



# ***Migrant Friendly Testing***

## **Sending Country Perspectives**

**CARAM Asia**

**State of Health of Migrant Workers**

**8<sup>th</sup> ICAAP - Colombo**

**21<sup>st</sup> August 2007**

# Scope of the study

- 15 sending and receiving countries
  - 8 sending countries
  - 7 receiving countries
- Rich qualitative data
  - 155 IDIs with MWs
  - 182 IDIs with stakeholders
  - 102 FGDs with MWs
- Active participation of MWs, government officials, Gamca and non Gamca testing centre HCPs and technicians, other HCPs, recruiting agents, Government officials, academics, NGOs

# Policies and declarations on HIV testing

Country policies and laws are enacted to protect their Nationals. However they do not count for prospective migrant workers due to the requirements imposed by destination countries.



Origin countries are obliged to comply by the regulations of the testing authorities for economic reasons. It violates the equality before the law as migrants are discriminated against on the grounds of HIV status in the context of travel regulations, entry requirements and immigration procedures.

# Health policies & practices

- Bangladesh

*"Screening for HIV infection or other STD will not be mandatory for travellers or migrants into or out of the country..."*

- Cambodia

*"it is strictly prohibited to any compulsory HIV testing undertaken to indicate pre- or post-conditions for employment (...) as well as for the exercise of freedom of abode, travelling and the provision of medical services or other services."*

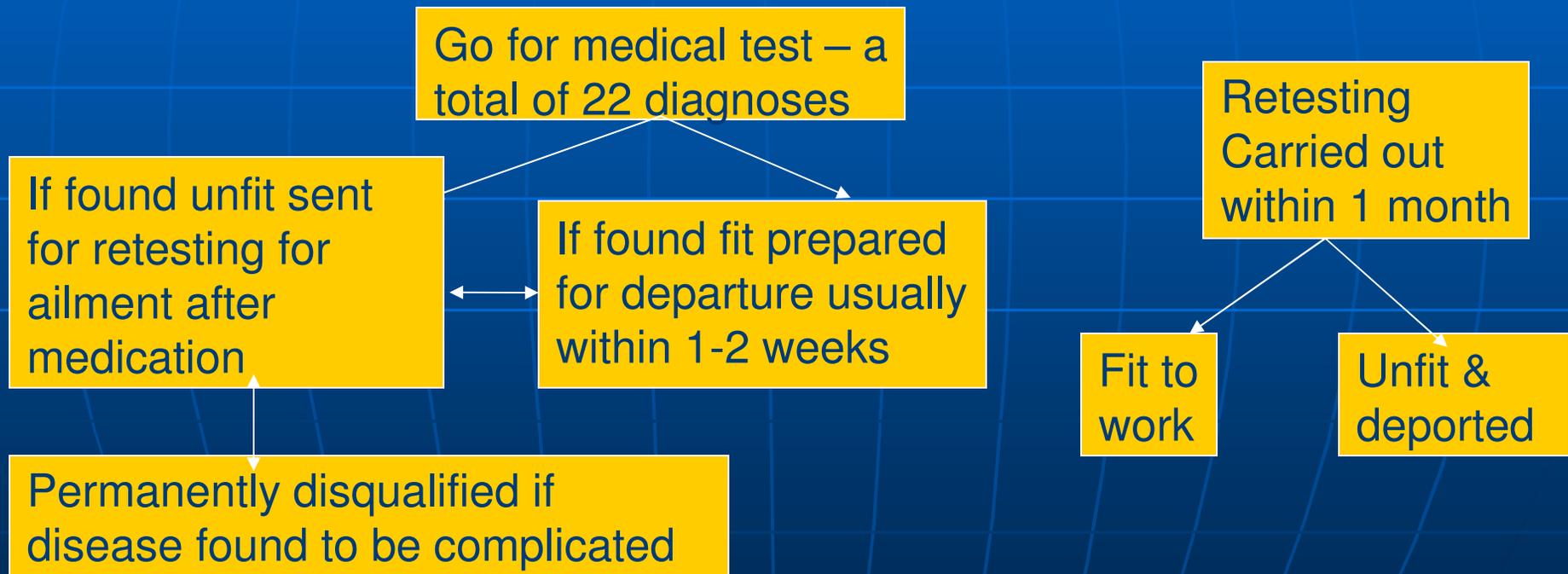
- Indonesia

*"Employers or officials are prohibited to perform HIV/AIDS tests as part of recruitment requirements or working status of workers/labourers or as a compulsory regular medical check- up."*

# Testing Procedure of contract labour migration

## Pre Departure

## Post Arrival



Two stages of mandatory testing is a must to qualify for employment

# Testing is Big Business At the Cost of Migrant Workers

- GCC and other ME countries require that testing is carried out ONLY by GAMCA (Gulf Approved Medical Centres Association)
- Non GAMCA centres carry out testing for countries outside the Gulf with similar testing practices.
- Located in capital cities and not decentralised for the convenience of MWs.
- As much as 22 tests are carried out.
- Excessive measures adopted, over the rule book instructions, such as non-consensual Depo Provera contraception.
- Inconsistent medical charges often higher than government clinics.

# Violation of dignity

- *"Yes, to do physical test, people has to be completely naked. No, this is not a GAMCA instruction, we do it ourselves. This is to check mainly the skin diseases. There is lady doctor for women. The number of female patients is very few, only 8 to 10 woman in a month. We give a certain time to gather all the female passengers and then do the physical test (by a lady doctor)."*

# Pricing irregularities

*"They took 7 thousand taka from us.  
We ourselves gave the money to the medical centres.  
The medical test for Saudi Arabia is 2150 taka."*

*"They are fleecing us. What can we do?  
We need to go abroad! They never allow us for selecting  
Particular testing centre as per our choice."*

*"The cost was too expensive. In my hometown,  
the price was only 100 thousand VND and lots of  
inconvenience as well."*

*"I had to pay 7,500 Baht (230 USD). The agent told me  
the ID fee is 5,500 Baht (USD 169) . And then, 2,000  
(61 USD) is for the agent." (Cambodian migrant, Thailand)<sup>8</sup>*

# The 3Cs

Consent, Counselling &  
Confidentiality

# An imbalance in the system

GAMCA rule book has strict disciplines in regard to testing procedure, monitoring, infrastructure & administrative procedures



However, it lacks the more emotional & psychological issues such as counselling, consenting, confidentiality, referral support

# On consenting to test

- Indonesia

*HIV tests can only be performed on the basis of a written agreement from workers/labourers concerned, with a condition that the result will not be used as mentioned in article (1).*

- **GAMCA rule book - Article 9 (4) mentions**

*'...medical examinations will be carried out only upon request'*

- Bangladesh

*"Mandatory testing and other testing without informed consent have no place in an AIDS/STD prevention and control program.*

- Nepal VCT guidelines

*"Any disclosure of confidential information, no matter how inconsequential it may seem, whether it occurs in public settings, over the telephone, on an answering machine, by mail, fax, or email requires the client's consent".*

***"They did not tell us [about HIV and AIDS] but as far as I know they are strict, so they include the HIV test."  
(Seafarer, Philippines)***

***"Signature is being obtained for the document and the contents of it are not explained. We also do not possess any knowledge to ask for it and read it". (Sri Lankan MW)***

***"I was asked for a signature in a form, but I was not explained anything about what was written in the form. The form was in English." (Deported migrant worker, Chennai, India)***

# On counselling

- (UNAIDS & UNHCR, 2006)

*In view of the serious nature of HIV testing and in order to maximise prevention and care, public health legislation should ensure, whenever possible, that pre-and post-test counselling be provided in all cases.*

**However, in reality it is different and contradictory**

- *"They told that only one minute we can get the result on HIV/AIDS testing, but the doctor didn't provide any counselling. So I wait for about 3 hours to get the result." (Prospective migrant bound for Thailand).*
- *"Nothing to explain, when we arrived they started taking blood." (Female returnee from Malaysia).*
- ***"No we don't provide counselling and don't have any policy in this regard." (Administrator, GAMCA office - Pakistan)***

# On confidentiality

## Bangladesh national policy

**“Neither physicians nor anybody else are free to notify any other person other than the person tested of the test results, unless on the request of the person”**

## India national policy

**“Confidentiality and privacy should be protected as related to the results of the test...”**

- *“When I went to medical centre for my result, one lady in the reception counter announced in front of many people ‘You have defect in blood. Have you met bad girls?’ (Prospective male migrant in Delhi)*
- *“Everyone was pointing at us and gossiping that we did not pass the blood test. The workers all said it must be AIDS... They will call out and tell you your blood is not clean.” (Female Burmese migrant, Thailand)*

# Referrals and reintegration

- *"There is no such system or policy that the receiving country is bound to inform the Government of sending countries before deporting unfit migrant workers. That is why we are not able track HIV positive migrant workers..."* (Official, Immigration Bureau, Islamabad)
- *"The government does have some provisions for rehabilitating deportee migrants but this is usually not accessible to people easily, neither are the migrants aware of such provisions..."* (Personnel from recruiting agency)
- *Once back home, there is no support system for migrant workers to help reintegrate them back into society. The absence of a referrals mechanism in the country of origin makes migrants more vulnerable.* (India)

- *"I got my test results at 11am and by 5pm the company settled my accounts and by 7pm I was put into a flight. I was under the observation of Oman police during my flight from Salalah to Muscat. None of my documents including my passport were given to me until I boarded the flight from Muscat. It is only after an hour's flight that the attendant handed over the documents to me."* (Deported migrant from Oman)
- *"They kept me in jail for 15 days and did not tell me any reason. Then they simply deported me and informed me that I could not stay over there any more. I was not allowed to contact anybody during my imprisonment. Policemen dropped me at airport from jail in very strict security. No official notice was given to Pakistani government before they deported me... Their policies should be changed and no one should be deported on the basis of his/her HIV status".* (Pakistani deportee)

# Summary

## Testing centres

- Strictly operate on GAMCA rules violating national and international policies and practices.
- Absolutely no pre and post test counselling.
- Consent not obtained for naked body check and Depo Provera injection and no explanation given about the comprehensive tests.
- Test results not discussed/given to migrant worker.
- Violates confidentiality of test results as positive reports are sent to all testing centres.
- Reasons for rejection not adequately communicated.
- Irregular pricing policies
- Lack of transparency

## Origin country policies

- Comply by the testing centre rule books, thereby violating their own national policies.
- Health rights in bilateral and contractual agreements not included.
- Some countries have weak advocacy in the destination country.
- Reintegration mechanisms not adequately communicated.
- Compensation programmes not in place in some countries.
- Legal recourse difficult to implement.

# Waves of Hope. Waves of Change.

Let this be the forum to begin a new era of dialogue with all stakeholders to ensure we will uphold the health & human rights of Migrant Workers in achieving **migrant friendly testing policies and practices.**