

THE THREAT POSED BY THE ECONOMIC CRISIS TO UNIVERSAL ACCESS TO HIV SERVICES FOR MIGRANTS

Preliminary Findings

Publication prepared for the Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia and Southern Provinces of China (JUNIMA)



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MIGRANT FORUM
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This report provides an overview of the potential impact of the 2008-2009 financial and economic crisis on migrants and mobile populations in South East Asia, and assesses how the likely increase in unsafe mobility with its accompanying risks and vulnerabilities for HIV transmission will affect the health of people on the move. The research conducted was based on a desk review, it also included interviews with migrant workers and consultations with experts.

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ACRONYMS

ADB	Asian Development Bank
AMC	Asian Migrant Centre
CACHA	Cambodian Alliance for Combating HIV/AIDS
DRC	Development Research Centre
EADN	East Asian Development Network
EIU	Economist Intelligence Unit
EW	Entertainment worker
EWRRS	Early Warning Rapid Response System
FHI	Family Health International
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
JUNIMA	Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia and Southern Provinces of China
NESDB	National Economic and Social Development Board of Thailand
OECD	Organisation for Economic Co-operation and Development
OECD	Organisation for Economic Co-operation and Development
PLHIV	People living with HIV
SW	Sex worker
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNIAP	United Nations Inter-Agency Project on Human Trafficking
UNRTF	United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China
VCCT	Voluntary counseling and confidential testing
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

The objective of this paper is to give an overview of the potential impact of the current crisis on migrant and mobile populations in Southeast Asia, and assess how the likely increase in unsafe mobility with its accompanying risks and vulnerabilities for HIV transmission will affect the health of people on the move. The economic crisis will have severe consequences for employment and poverty in the region as it often pushes out of the labor market the most vulnerable, such as migrants. Migrant workers' vulnerabilities to HIV will likely be exacerbated with increasing deterioration of their economic opportunities. Further, we know that even during the best economic times the combination of social, cultural, linguistic, legal and behavioral barriers affect migrants' access to information and to prevention, health and social services. These conditions are likely to worsen during the economic downturn.

The crisis could result in reductions in public expenditures on prevention, care and treatment programs all of which could increase HIV prevalence and shorten the life span of PLHIV. Due to the crisis, some migrants' risk behaviors may increase; faced with reduced opportunities they may enter the sex industry. Those migrants who are already HIV positive may be less likely to afford treatment or care.

To project the possible implications of the current crisis, this research has reviewed the evidence on how the 1997 Asian economic crisis affected migrants and their families and increased the incidence of HIV infection; it also analyzes the information available on the current crisis, including migration trends, the economic sectors most affected, case studies of migrants in the region and how the financial crisis has affected them and their health status so far. The paper concludes by proposing potential scenarios that may result from recent economic forces, with attention given to early warning systems to allow governments, civil society and the international community to take action. Recommendations for appropriate measures to address these scenarios conclude the paper.

Evidence from the 1997-1999 financial crisis shows that migrants faced increased vulnerability and that many undocumented migrants moved into the informal economy. Social protection schemes in the region were largely non-existent except for some more developed countries that had unemployment schemes covering formal economy workers. These, and programs developed in response to the crisis to aid displaced workers, were unlikely to reach migrant workers. Notably, there is evidence that HIV risks increased during the crisis, with increases in the number of sex workers in less formal settings and in trafficking for commercial sex work. These risks occurred at the same time that health budgets and funding for HIV prevention programs were being cut.

While the full implications of the current crisis are still unknown, there are indications that many of the same patterns are emerging. Many foreign workers in manufacturing and construction have been laid off in the region and there have been government moves to stop issuing work permits and crack down on undocumented migrants. There are fears that female migrants who lose their jobs may move into sex work to survive; in Cambodia for example, 70,000 garment workers, mostly female, have lost their jobs since the crisis began. Two recent studies with sex workers in Cambodia have found that 58% entered into sex work in the wake of the financial crisis and 19% of these women were former garment sector workers. Migrants are facing much higher expenses and are less able to afford health care, especially those who are living with HIV.

The paper concludes with policy recommendations to ensure migrants have adequate access to health care and HIV services throughout the migration cycle during times of economic downturn.

INTRODUCTION AND STATEMENT OF PROBLEM

The current global recession has had severe consequences for employment and poverty reduction in Southeast Asia. Though the extent of the crisis cannot yet be known, the large population of migrant workers in the region is in a particularly vulnerable position, for several reasons. First, migrant workers¹—both internal and external—tend to be concentrated in the economic sectors most affected by the crisis, which include export-led manufacturing, tourism, and construction. Many thousands of jobs have been lost in these sectors since the latter half of 2008; the World Bank estimates unemployment at 24 million for the East Asia and Pacific region as a whole in January 2009, about one million higher than one year earlier.² Second, while migrants often find themselves in exploitative situations—earning less than the legal minimum wage and being unable to claim basic workers' rights—they are even more susceptible to exploitation and worsened labor conditions under economic crisis. The threat of job loss and even deportation may be used to cut worker benefits, wages and working hours. This is especially true for the large number of workers who are projected to move from the formal to the informal labor market and from documented to undocumented status as a result of the crisis. Finally, the combination of social, cultural, linguistic, legal and behavioral barriers that affect migrants' access to information and to prevention, health and social services under the best economic times are likely to worsen during the economic crisis.

While government responses to the crisis may benefit from lessons learned during the previous Asian financial crisis of the late 1990s, these policies tend to favor economic growth stimulation and social safety nets for citizens over foreign workers. To date it is not clear whether the existing social safety nets for migrant workers will be sustained during this crisis. Moreover, as happened in the last crisis, receiving countries are already enacting policies to restrict foreign workers, by freezing work permits, retrenching foreign workers first and cracking down on undocumented foreigners. In Malaysia, nearly 7,000 foreign workers have been retrenched while in Indonesia 250,000 migrants have reportedly returned because of the crisis. Fears have been raised also of worsened work and living conditions for foreign workers, as their position to advocate for fair wages and benefits weakens.

Moreover, vulnerabilities to HIV faced by migrant workers and mobile populations will likely be exacerbated with increasing deterioration of their economic opportunities and health conditions. This is not because migration leads to risk behavior per se, but because the conditions under which people migrate and work puts them at risk.³ It should be remembered also that this financial collapse occurred in the midst of sky-rocketing food and fuel prices worldwide, with food prices rising 66% globally from mid-2005 to August 2008.⁴ Families of migrants are affected as well, as remittances are cut off and migrants return to rural areas. Job loss and economic vulnerability—both for the migrants and for their families at home who depend on their remittances—may lead to entrance into sex work, whether voluntarily or through trafficking. This is particularly of concern because many of the job losses in the region have been in the export-led manufacturing sector, which largely employs women. Recent evidence from Cambodia (reported in detail below), where large numbers of internal migrant women have been laid off from the garment sector, shows that there is a link between the current crisis and entry into sex work.⁵

As the crisis impacts public expenditures on prevention, care and treatment programs, outcomes such as increased HIV prevalence and increased morbidity for PLHIV are of increasing concern. Migrants are generally underserved by HIV prevention programs, as there are language and cultural barriers to their access. Those programs that do target migrants—through the formal workplace or through NGOs—are likely to be affected by the current crisis. PLHIV

1 Throughout the paper "mobile populations" is used as a general term to refer to "those who move from one place to another, temporarily, seasonally or permanently for either voluntary or involuntary reasons" (FHI 2006 p. 1). "Migrant" refers to those who take up residence in a place for an extended period of time. Migrants may be internal migrants, who move within their country of origin, or external migrants who move to a foreign country (FHI 2006).

2 World Bank 2009b.

3 UNRTF 2008.

4 IMF 2008.

5 UNIAP 2009.

migrants who receive care and support from their families or who are served by government programs are also in a vulnerable position. A recent World Bank/UNAIDS study concludes that a substantial number of countries will be forced to cut their programs, as they are dependent on external sources of support that will be reduced in the current crisis. As discussed further below, migrants to Thailand who receive treatment will lose access if they lose their jobs and legal status. For those in treatment, interruptions or barriers to access in treatment can be lethal; transmission risks also increase as those who stop treatment become much more infectious.⁶

The objective of this paper is to give an overview of the potential impact of the current economic and financial crisis on migrants and mobile populations in the Southeast Asian region. It also seeks to foresee possible negative implications accessing health services including HIV and probable increases in unsafe mobility with accompanying increases in the risks and vulnerabilities for health of people on the move, including HIV transmission.

To project the possible implications of the current crisis, this paper reviews the evidence on how the 1997-99 Asian financial crisis affected migrants and the social policies put in place to address that crisis. It presents information available to date on the current crisis and migration, including an overview of the economic sectors most affected where available, as well as potential increased risks to HIV and health in general. Where possible, the paper includes case studies of migrants in the region and how the financial crisis has affected them and their health status. The paper concludes with recommendations for appropriate measures to address the challenges that the crisis is posing to migrant's access to HIV services and health care.

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