



# HIV/AIDS and Mobility in South Asia



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# HIV/AIDS and Mobility in South Asia

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The production of this report has been a particularly collaborative process, driven throughout by a desire to strengthen HIV/AIDS programming at a regional level, and define strong and relevant responses and recommendations that can best address the needs of vulnerable mobile populations in South Asia. We would like to acknowledge the colleagues and partners across the region whose substantive contributions have made this report possible.

*HIV/AIDS and Mobility in South Asia* benefited from regional and country level technical reviews, including a joint consultation based on the initial findings of the country studies convened by the SAARC Secretariat, UNDP and ILO in June 2008 in Nepal. The consultation brought together participants of all member states of the SAARC, including representatives of Civil Society and Trade Unions, Ministries of Health and Ministries of Labour and UN Agencies, to discuss in depth and validate the initial findings of the country studies, presented by CARAM Asia. Our thanks to CARAM Asia, a leading regional network of CSOs working on migration and HIV in Asia, and their national counterparts. Particular thanks goes to Cynthia Gabriel of CARAM Asia and Afsar Syed Mohamed of ILO, as well as the SAARC Secretariat and HIV focal points from member states for their role in providing validation of data and valuable advice and input throughout the various stages of this publication.

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Jennifer Branscombe, Ian Mungall and Nashida Sattar for their contributions and validation of the report's findings. It is our hope that the collaborative process which helped shape this report does not end here, that this comprehensive analysis of situations, standards, and practices affecting vulnerable mobile populations can strengthen regional programming and advocacy in the region, and drive stronger collaboration throughout South Asia in the future. The goal remains that mobile populations will have access to HIV prevention, care and support services throughout the full cycle of migration.



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## FOREWORD

For the millions who seek greater employment and economic opportunities migration is an increasingly attractive option. Migrants not only comprise an essential component of the workforce in more economically developed countries, but also provide significant contributions to the national economies of their home countries.

Migrants, however, are often exploited, marginalized, and stigmatized throughout the migration process. As mobility within South Asian countries and migration within the region and abroad continues to grow, care must be made to ensure that migrants' rights are protected; from rights to movement, rights to access health and HIV services; and, rights to work with dignity that benefits the lives of their communities and families. Governments of the SAARC member states, as well as international and local NGOs throughout the region, have all expressed concerns on these issue.

Vulnerability to HIV is often not the result of any individual choices or actions, but rather the outcome of multiple external factors, including: language barriers; prejudice; discrimination; exploitation; lack of access to health-care facilities, information, social networks, and support mechanisms. While this study highlights many such challenges faced by migrants with regards to HIV, it also illustrates a number of opportunities and examples of best practice from the region.

In this regard, there are a number of initiatives already working to reduce the health vulnerabilities of migrants and mobile populations: from the Royal Government of Bhutan's policy of providing "Health for All" – not just Bhutanese residents but also migrants; the decision by the Government of Sri Lanka to include HIV prevention and protection issues in pre-departure sessions for female migrants; and, the initiation of regional and intersectoral consultative processes such as the SAARC conventions and the Colombo process.

This study provides a synthesis of current migration trends and the HIV situation in seven countries of South Asia, examining the HIV situation of migrants within the context of gender, national and international migration patterns, policies and legislation. It is our hope that it provides a comprehensive reference tool for future policy, programmes and advocacy, and ultimately, contributes to the protection of migrants' rights throughout the whole migration cycle.



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## CONTENTS

<b>Overview</b>	<b>2</b>
<b>Country Profiles</b>	
<b>Bangladesh</b>	<b>26</b>
<b>Bhutan</b>	<b>44</b>
<b>India</b>	<b>58</b>
<b>Maldives</b>	<b>82</b>
<b>Nepal</b>	<b>94</b>
<b>Pakistan</b>	<b>112</b>
<b>Sri Lanka</b>	<b>128</b>



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