

HIV & MIGRATION

COUNTRY PROFILE 2009: SRI LANKA

Migration within Sri Lanka and to other countries for employment is an economic necessity for many households in Sri Lanka.¹ The main destinations for Sri Lankan migrant workers are the Gulf region (mainly Saudi Arabia, Kuwait, Lebanon, the United Arab Emirates and Qatar) - which hires 90% of the Sri Lanka migrant work force - and other countries in the Asia Pacific.² Sri Lankan migrant workers have been going to these regions for employment for the past 20 years. Over half of all migrant workers are female, 91% of whom were employed as domestic workers.² However, in recent years, there has been a growing trend towards supplying semi-skilled labour to the Gulf region due to its improved educational attainment and construction boom.²

Remittances from migrant workers are one of the highest foreign exchange earners in the country, bringing in amounts increasing from USD 1.16 billion in 2000 to USD 2.53 billion in 2007.³ Sri Lanka is among the top 20 largest recipients of remittances, and, of note, remittances provide a larger and more stable income than foreign investment.⁴ In 2007, remittances accounted for 8% of the GDP.³

Internal displacement is a major issue in Sri Lanka as a result of over two decades of internal conflict. Regions most affected include Vanni, Vavuniya, Puttalam and Jaffna.⁵

Summary

Estimated no. of Sri Lankan migrants	1.6 million ⁹
Estimated no. of undocumented migrants	Not Available
Net migration rate, per 1,000 population	-0.4 migrants/1,000 population ⁶
Primary destination countries	Saudi Arabia, Kuwait, Lebanon, UAE and Qatar ³
Primary sending countries	-
Estimated number of Sri Lankans overseas	Not Available
Percentage of women among migrants	61% ⁹
Involvement in human trafficking	Yes, primarily as a source country. ²⁰
Estimated number of displaced people	504,800 ¹⁰
HIV prevalence among migrants	-0% at pre-employment screening. ²⁰ -No information is available on returning migrants.

SRI LANKA



HIV situation overview

Sri Lanka is one of the few countries in the Asia and Pacific region with a low level HIV epidemic, with an adult HIV prevalence of just 0.03% in 2007.⁷ Among reported cases, the infection rate is higher in males, with a male-to-female ratio of 1.4 to 1.⁸ Most infections (85%) are acquired heterosexually, while homosexual and bisexual transmission results in 10%, perinatal transmission in 4.4% and transfusion and injecting drug infections in less than 1%.⁷ A 2003 surveillance report showed that even amongst high-risk populations, the HIV prevalence was between 0.2% and 1%.⁸

Although it currently has a very low HIV prevalence, the HIV epidemic potential in Sri Lanka is unpredictable as factors aggravating the incidence and spread of HIV are present and are potential obstacles to prevention, treatment and care.⁷



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HIV and STIs among migrants

An HIV Sero-Sentinel survey showed HIV prevalence in departing migrants at 0%, but there is very little data about returning migrants.¹³ Given the low level of prevalence in other high-risk groups, the HIV prevalence is probably comparably low (0.2% to 1%). An estimated 1.2 million Sri Lankans work in the Middle East and 79.1% of unskilled migrants are women.¹ HIV testing data does show that, of all the women in Sri Lanka who tested positive for HIV, 40% had been international migrants.¹³ This data does not show, however, if they were infected while abroad, or prior or since their return.¹³

Governance and policies

- **Act no. 21 of 1985:** The Act created the Sri Lanka Bureau of Foreign Employment (SLBFE).¹¹ The main objectives of the SLBFE are to promote, develop and regulate the industry while looking after the welfare and wellbeing of migrant workers and their families.¹² In 2007, the SLBFE was placed under purview of the Ministry of Foreign Employment Promotion and Welfare (MFEPW).¹¹
- **Migrant Welfare Funds (MWF):** Created in 1985 by Presidential Decree, they are run by the Sri Lanka Overseas Workers Welfare Administration (OWWA) and are financed by contributions from departing migrants - fixed at around USD 25 per person.¹⁵ The MWF is allocated towards covering consultancies, legal services, travel costs of migrants whose contract have been terminated due to physical abuse, contract violations and other reasons, and towards the repatriation of remains of migrant workers who have died while in the destination country.¹⁵ The OWWA also uses the fund to try to establish other services like scholarships as well as vocational and business training to migrant workers and their families.¹⁵
- **National Policy on Labour Migration for Sri Lanka:** Launched by MFEPW in April 2009, the Policy has the following goals: i) to develop a long-term vision for the role of labour migration in the economy; ii) to enhance benefits of labour migration to the economy, society, and the migrant workers and their families, and minimize its negative impacts; and iii) to work towards the fulfilment and protection of all human and labour rights of migrant workers.¹² The National Policy on Labour Migration in Sri Lanka does not cover in-bound workers from foreign countries.¹²
- **National Policy on Labour Migration:** supports the following measures:¹²
 - Introduces protective measures in pre-departure recruitment and training stages to prevent fraud and exploitation.
 - Promotes inter-state cooperation between Sri Lanka and host countries to ensure workers' protection and rights.
 - Urges the development of a contract in Sri Lanka as the primary condition for labour-recruiting countries, with contracts being translated into both Sinhala and Tamil.
 - Conducts country-specific pre-departure orientation, inclusive of skills, language proficiency, cultural sensitization, awareness of rights, benefits, privileges and complaints mechanism.
 - Monitors health impacts of migration and creates awareness among migrants about possible health risks, including HIV infection.
 - Stipulates that medical testing should be regulated to ensure dignity and confidentiality.
 - Implements pre-departure counseling.
- **The Colombo Agreement, 2009:** Trade Unions from Sri Lanka, Bahrain, Jordan and Kuwait signed an agreement on the welfare of migrant workers.¹⁴ It grants all internationally-recognized labor rights to Sri Lankan workers, with unions in receiving countries ensuring its implementation.¹⁴ The unions

intervene in disputes over wages, harassment and other issues.¹⁴ The agreement is based on a model developed by the International Labour Organization (ILO) and its Bureau for Workers' Activities.¹⁴

Healthcare and HIV-related services

Pre-departure

The Migrant Services Centre organizes community sessions in villages to ensure that women who are thinking of moving to a Gulf state to work as domestic workers understand the consequences for their families.¹⁶ For those who have decided to proceed with the foreign employment process, the Government of Sri Lanka has developed a two-day pre-departure orientation which includes information on HIV, health care services and accessibility, as well as services and benefits offered by government and non-government bodies.^{12,15}

In 2005, the SLBFE also started a specific training program for female migrants, their spouses and families, focusing on HIV/AIDS and skills building to face risky situations while overseas.¹³

HIV testing is voluntary for all population groups at all times.² However, prospective migrant workers may undergo mandatory testing as part of the requirements of the destination countries.² While all government hospitals in all the key provinces are equipped to handle testing, there are only 13 medical test centres recognized by the Gulf Cooperation Council Approved Medical Centres Association (GAMCA) – 10 in the capital city and 3 in the Kurunegala district.² Potential migrants from other high-volume areas such as Galle, Ampara, Anuradhapura, Batticala and Kandy have to pay for accommodation and travel-related expenses to the medical test centres.²

Applicants are only informed if they are 'fit' or 'unfit' for work, while the medical tests are sent to the recruitment agency.² 'Unfit' applicants have to seek out further information on their health status.² Permanently unfit applicants are referred to government hospitals, although there is no official referral policy in place.² There is no form of counselling available, including for those who are HIV positive.²

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.² In some destination countries particularly in the Gulf region, 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.² Instead, they are often treated like criminals, handcuffed, and held in detention centres, often with no chance of retrieving their belongings or claiming salaries owed to them.¹⁷

Reintegration

There is no formal reintegration scheme for migrant workers returning home after failing mandatory testing in a destination country.² The SLBFE reimburses medical expenses, but only if the migrant is not HIV positive.² In the absence of information and an organized referral system, it takes deported migrants a long time to access HIV-related services.² However, once registered with the national program, HIV positive migrants are referred to the Infectious Disease Hospital and to Lanka+, a self-help organization that supports people living with HIV and AIDS.²

Vulnerabilities:

- **Lack of official health policies:** Lack of official policies continues to be a problem, although there has been some positive development in the attitudes of high-level officials.¹³ On the ground, lack of clear policies (e.g. referral policies) and the failure to follow guidelines (e.g. informed consent, patient confidentiality) prevail.¹³ However, the *2009 National Policy on Labour Migration* rolled out by the MFEPW is comprehensive and aims to target the migrant process from pre-departure through to repatriation.¹³ Positive developments in the migrant worker process can be seen in the Colombo Agreement, and in the HIV and AIDS skills and knowledge training program for prospective female migrants and their families.¹³ Information on and access to health care, specifically regarding HIV, is included in pre-departure training.¹³
- **Undocumented/irregular migrants:** There are undocumented migrants who are not reflected in SLBFE statistics: some who leave the country for employment while others leave to seek asylum in other countries.¹¹ Exact numbers are not available, however the granting of financial and material assistance to migrant workers under welfare programs run by the SLBFE have encouraged more prospective migrants looking for employment to register themselves as migrant workers.¹¹ Undocumented migrants are usually unskilled labourers, and the majority of them migrate to the Gulf region.¹⁹ These workers are especially vulnerable to being exploited, underpaid or otherwise abused.¹⁹
- **Human trafficking:** Sri Lanka is primarily a source and, to a much lesser extent, a destination for men and women trafficked for the purposes of forced labour and commercial sexual exploitation.²⁰ Children are trafficked within the country for commercial sexual exploitation, and very infrequently, for forced labour.²⁰ Until the recent end of the civil war, the Liberation Tigers of Tamil Ealam (LTTE) recruited, sometimes forcibly, child soldiers.²⁰
- **Mistreatment and abuse:** Some migrant workers find themselves in situations of involuntary servitude, with their passports being confiscated. They may also experience physical and/or sexual threats. Some also face debt bondage, in some cases facilitated by larger pre-departure fees charged by recruitment agencies and their sub-agents.²⁰

As many of the migrants are women in domestic service, they are especially vulnerable to abuse and to being trafficked or held without their passports.¹⁹ The abuse is not limited to their experiences in destination countries.¹⁹ Female migrant workers returning home may find themselves stigmatized and considered 'tainted'.¹⁹ Their savings can be spent very quickly, often within the first year, and they then find themselves with limited livelihood options.¹⁹ Yet, as their families depend on the remittances, many women, despite experiencing abuse at the hands of their employers, reapply for migrant work because of a lack of alternatives, poverty and social problems in Sri Lanka.¹⁹

Notes

- Map from www.worldatlas.com

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