



SPEAK

Research

“Government’s Budget Allocation on
Migrants’ HIV & SRHR needs and
Migrants’ contributions towards
Pakistan’s economy ”

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Research Objectives

The objectives of the study are to:

- ◆ Review budget allocation for HIV and SRHR of Migrants (including MSM Migrants) interventions, policies and outcomes.
- ◆ Compare migrant's contribution in development and governments' spending for migrants' healthcare and SRHR services in case of HIV infection as well as towards prevention of HIV & AIDS.
- ◆ Explore overall impediments in accessing health care and social services (social protection mechanisms) for HIV positive migrants; and how accessible are the health care services for migrants.

Literature Review

- ◆ Pakistan entered concentrated epidemic from low epidemic stage in mid-2000 and since then prevalence of HIV is growing at an alarming rate. According to National AIDS Control Program (NACP) and UNAIDS Pakistan, currently there are 180,000 people living with HIV (PLHIV) out of which 22000 were identified in 2018 alone comprising 15,000 men, 5900 women, and 1400 children. Moreover, HIV caused approximately 6400 deaths in 2018 alone which should be a call for an emergency. (Aids & Aids, 2019) (NACP, 2019)
- ◆ Focus of national HIV fighting strategy has been on “most at risk population” but growing evidence suggests that focus of strategy should also be expanded to other vulnerable groups like migrant workers to curtail the pace of the infection. One study conducted on 345 deported migrants revealed 48% to be HIV positive. (Ikram, 2011)
- ◆ Another estimate shows that 2014, 51,000 migrants were deported from the Gulf States after being diagnosed as HIV positive; most of these belonged to Khyber Pakhtunkhwa (Durrani, 2016). Studies also reveal that most of the HIV positive deported migrants are unskilled young male labor force being involved in unprotected sexual activities with female sex workers. (S A Shah, 1999) (Qureshi, 2013). Additionally, a study conducted in Philippines, Bangladesh and Pakistan revealed that most people migrate for livelihood, however some migrate due to their sexual orientation and related strict laws on homosexuality. Study shows some of the respondents were MSM (Men having sex with Men) prior to their migration and some chose to be MSM while working abroad

- ◆ Most are not sensitized / aware on spread and prevention of HIV and even among who know, the power to use condoms is not there, especially in the cases of paid male sex workers. (Asia, 2018)
- ◆ Considering the above situation, prevention of HIV can be the most challenging task for the government because most of the HIV positive migrants who are deported, do not report to the screening services due to the stigma attached to HIV. These deported migrants may then be the cause of spreading HIV by transmitting it to their spouses, children or other vulnerable members of the society. 73% of the 86 HIV cases reported to the Sindh AIDS Control Program from 1996 to 1998 were migrants that were deported by the Gulf States, and 7% of them were the wives of those deported migrants. (S A Shah M. D., 2008)
- ◆ Pakistan's population now stands at 207 million. (Statistics B. , 2017) It is a country with 60.83% of its population classified as the Working Age Population with 48% male and 28.6% female salaried or waged labor force. (Statistics P. B., 2018)
- ◆ Pakistan is the second-largest exporter of migrant labor in the South Asian region. According to the Bureau of Emigration and Overseas Employment (BE&OE), 11.11 million Pakistanis proceeded abroad for migration through legal channels since 1971 to 2019 out of which 96% of migrants account for those who moved to Gulf Cooperation Council (GCC) Countries. (Employment, 2019)
- ◆ These migrants contribute to the national economy in the form of their remittances which are the second biggest source of foreign exchange for the country. (Siddiqa, 2020). In second half of financial year 20 alone, these remittances surpassed \$6122 million which makes up 2.2% of GDP of 2019 (SBP, 2020) (Pakistan Remittances, 2020). Considering the contribution of migrant workers and the risk they pose vis-à-vis HIV, analysis shows they do not receive adequate attention in legal or policy documents which in turn is increasing the risk even more. (UNDP, 2004)
- ◆ At present, National AIDS control program (NACP) aims to facilitate HIV positive patients by giving access to health care services including individual and family counseling, providing ART, giving out screening kits, establishing treatment centers. They also strive to end the stigma attached to it and the discrimination faced by HIV positive migrants (National AIDS Control Program, 2015). Pakistan AIDS Strategy III by NACP regards migrants as vulnerable population- a group that is vulnerable to HIV in certain situations and that is why it only has very limited interventions in place for the group- unlike key population- mainly focusing on awareness and prevention. (Pakistan Aids Strategy III 2015-2021, 2017) However, no practical implementation has been witnessed yet.

- ♦ One of the major causes of the spread of HIV is the lack of awareness amongst Pakistani population and the stigma attached to the problem. A condom ad promoting safe sex leading to a healthier life was banned by PEMRA (Pakistan Electronic Media Regulatory Authority) after severe backlash from religious bodies. One study suggests that lack of education, poverty, conservative mindset towards protected sex, gender inequality, drug abuse, and ethical dilemmas all add up to the prevalence of HIV in Pakistan (Azhar Hussain, 2018). It is also reported that there is only 36.8% usage of condoms in Pakistan in 2018 (FamilyPlanning2020.org, 2019) and another study conducted by UNAIDS, only 4.29% of women and men between the ages of 15-24 were able to identify the correct preventive measures of the transmission of HIV (UNAIDS, 2018)
- ♦ The four provincial AIDS control programs have their own strategic plans and policies regarding the HIV pandemic since health became the provincial subject after the 18th amendment. (Report Constitutional 18th amend Bill 2010, 2010)

Limitations

- ♦ This study has potential limitations. The data found on provincial budget allocations for HIV & AIDS is primarily collected through non-official sources, which might be a rough estimate, since no budget, economic survey, or any financial paper has been published officially for the past 2 years. Also, we faced long delays in accessing officials of different relevant institutions on account of COVID-19 restrictions and uncertain situation in the country due to which we were mostly able to interview relevant officials via email, phone calls and zoom meetings.

SPEAK

FINDINGS AND ANALYSIS

REVIEW OF BUDGET ALLOCATION, LAWS AND POLICIES FOR HIV AND SRHR

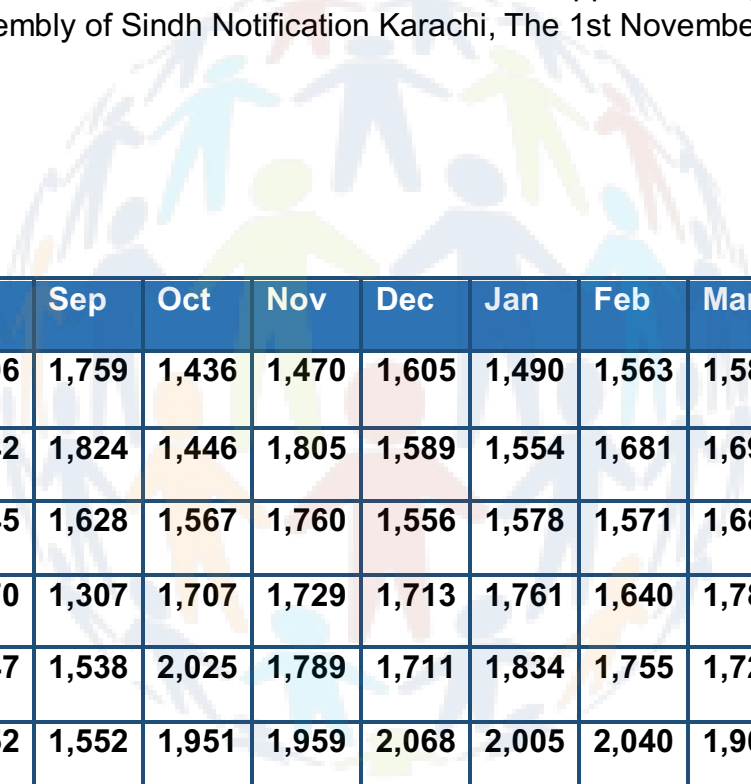
- ◆ The focus of federal and the provincial HIV&AIDS strategic frameworks has been mainly on the key population i: e People who inject drugs (PWIDs), Transgender Persons (TGs), Men having sex with men (MSMs), Female Sex Workers (FSWs), Hijra Sex Workers (HSWs), and Male Sex workers (MSW) etc, while migrants are treated as vulnerable population- a group that is vulnerable to HIV in certain situations and contexts. But despite being identified as a vulnerable population, no specific intervention has been found in place for migrants. There is currently no specific identification, tracking and referral mechanism in place for HIV positive migrants. However, there is selective HIV awareness program in place for intending migrant workers in Bureau of Emigration & Overseas Employment (BEOE)'s policies. This program involves pre-departure awareness session on HIV and how they can prevent contracting the infection while working abroad. The implementation of the program remains questionable.
- ◆ It is pertinent to mention here that Ministry of Overseas Pakistanis and Human Resource Development (MoPHRD) currently does not have a HIV/SRHR policy in place for emigrants. However; it did have a draft Labour Emigration Policy which had been pending before national assembly prior to its dissolution in 2013. Besides, it wasn't taken up by the successive governments, and didn't consider HIV related needs, so it doesn't have any legal standing yet.

Review of Legal Environment

- ◆ Both HIV Prevention and Treatment Act, 2007 (Bill) and the HIV Safety and Control Act, 2010 (Bill) do not contain any provision vis-à-vis migrants. Both the bills do not provide for any stringent testing and screening mechanism which would have helped in identifying and collecting reliable data about HIV-positive returned or deported migrants. HIV Prevention Treatment Act, 2007 (Bill) lapsed after 18th amendment- that made health a provincial subject, however, HIV Safety and Control Act, 2010 may still be adopted as it only applies to the Islamabad Capital Territory (ICT). It is pertinent to mention here that both the bills carry the status of draft bills and they are yet to be adopted by federal and provincial assemblies.
- ◆ Sindh HIV Control Treatment and Protection Ordinance, 2013 provides provisions regarding testing, counseling, care, support, treatment for "most at risk population" which doesn't include migrants.

Similarly Emigration Ordinance 1979 and Emigration Rules 1979 which established the rules regarding emigration and overseas employment promotion also do not contain any provision regarding safety and health of migrant workers.

The key problem with all HIV related laws is the exclusion of migrant workers from “most at risk” or “key population” which results in minimum to almost no attention to this vulnerable segment. The laws also do not lay any groundwork for any financial mechanism for segments other than “most at risk” or “key population” such as migrant workers which also contribute to the lack of financial support to the group vis-à-vis HIV. (Provincial Assembly of Sindh Notification Karachi, The 1st November, 2013., 2013)



Period	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY15	1,659	1,206	1,759	1,436	1,470	1,605	1,490	1,563	1,584	1,649	1,617	1,655
FY16	1,597	1,442	1,824	1,446	1,805	1,589	1,554	1,681	1,695	1,683	1,748	1,685
FY17	1,445	1,445	1,628	1,567	1,760	1,556	1,578	1,571	1,680	1,585	1,766	1,801
FY18	1,395	1,870	1,307	1,707	1,729	1,713	1,761	1,640	1,785	1,749	1,628	1,519
FY19	1,928	1,947	1,538	2,025	1,789	1,711	1,834	1,755	1,725	1,855	1,911	1,648
FY20	1,981	1,552	1,552	1,951	1,959	2,068	2,005	2,040	1,905	1,827	1,837	2,142

● **Remittances from 2015-2020 (Millions USD)**

Workers Remittances SBP

Above is the complete illustration of remittances received from FY 2016 to FY 2020. Additionally, State bank has recently announced that Pakistan has received record \$2.7 billion remittances in July 2020 alone. Remittances make up 86% of the secondary income balance of the economy of Pakistan which underscores the importance of remittances for the economy of Pakistan (Pakistan S. B.) and 6.4% of the Gross Domestic Product (GDP). (Remittance Inflows to GDP for Pakistan, 2019)

Country is spending less than 1% of GDP on health while WHO recommends raising it to 6% of GDP. (Basharat, 2020) (Pakistan H. R., 2019). Analysis shows remittances

contribution equates the amount of resources Pakistan needs to provide its citizenry with adequate health care but in return migrant workers do not get adequate resource vis-à-vis health especially HIV & AIDS.

Estimated amount in national and provincial strategic plans for 5 Years	$1.7+1.8+2.4+3.7+1.4 = 11$ million \$
The Global Fund has invested in current active grants for 3 years	\$225 million

Currently, federal government has allocated only \$1.7 million. The provincial government of Punjab, has allocated only \$1.8 million on an enhanced HIV control program (Shadow Development Budget for the Health Sector 2019-20). The government of Khyber Pakhtunkhwa province has a budget allocation of \$2.4 million. The government of Sindh province's budget allocation towards HIV targeted intervention amounts to \$3.7 million. The government of Baluchistan province also has its own provincial AIDS control program with a budget of approximately \$1.4 million. The biggest contributor in the fight against AIDS is The Global Fund, which has allocated \$225 million in current active grants. Additionally, strategic frameworks contain some interventions on migrant workers, however there is no budget allocation on them.

Bureau's budget allocation for pre-departure information and awareness services to emigrants. (This covers all admin and logistical costs associated with Awareness services. Awareness services did not include comprehensive HIV		
	2018-19	\$53316.124
	2019-20	\$69749.55
	Total	\$123065.68

Since Pakistan is spending much less than what is required on health and especially HIV, it becomes apparent that epidemic like HIV does not get adequate policy attention and financial support. Furthermore financial resource allocation for the only prevention and awareness program is also very minimal. Only \$123065.68 has been allocated for the program in past two years. The focus on this program doesn't cover HIV and SRHR of migrants; it delivers more information on laws in host countries.

Experiences of HIV positive returnee migrants

- ◆ Research shows that most of the people who choose the foreign occupation are generally unable to make their living in Pakistan either because of no work related opportunities that suit their education and skills or because the job they possess in Pakistan is not producing enough money for them to run their households.
- ◆ Majority of respondents revealed that they were diagnosed with HIV after returning from abroad either when they fell sick or went for general medical tests recommended by doctor or when they were donating blood to someone. Analysis shows this happens primarily due to lack of screening and referral mechanisms at the airports for deported emigrants.
- ◆ Majority of interviewees chose to get treatment of HIV themselves after receiving counselling by staff of testing and treatment centers on HIV & AIDS at the time when they were first diagnosed with HIV. According to them, they were provided complete orientation on HIV, how to live with it in the long run and how to keep others from catching infection. However they expressed the concerns as to behavior of the staff upon their first visit to the testing and treatment centre. According to them, they are usually despised by the staff for being HIV positive.
- ◆ Most of the interviewees expressed that even though they receive free ART therapy and SRHR products like condoms from local HIV/AIDS control programs, they still have to bear the burden of huge travel fares as treatment centers are generally situated at urban centers.
- ◆ According to most of the respondents, testing and treatment centers normally keep the results strictly confidential and do not share it with anyone other than the patient itself.

Furthermore, it was also observed that in most cases HIV positive migrants are not deported by foreign countries rather they are terminated from their jobs and sent back without disclosing the reason behind termination which also makes it difficult for the state machinery of the home countries to track and trace the infected people.

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