

From Commitment to Action

A Factsheet on Implementing the 2013 Asian and Pacific Ministerial Declaration on Population and Development for **MIGRANTS**

Introduction

The 1994 International Conference on Population and Development (ICPD) is heralded for putting people at the centre of population and sustainable development efforts, and in particular the fundamental rights and freedoms of women and girls to have control over their sexual and reproductive lives. As part of the ICPD Beyond 2014 review process, governments joined by civil society representatives met for the Sixth Asian and Pacific Population Conference (6APPC) in Bangkok. The 2013 Asian and Pacific Ministerial Declaration on Population and Development - a progressive and visionary agenda for the region - was adopted at the 6APPC. It reaffirms gender equality and sexual and reproductive health and rights (SRHR) as indispensable to sustainable development, which was also underscored in the subsequent global Framework of Actions for the follow up to the ICPD Beyond 2014.

Policy Directions and Priority Actions

The Declaration contains recommendations to ensure the effective implementation of ICPD Beyond 2014. It is critical that the policy directions and priority actions set forward are realized through awareness raising, accountability and civil society participation, and leaders are held accountable for the rights of migrants in the Asia and the Pacific. Below, recommendations from the Declaration are set out based on the civil society statements for the 6APPC. The Declaration paragraph numbers are referenced in parentheses. 'International Migration' and 'Urbanization and Internal Migration' are identified as two priority areas, as well as a cross-cutting issues in the Declaration.

Migration and Development

Linkages between international migration and development highlight the need to address both opportunities and challenges to countries of origin, transit and destination, to migrants, and the global community (64). To reinforce the positive effects that migration can have for empowerment of women, and contributions that migrant women can make to the economic, social and human development of their countries of origin and their host countries, a gender perspective should be incorporated in all policies and programmes (172).

Human Rights

Dialogue and cooperation among countries of origin, transit and destination, in collaboration with civil society, especially organisations of migrants, and the private sector (as appropriate) is paramount, as well as addressing the implications of deportation (169, 170). Internal migratory flows also have a significant impact on populations in cities, where a growing number of urban poor often have no alternative to living in slums (61, 62).

The Declaration underscores the **promotion and protection of human rights and fundamental freedoms of all migrants, internal and international** (65, 164, 181), in conformity with the Universal Declaration of Human Rights. The Declaration urges **ratification or accession** to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (164), and the Convention against Transnational Organised Crime and the Protocols to eliminate situations of harm, servitude, exploitation and sexual violence (174, 175, 178).

Social Protection and Equal Treatment

Governments committed to the **provision of social protection to all migrants**, especially health care, including SRH services, social insurance, employment services; and other protections, to promote social inclusion. This includes internal migrants, which need access ensured to education, healthcare, and social services, and foreign residents that need relevant documentation (170, 181). Migrant workers are often treated poorly; legislation and policies need to be enacted to ensure equal treatment with national workers, and ensure they are not punished for submitting complaints, with alleged crimes against them promptly investigated (171).

Sexual and Reproductive Health and Rights

Practices that violate the SRHR of women and adolescent girls are prohibited, and in particular for migrant women and girls who often experience conditions of vulnerability throughout the migration cycle. This includes the **denial of access to SRH services**, violence in health-care settings including sexual harassment, humiliation



and forced medical procedures or those conducted without informed consent, and which may be irreversible, such as forced hysterectomy, forced Caesarean section, forced sterilisation and forced abortion and forced use of contraceptives, as well as mandatory HIV testing; and other practices (112). **Mobile populations are among the key affected populations and any legal and policy barriers** that impede access to HIV prevention, treatment, care and support should be removed (120).

Elimination of violence and discrimination

Governments committed to eliminate discrimination based on migrant status, sex, gender, HIV status, sexual orientation and gender identity, or other status (84). **All forms of violence must be prevented and eliminated**, including coercion, discrimination, sexual violence, trafficking in persons, and especially of women and girls, and domestic workers (181, 172).

Best Practice

Working at the Intersections of Migrants Rights and SRHR

Thailand hosts more than 3.1 million migrant workers from Myanmar, Lao, and Cambodia, with only approximately 1.7 million registered. Women constitute approximately half of the total migrant population. Disparities in access and services remain, though the Thai Social Security Scheme and Migrant Health Insurance are expected to provide migrant workers with access to health care, including SRHR.

The Raks Thai 'Prevention of HIV and AIDS among Migrant Workers in Thailand' (PHAMIT) project seeks to address some of these disparities by reaching out to migrants working in 124 districts of 36 provinces of Thailand through provision of HIV prevention services. The programme uses a number of strategies, including behavioural change communications through migrant workers; tailoring materials and activities to the population's needs; working with provincial public health offices and hospitals with the assistance of Migrant Assistant Health Worker who are selected and trained from the migrant population; and training migrant groups on human rights and related laws. The initiative is highly successful with project evaluations reflecting an increase in condom use by migrants during the last sex episode from 41% to 90%, and an increase in use from 91% to 97% by sex workers. It has also resulted in the Ministry of Public Health making a formal request to the Ministry of Labour to approve the Migrant Assistant Health Worker as a formal position for recruitment by hospitals and NGOs.

Text adapted from: 'Development of RH Services for migrant workers from the three neighboring countries in Thailand' by Raks Thai, and 'Migration4Development', available here: <http://www.migration4development.org/content/prevention-hiv-aids-among-migrant-workers-thailand-phamit>

Critical Note



Continued violation of workers' rights should be addressed through strong and relevant policy recommendations and programme implementation efforts, and labour and immigration policies should change. Immigration policies determine a migrant's legal status in a given country and this legal status, in turn, determines the realisation of and access to their rights. Labour laws are one of the key reasons migrant domestic workers and migrant sex workers are most vulnerable to abuse and exploitation. In many countries in Asia Pacific, these two categories of migrant workers are not considered 'workers' which further jeopardises their rights and increases their vulnerability.

The denial of access to health care for migrant domestic workers also manifests in legal and social barriers, such as through the denial of regular paid leave or days off. It can delay health-seeking behaviour, damaging the health of workers if they are unable to access a clinic or hospital. These situations are exacerbated by 'sponsorship systems' which require accompaniment by employers who hold on to migrants' legal documents, limiting their access to healthcare.

Further advocacy resources

1. International migration, health and human rights, 2013, World Health Organization, Office of the High Commissioner for Human Rights and the International Organization for Migration. Available at: www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf
2. Resolution WHA61.17 on the Health of Migrants, 24 May 2008. Available at: http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.pdf
3. Progress report on Resolution WHA61.17 on the Health of Migrants to the 63rd WHA, May 2010 Available at: www.iom.int/jahia/webdav/shared/mainsite/events/docs/iom_statement_HoM.pdf