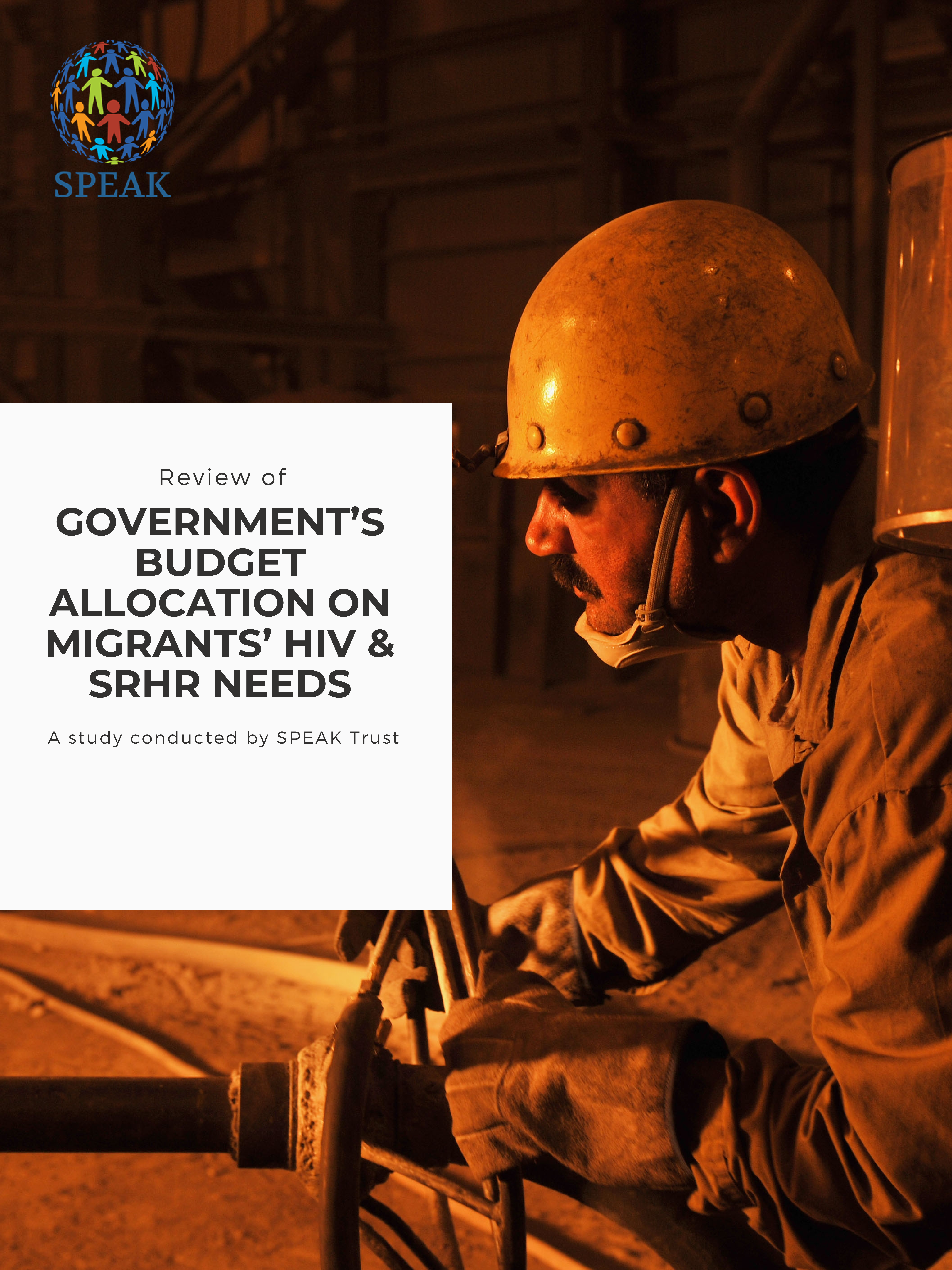




Review of

**GOVERNMENT'S
BUDGET
ALLOCATION ON
MIGRANTS' HIV &
SRHR NEEDS**

A study conducted by SPEAK Trust



GOVERNMENT'S BUDGET ALLOCATION ON MIGRANTS' HIV & SRHR NEEDS AND MIGRANTS' CONTRIBUTIONS TOWARDS PAKISTAN'S ECONOMY, 2020

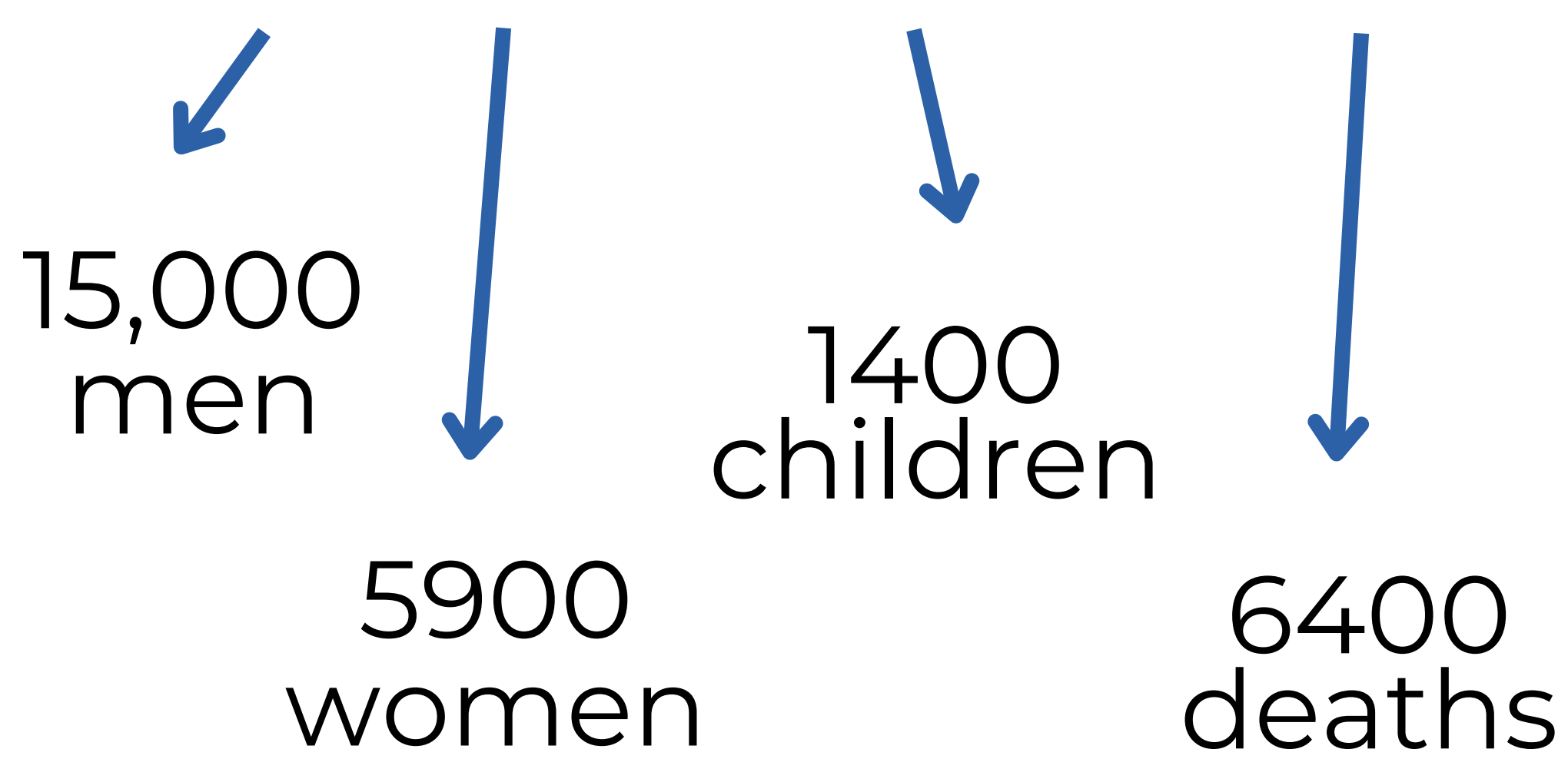


HIV ENDEMIC IN PAKISTAN

180,000

People living with HIV/AIDS in Pakistan (NACP, 2019)

In 2018, 22000 PLHIV identified



KEY GROUPS

Groups that are identified as most at risk:

Transgenders

People who inject drugs

Sex workers

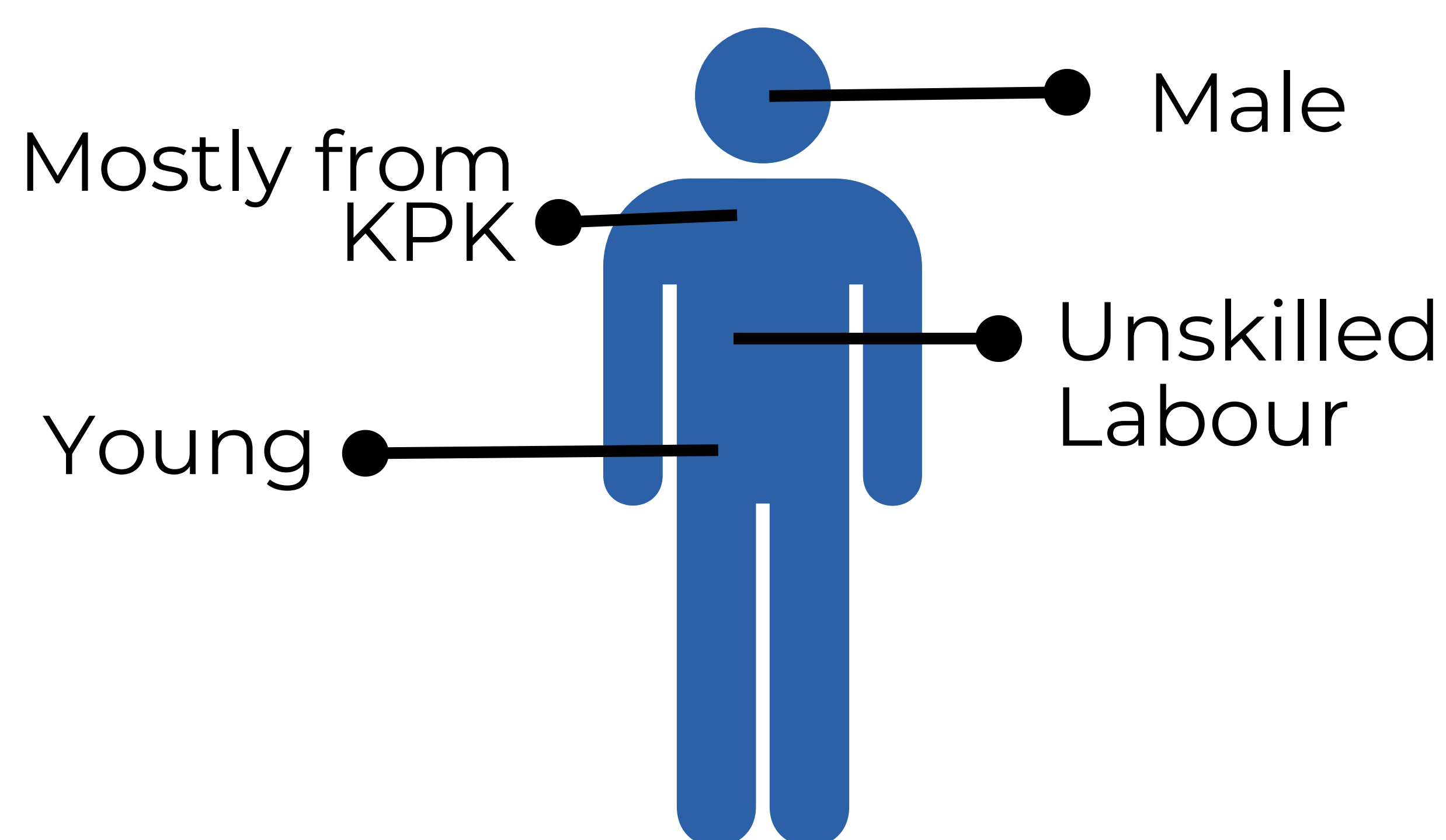
People in prison/detention

MSM

Migrants are not a part of the key group, however they are identified as a **vulnerable group** by the pakistan aids strategy III by NACP.

MIGRANTS

Common demographics of HIV positive deported migrants



- Pakistan is the second-largest exporter of migrant labor in the South Asian region.
- Migrants are the 2nd biggest source of foreign exchange in Pakistan.

\$2.7 Billion

worth of remittances sent by migrants to Pakistan which accounts for

6.4% of GDP

(State Bank of Pakistan, 2019)

Lack of awareness & Stigma attached to HIV are some of the major causes behind its continuous spread.

FINDINGS AND ANALYSIS

MIGRANTS CONTRIBUTION TO THE ECONOMY

The focus of federal and the provincial HIV&AIDS strategic frameworks has been mainly on the key population.

There has been no targeted intervention for migrants.

At the Bureau of Emigration and Overseas employment a specific HIV awareness program for intending migrants has been designed. The design includes;

- Pre-departure awareness session
- Prevention measures

There is no HIV/SRHR policy for emigrants at Ministry of overseas Pakistanis and Human Development.

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.

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.

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.”

State bank has recently announced that Pakistan has received record \$2.7 billion remittances in July 2020 alone.

Country is spending less than 1% of GDP on health while WHO recommends raising it to 6% of GDP.

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.

Budget allocation towards HIV/AIDS

Federal Govt	\$1.7 million
Punjab Govt	\$1.8 million
KPK Govt	\$2.4 million
Sindh Govt	\$3.7 million
Baluchistan Govt	\$1.4 million
Global Fund	\$225 million

Strategic frameworks contain some interventions on migrant workers, however there is no budget allocation on them.

HIV does not get adequate policy attention and financial support.

Bureau’s budget allocation for predeparture information and awareness services to emigrants. (This covers all admin and logistical costs associated with Awareness services. Awareness services did not include comprehensive HIV information delivery to potential migrants).

2018-19: \$53316.124
2019-20: \$69749.55
Total: \$123065.68

EXPERIENCES OF HIV POSITIVE RETURNEE MIGRANTS

In 2020, SPEAK conducted a focus group discussion to find out about the experiences returning/deported migrants that are HIV positive, have. Some of the important observations pertaining specifically to finances are mentioned below:

- 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.
- 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.



SPEAK