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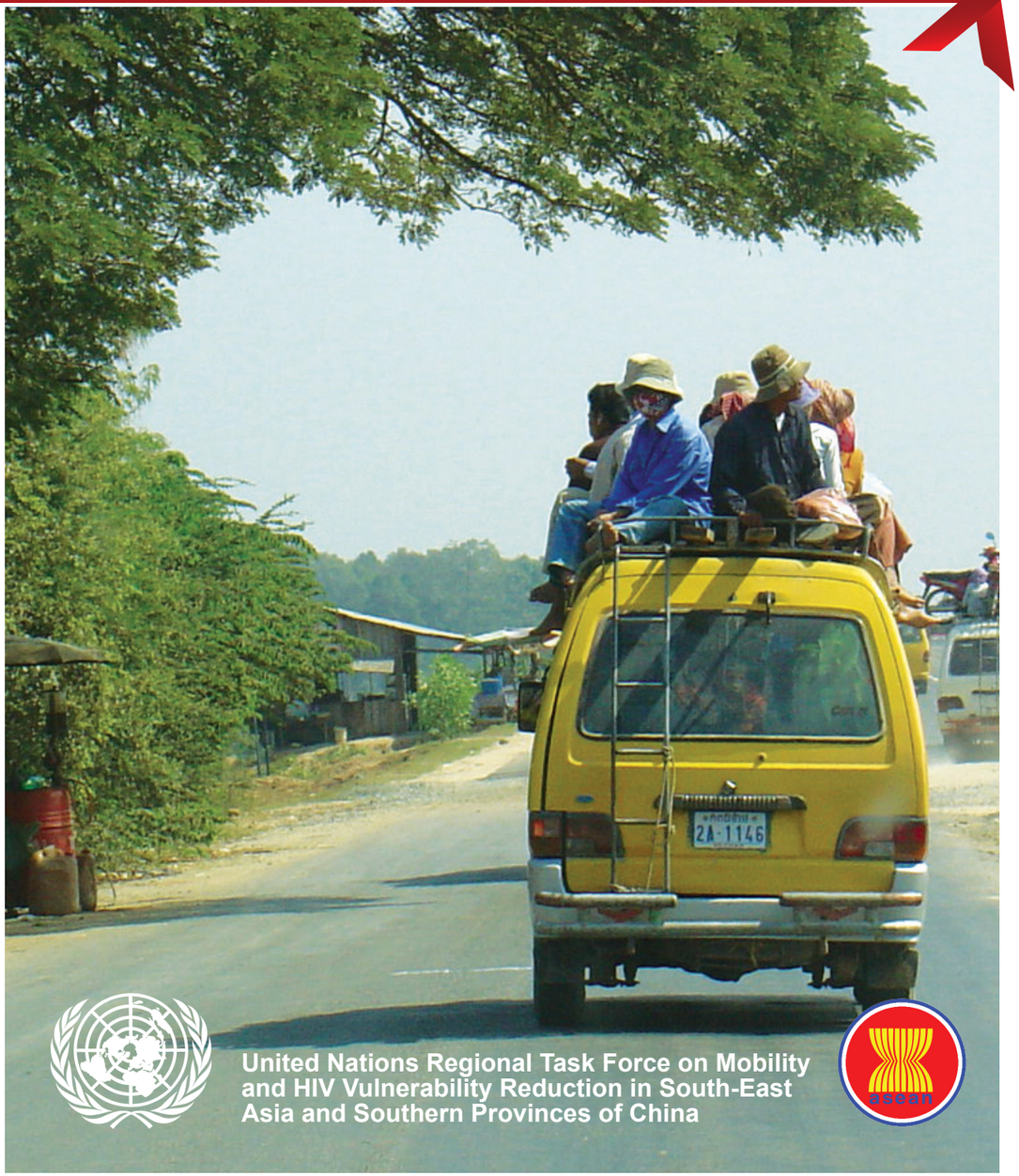
HIV/AIDS & Mobility
in South-East Asia
Rapid Assessment



United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China

HIV/AIDS & Mobility
in South-East Asia

Rapid Assessment

Part I:
Country Profiles: HIV/AIDS and Mobility in South-East Asia

Part II:
Organizations Engaged in Multi-country HIV and Mobility Programmes in South-East Asia

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ACKNOWLEDGEMENTS

This publication highlights critical information collected in 2007-2008 through an extensive collaborative process of research and programme design for a regional proposal on migration and HIV in South-East Asia. The proposal aimed to address the vulnerabilities of migrant and mobile populations to HIV and AIDS in South-East Asia and involved several partners in the region: ASEAN[1] Secretariat, Governments of the 10 ASEAN Member Countries[2] (through the ASEAN Task Force on AIDS and national ministries of labour, health or similar bodies), UN and international organizations (UNRTF[3] Secretariat, UNDP, UNAIDS, IOM, ILO, UNESCO, UNHCR), CIDA, CSEARHAP[4], and regional NGOs (APN+, Migrant Forum Asia, CARAM Asia and several CARAM Asia national counterparts like Achieve and Raks Thai).

Many people participated in the various consultations to design the proposal while several government officials, NGOs, UN and international organizations provided key information and validated various drafts.

It is difficult to acknowledge everyone involved in the production of this document. However, this publication would not have been possible without the collaboration and substantive contributions of the following persons: Dr. Bounpheng Philavong and his team in the ASEAN Secretariat, as well as members from the ASEAN Task Force on AIDS, Dr. Tia Phalla and Ms. Soimart Rungmanee from UNRTF Secretariat, Ms. Caitlin Wiesen and the regional HIV practice team from UNDP, Ms. Sue Carey and her team from CSEARHAP, Dr. Nenette Motus, Mr. David Trees and their country delegations at IOM, Dr. NweNwe Aye and various Country Coordinators from UNAIDS, Ms. Cynthia Gabriel from CARAM Asia, Mr. Promboon Panitchpakdi from Raks Thai, Ms. Malu Marin from Achieve, Mr. Shiba Phurailatpam from APN+ and Mr. William Gois from Migrant Forum Asia. The compilation of this report was a team effort led by Ms. Marta Vallejo Mestres from the UNDP Regional HIV and Development Programme with support from Ms. Céline Artal who updated and synthesized all the information found herein.

Lastly, we extend our gratitude to UNDP and CIDA for funding the collaborative proposal development and this publication.

[1] Association of Southeast Asian Nations

[2] ASEAN includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam

[3] United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China

[4] Canada South East Asia Regional HIV/AIDS Programme

FOREWORD

Asia in general and ASEAN countries in particular are witnessing an unprecedented mobility and migration of populations in the region, fuelled by robust and consistent economic growth in the last decade. These patterns are likely to continue into the future. Today there is a growing body of evidence that migrants and mobile people are more vulnerable to HIV than are populations that do not move. The recent report of the Commission on AIDS in Asia stated that "the future of Asia's epidemics depends to a considerable extent on what happens to men's incomes and their mobility outside family settings. Men who have disposable income, and who travel or migrate to work opportunities, provide most of the demand for commercial sex." Women are a significant proportion of the migrant population and face a wide range of risks and vulnerability that expose them to exploitation, abuse and HIV.

Even though migrants and mobile populations are included as a vulnerable group in the National Strategic Plans (NSPs) of each of the 10 ASEAN Member States, comprehensive programmes to address their needs have yet to be developed, funded and implemented. Likewise, epidemiological data on HIV among migrants needs consolidation, and comprehensive and regular updating, and should be made accessible to practitioners and policy makers from all sectors.

Drawing on data collected during large resource mobilization efforts in 2007, the secretariats of the UN Regional Task Force on HIV and Mobility (UNRTF) and ASEAN agreed to put together the following rapid assessment document. It combines a concise country-by-country overview of HIV and mobility in each of the 10 ASEAN Member States with profiles of the major organizations working in the region on this issue.

We hope that policy makers and practitioners find this report useful as they develop comprehensive rights-based responses to address the HIV-related issues that confront migrants and mobile populations throughout the migration cycle from their home countries, in transit to their destination and upon return.

Gwi – Yeop Son
UNRTF Task Force Convener
United Nations Resident Coordinator
In Thailand

JVR Prasada Rao
Director
UNAIDS Regional Support Team
in Asia and the Pacific

A MESSAGE FROM THE SECRETARY-GENERAL OF ASEAN

The ASEAN Heads of State and Government met in a Special Session on HIV and AIDS during the 12th ASEAN Summit in Cebu, Philippines, on 13 January 2007, to review and renew Member States' commitments on HIV and AIDS. The Leaders reaffirmed ASEAN commitments to preventing the further transmission of HIV and mitigating the impacts of HIV and AIDS, by improving regional responses and enhancing Member States' development of people-centred initiatives.

An important focus of ASEAN's efforts has been on migrant and mobile populations, who are by far among the groups most-at-risk. Recognising this, the ASEAN leaders endorsed an ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers by recognising the contributions of migrant workers to the society and economy of both receiving states and sending states of ASEAN.

In line with this, the ASEAN Task Force on AIDS (ATFOA) and the ASEAN Secretariat have been working closely with UNDP and the UN Regional Task Force on HIV and Mobility (UNRTF) to conduct a Rapid Assessment on HIV and Mobility Issues in all ten ASEAN Member States. This assessment provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high-quality prevention and treatment services.

I would like to thank UNDP, the UNRTF and all others involved in this outstanding endeavour. This productive collaboration has put in place a milestone document which will further enhance ASEAN's efforts at preventing and reducing the impacts of HIV and AIDS. It is through initiatives like this that we give meaning to ASEAN's vision in forging a caring and sharing society.

Dr. Surin Pitsuwan
Secretary-General of ASEAN

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TUC – Thailand Ministry of Public Health (MOPH) – US Citizens Development Corps (CDC) Collaboration 67
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UNDP – United Nations Development Programme 69
UNESCAP – United Nations Economic and Social Commission for Asia and the Pacific 72
UNESCO – United Nations Educational, Scientific and Cultural Organization 73
UNHCR – The Office of the United Nations High Commissioner for Refugees 74
UNRTF – United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China 75

ABBREVIATIONS and ACRONYMS

ABC	Abstinence, Be faithful and use Condoms
ACD	Association for Community Development
ACTFORM	Action Network for Migrants (Sri Lanka)
ADB	Asian Development Bank
AIDS	Acquired immunodeficiency syndrome
AMC	Asian Migrant Centre (Hong Kong)
ANC	Antenatal clinic
ANM	Action Network of Migrants
APN+	Asia-Pacific Network of People Living with HIV
ART	Anti-retroviral therapy
ARV	Anti-retroviral
ASA	Aski Stop AIDS
ASD	AIDS Prevention and Sex Education Division, PDA (Thailand)
ASK	Ain O Shalish Kendra
ASEAN	Association of Southeast Asian Nations
ATFOA	ASEAN Task Force on AIDS
BCC	Behaviour communication for change
BEAN	Border Esan Action Network
BSS	Behavioural surveillance survey
CAR	Centre for AIDS Rights
CARAM	Coordination of Action Research on AIDS and Mobility
CDC	Centre for Disease Control
CEC	Centre for Education and Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHAS	Centre for HIV/AIDS and STI
CHASPPAR	Control of HIV/AIDS/STD Partnership Project in Asia Region
CHRD	Center for Human Rights and Development
CIDA	Canadian International Development Agency
CMPE	Centre for Malaria Parasitology and Entomology
CMR	Coalition for Migrant Rights
CSEARHAP	Canada South East Asia Regional HIV/AIDS Programme
DFID	Department for International Development (UK)
DGIS	Directorate-General for International Cooperation (Netherlands)
DTP	Diplomacy Training Programme
ECHO	European Commission's Humanitarian AID Office
EEC	European Economic Community
EU	European Union
FHI	Family Health International
FSW	Female sex worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Subregion
GTZ	German Agency for Technical Cooperation
HDN	Health and Development Networks
HOME	Humanitarian Organization for Migration Economics
ICT	Information and communication technology
IDUs	Injecting drug users
IEC	Information, education and communication
ILO	International Labour Organization
IMPACT	Implementing AIDS Prevention and Care Project (Family Health International)
IMWU	Indonesian Migrant Workers Union
IOM	International Organization for Migration
IPL	Interpersonal communication
IRC	International Rescue Committee
JCMK	Joint Committee for Migrant Workers
KAP	Knowledge, attitudes and practice
KHANA	Khmer HIV/AIDS NGO Alliance
LYAP	Lao Youth AIDS Prevention Programme
MAP	Migrant Assistance Programme Foundation
MFA	Migrant Forum Asia
MFI	Migrant Forum India
MOPH	Ministry of Public Health
MSAI	Migrant Savings for Alternative Investment (Migrant Forum Asia)
MSM	Men who have sex with men
MTWGs	Mobility technical working groups
NCHADS	National Centre for HIV/AIDS, Dermatology and STD (Cambodia)
NGO	Non-governmental organization
OFWs	Overseas Filipino Workers
OVC	Orphans and vulnerable children
PACT	Impact Alliance
PCCA	Provincial Committee for Control of AIDS (Lao PDR)
PDA	Population and Community Development Association
PHAMIT	Prevention of HIV/AIDS among Migrant Workers in Thailand Project
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International
Q & A	Question and Answer
RAMP	Reflection and action within most-at-risk populations
RMMRU	Refugee and Migratory Movement Research Unit
SAARC	South Asian Association for Regional Cooperation
SAPA	Solidarity Asian Peoples Advocacy
SBC	Strategic behavioural communication
SDC	Swiss Agency for Development and Cooperation
SEAMO TROPMED	Southeast Asia Ministers of Education Organization – Tropical Medicine and Public Health Network
SMJ	Solidarity Migrants Japan
SPC	Secretariat of the Pacific Community
STD	Sexually transmitted diseases
STI	Sexually transmitted infections
TB	Tuberculosis
TBIRD	Thai Business Initiative in Rural Development
TUC	Thailand Ministry of Public Health – US Citizens Development Corps Collaboration
UA	Universal access
UBW	Unified Budget and Workplan (UNAIDS)
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNRTF	United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China
USAID	United States Agency for International Development
US CDC	US Citizens Development Corps
VCT	Voluntary counseling and testing
VCCT	Voluntary and confidential counseling and testing
WARBE	Welfare Association of Repatriated Bangladeshi Employees
WFP	World Food Programme
WHO	World Health Organization
WOREC	Women's Rehabilitation Center (Nepal)
WWP	Women and Wealth Project (UNDP)

Mobility is a broad term that describes the full range of mobility, from short-term movement to longer-term or permanent relocation. Mobile people are defined as "those who move from one place to another, temporarily, seasonally or permanently, for either voluntary or involuntary reasons." Mobile people include: Refugees, asylum seekers, migrant workers and internally displaced persons.[5]

Overview

In South-East Asia, mobility is a growing phenomenon and a major concern due to the high vulnerability to HIV of mobile populations. The dynamics of population movement have evolved in South-East Asia over the last decade, and are in a phase of acceleration due to multiple factors including geopolitical and socio-economic changes, infrastructure development and closer cooperation among ASEAN Member Countries. Whether mobility is internal or cross-border, whether it is voluntary or forced, this increasing population movement generates particular conditions and circumstances that render migrants vulnerable and at risk of HIV infection.

Largely due to growing political and economic integration in South-East Asia, the region is witnessing a steady increase in the millions who migrate between ASEAN Member Countries annually in search of employment. Migrants are a growing and essential part of the workforce in more economically developed countries in the region and beyond in some cases. Remittances from these workers to their families represent a significant portion of the national GDP (14.5% in the Philippines, according to World Bank 2006) and balance of payments.

Despite their contribution to national economies, migrants are often exploited, marginalized and stigmatized throughout the migration process. Studies show that mobile populations are vulnerable to discrimination, racism, exploitation and harassment at home and abroad. Their basic rights are violated in terms of pay and working conditions. Often poor and powerless, migrants have little or no right to legal or social protection and generally lack access to HIV/AIDS services and information.

While migration alone is not a vulnerability factor for HIV infection, the conditions under which people migrate expose them to HIV infection risks. Newfound freedoms, disposable income, exploitation or abuse lead some migrants to high-risk behaviours, such as unprotected sex or drug use, making them vulnerable to HIV.

It is now clearly recognized in the region that the implementation of bilateral and regional memoranda of understanding, regional work plans, such as ASEAN Work Plan III, and regional strategies and declarations, such as the UNRTF Regional Strategy on Mobility and HIV Vulnerability Reduction and the ASEAN Declaration on the Rights of Migrants, require operationalization into coherent, collaborative and funded implementation plans at the national level. If envisioned results are to be achieved, regional coordination of the implementation of national plans and cross-border interventions in support of signed agreements is essential.

This document presents the key findings and recommendations of a rapid assessment conducted on HIV and mobility issues in the 10 ASEAN Member Countries in 2007-2008. It includes the migration patterns and HIV situation across the region, and the challenges and opportunities facing South-East Asian countries as they work together to develop a comprehensive response to HIV for migrant and mobile populations.

Overview

A migrant worker is defined as "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national."[6]

Key findings

Migration patterns in South-East Asia are the result of complex push and pull factors. Dynamic and growing economies of Thailand, Malaysia, Singapore and Brunei Darussalam have attracted in cumulative numbers an estimated 7.6 million migrants—of which more than 3.8 million were undocumented. An estimated 12.6 million workers left Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines and Viet Nam for better economic opportunities abroad (see table below[7]).

Estimated **HIV prevalence and mobility in South-East Asia**

Country	Adult (ages 15-49) HIV prevalence[8]	Documented migrant workers	Undocumented migrant workers	Estimated total migrant workers
Source countries				
Cambodia	0.9%	50,000	180,000	230,000
Indonesia	0.16%	3,500,000	175,000	3,675,000
Lao PDR	>0.1%	180,000	20,000	200,000
Myanmar	0.7%[9]	1,850,000	1,150,000	3,000,000
The Philippines	<0.1%	3,600,000	1,300,000	4,900,000
Viet Nam	0.5%	400,000	200,000	600,000
TOTAL		**9,580,000**	**3,025,000**	**12,605,000**
Destination countries				
Malaysia	0.4%	1,800,000	1,300,000	3,100,000
Thailand	1.4%	1,200,000	2,500,000	3,700,000
Singapore	0.07%[10]	713,000	N/A	713,000
Brunei	<0.1%[11]	122,000	N/A	122,000
TOTAL		**3,835,000**	**3,800,000**	**7,635,000**

No definitive source of population estimates for documented and undocumented migrant workers within ASEAN is available. The above estimates have been gathered from various sources including: *Asian Migrant Yearbook 2004* and *Resource Book - Migration in the Greater Mekong Subregion 2002-2003* both by ASEAN and Asian Migrant Centre & Migrant Forum in Asia; *State of Health of Migrants 2005* and *State of Health of Migrants 2007* by CARAM Asia.

Human trafficking has been reported in the majority of South-East Asian countries. Cambodia, Indonesia and Thailand are source, transit and destination countries for persons trafficked for forced labour and sexual exploitation. Malaysia and Viet Nam are source and destination countries for trafficked persons, while Lao PDR, the Philippines and Myanmar are source countries. Overall, limited reliable information is available on the magnitude of human trafficking in the region.

HIV trends

There are signs of progress in reducing the prevalence of HIV in some countries in the region. For example in Myanmar, Thailand and Cambodia, where despite the earlier presence of generalized HIV epidemics, the number of new infections per year has declined. In Cambodia and Myanmar, the general prevalence is now below 1% (0.9% and 0.7% respectively), according to the latest 2007 estimates. In contrast, Indonesia is experiencing one of the fastest growing HIV epidemics in Asia, through injecting drug users (IDUs) and men having unprotected sex with multiple partners. Viet Nam also saw a rapid increase of people living with HIV from 2000 to 2005, driven by injecting drug use and unprotected sex. Increasing numbers of women are infected by male partners who engage in either unsafe paid sex or injecting drugs. Moreover, Malaysia is facing a concentrated epidemic among IDUs: over 65% of HIV infections are estimated to result from unsafe injecting drug habits. In the other countries in the region, prevalence of HIV among adults (aged 15-49) is low at or below 0.1% and the main mode of transmission is unprotected sex.

Though comprehensive epidemiological data on HIV prevalence in migrants in South-East Asia is unavailable, current evidence indicates that in particular settings risk behaviour and HIV infection rates are considerably higher among migrants than in the general population. Exclusion, loneliness, exploitation, abuse, and other hardships which migrants and mobile populations face may result in higher incidences of transactional sex, sex for survival, rape, or commercial sex and increased risk of STI/HIV transmission. In Thailand, where more comprehensive data exists, migrant fishermen exhibited much higher risk behaviour, with HIV infection rates as high as 9%.[12] HIV infection rates in sex workers in border areas are consistently reported higher than elsewhere in Thailand and HIV rates among pregnant women tested at antenatal clinics (ANC) were significantly higher in migrant women than among local Thais.[13] In the Philippines, 35% of registered people living with HIV were returning migrants as were 30% in Lao PDR, according to data from each country's National AIDS Programme. Most of them acquired the virus through unprotected sex in the destination country.

Response: Opportunities and challenges

Every ASEAN Member Country has responded to the HIV epidemic's health and development challenges. Six countries – Cambodia, Indonesia, Lao PDR, the Philippines, Thailand and Viet Nam – are currently implementing a total of over USD 200 million in HIV grants received from the Global Fund to Fight AIDS, TB and Malaria (GFATM) from its first round in 2001 to 2007. Several other bilateral and multilateral donors are contributing financial support to the regional response.

National HIV/AIDS Strategic Plans and mechanisms to address the HIV/AIDS epidemic through HIV prevention, care and treatment have been developed in all ASEAN countries. These plans identify migrants as a distinct vulnerable group that should be included in the national response primarily through HIV prevention strategies. However, the response has focused on high-risk groups such as sex workers and their clients, men who have sex with men and IDUs, without addressing the mobility factor within these groups.

Overall, national health policies and HIV interventions in origin, transit and destination countries do not offer a comprehensive package of HIV prevention, care and treatment services that address HIV vulnerabilities and needs of migrants through all phases of the migration cycle: pre-departure, transit, destination and return. Recent studies have identified the risks and vulnerabilities of migrant and mobile populations. However, operationalization of national HIV strategic plans has yet to include comprehensive and coordinated national and regional responses that meet the needs of migrant and mobile populations.

Some programmatic and budgetary issues to take into account are:

Migrants are not covered by National AIDS Programmes' services

Most national AIDS programmes do not make provisions for migrants' access to essential HIV prevention, care and treatment services. Undocumented migrants have no access to health services or programmes within the host country.

Pre-departure HIV prevention efforts in origin countries may be ineffective

Countries of origin, especially Cambodia, Indonesia, Lao PDR, the Philippines and Viet Nam, have developed pre-departure training for outbound, documented migrant workers that includes HIV awareness sessions. The Philippines offers the most comprehensive HIV prevention interventions, including compulsory pre-departure HIV education. However, monitoring and evaluation mechanisms to ensure effective delivery of good quality HIV prevention messages and services to migrant workers remain to be developed. Migrants and trainers report that HIV sessions occur too late in the migration process, are of short duration and not comprehensive, and that migrants pay little attention to HIV issues a few days before moving abroad.

Mandatory health examinations may breach migrants' rights

As in many other parts of the world, pre-departure and post-arrival health examinations are part of recruitment processes for migrant workers. Mandatory HIV testing in health examinations is required by the majority of ASEAN destination countries, except Thailand. Mandatory testing breaches migrant rights, including confidentiality and consent.

Health and HIV services in host countries not geared to migrants

Migrants, especially minorities, face cultural and language barriers. They often do not read or speak the host country language, and consequently do not understand the HIV/AIDS prevention information provided to them.

Migrants also seldom have full access to health services in destination countries. In Thailand, registered migrants have access to health services with subsidized medical costs, but anti-retroviral treatment (ART) is not included. In other destination countries, documented migrant workers can access medical services although the cost varies depending on health insurance, if any. If migrants are found to be HIV-positive through routine testing in Malaysia, Singapore or Brunei Darussalam, they are repatriated.

Gaps in host-country treatment and referrals for migrants

Subsidised ARV treatment is not available to migrants in any destination country, making it unaffordable. Moreover, there are no provisions for referral services for migrants found HIV-positive during health examinations. This is a major gap in health services throughout the region.

Undocumented migrants have limited access to health services

A large and growing percentage of the migrant population is undocumented or under-documented. Undocumented migrants, including those that have been trafficked, are less likely to seek health care, including treatment for STIs, testing for HIV, or any other services that would put them in contact with health authorities. They are difficult to reach with HIV prevention programming and rarely benefit from government health programmes given the underground nature of their situations. This presents a significant challenge to a comprehensive HIV prevention response.

Discrimination against migrants, especially those with HIV

Migrants are often stigmatized and face discrimination in host countries, with HIV-positive migrants facing even greater discrimination and often immediate deportation if their sero-status is discovered. As a result, migrants are reluctant to determine their HIV status or to access other health services, increasing their vulnerability. Due to economic necessity, migrants will sacrifice access to treatment and services to remain in the host country. Upon return to their home countries, limited support is available for HIV-positive migrants and their HIV-positive status makes it unlikely that they will have the opportunity to work abroad again.

Recommendations

1) Develop gender-sensitive epidemiological data collection mechanisms

Limited HIV interventions targeting migrants in South-East Asia have inhibited data collection on risk behaviours and vulnerabilities in people on the move. This has hindered effectively addressing migrant needs, reducing their vulnerabilities and providing strategic HIV programmes throughout the migration cycle. Greater commitment to rights-based research and epidemiological studies aimed at accurately asses-sing HIV vulnerability, risks, trends and patterns along migratory routes is required.

2) Strengthen regional cooperation to ensure a continuum of services for migrants

Effective coordination of the response to HIV and mobility in South-East Asia requires better cooperation among ASEAN Member Countries in translating national HIV provisions for migrant and mobile populations into harmonized interventions and health policies that focus on HIV prevention, care and treatment services throughout the migration cycle. Linguistic and cultural sensitivity is important to an effec-tive regional response.

non-discriminatory HIV and mobility policies by relevant ministries, such as Health, Labour, Transport and Foreign Affairs, and also the private sector, which employs the majority of migrants. The allocation of resources, both financial and human, to improve policy coordination, and the establishment of multisectoral partnerships between the public and private sectors are essential. The meaningful engagement of civil society, including migrant representatives, is crucial for an effective response.

4) Reinforce an enabling policy environment

Effectively addressing the issues of mobility and HIV vulnerability requires the creation of an enabling environment through policy reforms affecting migrant and mobile populations. The appropriate enforcement of existing positive policies, and ASEAN commitments on HIV/AIDS and the Declaration on the Protection and Promotion of the Rights of Migrant Workers (January 2007) is essential.

Rights-based national health policies and HIV interventions for migrants and mobile populations will ensure their access to health services, as stipulated in the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. At present, Cambodia, Indonesia and the Philippines are the only ASEAN Member Countries to have signed this Convention. Effective regional cooperation requires that the remaining seven Member States also sign it and establish services for migrant workers.

5) Allocate sufficient financial and human resources to address migrants' needs

Recognize the contribution of migrants to the economies of destination countries through their work and to their home countries through remittances by ensuring they have access to affordable HIV prevention services and health care. Targeted investments and allocations of human and financial resources are required to ensure provision of treatment, care and

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