

HEALTH, HIV AND LABOUR MIGRATION IN THE GMS

Country in focus

Last updated

Lao PDR

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Lao PDR is a source country for migrants to Thailand, with an estimated 105,000 registered Laotian workers in Thailand in 2011 (8 percent of all registered migrants in Thailand) and another 56,000 unregistered.¹ Women from Lao PDR are employed primarily in domestic work and the entertainment sector, and men work in animal husbandry, construction, and factories. Seasonal temporary migration is common, with irregular cross-border movement widespread in the southern border provinces. Lao PDR migrants also work in China in agriculture, factories, and construction. Internal migration includes people moving from the northern provinces to the cities in the south.

In terms of migration to Lao PDR, Vietnamese, Chinese, and Thai migrants work as professionals and temporary labour migrants, with an estimated 200,000 migrant workers in Lao PDR at any given time. The men work mostly in the construction sector,² while Vietnamese women are primarily sex workers in the southern, central, and border provinces near Thailand and Viet Nam. Chinese migrations is increasing, both in terms of professional and low-skilled workers as well as both documented and undocumented, and are typically employed by Chinese companies. Vietnamese and Chinese migrants also use Lao PDR as a transit point to Thailand.

Lao PDR has a low HIV prevalence, though with the potential for a concentrated epidemic transmitted via heterosexual transmission among key populations groups. At just 0.2 percent,

AT A GLANCE

HIV prevalence among
injecting drug users

1.5%

HIV prevalence
among sex workers

1%

HIV prevalence among men
who have sex with men

5.8%

Total number of migrants

21,801



the national adult HIV prevalence is lower than most GMS countries. However, men who have sex with men show the highest prevalence in the country (5.8 per cent), followed by drug users (1.5 per cent) and sex workers (1 per cent). In 2011 an estimated 9,600 adults were living with HIV, and antiretroviral therapy (ART) was reaching 52 per cent of these.³ Also in 2011, the majority of reported cases of HIV were identified in the country's two largest cities, Vientiane Capital (33 per cent) and Savannakhet (34 per cent), with 9 in Champasak and 4 per cent or less in all other provinces.⁴

While reliable data on HIV prevalence among migrant populations in Lao PDR 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.⁵ 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.⁶

In the past, HIV prevalence among migrant populations in Lao PDR has been higher than that of the native adult population. For example, in 2005 it was estimated that over half of all people living with HIV/AIDS in Lao PDR were either migrant workers or farmers working outside the country, especially in Thailand,⁷ and 2006 surveys of returning labour migrants in eight provinces showed a prevalence of 0.7 percent.⁸ Subpopulations in the country that have been identified as having a higher HIV risk include long-distance truck drivers, sex workers, and populations living in some border areas.⁹ Specifically, truck drivers from Lao PDR who work along the GMS transport routes are considered a high-risk group due to their number of sexual partners, including sex workers, casual partners, and spouses, as well as for their low level of condom use.¹⁰ Sex workers in Viet Nam/Laos PDR border-crossing areas (Bo Y, Tay Trang, and Cau Treo) are considered a high-risk group due to their lack of access to HIV prevention and treatment services. For example, in the Thai/Laos PDR border province of Mukdaharn, migrant women from Lao PDR have shown prevalence rates of sexually transmitted infections (STI) that are almost double that of Thai women.¹¹ And people who inject drugs in the Viet Nam/Lao PDR border provinces are another high-risk group.¹²

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

The Lao PDR Ministry of Labour and Social Welfare has implemented a series of decrees over the period 2002–2007 that mandate health tests (not including for HIV) for all outgoing labour migrants, as well as pre-departure HIV/AIDS education. HIV testing is not mandatory for GMS migration, and Lao PDR has no HIV-related travel restrictions or mandatory HIV testing for entry, work, or



residence.¹³ The Law on HIV/AIDS Control and Prevention (2011) addresses stigma and discrimination and promotes equity; legislates for state the provision of voluntary counselling and testing (VCT) and other HIV services targeting high-risk populations; mandates the right of migrants (“aliens or foreigners”) to information on HIV control and prevention; and prohibits employment discrimination and termination based on HIV.

Lao PDR has established three special economic zones along its borders with China, Thailand, and Myanmar, and has a long-term plan to create 41 more such zones throughout the country, with the majority being in border and remote areas.¹⁴ HIV-prevention projects supported by the Asian Development Bank (ADB) aim to strengthen border area health services, and to provide comprehensive HIV-prevention packages for migrant populations in construction corridors and economic and tourism zones.

Cross-border initiatives with Thailand include a memorandum of understanding MoU on labour migration (2002) that entitles registered Lao PDR migrant workers access to health insurance, minimum wages, and labour rights protections under Thai Law; and a 2004 MoU that aims to legalize irregular workers in Thailand and develop formal systems for migrant recruitment. All Lao PDR migrants to Thailand require a written contract among the Thai employer, the recruitment agent, and the worker. Under Ministerial Decree No. 3824/LSW, Lao PDR migrant workers are banned from exploitative employment overseas and in some informal sector occupations, including such high-risk sectors as sex work. Since 2006 the Nationality Verification scheme with Thailand has improved documentation and formal migration options for Lao PDR migrants via the use of recruitment agencies and renewable two-year work permits. Lao PDR has signed the GMS MoU (2011) on HIV vulnerability and population movement, targeting HIV prevention and treatment for migrant populations and improvements in policy and collaboration in GMS development strategies.

Under the Lao PDR Labour Law (2006, currently under review) workers can access the compulsory social security scheme if they work in a business that is operational for more than one year and their employer pays social security fees. Workers and dependents are eligible for 10 entitlements, including health care and maternity and child health benefits.¹⁵ The Health Care Law (2005) enables workers to enrol in one of three health insurance schemes: community, civil service, or business enterprise.¹⁶ Migrant workers may be eligible for health insurance if their employer is enrolled in a scheme; otherwise, they must cover user and medicine fees at private or public hospitals.



The National Strategy and Action Plan 2011–2015 (NSAP) is overseen by the National Committee for the Control of AIDS, a multi-sectoral body composed of representatives from line ministries, mass organizations, non-governmental organizations, and civil society. The NSAP targets 94 of 143 districts in Lao PDR for priority HIV services, including such “hot-spot” settings as entertainment establishments, transport hubs, and construction and mining sites. Mobile men are identified as a key group at risk of HIV, which includes migrant workers, transport workers, and business travellers. The plan aims at 70 per cent consistent condom use and an STI prevalence of less than 10 per cent for mobile men.

Sex workers, many of whom migrate for work and have clients who are mobile men, drug users, or men who have sex with men, are also key target groups. Specific NSAP strategies for documented migrant workers include: pre-departure HIV-prevention packages; post-package interventions for returnee migrants; voluntary counselling and testing; expanded HIV workplace interventions, especially in the transport sector; and strengthened cross-border cooperation with GMS governments. Funding for HIV prevention and treatment has largely been via the Global Fund and other donors. Since the Prime Minister’s decree (2009), local non-profit associations, three of which work on HIV, are increasingly involved in prevention and outreach interventions for high-risk population groups.

Good practice programme and advocacy initiatives on migrant health/HIV

Peer-led intervention: This includes outreach workers, educators, and drop-in-centres for sex workers, men who have sex with men (MSM), and transgender people. By the end of 2011 there were 25 outreach workers, 586 peer educators working with sex workers, and 401 peer educators working with MSM. Two drop-in-centres provide counselling, STI management, and referral to HIV testing and ARV treatment.

ADB Project Greater Mekong Subregion Capacity-Building for HIV/AIDS Prevention Project (2012):

This project is designed to support Lao PDR and Viet Nam to address current gaps in reaching high-risk and vulnerable populations in border areas along economic corridors in the GMS. The Asian Development Bank MoU includes the provision of HIV services for migrant workers working on road construction in Lao PDR.

Lao Government and International Organization for Migration health projects for migrants and mobile populations: One project aims to increase HIV awareness for road construction workers,



truck drivers, sex workers, and communities along road project sites; while a second project provides active tuberculosis mass screening in hard to reach populations – including migrant workers, who also receive free treatment.

Current policy incoherence and gaps on migrant health and HIV

HIV prevention and treatment Gaps: While the NSAP outlines strategies to target mobile populations, it needs to have a more specific policy response for the large number of irregular migrants – including undocumented migrants from Lao PDR working in the GMS and undocumented foreign migrants from GMS countries working in Lao PDR. Irregular migrants in both source and destination countries have limited access to affordable HIV treatment and comprehensive sexual and reproductive health services due to their irregular status and vulnerability to exploitation. The NSAP also needs to include a more comprehensive policy and programme response for documented foreign migrants who are working in Lao PDR in order to better define their entitlements regarding HIV/health care and social protection while in the country.¹⁷

In key border regions and economic development zones in Lao PDR, HIV prevention and ART 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 GMS migrants with HIV. Limited surveillance and behavioural data on migrants in Lao PDR result in a lack of evidence on migrant HIV trends and treatment needs.¹⁸ ART and community-based HIV programmes need to be scaled-up in order to reach the families of migrants and returning migrants with HIV. Under HIV Law, migrants have the right to access HIV prevention and treatment, but ART is only available at specific sites and not generally available via primary health care. The level of HIV-positive pregnant women in Lao PDR receiving ART prophylaxis has remained low, at just 15 per cent in 2011; and greater efforts are needed to provide comprehensive reproductive, STI, and HIV-screening services for migrant women.¹⁹

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 Lao PDR and the region. Bilateral policies between Lao PDR and Thailand (the MoU and NVP procedures) exacerbate these issues as they are expensive, time-consuming, and less flexible than informal migration channels.²⁰ Restrictions in the Lao PDR Directive No. 3824 against informal work (domestic work, sex work, fisheries) do not reflect the reality that



large numbers of undocumented migrants from Lao PDR work in these sectors in Thailand.²¹ Undocumented Lao PDR migrants have no access to pre-departure HIV awareness training, sexual and reproductive health information, or labour rights protections; and those working in the informal sector in particular face barriers to HIV prevention and reproductive health services in Thailand.

For documented migrants, the Lao PDR/Thailand MoU 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.²²

For GMS migrants and citizens in Lao PDR, there are a number of additional law and policy frameworks that create barriers to effective HIV prevention. For example, the HIV law has no provisions for access to harm reduction services, such as syringe and methadone programmes; article 15, requiring both monogamy and counselling and testing before marriage, lacks evidence as an effective prevention measure; and article 52 criminalizes the transmission of HIV, and thus undermines public health and human rights approaches to prevention.²³ In addition, migrants in Lao PDR who are part of key mobile populations are negatively affected by laws and policies regarding prostitution and drug use. Article 131 of the Lao Penal Code criminalizes prostitution, with fines and one year imprisonment; and sex workers face police harassment, especially migrant sex workers without residency permits.²⁴ Similarly, the Law on Drugs (No. 10/NA) and articles 55 and 146 of the Penal Code criminalize injecting drug use and drug possession, with penalties including imprisonment up to five years or compulsory drug treatment – both of which work against clauses in the HIV law and NSAP that call for harm-reduction approaches.²⁵

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. This includes a review of punitive and prevention clauses in the HIV law to meet international standards and support enforcement of non-discrimination principles.	Lao PDR Ministry of Labour and Social Welfare / Ministry of Health / Ministry of National Security / Ministry of Foreign Affairs
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.	Lao PDR Ministry of Labour and Social Welfare / Ministry of Health
3. Increase migrant participation in HIV prevention via community-based, peer-outreach models with dedicated financing for long-term programming.	Lao PDR National



	Committee for Control of AIDS
4. Consider measures to improve access of national population and foreign migrants to national health insurance systems and social security protection.	Lao PDR Ministry of Health / Ministry of Labour and Social Welfare
5. Review and amend laws and policies that criminalize sex work and intravenous drug use, and implement a needle exchange programme to create an enabling environment for HIV prevention.	Lao PDR Ministry of Justice / National Committee for Control of AIDS
6. Develop a comprehensive, sustainable, multi-sector policy response to HIV and migration in the GMS to define: specific entitlements for <i>all</i> 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.	Lao PDR National Committee for the Control of AIDS / Ministry of Health / Ministry of Labour and Social Welfare
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.	Lao PDR National Committee for the Control of AIDS / Ministry of Health / Ministry of Labour and Social Welfare
8. Improve access to formal migration mechanisms that guarantee decent work, labour rights, and comprehensive health entitlements for all migrants; and strengthen the implementation of formal bilateral migration mechanisms with Thailand to reduce costs and complexity and to enable migrant workers from Lao PDR to participate in Thailand's national health insurance scheme, without penalty or restriction.	Ministry of Foreign Affairs / GMS partners



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