



## OKUP in ICAAP12



The 12<sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP 12) has finally been held in Dhaka in 12-14 March, 2016 with the theme of ***“Be the change for an AIDS free generation: Our right to health”***.

Before the official days, the Community Forum was held on 11<sup>th</sup> March in participation of seven key population groups – Sex Worker, Transgender/Hijra, Men Sex with Men (MSM), People Who use Drags (PWD), Youths, Women and Migrants. This is to note that OKUP’s continuous efforts made it possible to

include migrants in the Key Population (KP) for the first time in ICAAP’s history. OKUP (Ovibashi Karmi Unnayan Program) became the lead organization to represent migrants in ICAAP12. The objectives of the Community Forum Track are:

- Strengthening networking and partnerships
- Sharing ideas and knowledge
- Amplifying community voices
- Influencing policy change and programming
- Influencing dialogue on policy softening and misuse of policy
- Opportunities for learning and skills building
- Increasing participation, both regionally and nationally.

The Community Forum is inaugurated by the Community Track Co-Chair Habiba Akter (Chairperson of PLHIV) and Prof. Nurun Nabi attended as the chief guest and special guest respectively. The inaugural session was chaired by the president of STI Network Bangladesh. In a call of Kartini, the founder president of Asia Pacific Transgender Network, one representative from each KP introduced their groups with a brief note. Following this formal session, each KP group divided into breakout sessions to discuss their concerns and issues aims to preparing a joint Community Statement to present during the Dhaka Declaration of the ICAAP12.



Almost 20 representatives of migrants' community including returnee migrant workers, representatives of CARAM Asia, IOM and OKUP participated in the migrants' breakout session on the basis of the free registration and scholarship provided by the government of Bangladesh. OKUP's Chairman Shakirul Islam was officially designated to facilitate the breakout session for the migrants while Dr. Samir Kumar Howlader of IOM was designated as the rapporteur. The breakout session focused on following thematic areas for discussion and presentation.

- New Generation Prevention Outreach approaches such as Pre Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), Combined Prevention, Treatment Retention / Case Management
- Human Rights; enabling environment for accessing services and addressing stigma and discrimination
- Financing of the community work & service delivery on AIDS



Major discussions and deliberations of the Migrants' breakout session are as follows:

Issues discussed	Challenges identified	Recommendations for concerned entities
<ul style="list-style-type: none"> <li>Relationship between migration and HIV- there are many factors associated that increase the vulnerability of migrants to HIV infection although <u>migration itself is not a risk factor</u></li> <li>Gaps in comprehensive HIV prevention information dissemination to the migrants</li> <li>Migrants are seen as <u>commodities</u> for money making and for cheap labour, therefore, health and other rights of migrants are violated in the process of migration</li> <li>Despite the huge <u>contribution of migrants to the economic development</u> of both countries of origin and destination the health and wellbeing of migrants including HIV prevention, treatment and care services for the migrants have <u>remained almost unaddressed</u></li> <li>HIV related <u>deportation</u> and no mechanism of ensuring access to services and socioeconomic re-integration</li> <li>Social <u>discrimination and ostracisation</u> against migrants infected with HIV</li> <li><u>Specific attention to woman and other vulnerable (irregular migrants, other KP) group of migrants</u></li> </ul>	<ul style="list-style-type: none"> <li>Issues of migration is often ignored or not adequately addressed in the internal/regional fora</li> <li>Migrants are excluded in the national HIV and AIDS Policies/Laws/Strategies and responses in most of the countries of origin and destination</li> <li>There is hardly any funding availability/government budget for HIV response in relation to migration</li> <li>Lack of coordination and collaboration among multiple stakeholders related to migration and HIV</li> <li>Pre-departure orientation on HIV and migration, sexual orientation etc. is almost absent</li> <li>Lack of HIV and migration specific awareness/education, care and treatment at the community level</li> <li>Imposition of Mandatory HIV testing by the countries of destination and deportation without information of the status and access to service points at countries of origin</li> <li>Xenophobia and discrimination against migrants prevents access to services (i.e. access to condom, STIs and other services)</li> <li>Generalised misconception among relevant policy makers on promoting HIV preventive measures (i.e. condom use will inspire people to engage in sexual activities)</li> <li>Sexual abuse and exploitation of migrants (both men and women) especially in the countries of destination</li> <li>Irregular/undocumented status of migrants increases fear, discrimination, lack of access to services</li> </ul>	<ul style="list-style-type: none"> <li>Develop or reform HIV and migration related laws/regulations and policies based on international standards (Governments)</li> <li>Introduce migrant friendly health examination both at pre-departure and onsite ( through ensuring pre and post test counselling, consent taking, standard methods, confidentiality, responsive) (Governments)</li> <li>Develop and implement comprehensive HIV orientation package for migrants including sexual orientation, gender identity and expression (Governments)</li> <li>Community based HIV awareness and education for migrants (Migrant community, CSO, INGO, TU)</li> <li>Information dissemination with appropriate language and cultural sensitivity in countries of destination (Governments)</li> <li>Develop mobile apps, Social media campaign, Satellite TV programme, community radio programme (Governments, development partners, corporate sectors, communities)</li> <li>Ensure treatment and care of migrants infected with HIV at all levels at equal cost (Governments)</li> <li>Recognizing HIV vulnerability of migrants, reduce xenophobia, discrimination against access to treatment and services (Governments)</li> <li>Secure national funding to address HIV issues in migration (Governments, development partners)</li> </ul>

The output of the breakout sessions was jointly presented in the plenary by Shamsun Nahar, the returnee migrant worker and Shakirul Islam, Chairman of OKUP.



In ICAAP12, there was only one Oral Abstract Session on migration and mobility entitled “Ensuring access to services of migrants at source and destination sites” Several abstracts were presented in the Oral session including an abstract prepared by Dr. Samir Kumar Howlader of IOM. OKUP in collaboration with CARAM Asia organized a symposium on the issue of “Mandatory Health Test of Migrant Workers”.

The symposium on the “Mandatory Health Test of Migrant Workers” was chaired by the Regional Coordinator of CARAM Asia Mr. Harun Or Rashid while Shakirul Islam, Chairman of OKUP presented the key note and Dr. Samir Kumar Howlader gave his insights on the issue and IOM’s position and responses to the mandatory health test of migrant workers.

Mr. Shakirul presented the key note on the findings of the Policy Review he had conducted from OKUP under the project implemented in partnership with CARAM Asia and supported by Robert Carr Civil Society Foundation (RCNF). From his research findings, he mentioned that the wealth of the GCC countries is stood on two pillars – oil and migrant workers. Migrant workers constitute on average 52% of the total workforce in the GCC countries. Qatar and the UAE contain the highest (89%) numbers of migrant workers in their total workforce while Saudi Arabia absorbed the lowest number (27%). He also mentioned the importance of foreign workers in Malaysia which constitute 19% among the documented workers giving reference of the report “Foreign Labour on Malaysian Growth”. The report indicates that Malaysia can gain benefit from the long-term employment of both semi-skilled and skilled foreign labour than the locals.



The key note presenter mentioned that, despite migrants' huge contribution, the health concerns and access to treatment and care of migrant workers is a completely neglected issue. The migrants are recruited as "healthy persons" through Mandatory Health Examination according to the rules and regulations put by most of the labour destination countries.



The presenter mentioned that the GCC countries has adopted the Rules and Regulations for Medical Examination for Expatriates recruited for work in the Arab States of the Gulf Cooperation Council in 2001 while Malaysia adopted the same sort of regulation in 1997. The regulations have put provisions of non-eligibility to enter their countries for 17 infectious and non-infectious diseases and immediate deportation once the migrants encounter any mentioned diseases while staying in their countries. Mandatory health testing of migrant workers is a clear contradiction of the ILO Code of Practice on HIV/AIDS and the World of Work in which most of the labour destination countries are signatories. The presenter also mentioned that deportation without counseling and proper referrals is a clear violation of international standard in the case of HIV/AIDS. The presenter questioned who care the migrants' health? Is it the countries of origin? Unfortunately till the date, there is rarely example of countries of labour origin, except the Philippines, have put any special measure to establish official referral system with countries of destination in case of deportation due to HIV/AIDS, the presenter pointed out. He mentioned that most of the countries of origin look mandatory health test with due importance only to avoid resentment of the destination countries in a fear of losing the market. They hardly consider the health issues of migrants with due diligence. Giving an example, the presenter pointed out that Bangladesh never maintains any database of migrants either returnee or deported with health difficulties or infectious diseases like HIV/AIDS. He gave a database of around 215 migrants who returned back with different forms of health difficulties and sought assistance to OKUP. According to the database, 28% migrants who either returned willingly on the ground of sickness or deported due to HIV, TB and Hepatitis infection while 11% returned with different forms of reproductive health difficulties, 6% with mental sickness and the rest with workplace accident, physical complication due to overloaded work etc. The presenter also mentioned the National AIDS and STD Programme (NAP) reports which disclosed that around 64% of 645 adults were found HIV+ in 2014 who had previously worked abroad while 30% of the newly infected HIV people in 2015 are the migrants and their spouses.

The presenter also gave of snapshot of the contexts that increase migrant workers' vulnerability to HIV/AIDS. The key note presenter mentioned migrant workers are human being not commodity. They have feelings, emotions and desires. They may fall in love, they may engage in sexual relations as same as any other normal person. He, in reference of other OKUP's study related to migrants' vulnerability to HIV mentioned that different context especially available scope of risky sexual behaviour, sexual exploitation and violence etc. on one hand and lack of

knowledge about HIV protection, lack of access to services in destination countries, stigma, xenophobia etc. increase HIV vulnerability of migrant workers. The presenter, Shakirul Islam, ended his presentation with three simple recommendations – (i) putting Migrant-friendly Health Examination both at pre-departure and onsite in place of discriminatory practices through improving of policies, laws, and regulations; (ii) undertake comprehensive health education on migrants’ health and vulnerability to infectious diseases including HIV/AIDS at pre-departure level for all potential and departing migrant workers; and (iii) enhance cooperation and collaboration with the public hospitals and specialized service providers to ensure special and emergency health treatment and care for the migrants who return with health difficulties and infectious diseases.

Following the presentation, the chair invited the speaker to give his insights on the representation and share IOM’s position on migrants’ health issue. The speaker, Dr. Samir Kumar Howlader agreed with all the points pointed out in the key note paper. He added that IOM had been working on migrants’ health issues for several years. They have conducted multi-country study in several South and South East Asian countries. He mentioned that IOM, Dhaka has worked with the government, civil society and migrants’ organizations including OKUP and prepared a National Action Plan to respond the health of migrant workers. Following that the floor was opened for the participants to ask questions. Several participants asked different kinds of questions which were responded by the respective persons on the table.

Finally, in his speech, the chair of the session mentioned that some countries specially South Korea, Japan and few others in the South East Asia removed their discriminatory health test policy for migrants and ensure access to treatment of migrants in the case of HIV infection. He also mentioned that the USA has removed travel restriction allowing the HIV infected persons to enter the country in 2012. The Chair, Harun or Rashid who is the Regional Coordinator of CARAM Asia, said that CARAM was the first regional organization came up with the issue of health concerns of migrants including HIV/AIDS in 1997. It has been working for the same till now with little change. But this is time to push forward the issue together.

In the second day of the ICAAP, OKUP organized the same session in the space of the Networking Zone of the Asia Pacific Village. The Director of MJF (Manusher Jonno Foundation) Ms. Rina Roy and the Program Manager Ms. Sarawat Binte Islam along with Mr. Harun Or Rashid of CARAM Asia attended the session. Shakirul Islam of OKUP presented the key notes on the “Policy Review: Mandatory Health Test of Migrant Workers” and facilitate the session. Numbers of participants including the returnee migrants who are the members of National HIV+ Network participated in the session.



Apart from these sessions, all the participants of the migrants' community attended different sessions, symposiums, satellite as well as plenary sessions each of the day to learn more on HIV/AIDS. They visited the poster presentation entitled "Setting Priorities of HIV related Policies, Programmes and Research for Migrant Workers in Bangladesh using Delphi Consensus Method". The poster was presented by Dr. Fariha Haseen. The research was jointly conducted by University of Montreal Research Hospital Centre, Montreal, Canada and Bangabandhu Sheikh Mujib Medical University, Dhaka in a team of Nazmul Alam, Sharif Islam, Pierre Fournier. This is to note that OKUP assisted the research team in data collection from OKUP's project areas and participated in the primary consultation organized by them.

The most important visibility of migrants as well as OKUP as a led migrant organization was the OKUP Booth in the Asia Pacific Village of the conference. OKUP displayed two backdrop banners highlighting migrants' health and HIV concerns, one photo board consisting of different photos of OKUP's actions in HIV and health related training, advocacy consultation, networking meetings, services etc. Numbers of OKUP's publications - leaflets, brochures, helpline stickers on health and HIV/AIDS migration issue displayed and distributed to. The Booth created comfortable environment and opportunity to interact and sharing with other community members, activists and organizers to know more about intersections between migration and HIV.



A Community Statement based on the findings of the breakout sessions in the Community Forum was prepared jointly by the representatives of each KP Community and presented in the closing session of the ICAAP. The Community Track Co-chair Ms. Habiba Akter presented the community statement. The community statement urged to the governments to meaningfully engage all KP groups including migrants in the process of decision making and forming policies and laws for them. It demanded equal and meaningful partnership in designs, implementation and review of all programs that impact the lives of the members of community groups.

Being a root level migrant organization, OKUP has a grave concern regarding HIV/AIDS and other health related vulnerabilities, particularly for migrant workers. In its regular peregrinations, programs, and advocacies, OKUP is devoted to meet the global commitment- Ending AIDS by 2030.