

HIV, Health and Development

United Nations Development Programme Asia-Pacific Regional Centre



Empowered lives.
Resilient nations.



Innovative Approaches - Raks Thai / PHAMIT Programme

2010



Prevention of HIV and AIDS among Migrant Workers in Thailand

Key features of this novel HIV programming and partnership-building initiative:

- Sustainable implementing partnership created between eight NGOs and the Ministry of Public Health (MOPH)
- MOPH integrated into the PHAMIT programme to advocate for official support to 'migrant friendly' health services
- Migrant workers recruited and trained to provide translation and support to migrant workers to access public health services.

Country

Thailand

Focus area

Partnership building; migration and HIV/AIDS; Stigma and discrimination

Audience

Public health practitioners; Policy makers

Contact

Promboon Panitchpakdi
promboon@raksthai.org



Background

Migrant workers are a major source of labour for Thailand. Around three million migrants from neighbouring countries (Cambodia, Laos and Myanmar) are estimated to be working in many different industries, including agriculture, construction, the fishing industry (both fishing boats and related industries), and many other occupations. Though Thailand provides health insurance for documented migrant workers, most migrants are not registered with the government, which acts as a barrier to accessing health care and other services, including HIV prevention services. It is estimated that for every registered migrant worker, there are three unregistered ones.¹

Numerous barriers to HIV prevention and care for foreign migrant workers exist in Thailand, including: lack of health insurance; restrictions on the use of Thai government budget to provide services to migrants; negative attitudes of health workers; language barriers; fear of police harassment or arrest; and restrictions on migrants' mobility.

Migrants are also particularly vulnerable to HIV infection, especially those young men working on fishing boats. After weeks of strenuous work at sea, the young, sexually active men with cash in hand are given shore leave, which gives them the opportunity to drink alcohol and visit entertainment and sex workers. Most of these men lack a proper understanding of HIV or STI prevention, and government condom promotion – normally quite effective – does not target them.

Five years ago, HIV prevalence among migrant fishermen was as high as 5% in some provinces. Unprotected sex was the main mode of transmission, as reflected in a baseline assessment which revealed that more than 50% of migrant workers in the fishing industry did not use condoms during sex with casual partners.

Raks Thai and the PHAMIT Programme

Given this rather stark situation, the PHAMIT programme (Prevention of HIV/AIDS Among Migrant Workers in Thailand) was launched to reduce the number of new HIV infections among migrant workers in Thailand and to contribute towards the reduction of HIV/AIDS in the sub-region (Thailand, Cambodia and Myanmar). The programme received a \$12 million, five-year grant from the Global Fund to Fight AIDS, TB and Malaria in 2003.

The PHAMIT programme – the name means “friendly skies” in Thai – was led by Raks Thai (the Principal Recipient for the Global Fund grant), and included NGO and government partners. It worked in nineteen coastal provinces in Thailand and three non-coastal provinces along the border with Myanmar. Activities mainly focused on migrant workers and their families from Myanmar and Cambodia. In the coastal provinces, most beneficiaries were migrants working in fishing and seafood processing, while those working in other jobs such as factories, construction, and agriculture were the main beneficiaries in non-coastal provinces. At all project sites there was a special focus on sex workers and entertainment workers, a group that includes both cross-border migrants and Thais.

In all, there were nine implementing partners (eight NGOs and one government agency).² Each implementing partner was chosen because they were already actively providing migrants with HIV prevention activities at their respective sites. This allowed partners to scale-up activities quickly, with some partners expanding activities into adjacent provinces. The inclusion of the Ministry of Public Health's Department of Health Services Support (DHSS) in the PHAMIT Programme was of particular importance as a means to advocate for official support for “migrant-friendly health services”.

1 Prevention of HIV/AIDS Among Migrant Workers in Thailand, powerpoint presentation by Raks Thai Foundation

2 Raks Thai Foundation, World Vision Foundation of Thailand, Foundation for AIDS Rights (FAR), MAP Foundation, Stella Maris Center, Empower Foundation (Chiang Mai), Pattanarak Foundation, and PATH (as a technical consultant), and the Department of Health Services Support (Ministry of Public Health).

The PHAMIT Programme in brief

Program period: July 2003 – September 2008

Program budget: USD 12,462,258

Populations Served

- Migrant workers, their dependents and related entertainment workers in Thailand's coastal provinces and along the border with Myanmar

Objectives

- Increase condom use and reproductive health practices among migrant workers and related populations
- Make the health system favorable for migrant workers to receive health prevention and treatment services
- Improve the psychosocial environment for migrant workers and their dependents
- Advocate for policies that support migrants' right to health care and treatment

Results/Outputs

- Reached over 460,000 target beneficiaries with HIV prevention information and messages
- Condom use during sex with casual partners increased from 40% to nearly 90% among program beneficiaries
- The number of migrant women receiving antenatal care services increased by up to 20 per cent in target areas
- Nearly 2,000 HIV-positive migrants received home-based care and treatment for opportunistic infections
- The Thai government is increasingly recognizing migrant workers' rights and access to health services as demonstrated by the inclusion of migrant workers as a target population in the 2007-2011 National AIDS Strategic Plan, and by making subsidized ARV treatment available to a number of HIV-positive migrant workers in Thailand

The PHAMIT Programme - Why it Succeeded

Simply put, the PHAMIT programme succeeded because it targeted an urgent need and engaged the affected communities. The work done with hospitals and government departments helped support these efforts by filling gaps in health care and HIV prevention services for migrant workers. PHAMIT filled these gaps by developing a broad network including NGOs, hospitals, government departments, local governments and employers, and by designing services to fit the realities of migrant communities. The overall impact has been magnified by strategic advocacy aimed at various government agencies, the ability to be flexible and adjust project activities to reflect realities on the ground, and an inclusive approach that aims to protect the health and rights of all community members, foreign migrants and Thais alike.



Key strategies and activities that created real impact and benefits for the program's target populations include:

NGO-Government Cooperation

A core strategy of the PHAMIT programme was to partner with NGOs already working with migrants, health departments and other influential agencies to address the lack of HIV prevention and supportive health services for all migrant workers in Thailand. In addition to the implementing partners for the Global Fund grant, the program was allied with other influential external agencies including the Department of Disease Control (DDC) in the Ministry of Public Health, the Canada Southeast Asia Regional HIV/AIDS Program (CSEARHAP), and the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South East Asia and Southern Provinces of China (UNTRF).³

"Migrant-Friendly" Services

PHAMIT partners worked with the Department of Health Services Support and provincial health facilities to promote systematic changes that will lead to the adoption of "migrant-friendly health services". Ten "focus" provinces were designated as pilot sites to demonstrate how "migrant-friendly health services" can be implemented. Through a partnership with the Department of Health Services Support and PATH, PHAMIT worked with hospitals in these sites to adopt the service model.

Migrant Health Assistants

An important innovation of this program and a key element to "migrant-friendly health services" was the creation of "Migrant Health Assistants." These people are registered migrants living in Thailand who were recruited and trained to serve as skilled support personnel for migrants accessing public health services. These assistants provided guidance and translation between migrants and Thai health staff to make health services less intimidating to migrants and to improve proper diagnosis and treatment.

³ Note that UNTRF has changed its name to "The Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA)".



Multi-lingual Information

As language is a major barrier for non-Thai speaking migrants, a fundamental strategy of the program was the development of materials and the provision of outreach activities on HIV prevention and health promotion in migrants' native languages.

Health Services: Increased Access and Quality

The programme aimed to improve both migrants' access to health services and the quality of these services. Access to services was improved through referral to health services through community volunteers and at drop-in centers, with translation and support for transportation also provided. These mechanisms helped more than 7,400 migrants and entertainment workers to receive testing and treatment of sexually transmitted infections (STI). Mobile health clinics were also sent to both communities and drop-in centers to provide health services to migrant workers and their families.

HIV Testing and Counselling

Programme partners have developed and used a training module for Migrant Health Assistants on HIV voluntary and confidential counselling and testing (VCCT). Through this work, more than 2,760 migrants received VCCT, which also led to an increased need for HIV-related services. In response, PHAMIT partners expanded the scope of their services, eventually providing home-based care to 1,940 HIV-positive migrants and assisting 1,750 PLHIV to receive treatment for opportunistic infections.

Condom Distribution

In addition to information, condom distribution was a key activity of the programme. During Phase One of the programme, nearly 7 million condoms were distributed through outreach activities and 1,920 distribution points, involving volunteers and condom boxes.

Outreach and Behaviour Change

Thai and migrant project staff reached migrants by visiting their homes, work sites, and entertainment centers with the help of community-based volunteers. Both project staff and volunteers helped to distribute a wide variety of information and educational materials produced by PHAMIT partners on a range of topics, primarily aimed at reducing high-risk behaviour among migrants. This included printed materials, as well as audio, video, and karaoke discs. The programme reached more than 442,000 migrants and more than 20,000 entertainment workers with HIV and reproductive health information through these activities.

Drop-in Centers

The programme opened a total of 38 drop-in centers in 20 provinces in order to provide a safe and convenient place for migrants to access information and services. These drop-in centers distributed HIV prevention information and condoms, and provided referral services to VCCT and other reproductive health services. These centers also acted as a "safe" social space for migrants, especially fishermen, to go to spend free time.

Protecting the Rights of Migrant Communities

PHAMIT partners have assisted migrant communities to protect their legal rights and improve their overall quality of life in Thailand. Although all children in Thailand have the right to education by law, there are many practical barriers that prevent children of migrant workers from entering Thai schools. To reduce the chances that these children go unattended or end up assisting their parents in the workplace, PHAMIT partners provided life-skills and basic education, such as Thai and native language instruction, to over 27,460 migrant children, and 20 centers were established to help care for children, many of which were linked to drop-in centers.

The programme has also aimed to improve migrants' understanding of their rights and advocate for the implementation of policies that protect their rights. Under the project, more than 150,000 migrant workers received information and training on health and labour rights, including regular updates about the migrant registration policy. In addition, the programme sensitized more than 13,000 government officials, employers, and journalists regarding migrants' rights and relevant government policies.

Government Policy Advocacy

PHAMIT partners continue to advocate for changes in Thai government policy to support "migrant-friendly health services." At the broad policy level, some successes have been the inclusion of migrants as a major population group under the National Plan for



Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007 – 2011, and the drafting of the Ministry of Public Health's "Migrant Health Policy."

One of the most important advocacy issues is to have "Migrant Health Assistants," who are a key element of "migrant-friendly health services," recognized by the government as an official occupation. This would allow these staff – themselves migrants – to secure proper employment status under the Ministry of Labour. PHAMIT also successfully advocated for Antiretroviral Treatment (ART) to be made available to migrant workers with HIV at no cost regardless of documentation status – a policy that came into effect in late 2007 and is supported through a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Lessons Learned

Addressing the need for health services among migrant workers requires both government agencies and civil society to work in collaboration with the community being served; and even then, filling the gap remains a challenge. In the short term, civil society organizations have several advantages and can work around existing policy barriers to fill much of the gap, but the long-term solution requires government systems and hospitals to integrate services into existing public systems, including providing public health coverage to all migrant workers.

Sustainability of the Programme

PHAMIT achieved some success in reducing HIV-vulnerability among migrants in Thailand by changing behaviours and by paving the way for greater access to health services, but there remain huge needs.

Policies are still the main obstacle. A recent change in the overarching migrant registration policy has created confusion about health insurance coverage for those who are registered, and left undocumented migrants to continue to pay for health services out of pocket.

Another concern is the sustainability of ART provision to migrants. Although Thailand produces its own generic ARVs and provides it to the public at no cost under the National Health Insurance Scheme, ARVs being supplied to migrants are currently funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

There are also a number of barriers that still need to be resolved to formally support Migrant Health Workers:

- The Ministry of Labour has not recognized an official occupational category under the migrant registration for "Migrant Health Workers" because it is considered a skilled job, although in 2009 a category was created for "social workers employed by foundations";
- Government hospitals are prohibited from officially hiring migrants because government agencies are not allowed to hire migrants;
- Only a few government hospitals utilizing Migrant Health Workers have demonstrated that they will use their own budgets to support or develop these people - it is not systematic; and
- The Royal Thai Government's central health authorities have not issued any directives or conducted planning to support the expanded use of Migrant Health Workers into other hospitals not under PHAMIT.

Phase Two of the PHAMIT programme has been initiated. While expanding its geographic coverage to provide migrant workers in Thailand with effective HIV prevention measures, the programme will also continue to pursue institutional and policy changes to support migrants' health and rights. In these ways, PHAMIT will continue to focus a spotlight on the needs and rights of cross-border migrants in Thailand.



For more information on the Raks Thai / PHAMIT Programme please contact:

Promboon Panitchpakdi
Executive Director
Raks Thai Foundation
promboon@raksthai.org

Brahm Press
PHAMIT Program Officer
Raks Thai Foundation
brahm@raksthai.org

Raks Thai Foundation
185 Pradipat RD. Soi Pradipat 6, Samsen Nai Phayathai,
Bangkok 10400 Thailand
Telephone: +662 265-6888
Fax: +662 271-4467
info@raksthai.org
<http://www.raksthai.org>

Prevention of HIV/AIDS Among Migrant Workers in
Thailand (PHAMIT)
<http://www.phamit.org>

Raks Thai is a member of PHAMIT and the Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA). PHAMIT is a programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

For more information on JUNIMA and other HIV and migration initiatives in the Asia-Pacific region please contact:

Marta Vallejo
HIV Programme Specialist
HIV, Health and Development Team
UNDP Asia-Pacific Regional Centre
marta.vallejo@undp.org

Photos provided by Wiroj Koungyuttamongkol.



*Empowered lives.
Resilient nations.*

UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in 177 countries and territories, we offer global perspective and local insight to help empower lives and build resilient nations.

United Nations Development Programme
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor
Rajdamnern Nok Avenue, Bangkok 10200
Thailand

Email: aprc@undp.org
Tel: +66 (2) 304-9100
Fax: +66 (2) 280-2700
Web: <http://asia-pacific.undp.org/>