Development is the process of enlarging peoples' choices to live long and healthy lives, to have access to knowledge, and to have access to income and assets: to enjoy a decent standard of living.

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BRUNEI, INDONESIA, MALAYSIA, PHILIPPINES, SINGAPORE

CLUSTER COUNTRY CONSULTATION
ON MIGRANT WORKERS’ HIV VULNERABILITY REDUCTION
PRE-DEPARTURE, POST-ARRIVAL AND RETURNEE REINTEGRATION

UNDP is the UN’s global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.

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Manager: Lee-Nah Hsu
Building Regional HIV Resilience
UNDP South East Asia HIV and Development Programme

September 2002
FOREWORD

HIV/AIDS touches all sectors of society. It is an issue that requires appropriate responses at national, regional and global levels. Migrant workers are valuable resources that stimulate economic prosperity and contribute to the socio-economic development of Asia. Millions of migrant workers move in and out of the countries of Brunei, Indonesia, Malaysia, Philippines and Singapore (BIMPS) for economic and other reasons.

Migrant workers, Non-Governmental Organizations, United Nations agencies and government officials responsible for migrant workers gathered from the BIMPS cluster countries to share their existing responses and to formulate collaborative actions for reducing migrant workers’ HIV vulnerabilities in this region and beyond.

The delegates proposed a Memorandum of Understanding and drafted a set of collaborative responses. Only through the collective protection of valuable human resources will the BIMPS countries be able to mitigate the socio-economic and human impact of HIV/AIDS within each of their own countries.

It is the hope of the UNDP South East Asia HIV and Development Programme that the resulting draft Memorandum of Understanding and the Joint Action Programme from the BIMPS Consultation will be considered by the Ministries of Labour, as well as the National AIDS Authorities of these countries in their future policy and programme elaborations. It is also hoped that the ASEAN Task Force on AIDS Secretariat and its dialogue partners will provide the necessary financial and technical support to materialize the proposed Joint Action Programme for the BIMPS sub-region.

Lee-Nah Hsu
Manager
Building Regional HIV Resilience
UNDP South East Asia HIV and Development Programme
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I. OPENING SESSION AND WELCOME STATEMENTS

1. The Honourable Manuel Dayrit, Secretary, Department of Health (DOH), Philippines, welcomed the workshop delegates and extended a special greeting from Her Excellency Ms. Gloria Macapagal Arroyo, President of the Philippines. The Secretary noted the workshop marked an important step in strengthening the prevention and control of HIV/AIDS in the region. He affirmed the Philippines’ commitment and solidarity with other countries in the fight against the HIV epidemics.

There are 5 million overseas Filipino workers. Providing $8 billion U.S. dollars to the Philippines annually, they are considered heroes of the Philippines economy. In South East Asia, Filipino workers are in Brunei, Malaysia, Singapore, Taiwan, Hong Kong and Japan. Away from their social support mechanisms, these mobile workers are vulnerable to HIV and efforts by host countries to provide prevention programmes may be ineffective due to language barriers. Overseas mobile workers account for 26% of reported cases in the Philippines’ AIDS Registry.

HIV/AIDS devastates both the individual and the family. In addition to losing potential income, the medical condition may be burdensome for families. Some people with HIV/AIDS (PWHA) have kept their infection secret from their families because of the stigma associated with HIV/AIDS and the fear of rejection. Many live in social isolation, seeking refuge with others who are similarly infected.

The challenge of this consultation is to develop a joint action programme for the Brunei, Indonesia, Malaysia, Philippines and Singapore (BIMPS) cluster countries of Association of South East Asian Nations (ASEAN). If successful, this effort will lead us closer to achieving the Joint Declaration on HIV/AIDS committed by Heads of Governments at the 7th ASEAN Summit in November 2001.

The Secretary thanked the UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV), Control of HIV/AIDS/STD Partnership Project in Asia Region (CHASPPAR) and the ASEAN Secretariat for their support in making this consultation possible.

2. The Honourable Wilhelm D. Soriano, Administrator, Overseas Workers’ Welfare Administration (OWWA), Philippines, opened the consultation by stating that AIDS is everyone’s concern. As of May 2001, 1,503 people in the Philippines have been reported as infected with HIV, of which 503 have advanced AIDS and 223 have died due to the disease.

He called on the participating countries to exercise care and compassion, and suggested that a “united force between the rich, the developed, the developing and the poor countries” is necessary to bring the HIV epidemics in the South East Asia region under control.

The OWWA is responsible for the protection and promotion of the welfare of overseas Filipino workers and their families, including education and information dissemination for HIV prevention. He called upon the ASEAN members to develop joint mechanisms for reducing HIV/AIDS.

3. Mr. Terence D. Jones, Resident Coordinator of the United Nations and Resident Representative United Nations Development Programme (UNDP), Philippines, welcomed the participants. He informed the delegates that HIV/AIDS is not only the world’s most serious development crisis, but also the most devastating epidemic in history. HIV/AIDS is quickly becoming the largest obstacle to achieving the Millennium Development Goals. It poses serious social, economic and other development challenges.

It also bears repeating that the total number of people infected with HIV/AIDS is alarming. Almost 58 million people have been infected, of which nearly 22 million are already dead and the epidemic continues to spread with over 15,000 new infections everyday.

Although HIV/AIDS was late in coming to this region, countries in the Asia-Pacific region are showing signs of growing HIV vulnerabilities. According to 2001 data, there is an estimated 1.07 million adults and children newly infected, bringing the total number of people living with HIV/AIDS in the region to 7.1 million. As of February 2002, the Philippines has 1,633 HIV positive people; 26% of these are migrant workers.

Large population movements through labour migration, trafficking of people, and displacement due to conflicts, political/economic factors and natural disasters contribute to the spread of the HIV epidemic. In the BIMPS region, the Philippines and Indonesia are the two countries that have the highest number of people migrating, while Brunei, Malaysia and Singapore continue to receive large numbers of foreign workers.

The labour sending countries are currently implementing mitigation policies but there is a need to review these policies, as well as to harmonize policies and programmes with the labour receiving countries. Thus, collaboration and coordination between countries in the sub-region are highly desirable. This need becomes more urgent as regional integration accelerates and as more populations are displaced due to conflict or economic necessity. Recent attempts to revive the BIMPS East ASEAN Growth Area (EAGA) programme also call for enhanced interventions to prevent the spread of HIV/AIDS.

The United Nations’ (UN) efforts on HIV/AIDS are to support governments in such collaboration to ensure full implementation of the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

In July 2001, the United Nations Secretary General, Mr. Kofi Annan wrote to all United Nations Resident Coordinators expressing his deep concern about the rapid spread of HIV/AIDS throughout Asia. Its rapid spread was also confirmed in the recent international conference in Melbourne on AIDS in Asia and the Pacific. The core message from the Melbourne conference was that, “the time to act in Asia is now”.
HIV/AIDS is one of the six main practice areas of UNDP. UNDP strongly supports the call for action now through strengthened political leadership, specifically on national responses. Support is required to re-examine national governments’ development plans and priorities in light of the epidemic and the UNGASS recommendations.

Mr. Jones acknowledged the foresight of ASEAN leaders in recognizing the importance of the fight against HIV/AIDS and their determination to strengthen cooperation, collaboration and coordination among countries. He further acknowledged the contribution of the UNDP-SEAHIV Regional Programme in its efforts to facilitate, strengthen and sustain collaboration between countries in the South East Asian region. In addition, he acknowledged the efforts and contributions, whether large or small, of various organizations working on the fight against HIV/AIDS. These organizations’ continued support to regional actions and programmes will definitely make a noticeable and necessary difference.

Mr. Jones expressed enthusiasm for a productive consultation of the BIMPS cluster, specifically in devising a realistic and attainable strategy through implementing the ASEAN Workplan on HIV/AIDS (2001-2004) which, of course, highlights mobile populations as a priority. This focus was further emphasized in the Joint Declaration on HIV/AIDS of the 7th ASEAN Summit. Hopefully, this consultation will generate a concrete agreement on policies and programmes relevant to preventing the further spread of HIV/AIDS, specifically amongst migrant workers in the BIMPS region.

To reiterate, now is the time to act in Asia.

II. THE BIMPS CONSULTATION IN THE CONTEXT OF ASEAN JOINT EFFORTS

1. Objectives of the consultation

The objectives of this consultation are:

1. To present an overview of initiatives responding to HIV/AIDS vulnerability of migrant workers.
2. To conduct field visits for participants to observe actual implementation of the Philippine pre-departure programmes, identify strengths and gaps to serve as a basis for developing country-specific and collaborative programmes.
3. To develop a joint action programme for BIMPS cluster countries including activities, output, outcome, timeframe, responsible entities and budget estimates.

2. Background of the consultation

Dr. Loreto B. Roquero, Director, National AIDS Council of the Philippines provided the background of this consultation. Population movement contributing to the spread of HIV/AIDS was recognized by the ASEAN Task Force on AIDS (ATFOA) early in 1996, and as an urgent concern to address in the region. The ASEAN Medium-Term Work Programme in HIV/AIDS Prevention and Control therefore prioritised the development of guidelines and joint programmes
on population movement and HIV/AIDS with Thailand as the lead coordinator. Subsequently, coordination was transferred to Cambodia as the overall ATFOA Mobility theme coordinator. The goal is to explain the pattern and effects of population movement in relation to HIV transmission and to address priority issues through guideline formulation and implementation of interventions.

At the Chiang Rai ASEAN Workshop on Mobile Populations and HIV Vulnerability, organized by UNDP-SEAHIV and hosted by the Government of Thailand in September 1999, Viet Nam was appointed as Greater Mekong Sub-region (GMS) cluster country coordinator and Malaysia was selected to coordinate the BIMPS cluster of the ASEAN countries. The BIMPS cluster countries identified pre-departure, post-arrival and returnee reintegration of migrant workers as their key tasks. Following the decision at Chiang Rai, a regional summit for migrant workers was organized by Coordination of Action Research on AIDS and Mobility (CARAM) in collaboration with UNDP-SEAHIV and Canadian Human Rights Foundation, in September 2000. The summit proposed the following actions:

- Exporting and host countries to develop a comprehensive pre-departure, post-arrival and reintegration HIV-preventive programme for migrant workers to include all stages of migration; and,
- Make available and accessible HIV prevention materials in the languages of foreign workers in host countries.

The new ASEAN Workplan for 2002-2005 highlighted “Mobile Population and HIV/AIDS” as a priority. Such prioritisation was emphasized in the Joint Declaration of the 7th ASEAN Heads of State Summit Special Session on HIV/AIDS. The Declaration called on ASEAN member countries to:

- Strengthen regional mechanisms, increase and optimise resources to support joint regional actions for increased access to affordable medications and testing reagents;
- Reduce the vulnerability to HIV infection and provide access to care, treatment and information to mobile populations;
- Adopt and promote innovative intersectoral collaboration to effectively reduce socio-economic vulnerability and impact; and
- Expand preventative strategies and provide care, treatment and support.

3. **Pre-departure, post-arrival and returnee reintegration programmes for migrant workers**

Mobile populations are vulnerable to HIV. Cut off from families and social support systems, coupled with experiencing cultural differences and often lacking knowledge of HIV/AIDS, a mobile person in the host environment might be attracted to engaging in risk behaviours, such as unprotected casual or commercial sex or injecting drug use.

The Pre-departure Programme refers to the programme for potential migrant workers in labour exporting countries prior to their departure, to help them adapt to and be familiarized with the work situation, socio-cultural environment, laws, legal systems and health care systems in the labour importing countries. In the BIMPS cluster countries many labour sending countries do not have pre-departure programmes. Where such programmes exist there is a wide range of quality
thus needing standardisation. The Philippines has legislative mechanisms in place for compulsory orientation on HIV/AIDS for those seeking overseas contract employment.

The Post-arrival Programme refers to the structured orientation programmes given by the host countries to the migrant workers upon their arrival in the host countries, followed by a continuum of accessible medical, health, social and referral services. Upon arrival in receiving countries migrant workers are often subjected to mandatory HIV testing and deported if the test results are found positive. Migrant workers are often not given appropriate pre-test or post-test counselling and generally have less access to HIV preventive information and programmes. The barriers to preventive education are furthered when these materials are only available in host-country languages that are not accessible to the foreign worker.

Beyond those issues raised above are matters of:
- Socio-cultural and religious values of the host countries;
- Laws, policies, social etiquettes of the host countries;
- Financial requirements and medical/health policies for hospital admission, and;
- Treatment and HIV testing,
which the migrant workers may need to confront.

The Re-integration Programme refers to a programme that helps migrant workers to readapt to the home environment after working in a foreign country for several years.

4. Linkage with ASEAN Work Programme II and update on GMS cluster MOU and Joint Action Programme

Mr. Yong Chanthalangsy, Senior Officer, Bureau of Functional Cooperation, ASEAN Secretariat presented the collaborative efforts with UNDP-SEAHIV on the mobility theme of the ASEAN Work Programme. At the 7th ASEAN Summit on 5 November 2001 in Brunei Darussalam, the Heads of ASEAN Member Countries declared their commitment to curb the impact of HIV/AIDS and adopted the 7th ASEAN Summit Declaration on HIV/AIDS.1 On that date the ASEAN Work Programme on HIV/AIDS II (2002-2005) (AWP II) was also adopted to support the implementation of the Declaration.

The AWP II supports both joint activities for which regional approaches add value and regional activities that support national programmes. The ASEAN Task Force on AIDS (ATFOA) has accorded highest priority to joint regional activities including mitigating the socio-economic impact of HIV/AIDS in the ASEAN region. With the adoption of the AWP II by the ASEAN Summit, the ASEAN Secretariat commenced working with UNAIDS to prepare a detailed work plan comprising project concepts for use in mobilizing donor support. In addition, efforts were made to fast track the implementation of the high priority regional projects such as those being undertaken in conjunction with UNDP-SEAHIV, supporting inter-country activities on mobile populations.2

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1 The 7th ASEAN Summit Declaration on HIV/AIDS was adopted on 5th November 2001 at Bandar Seri Begawan, Brunei Darussalam.
2 Inter-country activities on mobile populations are being undertaken through UNDP-SEAHIV’s programme to prepare work plans for the Greater Mekong Sub-region and the BIMPS Cluster.
Arising from the above commitments and following a series of meetings of the ATFOA together with support from UNDP-SEAHIV, a blueprint emerged for the preparation of the BIMPS Cluster Consultation on Migrant Workers’ HIV Vulnerability, 2002.³

**a) ASEAN inter-country activities on mobile populations**

**Activity I** aims to initiate and strengthen inter-country activities for migrant workers, particularly in planning, implementing, monitoring and evaluation of programmes on mobile populations. This will be achieved by strengthening collaboration among: the ASEAN Secretariat, ATFOA country coordinators, and the UN Regional Task Force on Mobility and HIV Vulnerability Reduction. Cambodia, as project coordinator for the project on “Patterns and Effects of Population Movements”, will consolidate a regional action programme. The programme will address HIV vulnerability and mobile populations, based on the MOU Joint Action Programme (see section II.4.c). Malaysia will act as coordinator of the cluster group, which includes Brunei Darussalam, Indonesia, Malaysia, Philippines and Singapore (BIMPS).

**Activity II** will use the ASEAN fora to raise awareness of policy makers on the issue of increased HIV/AIDS vulnerability among mobile populations and to solicit political support, both nationally and internationally, for multisectoral approaches on issues relating to mobile populations. In particular, advocacy will be undertaken through governments to:

- Support relevant agencies and organizations focused on the problems of undocumented/illegal population mobility;
- Improve community governance to build connections between communities and mobile populations to enable them to respond together on HIV/AIDS vulnerability reduction; and,
- Develop multisectoral partnerships to facilitate improved policies, programme responses and development strategies.

**Activity III** will analyse existing capacity, improve understanding of the dynamics of mobility systems and identify responsive community actions and related factors influencing HIV/AIDS vulnerability of different groups in the community. It will also:

- Develop manuals and information kits on HIV/AIDS and a returnee re-integration manual, strengthening HIV/AIDS awareness for pre-departure and post-arrival for migrant workers;
- Enhance life-skills and HIV/AIDS preventive education behavioural change communication programmes, including savings and investment skills for seafarers; and,
- Promote behavioural change communication, condom promotion and STI prevention programmes for truck drivers.

**Activity IV** will complement the above three activities by:

- Encouraging *sending countries* to implement pre-departure life-skills training, provide information for potential migrant workers and counselling, care and support for returnees;

³ The 9th meeting of ATFOA held in Yangon, Myanmar (26-28 September 2001) noted a paper submitted by Malaysia on pre-departure and post-arrival programmes for migrant workers. In response to the paper, the meeting agreed to work toward a regional workshop for the BIMPS cluster group to develop action plans on the pre-departure and post-arrival issues of migrant workers. It was agreed that the workshop would be convened in the Philippines in 2002.
• Encouraging **receiving countries** to work on post-arrival information and prevention services, counselling, care and support;
• Studying the feasibility of adopting a **common policy** requiring foreign contractors/commercial developers/investors in major construction projects to fund HIV impact assessments and HIV prevention programmes for their projects and;
• Forming an ASEAN migrant workers’ network.

**b) ASEAN Project Coordination Committee (PCC)**

The Project Coordination Committee reports to ATFOA to facilitate coordination of the following:

• Overall Coordinator (Cambodia) of the Project on “**Reducing the HIV/AIDS Vulnerability among the Mobile Population**” under ATFOA;
• Cambodia as the Coordinator for the MOU among the Greater Mekong Sub-Region (GMS);
• Malaysia as the Coordinator for the BIMPS Work Plan;
• Country Focal Points on mobility designated by ATFOA;
• The ASEAN Secretariat; and
• A Representative of the UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV).

The Project Coordination Committee (PCC) shall meet **one day** before ATFOA with participation from all ATFOA Focal Points responsible for mobility issues. The Chair of the PCC, in consultation with UNDP-SEAHIV, shall invite representatives from UN agencies, ASEAN dialogue partners and experts. An informal Meeting of the PCC comprised of the Chair, the BIMPS-cluster Coordinator, the ASEAN Secretariat and the Manager of UNDP-SEAHIV shall also meet on the sidelines of the Meeting of the UN Regional Task Force on Mobility and HIV Vulnerability Reduction to uphold linkages with other relevant regional and international agencies working on HIV/AIDS.

In order to achieve the necessary linkages the following tasks will be undertaken:

• Raise awareness and advocate among policy makers;
• Coordinate the development, monitoring and implementation of the Joint Action Programmes for the (GMS) and the BIMPS countries;
• Mobilize and collaborate with NGOs;
• Promote the integration of HIV/AIDS issues;
• Deepen and expand cooperation with international organizations: UNAIDS, UNDP, ASEAN Dialogue Partners, professional groups, NGOs and the private sector; and
• Designate focal points for national and regional coordination to develop and implement the Joint Action Programmes and MOU.

The Project Coordination Committee is chaired by Cambodia as the Overall Coordinator for the Joint Action Programme Activities on Mobile Populations included in the ASEAN Work Programme on HIV/AIDS II (2002-2005) (AWP II).
The Chairman of the PCC will undertake the following:

- Submit a report of the PCC to ATFOA for approval;
- Report ATFOA’s relevant decisions to the PCC and to the Coordinators of the GMS and BIMPS;
- Attend and report ATFOA decisions to the UN Regional Task Force on Mobility and HIV Vulnerability Reduction; and
- Prepare an annual consolidated work plan to implement activities aimed at reducing HIV vulnerability among mobile populations.

c) The GMS cluster country Joint Action Programme update

The South East Asia Regional Strategy\(^4\) for reducing mobility related HIV vulnerability is used as the basis to formulate the GMS Cluster Country Joint Action Programme framework (The GMS Joint Action Programme is in Annex II). The GMS framework has the following objectives:\(^5\)

- To strengthen multisectoral collaboration and coordination among governments and regional partners (international agencies and NGOs, regional networks of people living with HIV/AIDS, international donors and private sector) to facilitate national and regional programmes;
- To build resilient and empowered communities by improving their choices in reducing HIV/AIDS vulnerability caused by development-related mobility;
- To enhance national responses to reduce HIV/AIDS vulnerability by improving systems of governance on development-related mobility;
- To build collaborative regional responses to reduce HIV/AIDS vulnerability from development-related mobility while developing methods to build community, national and regional HIV/AIDS resilience and document these methods as a knowledge base for dissemination; and,
- To increase access to appropriate care, treatment and information for mobile populations.

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\(^5\) The GMS countries are Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam, plus China.
III. EXISTING RESPONSES AND TOOLS

1. Building regional HIV resilience

Dr. Lee-Nah Hsu, Manager, UNDP South East Asia HIV and Development Programme presented the UNDP-SEAHIV strategy for building South East Asia regional HIV resilience as follows:

- **An enabling policy environment** was created arising from the Chiang Rai Recommendations\(^6\) of 1999, which included the development of tool kits and a model contractual clause during 2001. In addition, the Memorandum of Understanding of the Greater Mekong Sub-region cluster countries was signed in 2001 and its accompanying Joint Action Programme was finalised in spring 2002. Together with the UNGASS Commitment on HIV/AIDS (June 2001) and the ASEAN Heads of State Summit Declaration of Commitment on HIV/AIDS (November 2001), these instruments provide an environment conducive to building HIV resilience in South East Asia.

- **Development strategies** to build community HIV resilience is being promoted through early warning rapid response systems, the mapping of HIV vulnerabilities and community governance, as well as mobilising and engaging development sectors, e.g. construction, land transport, maritime industry, agriculture and rural development sectors.

- **Prevention, care and support** for source-transit-host communities is to be achieved through sound and collaborative pre-departure, post-arrival, returnee-reintegration programmes in collaboration with ASEAN Secretariat, its dialogue partners and NGOs in this region.

**Jointly, we can make a difference.**

2. Voice of a former migrant worker with AIDS

*MAR Liwanag, Pinoy Plus, Philippines*

My name is MAR. I am a 34-year old former merchant marine and the eldest of three siblings. I am here to share my story with you so that people from this meeting will know what it is like to be a merchant marine, or a migrant worker, for that matter. And I hope somehow this will help in anyway it can.

My family’s source of income is through farming. We were all sent to school through these means. I had a simple childhood. I usually went to school then returned home. I worked at the farm during my free time to earn some allowance. Indeed, my family had a simple living. My ambition in life is that I will be able to finish my studies so that I could work and that someday I will be able to go around the world.

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Even after finishing high school, I still didn’t know what college course I would take. I stopped studying for two years and went to Manila to try my luck. In Manila, I met a lot of people who always got themselves into trouble. Although I was introduced to vices such as wine, women and smoking, I knew my limitations.

I was convinced by my relatives to take a marine engineering course and hence I became a merchant seaman. During that time, a friend promised to help me to get a job placement after graduation. He found me a job with his employer. My assumption nowadays is that it is indeed difficult to look for a job if you don’t have the right connections -- something akin to passing through the eye of a needle.

I started off as a utility worker in the office for one year before I was allowed to go on board the ship. It was December 1992 when I was assigned to work as a merchant marine. This was the first Christmas period that I was separated from my parents. I felt very sad during those days but I needed to work because I was planning for the future of my family. Everything appeared to be going well as I had my job placement through an accredited employment agency with minimal red tape. My agency covered all expenses for health and medical check-ups as well as other pertinent documents.

HIV testing is a must for a migrant worker and is part and parcel of the routine medical check up. I had this every time I embarked on a new contract. For the information of everybody, the Philippines had just drafted its AIDS law and my country prohibits mandatory HIV testing. As part of the testing there should be informed consent in writing, and adequate pre- and post-test counselling. These were in effect in 1998. There is no clause on receiving countries HIV testing. As far as migrant workers are concerned, what we know is that we have to abide by HIV testing of the receiving countries if we want the employment in order to provide for our families.

Before we start our work, we had our pre-departure orientation seminar otherwise known as PDOS that was provided by our agency since the Philippine Overseas Employment Agency (POEA) accredited it. In 1992, the PDOS seminars lasted for more than three hours. This may be shortened if you have already been a migrant worker since the placement agency was accredited and the agency could easily provide you with a certification. As far as I can recall, there was not much information provided to us except information regarding airport regulations and documents that might be needed. No topic was discussed on health concerns or agencies where we could go if we get into trouble or have problems. No information was ever provided regarding insurance or benefits for retiring migrant workers. Nevertheless, it was difficult to concentrate and care much about what was being said to us, because we were all too excited about leaving the country the next day.

This job presented the first opportunity for me to fly in an aeroplane. We were heading for the United Kingdom (UK) where our ship was docked. I cannot recall how many hours I travelled to the UK, but what I do recall was that, in my mind, it was the start of my life ambition and the start of my dreams coming true.

On arrival, we stayed at a hotel while waiting for our ship. The ship itself became my second home whilst at work and away from beloved families. When the ship sailed I realized it would be
some time before I would see land again. We received news that on our way to the United States, we were heading for a typhoon. It caused me much anxiety. It was the first time that we would enter stormy seas after more than twenty days at sea.

During my first weeks at sea, I was in the company of various nationalities. I had to mingle with them for almost a year. Mingling with my new-found family indeed provided me with a good feeling. I really didn’t know who they were nor of their attitudes. But I knew that in order to keep the feelings of loneliness at bay, I needed to mingle with them. I knew that I would be away from my family for a long time and I wanted to make this journey for my future and to realize my dreams.

I never had much difficulty at the beginning of my work, which consisted of eight-hour shifts for five days each week. I felt this was fair. My salary was US$1000 and it was more for those who already had a position. This was far greater than a regular employee’s salary in the Philippines. Some 80% of my income went to my family directly whilst 20% and overtime pay was given to us directly at the end of every month. I believed that this was considered a well-paid position for Filipino migrant workers.

During free hours we watched videotapes together, smoked and drank alcohol. Sometimes we would get drunk just to induce sleep. There were girls, too. It was all part of our recreation each time we were at port. Reading letters from our loved ones was also a hobby despite the fact that we had read them over and over again. It helped us fight the loneliness deep inside us all.

I was always happy when our ship was about to dock at port. I knew I would be receiving letters from my loved ones. At times when there were no letters I became depressed. I had many relatives and loved ones back home, but none of them had been able to write to me. To lessen my depression, I tried to comfort myself by going out with my friends and having sex with girls. I found that no matter what a person looked like, as long as you have money, you won’t have any problems finding girls. I recall that during my “happy” days, I felt that it was like a dream. I never thought of any safety measures except to enjoy life, have sex with girls and be happy. Back in my cabin during rest periods however, I would reflect upon my life. I regretted how much I spent for my happy hours and thought that it would be better to save it for my parents. That was how my life ran for two years.

One of the most unexpected events that unfolded during my trip was that some of my co-workers on the ship developed signs and symptoms of sexually transmitted diseases (STD) as a result of their behaviour practices. The sad part of this was that they would not let the ship’s officers know about their situation and tried to self-medicate. Unless the ship was a passenger vessel, there were no medical officers on our ships. Medications were not prescribed but were usually issued by the second highest merchant marine officer of the ship.

Some merchant marines will only speak about their sickness if they cannot bear it anymore or when their ship is near a dock where a medical consultation is accessible. One case I recall was a fellow Overseas Foreign Worker (OFW) who could not bear to walk anymore because of the pain in his groin. It was clear to me that merchant marines lack information of STDs and their
associated complications. We need information so that we can be responsible, so that we know the facts to protect ourselves.

One of the happiest times for merchant seamen is the period prior to the end of a contract. We are bound to return to our families. But returning is difficult for migrant workers too, as we must prepare ourselves for the stories and news from home that may make us even more depressed. Back with my family I sometimes felt lonely too, reflecting upon the times when I was having fun with the girls at ports. I wondered whether it had been my turn to become infected. I still felt that I didn’t know what to do with my life and that I didn’t have enough knowledge of STDs.

There were moments when I became scared because I read a lot of various magazines on the ship and heard news about STDs and AIDS. On my third contract, I decided to limit my sexual behaviour and refrain from my usual risky sexual activities. I hoped this would provide me with peace of mind. However, on my fourth contract, I was not able to leave the country because not only was I diagnosed to have contracted an STD but also HIV. I believe I had become infected during my third contract. The experience of knowing this was very traumatic for me. Nobody in the medical clinic told me directly about my HIV test result. I was required to return several times to the clinic while they explained to me that I had high blood sugar levels. I became very anxious because this had caused so many delays in preparing my papers. It was then that my employer broke the news to me and told me I had HIV.

My nightmare became a reality. I didn’t know what to do nor where to go. I asked myself why this had happened to me, as if the whole world had doomed me. It was very hard to accept the reality as it unfolded. I was the breadwinner of my family. I didn’t know what to do, where to turn or who to approach. I had my own way of dealing with matters until I came in contact with other HIV positive people. It was a good thing that the first people to whom I disclosed my status were my parents who were very supportive. I was glad to have them there.

It was through my own efforts that I met other HIV positive people. I realized that they were still happy despite their condition. They were still productive and with this in mind I resumed living a normal life. My dreams were not fully realized. However, at least my dream of travelling around the world came true.

Becoming HIV positive was very difficult for me. I was 28 years of age and the breadwinner for my family. My family and I knew we would have to face the stigma and discrimination associated with HIV/AIDS. HIV positive people want to continue working, we want to contribute to the economy, but inaccessible health care services mean many of us do not receive “ADEQUATE” and “TIMELY” treatment for opportunistic infections that shorten the time that we can be productive. Sometimes there are no medicines for opportunistic infections nor regular health monitoring.

Presently, I am working with a group of HIV positive individuals known as Pinoy Plus Association as the Officer-in-Charge. Pinoy Plus is the only organization of PWHAs in the Philippines and through this agency I learned a lot on how to run an organization. I have met people not only with the same status as me, but also other people working on HIV/AIDS and have learned to live more productively. It is also through this agency that I got to know
Remedios AIDS Foundation, who is currently my employer. I opt to work with these agencies to continue advocacy work, to put a face to the HIV/AIDS epidemic in my country. I still want to be productive. I had my dream to travel the world come true when I was young. Nowadays I still have my chance to sometimes travel for AIDS conferences. I continue to dream, I had my chance to build a family of my own. I am currently happily married with my wife and we have one child. I was able to buy a small house on my own for my family that I love so dearly.

There is one message that I wanted to impart with my fellow migrant workers: “Being a migrant worker is one big chance to have a good future for all of us, including our families. We should recognize that we are vulnerable and we face a lot of risks while we are away from our loved ones, away from our support system. I hope that each and every one of us will be cautious and responsible with our actions and I hope that other people will learn from my experiences.”

3. The HIV/AIDS module in the Pre-Employment Orientation Seminar (PEOS)

Ms. Eloisa Borreo, Special Projects Secretary, Young Men’s Christian Association of the Philippines

Many participants may be surprised that YMCA is part of this important Regional Workshop. Many are even more surprised that a woman works with the YMCA and not the YWCA.

Perhaps this initial reaction arises not only from the YMCA’s image as a predominantly male organization, but also from the kind of programmes in which it is involved, such as the empowerment of women in communities and with migrants; the search for alternative paradigms of development; strengthening civil society; organizing marginalized sectors and youth action. YMCA has been traditionally known for its hostel services, physical education and recreation programmes and youth leadership programmes through work camps in the past.

a) How does the YMCA get involved with PEOS

As a lay Christian Ecumenical Movement, the YMCA takes its mandate for its migrant programme from its Christian mission. In fact, a World YMCA Workshop on “Migrant Worker and Human Rights” was held in 1988. This was followed nine years later by a ‘Consultation and Preparatory Meeting on Actions for Migrant Workers Issues’ among the YMCAs in Asia and Pacific in Osaka, Japan in September 1997. This was held to formulate guidelines and a framework for action at regional, national and local YMCAs.

The YMCA of the Philippines, realizing that the Philippines is a top labour exporter in the region, seriously took the challenge and created the Resource/Service Coordinating Centre for Migrant Workers. It initially provided counselling for distressed overseas foreign worker returnees and victims of illegal recruitment and other irregularities. There were also cases needing legal assistance and referrals for financial claims. The impact of its work however was quite limited and reactive in nature.

The first international migrants’ desk was set-up in Tainan, Taiwan in partnership with the YMCA there. A Filipino counsellor was assigned to work with about 400 Filipino workers there for a year. However, there were limitations and the programme was more reactive than pro-
active. It was learned from some overseas foreign workers (OFW) that some problems occurred due to ignorance and lack of information on the risks and benefits of working overseas. It was in response to this situation that the YMCA decided to pursue the education and information campaign through PEOS. With the help of the government and non-government partner organizations and local YMCAs, a series of PEOS trainings for information providers and related round table discussions have been conducted.

In the face of the growing unemployment due to shrinking job opportunities at the home front, working abroad becomes a popular option among job seekers in the Philippines. To complement Pre-Departure Orientation Seminars (PDOS), the YMCA seriously took the challenge to make informal PEOS an important part of a two-pronged strategy, which the Philippine Overseas Employment Administration (POEA) implements as its centrepiece migrant workers’ education programme. The PDOS is mandatory.

b) Summary outline of PEOS module

A questionnaire is first distributed to participants at the beginning of the HIV/AIDS and Migration Module of the PEOS. The participants are instructed to read the questionnaire carefully and answer each question honestly. The exercise includes learning objectives, mobility issues and points to consider.

After the participants completed the questionnaire, the reasons why OFWs are vulnerable to STI and HIV/AIDS, and the likelihood of risky situations due to behavioural patterns are discussed. The types of work that makes OFWs vulnerable include:

- Domestic helpers
- Male and female entertainers
- Sex workers
- Seafarers
- Factory workers

The facilitator then engages the participants in an exercise intended to inform them about modes of transmission through sexual partners.

The module covers the latest HIV statistics, definitions of terms and examines whether general knowledge within communities are facts or myths. Preventative measures are discussed together with the ‘cycle of vulnerability’, including pre-departure, post-arrival and returnee issues. Information on ‘living with AIDS’, referrals, HIV/AIDS network organizations and the rights of migrant workers are also provided to the participants.

The programme requires the following inputs for its effective implementation:

- Policy to strengthen PEOS;
- Strategies to conduct the seminars in schools and communities, including networking and partnership with the Department of Education, Culture and Sports (DECS), and through radio programmes (set up in 1999 at DZRB 738 kHz, “OFWs Pag-Usapan Natin” a “PEOS on Air” will be launched at DZRM 1278 kHz, on Wednesdays from 7-8 pm); and
• Supervision, monitoring and evaluation of PEOS with direct follow-up and critical reflections.

4. Pre-departure issues

Mr. Ricardo Casco, Director, Philippine Overseas Employment Administration (POEA)

Mandate

POEA is a line agency under the Department of Labour and Employment that is at the forefront of managing the country’s Overseas Employment Programme. It was created in 1982 pursuant to Public Decree 797.

The mission and vision of POEA is to ensure decent and productive employment for Overseas Filipino Workers and to be a culturally sensitive, customer driven and business oriented advocate of the overseas Filipino workers’ well-being. It will actively support the creation of employment through licensed recruitment entities on a government-to-government arrangement. It will facilitate, enhance and preserve employment of Overseas Filipino Workers.

Functions

The Pre-Employment Services Office (PSO) is tasked with the accreditation of principal recruitment agencies, verification and approval of job orders, processing of employment contracts, issuance of overseas employment certificates (OEC), development of employment standards and performs market research and promotional activities.

The Licensing and Regulation Office (LRO) evaluates and recommends issuance of license to private applicants, monitors performance of licensed agencies and recommends renewal of licenses. It assists victims of illegal recruitment and at the same time conducts surveillance of suspected illegal recruiters. It also assists in the prosecution of cases in court and provides airport assistance services to workers prior to embarkation.

The Adjudication Office (AO) handles adjudication of cases arising from violations of recruitment regulations, disciplinary cases, conducts legal research in aid of policy, and operates a system of “watch listing” not only of contract workers who are facing charges and complaints arising from violation of employment terms but also erring foreign employers and principals.

The Welfare and Employment Office (WEO) provides welfare assistance services to contract workers and their families, maintains a manpower registry and facilitates hiring needs of foreign governments and other employers who wish to negotiate with a government placement entity. It evaluates and processes employment documents for workers who secured jobs without the help of any licensed agency. It conducts Pre-Employment Orientation Seminars (PEOS), an orientation given to prospective applicants for overseas jobs, as well as conducts the Pre-Departure Orientation Seminars (PDOS).
The Pre-Departure Orientation Seminar (PDOS)

The PDOS is a mandatory activity for all Filipino workers departing for overseas employment. It forms part of the overall recruitment and documentation procedure that workers are required to undergo prior to departure.

The PDOS was conceived to ensure that departing workers are adequately prepared for the realities of overseas employment. It is an accredited system meeting minimum standards to ensure that clients of the service receive consistent and comprehensive information. It provides information on workers’ rights and obligations, personal and institutional coping mechanisms and other information necessary to prevent occurrence of welfare problems and facilitates the smooth adjustment of the workers at their foreign worksites.

The PDOS is conducted by a number of entities including the Philippines Overseas Employment Agency, non-governmental organizations, recruitment industry associations and licensed recruitment agencies. The seminars consist of three modules covering realities and coping mechanisms, services and benefits available to OW and kin, and general information on airport procedures, travel tips, HIV/AIDS and STIs and remittance.

5. Workers’ survival kits

Ms. Sinag de Leon, Women’s Media Circle, Foundation, Inc., presented the background for the Survival Kit. It was designed for OFW to remember the reasons for working abroad, and in particular, the common goals of savings for the family’s future. The HIV infected OFW encompass three main employment categories as follows: seafarers (20%), domestic helpers (14%), and medical professionals (8.5%), in addition to entertainers and other categories of labourers.

Males comprise 74% of the above three main employments, while women comprise the remaining 26%. Amongst them, 40% have transmitted HIV to their spouses.

Around 300,000 Filipinos per year either work or migrate abroad. They can be vulnerable to STI/HIV/AIDS because of risky situations and behaviours that arise. To equip them with the knowledge that may ultimately protect them from the virus, the Philippines government has enacted the Republic Act no. 8504, Article 1, Section 7.

Several agencies and community organizations provide HIV/AIDS information at Pre-Departure Orientation Seminars (PDOS). However, consultations with the Department of Health (DOH), Philippine National AIDS Council (PNAC) representatives and the Task Force on Mobile Population and HIV/AIDS suggested that there was a need to develop the materials for a “survival kit” to support PDOS. The Department of Health has taken the initiative to develop gender sensitive, accurate and culturally appropriate
HIV/AIDS prototype materials, particularly a Survival Kit on HIV/AIDS for the three target audiences of seafaring male overseas Filipino workers, land-based male overseas Filipino workers and female overseas performing artists. There is an 11-minute video “Pabaon Sa Pag-Alis Mo. What You Can Bring/Take Along With You on Your Trip,” for OFW and families, to support PDOS, in addition to benefiting government agencies and organizations that were providing PDOS and the general public.

The Survival Kit includes pamphlets for the three target audience, a letter to family, basic information on STIs & HIV/AIDS, modes of transmission and prevention, myths and facts of condom use, safe sex and HIV/AIDS, an HIV/AIDS Quiz, and a list of STIs. The Survival Kit package includes an audio cassette with a song for OFWs called “Alon” (“Wave”), lyric sheets and chords. There are compartments for the passport, condoms, credit cards, phone cards, photos and other personal effects.

The Survival Kit is a handy, ready reference on HIV/AIDS & STIs. It provides a good reminder to OFW to be safe and to take care of his/her health. It is imperative that they return home healthy.

6. Reintegration programme

Mr. Bienvenido A. Molina, Jr., Asian Migrant Centre, and Ms. Rosario Canete, UNLAD-KABAYAN, presented examples of returnee reintegration. Returnee reintegration is the reverse process of labour out migration. It refers to a Migrant Worker’s action of re-entering his/her home country or community and rejoining his/her family. Given that poverty is the major cause of labour out migration, it is also important to ensure that labour in migration is economically viable by adopting an economic re-integration process. Economic re-integration is a process that facilitates the utilization of migrants and their families’ income and human resources to develop the migrants’ community and local economy.

People often return under difficult circumstances, such as through receiving countries’ mass deportation policies, wage cuts, changes in job security, and residency issues. Social, psychosocial and health costs are thus incurred in families and communities under such circumstances for returnees.

The process of re-integration facilitates the organization of the gains (and setbacks) of overseas employment through the creation of awareness and shared vision between migrants and their families on the need for psychosocial and economic preparation for the eventual return of the migrants.7

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7 From the First National Conference on Re-integration-Philippines
7. Singapore responses

Elaine Loh, Health Promotion Board, presented responses to foreign migrants by the Singapore government. Amongst a total population of 4 million, some 700,000 foreigners are engaged in construction, manufacturing and domestic sector work. The Singapore Health Promotion Board produced three information kits relating to maids and their employment. These are booklets on:

1. Employing of foreign domestic workers
2. Handy guide for foreign domestic workers
3. Cultural guide

The Ministry of Manpower regulates the employment of foreign workers. An application for a work permit is required for those earning less than S$2,500 per month, whilst an application for an employment pass is necessary for those earning more than S$2,500 per month.

Medical screening is required for both the commencement and ongoing employment of foreign workers. The work-permit holder will undergo a pre-employment and biannual medical examination. Employment-pass holders also require pre-employment checks and further medical examinations when renewing the pass.

Pre-employment screening tests include chest X-ray, HIV antibody testing and pregnancy test for women. The test for the biannual examinations varies. Foreign workers are required to undergo HIV antibody tests every twenty-four months. Those found to be HIV positive are repatriated. The health education programme on AIDS includes a video, pamphlets and comic strips.

8. Handbook on services in Hong Kong

Mr. William Tsui, Hong Kong Home Affairs Bureau, presented the guidebook, “Your Guide to Services in Hong Kong”. Compiled by the Home Affairs Bureau (HAB) with the assistance of relevant community organizations, the guidebook is part of the Hong Kong governments’ ongoing programme to promote equal opportunities for people of different ethnic backgrounds.

In December 1998, HAB published this service guidebook aiming at helping migrant workers settle in the community. Leaving one’s loved ones behind to work in a new city among people whose lives, culture and language are different is never easy. It takes time to settle into the new surroundings and new job. The guidebook aims to provide answers to questions often asked by new arrivals and other migrant workers, such as “how do I get around Hong Kong,” or “how do I send money back home,” or, “where can I send my children to school while in Hong Kong”. The information in the guidebook can help to make an easier adjustment to life in Hong Kong.

To keep the guidebook useful, all the factual information inside has been updated extensively and, where appropriate, some text has been revised to be more user-friendly. For example, a chapter on the structure of the government has been added and a copy of the standard contract of employment for foreign domestic helpers has been incorporated.

Since the first edition of the service guidebook for migrant workers in December 1998, many helpful comments and valuable suggestions from readers and support groups have been received.
on ways to improve each new edition. This first edition, which was an English version, has also served as a template for the new editions of the non-English versions. The guidebook is now available in six languages: English, Hindi, Indonesian, Nepali, Tagalog and Thai. Singhalese and Urdu versions are in the pipeline.

Mr. William Tsui noted that HAB wished to express gratitude to many individuals and organizations who contributed to the updating process. But special thanks are due to the Asian Migrant Centre, whose tireless support has made the publication of this series possible. It will also be included in an information kit to be distributed to non-Chinese new arrivals at the Hong Kong International Airport.

9. The generic migrant manual

Ms. Aegile Fernandez, CARAM, Malaysia and Ms. Malu Marin, ACHIEVE, presented the draft migrant manual.

The goal is to empower Migrant Workers and their communities through the promotion and protection of their rights and the creation of an enabling environment at all stages of migration to reduce HIV vulnerability.

The objectives are:
- Production of information on health status and vulnerability of migrant workers to HIV/AIDS;
- Development of grassroots or community based intervention to educate and empower migrants and their communities to resist and fight HIV/AIDS;
- Strengthening of advocacy especially policy development to ensure an enabling environment for migrant workers and to promote and protect migrant rights in order to reduce HIV vulnerability; and,
- Initiation and development of action research models with migrants to collect data for effective advocacy to realize change at various levels.

The Generic Manual is an output of the “Regional Summit on Pre-departure, Post-arrival and Reintegration Programmes for Migrant Workers”, held in September 2000 at Genting Highlands, Malaysia, jointly organized by CARAM-Asia and UNDP-SEAHIV with support from Canadian Human Rights Foundation and IOM. It gives an overview of issues relating to migration and HIV/AIDS, such as migration processes, vulnerabilities faced during the migration cycle of pre-departure, post-arrival and re-integration, immigration policies, influencers and partners and possible strategies and actions.

It is meant to provide a framework for national partners to review and adapt national strategic plans and activities and inter-regional collaborations, and it provides generic monitoring indicators.

Almost 100 participants from government, NGOs, international agencies, migrant workers and recruitment agencies in Asia attended the Regional Summit.
The generic manual is a rights-based, gender sensitive and comprehensive research on migrant workers.

10. CARAM

*Vrije Universiteit, Section of Health Care and Culture, Faculty of Medicine*, presented CARAM, an organization which relies on its regional partners for input. Its partners include Shisuk, Bangladesh; CARAM, Cambodia; the Peace Trust, India; Solidaritas Perempuan, Indonesia; Tenaganita, Malaysia; Nepal Institute of Development Studies, Lawyers for Human Rights and Legal Aid, Pakistan; ACHIEVE (Action for Health Initiatives) Inc., Philippines; Migrant Services Centre (MSC), Sri Lanka; Migrant Assistance Programme (MAP), Thailand; and Mobility research and Support Center, Viet Nam.

There are five programmes in the Asia region including the 7 Sisters programme on marginalized communities, Labour Attachés Training Programme (CHRF/APWLD), Middle East (AOHR), ICAAP-World Congress leading to a community based programme, and the Regional Summit 2000 leading to a FDW Regional Summit in August 2001, which will use the Generic Manual and be partnered by the UN Special Rapporteur on Human Rights, ILO and IOM.

IV. FIELD VISITS SUMMARY

The consultation included three field visit groups for delegates to observe pre-departure programmes in action. The Philippines Overseas Employment Agency coordinated the field visit with a briefing guide, guidelines for observation, schedule and groupings. The three groups visited 1) the Fairview Shipping Agency Corporation, 2) the Overseas Placement Association of the Philippines (OPAP), 3) the Advancement of Workers’ Awareness Regarding Employment (AWARE) and 4) PDOS of PEOS (The participant grouping is in Annex III).

The objectives of the field visits were to identify and mobilize partnership with other sectors for pre-departure orientation. The potential partners include recruitment agencies, private sector entities and associations. In particular, the returning migrant workers who are HIV infected with their different overseas employment experiences can be instrumental resource people for the different types of potential migrant workers. The approaches and content of pre-departure orientation may need to adapt to the needs of each type of migrant worker to be effective. For example, the UNDP-SEAHIV/UNESCAP/UNAIDS/CIDA training curriculum for seafarers can be used specifically for the large number of seafaring OFWs.

PEOS, PDOS and post-arrival should complement and supplement each other. In the case of pre-departure orientation, consider integrating the programmes into a skills training curriculum. Opportunities for post-arrival programmes should be identified and the use of the existing ones should be maximized. It is the responsibility of both host and sending countries to support and implement post-arrival programmes. Training of trainers should ensure that trainers will be able to develop the necessary competencies to effectively implement the programme observing the following guidelines: use of politically, culturally and scientifically acceptable terms, use of participatory, interactive methods, appropriate use of statistics and use of different visual aids.
1. Philippine Overseas Employment Administration (POEA)

a) HIV/AIDS Module in the Pre-Departure Orientation Seminar (PDOS)

The Pre-Departure Orientation Seminar (PDOS) is a welfare and empowerment programme about to be deployed for OFWs to inform them of their rights and responsibilities and prepare them to cope with the difficulties of living and working overseas. As provided for in the POEA rules and regulations, every worker departing for overseas employment as a new hire shall undergo Pre-Departure Orientation. Because of the mandatory nature of the PDOS, it is by far the most comprehensive orientation for OFWs.

Thus, a recruited and selected worker who has secured the necessary employment and travel documents is immediately referred by the deploying agency/entity for PDOS and can have his/her documents processed by the POEA only upon attendance and presentation of a PDOS certificate. An OFW attending the PDOS is accepted upon exhibiting his/her passport, duly signed referral slip and a copy of the employment contract.

To provide PDOS to nearly 2000 OFWs on a daily basis, POEA implements an accreditation system for trainers and in-house PDOS providers to qualified agencies and organizations. The accreditation for PDOS trainers requires attendance to a three-day training programme on the PDOS curriculum, the methodologies and techniques. For in-house programme accreditation, it requires the submission of relevant required documents, the accreditation of its PDOS trainer and the availability of the seminar venues and facilities.

Accredited PDOS providers are required to comply with POEA rules and regulations. These include conducting a minimum of six hours of PDOS, complying with the POEA prescribed standard syllabus, report requirements, venue and facilities requirements, attending update meetings and other capability building sessions conducted by POEA and undergoing periodic monitoring and evaluation.

The POEA authorizes the following entities to conduct PDOS:

1. POEA in-house PDOS for land-based workers processed through the Government Placement Branch and land-based and sea-based workers processed through its hiring unit.
2. Accredited non-government organizations (NGOs)
   This is for household workers under a centralized PDOS programme. At present there are six NGOs with a Memorandum of Understanding with POEA to conduct PDOS. They are Women in Development Foundation, National Greening Movement Foundation, KAIBIGAN, Centre for Overseas Workers, ZONTA Club, and Advancement of Workers’ Awareness Regarding Employment, Inc.
3. Recruitment industry associations
   They conduct PDOS for recruits from their member agencies who do not have accredited in-house PDOS programmes under a joint arrangement, which is approved by POEA. There are three such associations: Philippine Association of Service Exporters, Inc. (PASEI), Overseas Placement Association of the Philippines (OPAP) and Association of Service Contractors of the Philippines (ASCOP).
4. Licensed agencies/entities with an approved in-house PDOS programme
   There are at present 395 agencies with accredited in-house programmes, 204 for land-
   based workers and 191 for sea-based workers.

b) Standard PDOS curriculum

What are the modules discussed in the PDOS proper?
   a. National situation – gives an overview on the present Philippine labour situation focusing
      on migrant workers;
   b. Code of discipline – discusses the obligations and responsibilities of the OFWs while
      working overseas including the disciplinary actions of the Philippine government and the
      host country;
   c. Government services – gives the government agencies a legal mandate to assist, protect
      and promote the rights, interests and welfare of all Filipinos overseas;
   d. Gender and development – explains the role of men and women in society as influenced
      by the laws, customs, traditions, culture and religion of both the native and host
      countries;
   e. Money remittance – explains how to remit their earnings;
   f. HIV/AIDS/STI and illegal drug prevention – creates awareness on HIV/AIDS/STI and
      illegal drugs; and
   g. Travel procedure – provides tips covering the entire experience of making travel
      arrangements from the point of departure from the Philippines to their arrival in host
      countries.

All accredited PDOS providers are required to follow a standard curriculum which consists of
the following three modules; each module takes two hours to implement:

Module 1  Realities and coping
   • Values clarification
   • Rights, based on the employment contract
   • Obligations, based on the code of discipline for OFWs
   • Grounds and penalties for breach of discipline
   • Country specific information including Dos and Don’ts
   • Coping mechanisms
   • Duties and responsibilities

Module 2  Services and benefits to OFWs and kin
   • Government services
   • NGO assistance service
   • Banking services, remittance procedure

Module 3  Other relevant topics
   • Airport procedures
   • Travel tips
   • HIV/AIDS and STIs
   • Reintegration programme for OFWs
c) The HIV/AIDS component of PDOS

As early as 1993, in coordination with the Department of Health, an HIV/AIDS module was integrated into the PDOS standard curriculum. However, it was a 15-minute audiovisual presentation, which discussed basic facts on HIV/AIDS using a medical approach and provided awareness raising information only.

With the recognition of the vulnerability of the migrant worker to HIV/AIDS, CHASPPAR, and the Philippine National AIDS Council initiated the development of the Standardised PDOS Module on HIV/AIDS and STIs Preventative Education for use in the PDOS in 2001. In cooperation with the Department of Labour and Employment (DOLE) through POEA, the Overseas Workers’ Welfare Administration (OWWA) and the Occupational Safety and Health Center (OSHC).

With the new module, POEA issued Memorandum Circular No.1, Series of 2002, instructing all its accredited PDOS providers to officially adopt this new HIV module in their PDOS. This is part of the PDOS Trainers Training Programme which is required for accreditation, and is part of the updating and capability building requirements for those who have previously been accredited. There are 134 trainers currently trained to use this new module.

The module uses interactive and participatory methods of delivery, which respond to the information needs of the OFW with regards to HIV/AIDS and STIs. Its objective is mainly to make the worker realize that certain conditions and realities of working abroad can make a person vulnerable to HIV/AIDS and that he/she alone has the ability to protect oneself from this pandemic. The comprehensive version takes 2 to 3 hours, but a short 40-minute version is used in PDOS due to time constraints.

2. Fairview Shipping Agency Corporation (FSAC) - a recruitment agency

FSAC is an international crewing and trading company established in 1993. It provides the crew for vessels of its Norwegian, Japanese and Taiwanese principals and is managed by professionals of Maritime Science, Business Administration and Social Sciences. The agency offers interdisciplinary technical training on vessel operations and management of marine personnel. The agency complies with the International Maritime Organization (IMO) Standards of Training, Certification & Watchkeeping (STCW) regulations. Its human resource development programmes aim at developing the FSAC seafarers to be respectable Filipinos, responsible family men and professional seafarers.
3. Overseas Placement Association of the Philippines (OPAP)

OPAP is a non-stock, non-profit corporation which was registered with the Securities and Exchange Commission (SEC) on March 1977 and is now on its 25th year of existence. From a fledgling group of 19 legitimate recruitment agencies in 1977, OPAP has grown to more than 400 members today, making it the largest and oldest partner of the Philippine government in exporting millions of workers internationally. Over the last two decades, OPAP has promoted the development of the overseas employment programme as one of the tools for the country’s economic recovery and has successfully harnessed the pioneering spirit of its original members, strengthened and sustained by the present membership.

OPAP was given the authority by the Philippine Overseas Employment Administration to conduct the mandatory Pre-departure Orientation Seminar to the recruits of its departing members. The PDOS seminars include the topic of HIV/AIDS to enhance the workers’ awareness, especially those in the entertainment sector.

OPAP recognises the importance of HIV prevention and gives the Positive Action Foundation Philippines, Inc. (PAFPI) a regular slot in the seminar.

PDOS aims to protect its overseas workers, to promote and develop the international labour market, and to improve the work skills and expertise of prospective overseas workers to ensure higher wages for Filipino overseas workers. The ultimate goal is to upgrade and professionalize the placement industry by working together with the government to eliminate illegal recruitment, illegal exaction and red tape in the recruitment process and to eventually put the country in a comparatively competitive position in the international labour market.

4. Advancement of Workers’ Awareness Regarding Employment (AWARE)

Realizing the importance of the role of the private sector in nation building, the Philippine government gives due recognition to non-government organizations representing different sectors of society to undertake various programmes for national development.

AWARE is a duly registered non-governmental organization established to assist, protect and promote the welfare of overseas Filipino workers, which represents the biggest portion of the Philippine workforce. AWARE is established to conduct effective, free Pre-departure Orientation Seminars for OFWs. AWARE seeks to correct the shortcomings of other agencies that provide PDOS, increase the effectiveness of orientation sessions, prepare workers for productive and rewarding employment, promote harmonious worker-employee relations, create awareness on gender, illegal drugs, HIV/AIDS prevention and raise greater acceptance of the Philippine overseas employment programme.
V. CONCLUSION AND RECOMMENDATIONS

The outcome of the consultation includes 1) a list of recommendations to the BIMPS cluster member countries, the ASEAN Secretariat and the UNDP-SEAHIV, 2) a draft Memorandum of Understanding (MOU) on Pre-departure, Post-arrival and Returnee Reintegration for Migrant Workers, and 3) a proposed Joint Action Programme.

1. Recommendations

The delegates recommend the following:

For the BIMPS cluster member countries:

1. Submit the draft MOU on Pre-departure, Post-arrival and Returnee Reintegration for Migrant Workers for BIMPS countries to the concerned authorities in their respective countries and to inform the ASEAN Secretariat and the UN Regional Task Force on Mobility and HIV Vulnerability Reduction of progress and report to the 10th ATFOA Meeting in Vientiane;
2. Designate a focal point responsible for in-country as well as inter-country coordination on mobility, and inform the ASEAN Secretariat and UNDP-SEAHIV accordingly;
3. Provide UNDP-SEAHIV with the list of agencies working on migrant workers and on mobility;
4. Follow-up on the establishment of a National Committee on Mobility and HIV Vulnerability Reduction and develop the Terms of Reference (TOR) of the National Committee for submission to PCC and ATFOA; and
5. Submit their comments and inputs to the draft TOR of the proposed Project Coordination Committee (PCC) for submission to the 10th ATFOA Meeting.

For Malaysia as the BIMPS cluster country coordinator, with the assistance of Philippines, to present the framework of the Joint Action Programme for the BIMPS countries to the 10th ATFOA Meeting in September, 2002 in Vientiane.

For the Philippines as the convener of the BIMPS Cluster Joint Action Programme Formulation, to present a report to the UN Regional Task Force on Mobility and HIV Vulnerability Reduction, which will be held in May 2002 in Myanmar. Malaysia and Indonesia have been requested to send a representative to attend the UN Regional Task Force on Mobility and HIV Vulnerability Reduction.

For the ASEAN Secretariat to propose a resource mobilization plan (2002 to 2005) to solicit funding support from ASEAN’s Dialogue Partners and international agencies; and

For UNDP-SEAHIV to publish the BIMPS cluster consultation proceedings; to assist in developing a more detailed operational four-year work plan for the Joint Action Programme for endorsement by ATFOA; and to provide technical assistance to the cluster to develop a joint proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for consideration by the Country Coordination Mechanism (CCM) of the BIMPS countries.
2. Memorandum of Understanding
on
Pre-departure, Post-arrival and Returnee Reintegration for Migrant Workers
between
The Sultanate of Brunei Darussalam
The Republic of Indonesia
Malaysia
The Republic of the Philippines
and
Singapore

Draft 17th April 02 version

Preamble

Regional cooperation stimulates economic prosperities and migrant workers are human resources that contribute to the continued socio-economic development of Asia. To ensure continued growth and prosperity of ASEAN countries, it is critical that sending and receiving countries collaborate to protect their economic resources and to mitigate the socio-economic and human impacts of HIV/AIDS.

Background

The UNDP-organized ASEAN workshop on Population Movement and HIV Vulnerability was held in Chiang Rai from 10th to 12th of November 1999, at which time the Brunei, Indonesia, Malaysia, Philippines and Singapore (BIMPS) cluster countries agreed to formulate collaborative actions in pre-departure, post-arrival and returnee reintegration programmes. At the 7th ASEAN Task Force (ATFOA) Meeting, Malaysia was appointed as the BIMPS cluster coordinator on the theme of mobility (Cambodia, in 2001, was appointed at the 9th ATFOA meeting as the overall ATFOA mobility theme coordinator). On 5th November 2002, ASEAN Heads of States in their Declaration on HIV/AIDS, paragraph 22, made the commitment to collaborate in reducing regional mobility-related HIV vulnerability. UNDP South East Asia HIV and Development Programme, in collaboration with CHASPPAR and the Government of the Republic of Philippines organized the BIMPS cluster consultation from 15th to 17th April 2002 at Makati, Philippines. It was agreed at this consultation to have a Memorandum of Understanding to implement Joint Action Programmes on integrating HIV prevention/care/support in the pre-departure, post-arrival and returnee reintegration programmes among the ASEAN countries.

Specific efforts

It was agreed at the April, 2002 Makati meeting that the governments facilitate and support further collaboration between and among these countries in the implementation of the “BIMPS Sub-regional Joint Action Programme on reducing HIV vulnerabilities among migrant workers”.

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In particular, it is recommended:

That the Parties to this Memorandum of Understanding agree to harmonize policies, procedures and regulations for migrant workers:

- All countries comply with jointly agreed medical regulations for migrant workers including accreditation of testing/examination centres/clinics.
- All HIV testing should have pre- and post-testing counselling and the HIV test results should be provided to the person being tested.
- Host and sending countries should facilitate the transaction for remittances back home, involving employers and families in addition to the employees.

That governments, where appropriate, will support and facilitate collaboration with and between the international and national non-governmental organizations, civil society, local authorities and communities as well as ensure Greater Involvement of People with HIV/AIDS (GIPA) in the following programmes:

- All countries are to provide pre-departure and post-arrival orientation programmes, the content and methods of which are to be jointly developed by host and sending countries and materials made available in migrant workers’ own languages. All employers hiring migrant workers are to provide basic medical services or health insurance coverage for their workers.
- Host governments provide support services for returnee repatriation with a systematic referral mechanism including, for example, employment and skills certificates.
- Facilitate and promote community-based planning, investment and organization of remittances for income generation, community economic development including children’s education, skills training, small scale income generation utilizing locally available resources and marketing of indigenous products, as well as facilitate returnee reintegration in their own home communities.

That governments, NGOs and private companies, including recruitment agencies, engage in regular information exchange including but not limited to the following:

- HIV testing results including demographic profile while maintaining strict confidentiality and protection of individuals’ privacy.
- Update on recruitment, immigration and employment policies and regulations between countries.
- Coordinate and monitor, using existing forums and mechanisms where appropriate, the progress and implementation of the Joint Action Programme.
Extension of Memorandum of Understanding

The term of this Memorandum of Understanding is for a period of four years starting from the date of signatures. With the mutual consent of all parties, this Memorandum of Understanding may be extended to cover other types of collaboration to reduce mobility related HIV vulnerabilities in South East Asia under terms and conditions to be agreed upon. Other governments in the region may be invited to become parties to the present Memorandum of Understanding under the said terms and conditions. Any such changes will be reflected in mutually agreed written revisions or addendum to this Memorandum of Understanding.

This Memorandum of Understanding may be revoked by mutual agreement in writing if in the judgment of the Parties, any reasonable circumstances arise which interfere with or threaten to interfere with the successful accomplishment of its purpose.

In witness whereof, the Governments sign the present Memorandum of Understanding on the dates appearing opposite their respective signatures.

<table>
<thead>
<tr>
<th>Signing Countries</th>
<th>Ministry of Health</th>
<th>Date</th>
<th>Ministry of Labour</th>
<th>Date</th>
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<tr>
<td>The Sultanate of Brunei Darussalam</td>
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<td>Singapore</td>
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N.B.

All terms used in this document is consistent with the definition of the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment, June 2001.
3. BIMPS cluster country proposed Joint Action Programme for pre-departure, post-arrival and returnee reintegration

<table>
<thead>
<tr>
<th>AREAS</th>
<th>OUTCOMES</th>
<th>STRATEGIES</th>
<th>ACTIVITIES</th>
<th>LEAD/FOCAL PERSON/ENTITY</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies</td>
<td>Pre-departure</td>
<td>1. Consultation and consensus building meetings with relevant institutions (e.g. Ministry of Foreign Affairs, Human Resource, Defence, Labour, Health, GOs and NGOs, etc.)</td>
<td>1. Draft TOR of National Coordinating Committee on Mobility and HIV Vulnerability Reduction. Convene ad-hoc national committee</td>
<td>ATFOA Focal person National Coordinating Committee on Mobility and HIV PCC</td>
<td>2002</td>
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<td></td>
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<td>2. Advocacy for approval by appropriate government institutions utilizing platforms such as BIMPS, ATFOA, ASEAN, etc.</td>
<td>2. Conduct national consultation/consensus building meeting with relevant agencies</td>
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<td>September 2002</td>
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<td></td>
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<td>3. Joint development of testing protocols and joint accreditation of testing centres by sending and receiving countries</td>
<td>3. Gather information/list of government, non-government agencies, working in relation to the migrant/mobile population and submit to UNDP for a regional profile</td>
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<td>4. Submit progress report to ATFOA</td>
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<td>Post-arrival</td>
<td>4. Consultation advocacy, monitoring and evaluation among BIMPS countries</td>
<td>5. Convene a National Coordinating Committee on Mobility and HIV Vulnerability Reduction (multisectoral; receiving countries may include representatives of sending countries and vice-versa)</td>
<td></td>
<td>October 2002-October 2003</td>
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<td>6. Draft, policies, technical papers regarding issues related to mobile population (e.g. medical regulations, testing, etc.)</td>
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<td></td>
<td>Returnee reintegration</td>
<td>6. Advocacy and consultation</td>
<td>7. Advocate and lobby for approval of the policies and the MOU (Section V.2)</td>
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| Deportation/Repatriation of undocumented and HIV+ migrant workers is utilized  
(should include disclosure of reason/s for deportation) | 8. Coordinate and monitor the implementation of the policies at national and regional levels  
(upon approval of the policies and MOU) | Continuing |
|---|---|---|
| 9. Conduct regular coordinating meetings at BIMPS/ATFOA and specific ASEAN Ministerial meetings (Labour, Health, Foreign Affairs), to include periodic review/assessment of policies | 10. Work out commonly agreed upon procedures with regards to on-site testing  
- pre & post test counselling  
- disclosure (information exchange) | 2003 |
| 11. Identify counterpart entities where regular exchange of information regarding HIV testing is undertaken | 12. Build capacity of welfare officers to undertake pre-reintegration counselling | 2003 |

| Services | Pre-departure | 1. Development and production of IEC materials by a multisectoral group including PWHAs  
2. Identification of appropriate implementing agencies who can deliver pre-employment and pre-departure programme | 1. Collect and review existing relevant IEC materials nationally and regionally  
2. Develop and produce appropriate IEC materials for pre-departure, post-arrival and reintegration programmes  
3. Pilot the implementation of IEC materials  
4. Develop information kits on receiving countries for departing workers | 2003 |
|---|---|---|---|---|
| 1. Pre-employment and pre-departure programmes include preventive education, economic planning (remittances), rules and regulations of receiving countries and other relevant topics. | 3. Information dissemination through different channels of communication (e.g. radio, print, TV, electronic, etc.)  
4. Advocacy | 5. The multisectoral committee to identify the relevant partners/agencies nationally for implementation  
6. Training of trainers including involvement of PWHAs on the necessary competencies on pre-departure, post-arrival and returnee reintegration programmes in sending and receiving countries | 2003 |
<p>| Post-arrival | 2. Migrant workers have access to health facilities and other services in host/receiving countries. | | |</p>
<table>
<thead>
<tr>
<th>Returnee reintegration</th>
<th>Information Exchange</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. HIV+ returnees are provided with services that address treatment, care and support needs.</td>
<td>Pre-departure</td>
</tr>
<tr>
<td>4. Economic reintegration is part of services available to migrant workers</td>
<td>1. Use of different mechanisms available (e.g. government to government, BIMPS/ATFOA meetings, etc.)</td>
</tr>
<tr>
<td>5. Referral system for psychosocial, emotional, economic and other kinds of support are available for migrant workers</td>
<td>2. Networking</td>
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<tr>
<td>6. Involvement of families, communities organizations, employers, schools and PWHAs in these programmes.</td>
<td>3. Regular consultation</td>
</tr>
<tr>
<td>7. Linkages with institutions regarding remittances, investments, pension plans and sickness benefits</td>
<td>1. Develop database of relevant information about mobility and HIV e.g. demographic profile of migrant workers, policies, rules, testings, protocols, standards, and resource providers at national and regional levels.</td>
</tr>
<tr>
<td>8. Encourage use of alternative therapy e.g. traditional, herbal, etc.</td>
<td>2. Document good practices of agencies/ sectors involved with mobile population</td>
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<td>9. Capacity building of health professionals providing services to HIV/AIDS people especially at community levels</td>
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<td>10. Integration of HIV/AIDS in the school curriculum</td>
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<td>11. Development of community-based care programmes for PWHAs</td>
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<td>12. Training of caregivers</td>
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<tr>
<td>13. Setting-up of referral system</td>
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<td>14. Implement economic reintegration programmes including saving schemes and enterprise development</td>
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<tr>
<td>15. Capacity building of families to participate in reintegration programmes</td>
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<tr>
<td>16. Advocate for re-employment abroad for HIV + migrant workers</td>
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</tr>
</tbody>
</table>

| Monitoring implementation of programmes |
| Referral system for psychosocial, emotional, economic and other kinds of support are available for migrant workers |

BIMPS countries

<table>
<thead>
<tr>
<th>Information Exchange Pre-departure</th>
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</thead>
<tbody>
<tr>
<td>1. Sending countries regularly updated by receiving countries on policies, rules and regulations and other issues related to migrant workers (e.g. Testings, etc.)</td>
</tr>
<tr>
<td>2. Complete and transparent regional data relevant to migrant workers available to all BIMPS countries</td>
</tr>
<tr>
<td>1. Use of different mechanisms available (e.g. government to government, BIMPS/ATFOA meetings, etc.)</td>
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<tr>
<td>2. Networking</td>
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<tr>
<td>3. Regular consultation</td>
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<td>1. Develop database of relevant information about mobility and HIV e.g. demographic profile of migrant workers, policies, rules, testings, protocols, standards, and resource providers at national and regional levels.</td>
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<td>2. Document good practices of agencies/ sectors involved with mobile population</td>
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BIMPS countries 2003
Annex I  Consultation agenda

BIMPS cluster consultation on migrant workers’ HIV vulnerability reduction
pre-departure, post-arrival and returnee reintegration
15-17 April 2002

Monday, April 15, 2002

08:00  Registration

08:30  Opening Ceremony

National Anthem
Welcome Address  Hon. Manuel Dayrit, Department of Health (DOH)
Secretary, Philippines
Message  Mr. Wilhelm Soriano, Overseas Workers Welfare
Administration (OWWA) Administrator, Philippines
Message  Mr. Terrence Jones, United Nations Resident Coordinator,
UNDP Resident Representative, Philippines

Introduction of Participants

09:00  The BIMPS consultation in the context of ASEAN joint efforts
(1)  Purpose, objective and arrangement of the consultation
by Dr. Loreto B. Roquero, Director, Philippine National AIDS Council
(2)  Linkage with ASEAN Work Programme II and update on GMS cluster MOU
and Joint Action Programme Development
by Mr. Yong Chanthalangsy, ASEAN Secretariat
(3)  Socio-economic development, mobility related vulnerability reduction: South
East Asia regional strategy
by Dr. Lee-Nah Hsu, Manager, UNDP South East Asia HIV and
Development Programme

10:00  Morning tea/coffee break

10:30  Overview of available responses & tools  (15 minutes each)
(1)  Voice of a PWHA-migrant worker
by Mr. Mar Liwanag, APN+
(2)  PEOS, PDOS and Survival Kit for overseas Filipino workers
by Ms. Eloisa Borroe, Young Men’s Christian Association
Mr. Ricardo Casco, Director, Phil. Overseas Employment Administration
Ms. Sinag de Leon, Women’s Media Circle
(3)  Reintegration Programme
by Mr. Bien Molina, Asia Migrant Centre
(4)  Singapore Responses
by Ms. Elaine Loh, Health promotion executive, Singapore Health
Promotion Board

12:30  Lunch

14:00  (5)  Handbook on Services in Hong Kong
by Mr. William Tsui, Hong Kong Home Affairs Bureau
15:00 Working groups to develop a joint action programme framework for the BIMPS cluster collaboration: pre-departure, post-arrival & returnee reintegration
   a. Strategy
   b. Key outcomes

16:00 Group report back

16:45 Logistics announcement for field visit

Tuesday, April 16, 2002
Field visit to pre-departure programmes

08:00 Field visit groups: Observation of implementation of HIV/AIDS component of PDOS:
   (1) Philippine Overseas Employment Administration (POEA)
   (2) Recruitment Agency: Fairview Shipping Agency Corporation
   (3) NGO: Advancement of Workers’ Awareness Regarding Employment (AWARE)
   (4) NGO: Overseas Placement Association of the Philippines (OPAP)

Noon Lunch at POEA

15:00 Plenary discussion on field visit results together with tea/coffee served
   Facilitated by CHASPPAR

17:00 Conclusion of field visit discussion/recommendations for BIMPS Joint Programme

Wednesday, April 17, 2002

08:30 3 working groups on the activities, time frame and responsible lead entities for the BIMPS Joint Programme

10:00 Morning tea/coffee break

10:30 Group report back on activities and outputs, time frame and responsible entities

12:00 Lunch

13:30 Plenary discussion on what needs to be done at the country level, ASEAN Secretariat and partners

15:30 Afternoon tea/coffee break

16:00 Plenary on synergy with GMS cluster programme – ASEAN TFOA Mobility Coordinator
   Secretariat summary meeting report draft to all participants

17:00 Conclusion and closure
### Annex II  GMS Joint Action Programme, February 2002

#### Objective 1: To build resilient and empowered communities by improving their choices in reducing HIV/AIDS vulnerability caused by development related mobility

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strategy</th>
<th>Activities</th>
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<tr>
<td>1. Information/data provided for multisectoral organizations, improved mobility monitoring and evaluation, and timely multisectoral responses</td>
<td>1.1 Through national and regional multisectoral workshop, identify core indicators and develop standard methodology for EWRRS</td>
<td>1.1 Document and disseminate the data/information and utilize it as an advocacy tool to policy makers and for planning responses</td>
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<td>2. Communities will have capacity to analyse the situation, plan and implement responses to reduce negative impacts of development on HIV vulnerability.</td>
<td>2.1 Identify best practices for enhancing community resilience, and engage in community awareness activities to support acceptance of these practices</td>
<td>2.1 Identify best practices for enhancing community resilience, and engage in community awareness activities to support acceptance of these practices</td>
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<td>3. Better understanding of relationships between development, mobility systems, and HIV vulnerability, and more effective actions at all levels in multiple sectors (regional, national, local) -- by communities, governments and the private sector to reduce vulnerability to HIV</td>
<td>3.2 Conduct consultations with actors/institutions involved in the links on how to strengthen links in order to reduce HIV Vulnerability</td>
<td>3.2 Conduct consultations with actors/institutions involved in the links on how to strengthen links in order to reduce HIV Vulnerability</td>
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#### Objective 2: To create enabling environment to reduce HIV/AIDS vulnerability by improving systems of governance on development related mobility

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<tr>
<th>Outcome</th>
<th>Strategy</th>
<th>Activities</th>
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<tr>
<td>4. Support, involvement and political commitment are obtained at various levels and sectors</td>
<td>4.1 Disseminate MOU to all levels with different languages as appropriate</td>
<td>4.1 Disseminate MOU to all levels with different languages as appropriate</td>
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<td>4.2 Support the development of policies, guidelines or regulations related to the MOU</td>
<td>4.2 Support the development of policies, guidelines or regulations related to the MOU</td>
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<td>4.3 Translate the MOU into action at different levels and for different sectors</td>
<td>4.3 Translate the MOU into action at different levels and for different sectors</td>
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<td>4.4 Advocate and allocate resources for each relevant sector</td>
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<tr>
<td>Outcome</td>
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<td>Activities</td>
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</table>
| 5. Better understanding of the multisectoral nature of mobility and HIV/AIDS, as well as greater collaboration and coordination among sectors within and among countries in the GMS region | 5. Advocate, promote and facilitate multisectoral cooperation, both at the intra and inter-country levels, relevant to HIV and mobility issues | 5.1 Develop advocacy tools including examples of best practices involving multisectoral cooperation  
5.2 Conduct advocacy workshops  
5.3 Support broad-based committees at various levels to promote cooperation among sectors  
5.4 Identify and appoint focal persons in relevant sectors who would facilitate cooperation between sectors |
| 6. Policy makers in different sectors and at different levels support a more effective and broader range of policies aimed at reducing HIV vulnerability, and there is greater harmonization of policies with and between countries | 6. Raise awareness and support among policy makers for supportive policies relating to HIV vulnerability reduction for mobile populations | 6.1 Build capacity within countries, at different sectors and levels, on how various policies affect HIV vulnerability  
6.2 Review and develop policies and governance in different sectors and at different levels within countries  
6.3 Promote dialogue between policy makers in different countries  
6.4 Promote joint and harmonized policy development between provinces, between countries, and for the region |
| Objective 3: To build collaborative regional responses to reduce HIV/AIDS vulnerability from development related mobility while developing methods to build community, national and regional HIV/AIDS resilience and document these methods as knowledge base for dissemination | 7. Collaborate to develop and implement HIV prevention and care programmes within communities at source, transit, destination and cross-border locations | 7.1 Establish a joint action programme with multisectoral involvement  
7.2 Identify and establish at appropriate locations, the institutions and services for prevention and care and support programmes  
7.3 Exchange information, experiences and lessons learned |
| 7. Persons affected by mobility have improved support from HIV prevention and care programmes, there is progress towards sustainability of programmes using community resources, communities are better able to look after themselves, and there will be more support for people living with HIV | 8. Identify methods and support for the scaling up of successful prevention and care activities | 8.1 Identify and select activities/programmes considered successful  
8.2 Support the scaling up of the selected programme/activity (if internal)  
8.3 Pilot selected programmes (where introduced externally) to assess potential for scaling up  
8.4 Evaluate scaling up process and impact |
| 8. Scaling up of a number of identified, successful programmes will be supported | 9. Support and advocate for pilot testing and disseminate regionally the results and innovative prevention and care activities | 9.1 Catalogue on-going interventions and extract useful lessons learned  
9.2 Pilot new interventions for which lessons learned would benefit countries in the region  
9.3 Evaluate which of the pilot activities are successful  
9.4 Develop methods to scale-up successful pilots |
Annex III  List of Participants

BIMPS Country Delegates

Brunei
Dr. Hajah Norhayati binti Haji Md Kassim
Medical Officer, Health Promotion and Education Unit
Department of Health Services, Ministry of Health

Awg Haji Jaafar bin Haji Jais
Public Health Officer, Disease Control Unit

Indonesia
Ms. RR Gunarti Pamungkas
Guidance and Placement of Migrant Worker
Ministry of Manpower and Transmigration

Dr. Saiful Jazan, MSc.
Head of Sub – Directorate AIDS & STI, CDC & EH
Directorate of General CDC, Ministry of Health

Ms. Pande K. Trimayuni
Project Officer, Solidaritas Perempuan-Caram Indonesia

Malaysia
Dato Dr. Faisal b. Hj Ibrahim
Deputy Director of Disease Control (AIDS/STI), Ministry of Health

Ms. Aegile Fernandez
Program Coordinator - CARAM Malaysia- Tenaganita

Singapore
Ms. Elaine Loh
Health Promotion Executive, Marketing & Communication Division
Marketing Department, Level 5, Health Promotion Board

Philippines
Dr. Loreto Roquero, Jr.
Director III, Philippine National AIDS Council (PNAC), Department of Health

Dr. Roderick Poblete
Deputy Director, Philippine National AIDS Council (PNAC)

Mr. Ricardo Casco
Director IV, Philippine Overseas Employment Administration (POEA)

Ms. Maybelle Gorospe
Chief, Workers Education Division, Philippine Overseas Employment Administration (POEA)

Ms. Teresita Laurel
Chief – Manpower Development Division, Philippine Overseas Employment Administration

Ms. Vivian Tornea
Director, Overseas Workers’ Welfare Administration (OWWA)

Ms. Leovy Aguila
OIC, Manpower Development Department, Overseas Workers’ Welfare Administration (OWWA)

Dr. Purreza Fontelera
Occupational Health Officer, Occupational Safety and Health Center (DOLE – OSHC)

Ms. Rosario Cañete
Fund Manager, UNLAD Kabayan Migrant Services

Ms. Noemi Diaz and Ms. Merlin Magallona
Special Assistant to the Undersecretary for Migrant Workers Affair, Department of Foreign Affairs
Resource people
Mr. William Yiu Leung Tsui
Assistant Secretary, Hong Kong Home Affairs Bureau

Mr. Bienvenido A. Molina, Jr.
Program Coordinator, Asian Migrant Center

Mr. Mar Liwanag
Officer-in-charge, PINOY Plus Association

Ms. Malu Marin
Executive Director, Action for Health Initiatives (ACHIEVE)/CARAM – Philippines

Ms. Eloisa D. Borreo
Special Projects Director, Young Men’s Christian Association of the Philippines (YMCA)

Ms. Sinag de Leon
Assistant Director for Projects, Women’s Media Circle Foundation, Inc.

ASEAN Secretariat
Mr. Yong Chanthalangsy
Senior Officer, ASEAN secretariat

UN Agencies
ILO
Ms. Sylvia Fulgencio
Senior Program Assistant, International Labor Organization (ILO)

UNAIDS
Ms. Malou Quintos
Program Assistant, UNAIDS

UNDP
Ms. Lee-Nah Hsu
Manager, UNDP South East Asia HIV & Development Programme
Dr. Terence D. Jones
United Nations Resident Coordinator and UNDP Resident Representative, Philippines
Ms. Bella Evidente
UNDP HIV Focal Point, Philippines

UNICEF
Dr. Paul Moselina
UNICEF, Philippines

WHO
Dr. Bernard Fabre-Tesle
World Health Organization, Philippines

Other Agencies
IOM
Mr. Zlatko Zigic
International Organization for Migration (IOM), Philippines

Ms. Katsui Kaya
International Organization for Migration (IOM), Philippines

FHI
Ms. Kristina Maningas
Family Health International, Philippines

CHASPPAR
Dr. Kristine Bunagan
Control of HIV/AIDS/STD Partnership Project in Asia Region (CHASPPAR-Philippines)

Dr. Ma. Sandra Tempongko
CHASPPAR, Regional Project Coordinator, SEAMEO TROPMED Network Central Office

Ms. Gemma O. Victoriano
CHASPPAR-Philippines

Ms. Glenda Ramos-Gagante
CHASPPAR- Philippines

Ms. Juanita D. Ilustre
CHASPPAR- Philippines

Ms. Mayumi A. Balanay
CHASPPAR- Philippines

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Annex IV  Field Visits Groupings

GROUP I – Fairview Shipping Agency Corporation
1. Dato Dr. Faisal b. Hj Ibrahim - Malaysia
2. Ms. RR Gunarti Pamungkas - Indonesia
3. Dr. Hajah Norhayati binti Haji Md Kassim - Brunei
4. Mr. Zlatko Zigie - IOM
5. Dr. Bernard Fabre-Teste - WHO, Philippines
6. Ms. Malu Mrin - ACHIEVE
7. Ms. Lee-Nah Hsu - UNDP SEA-HIV
8. Ms. Kristina Maningas – FHI, Philippines
9. Dr. Loreto Roquero – PNAC
10. Mar Liwanag – Pinoy Plus
11. Ms. Rosario Canete – UNLAD Kabayan

GROUP II – OPAP
1. Mr. Yong Chanthalangsy – ASEAN Secretariat
2. Dr. Saiful Jazan – Indonesia
3. Awg Haji Jaafar bin Haji Jais – Brunei
4. Ms. Sylvia Fulgencio – ILO, Philippines
5. Mr. Katsui Kaya – IOM, Philippines
6. Ms. Eloisa Borreo – YMCA
7. Dr. Paul Moselina – UNICEF, Philippines
8. Mr. William Tsui – Hong Kong Home Affairs Bureau
10. Ms. Belle Evidente – UNDP Manila

GROUP III – AWARE
1. Ms. Aegile Fernandez – Malaysia
2. Ms. Pande K. Trimayuni – Indonesia
3. Ms. Elaine Loh – Singapore
4. Ms. Malou Quintos – UNAIDS, Philippines
5. Mr. Bien Molina – Asia Migrant Center
6. Dr. Roderick Poblete – PNAC
7. Dir. Ricardo Casco – POEA
8. Ms. Tess Laurel – POEA
10. Ms. Merlin Magallona – DFA
### Annex V  Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AHOSS</td>
<td>ASEAN Heads of State Summit</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AO</td>
<td>Adjudication Office</td>
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<tr>
<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
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<tr>
<td>ATFOA</td>
<td>ASEAN Task Force on HIV/AIDS</td>
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<tr>
<td>AWARE</td>
<td>Advancement of Workers’ Awareness Regarding Employment, Philippines</td>
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<tr>
<td>BIMPS</td>
<td>Brunei, Indonesia, Malaysia, Philippines and Singapore</td>
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<tr>
<td>CARAM</td>
<td>Coordination of Action Research on AIDS and Mobility</td>
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<tr>
<td>CHASPPAR</td>
<td>Control of HIV/AIDS/STD Partnership Project in Asia Region</td>
</tr>
<tr>
<td>CHRF</td>
<td>Canadian Human Rights Foundation</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
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<tr>
<td>GMS</td>
<td>Greater Mekong Sub-region</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency virus</td>
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<tr>
<td>LRO</td>
<td>Licensing and Regulation Office</td>
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<tr>
<td>MAP</td>
<td>Migrant Assistance Programme, Thailand</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MSC</td>
<td>Migrant Services Centre, Sri Lanka</td>
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<tr>
<td>OEC</td>
<td>Overseas Employment Certificate</td>
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<td>Overseas Foreign Workers</td>
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<tr>
<td>OI</td>
<td>Opportunistic Infections</td>
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<td>OPAP</td>
<td>Overseas Placement Association of the Philippines</td>
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<tr>
<td>OSHC</td>
<td>Occupational Safety and Health Centre</td>
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<td>OWWA</td>
<td>Overseas Workers’ Welfare Administration</td>
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<tr>
<td>PCC</td>
<td>Project Coordination Committee</td>
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<td>PDOS</td>
<td>Pre-Departure Orientation Seminar</td>
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<tr>
<td>PEOS</td>
<td>Pre-Employment Orientation Seminar</td>
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<td>PNAC</td>
<td>Philippine National AIDS Council</td>
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<td>POEA</td>
<td>Philippine Overseas Employment Administration</td>
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<td>PSO</td>
<td>Pre-Employment Services Office</td>
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<tr>
<td>PWHA</td>
<td>People with HIV/AIDS</td>
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<tr>
<td>STI/D</td>
<td>Sexually Transmitted Infection/Disease</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<tr>
<td>WEO</td>
<td>Welfare and Employment Office</td>
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</tbody>
</table>
Development is the process of enlarging peoples' choices to live long and healthy lives, to have access to knowledge, and to have access to income and assets: to enjoy a decent standard of living.

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.

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South East Asia
HIV and Development Programme

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