and services, and will not have gone through orientation services. It can therefore be expected that knowledge and awareness of HIV risks and transmission may be lower among this group of migrants.
- **Human trafficking:** Vietnam is a source and destination country for men, women, and children trafficked for forced labor and commercial sexual exploitation.⁵ Vietnamese women and children are trafficked to the People's Republic of China (PRC), Cambodia, Thailand, the Republic of Korea, Malaysia, Indonesia, Taiwan, and Macau for sexual exploitation.⁵ While recently-enacted laws provide

some recourse to victims of labor trafficking, bureaucratic inertia and a lack of resources for victims make this recourse difficult for trafficking victims to pursue.⁵ Although it took steps to combat cross-border sex trafficking by expanding investigations and prosecutions of traffickers, the Vietnamese government has not yet focused adequately on internal trafficking and needs to make more progress in the areas of law enforcement, victim protection, and prevention of labor trafficking and internal trafficking.⁵ The government's initiatives to increase labor exports have not been complemented by adequate efforts to prevent labor trafficking and protect workers going abroad.⁵

Victims of human trafficking, particularly those subject to sexual exploitation are likely to be exposed to higher risk of HIV transmission through unsafe and frequent sexual intercourse.

- **Mistreatment and abuse:** Vietnam is a source country for men and women who migrate for work through informal networks and through state-owned and private labor export companies in the construction, fishing, and manufacturing sectors in Malaysia, Taiwan, South Korea, the People's Republic of China (PRC), Japan, Thailand, Indonesia, Western Europe, and the Middle East. These informal migrants risk being subsequently faced with forced labor or debt bondage.⁵ Labor export companies may charge workers as much as \$10,000 for the opportunity to work abroad, making them highly vulnerable to debt bondage.⁵ Some Vietnamese women going to the PRC, Taiwan, Hong Kong, Macau, and increasingly to the Republic of Korea for arranged marriages have fallen victim to trafficking for the purpose of sexual exploitation or forced labor.⁵

Notes

- Map from www.worldatlas.com

References

1. Anh D N. Vietnam. *Asian and Pacific Migration Journal*, Vol. 17, Nos. 3-4, 2008
2. Van Dinh P. International Migration and Return Migrants in Vietnam. 2008. Available at: http://www.iom.int/jahia/webdav/shared/shared/mainsite/microsites/IDM/workshops/return_migration_development_070708/participant_list_idm.pdf
3. CARAM Asia. *State of Health of Migrants: Mandatory Testing*. Kuala Lumpur: CARAM Asia. 2007.
4. International Organization for Migration. Vietnam: Facts and Figures. Available at: <http://www.iom.int/jahia/Jahia/activities/asia-and-oceania/east-and-south-east-asia/vietnam>
5. US Department of State. Trafficking in Persons Report 2009. Available at: <http://www.state.gov/g/tip/rls/tiprpt/2009/>
6. UNHCR. Viet Nam: Country Operations Profile. Available at: <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e4899d6>
7. AIDS Data Hub. Country Profile – Vietnam: HIV and AIDS data. Available at: www.aidsdatahub.org.
8. UNAIDS. HIV in Vietnam. Accessed on: Sept 3, 2008. Available at: http://www.unaids.org.vn/sitee/index.php?option=com_content&task=blogsection&id=4&Itemid=26
9. HIV/AIDS & Mobility in South-East Asia – Rapid Assessment. United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China. 2008. Available at: <http://www.undp.org/asia/asean-un-2008-report.pdf>
10. Nguyen Anh Tuan, Knut Fylkesnes, Bui Duc Thang, *et al.* Human immunodeficiency virus (HIV) infection patterns and risk behaviours in different population groups and provinces in Viet Nam. *Bulletin of the World Health Organization* 2007;85:35-41.
11. Vietnam. UNAIDS, UNGASS Country Report, 2008 citing IBBS 2005-2006
12. IOM. Mandatory HIV testing for employment of migrant workers in eight countries of South-East Asia: From discrimination to social dialogue. ILO Subregional Office for East Asia, International Organization for Migration. 2009.