

HEALTH, HIV AND LABOUR MIGRATION IN THE GMS

Country in focus

Last updated

Viet Nam

March 2014

Viet Nam is a source country for labour migration with extensive outmigration for Vietnamese workers to countries in Asia and worldwide, actively supported by the Vietnamese Government as a key economic development strategy. Within the Greater Mekong Sub-region (GMS), Vietnamese migration is largely irregular. Cambodia is the most popular destination, with an estimated 49,000 Vietnamese migrants in 2009¹ working in trades, services, and construction, and a further 1 million who relocated to Viet Nam between 1985 and 1998 and still have irregular status.²

Vietnamese migrants in China's Yunnan province include seasonal agricultural workers, labourers, traders, and women migrating for marriage.³ An estimated 20,000⁴ migrants and Vietnamese diaspora live in Thailand and in Laos, mostly working in the informal sector and in urban centres.⁵ Internal migration in Viet Nam is regulated by the state, and is predominantly from rural areas to the urban cities in the south or to economic development zones in coastal and border areas. GMS migration to Viet Nam is predominantly from China, with estimates of at least 35,000⁶ Chinese migrants – mostly undocumented construction workers with Chinese companies. There are also longer-term Cambodian migrants who fled their country under the Khmer Rouge regime and remain in Viet Nam.

Viet Nam has a concentrated HIV epidemic, with the national adult prevalence slowly declining to 0.45 percent in 2011.⁷ Sex

AT A GLANCE

HIV prevalence among injecting drug users

13.4%

HIV prevalence among sex workers

3%

HIV prevalence among men who have sex with men

16.7%

Total number of migrants

68,290

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worker prevalence was estimated at 3 percent, but was higher among street-based sex workers; and in large urban centres, such as Hai Phong, Ho Chi Minh City, and Ha Noi, the prevalence exceeded 10 percent in 2009⁸ due to an association with injecting drug use. The two highest risk populations, however, are men who have sex with men (16.7 percent) and injecting drug users (13.4 percent), with sexual transmission and needle sharing being the primary transmission pathways. In 2010 an estimated 280,000 adults were living with HIV/AIDS in Viet Nam, and antiretroviral therapy (AVT) was reaching an estimated 53 percent of those who were eligible for such treatment.

While reliable data on HIV prevalence among migrant populations in Viet Nam 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.⁹ 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.¹⁰

Studies in Viet Nam border areas conducted in 2002 identified high HIV rates among male migrants and traders along the Vietnam/Cambodia border (Dong Thap and An Giang).¹¹ More recent sentinel surveillance in 2008 identified high HIV rates among female sex workers (20 percent) and workers who were injecting drug users (42.9 percent) in the Vietnam-Lao Dien Bien border area.¹² Long-distance truck drivers from Viet Nam and other GMS countries are also considered at high risk due to their number of sexual partners, including sex workers, casual partners, and spouses, as well as for their low level of condom use.¹³ HIV risk is associated with drug injecting in southern urban centres and along the heroin trafficking routes of northern Viet Nam, with an overlap of two risk behaviours – paid sex work and injecting drug use – exacerbating the HIV risk in the Viet Nam/China border areas.¹⁴ There was also some evidence of elevated HIV rates in sex workers in one province on the Vietnam/Lao PDR border (20 percent) in 2009,¹⁵ but current estimates from sentinel sites show that the prevalence has declined to 1 percent in this area. In addition, migrant sex workers from Viet Nam in the Thai border province of Trat showed consistently higher HIV and sexually transmitted infection (STI) rates than Thai sex workers in 2006.¹⁶

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

The Ministry of Labour Invalids and Social Affairs has implemented a series of laws and decrees for the overseas labour migration of Vietnamese migrants that mandate written employment contracts



and health tests for all outgoing workers and health insurance coverage to be guaranteed by private or state sending agencies. Pre-departure HIV testing is not government policy, but in practice all outgoing migrant workers must undergo the tests, which are organized via labour-sending agencies.¹⁷ Viet Nam's HIV Law (2006) mandates HIV prevention education for outgoing migrants to be provided by sending agencies; while its Decree on Work Permits (1995) mandates written employment contracts and health tests for all incoming migrant workers. A HIV test is a requirement for a work permit, but employment discrimination on the basis of HIV status is prohibited.¹⁸

Viet Nam currently has 28 licensed border economic zone projects, and the government has plans to create a total of 41 such zones throughout the country, mostly in border and remote areas. HIV-prevention projects supported by the Asian Development Bank aim to strengthen border area HIV-response systems and to provide HIV prevention and treatment to migrants in 10 provinces along the border. The Prime Ministers Decision 38 (2008) on preventing cross-border HIV transmission promotes bilateral collaboration for HIV prevention, including such initiatives as condom distribution, needle programmes, and STI clinics and treatment sites. Viet Nam has signed a number of bilateral labour migration agreements with Lao PDR, including a memorandum of understanding (MoU) in 2009 and Agreements on Labour and Social Welfare Cooperation in 2013,¹⁹ with a three-year plan to create a legal framework to resolve issues of irregular migration and uncertified marriages.²⁰ In addition, Viet Nam has implemented a daily border-pass system for cross-border traders to China and Cambodia to be used at border crossings or in special economic zones where Vietnamese migrants travel daily or migrate for temporary work.²¹

Migrants in Viet Nam are subject to the national Labour Code and are entitled to social security entitlements if they work in Vietnamese enterprises with an employment contract. The compulsory social security scheme mandates joint employer/employee payments for full-time workers and voluntary contributions for temporary or seasonal workers.²² Decree 67 (2007) on social security provides people living with HIV/AIDS in poor households with a monthly living allowance and health insurance. The National Health Sector Development Plan recognizes challenges to the health system from internal and regional migration, and aims to scale-up health services in the country. Internal migrants in southern Viet Nam are required to register with the police under the residence registration regulation, and to hold a residence registration book, which entitles them to various public health and civic services depending on their migration status.

The Law on HIV/AIDS Prevention and Control (2006) prohibits compulsory HIV testing and discrimination in the workplace on grounds of HIV status, and applies equally to foreigners, migrants,



and citizens. It lists mobile population groups as a key priority for HIV/AIDS prevention and information, education, and communication (IEC) services. The law aims for “the prevention and control of drug abuse and prostitution, attaching importance to harm reduction”; and it affirms the rights of nationals and migrants to HIV treatment, confidentially, and prevention, as well as to employment and non-discrimination. Further, workplace HIV prevention must be provided by the managers of various enterprises.

The “National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030,” was approved in 2011 as a standalone national targeted programme with an increased resource commitment. Migrants are targeted in the strategy for interventions in the section on harm reduction, as one of five at-risk groups. The national plan also includes a behaviour change communication (BCC)/IEC action plan, which considers critical issues of location, language, and intervention approaches that will increase programme effectiveness for migrant populations. In Viet Nam, the prevention of mother-to-child transmission programme is also integrated into community-level mother and child health services. Civil society participation in the AIDS response is increasing via consultation with drug users on harm-reduction strategies, Global Fund prevention programmes for sex workers and drug users, and civil society organization representation via the Viet Nam Civil Society Partnership Platform on AIDS.

Good practice programme and advocacy initiatives on migrant health/HIV

The pilot Migrant Resource Centre in Ha Noi opened in 2012 and provides direct information services to migrants, supplemented by targeted outreach and awareness-raising activities in areas of high emigration in Viet Nam. The project is supported by the International Organization for Migration, the Department of Overseas Labour, and the Viet Nam Women’s Union.

The Far Away from Home Club (2002–2010) was based in Can Tho, the largest city in the Mekong River Delta, and was designed to target female sex workers and migrant workers on construction sites, industrial and exporting zones, and at river ports and bus stations. The project utilized a peer-led model to empower migrants in areas such as life-skills training, STIs, public speaking, gender and sexuality, and stigma and discrimination, thus reaching hundreds of migrants every month via workplace interventions and outreach activities at various ‘hotspots’.

The Viet Nam Social Security Scheme²³ is the only scheme in the GMS with a voluntary system of contribution for their overseas workers that allows for old-age and other benefits to returning



workers by accepting contributions while workers are overseas. Viet Nam also allows voluntary membership in their national insurance schemes to increase the coverage of the social security system for those in the informal sector, including domestic workers.

Current policy incoherence and gaps on migrant health and HIV

HIV prevention and treatment gaps: While the national AIDS strategy targets migrants, it needs to have a more specific policy response for the large number of irregular migrants – including both undocumented migrants from Viet Nam working in the GMS and undocumented foreign migrants from GMS countries working in Vietnam. 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 national strategy also needs to include a more comprehensive policy and programme response for documented foreign migrants who are working in Viet Nam in order to better define their entitlements to HIV/health care and social protection.

Coverage of HIV-prevention programmes for key risk groups, internal migrants, and mobile populations is limited, and these groups have difficulty accessing treatment and care as a result of their mobility, long work hours, the remote location of their worksites, and their lack of official residency. ART services reach only 53 percent of eligible people living with HIV, and the figure is even lower for migrant and mobile populations. HIV prevention and treatment is compromised by a lack of standard protocols for cross-border information sharing and treatment referrals for migrants with HIV in the GMS, and by a lack of adequate HIV-prevention and treatment services at key border-crossing points and border regions. The lack of systematic data collection, including surveillance and behavioural data on migrants in Viet Nam and the GMS, results in a lack of evidence for the planning, implementation, monitoring, and evaluation of migrant HIV prevalence, prevention, and treatment.

Residency registration requirements for internal migrants and mobile populations create barriers to access for HIV prevention and treatment. For example, migrants without official residency cannot access the methadone maintenance therapy; and some provincial regulations on ARV treatment require people with HIV, including migrants and sex workers, to show proof of household registration or temporary resident permits.²⁴ Registered migrant workers in Viet Nam also face barriers to accessing social security and health insurance entitlements due to widespread non-compliance by employers with the compulsory benefits scheme and lack of formal work contracts for social security registration.²⁵



Barriers to an enabling environment: Inefficient migration policies and mechanisms have led to high levels of irregular migration in the GMS, which poses a serious threat to migrant health and HIV prevention in Viet Nam and the region. Formal migration policy, in particular a bilateral agreement with Cambodia, is needed to define channels for regular migration and to protect and regulate living and work conditions of Vietnamese migrant workers, including the thousands of Vietnamese female sex workers in GMS border regions.

For GMS migrants and citizens in Vietnam, there are a number of additional legal and policy frameworks that create barriers to effective HIV prevention. The Law on HIV criminalizes HIV transmission,²⁶ and despite strong sanctions for HIV-related discrimination, there is a lack of enforcement or monitoring mechanisms for the law.²⁷ Legal and policy frameworks related to drug use and sex work also compromise harm-reduction approaches and show some inconsistency with the HIV Law. People who inject drugs in Viet Nam are subject to compulsory detention up to four years in drug treatment centres under Decree 108, Decree 94, and the Ordinance on Administrative Violations. The Ordinance on Prostitution Prevention and Combat (2003) prohibits commercial sex work and has resulted in arrests, fines, and the police harassment of sex workers and their communities, including migrants. However, the Law on Handling of Administrative Violations (2012) abolished administrative detention of sex workers, although fines for engaging in sex work may still apply, which would compromise HIV prevention and treatment for this key group.²⁸ These legal inconsistencies result in continued high levels of stigma and discrimination against sex workers, men who have sex with men, and people who inject drugs.

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 services 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 to support enforcement of non-discrimination principles.	Viet Nam Ministry of Labour Invalids and Social Affairs / Ministry of Health / Ministry of Public 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.	Viet Nam Ministry of Labour Invalids and Social Affairs / Ministry of Health
3. Increase migrant participation in HIV prevention via community-based, peer-outreach models with dedicated financing for long-term programming.	Viet Nam Administration of HIV/AIDS Control



<p>4. Consider measures to improve national population and foreign migrant access to national health insurance systems and social security protection. This includes removing residency restrictions on the access of internal and foreign migrants to HIV and harm-reduction services.</p>	<p>Viet Nam Ministry of Labour Invalids and Social Affairs</p>
<p>5. Review and amend laws and policies that criminalize sex work, intravenous drug use, and needle exchange programmes to create an enabling environment for HIV prevention.</p>	<p>Viet Nam Ministry of Justice / Viet Nam Administration of HIV/AIDS Control</p>
<p>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; and a clear statement regarding migrants' rights and mechanisms to access ART.</p>	<p>Viet Nam Administration of HIV/AIDS Control / Ministry of Health / Ministry of Labour Invalids and Social Affairs</p>
<p>7. Develop intraregional collaboration mechanisms and an effective model for HIV referrals and treatment, and for health insurance for GMS migrants in source, transit, and destination countries.</p>	<p>Viet Nam Administration of HIV/AIDS Control / Ministry of Health /</p>
<p>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 (MoU and the Nationality Verification Programme) 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.</p>	<p>Ministry of Labour Invalids and Social Affairs / Ministry of Foreign Affairs / GMS partners</p>



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