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**Human Development, Mobility and HIV:
South Asia Sub-regional Planning Workshop**

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Introduction – The Context

The theme of your workshop is well chosen. Let me take a moment to put it in context.

South Asia is at a critical stage in the battle to prevent HIV/AIDS. The virus is present in all parts of the sub-region, but people are not yet dying in large numbers. When they do, it will already be too late.

South Asian countries have a choice: to recognise the risk, assign it a high priority, and take urgent preventive action; or to submit to a full-fledged epidemic which will kill many people, destroy families and communities, and could cripple economic growth. It is happening in Africa: it can happen here. It *will* happen here, unless governments and civil society recognise the risk and confront it.

There is a myth that our unique culture and society gives South Asia immunity from the threat. I am sure you do not believe that. You know the so-called “high-risk” groups – intravenous drug users; men who have sex with men; sex workers and men who make use of them; and other people who have multiple sex partners. You deplore their behaviour; but you recognise that they exist. You know that they do not stand outside society: they are part of society. These people belong to families and communities; they bring the infection home.

If South Asia is to confront HIV/AIDS and prevent the pandemic spreading further, we must recognise these high-risk groups, and offer them special attention, without stigma or discrimination.

Migration and South Asia

In a sense migrants, and migrant women especially, comprise another high-risk group. Migrants almost by definition tend to live unsettled lives, away from the norms and constraints of their own communities, and sometimes excluded or isolated from their hosts. Concentrations of HIV/AIDS infection are found among migrant workers, sex workers and others who associate with migrants—and the communities to which they return.

Migration within and beyond the sub-region therefore increases the risk of an HIV/AIDS epidemic in South Asia, and the risk is growing. The scale and volume of international migration alone tells the story – 10 years ago, the total number of people living outside their home countries was 120 million. Today it is 175 million, an increase of nearly 50 per cent in a decade, a growth rate three times as fast as the growth of population as a whole. At the same time, the tide of migration within countries continues, mainly from rural to urban areas.

Travel among countries within the region and beyond has increased even faster. In 1987, Bangladesh, India, Pakistan and Sri Lanka accounted for

250,000 emigrants; in 1997, one million. India and Pakistan are also among the world's top ten host countries for immigrants.

Women are nearly 45 per cent of South Asian migrants; an increasing number migrate on their own rather than as members of families. More than 60 per cent of Sri Lankan migrants are women. They often go overseas without their families, mainly to take up domestic service.

Women migrants have distinct interests and needs—but data-collection agencies, policymakers and researchers have still not come to terms with women as independent migrants. I hope that the workshop will consider migration issues in a suitably gender-sensitive way, because it will be crucial in developing effective responses to the threat of HIV/AIDS.

Women, Migrants and HIV/AIDS

Let me outline some of the special needs of women migrants in relation to HIV/AIDS, remembering the special conditions of South Asia:

- That most new infections are the result of sexual contact, and increasingly, heterosexual contact;
- That the infection passes overwhelmingly from men to women, except in the case of female sex workers; but sex workers first get the infection from men;
- That South Asia's women are more vulnerable, both socially and physically than men; they have less opportunity to protect themselves and are more likely to acquire the infection if they are exposed to risk.

Women migrating alone are vulnerable to:

- Sexual exploitation by employers or other people in authority, including family members;
- Violence, including gender-based violence, often from the same people;
- Trafficking: unscrupulous employers lure young women with the promise of well-paid work, and then coerce them into sex work. Up to two million women a year find themselves in this position;

All of these risks carry the threat – or indeed the certainty – of unwanted sexual contact and its consequences, including unwanted pregnancy and HIV/AIDS infection. Women migrants may face still further risks on their return home, as the result of their partners' infidelity.

While we are considering the risks faced by women migrants, we should remember that women whose partners migrate are also vulnerable to violence and unwanted sexual contact, including from family members. It is disgraceful that I have to say this; but it is a fact and we must face it. Ignoring unpleasant realities will not make them go away.

The most serious threat to the health of a woman, however, may be from her returning partner. This risk is greatly under-estimated; but research, for example in Mozambique, has shown that women in rural and isolated communities may have prevalence rates as high as their urban counterparts.

Responses

These risks to women's health and well-being are also risks to the health of countries and the region as a whole. They dramatically raise the stakes in the struggle against HIV/AIDS. They call for equally dramatic policy responses, from national governments, local authorities and civil society.

Let us first of all rule out coercion. Several governments have placed restrictions on the outward movement of women, especially young women. To my mind this is counter-productive. Just as immigration laws fail to control the flow of workers into a country, people will also bypass and subvert controls on emigration. In fact, coercive measures encourage trafficking, corruption and the violence that goes with illegal activity. Illegal workers are hard to protect, and they are harder to reach with messages about health and safety.

The measures meant to protect women and save public funds may have the opposite effect, putting more women at risk and incurring expenditure on additional enforcement. In addition, to the extent that regulation of movement is successful, it closes off a valuable source of family support and foreign exchange.

The better course, and the course that conforms with human rights standards, is:

- first, to educate and inform intending migrants, their employers and their families of their rights and of their consular protection. Intending migrants should also know how to protect themselves against unwanted pregnancy and HIV/AIDS, and where to go for services in their host country;
- second, to strengthen and enforce laws on gender violence, exploitation and trafficking as regards both incoming and outgoing migrants;
- third, to establish or strengthen consular services and support systems for migrant workers overseas. These workers are performing a useful service and contributing to their countries' development; they should be able to count on their countries' protection. This applies especially, but not only, to women;
- fourth, to establish support for women who have been the victims of traffickers. and who may have suffered physical and psychological harm, including possible HIV/AIDS or other sexually transmitted infections;
- finally, to establish HIV/AIDS prevention programmes among communities of foreign migrant workers. These should include information and

communications; services, including condoms; and voluntary counselling and testing. Treatment should also be available to back up testing; but programmes should not delay prevention efforts until treatment is available.

These measures will require co-operation among host and sending countries. In particular, countries must take responsibility for protecting, rescuing and treating women who have been victims of sexual trafficking – whatever country they are from – and ensure that they are repatriated and welcomed when they return home. Too often, neither their own nor the destination country takes responsibility for these unfortunate girls; even their own families may reject them. They have committed no crime—they should not have to endure still more suffering because of social stigma or bureaucratic arguments. They have the right to humane and respectful treatment, and the law should protect their rights.

The measures I propose also call for strong support from international organisations and bilateral donors. I hope this co-operation will be forthcoming, because it is in everyone's interest. The ILO has special responsibility in this regard, and needs strong support from all countries in discharging it. The new Global Commission on International Migration is a welcome step in the right direction. I hope the countries and peoples of South Asia will engage the issue as their own, and demand extensive and practical action across the board. I am sure this workshop will make a contribution to discussion and policy.

Finally, I think countries need to make a special effort to reach men – whether as migrants, the partners of migrants, family members, employers, national policymakers or community leaders. The responsibility for preventing an HIV/AIDS catastrophe – and remember there is no cure, we can only prevent – lies overwhelmingly with men. Leaders at all levels must set an example. HIV/AIDS threatens all of us. I hope every man in a position of authority will take personal responsibility for protecting his family, and urge others to do the same.

Women in all South Asian countries find themselves blamed quite unfairly for spreading HIV/AIDS. This is a hangover from the days when women and especially women's fertility was a source of fear among men. I hope these days are over – but we are still dealing with its consequences. Women and men are equal, they should live equal lives, they should be able to count on the equal protection of the laws, and of society as a whole. Maybe that day is not here yet, but if we are to prevent HIV/AIDS sweeping across Asia, it cannot be long delayed.