Policy Brief

HEALTH, HIV AND LABOUR MIGRATION IN THE GMS

Country in focus

Cambodia

Last updated

March 2014

Cambodia is a source country for migration to Thailand, with Cambodian migrants comprising nearly 11 percent of all migrant workers in Thailand in 2011.[1] There, Cambodian men work in construction, agriculture, and fisheries, while women work mainly in construction, agriculture, domestic service, and sex work in some border provinces. As of February 2011 there were 103,826 registered migrant workers from Cambodia in Thailand, but there are at least 180,000 undocumented Cambodian workers who have migrated via irregular means across official and unofficial border crossings.[2]

Viet Nam is another popular destination in the Greater Mekong Sub-region (GMS) for Cambodian migrant workers, particularly children and women who migrate to work on the streets, often as beggars and as irregular migrants.[3] Cambodia is the second largest destination country in the GMS, with migrants coming mainly from China, Thailand, and Viet Nam. Indeed, up to 1 million irregular Vietnamese migrants are in Cambodia at any one time, working primarily in the entertainment and construction sectors.[4] Vietnamese women comprise a large segment of the sex work sector, and they face a high risk of HIV due to their unsafe working conditions and irregular status.

Cambodia is home to a significant HIV epidemic, driven primarily by heterosexual transmission and injecting drug use in key populations groups. The national adult HIV prevalence is 0.6 percent, while men who have sex with men show a slightly higher prevalence at 2.2 percent. HIV rates for sex workers have

AT A GLANCE

HIV prevalence among injecting drug users

24.4%

HIV prevalence among sex workers

13.9%

HIV prevalence among men who have sex with men

2.2%

Total number of migrants

75,566

SUPPORTED BY ADB

JUNIMA Joint United Nations Initiative on Migration, Health and HIV in Asia
www.junima.org

UNDP Empowered lives. Resilient nations.

decreased to 13.9 percent in 2011 (the most recent data) due to a concerted HIV-prevention campaign over the last decade, buy injecting drug users remain the most at-risk group with an estimated prevalence of 24.4 percent.[5] As of 2011, approximately 83,000 Cambodians were living with HIV, and antiretroviral therapy (ART) coverage was reaching an estimated 89.5 percent of these.[6]

While reliable data on HIV prevalence among migrant populations in Cambodia is limited, studies indicate that the risk of HIV can be linked to some occupations of high mobility, to high-risk sexual or drug taking behaviour, to certain geographical locations, and to limited access to affordable health care and HIV prevention and treatment.[7] Migrants in the GMS also face specific HIV vulnerability due to exploitative living and working conditions, government policies that confine migrants to specific locations or employers, and high levels of stigma and discrimination.[8]

Data on HIV rates for Cambodian migrants in Thailand point to an increased risk for men working in the fishing industry; with 2002–2004 surveillance studies consistently showing a higher HIV prevalence among this group than among the general population in both Cambodia and Thailand.[9] Long-distance truck drivers from Cambodia and other GMS countries are also considered a high-risk group due to their high number of sexual partners, including sex workers, casual partners, and spouses, and to their low-level of condom use.[10] Migrant sex workers from Cambodia working in the Thai border province of Trat also showed consistently higher rates of HIV and sexually transmitted infections (STI) than Thai sex workers, with STI rates for migrant populations being 10-times higher than the local Thai STI rates in 2006.[11] Within Cambodia, migrant women who have heightened HIV vulnerability include sex workers and garment workers, who have limited access to HIV prevention and treatment due to restrictive workplace conditions.[12]

National policies / Development initiatives on migration, health, and HIV

The Policy on Labour Migration for Cambodia (2010) and a series of sub-decrees (Prakas) provide a governance framework for labour migration, mandating written employment contracts for Cambodians working abroad as well as a pre-departure health exam and HIV training. Private recruitment agencies are regulated by sub-decrees to provide training, recruitment, and legal assistance for migrants in destination countries. Mandatory HIV testing is not required for GMS migration, but outgoing migrants to destination countries requiring HIV testing must comply by ascertaining a medical certificate.[13] The Law on the Prevention and Control of HIV/AIDS 2002, which applies to all people living with HIV/AIDS in Cambodia, mandates non-discrimination in employment,

health, and education, and promotes voluntary counselling and testing and universal access to HIV prevention and treatment. Prakas 0806 (2006) on HIV/AIDS in the workplace prohibits compulsory HIV testing and discrimination against HIV status for all workers.[14]

Cambodia has established special border economic zones with China, Myanmar, and Thailand, and it has approved an additional 21 economic zones across the country located close to border-crossing points and sea ports. The Cambodia-Viet Nam special economic zones host local and Vietnamese migrant workers that travel across the border on day passes or migrate for temporary work. Health clinics are provided in some zones, which registered migrants can access via health insurance entitlements provided in their work contracts.[15] HIV-prevention projects supported by the Asian Development Bank aim to strengthen border area health services and provide comprehensive HIV-prevention packages for migrant populations in construction corridors and economic and tourism zones. A bilateral Memorandum of Understanding (MoU) with Thailand (2003) allows for the transfer of health records for returning migrant workers who require ART. The MoU also mandates that Cambodian migrants in Thailand receive wages, benefits, and entitlements as specified under Thai law. Two health care points for HIV and more general health services are based at border crossings between Cambodia and Thailand, and a Cambodian Ministry of Labour office is based in Bangkok. Cambodia works with the Thai Government on nationality verification to improve documentation for Cambodian migrants already working in Thailand. The GMS MoU on HIV vulnerability and population movement (2011) has been signed by Cambodia and other GMS countries, targeting HIV prevention and treatment for migrant populations and improvements in policy and collaborative GMS development strategies. Cambodia is currently developing a National Plan of Action on migration management.[16]

The National Strategic Plan for Comprehensive and Multi-sectorial Response to HIV/AIDS, 2011–2015 (NSP) targets key high-risk, mobile populations, including sex workers and migrant men and women in specific occupations of high mobility, such as fishermen, factory workers, casino workers, construction workers, and moto-taxi drivers, as well as high-risk males (i.e., clients of sex workers). Prevention and treatment strategies for sex workers are mandated under Prakas 0806, which specifically addresses HIV prevention in entertainment workplaces. The Government's Operational Framework for the Continuum of Care for People Living with HIV/AIDS aims for universal access for people living with HIV via public health services, provincial health departments, and operational health districts. In Cambodia the prevention of mother-to-child transmission programme is also integrated into community-level maternal and child health services.

The National Social Protection Strategy includes migrants' families as a target group for assistance if living with HIV/AIDS and in poverty. The Cambodian National Social Security Fund is compulsory for both workers and employers, and includes pension, survivor, and injury benefit – but no broad health care entitlements.[17] Despite these progressive schemes, social protection programmes in Cambodia are still in development, and the Cambodia Decent Work Strategy 2011–2015 aims to include a focus on providing social support for people living with HIV. However, at this stage such support does not extend to foreign migrant workers in Cambodia. Civil society is a core part of the HIV response in Cambodia, with more than 30 community organization in the Migration NGO Network working on migration issues. For example, community-based projects run by non-government agencies work with Vietnamese migrant sex workers as peer educators to promote HIV prevention.

Good practice programmes and advocacy initiatives on migrant health / HIV

Cambodian Legal Support for Children and Women and **Cambodia Women's Network for Unit** (2011) provide training for outgoing migrant workers and legal education and representation to sex workers, including rights under the HIV/AIDS Law.

The Prey Veng-Rayong Operation on Migration Dynamics and AIDS Intervention (PROMDAN) (2000-2010) is a source–destination health and development programme for migrant workers moving between Cambodia and Thailand, providing safe migration and health education, HIV-related services, legal support, and follow-up for returned workers.

The Migrant and Mobile Population Intervention Program of CARAM Cambodia provides pre-departure training for migrant workers, legal support; safe repatriation and reintegration of victims of trafficking and labour exploitation, and peer outreach education and referral services for construction and entertainment workers on reproductive health rights, HIV/AIDS, and drug use.

The National Antiretroviral for People Living with HIV/AIDS Extension project (2009), supported by the Global Fund and based in Thailand, provides treatment and care for HIV-positive migrants, and includes a Cambodian and Thai Health Ministries' pilot project to allow Cambodian migrants in Thailand to return to Cambodia to obtain three-months of antiretroviral treatments.

Current policy incoherence and gaps on migrant health and HIV

HIV prevention and treatment gaps: The National AIDS Strategic Plan outlines strategies to target mobile populations, but a more specific policy response is needed for the large number of irregular

migrants – including undocumented migrants from Cambodia working in the GMS and undocumented foreign migrants from GMS countries working in Cambodia. The National AIDS Strategic Plan also needs to include a more comprehensive policy and programme response for documented foreign migrants who are working in Cambodia in order to better define their entitlements regarding HIV/health care and social protection in Cambodia.[18]

In key border regions and economic development zones in Cambodia, HIV prevention and treatment services are limited and predominantly funded via time-limited, project-based initiatives, rather than integrated public health service delivery. There is also a lack of standard protocols for cross-border information sharing and treatment referrals for migrants with HIV.[19]

While ART coverage in Cambodia is the highest in the GMS, access to ART for foreign migrants in Cambodia is dependent on time-bound donor financing and available in limited locations. Currently, Cambodia's national response prioritizes prevention and behaviour change communication activities for selected mobile populations, but in the longer term a sustained, comprehensive approach integrating HIV services for all migrants into national health policy and primary health care systems will be more effective for HIV prevention.

Within Cambodia, universal coverage for HIV prevention and ART has not yet reached the rural areas, which is where most Cambodian migrants originate from and return to.[20] The National Social Protection Strategy needs to improve its reach in order to provide services to the families of migrants and to returning migrants with HIV who live in poverty.[21] A lack of systematic surveillance and data collection, and limited research on migrants in Cambodia, results in a lack of evidence on migrant HIV trends and treatment, which are needed to inform a comprehensive policy and response.[22]

Barriers to an enabling environment: Restrictive migration policies and migration systems that are inaccessible have led to high levels of irregular migration in the GMS, which poses a serious threat to migrant health and HIV prevention in Cambodia and the region. Cambodia's bilateral policies with Thailand, the MoU and National Verification Programme (NVP) to identify migrants, exacerbate these issues as they are expensive, time-consuming, and less flexible than informal migration channels.[23] Irregular, undocumented Cambodian migrants have no access to pre-departure HIV awareness training, sexual and reproductive health information, or labour rights protections. Further, mass deportation of undocumented workers from Thailand results in challenges to coordination and follow-up for HIV treatment services for returning migrants and increased costs, debt, and exploitation of workers in reiterative migration patterns.[24]

For documented workers, the Cambodia-Thailand MoU 2002 fails to include specific minimum health care entitlements or health insurance strategies for outgoing migrants, except those available under Thai law, which are subject to changes in social security and health policy in Thailand.

Migrant sex workers in Cambodia are negatively affected by the Law on the Suppression of Human Trafficking and Sexual Exploitation (2008), which criminalizes prostitution. This has led to the widespread harassment of sex workers, men who have sex with men, and transgender groups, with the confiscation of condoms by police then used as evidence of illegal conduct.[25] This compromises the impact of the '100% Condom Use' programme by creating barriers to health access for key groups, including migrant sex workers who are forced to live and work in risky and unregulated venues. The current Drug Control Law includes harm-reduction approaches, but it also mandates compulsory treatment for drug offenders with up to two years in state drug rehabilitation centres, thus undermining harm-reduction strategies. Finally, inconsistency in the implementation of the Commune Safety Policy (2010) has resulted in barriers to HIV services for sex worker and drug users who face arrest and detention as a result of seeking treatment for drug use or HIV.

RECOMMENDATIONS	LEAD AGENCIES
1. Review and harmonize national migration and health policy to provide an optimum package of sexual/reproductive health and HIV prevention/treatment service for all migrants regardless of legal status, without discrimination, and of the same quality as citizens.	Cambodia Ministry of Labour and Vocational Training / Ministry of Health
2. Improve national data collection to include: sentinel surveillance for HIV; health seeking and HIV-risk behaviours among migrants; health management information systems for mobile populations; and outflows and return migration data, including deportation from Thailand.	Cambodia Ministry of Labour and Vocational Training / Ministry of Health
3. Increase migrant participation in HIV prevention via community-based, peer-outreach models with dedicated financing for long-term programming.	Cambodia National Aids Authority
4. Consider measures to improve access of national population and foreign migrants to national health insurance systems and social security protection.	Cambodia Ministry of Health
5. Review and amend laws and policies that criminalize sex work, intravenous drug use, and needle exchange programmes, and take measures to prohibit condoms being used as evidence of criminal activity to create a more enabling environment for HIV prevention.	Cambodia Ministry of Justice

SUPPORTED BY ADB

JUNIMA Joint United Nations Initiative on Migration, Health and HIV in Asia
www.junima.org

UNDP Empowered lives. Resilient nations.

6.	Develop a comprehensive, sustainable, multisector policy response to HIV and migration in the GMS to define: specific entitlements for *all* migrant workers to HIV prevention, treatment, and care; subnational delivery mechanisms supported by technical and financial resources; guarantees of confidentiality and prevention of punitive measures for irregular migrants who seek health care; a clear statement regarding migrants rights and mechanisms to access ART.	Cambodia National Aids Authority / Ministry of Health / Ministry of Labour and Vocational Training
7.	Develop intraregional collaboration mechanisms and an effective model for HIV referrals and treatment and for general health insurance for GMS migrants in source, transit, and destination countries.	Cambodia National Aids Authority / Ministry of Health / Ministry of Labour and Vocational Training / Ministry of Foreign Affairs and International Cooperation/ GMS partners
8.	Improve access to formal migration mechanisms that guarantee decent work, labour rights, and comprehensive health entitlements for all migrants. Strengthen the implementation of formal bilateral migration mechanisms with Thailand (MoU and NVP) to reduce costs and complexity and to enable migrant workers from Cambodia to participate in Thailand's national health insurance scheme, without penalty or restriction.	

REFERENCES

[1] Saonuam, P., 2012, "Policy Initiatives and Proposed Action for HIV/AIDS and Mobility: Thailand Experiences," power-point presentation, Ministry of Public Health, Thailand.
[2] Consultation on the MoU to Reduce HIV Vulnerability Associated with Population Movement, July 2012.
[3] Mekong Migration Network, 2013, *Migration in the Greater Mekong Subregion Resource Book* (Fourth Edition), "In-depth Study: Border Economic Zones and Migration."
[4] World Directory of Minorities and Indigenous Peoples, *Cambodia: Vietnamese*, at www.minorityrights.org/3419/cambodia/vietnamese.html.
[5] *Cambodia Country Progress Report 2010–2011*, "Monitoring the progress towards the Implementation of the Declaration of Commitment on HIV and AIDS," National Aids Authority, Cambodia.
[6] Ibid.
[7] Chantavanich, S., 2000, *Mobility and HIV/AIDS in the Greater Mekong Subregion*, Asian Development Bank and United Nations Development Program (UNDP).
[8] Mekong Migration Network, op. cit.
[9] Ministry of Public Health, Disease Control Center, Thailand: 2001–2004, *cited in* Mandoza, A., 2013, *HIV Among Migrant Workers Policy and Program Issues*, UNDP, Asia Pacific Resource Center.
[10] United Nations Economic and Social Commission for Asia and the Pacific, 2007, *Health Without Borders: Improving health and reducing HIV/AIDS vulnerability among long-distance road transport workers through a multisectoral approach*, at www.unescap.org/publications/detail.asp?id=1217.
[11] International Organization for Migration (IOM), 2010, *Migration and HIV/AIDS in Thailand: Triangulation of biological, behavioral and programmatic response data in selected provinces*, Bangkok, Thailand.
[12] Weber, G. and Edwards, N., 2010, *Life in the big city: The multiple vulnerabilities of migrant Cambodian garment factory workers to HIV*, at http://panos.org.uk/features/female-migrants-isolation-heightens-hiv-risk-in-cambodia/.
[13] International Labour Organization and IOM, 2009, *Mandatory HIV testing for employment of migrant workers in eight countries of South-East Asia: From discrimination to social dialogue*, Bangkok, Thailand.
[14] UNDP, 2013, *Legal protections against HIV-related human rights violations: Experiences and lessons learned from national HIV laws in Asia and the Pacific*, Bangkok, Thailand.
[15] Mekong Migration Network, op. cit.
[16] "Migrant Labour Protection Issues and Responses in the GMS," presentation at Mekong Forum, July 2013, Khon Kaen, Thailand, at www.mekongforum.com/mekongforum2013/.
[17] Mekong Migration Network, 2011, *Legally Binding: A Summary of Labour Law in the Greater Mekong Subregion*, Thailand.
[18] Mandoza, op. cit.
[19] Ibid.
[20] Cambodia Health Service Delivery Profile, 2012, World Health Organization and Ministry of Health, Cambodia, at www.wpro.who.int/health_services/service_delivery_profile_cambodia.pdf.
[21] Sann, Vathana, 2011, *Cambodia: The National Social Protection Strategy for the Poor and Vulnerable: Process of Development*, Social Protection Coordination Unit, Council for Agricultural and Rural Development, Cambodia.
[22] Meeting Report, *Consultation on the Memorandum of Understanding to Reduce HIV vulnerability associated with Population Movement*, 11–13 July, Bangkok, Thailand, Joint UN Initiative on Mobility and HIVAIDS in South-East Asia.
[23] Mekong Migration Network, *Migration in the Greater Mekong Subregion*, op. cit.
[24] Mekong Migration Network, 2013, *Arrest, Detention and Deportation: Policies, Issues and Experiences of Migrants*, Thailand.
[25] Godwin, J., 2012, *Sex Work and the Law in Asia and the Pacific: Laws, HIV and human rights in the context of sex work*, UNDP, Bangkok, Thailand.