Migration and HIV/AIDS in Thailand:
A Desk Review of Migrant Labour Sectors

IOM International Organization for Migration

CSEARHAP

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMC	Asian Migrant Centre
AMI	Aide Medicale Internationale
ARC	American Refugee Committee
ARCM	Asian Research Center for Migration
ART	Antiretroviral Therapy
BATS	Bureau of AIDS, Tuberculosis and STDs, Ministry of Public Health
BCC	Behaviour Change Communication
CBO	Community-based Organization
CSEARHAP	Canada South East Asia Regional HIV/AIDS Programme
DLPW	Department of Labour Protection and Welfare
GO	Governmental Organization
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IOM	International Organization for Migration
IRC	International Rescue Committee
KABP	Knowledge, Attitudes, Beliefs, and Practices
KEWG	Karen HIV/AIDS Education Working Group
MOL	Ministry of Labour
MOPH	Ministry of Public Health
MOU	Memorandums of Understanding
MSF	Médecins sans Frontières
NGO	Non-governmental Organization
PHAMIT	Prevention of HIV/AIDS among Migrant Workers in Thailand
PHO	Provincial Health Office
PLHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PROMDAN	Prey Veng - Rayong Operation on Migration Dynamics and AIDS Interventions
PSI	Population Services International
RTF	Raks Thai Foundation
SHARE	Services for the Health in Asian and African Regions
STIs	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
WVFT	World Vision Foundation of Thailand
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Reliable data are required in order for the Ministry of Public Health (MOPH) to properly develop Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) policies and programmes for various types of migrants in Thailand. It is estimated that more than two million documented and undocumented migrants live and work in Thailand and have remained predominantly underserved on HIV/AIDS healthcare services.

With the creation of the Master Plan on Mobility and HIV and the National AIDS Strategy for 2007-2011, migrants are now recognized as an important target population in the national strategic response. The MOPH has placed a high priority on improving the information base for developing and implementing effective policies and programmes.

To facilitate and build upon this information base, this report reviews the available documents from 2000-2006 and describes the HIV vulnerability associated with the predominant migrant sectors from the three source countries which together comprise the largest majority of migrants in Thailand: Myanmar, Lao People's Democratic Republic (PDR) and Cambodia. Complementary discussions covering policy and regulations towards migrants, factors that limit migrants' access to sexually transmitted infections (STIs)/HIV/AIDS services and programmes for migrant STIs/HIV/AIDS care and support are reviewed.

There is great diversity of migrant sectors in Thailand, each unique with regards to HIV vulnerability. Research and programmes implemented by government, international and national non-governmental organization (NGO) and community-based organization (CBO) have certainly achieved some level of success with several of the key populations considered to be at higher risk such as migrant sex workers, factory workers and fishermen. However, there are many sectors that remain relatively unknown due to unavailable literature and unreached through programming such as domestic workers, agriculturalists, displaced persons outside of the temporary shelters and even Thai migrants abroad to name but a few. For instance, migrant workers who are classified as "labourers" under the current data system in recording HIV cases are not sub-grouped; therefore, occupation variable needs to be defined in a more specific way relating to the contexts and characteristics of all the various labour sectors. Research also must be continued to gain better understanding on the needs, risks, vulnerabilities and hardships faced by all migrant sectors, and thus, respond appropriately.

Labour sectors contained within the review include: seafarers and seafood factory workers, factory workers outside of the fishing business, sex workers, and displaced persons from Myanmar so called "refugees" who reside in the temporary shelters (or the "camps") along Thailand-Myanmar border. Sex workers and seafarers may be considered the two sub-populations at highest risk for STIs/HIV infections due to their vulnerability and unsafe sex with multiple partners. Other sectors do not exhibit such high behaviours and vulnerability though demonstrating a serious lack of knowledge in the areas of modes of transmission and prevention, especially for those who have recently migrated to Thailand.

Access to health care is offered mostly to documented migrants. Though in some areas government healthcare services also cover those with undocumented status, external funding to support these and the numerous programmes implemented by NGOs and CBOs found to have been playing a significant role throughout the Thai communities with large numbers of migrants.

Policy on behalf of the Thai government must be the catalyst to create change and address the reality of migrants in Thailand. There is a need to strengthen and make the existing multi-sectoral coordinating body on migrant health and related issues fully functioning. Partnerships between Thai Public Health officials, business leaders and NGO/CBO groups should facilitate STIs/HIV related activities and support identification of the most effective delivery methods through further operation research. For instance, the government could assist in convincing factory owners and managers to allow the distribution of health information and services in their workplaces because of they have more authority or may be better received than other organizations. All parties must acknowledge that the Thai economy's dependence on migrants is likely to persist. Developing clear migrant worker policies should include in the medium term the emphasis that migrant workers are to be treated the same as Thai workers under labour laws.

While migration itself may not be the absolute risk factor for HIV infection, it is still true that people on the move could become particularly vulnerable to HIV/AIDS. Estimated two million migrant workers in Thailand are socially marginalized; access to healthcare services and prevention including those on HIV/AIDS are severely limited for a large number of migrants. Thus, it is the hope that this review, annotated bibliography and accompanying recommendations be beneficial to both policy makers and programme implementers in highlighting migrants' STIs/HIV vulnerabilities so that effective strategies may be established to address the diverse needs concerning STIs/HIV prevention, treatment and care among this disadvantaged population.

1. INTRODUCTION

Thailand is regarded as the epicentre for migration of foreign nationals in the Mekong region due to its prosperous economy when compared to its neighbours in the region. Thailand sees high levels of international migration; displaced populations or "refugees", asylum seekers from numerous countries and approximately two million labour migrants and their dependents from neighbouring countries who contribute significantly to the Thai economy.

Three countries in particular make up the majority of documented and undocumented migrant workers in Thailand: Cambodia, Lao People's Democratic Republic and Myanmar, with the latter holding a majority of the foreign nationals in Thailand. According to open registration numbers for 2004, which account for approximately 50 to 60 percent of the total migrant population in Thailand, 72.0 percent of migrant workers come from Myanmar and a further 14.0 percent from Lao PDR and Cambodia. (1)

Thailand is regarded internationally as a country that has achieved great success in curbing Human Immunodeficiency Virus (HIV) infection rates within the general population and certain groups such as sex workers. However, HIV remains a significant threat to other marginalised groups at risk of HIV exposure, including migrants. By striving to keep on track with the current state of the epidemic in Thailand, and understanding the existing challenges, the MOPH developed, together with stakeholders, Thailand National Master Plan for HIV/ Acquired Immunodeficiency Syndrome (AIDS) Prevention, Care and Support for Migrants and Mobile Populations 2007- 2011. The Ministry of Public Health (MOPH) has placed a high priority on improving the information base needed to develop and implement effective policies and programmes. This plan recognizes migrants as an important target population in the national strategic response. Nevertheless, some if not all of the migrant groups including "refugees" continue to be vulnerable populations. (2)

While much information is available relating to HIV, AIDS, sexually transmitted infections (STIs) and international migration in Thailand, this has been collected for diverse purposes and has not yet been collated systematically and comprehensively. For this, two consultants, one international and the other a Thai national, were contracted to gather available secondary data and to conduct interviews with relevant organizations, to create an annotated bibliography and review.

This desk review and associated bibliography is a component of the broader initiative of the International Organization for Migration (IOM) to provide up-to-date and relevant documentation regarding international migrants, "refugees" and certain mobile populations, and their associated risk and vulnerability to HIV.

From August to October 2006, information was gathered from international and national Non-governmental Organization (NGOs), Governmental Organizations (GOs) and academic institutions. The review set a range for documentation from the year 2000 to 2006 as criteria for inclusion, hoping the information will be as relevant to the current context since migrants' hardships and their health is directly linked with the Thai government and NGO policies and programmes.

The review team conducted interviews predominantly with government stakeholders to elicit their personal opinions concerning the migrant situation in Thailand and to provide up-to-date information that can be cross referenced with the secondary data to ensure relevancy. Topics within the discussion guide include: mobility of migrants; labour sectors with migrants in Thailand and their HIV vulnerability; policy, law and regulations towards documented and undocumented migrants; gaps and barriers in the current Thailand National Master Plan for HIV/AIDS Prevention, Care and Support for Migrants and Mobile Populations 2007- 2011; and health services made available for migrants by GOs and NGOs. Recommendations on future programming were also made by stakeholders based upon their own experiences.

The following types of secondary data, list of organizations (sources of documents) and interviews are included within the desk review and accompanying annotated bibliography;

Types of Secondary Data:

- Knowledge, Attitude, Belief, and Practice (KABP) surveys
- Programme and academic qualitative research
- Programme review and evaluation reports
- Policy reviews and National AIDS Plan
- Rapid assessments on HIV/AIDS
- Workshop reports

List of organizations:

- Institute for Population and Social Research (IPSR), Mahidol University
- Asian Research Center for Migration (ARCM), Chulalongkorn University
- Raks Thai Foundation (RTF)
- World Vision Foundation of Thailand (WVFT)
- Pattanarak Foundation
- Physicians for Human Rights
- Asian Migrant Centre (AMC)
- Human Rights Watch
- Médecins sans Frontières (MSF)
- Documentation for Action Groups in Asia (DAGA)
- Services for the Health in Asian and African Regions (SHARE) Thailand
- Ministry of Labour (MOL), Department of Labour Protection and Welfare (DLPW), Labour Welfare Division (LWD)
- International Organization for Migration (IOM),
- Office of the United Nations High Commissioner for Refugees (UNHCR)
- United Nations Joint Programme on HIV/AIDS (UNAIDS)
- International Labour Organization (ILO)

Interviews:

- Ministry of Labour, Overseas Labour Market Promotion Section
- Ministry of Labour, Department of Labour Protection and Welfare, Ministry of Labour
- Ministry of Public Health, Bureau of AIDS, Tuberculosis and Sexually Transmitted Disease (BATS)
- Ministry of Public Health, Bureau of Epidemiology
- Ministry of Public Health, Department of Health Service Support
- Raks Thai Foundation
- World Vision Foundation of Thailand

Scope and Limitations of the Review:

This document attempts to aggregate and discuss existing policies and limitations to the current health services available to migrants, with a particular focus on HIV vulnerability of migrant workers across various labour sectors.

Several limitations were faced whilst conducting the review; it focuses for example on limitedly available literature, and does not include an exhaustive list of documents on which to base findings. The information in this review focuses only on a few of the many migrant labour groups because others, such as migrant agricultural labourers and Thai migrants abroad, are significantly under represented in existing literature and documents.

The review covers the majority of migrants in Thailand whom originate from Myanmar, Lao PDR and Cambodia. Migrants from other nationalities are not investigated in the review because of the unavailability of data on them and the fact that they account for only a very low percentage of migrants in Thailand.

Also in terms of geographical coverage, data collection was limited to the area of Bangkok and communication with key informants was limited to email, making it difficult to locate certain documents. Therefore, this review should be considered a template for future documentation when new information becomes available.

Migration to Thailand

IOM defines mobile persons as individuals who move from one location to another temporarily, seasonally or permanently, either voluntarily or involuntarily. Each year millions of individuals are "pushed" and "pulled" away from their families, homes and countries in search of an improved quality of life and a more promising future. The migration story involves a plethora of circumstances and outcomes. Most individuals who migrate, particularly those who migrate voluntarily, do not anticipate the variety and complexity of adverse conditions they will face during their migration and after arrival in the host country. Once in Thailand and due in part to their status as migrants, they may encounter unsafe working conditions, unethical employers who infringe on their human rights and discrimination from Thai nationals throughout the community. Undocumented migrants, who lack legal identification, are especially hard pressed to access affordable non-biased health care services. The health risks and vulnerability, including STIs/HIV/AIDS, within the migrant population is significant since they arrive in Thailand with very little knowledge, social and/or family support coupled with new pressures, experiences and situations that may cloud their ability to consistently choose healthy behaviours. (3)

The migrant populations who cross into Thailand are generally men and women of reproductive age who are brought by families, friends, relatives or "brokers" – someone who for a set fee will enable the safe passage and possibly find employment for the migrant. Many migrants leave their families behind to seek better economic opportunities abroad while they are away. Family members such as brothers and sisters are enticed to join their siblings in Thailand as opportunities open up in their work establishment. The ultimate goal for most migrants would be to provide for the family back home and establish enough saved capital to return to their country of origin for a fresh start. (4)

A variety of "push" and "pull" factors stimulate the migration process. The following are specific factors for migrants in Thailand:

- Poverty and unemployment in country of origin
- Less working hours and more time for leisure activity in Thailand
- Insufficient income from farm or rural work back home
- The lure of better income and increased savings from working in Thailand than in their home country
- Encouragement from friends and relatives with previous migration experiences
- A big volume of job opportunities in Thailand, including seasonal work such as farming
- Perception on prestige and higher social status towards individuals working in a foreign country

Migrants in Thailand contribute to the country's economic growth by performing jobs in the sectors of agriculture, domestic works, fishing and construction for much lower wages than Thai nationals would demand. Migrants' jobs

are avoided, if not shunned, by the local Thai population due to the "3Ds condition"; dirty, dangerous and difficult and the low wages associated with such jobs. Employment in Thailand is often still more lucrative for migrants than working in their country of origin, despite the 3Ds condition and the low wages. Migrants' tolerance level of poor working and living conditions is partially due to the poverty they face at home, their limited options for gainful employment, and the fact that few understand or are able to defend their rights. (4) The following paragraphs describe the general profile and context of migrant populations in Thailand by nationality group.

Migrants from Cambodia

Cambodia has an estimated population of 14 million people, nearly 60 percent of those under the age of 20 years. (5) The majority of Cambodians (approximately 80 percent) live in rural areas of the country which remains under developed and require that the population rely upon the risky trade of agricultural products as their only source of income and subsistence. Economic gain abroad is the primary factor for their migration with the majority employing themselves as fishermen, agricultural workers, mill workers, construction workers and a variety of low value labourers. (5)

Data gathered from Thailand's 2004 open registration of migrant workers and dependents revealed that 181,579 Cambodian migrants reside in Thailand, 68.0 percent of these are men and 32.0 percent are women. Unofficial estimates suggest that a further 80,000 unregistered Cambodian migrants may also be working and living in Thailand. (1)

It is estimated that there are 75,000 people living with HIV and AIDS (PLHA) in Cambodia at the end of 2007 and an average prevalence rate of 1.6 percent (ranging between 0.9 percent and 2.6 percent). (6)

Migrants from Myanmar

Myanmar is made up of 14 divisions and states and has a complex ethnic diversity within its population of 50 million people. Though high in untapped natural resources, the majority of the population who reside in rural areas remain excessively poor, which exacerbate their desire to seek a better life or financial situation in foreign countries such as Thailand.

Ethnic minorities, such as the Mon and Karen are forced to flee Myanmar because of ongoing tension between independence movements and the ruling military government. The majority of these displaced persons end up living in the "camps" along the Northwestern and Western provinces of Thailand that border to Myanmar. In addition to the "camp" residents, countless numbers of them reside in the border communities in Thailand surrounding the "camp" areas.

Nearly 70.0 percent or 1.5 million of the registered migrant population come from Myanmar, making them the largest of the three key migrant groups in Thailand. This population tends to work within a variety of low paying jobs, mainly as factory workers, sex workers, fishermen and seafood processors, farm workers and domestic helpers.

The latest data from the UNAIDS 2006 World Report estimates that Myanmar has approximately 360,000 PLHA and an average prevalence rate of 1.3 percent (ranging from 0.7 percent to 2.0 percent). (7)

Migrants from Lao PDR

Lao PDR is the smallest of the three source countries of key migrant groups in Thailand. Unlike its neighbours, the HIV epidemic in Lao PDR has remained particularly low, with an estimated prevalence of only 0.2 percent (ranging from 0.1 percent to 0.4 percent). The number of known PLHA stands at 3,700 out of a total population of nearly six million. (7) Though presently not experiencing the rate of infection that is found in the countries surrounding Lao PDR, there are several factors that make this country vulnerable to a more serious HIV epidemic in the future. Factors such as the country's expanding infrastructure and growth in development projects, the relatively high level of STIs among sex workers, and the influx of tourism should all be considered.

The agricultural sector accounts for half of the country's gross domestic product (GDP) and is the source of employment for nearly 80 percent of the Lao population. (5) Economic disparities create a similar migration scenario for Lao migrants as for those from Myanmar and Cambodia. However, what does differentiate Lao migrants from their counterparts is the ease with which they can integrate themselves into Thai culture. Due to the similarity of the Thai and Lao languages and cultures; availability of Thai media in Lao PDR, such as radio and television broadcasting; and a strong tradition and long history of interaction between the border communities of Lao PDR and the Northeastern part of Thailand (Isaan), Lao people can remain relatively invisible within the host country as they are more integrated into Thai society. As a result, one can find Lao nationals working as truck drivers, factory workers, agriculturalists, construction workers, sex workers, domestic workers and in the livestock sectors.

An IOM document entitled "Labour Migration in the Mekong Region", suggests there are 181,614 documented Lao migrants in Thailand in 2004, and perhaps an additional 80,000 undocumented workers, though no reliable statistics are available. (1)

Table 1 below outlines the distribution of registered migrants in Thailand by nationality and region. However, the true number of all migrants, documented and undocumented in Thailand is unknown. (8)

Table 1. Number of registered migrant workers by nationality (1996-2006)

Year	Total	Country of origin		
		Myanmar	Cambodia	Lao PDR
1996	293,654	256,492	25,568	11,594
1998	90,911	79,057	10,593	1,261
1999	99,974	89,318	9,492	1,164
2000	99,656	90,724	7,921	1,011
2001	568,249	451,335	57,556	59,358
2002	430,074	349,264	38,614	42,196
2003	288,780	247,791	19,675	21,314
2004	838,943	625,886	103,807	109,250
2005/1	705,293	539,416	75,804	90,073
2005/2	208,560	163,499	23,410	21,653
2006	460,014	405,379	24,952	29,683

Source: Archavanitkul, K., et al., *Thai Government HIV/AIDS Reproductive Health Policy Change,* Institute for Population and Social Research, Mahidol University, 2007 (33)

2. MIGRANT LABOUR SECTOR AND THEIR ASSOCIATED RISK AND VULNERABILITY TO HIV INFECTION

The following predominant migrant labour sectors are discussed within the literature: seafarers and seafood processing, factory workers, sex workers and labourers. As discussed within the study limitations, the term "labourer" refers to a variety of migrant professions including domestic workers, agriculturalists, and construction workers. Despite the diversity, very little documentation is available differentiating these into individual professional groups.

Following the aforementioned review, and taking into consideration their status as a mobile population, available documentation concerning "refugees" and HIV vulnerability and prevention inside the "camps" is also discussed.

As migrants come from diverse ethnic and cultural countries, aspects of their vulnerability such as lack of knowledge prior to migrating to Thailand will depend on their exposure to prevention and education initiatives established by agencies and governments in their country of origin as well as that of destination. Therefore, the level of vulnerability of individuals, before migrating to Thailand, will vary according to the situation in the source community of their country of origin.

Seafarers and Seafood Factory Workers:

The province of Samut Sakorn is the epicentre of Thailand's seafood industry. Although there are several ports including; Trad, Rayong, Samut Prakarn, Chumporn, Ranong, Phang Nga, Phuket, Songkhla and Pattani that can be found throughout the Gulf of Thailand and along the Andaman coast, seafarers come into Samut Sakorn ports to sell their catch to many seafood industries found in the industrial coastal communities.

As one would assume, the composition of migrant seafarers coincides with the adjacent country. Documented Cambodian fishermen, mostly concentrated in Trad and Rayong, represent only about 10 percent of the total seafarer workforce according to registration records. (9) Holding a strong majority throughout most ports except perhaps Trad and Rayong, are migrants from Myanmar originating from the diverse States and Divisions in Myanmar. Ethnicity of Myanmar migrant fishermen in Thailand include: Mon, Dawei, Myeik, Karen, Rakhine and Burmese.

As work is plentiful, the seafood processing factories view the migrant workers as a welcome source of cheap labor. It is estimated that the number of documented and undocumented migrant workers, family members and their dependents may be as high as 150,000 in Samut Sakorn alone. In the town of Mahachai where the largest concentration of factories is found, approximately 90 percent of the migrant workers are employed as seafood processors.

It is often assumed that seafarers or migrant fishermen are considered to be a labor sector demonstrating higher risk behaviours than their counterparts in other employment sectors and are therefore a highly vulnerable subpopulation in Thailand. Seafarers are primarily between the ages of 16 to 30 years old and have little opportunity to work back home due to poverty and low levels of education.

HIV Vulnerability

Seafarers:

Living an itinerant life, fishermen are pulled into port for short periods of time to unload and sell their catch. This provides the crew with capital to frequently visits to many drinking establishments, brothels, karaoke bars and

massage parlours within these fishing communities. Table 2 below suggests that 72.3 percent of fishermen within the Ranong study in 2004 find it easy to find sex workers near their residence or dock. Sexual intercourse or release of sexual pressure while at sea is generally considered taboo. There is little evidence to suggest that male seafarers engage in sexual activities with each other though there is a need for research to confirm this assumption. Seafarers are generally unable to satisfy their sexual urges until they return to port. (10)

Table 2. Question asked to establish the HIV vulnerability among Myanmar migrant fishermen in Ranong (2004)

Question	Number of respondents	Percentage
Is it easy to find sex workers near your residency or docking? (N=159)	115	72.3
Have you had sex with a sex worker in the past 12 months? (N=103)	65	63.1
If answered yes to the previous question, did you consistently use condoms? (N=65)	43	66.1
Did you visit the sex worker alone? (N=71)	2	2.8
Have you tried addictive drugs in the last 12 months? (N=159)	44	27.7

Source: Hu, Jian, *Factors Related to Sexual Risk Behaviour of HIV Infection among Migrant Fishermen in Ranong, Thailand*, Mahidol University, 2004 (10)

A medium sized boat may stay out at sea for nearly six months, and will dock at many different ports along the Thai coastline. The entertainment environment at port communities, the suppression of their sexual needs, peer pressure and the absence of traditional social constraints, contribute to the tendency of fishermen to engage in sex with sex workers. Of the 159 migrants surveyed in Table 2 above, 63.0 percent had visited a sex worker in the last 12 months, and 66.0 percent of those who did, said they consistently used condoms. Another research among Cambodian fishermen residing in Khlong Yai District in Trad Province in 2000 revealed that 70.5 percent of those who are single and 65.4 percent of those who are married had their last sex with a sex worker. (11)

HIV prevention initiatives in the region are aware of fishermen's vulnerability and working on the problem; their condom usage with their casual/non-regular sex partners are as high as 66.1 percent, demonstrating that certain prevention initiatives are affecting migrant fishermen's personal perception of risk. (10)

However, the itinerant nature of this group, coupled with the language barrier, hampers their ability to access or receive health information or services, further increasing their vulnerability to HIV. (12)

Accessibility to government clinics and hospitals where fishermen and their families may undergo STIs/HIV antibody tests and be exposed to related health education and information is a stumbling block, since the government clinics and hospitals are not necessarily located near the ports. Research conducted in Ranong among Myanmar migrant fishermen indicates only 49.0 percent of respondents could access STIs services near their docking port or residence. As a result, the migrant community must budget their limited free time to seek care at the government health facility and deal with financial constraints for treatment if they choose to visit a private clinic closer to the port or their residence, especially if they are not covered under the Thai National Universal Health Coverage Scheme, such as undocumented migrants.

Coupled with these restrictions, initiatives must take into account seafarers self perception of risk and desire to seek information and help from available health services. Though many seafarers had seen HIV prevention information and peer education activities near their residence, only 10.0 percent of those who saw peer education activities decided to participate in such activities. (10)

Seafood Factory Workers:

Research found that variation in general knowledge of HIV/AIDS, condom use and attitude differ depending on the migrant seafood processing workers' source country. Under the Prevention of HIV/AIDS among Migrant Workers in Thailand (PHAMIT) project, the Raks Thai Foundation discovered that Cambodian males had a higher level of general HIV/AIDS knowledge in comparison to those from Myanmar. As there were limited HIV awareness and prevention activities for migrants up to the time of the survey, this variation is probably derived from previous exposure to HIV awareness and prevention initiatives in Cambodia among the male Cambodia migrants, prior to migrating to Thailand. (13) The 2004 PHAMIT baseline study implemented by Mahidol University echoed this finding through research which confirmed that HIV/AIDS awareness was higher among respondents from Cambodia than those from Myanmar, reflecting why infection rates are lower among Cambodian migrants. (9)

Misconceptions and in-depth knowledge regarding HIV transmission and prevention is generally low within this sector and is a challenge to provide HIV/AIDS information, education and communication (IEC) because of the migrants' long working hours, lack of access to their workplace and residence, and a guarded weariness to participate on behalf of the migrant population due to the police crackdown and discrimination on behalf of the general Thai population. The PHAMIT baseline survey in 2004 also indicates that males of both nationalities in the sampled coastal communities demonstrate a higher level of knowledge than females with regards to prevention, condom and its use and STIs. (9)

What was also discovered through research among seafood factory workers in Samut Sakorn, is a positive correlation between the migrants length of stay in Thailand, and their level of HIV/AIDS knowledge, reflecting increased exposure to HIV prevention initiatives after migrating to Thailand. (14)

As HIV/AIDS knowledge and awareness is derived from various outlets in both source communities in the country of origin as well as at points of settlement in Thailand, it is evident that proactive prevention initiatives at source and destination communities are essential to curb infection rates among migrants in Thailand.

A handful of organizations have established some cooperative projects for HIV interventions in source and destination communities of migrants. For example, Program for Appropriate Technology in Health (PATH) and Centre for AIDS Rights (CAR) have established and been implementing "Prey Veng - Rayong Operation on Migration Dynamics and AIDS Interventions (PROMDAN) Project" linking Cambodian migrants in Rayong province of Thailand and their main source community in Prey Veng, Cambodia. World Visions Foundation of Thailand (WVFT), Population Services International (PSI) and CARE Myanmar have jointly established "Source Community Interventions in Mon State and Tanintharyi Division", which represent two major source communities for Myanmar migrants working in Thailand's seafood industry. (13)

Research in 2003 in Samut Sakorn to assess the; Knowledge, Attitude and Practices Regarding Prevention of HIV/AIDS Transmission in Myanmar Migrant Factory Workers in Mahachai District, discovered that 23.0 percent of male migrants visited sex workers. (15) Conversely, the 2004 PHAMIT baseline indicates that only 3.0 percent of inland male factory workers aged 15-49 years old visited sex workers in the past 12 months. (9) Though not comparable studies, the results indicate the sentiment within the documentation that factory workers in coastal areas may be more vulnerable to HIV than inland factory workers. This is emphasized by the fact that they demonstrate a low

level of efficacy in seeking essential information and services on prevention, including free condom distribution. Research among youths from Myanmar working in seafood factories of Mahachai in Samut Sakorn found that 84 percent of female and 73.0 percent of male respondents felt they did not have enough knowledge and skills to protect themselves from HIV and STIs. (16)

Other Factory Workers:

Factory workers, outside of seafood business, are also an important component of the Thai economy as most of their products are produced for the Western retail companies that end up in Western department stores and usually fetch high prices, in relation to the cost of producing the product. The majority, approximately three quarters, of the factory workforce are women since they are regarded as passive with a "quiet and compliant" nature, next to their male counterparts. (17)

Most of the migrants that work in factories in Thailand come from the agricultural and rural areas of their countries of origin. As financial and other difficulties arise, families are forced to explore new options to provide for the extended family. The porous nature of the Thai border coupled with financial opportunities offered through working in one of these factories, fuels the sub-regional flow of human resource and capital across borders.

HIV Vulnerability

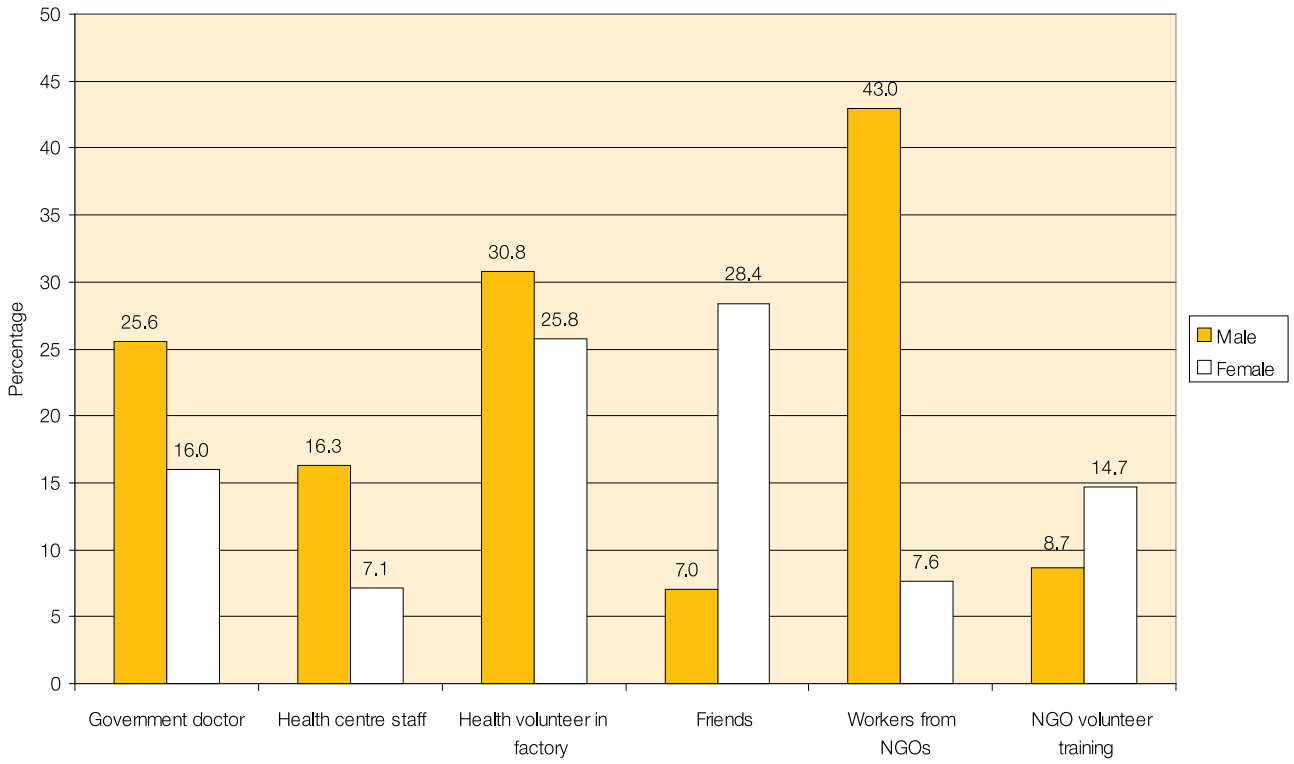
Much like all migrant communities outside of their country of origin, social networks such as friends, confidants and community based volunteers, whom have established relationships with migrants, are important sources of security. These confidants provide a sense of comfort for the migrant to discuss sensitive issues and allow for the individual to be used as a sounding board when they may have problems. With this special relationship built on trust, it is of no surprise that many migrants will elicit information concerning sex, health and information about STIs/HIV/AIDS from these confidants. Though these social networks are vital for the mental health of migrants living abroad, it must be said that one needs to be aware that individuals may be exposed to inaccurate information that may lead to risky behaviour or forgo accessing available IEC and outreach activities offered by community organizations and NGOs due to peer pressure. Evidence for the use of social networks comes from an academic thesis of Chulalongkorn University in 2003 that 45.0 percent of the surveyed male and female migrant factory workers in Samut Sakorn province received information concerning HIV/AIDS from their friends. (15)

Based upon the results in Figure 1 taken from an HIV vulnerability survey conducted in 2006 among Myanmar migrant factory workers in Mae Sot, males apparently feel more comfortable than their female counterparts to receive or seek information from individuals whom they may not have a close relationship, such as doctors and NGO workers. Females, on the other hand, relied heavily on friends and factory based volunteers, members more associated within their social network, as a source of knowledge concerning STIs/HIV/AIDS. (4)

Factory workers demonstrate little behavioural vulnerability to HIV due to their sparse amount of free time, restriction of movement outside the factory compound, limited extramarital sex, conservative social values and limited amount of disposable income when compared to other migrant groups. However, accurate and detailed knowledge on HIV transmission and prevention remains minimal, enhancing vulnerability.

Research indicates that among 725 factory workers conducted by the Mae Tao Clinic in 2003 indicates that 92.0 percent of males and 88.0 percent of females had previously heard of HIV/AIDS; however, detailed knowledge on transmission and prevention for both males and females was significantly low as shown in Table 3. (18)

Figure 1. Primary source of STIs/HIV/AIDS information for factory workers (2006)



Source: Isarabhakdi, Pimonpan and Theede, Jason *Assessment of Mobility and HIV Vulnerability among Migrant Sex Workers and Factory Workers in Mae Sot District of Tak Province, Thailand*, International Organization for Migration, 2007

Table 3. Knowledge on HIV and condom use among male and female factory workers in Mae Sot, Tak province (2003)

HIV/AIDS Knowledge	Percentage (Male)	Percentage (Female)
General		
Correctly answered questions regarding transmission	46.4	38.9
Correctly answered questions regarding prevention	44.6	31.4
Correctly identified that HIV was not transmitted through casual contact	17.2	9.6
Condom		
Percent saying that condoms can prevent HIV infection	21.9	17.5
Percent answering they have used a condom before	12.0	1.4
Percent reporting having seen a condom	60.0	15.0

Source: Mullany, L.C, et al, *HIV/AIDS knowledge, attitudes, and practices among Burmese migrant factory workers in Tak Province, Thailand*, AIDS CARE (2003), VOL. 15, NO. 1, pp. 63 /70, 2003

Training and IEC programmes have reached several factory populations. Nonetheless, knowledge of risk factors, prevention methods including condom use, remain at a very basic level and are predominantly obtained from friends and siblings who may have been fortunate to attend the training or be exposed to IEC programmes.

Misconceptions and myths concerning HIV prevention among the factory population are plentiful and misleading. The use of Chinese herbs for the cleaning of the genital organs after sex and eating healthy food, are among them. (15) As is evident from the information in Table 3, only 17.2 percent of males and 9.6 percent of females recognize that HIV is not transmitted through casual contact, confirming that many factory workers are misperceived on HIV transmission. Similarly, only 21.9 percent of males and 17.5 percent of females correctly identified that condoms can prevent HIV infection. (4)

The following is an example of factory workers lack of knowledge through misconceptions regarding HIV/AIDS among sampled male and female factory workers in the town of Mae Sot. (4)

Table 4. Misperception and myth on HIV/AIDS among male and female factory migrant workers in Mae Sot (2006)

Misperception and myth	Approximate percentage (Male)	Approximate percentage (Male)
Believe that HIV can be transmitted through a mosquito bite	40	40
Believe that a healthy-looking person cannot transmit HIV to their partner	30	30
Unaware of medicine available to help reduce the chance of HIV infected persons falling ill with AIDS	50	50
Believe that there is medicine that can cure HIV/AIDS	90	90
Believe that a person cannot become infected with HIV by having sexual intercourse	N/A	N/A

Source: Isarabhakdi, Pimonpan and Theede, *Jason Assessment of Mobility and HIV Vulnerability among Migrant Sex Workers and Factory Workers in Mae Sot District of Tak Province, Thailand*, International Organization for Migration, 2007

A lack of knowledge, misconceptions and ignorance towards HIV/AIDS transmission and prevention may increase the risk of infection for migrant workers. To effectively address the vulnerability this population faces, these issues must be addressed through concerted/repeated education and IEC interventions within their communities. (18)

The availability and promotion of condoms in Thailand is high. However, a significant proportion of the migrants in the inland factory community outside of the fishing industry understand that correct condom use cannot provide protection during sexual intercourse. As is evident in the Table 3 above, only 21.9 percent of male and 17.5 percent of female migrant populations in the survey believe that condom use can prevent HIV infection. Not surprisingly then, condom use among married couples and regular partners is rare. It is largely believed that condom use

is only meant for sex workers and people who have multiple sexual partners. Furthermore, as was found in the PHAMIT project baseline survey, nearly 75 percent of respondent's primary distaste for the use of condoms was the reduction of pleasure during intercourse. (9)

Other key factors that restrict condom use within the literature include: 1) enabling environment including condom availability and accessibility such as in factories where migrant workers work; 2) migrants' perception on purchasing or carrying condoms; 3) migrants' belief that condoms make men "last" too long; and 4) their perceived barriers before and during intercourse.

Vulnerability and exposure to HIV may not currently be particularly high among factory workers in non-coastal area. However, many within this marginalized population may not be receiving or adequately exposed to effective HIV prevention activities, and therefore, there is a great concern regarding the ongoing spread of infection in the future.

Sex Workers:

The sex industry is a thriving business in Thailand and remains one of the most important sources of employment for migrant women. Female migrants from neighbouring countries can earn a substantial amount of income from this trade as they are regarded as "exotic", more attractive and "clean, beautiful and AIDS-free", by their clientele in relation to their Thai counterparts. (19)

The majority of migrant sex workers are found along the major border towns of Thailand such as Mae Sai in the North, Aranyaprathet in the East, Nong Khai in the Northeast and Mae Sot in the Northwest. They are employed through direct (brothels) or indirect (karaoke bars, restaurants, drink shops, nightclubs, etc.) establishments. They usually do not migrate to Thailand to engage in this sector but are in this trade through necessity or circumstantial reasons. Once employed in the sex trade, many of them will stay because of the substantial amount of money they are able to save and the relative more freedom of movement they are given. (4)

HIV Vulnerability

As a result of their profession, sex workers are highly vulnerable to abuse, discrimination and HIV infection. Due to the nature of their work, they can also be a conduit for the spread of HIV throughout communities in Thailand and their country of origin.

There are both direct and indirect sex workers, with the most obvious difference being the average price clients pay, and the number of clients seen per day. Research among Myanmar sex workers in 2006 in the town of Mae Sot revealed that indirect sex workers, or those who work outside brothels, may have one or two clients per day and may decide to go for several days without clients since they have a greater degree of freedom and flexibility. Direct sex workers on the other hand, who are bound to a brothel, have an average of three to five clients per day and receive a lower wage per customer compared to their peers in the indirect sector. (4)

Clients of indirect and direct sex establishments may vary by region or area in Thailand. Along the border where the majority of migrants are settled, clients are generally diverse: a mix of Thai; Thai-Chinese; migrant traders, businessmen, truckers; migrant workers residing in Thailand; military and police; and South Asian migrants. Though clientele is mixed, research reported that customers are predominantly Thai as found when examining the client base of Cambodian sex workers in Aranyaprathet and Myanmar sex workers in Tak.

The only geographic area with a high concentration of migrant men as clientele, are the major port communities of Thailand. In these areas, migrant seafarers regularly engage the services of indirect and direct sex workers as

described earlier. (13) Table 5 provides an example of the range of venues that Cambodian seafarers elicit sexual services from sex workers in Pattani port area.

Table 5. Location where Cambodian fishermen seek sexual services in Pattani province (2004)

Location	No. of respondents	Percentage
Brothel	59	23.6
Coffee shop	20	8.0
Massage sarlour	8	3.2
Karaoke	101	40.4
Restaurant	77	30.8

Source: Press, Brahm, *Untangling Vulnerability: A Study on HIV/AIDS Prevention Programming for Migrant Fishermen and Related Populations in Thailand*, Raks Thai Foundation, 2004

Indirect sex workers are particularly vulnerable due to the difficulty for health workers from GOs and NGOs in accessing this population and providing them with information and services, since many of them will not seek out advice or information on HIV for fear of people becoming aware of their profession.

Condom use among sex workers is dependent upon the category of partner. For instance, sex workers often claim to consistently use condoms with their clients though rarely with boyfriends, husbands and regular partners, such as sweethearts. Clients wanting to have sex without condoms are known to pay extra or attempt to remove the condom during intercourse. Many sex workers mention adversities to condom use such as the constant issue of negotiation with clients whom sex workers describe as “bad men” including those under the influence of drugs and/or alcohol who may expect unprotected sex. Another adversity they face is the inability to communicate effectively in Thai, contributing to their lack of power to negotiate condom use. (4)

Some fishermen and male factory workers are known to perform penis mutilation. These practices increase the risk of HIV infection as condoms cannot always be used properly, and may be broken because of the enlarged size of the penis and/or the increase in abrasion. Tearing of the vagina and painful intercourse may result in the use of narcotics by sex workers to relieve pain and to perform longer hours of work. (20) In addition to the pain, the tearing of vagina because of the penis mutilation could also increase the chance of being infected with HIV and other STIs.

Many migrant sex workers do not know how to use a condom before migrating to Thailand and working as sex workers. (21) A number of sex workers have been exposed to information concerning HIV transmission and prevention through their peers in brothels and entertainment venues, as well as government and NGO initiatives. Thai sex workers and migrants have a high perception of self-risk and are an important source of transmission and prevention information for new comers. However, a gap remains between having in-depth knowledge and the actual deployment of preventive behaviour, as previously discussed.

Labourers:

Because of the lack of existing documentation, each of the employment sub-sectors; labourers, construction workers, farm workers, street vendors and domestic workers are aggregated under the heading “labourer”. However, an attempt will be made to differentiate the groups’ vulnerability to HIV.

HIV Vulnerability

Construction workers and agricultural workers are considered those at most risk within this "labourer" category. Several factors may affect the vulnerability of this group including a lack of parental or social guidance in Thai farm communities, low average income and long hours of work, and the distance between the farms and a clinic or hospital. (11) Cambodian nationals, who are mostly employed as agriculturalists, displayed a particularly low level of HIV knowledge as concluded from research conducted among Cambodian migrants in Aranyaprathet. (21) Despite of reported risk behaviours, 61.0 percent of respondents in the same study in Aranyaprathet did not see themselves at risk. (21)

Table 6. HIV knowledge among Cambodian agricultural workers and street vendors (2004)

Finding	No. of respondents	Percentage
Having sexual intercourse (N=804)	473	58.8
Always change partners (N=473)	84	17.8
Never use a condom (N=473)	278	58.8
Use a condom occasionally (N=473)	150	31.7
Have sex with Thai women / men (N=473)	173	36.6

Source: Suwannapong, Nawarat, et al, *HIV/AIDS Prevalence and Risk Behaviours among Cambodia Labourers along the Thai-Cambodian Border*, in S. Tse, A. Thapliyal, S. Garg, G. Lim, & M. Chatterji (Eds.), *Proceedings of the Inaugural International Asian Health Conference: Asian health and wellbeing, now and into the future* (pp. 57-66). New Zealand: The University of Auckland, School of Population Health, 2004

From Table 6 above, a vast majority (76.6 percent) of Cambodian agricultural workers and street vendors who were sexually active report to have unprotected sex. In addition to 31.7 percent of the respondent report to use a condom occasionally, more than half the respondents (58.8 percent) had never used a condom. Slightly more than one-third of them (36.6 percent) also had sex with Thai male or female partners, and 18.0 percent did regularly change partners. (22) From the same study, it was found that male Cambodian labourers who completed high school demonstrated higher risk behaviour because they could get better jobs, earn more income and ultimately afford to regularly visit to brothels, karaoke bars and entertainment venues, and pay to engage with sex workers. This alarming level of risk behaviour as well as the sexual interaction between these migrant groups and Thai population suggested the urgent need to identify appropriate strategy and to deliver HIV knowledge and prevention services to them.

Migrant traders and truck drivers involved in the export and import of goods between Thailand and neighbouring countries are an important conduit of HIV infection. These individuals are highly mobile and can therefore easily engage in and make use of the services of the sex industry that is often found along border towns and truck stops. Much like seafarers, but to a lesser degree of time, truck drivers are away from their families for extended period of time. The itinerant nature of this labour sector makes it very difficult for organizations working on HIV/AIDS to successfully provide prevention and IEC information. A few targeted programmes do exist where these groups can congregate. (19)

There is a common belief among truck drivers in Thailand that sex workers from other nationalities are "safer or cleaner" than those from their own country. (19) Qualitative research conducted by IOM in Tak Province in 2006 has demonstrated that men who engage in the sex trade who desire women from neighbouring countries feel more inclined to pay extra to have sex without the use of a condom. (4)

Many migrants believe that AIDS is not a "big" problem as they may be exposed to limited information and services in their country of origin. Most migrants when asked if they are afraid of becoming infected demonstrated little perceived self-risk since the majority associate the disease with sex workers and promiscuous individuals. (23)

Though cultural values state that men and women should not have extramarital sex or multiple partners; migrant labourers who spend lengthy period of time away from home without socio-cultural pressures and parental figures, are more likely to have multiple partners. (24)

Refugees:

The first "refugee camp", temporary shelters for displaced persons, in Thailand was established in 1984 along the Western border adjacent to Myanmar. Currently, there are nine established "camps" that host approximately 140,000 Myanmar nationals within their confines. A large proportion of the "refugees" have had to flee Myanmar over the years for their own safety from conflict between liberation movements fighting the Myanmar central government. The necessary financial, technical and material supports for these marginalized people come from five internationally recognized NGOs: Aide Medicale Internationale (AMI), International Rescue Committee (IRC), Médecins sans Frontières (MSF)-France, Malteser International and American Refugee Committee (ARC), along with the Office of the United Nations High Commissioner for Refugees (UNHCR). (2)

HIV Vulnerability

Current data demonstrates that the prevalence of HIV is still low within the "camp" confines. However, widespread HIV/AIDS surveillance has not been conducted. Relying on prevention of mother-to-child transmission (PMTCT) and antenatal data, only 63 individuals, at the time of study, were living with HIV and AIDS throughout the nine "camps". This allows the organizations within the "camps" to focus primarily on sustaining this low prevalence rate through focusing on prevention and IEC initiatives. (2)

Traditional conduits for infection such as transactional sex, injecting drug use and male-to-male sex are reportedly not commonly found in the "camps". The group at highest risk is men who periodically leave the "camps" to find work to sustain their families. (2)

Through Karen cultural beliefs, condom campaigns and distribution are met with great resistance from community leaders, making it very difficult to encourage Myanmar "refugees" to use condoms. Certain young, single "camp" residents have expressed their frustration in trying to access condoms. Many times, they have to obtain condoms from a married friend. There is no easy or quick solution as these are socio-cultural norms that the community, community health workers and volunteers all share. (25)

Illiteracy among “camp” residents is high, and therefore, there is a need for prevention and education campaigns to utilize alternative methods such as drama and pictorial displays to get across their messages to this population. Such behavioral communication campaigns have been effective within the “camps”. In Mae La camp, for example, these methods were used by the Karen HIV/AIDS Education Working Group (KEWG). Workshops were conducted with community leaders and youth and women’s groups, where video shows and campaigns such as VCT (Voluntary Counselling and Testing) were used successfully. However, these efforts may be unsustainable or inaccessible to “camp” populations as coverage and funds have been restricted. (25)

Though the working groups and organizations in the “camps” work extremely hard to convey their messages, they admit that stigma and discrimination remains considerably high and has quelled any willingness for PLHA to come forward and openly admit and discuss their status with the general “camp” population. The severity of stigma and discrimination seems to be directly correlated to the amount of HIV/AIDS education the “camp” population has received. (2)

Peer education and school based HIV/AIDS and reproductive health programmes have been met with opposition from “camp” based women’s organizations and teachers who feel the class room is not an appropriate venue to discuss such sensitive matters. (25)

Cultural norms remain strong throughout “refugee camps” and women with newborn babies are expected to breastfeed. Though the proportion of HIV-positive mothers is currently low, “camp” based interventions must provide information and services such as support systems and formula milk as replacement breastfeeding, to those mothers in need. (2)

VCT services are significantly under utilized by the community and continually report low turn out despite biannual marketing campaigns and associated community support programmes for affected and infected individuals. People are wary of being seen entering one of the VCT centres as they are located in publicly well marked “HIV Club” spaces and stigma towards HIV/AIDS remains prominent within the “camps”. (25)

3. POLICY AND REGULATIONS TOWARDS MIGRANTS IN THAILAND

Officially, Thailand has signed international charters and declarations aimed at curbing HIV vulnerability among mobile populations in the region. This was done through the agreeing and singing of bilateral Memorandums of Understanding (MOU) with Lao PDR, Cambodia and Myanmar in 2003, with the hope of legalizing the employment of migrants in Thailand through government channels back in their country of origin. (5) However, these regulations have not been fully implemented, particularly in the areas of proactive workable policies, law reform and labour agreements, resulting in the continued movement of undocumented migrants into Thailand. (26)

In the border villages and towns, local governments have often changed laws for migrants, affecting their rights to health services and education. As the political and economic climate in Thailand changes, migrant rights in different provinces are in constant flux. This leaves migrants as well as their employers in a constant state of uncertainty. The current set of regulations are not naturally imposed or properly implemented for migrants and their employers, and rules and laws associated with employment of migrant labourers are constantly evolving. (3)

Since 2001, the Thai authorities have attempted to address the issues of undocumented migrant workers through registering undocumented migrants and providing them with temporary work permits, which has benefited many employment sectors in Thailand that have a shortage in labour. In theory, this proactive attempt seemed feasible. In practice, however, the permits and registration process proved to be difficult and expensive for migrants, often putting them at risk of exploitation by their employers who pay for the permits. (27)

Labour Law and Migrants:

Although Thailand established the Labour Relations Act in 1975 and consequently the Labour Protection Act in 1998, the existing political and social attitude towards migrant workers in Thailand has improved very little.

Migrant workers may choose *NOT* to undertake the registration process for a number of reasons. First, a general fear exists among migrants that the Thai authorities will deport migrants if they attempt to register.

Also, there is a limitation of the law and its enforcement. For instance, many occupations available to the migrant community are not covered through registration, such as working as a street vendor or shop keeper. In addition, labour protection is not enforced and migrants in possession of registration documents are still not guaranteed that their legal rights will be upheld by the Thai authorities. Registration also restricts, instead of eases, a migrant's mobility to seek better job opportunities with other employers or in other provinces. (28)

Another concern is on the employer's side in the registration. Due to the high price of registration, employers pay for the registration fee, indebting the migrant worker. Some employers who may take advantage of their power may become abusive or infringe upon the worker's rights because of this. They could also be afraid that migrants will change jobs without informing them and they may loose the money prepaid for the migrant registration.

Current STIs/HIV/AIDS Policy:

Throughout the last decade, the Thai National Plan for Prevention and Alleviation of AIDS has changed very little. Through a decentralized policy, the government set three primary goals:

1. To enhance the capacity of local and regional administrations to carry out prevention and alleviation work,
2. To reduce new infections in adult, and
3. To provide access to care, support and treatment for PLHA.

These primary goals, in turn, are to be achieved through the use of the following five strategies:

1. International cooperation
2. Effective management
3. Research and development
4. Prevention and alleviation
5. Emphasis on the important role of families, individuals and communities

In 2004, Bureau of AIDS, Tuberculosis and STI (BATS), MOPH, implemented a three year HIV prevention plan to help alleviate border area health related issues. However, only two years of funding was provided, and consequently there is no budget for 2006 onwards. (Interview with BATS official)

The current policy on HIV prevention and border area issues is comprised of two goals:

1. The implementation on HIV prevention initiatives in border areas. These include the development of the surveillance system, human resource and border health facility. This should be combined with the strengthening of cooperation between local authorities and NGOs with local communities.
2. Increased cooperation with neighbouring countries through information system development, local and international medical and public health committee meetings, medical equipment support and antiretroviral therapy (ART).

Thailand is a recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Coupled with government strategies, the Global Fund's budget is predominantly allocated towards HIV/AIDS education throughout the schools and work establishments. Methods such as general advocacy campaigns, peer education and health service delivery are being implemented by partner organizations to support, mainly through mobile clinics for some high-risk groups within Thailand, such as injecting drug users and migrant and mobile populations.

The complete lack of ART for migrants working and residing in Thailand is of particular importance to Global Fund partner agencies implementing migrant health initiatives. Partner agencies have experienced a lack of leadership from the central Thai government and resistance by provincial and district offices to spearhead any major provincial HIV/AIDS health initiatives or develop a strategic plan for the migrant community. (28)

Code of Practice on Prevention of HIV in the Work Establishment:

The Department of Labour Protection and Welfare (DLPW) of the Ministry of Labour (MOL) does not currently have a strategic plan for HIV prevention or care for migrant workers. Though a plan is clearly needed, the lack of manpower and support from the upper levels of government has caught relevant ministries unprepared. In an interview with the MOL, it was expressed that there is no regular budget within the MOL for HIV activities in the workplace or for migrant labourers, whether they are documented or not, other than that allocated by the Ministry of Public Health. Without a cross cutting prevention initiative involving the relevant government ministries, migrants will continue to be vulnerable to HIV/AIDS. (Interview number 4, MOL)

One area that has been addressed by the Thai MOL concerning HIV prevention within the work environment is the release of the "Code of Practice on Prevention and Management of HIV/AIDS in the Establishment". (32) Through a collaboration with the International Labour Organization (ILO) and other HIV/AIDS stakeholders, the code was created and made available to businesses in mid 2005, through the DLPW's Labour Welfare Division, with the following three principal objectives:

1. To provide guidelines on the prevention and management of HIV/AIDS in the establishment. The guidelines can be used, only on a voluntary basis, by government officials, employers and specialized HIV/AIDS organizations in order to develop appropriate policies and effective implementation strategies.
2. To promote dialogue and negotiation leading to better cooperation among agencies concerned, including the public sector, employers, employees, and people infected or affected by HIV/AIDS, community leaders and NGOs.
3. To provide a framework for the AIDS Response Standard Organizations (ASO) Certification scheme for interested establishments. (29)

The Thailand Business Coalition on AIDS (TBCA) cooperated with the DLPW in order to provide assistance to participating businesses on HIV policy, education, care and support. An auditing system and accreditation for ASO was also created whereby companies are awarded the silver or gold rating, dependent upon the successful completion of various criteria and indicators. These include "no discrimination based on HIV status", a formal announcement of an HIV/AIDS workplace policy and the confidentiality of HIV and other related information. Other criteria include assistance provided to HIV positive workers, the provision of training and education on HIV/AIDS in the workplace and community involvement in HIV prevention, as well as the instalment of condom vending machine in the workplace. (Interview number 4, MOL) Through the Global Fund, the TBCA is in charge of carrying out HIV prevention controls in the workplace. Cooperative work between the TBCA, DPLW and a network of NGOs represents a successful "good practice for HIV/AIDS in the workplace" model. (Interview number 4, MOL)

4. BARRIERS FOR MIGRANTS' ACCESS TO STIS/HIV/AIDS SERVICES

Migrant communities tend to stick together and avoid drawing too much attention to themselves for fear of being arrested by the authorities and deported back to their country of origin. Consequently, the migrant community, especially those who are undocumented and not covered under the National Universal Health Coverage Scheme, tend to avoid health care services offered by the Thai government. A study conducted in 2005 discovered that only 68.0 percent of registered migrant workers are fully documented and eligible to receive the health benefits under this scheme. (26)

When covered by health insurance, a migrant is assigned one particular health provider; a health centre, clinic or hospital. Under the government plan, migrants working outside of the village, town or city may find it inconvenient and expensive to attend services and treatment due to the additional cost of transportation and the conflicting hours of business between their work schedule and that of the health service providers. For migrants who are able to access health services at the assigned health facility, other problems arise. They will probably have to deal with language and cultural barriers, as well as discrimination from health service providers. This only adds to migrant's reluctance to seek treatment from the public service providers. (17) In addition, employers have been known to restrict migrant's movement even in their non-working hours. To further restrict their movement and keep them reliant to their particular job, employers may withhold the migrants' insurance card. (4)

The clear lack of reproductive health education, including HIV prevention and services provision, coupled with stigmatization, all may contribute to discourage or inhibit the migrant population from undergoing HIV testing, attending counselling or being involved in community based peer education. Consequently, a significant number of migrants who arrive for testing are already symptomatic and too weak to work. To compound the issue, employers will often fire employees if they test positive for HIV, leaving them with no financial support to provide for themselves. (28)

5. PROGRAMMES FOR MIGRANT HIV/AIDS PREVENTION, CARE, TREATMENT AND SUPPORT

The migrant community in Thailand is certainly underserved and significantly vulnerable because of a low social status, the lack of status, and barriers to health services. The political and economic context in which most migrants find themselves vulnerability to HIV will continue to increase if no affirmative action is taken. Positively, however, the number of international organizations, NGOs, CBOs and other small organizations offering services should continue to increase.

The following programmes are predominantly those that are implemented for migrants by internationally recognized organizations. The programmes are listed in alphabetical order and do not reflect their scope, scale or length of services.

Médecins sans Frontières (MSF)

MSF provides basic medical care and treatment to migrant workers and "refugees" in numerous "camps". They assist with the treatment and care of patients living with HIV/AIDS, including some ART, and the creation of peer support groups to assist marginalized migrants living with HIV/AIDS in several migrant rich communities. MSF is a strong advocate for migrant rights to access HIV/AIDS care, treatment and support services, including ART for all who need it. (30)

International Organization for Migration (IOM): Migrant Health Programme

The IOM-MOPH Migrant Health Programme (MHP) is a pilot project assisting the MOPH's initiative to mainstream migrant health programming into the successful Thai primary health care system. Working towards the development of a replicable migrant health programme model, the MHP tries to improve migrant's access to the overall primary health care services, including STIs/HIV/AIDS, in selected migrant reach communities. The MHP provides an excellent venue in which the culturally appropriate IEC activities and materials can be displayed and disseminated. As part of the routine service, Thai and migrant sex workers in Mae Sot receive sexual health IEC coupled with STIs/HIV testing and treatment from the government healthcare providers at the reproductive health clinic in Mae Sot General Hospital. Sex workers new to the project area are encouraged, and required by brothel management, to undergo an initial check-up at the clinic. (4)

The Prevention of HIV/AIDS among Migrant Workers in Thailand (PHAMIT) Project

PHAMIT is a collaborative project consisting of eight NGOs in Thailand; the Raks Thai Foundation (the principal coordinating NGO), Center for AIDS Rights (CAR), World Vision Foundation of Thailand (WVFT), Program for Appropriate Technology in Health (PATH), the Stella Maris Center, MAP Foundation, Empower (Chiang Mai), and the Pattanarak Foundation. Funded through the Global Fund, and in partnership with the MOPH and local healthcare providers, PHAMIT is responsible for HIV transmission and prevention initiatives and the improvement of the quality of life of migrants and their families.

Working in over 20 provinces of Thailand, the PHAMIT Project mainly aims to promote reproductive health including condom use, make the health system favourable for migrant workers, and promote a political environment at the national and inter-country level that supports migrant workers' right to health and treatment.

Working with the Department of Health Services Support and Public Health Offices from the provinces that have significant migrant populations, PHAMIT has identified many of the logistical and administrative issues that have complicated the health delivery mechanism for migrants. It is their hope to identify systems that could be put into place to address these gaps so they may create and integrate a "Migrant Health System" into the existing government health programme. (17)

Raks Thai Foundation (RTF) under PHAMIT

RTF is an NGO working on providing reproductive health and culturally appropriate HIV/AIDS services to seafood processing and seafarer communities. Through their clinics and outreach activities, they appropriately address the health of the migrant community. RTF has an active partnership with the provincial hospital who supplies medical staff to accompany their weekly mobile clinic run by community volunteers. The clinic is staffed with a doctor and migrant health assistants, and promoted by community volunteers. Basic health services are offered such as family planning consultations, preventive/curative medical care and referrals for patients who require more complex assistance. (17)

Pattanarak Foundation under PHAMIT

In late 2004, Pattanarak Foundation became a sub-recipient of the PHAMIT Project working with the displaced populations along the border of Sangklaburi District in Kanchanaburi Province. Seventy-five percent of the district population, (approximately 30,000 people) is ethnic minorities and displaced persons from Myanmar. Added to this, the 20,000 migrants who are living within the border "camps"; the task of addressing the health concerns, including reproductive health and HIV, of this marginalized population within this district is daunting. Pattanarak established a shelter for PLHA on the grounds of an integrated organic agricultural learning centre and demonstration plot in the community. Linking HIV prevention and care with food security and sustainable alternative livelihood options brought PLHA and community members together in a cooperative learning environment that served to reduce stigma advance community awareness and prevention as well as improve nutrition and self-reliance. (31)

Services for the Health in Asian and African Regions (SHARE)

SHARE Thailand initiated small, yet very noteworthy, project on workplace behaviour change for undocumented seasonal migrant farmers working along the Thailand-Lao PDR border who are often marginalized, HIV illiterate and mobile. The project aims to increase HIV/AIDS advocacy within the community, decrease HIV discrimination and empower migrant workers to adopt safer sex practices. To achieve these results, SHARE engages the migrant community and essentially their employers through social events and IEC campaigns, utilizing local volunteers and PLHA staff as facilitators and presenters. Migrants in particular are targeted through focus groups and peer networks to increase HIV/AIDS awareness and curb risky sexual behaviour. (32)

World Vision Foundation of Thailand (WVFT)

WVFT currently has HIV/AIDS programmes to support both documented and undocumented migrant workers within five provinces in Thailand; Tak, Chumporn, Ranong, Phang Nga, and Phuket. The programmes comprise HIV/AIDS prevention, education and care services with a stationary and mobile clinic in Tak, Phuket and Ranong. HIV/AIDS education and prevention programmes are implemented in Chumporn while Phang Nga is provided a mobile clinic. WVFT is also piloting the health care services for Myanmar migrants at WVFT's own stationary and mobile clinics as a network of the National Universal Health Coverage Scheme. As the first NGO clinic to network with the National Universal Health Coverage Scheme, services are offered for registered migrant workers by merely presenting their health insurance card and WVFT can then reimburse this expenditure from the Provincial Health Office. Undocumented migrant workers are able to receive services at a subsidized cost.

The following is a list of issues and recommendations made by WVFT:

- The Government should more readily promote the NGOs link to the health care system and accept the role of NGOs as partners.
- The Government should support a budget for every fiscal year, and provide medical instruments regularly for NGOs that provide care service to migrant workers in order to make their activities sustainable. A limited budget has meant that efforts have been cut short.
- The Government should provide technical support, human resources, such as nurses, to promote human development.
- The Government should make available ART under the National Universal Health Coverage Scheme, as well as provide vaccinations for all migrant children.
- The Ranong model should be promoted to other areas that have numerous migrant workers.

6. RECOMMENDATIONS

Drawing upon the key findings of the desk review, the following actions are highly recommended.

1. Improving the understanding of the characteristics of migrants, migration process and HIV risk and vulnerability, particularly the unknown and untouched labor sectors that may be at risk

There is a great diversity of labor sectors that migrants occupy in Thailand, each unique with regards to HIV vulnerability. Government, NGO and CBO research and programming have certainly achieved some level of success in understanding HIV risk and vulnerability of several of the key populations at higher risk, such as migrant sex workers, factory workers and fishermen. However, there are many sectors that remain relatively unknown and untouched, such as domestic workers, laborers, agriculturalists, transport workers, displaced people and even Thai migrants abroad to name but a few. Research must continue so we can begin to understand the needs, vulnerabilities and hardships faced by all migrant sectors and thus respond appropriately. In particular, migrant workers who are classified as "labourers" under the current data system in recording HIV cases are not sub-grouped; therefore, occupation variable needs to be defined in a more specific way relating to the contexts and characteristics of all the various labour sectors. In fact, Behaviour Change Communication (BCC) and prevention activities can be implemented in the most effective ways through well understanding the migration process (source, transit, and destination and returned communities), identifying risk environments and vulnerable populations, and prioritising sites.

2. Exploring in-novative and effective strategies for implementing a continuum of STIs/HIV/AIDS prevention, care, treatment and support for "labourers" and other relatively unreached vulnerable migrant groups as well as strengthening the existing services for seafarers, factory workers and "refugees"

This review identified high risk and vulnerability among various migrant "labourers" in Thailand and found a limited number of programmes addressing their needs. This was partly because many programmes in Thailand focus on seafarers in seaports, inland factory workers and sex workers as PHAMIT is the key HIV project for migrants in Thailand. While this trend is likely to continue, there is a considerable gap that still remains as other groups are untouched.

Below are key recommendations for the HIV continuum of prevention to care for migrants.

2.1 Prevention

Behavior Change Communication (BCC)

Although many settled migrants have a good basic knowledge, particularly concerning the prevention of HIV, they still engaged in high-risk behaviour. Education campaigns by various organizations need to emphasize the indirect causes or "cues to action" and not over-emphasize sexual transmission through sex workers. This proactive approach must educate people properly about the risks and other potential effects on their family members. Community education on STIs/HIV/AIDS needs to be enhanced, particularly in areas where little has taken place. Emphasis needs to be placed on the modes of transmission and common misconceptions need to be clarified.

Targeted BCC strategies and messages should be considered for each sub-population group since some groups of migrants and "refugees" may face the difficulty in linking the BCC strategies and messages developed for other groups, such as factory workers, to their personal perception. For instance, the outreach and BCC strategies for the seafarers who are difficult to reach due to the length of time they spend at sea as well as "labourer" groups are urgently needed, considering their reported relatively high risk and vulnerability. This may include the connection

with employers so that crews may attend short workshops on prevention and transmission while they are in port as well as the development of the "secondary peer educators" among the Thai and migrant captions or chiefs of the fishing boats, etc.

The promotion of lubricant use among sex workers to reduce the risk and susceptibility to STIs and HIV should be standardized among both Thai and migrant sex workers. Findings show that migrant sex workers are concerned with condom breakage due to client's habits injecting oil or other fluids for penis enlargement. Also, as many sex workers have sexual intercourse four to five times per night. Promotion of lubricant use can be an effective strategy to prevent tearing or irritation of vagina that could increase the risk for STIs and HIV infections. In addition, there is a need to promote and build the negotiation skills of migrant sex workers as well. Language barriers or a lack of persuasiveness are common reasons why sex workers are powerless in protecting themselves and their partners from sexual infections.

In "refugee camp" settings, due to the particular cultural and/or religious belief that "refugees" have, condom promotion could be difficult to implement. Thus, alternative initiatives to the existing traditional HIV awareness raising and campaigns to make condoms more accessible in "refugee camps" should be explored. This could be preceded with assistance from the cultural, social and medical anthropologists to understand the core cultural barriers and to come up with alternative solutions. Since school based initiatives remain unpopular in the "refugee camps", ways to link HIV/AIDS awareness with other activities in the "camp" targeting young people must be explored, such as sports and vocational training.

Voluntary Counselling and Testing (VCT)

The volume of VCT services by GOs and NGOs as well as its utilization seem to be far from ideal. Promotion of VCT and the benefits of knowing ones HIV status should be an integral component of the BCC strategies. VCT, along with treatment and support, should be introduced to mobile populations such as migrant workers and "refugees". Consultations with the community are important to respond to how migrants perceive the service, how they would like VCT to be offered, what hours are more convenient and whether they understand that the service is confidential. Concerns relating to potential discrimination should also be explored. At the same time, increased access to, and awareness of, "migrant friendly" and confidential VCT should be emphasized.

However, since the issue of stigma and discrimination is still a high concern, particularly in migrant and camp communities, offering too specific services related to STIs/HIV may not be attractive for the targeted clients as the research show that they do not want to be seen by others when visiting the venue for such specific services (such as VCT and STIs clinic). It may be more appropriate to establish the "migrant health clinic" that provides general health services to migrants while ensure that the confidential VCT, STIs and HIV services are also available and accessible at the clinic.

Prevention of Mother to Child Transmission (PMTCT)

The MOPH has a policy and protocol on universal ART before, during and after delivery to HIV-positive mothers as well as formula feeding for infants born from HIV-positive mothers. However, the HIV-positive migrant mothers may not benefit from this policy mainly because of the concern on their high mobility and loss to follow up.

Although the bottle feeding is recommended for babies with HIV-positive mothers in the camp setting, however, the alternative feeding should be provided with care for several reasons. Just to mention a few, bottle feeding might put the HIV-positive mothers in an awkward position in explaining to their neighbours the reason for not providing breastfeeding to their babies. One of the on-going concerns in the camps is the sanitation, including the

inadequate safe water supply that could make bottle feeding a challenge. Mothers who choose to formula feed should be provided with information on formula preparation, hygiene and avoidance of mixed feeding. Mothers who choose to breastfeed should be counselled on exclusive breastfeeding for six months, breast care and infant oral care. Simultaneously, there is also a need to combat stigma and discrimination against PLHA to establish a less threatening environment for HIV-positive mothers, particularly those who choose to bottle feed their babies.

2.2 Care, Treatment and Support

With the ethical consideration, the VCT should not be overemphasized without the existing mechanism to provide care, treatment and support to HIV-positive migrants. Providing care, treatment and support, particularly ART, to migrants is a big challenge because of their high mobility and the risk of loss to follow up and treatment failure. However, there are some evidences of the success in providing care and support to migrant groups that are less mobile. Care and support, including the establishment of self-help groups, in selected migrant communities such as those implemented by Pattanarak Foundation offer the models that could be implemented in other areas. The support network will not only promote individual well-being but will also contribute towards reducing stigma and discrimination as well as encouraging others to seek testing and care.

Since the "camp" residents are not granted the refugee status by the RTG, the MOPH is not able to provide any health services to the "refugees" and the health of "refugees" is the responsibility of various international NGOs working in the camp. Despite a potential success in providing ART, in addition to care and support, to "refugees" in the camp since they are less mobile, limited ART is provided to the "refugees". Therefore, ART for "refugees" should be one of the priorities for GO and NGOs to advocate and mobilize for donor support.

3. Creating enabling environment to improve access to STIs/HIV prevention, care, treatment and support among migrants and "refugees"

To reduce vulnerability to HIV infection, the promotion of various rights (basic human rights, human dignity, participation, gender equality and non-discrimination) should be integrated in HIV programmes. It must be acknowledged that the Thai economy's dependence on migrants is likely to persist. Socio-economic justification for migrants must be developed that explain to Thai employers and workers, as well as migrants and Thai society, the economic benefits of migrant workers. Developing clear and transparent migrant worker policies, at least for the medium term should include making it clear that migrants are to be treated as Thai workers under Thai labour laws, protecting migrants as well as Thai workers.

Within Thai society "refugees" and migrants are often portrayed as having a high HIV prevalence. Reports within the Thai media have blamed "refugees" and migrants for bringing diseases, including HIV/AIDS, into the country. The media has a duty to disseminate the facts and not perpetuate these misconceptions but they need to be sensitized and provided with more opportunities to expose to the facts that majority of migrants and "refugees" are healthy and that migrants contribute to big parts of the Thai economy.

4. Enhancing the multi-sectoral collaboration among key stakeholders nationally and internationally

Working with various organizations, the government could assist in convincing factory owners and managers to allow the distribution of health information and services in their workplaces because often they have more authority or may be better received than other organizations. Thus, strengthening the involvement of employers and management within all migrant related labour sectors to create an enabling environment for improved health is important. Work must be done with employers to bring timely and repeated IEC and outreach trainings to a greater proportion of workers.

Partnerships between Thai public health officials, business leaders and NGO groups should facilitate HIV interventions and support identification of the most effective delivery methods through further research and innovative programmes. In fact, increased cooperation between Provincial Labour and Public Health Offices is important. These offices must be encouraged to undertake projects that provide education and prevention methods for HIV to employers and migrant employees. The formation of a "local working group" on health of migrant and mobile populations, including HIV/AIDS, should be encouraged and assisted. The purpose of working groups, consisting of migrants in various labour sectors, employers and local government authorities, would be to develop and improve health, including HIV/AIDS, services and information for migrant labour groups.

To address the needs in both direct and indirect sex workers, GO and NGO outreach services are essential. These services should promote the use of peer education in outreach and in clinical settings for sex workers. Since social networks are integral within the population, the use of peer education can be a very useful method to assist in disseminating information regarding HIV prevention and helps inspire a greater sense of self-efficacy within the community. Clinical services on STIs/HIV/AIDS should also be provided at indirect sex establishments. This would be beneficial as many indirect sex workers do not vocalize their profession and may therefore be overlooked or unreachable.

Many migrants, especially those living near the border areas in neighbouring countries cross the border to seek and receive health services in Thailand. However, since they are highly mobile, healthcare providers are often not able to follow up on them. Country of origin and migrant level of past exposure to IEC activities play a key role in their knowledge and behaviour. Programmes within the host nation must make use of available secondary data and remain aware that the migrant population originates from diverse ethnicity and cultural. Thus, tailoring their programmes to adequately respond to the specifics of the migrant population's vulnerability is essential. STIs/HIV/AIDS programmes appropriately addressing specific needs of migrants should be made available in source, transit, destination and return communities of migrants. If possible, the linkage or networking of GOs and NGOs working in the communities of migration process should be strengthened for a more collective response.

It is anticipated that strengthening networks among stakeholders could also fine tune the mutual understanding on HIV transmission, prevention, care, treatment, support as well as migrant and HIV related policies. This in turn could avoid the spread of false information and perception on migrant health policy and HIV services and strengthen secondary peer networks for migrants.

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APPENDIX 1: KEY LITERATURE ON MIGRANTS IN THAILAND

Title	Author/Source	Year	Description	Finding
Knowledge, Attitude and Practices Regarding Prevention of HIV/AIDS Transmission in Myanmar Migrant Factory Workers in Mahachai District, Samut Sakorn Province, Thailand	Thu, Myint/ Chulalongkorn University	2003	The purpose of the study was to provide information for both governmental and non-governmental organizations on the basic knowledge, attitude and practices of the Myanmar migrant workers in Mahachai, Samut Sakorn, Thailand related to HIV/AIDS prevention. The specific objectives were to describe socio-demographic characteristics, sources of information on HIV/AIDS, social network and social support systems, basic knowledge, attitudes and practices of these workers on HIV/ AIDS and its prevention, and to find the associations between these variables.	There was no statistical significant association between a respondent's knowledge and their condom use; therefore improving knowledge alone would not be enough to improve condom use. Results did however demonstrate a statistically significant association between a migrants positive attitude and safe practices. Misconceptions and HIV/AIDS knowledge are ever present and merit renewed Information, Education and Communication (IEC) efforts. Condom use with non-marital partners was found to be low, pointing to increased targeted condom promotion programs. Social networks are strong within the migrant community and include family members, relatives, friends and peers. Respondents mainly site their peers and/or friends to discuss personal problems including health concerns and information on AIDS and its prevention. These are important relationships that require tailored programming since they certainly may help protect individuals from HIV, or conversely, put them at greater risk.
Cross-border Migration and HIV/AIDS Vulnerability at the Thai-Cambodia Border: Aranyaprathet and Khlong Yai	Chantavanich, Supang et al/ Asian Research Centre for Migration (ARCM), Institute of Asian Studies, Chulalongkorn University	2000	Utilizing primarily quantitative means with limited qualitative methods, the research study was conducted on the Thai side of the Thai-Cambodian border. The study is concerned with determining the vulnerability of the migrant population in Thailand to HIV infection. The study encompasses the background and migratory process plus current working and living conditions of the migrants, as well as their knowledge and awareness of HIV/AIDS, and their risk situations. In addition, the study explores health seeking behaviour and provision for HIV/AIDS prevention and care for migrant populations.	Borders are well known for providing 'entertainment zones', and these two border areas are no different. For many migrants there are few recreational alternatives apart from drinking and commercial sex. Many have little education and low literacy leading to limited knowledge and many misconceptions regarding the transmission and spread of HIV. Little is known about STIs and the importance of condom use. Many of these migrants, as part of their recreation, join other mobile populations - truck drivers, business people, tourists, officials, soldiers, police - in visiting these entertainment venues and sex workers.

Title	Author/Source	Year	Description	Finding
Cross Border Migration between Thailand and Lao PDR: A Qualitative Assessment of Lao Migration and Its Contribution to HIV Vulnerability	Asian Research Centre for Migration (ARCM), Institute of Asian Studies, Chulalongkorn University, Family Health International (FHI), and National Committee for the Control of AIDS, Lao PDR	2004	Conducted in eight provinces within Lao PDR: Bokeo, Xaignabouri, Vientiane, Borikhamxai, Khammouan, Savannakhet, Saravan and Champasak, the study aims to identify communities of origin, transit and destination of Lao workers who go to work in Thailand. Additional information includes; developing categories of Lao migrants by occupation and other relevant characteristics, identify population data for each group; finding out the return flows and the stay in Lao of returned migrant workers; identifying the HIV/AIDS vulnerability in different migrant groups, and indicate the risk behaviours of migrants in the community of origins, transit and destinations; and identifying the most vulnerable groups among the cross-border migrant population.	Most Lao workers find that the risk of HIV/AIDS is higher in Thailand than in Laos. Modernized and more developed entertainment places and activities, combined with looser social bonds help explain the higher HIV/AIDS vulnerability for Lao workers in Thailand. The major high risk sector for Lao migrants is commercial sex work. Other groups at risk include: male agricultural workers, laborers, construction workers, and fishery workers. The vulnerability stems from a variety of factors such as low knowledge of HIV/AIDS prevention, stress from work, lack of other recreation activities, inaccessibility to prevention campaigns and condoms, and the availability of saved income. Trafficking and forced sexual labor contribute specifically to female Lao workers vulnerability.
Cross-Border Transportation Infrastructure Development and HIV/AIDS Vulnerability at Nong Khai-Vientiane Friendship Bridge	Paul, Shakti R et al/ Asian Research Centre for Migration (ARCM), Institute of Asian Studies, Chulalongkorn University	2002	Part of a series of cross-border studies by the Asian Research Centre for Migration (ARCM), the study investigates the relationship between transportation and HIV/AIDS in the context of migration and the links between the construction of the infrastructure and transnational migration and health issues. It provides a better understanding of the changing HIV/AIDS situation in the target areas of Nong Khai in Thailand and Vientiane in Lao PDR, connected by the Mekong River Friendship Bridge.	There was an indirect relationship between the bridge development and HIV/AIDS situation in the area. A rise in vehicles moving between Nongkhai and Vientiane had resulted in thousands of Thai and Lao truck drivers crossing in both directions and an increase in the number of cross-border traders. The construction led to new hotels, department stores, shop houses, roads/ highways in the area, which utilized the services of the abundant migrant workers from Laos. Both Thai and Lao demonstrated increased vulnerability to HIV/AIDS mainly through unsafe sexual behaviour. Attracted by the new development, a large number of Thai, Laotian and foreign tourists, especially those staying overnight outside their country of origin, would also appear to be vulnerable, though perhaps to a lesser degree. For Laotian sex workers residing in Nong Khai, a lack of awareness about the risk factors associated with HIV/ AIDS has resulted in poor preventative measures.

Title	Author/Source	Year	Description	Finding
Cross-border Population Movement and HIV/AIDS along Thai-Malaysia Border: Sadao, Songkhla Province and Sungai Kolok, Narathiwas Province	Kanchai, Supaphan et al/ Asian Research Centre for Migration, Institute of Asian Studies, Chulalongkorn University	2002	The project, established by the Asian Research Centre for Migration (ARCM), is part of the country wide effort to develop a credible knowledge base on the issue of cross-border population movements and its relations to HIV/AIDS. It is expected that this qualitative/quantitative study will contribute to the growing information concerning migrants and other mobile populations in regards to HIV/AIDS in the country and assist the Thai authorities to develop a comprehensive intervention strategy for these migrants and mobile populations in Thailand.	The number of arrivals from Malaysia has been consistently high for several years. Thousands of Malaysians including truck drivers cross into Thailand for weekend holidays, relaxation and business. The southern provinces are also home to a host of undocumented migrant workers who employ themselves as daily laborers or in the many rubber plantations found in the region, though due to their illegal status they were rarely encountered. The border towns of Sadao and Sungai Kolok are particularly unique in regards to HIV due to the quantity of high risk entertainment venues such as karaoke bars, massage parlours and brothels, and their popularity amongst the Malaysian groups crossing the border. The data indicates that nearly all of the sex workers prefer to use condoms and are well versed in HIV transmission and prevention, while most of the male Malaysian tourists and laborers do not like to use condoms. Because of limited control, forced situations and issues of gender inequality, sex workers allow risky situations such as non condom use.
Tangled Nets: The Vulnerability of Migrant Fisherman and Related Populations in Thailand	Press, Brahm/ Raks Thai Foundation	2003	The collection of photos was to bring to light the life of migrant fishermen and related populations, reveal their plight, and touch on some of the complexities that make reducing migrants' vulnerability to HIV/AIDS.	With unequal development in the Greater Mekong Subregion, high rates of migration and mobility will continue as young people cross borders in search of economic opportunities. Regularly placed in risk environments without rights or the ability to access health services, migrants' vulnerability to HIV/AIDS will remain high. Migrant fishermen and their related populations are an interesting case which demonstrates that mobility is a contributing factor in the spread and growth of the HIV/AIDS epidemic in Southeast Asia. Visiting brothels during shore leave, communal tattooing, penis enlargement or 'enhancement' and amphetamine use are but a taste of the complex sub-culture that surrounds the seafarer industry and presents unique challenges for interventions by NGO and other organizations.

Title	Author/Source	Year	Description	Finding
Reproductive Health of Burmese Migrant Youth in Thailand: Findings Experiences, and Lessons Learned	Nopachai, Vickie/ Raks Thai Foundation	2004	A publication by the Raks Thai Foundation to share their experiences, lessons learned, and findings from working with the migrants, youth and people of reproductive age. A combination of IEC activities, surveys and focus group discussions with male and female Myanmar migrant youth was implemented to determine their behaviours, attitudes and knowledge in relation to sexual and reproductive health.	Although cultural values suggest state that young Burmese youth should wait to have sexual relations until after marriage; it is common for Burmese migrant youth to have pre-marital sex and to marry at a much younger age in Thailand since they are away from the guidance and protection of parents or family members. Many youth lack correct knowledge concerning pregnancy, STIs, and HIV/AIDS. Most seem to have a fair understanding of how the disease is transmitted, though the majority of youth are much more concerned about unwanted pregnancy. Generally youth have a positive attitude towards contraceptive use. Condoms are rarely viewed as a contraceptive method but more as a method of protection against disease and often associated with sex workers and untrustworthy people. Self-efficacy amongst male and female is not very high; they do not have much confidence in their ability to access information and services and do not feel that they have enough knowledge and skill to protect themselves from HIV, STIs and unwanted pregnancy.
Untangling Vulnerability: A Study on HIV/AIDS Prevention Programming for Migrant Fishermen and Related Populations in Thailand	Press, Brahm/ Raks Thai Foundation	2004	Primarily the study was conducted to identify strategies used by implementers in HIV/ AIDS prevention programming for migrant fishermen and related populations in Thailand. It set out to assess the current level of implementation and effectiveness of HIV/AIDS programming for the target groups, and to explore possible future directions for this programming.	Due to limitations in data, plus the high mobility of fishermen, there is some uncertainty regarding the reported HIV/AIDS rates although earlier studies have found a prevalence of 15% to 21% amongst migrant fishermen. As part of their sub-culture, fishermen go out in groups from the same boat during shore leave, and many feel a compulsion to engage in drinking and commercial sex as part of a 'ritual' of returning to land, and as a way of bonding with shipmates. Other aspects of the sub-culture are tattooing and penis enlargement, were sharing of needles and equipment is commonplace. Research from Phuket and Ranong indicates that these practices are prevalent, and that there is a relatively high incidence among new fishermen. At both sites, up to 15% of those interviewed acknowledged using penile implants, and 9% of men in both samples had injected hair oil for enhancement. Sex workers can be found at every port, though due to legal enforcement, 'brothels' have become less prominent and replaced by karaoke bars. HIV rates among sex workers at port provinces are much higher than rates for sex workers in other parts of Thailand. To complete the triad of risk along the coast one must not forget the migrant communities made up of seafood processing workers and spouses of fishermen. With all the various scenarios that point to potential transmission of HIV/AIDS between migrant fishermen and their partners: sex workers, sweethearts, women in the community, their wives in Thailand and back home, these migrant coastal communities exhibit not only extreme vulnerability but the future implications are significantly ominous.

Title	Author/Source	Year	Description	Finding
Code of Practice on Prevention and Management of HIV/ AIDS in the Establishment	Ministry of Labour/ Department of Labour Protection and Welfare, Labour Welfare Division, Ministry of Labour	2005	A guideline established by the Ministry of labour through the Committee on the Policy Development of Prevention and Management of HIV/AIDS in the World of Work. The content of the Code of Practice can be divided into 2 subheadings. The first is Worker rights and Protection. The objective is to encourage employers to support employee to acknowledge and understand correctly issues of HIV/AIDS prevention and being protected against discrimination, segregation, obstruction and restriction on liberty of those infected with and affected by HIV/AIDS. The second subheading is HIV/AIDS Management and Prevention System: procedures on the policy, prevention, reduction of impact of HIV/AIDS in and on the establishment; the assistance for infected employee's and their families; and the elimination of discrimination against employee infected with and affected by HIV/AIDS.	Topics and information discussed within the Code: Development of Policy on HIV/AIDS in the Establishment, Main Content of the Policy on HIV/AIDS in the Establishment, Designating a HIV/AIDS Establishment Policy Officer, Role of the Occupational Safety, Health and Environment Committee in the Establishment, Gender Equality, Roles and responsibilities of employers and Employers' Organizations, Roles and Responsibilities of Employees, Role and Responsibilities of Employees' Organizations and Role and Responsibilities of the Government Competent Body. The accompanying annex contains information on: Laws and Regulations relevant to HIV/AIDS, AIDS-response Standard Organization Certification (ASO) and Prevention of HIV Infection from Occupational Accidents
Assessment of Knowledge, Attitudes and Risk behaviours Regarding HIV/AIDS among Myanmar Migrant Workers in Bangkok	Zaw, Maw Maw/ Chulalongkorn University	2002	The study was conducted to determine and describe knowledge, attitudes, risky behaviours, and the factors influencing risky behaviours regarding HIV/AIDS among Myanmar migrant workers in Bangkok. In countries affected by HIV/AIDS on a large scale, lack of knowledge and misconceptions about the causes of the virus are found to be common. Misconceptions and a lack of knowledge prevail especially among communities having lower educational attainment and restricted access to public information sources and health services. Myanmar migrant workers in Thailand tend to have all these characteristics along with limitations in Thai language and illegal status.	Approximately half of the migrants (47.4%) had "fair" level of knowledge regarding HIV/AIDs; particularly being aware of various ways HIV is transmitted. However, there were several beliefs contrary to facts resulting from insufficient knowledge and confusion. Migrants (70.8%) had a "moderate" level of attitude, including willingness to be tested for HIV though expressed a negative or neutral attitude towards PLWHAs. Sexual contact in risky situations without or only occasionally using condoms, homosexual behaviour, and women not getting tested for HIV before being pregnant were the main risky behaviours. Condom use was very low, and only 17% of sexual experienced participants were using condoms regularly. The relationship between gender and risk behaviour, including homosexual experiences, having more than one sexual partner, ignorance about use of condoms, the relationship between knowledge and risk behaviour of condom use and relationship between attitudes and risk behaviour were found to be statistically significant.

Title	Author/Source	Year	Description	Finding
Prevention of HIV/AIDS Among Migrant Workers in Thailand (PHAMIT): The Baseline Survey 2004	Chamratrithirong, Aphichat, Wathinee Boonchalaksi and Patama Yampeka/ Institute for Population and Social Research, Mahidol University. (Conducted for the PHAMIT Project and supported by the Global Fund to Fight HIV/AIDS, TB and Malaria)	2004	The quantitative investigation focuses on socio-economic and demographic characteristics of migrant workers and highlights key outcome indicators important to the PHAMIT Project. The analysis highlights migrants' knowledge of HIV/AIDS and routes of transmission, attitudes related to HIV/AIDS, sexuality and sexual partners, condom use, life skills, awareness of right of access to health services, use of contraceptive methods, reproductive health status and access to services.	Migrant's general knowledge of HIV/AIDS is at a high level, especially amongst Cambodians who had been exposed to IEC campaigns before migrating to Thailand; however, more comprehensive knowledge on the prevention, transmission and correct conception of HIV/AIDS does not exist among certain migrant groups. Self-perception of risk for HIV infection is quite low amongst coastal migrant communities where high risk groups such as seafarers reside. Migrants sexual behaviour is complex. The study reveals that the prevalence of casual sexual relationships is high amongst particular migrant communities, i.e. Cambodian migrants. The extent that male migrants visited sex workers was dependent upon nationality and the area of Thailand in which they reside. Knowledge of condoms is high, though are rarely used with regular partners or spouse, since these relationships are based on trust and are often accompanied by social values and gender biases.
No Status: Migration, Trafficking & Exploitation of Women in Thailand, Health and HIV/AIDS Risks for Burmese and Hill Tribe Women and Girls	Physicians for Human Rights	2004	The study was designed to provide critical insight and remedial recommendations on the manner in which human rights violations committed against Burmese migrant and hill tribe women and girls in Thailand render them vulnerable to trafficking, unsafe migration, exploitative labor, and sexual exploitation and, consequently, through these additional violations, to HIV/AIDS.	The interviews conducted for this study illustrate great cause for concern with regard to the current Thai administration's commitment to human rights protection and HIV/AIDS prevention, care, and treatment for migrant and hill tribe populations. Vulnerability to HIV/AIDS for women and girls in these groups is associated with the human rights abuses that they experience: discrimination, unsafe migration, trafficking, labor exploitation, denial of health care, sexual exploitation, and gender-based violence. All of these violations increase the risks of HIV infection and bring with them other health, social, and economic consequences that are devastating for individuals and their communities. Women and girls trafficked into the sex industry suffer particularly harsh and endangering abuse: beatings, sexual assault, and unsafe sex practices by traffickers, commercial sex venue owners, clients, and police or immigration officials that imperil their health in many ways and increase their risk of HIV infection. The lack of basic rights of Burmese migrants and hill tribes provides a case study of the ways in which denial of rights can have a negative impact on access to health care and vulnerability to disease, especially HIV/AIDS.

Title	Author/Source	Year	Description	Finding
Migrants' Health and Vulnerability to HIV/AIDS in Thailand	Press, Brahm/ Prevention of HIV/AIDS among Migrant Workers in Thailand (PHAMIT)	2004	A review of the numerous factors that affect migrants' health in Thailand, exploring work and living conditions, structural barriers to health services, and issues of emotional well-being and human rights. Information is based on informal reporting from the field, which is corroborated by a literature review. The purpose of the report is to show that migrants' health in Thailand is significantly affected by various factors that are out of their control, such as unsanitary work and living conditions and the inability to access health information and services. In part, this report refutes a common belief (and misconception) held by the Thai public (which is opportunistically echoed by the media and sometimes the government) that migrants "bring disease." This statement has led to a perception that in order to control certain diseases, migrants must be controlled, overlooking the social and structural barriers that compromise migrants' health in Thailand. Accordingly, the report lays out the argument that both registered and unregistered migrants' inability to obtain basic rights, which is granted explicitly to registered migrants but untenable due to practical barriers, is what most negatively influences their health, and results in increased vulnerability to reproductive health problems and HIV/AIDS.	What becomes obvious from assessing health problems of migrants is the fact that a primary condition undermining migrant health is not necessarily access to health, although that is a factor, but conditions related to their daily life. Health is a holistic condition that is greatly influenced by other, less tangible factors such as environmental, emotional well-being, a sense of personal control and security, freedom of movement and adequate rest, for example. These factors then impinge upon a basic sense of control over an individual's life, making the implications of contracting AIDS in the future seem insignificant compared to a migrant's daily struggle. With a diminished sense of personal value or a reduced sense of personal control, individuals may be more willing to take risks as they feel a sense of abandon or fatalism, which may negatively affect their sense of self-preservation, including their vigilance in preventing AIDS.

Title	Author/Source	Year	Description	Finding
Toward a Higher Quality of Life for Migrant Populations: Strengthening Linkages between Source and Destination Communities	Kantayaporn, Tussnai/ Workshop on "Inter-relations between Development, Spatial Mobility and HIV/AIDS: Contribution of Policies and Programmes against HIV/AIDS	2004	This paper describes a three-phase, cross-border (Cambodia-Thailand) project to prevent HIV and improve quality of life for migrants and their families. The Program for Appropriate Technology in Health (PATH) and several partners have collaborated to implement the, 'Promdan Project'. Promdan is the first effort to reach out to the Cambodian migrants in Thailand and their source communities in Cambodia. The first phase (2001-2002) consisted of interventions addressing the personal, environmental and policy levels in HIV and AIDS prevention. The second phase of Promdan (2003) incorporated a more holistic and humanitarian approach to health and well-being, while phase three (2004-2007) aimed to integrate the project's strategies into the inter-country employment system.	In the initial eighteen-month period, the project team improved knowledge of STIs (including HIV), condoms, and the realities and HIV related risk of the migration process among Cambodian migrants. Access to condoms increased, attitudes toward people living with HIV improved, and prejudice against Cambodian migrants was also reduced. The evaluation recognized that one of the key strengths of the model was the rapid establishment of credibility with gatekeepers and health service providers in both source and destination communities. Promdan also contributed to a more effective migrant policy in Thailand. A key achievement to date has been official recognition that the Cambodian fishermen whom Promdan targets are labor migrants important to the economy of Thailand. The next challenge for Promdan will be to advocate for the development of integrated systems addressing health services, social support, and labor recruitment and retention throughout the migration cycle.
Baseline Quantitative Survey for Phase II of PHAMIT Project in Mae Sot	Aung, Eindra/ World Vision's report for PHAMIT Project	2005	The PHAMIT Project in Mae Sot aims to reduce high-risk behaviour and increase condom use amongst migrant factory workers and their related populations and to increase capacity of the migrant community to provide care and support for the people living with and affected by HIV/AIDS. During the period between August and October 2005, the baseline survey was conducted to establish current values for outcome indicators for Phase II of the World Vision PHAMIT project in Mae Sot, so as to determine whether there are measurable changes after the project has been implemented.	The study found that the respondents' knowledge on HIV/AIDS was quite high, although their knowledge of STIs was low. Mean scores of knowledge on HIV/AIDS were 9.5 and 6.8 for male and female respondents respectively, out of a possible range of "minus 15" to "plus 15". Mean scores of knowledge of STIs were 2.2 and 1.3 for all male and female respondents respectively, out of a possible range of 0 to 15. A greater proportion of unmarried male factory workers had sex with their girlfriend than with other sexual partners. Among those who had sex with their girlfriend during the last year, 26.3% consistently used condom with their girlfriend. Mean score of attitudes towards PLWHA was 1.5 for male respondents and 0.4 for female respondents, out of a possible range of "minus 5" to "plus 5". Regarding IEC on HIV/AIDS and STIs in Mae Sot, 35.3% and 23.1% of all male and female respondents respectively received information from Burmese World Vision staff, 31.6% and 17.6% from trained volunteers of World Vision and 44.5% and 19% from IEC materials.

Title	Author/Source	Year	Description	Finding
Assessment of Mobility and HIV Vulnerability among Myanmar Migrant Sex Workers and Factory Workers in Mae Sot District, Tak Province, Thailand	Theede, Jason and Isarabhakdi, Pimonpan/ International Organization for Migration (IOM)	2007	The assessment examines mobility and HIV vulnerability among Myanmar migrants in Mae Sot District, Tak Province, Thailand. The research team employed a collaborative qualitative (focus groups and in-depth interviews) and quantitative research approach (survey of 819 Burmese migrant factory workers between the ages of 15 and 49; 312 male and 504 female), to assess HIV vulnerability among migrant sex workers and migrant factory workers. Environmental and social factors, service access, knowledge, and behavioural vulnerabilities, along with gender issues, stigma and discrimination, are addressed. Undertaken from December 2005 through April 2006, this assessment aims to assist the Royal Thai Government (RTG) and partners to develop more effective policies and programmes for preventing HIV transmission, and to improve access to HIV and AIDS treatment and care among selected Myanmar migrants.	Sex workers are vulnerable to HIV primarily due to the high risk of their profession. Indirect sex workers (those working out of a bar, karaoke bar and restaurant or freelance) are particularly vulnerable because information and services do not reach them. Conversely, and in relation to their behaviour, factory workers demonstrated little vulnerability to HIV due to their sparse amount of free time, restriction of movement outside the factory compound, lack of extramarital sex, conservative social values and lack of disposable income. Their lack of knowledge with respect to HIV/AIDS and sexual health, however, creates some vulnerability. The assessment team learned that migrants arrive in Thailand with little or no knowledge about HIV/AIDS and sexual health, and in some cases basic knowledge of reproductive health. Though training and Information Education and Communication (IEC) outreach programmes have reached some of the factory worker and sex worker populations, knowledge remains at a very basic level and is predominantly disseminated by friends and siblings who attended various trainings.
HIV/AIDS vulnerability of Migrants from Myanmar Working at Samut Sakorn in Thailand	Ahmed, Sultan/ Mahidol University	2001	A graduate thesis aimed at exploring the attitudes and behaviour related to HIV/AIDS vulnerability of migrant workers in Samut Sakorn province. The study used data from CARE-International Thailand (December-February, 2001). The survey focused on two types of migrants working as seafood processing workers and seafarers in sub-districts of Samut Sakorn.	The level of risk for HIV infection varies according to socio-demographic characteristics of workers, with higher levels of vulnerability found among males compared to females, single workers compared to married workers, and younger compared to older workers. Other significant socio-cultural and demographic factors that affected migrants HIV vulnerability include: occupation, level of education and ethnicity. The predominant risk factor for HIV among the respondents was associated with visiting high risk entertainment establishment and having multiple sexual partners. Duration of stay in Thailand was found to be a factor in migrants related risk to HIV. Migrants with shorter durations in Thailand exhibited higher HIV risk compared to those who had a longer duration in Thailand. This may occur due to their increased exposure to HIV IEC campaigns.

Title	Author/Source	Year	Description	Finding
HIV/AIDS knowledge, attitudes, and practices among Burmese migrant factory workers in Tak Province, Thailand	Mullany, L.C, et al/ AIDS CARE (2003), VOL. 15, NO. 1, pp. 63 /70	2003	A paper presenting data and findings of migrant factory workers knowledge, attitudes and practices based on a secondary analysis of 725 factory workers in Tak Province, Thailand, gathered in July 2000 by the Burma Medical Association (BMA) and the National Health and Education Committee (NHEC).	Men consistently scored higher than women, with significant gender differences in the prevention and transmission questions. Forty-one per cent of the women understood that contraceptive pills do not prevent infection and 15% of females reported ever seeing a condom. Twelve per cent of men and 1.4% of women reported ever using a condom. Previously, virtually no access has been extended to persons trying to document health status among Burmese migrant workers in factories. The survey reveals a significant lack of knowledge about HIV among factory workers and indicates that a sub-population of Burmese people appears to lack the most basic information about the epidemic.
HIV/AIDS Problem of Migrants from Burma in Thailand	Khin, Alice/ University of Alberta	2001	Passionate about human rights and the increasing risk of HIV/AIDS for Myanmar migrants, four primary goals steer this study: 1) to identify individual, social and cultural beliefs, attitudes, behaviours and vulnerabilities with HIV/AIDS, 2) to identify those factors which particularly impact on migrants' health, especially HIV/AIDS, 3) to identify on the fact that protection and promotion of the rights to health is directly related and has impact on the equitable provision of public health and medical care service, and 4) to add the notion of human rights as one of the determinants of health.	Many Burmese people are being forced out of their homes by poverty and violations of human rights with limited access to resources and knowledge on HIV/AIDS and other reproductive health problems. The vulnerability to HIV/AIDS among this population is compounded by the limited mobility due to lack of official documents and denial of access to medical care in their country of destination, Thailand. Sero-prevalence data from Cambodia, Burma and Thailand indicate that populations in provinces with international border crossings have higher levels of HIV infection than the populations living further away from the borders. This situation is the clear evidence of the negative impact of human rights violations on health. Burmese migrant's workers' situation is a strong evidence on the fact that violations of human rights encountered in their country of origin, and country of destination, are critical in every migrant's life and has a direct impact on all aspects of their health.

Title	Author/Source	Year	Description	Finding
HIV/AIDS Prevalence and Risk Behaviours among Cambodia Laborers along the Thai-Cambodian Border	Suwannapong, Nawarat, et al/ Proceedings of the Inaugural International Asian Health Conference: Asian health and wellbeing, now and into the future (pp. 57- 66). New Zealand: School of Population Health, University of Auckland.	2004	The study aimed to estimate the prevalence of HIV infection among Cambodian labourers who commuted along the Thai-Cambodian border and to determine the factors affecting HIV/AIDS risk behaviour. Eight hundred and four eligible Cambodian labourers, aged 15-44 years, who commuted along the Thai-Cambodian border at four checkpoints in Sakaew Province, Thailand, were interviewed to assess their HIV/AIDS risk behaviours and to identify associated factors.	Overall, 4.52% of blood specimens were HIV-positive. Six determinants of HIV/AIDS risk behaviours were: male labourers, less perceived benefits, more perceived severity of HIV/AIDS, having knowledge of HIV/AIDS and working as a farm worker with an older age. Knowledge of HIV/AIDS among the Cambodian labourer was high (72.9%). This may have resulted from the continuity of the AIDS surveillance project, which organized many HIV prevention and control activities along the border. Overall, 15.7% of respondents had a good perception of HIV/AIDS and 70.1% had a fair perception. Of the 473 respondents having sexual experience, 58.8% had never used a condom, since condoms were believed to be used with commercial sex workers only, not with wives or regular partners. Overall, the prevalence of HIV infection and its risk behaviours among Cambodian labourers along the Thai-Cambodian border remains high.
Assessment of Sexual Behaviours in Two Myanmar Migrant Populations in Ranong: Fishermen and Sex Workers	Ohnmar, M.D./ Prince of Songkla University	2000	This study conducted in 1999 provides data of in-depth quantitative and qualitative research into sexual behaviours among 639 migrant fishermen and commercial sex workers (CSWs), specifically related to factors associated with the use of condoms and HIV/AIDS in Ranong province, Thailand. The researcher seeks to answer questions about migrant fishermen's and CSWs' knowledge of HIV/AIDS, attitudes and practices surrounding condom use and to determine if there is a relationship to migrants' length of stay in Thailand, awareness about safe sex and their illegal status.	Condom use was low among sex workers (12.4 percent consistent use) and fishermen (40 percent always used with sex workers). The main reasons for lack of condom use by sex workers were: having sex with a boyfriend, under the influence of alcohol or drugs during sex and discomfort from condoms during prolonged intercourse. Condoms were not available in all brothels and the poor quality of some condoms or the dislike for a particular type or brand of condoms were also described as barriers to condom use. The researcher found that a significant and alarming number (25 percent), of migrant men in the study manipulated their penis to enhance sex by self administering or seeking an untrained person to perform oil injections and or place marbles or "golly' (bead) under the foreskin. While nearly all participants had heard of HIV, most had a very limited understanding and few fishermen had ever attended any AIDS education sessions.

Title	Author/Source	Year	Description	Finding
Sexual networks and condom use of migrant workers in Thailand	Ford, K., Chamrathrithirong, A./ School of Public Health, University of Michigan, and the Institute for Population and Social Research (IPSR), Mahidol University	2004	Due to the vulnerability of migrant groups to HIV infection, data is needed to understand their prevention needs. The objectives of this paper was to 1) identify the sexual networks of migrant workers, 2) identity factors related to visiting sex workers, and 3) identify factors related to condom use with sex workers and other partners. Data for the study was drawn from a probability sample of 3,426 migrant workers in southern coastal and northern areas of Thailand and conducted in 2004.	In the 12 months prior to the survey, 25% of men reported visiting a sex worker, 57% reported a regular partner, and 6% reported another non-regular partner. Women reported mainly regular partners. Condom use was high with sex workers (96% ever used a condom and 79% of these men reported they always use a condom with sex workers), but low with regular partners (4% ever use). Factors related to visiting sex workers included marital status and living arrangements (more visits if not married), longer residence in Thailand, occupation of seafarer or seafood production, Cambodian country of origin, and perceived AIDS risk. Condom use with sex workers was higher for younger men, married men, men who had been in Thailand longer, men with lower perceived AIDS risk and men who drank alcohol less frequently with sex workers. The study has identified male seafarers and seafood production workers as a group with a high vulnerability to HIV infection and a need for more prevention effort.
How SHARE, Thailand's cross border project for migrant workers makes differences in sustainable scaling up community based HIV/AIDS programme for illegal Laotian migrant workers: constrains and key of success?	Moontha, S/ SHARE Thailand	2006	SHARE Thailand initiates a workplace behaviour change intervention to reach - illegal and highly mobile marginalised and HIV/AIDS - literate migrant workers working at small seasonal agricultural farms along Thai-Laos border. This project endeavours to gain support of employers and community leaders to create community preparedness to generate an HIV/AIDS accepting and preventive atmosphere via a series of social event/campaigns and trainings on HIV/AIDS knowledge and non-discrimination that are conducted by PLWHA and committed, well-trained local volunteers. Additionally, SHARE hope to enable the workers to adopt safer sex practices through self-esteem raising focus-group discussions as a means to internalise HIV/AIDS awareness and empower the migrant community to build migrant worker outreach networks.	Migrant workers, community people and employers have more HIV/AIDS knowledge and better access to condoms through the various condom distributing methods designed by the local team. Volunteer outreach workers are committed to carry on outreach activities to more workers. Multi-sectoral cooperation from grass-root level to policy level and building local working teams have ensured project success. Employers and local leader cooperation are key to ensure the success of proactive outreach to illegal migrant workers.

Title	Author/Source	Year	Description	Finding
Policy audit for the Reduction of HIV-related Vulnerability in Migrants and Mobile Populations in Thailand	Sirinirund, P., et al/ Department of Disease Control, Ministry of Public Health, and the Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP)	2005	In 2005, a national policy self-audit was undertaken in Thailand and three other countries in the Greater Mekong Subregion (Cambodia, Lao PDR and Vietnam) to measure compliance with regional and international policies and commitments specific to HIV/AIDS and mobility.	The audit noted several areas for improvement, including the need for guidelines for the inclusion of HIV prevention components as a precondition for bidding for major construction and infrastructure development contracts. The audit also revealed a lack of common standards in provincial pre-departure orientation programmes. Further, subsidized health care services are only available for documented migrants. In 2005 only 68% of registered migrant workers were fully documented and eligible for health insurance. There is some way to go in implementing international commitments addressing HIV and mobility in Thailand.
Might Negative Peer Pressure Make HIV Risk High among Male Migrant Factory Workers in Thailand?	Lwin, K.M./ Metropolitan Centre for HIV/ AIDS Services (Metro AIDS)	2005	Among Myanmar male migrant factory workers, marble insertion and oil injection to the penis as penis decoration (PD) emerged as a most popular interest within 2005-2006. Qualitative research (7 Focus Group Discussion), with a total sample of 52 males, were undertaken to elucidate how common penis decoration practices are among migrant workers.	Three participants had already tried oil injection and 6 amongst the total group performed marble insertion. Among these 9 who already undergone Penis Decoration, all with oil injection could not use a condom while having sex due to their unnaturally large penis. All 6 with marble insertion could use condoms, though most condoms broke during intercourse. The painful experience during enhancements or decoration were respondents sole excuse for not engaging in the activity. Nearly half were driven by peer pressure to undergo the procedure at least once, with the same amount saying reasons for penis decoration is to show masculinity and to get more pleasure during sex, since their partner becomes more vocal. Thirty of the 52 respondents had sex with an unmarried partner within the last month.

Title	Author/Source	Year	Description	Finding
Human Rights Abuse and Vulnerability to HIV/AIDS: the Experience of Migrants from Burma Living in Thailand	Maung, C., et al	2006	This paper highlights some of the issues faced by migrants as well as provides observations and strategies from the field. It explores how human rights violations may contribute to increased vulnerability to HIV/AIDS. It is well known that vulnerability to HIV infection is related to poverty, powerlessness and social instability conditions that apply to many migrants. Discrimination, exclusion and dehumanization directed at migrants pose enormous social barriers to the extension of essential health care services.	Undocumented migrants from Burma are vulnerable to HIV infection, due to an array of factors incorporating social, political, economic, cultural, and human rights, interacting together. The protection and promotion of human rights is necessary to reduce vulnerability to HIV infection, lessen the effect of HIV on those affected and empower individuals and communities to respond to the epidemic. The human rights approach can be applied in a variety of settings to challenge complex issues and problems. HIV/AIDS prevention programs are tasked with addressing the underlying human rights issues that are the root cause of individuals and communities vulnerable to HIV infection. A human rights framework should be applied to enhance HIV advocacy, policy and research.
HIV Vulnerability among Shan Migrants in Thailand	Hyder, J.A., et al/ Department of Family and Preventive Medicine, University of California, San Diego, et al	2005	Several hundred thousand ethnic Shan have fled conflict and human rights abuses in Burma, which is currently experiencing a generalized HIV epidemic, for Thailand. Shan lack official Thai or UN refugee status and often labor in exploitative conditions, including in the Thai sex industry. The scant data on these hidden populations suggest that HIV prevalence is more than twice that of ethnic Thais. The study investigated HIV vulnerabilities among ethnic Shan migrants in northern Thailand by evaluating socio-demographic variables and HIV-related knowledge, attitudes, and practices.	Of the 88 Shan adult male laborers questioned, 74% had never received HIV education and nearly all (95%) of those who had received HIV education did so in Thailand, from unofficial Shan-language sources. Shan with previous HIV education were significantly less likely to express HIV stigma regarding themselves, family members or strangers. Overall, 81% of participants correctly identified blood, sex and childbirth as means of HIV transmission, but only 24% believed HIV could be treated. Driven to Thailand by human rights abuses, Shan migrants cannot access mainstream Thai HIV prevention programs. Low levels of knowledge regarding HIV treatment and high levels of stigma persist in these hidden populations.

Title	Author/Source	Year	Description	Finding
An epidemiologic study on AIDS among migrant workers in Thailand	Thanaisawanyangkoon, S./ Bureau of AIDS, TB and STIs, Department of Disease Control, Ministry of Public Health	2005	The scale of international migration has been increasing steadily at the regional level and national level. The issue of human trafficking across borders and the heightened vulnerability of migrants to health hazards such HIV/AIDS and other infections are just some of the major concerns that beset nations with great number of migrants. It is recognised that people movement can increase potential risk of HIV transmission. This study aimed to describe the percentage and the specific characteristics of AIDS migrants workers cases reported in Thailand.	From 1989 to 2005, 5,015 AIDS migrant cases were reported to Department of Disease Control. Data indicates that most AIDS migrant cases come from Myanmar (55.4%), China (12.8%), Vietnam (4.3 %) and nearly 2% from Cambodia. Approximately 49.9 % were employed in labour, 6.5% in fishery work and sex workers at 0.4%. The most frequent cause of transmission was heterosexual activity (70.4%), and 70.5% of reported AIDS cases were in men. The results suggest an increasing trend of AIDS migrant cases in Thailand during recent years.
Access to Antiretroviral Therapy by Burmese Migrants in Thailand	Aung, E./ World Vision Foundation of Thailand	2005	Migrant registration policy of the Thai Royal Government favours conditions in which more migrants would stay illegal, resulting in negative impacts on migrant's access to health services. Even the registered migrants do not get the same benefits as Thais do under the national health insurance scheme, which does not cover the cost of antiretroviral Therapy (ART) for migrants who had paid annual insurance fees.	Although international and national policies to fight against HIV/AIDS have been adopted on paper, Myanmar government's attitude is not favourable to effective program implementation; however, international NGOs in Myanmar generally have good relationship with National AIDS/STD Programs (NAPs) AIDS/STI teams and local health care authorities as well as with other NGOs at the community level. Moreover, NGOs have facilitated formation of PLWHA care and support networks in both countries and unofficial cross-border referral system. The introduction of ART in Myanmar has been collaboration between NAP and Médecins sans Frontières (MSF), and over 750 patients have started ART by May 2005. In Thailand, a pilot ART program for migrants has been started in 2 border towns, with measures taken to ensure adherence.

Title	Author/Source	Year	Description	Finding
The Second Research Study: The Impact of Migration toward International Nigration: Case Study of Thailand	Wiphan Prachuapm-hoa and Patcharawalai Wongbunsin (editor)/ College of Population Study, Chulalongkorn University	2001	This is a second component of a study that presents the results from a research case study of Thailand. The research was designed to evaluate the impact of cross-border migration of undocumented unskilled laborers. The study revealed that although the level of knowledge and understanding toward AIDS of Migrants is quite good, knowledge about HIV/AIDS prevention is quite low. Although they understand AIDS, they do not know how to protect themselves thus increasing their personal risk.	Fifty-two percent of Thai International Migrant Workers (TIMW) never get any health messages from anyone organization while working abroad. 23.3% of TIMW health message from various media. 64.8% of Myanmar Migrant Workers (MMW) got message more than one source. Most hear about HIV/AIDS but MMW will receive the message less than the Thai group. MMW will usually get messages from peers and brochures. 97.7% of MMW just learnt about HIV/AIDS less than one year ago, providing evidence that they most likely learnt HIV/AIDS in Thailand. The study reveals that although level of knowledge and understanding toward AIDS of MMW is quite good, knowledge about HIV/AIDS prevention is low. High discrimination and stigmatization towards AIDS is still found within MMW, and 69.0% of TIMW and 51.3% of MMW do not think that they are at risk to HIV/AIDS. MMW use condoms every time with CSW only 41.2%. Both TIMW and MMW do not like to use condom with casual partners.
HIV/AIDS among Migrant Population at the Thai-Burmese Borders: Mae Sot and Mae Sai)	Supang Chanta-vanich, et al/ Asian Research Centre for Migration (ARCM), Institute of Asian Studies,Chulalongkorn University	2001	To survey the cross-border migration and HIV/AIDS situation of migrant workers who have Burmese nationality during 1998-1999.	Burmese Migrants Workers patients face two major obstacles when accessing health services: language and cost of care. They still have misconceptions about HIV/AIDS transmission and knowledge. CSWs have the highest level of knowledge while agricultural workers and services workers have the lowest level. Factors which affect migrants' level of knowledge on AIDS are: level of education, gender, type of employment, length of stay in Thailand, participation in community activities, self perception of risk, and method of travelling to Thailand. CSWs are at risk despite their good knowledge because they lack the power to negotiate condom use when having unsafe sex with clients. Agricultural workers have the lowest risk situation. In Mae Sai, the majority are ethnic Shan and Burmese. Some Tai Lue and hill tribe people are also found in the region. Other risk factors come from intravenous drug use, marble implants and oil injections for penis enlargement.

Title	Author/Source	Year	Description	Finding
Policy Analysis on HIV/ AIDS Prevention and Implementation among Mobile Population in Thailand.	Premjai Wangsiripaisarn & Dares Chusri/ Report to Canada South East Asia Regional HIV/AIDS Programme (CSEAR-HAP)	2006	The study aims to provide an analysis of the policy and implementation of HIV/AIDS programming and HIV vulnerability among migrant workers. The situation of cross-border migration and the public health burden in Thailand, sex and risk behaviour and problems of access to public health care program are described. Additionally, gaps in policy and HIV/ AIDS implementation for migrants at various levels within the Ministry of Public Health and MOL and suggestions for improving migration policy management in Thailand are contained within the document.	Systematic surveys are needed. The infection rate of male migrants is higher than female. Female migrants, pregnant women and sex workers are particularly vulnerable to HIV infection. Risk behaviours in migrants are: multiple partners/ lovers, sex without condom, penis enlargement, alcohol before sexual intercourse, lack of prevention for pregnant women, lack of knowledge and awareness in prevention, powerless in negotiation of women, and sexual violence/ abuse. Barriers in access to care are communication/ language, fear of arrest, lack of counselling, the negative attitude of health care providers, culture barriers, lack of health information and health care facilities. Limitations of the 9th National AIDS Plan (2002-2006) included administrative structure of national AIDS committee, decentralization, limitation of budget allocation for NGOs, and lack of strategy and direction for working with migrants are changing.
AIDSNet Foundation Newsletter	Darunee Rujikorakarn (editor), et al./ Newsletter from AIDSNet Foundation's Northeastern regional office	2006	The newsletter is presented in three instalments. Section one provided causes and pull factors which influenced the initial migration to Thailand including the effect of migration to Thailand. Section two presented the HIV/AIDS situation on the global and Lao PDR perspectives, especially along the six provinces of the Thai-Lao PDR border area. Section three aimed to share some data that was collected from labour sectors that Laotian migrants work, such as agriculture farm workers, construction workers, food shop, karaoke, massage parlour and domestic workers. A substantial amount of discussion in section three is reserved for Lao PDR commercial sex workers and HIV/AIDS.	There are many types of migration; single day (working in the morning and heading back in the evening), stay for a certain period of time and those who work seasonally. Most of the young women Laotian migrants, age between 15-18 years old, came to work as sex workers. Most of their customers are government officers who drink, eat and end up with sex workers. Sex workers will move from place to place in order to keep their "new/ fresh" status so they can get more money. Most are single and highly mobile. The difference of culture and lack of knowledge about STI, HIV/AIDS of Laotians makes them vulnerable to HIV/AIDS. The customers will use condom with sex workers, but not with their lovers or wives. Indirect sex workers are at greater risk to contract HIV/AIDS. In spite of good knowledge on HIV/AIDS, sex workers generally do not use condom with regular customers and lovers. Cross transmission of HIV/AIDS from Thai to Laos occurs when sex workers visit their home and have sex with their lovers. Poverty, including attitude and value judgement facilitates Laotian women willingness to work as sex workers or to be minor wives of Thai men.

Title	Author/Source	Year	Description	Finding
Evaluation Report "Social Learning Process of Lisu Ethnic Minority Group for Solving the Health System of Community in Case of HIV/AIDS"	Prayong Doklamyai and Supawadee Meesith/ AIDSNet Foundation's Northern regional office	2003	This project aims to study the social learning process of Lisu ethnic minority group in solving the health concerns of the community in relation to HIV/AIDS and the community health problem through cultural dimensions including: lessons learned and planning for community health system. Lisu Organization for Coping With AIDS (LOKWA), through a multi-sectoral initiative implemented the project. Lack of security and way of life, especially the "status" as Thai people (Thai nationality), is the major cause of selling their children as sex workers and laborers for their survival. The "personal status" problem is a priority of highland people and results in discrimination from government officers. Health projects need to integrate their response with the issues that the community are most interested in, such as rights of citizen and resource management.	Lack of security in life and family survival, especially the lack of "status" as Thai nationals is the primary cause of children being sold as sex workers and laborers. The "status" problem is the priority for high land people and results in discrimination from government officers. Since this community face many daily hardships they must prioritize the problems that most severely affect their life. Health projects need to integrate the most essential issues that interest the community such as recognition and rights as Thai citizen and resource management.
Study Summary of the Data and AIDS Situational Study in Tambol Mae Ngao, Ampur Khun Yuam, Mae Hong Sorn province	Doi Mok Youth Group, Khun Yuam District Health Office, Khun Yuam Primar Education Office, Khun Yuam Hospital, Mae Ngao Tambol Administrative Organization/ AIDSNet Foundation's Northern regional office	2006	The project aims to gather data of the community in order to adjust for further HIV/AIDS programming. Four villages are targeted; 2 Tai Yai villages, 2 Karen villages of Tambol Mae Ngao.	"Burmese Migrant Workers (BMW) in rural area who work as sex workers sell their services to Thai farmers for as little as 5-10 Baht per time. Most BMWs never heard about HIV/AIDS before. Young people from villages who go to study in Chiang Mai and Bangkok often lack knowledge and the necessary negotiation skills to prevent HIV/AIDS. More than 70% of youth in the target villages went out to work. Some female youth, aged between 17-25 years, came back home with AIDS while others returned with a child without a father. Most of the young women went to work in karaoke, massage parlour and entertainment work places. Males who have family also have risk for HIV infection because of their access to sex worker who work inside the villages. BMWs are not aware of HIV/AIDS infection, refused to talk about sex and found it shameful to discuss issues such as condoms.

Title	Author/Source	Year	Description	Finding
Strengthening Community's Capacity in Solving HIV/AIDS among Migrant Workers in Chiang Mai	Pollock, Jackye. MAP Foundation, Chiang Mai / AIDSNet Foundation's Northern regional office	2006	"This project was carried out under the support of AIDSNet Foundation during July 2005 to June 2006. The aim was to use the concept of an integral learning process for migrants to take a pattern of analyzing and thinking from one issue to another. Each month a workshop was held at the community resources centre to allow worker from different worksites to come together to discuss different issues and exchange their experience. The project was implemented by the team of ethnic outreach workers. Women were more likely to talk to the team members individually then talk openly in the large groups, specifically topics involving; domestic violence, living with HIV, vaginal discharge and STIs. Youth knew about HIV and how to protect themselves. Young men admitted to not using condoms regularly because they could not get the true feeling, and young women said that condoms made them hurt because it allowed the boys to take longer and they did not like it.	The project's activity was implemented by the team of ethnic outreach workers. Women were more likely to talk to the team members individually than openly in the large groups on the site about domestic violence, living with HIV, vaginal discharge and STIs. Natural separation between men and women occurred during the workshop about contraceptive method using condoms and relationships.
AIDSNet Foundation Annual Report, 2006	MAP Foundation, Chiang Mai/ AIDSNet Foundation's Northern regional office	2006	The objective of this quantitative and qualitative study was to assess the knowledge on HIV/AIDS and health of migrants, gender roles, access to health information, decision making, family relationships, beliefs, local wisdom in health care, language and communication, community leaders and community structure.	The continuous work schedule of migrant workers resulted in little time for HIV /AIDS workshop participation and attendance. The difficulty of migrant's life resulted in the conclusions of the following interventions and findings. Community radio for ethnic group was not beneficial because the broadcast time was too short and too late at night, as well as their limited time while working. PLHA networks are therefore the best media for these groups. Frequent movement of migrants affected the sustainability of the peer volunteer intervention. The study found that most of the target group (80%) had no knowledge about AIDS, transmission routs or care and support. Stigmatization and discrimination was found amongst the majority of respondents. They know little about STI or other communicable disease.

Title	Author/Source	Year	Description	Finding
Prevalence and Correlates of Sexual Behaviors Among Karen Villagers in Northern Thailand	Kobori, Eiko, et al/ http://www.springerlink.com/content/062815t072566166/?p=a9399f17cc144a588a7f9d48106328a1&pi=10	2003	A cross-sectional survey was conducted in two northern mountainous villages of the Karen, a major ethnic minority in Thailand; a developed village and a less developed village. This decision was based on the assumption that social development contributed to high-risk sexual behaviour because it facilitated contact with Thai society. The study aimed to evaluate the prevalence and social correlates of sexual behaviours: traditional and non-traditional. The survey participants numbered 566 villagers aged 15-54 years (371 in Village A, 195 in Village B; response rate =81.9%).	Premarital/extramarital sex was experienced by 10-20% of the sexually active respondents and sex with a female sex worker (FSW) by 12.6% of males. Premarital sex was independently associated with being a Christian and occupational experience in town; extramarital sex was associated with Village A and drug use; sex with a FSW was associated with being unmarried, a non-farmer, and occupational experience in town. Approximately 80% of the married participants never used a condom with their spouse, and nearly one-third never did so with a boy/girlfriend or a FSW. A history of sexually transmitted infections (STIs) was associated with sex with a FSW. These findings suggest that non-traditional sexual practices are prevalent and could potentially threaten Karen communities with the spread of HIV.

APPENDIX 2: KEY LITERATURE ON THAI MIGRANTS ABROAD

Title	Author/Source	Year	Description	Finding
Supporting Treatment Access for Thai People Living with HIV/AIDS in Japan	Sawada, Takashi/ Services for the Health in Asian & African Regions (SHARE)	2004	While Thailand has made remarkable progress on improving medical services, Japan lags behind and many AIDS patients still find difficulty in receiving appropriate treatment. In view of this situation, efforts were made to bridge the gap between migrants originally from Thailand and their native medical system in order to ensure them the opportunity to receive the needed ARV treatment not readily available in Japan. The Royal Thai Embassy helped the repatriation of 29 Thai found HIV-positive during the two years of 2004 and 2005. All 29 were given information of the available medical services back home. The information included the name of the hospital where free ARV treatment was available closest to their proposed address upon return, name and contact of the medical personnel in charge of counselling AIDS patients, and the name of the closest organization offering support to HIV-positives in the region and their representative's name and telephone contact when available. At the same time, it was hoped that such effort would trigger improvement in the Japanese medical system to offer better treatment to Thai residents in Japan and also lessen some of the existing stigma within the Thai communities in Japan.	The majority of the returnees who kept in contact with SHARE were able to receive ARV treatment and make a successful reintegration into society, the information offered appeared to have been highly effective. It was found that most HIV-positive returnees, faced with the prospect of repatriation, held a strong sense of apprehension for life back home caused by the many years abroad with little contact to family and friends. Being able to offer concrete names and contacts of local hospitals in Thailand and arrange for meetings with other HIV-positive group members seemed to have been the key to alleviating this apprehension and lead to the success of the program. Thai migrants living in Japan are not aware of the recent advancements made in AIDS treatment and tend to visit hospitals as a last resort upon suffering serious symptoms of opportunistic infections. As a result, their conditions in most cases require immediate hospitalization. The urgent task on hand is to make the Thai communities in Japan aware of the advancements made in AIDS treatment and urge them to visit hospitals for a diagnosis at an early stage. Improvement in care and promotion of prevention are inseparable components in fighting HIV/AIDS. In order to advance prevention among the foreign communities in Japan and encourage early diagnosis at hospitals for those identified as HIV-positive, it is important that access to treatment is ensured to those non-Japanese HIV-positive residents and that such fact is made known widely to the foreign communities at large.

APPENDIX 3: KEY LITERATURE ON REFUGEES IN THAILAND

Title	Author/Source	Year	Description	Finding
Joint Assessment Report: United Nations High Commissioner for Refugees (UNHCR) and The Joint United Nations Programme on HIV/AIDS (UNAIDS)	Burton, Ann, et al/ UNHCR/ UNAIDS	2005	Mae La Camp, Tak Province, May 2005	Overall infection prevention measures in the health care setting were satisfactory. Though available at several places in the community, condoms were not being distributed through the clinic and condom distribution fell short of their intended target. New strategies, such as community leader involvement need to be explored. Given the low prevalence of HIV, greater attention needs to be given to targeting high risk groups, such as those who leave the camp for work. Mae La should be regarded a model for HIV/AIDS treatment, care and support for other Thai border camps. ARVs are available for those who need them; prevention and treatment of common opportunistic infections is available; all HIV-positive persons are provided with supplementary feeding; an HIV Club has been established and functions as a meeting place and support network for PLWHA. To engage camp residents and hold their interest, a range of new methods to provide information on HIV should be developed, e.g. competitions, peer educators, school-based interventions and public testimonies of PLWHA.
Assessment Report: Tham Hin and Ban Don Yang Camps	Burton, Ann/ UNHCR	2005	Tham Hin Camp, Ratchaburi Province and Ban Dong Yang Camp, Kanchanaburi Province April 2005	HIV prevalence is very low and largely confined to high-risk groups, i.e. men who leave the camp to work and their spouses. Stigma and discrimination are still prevalent in and outside of the camps, indicating the need to scale up awareness-raising efforts. Greater attention needs to be given to the vulnerability of unaccompanied children and ensure that their basic needs are met and that measures are in place to prevent exploitation and abuse; these will in turn reduce their vulnerability to HIV-infection. Voluntary counselling and testing (VCT) services are currently not available in either camp but plans were underway to introduce it in Ban Don Yang. TB patients and those with sexually transmitted infections need to be routinely referred for VCT. Some components of prevention of mother-to-child transmission were available in both camps. Consistent monitoring and reporting of AIDS cases, STI and trends in HIV prevalence through PMTCT, VCT and blood donor data must be strengthened.

Title	Author/Source	Year	Description	Finding
HIV/AIDS Assessment Report: Umpiem and Nupo Camps	Burton, Ann/ UNHCR/ UNAIDS	2005	Umpiem and Nupo Camps Tak Province, July 2005	As in other refugee camps found bordering Myanmar, there are few linkages between local Thai health services and those in the camps, including HIV/AIDS services. HIV/AIDS related stigma remains a problem, with reports of known HIV positive persons being ostracized. Condom availability and accessibility is limited, especially for unmarried persons, though there are more outlets in Umpiem – mainly due to Planned Parenthood Association of Thailand and the HIV Resource Centres run by the Karen HIV/AIDS Education Working group. Health-related information for adolescents has mostly been provided outside of the school system by health agencies. Opposition from community leaders and competing priorities of education agencies have hampered the introduction school based reproductive health activities. HIV Counselling and testing and provision of antiretroviral therapy will start in August 2005.
An Assessment of Reproductive Health Issues among Karen and Burmese Refugees Living in Thailand	Centres for Disease Control and Prevention, Division of Reproductive Health, et al/ Women's Commission for Refugee Women and Children, Thai-Burma Border Assessment, Annotated Bibliography, November 2004	2002	This cross-sectional research was conducted in Mae Kong Kha, Umpiem Mai and Mae La camps on the Thai/Burma border representing a total camp population of 70,480. Study objectives were to document unmet need for family planning, assess knowledge, attitude and practice (KAP) of HIV/AIDS, estimate the prevalence and magnitude of GBV and provide data to inform reproductive health care services.	Knowledge of HIV/AIDS was 87%, resulting from the inputs of a community health education program. Only 5% of women had made a change in their behaviour, such as adopting the use of condoms, that would prevent HIV transmission and 33% said they thought they had "little" to a "good" chance of acquiring HIV. Sixty-seven percent stated their intention to get an HIV/AIDS test. The study findings assisted the health staff to develop ideas for further outreach for the community on HIV/AIDS education and possibly train counsellors to perform comprehensive HIV testing.

Title	Author/Source	Year	Description	Finding
A Final Report of Knowledge, Attitudes and Practices: Health Information Survey in Karenni Camps	International Rescue Committee (IRC) and the Department of Community Medicine, Faculty of Medicine, Chiang Mai University/ Women's Commission for Refugee Women and Children, Thai-Burma Border Assessment, Annotated Bibliography, November 2004	2001	This study is a repeat of a previous KAP survey conducted in 1999 in three camps in Mae Hong Son province — Ban Kwai, Ban Mai Nai Soi and Ban Mae Surin camps — among a total population of 18,398.	The survey demonstrated that the refugees had fewer opportunities to access HIV/AIDS health education messages than in 1999, but the overall knowledge about HIV among those who had received the information had improved from the initial survey. Men in particular are still not aware that family planning services were available at the MCH clinic and half of those who knew about family planning services had never used a contraceptive method.
Knowledge, Attitude and Practices: Health Information Survey in Karenni Camps	International Rescue Committee (IRC) and the Institute for Population and Social Research (IPSR), Mahidol University	2000	A total of 504 respondents (196 men and 308 women) in enhanced KAP survey between the ages of 15 and 49 years was undertaken in December 1999, and implemented in three mainly Karenni camps in Mae Hong Son province.	Sixty two percent of respondents had received information about HIV/AIDS, most from community health educators (81%), and more than 80% of people who had heard of HIV/AIDS knew that it could be transmitted sexually, by blood transfusion, from mother to child or through needle sharing. However, a significantly smaller number knew ways to prevent contracting HIV.

Title	Author/Source	Year	Description	Finding
Focus Groups on Need for Reproductive Health/Family Planning Services and HIV/AIDS Prevention among the Refugees in Mae-la camp	Planned Parenthood Association of Thailand (PPAT)/ Women's Commission for Refugee Women and Children, Thai-Burma Border Assessment, Annotated Bibliography, November 2004	2000	PPAT conducted focus groups among 106 respondents, including youth, community and religious leaders, and married and unmarried men and women of Buddhist, Christian and Islamic background; each addressing a range of issues such as family planning, ANC and safe delivery, cancer prevention and treatment, STIs/HIV/AIDS, RH media dissemination and youth issues.	Young men were more knowledgeable than young women with regard to STIs; however, all young respondents were aware that using a condom prevents transmission of HIV/AIDS. Many of the focus group respondents were familiar with HIV/AIDS and had seen people infected with HIV. Some respondents noted that those who "party in town" and do not use condoms may return to the camp infected. The groups provided a variety of ideas for supporting youth activities in the camp. Young people themselves stated that, "They have no definite role." All groups mentioned the effectiveness of video media in Burmese and Karen language or simple posters are effective methods of spreading information throughout the camp.
Reproductive Health and Family Planning Services for the Karen Refugees from Myanmar Union	Planned Parenthood Association of Thailand (PPAT)/ Women's Commission for Refugee Women and Children, Thai-Burma Border Assessment, Annotated Bibliography, November 2004	2001	This summary report describes PPAT's Reproductive Health project plan for Mae La and Umpiem Mai refugee camps, survey results from an RH assessment undertaken among Mae La camp residents in December 1999 and a summary of activities carried out in the first year of the three year project. The project objectives are to provide general RH and STI/HIV prevention information, family planning information and services, pap smears, breast cancer screening, postpartum care, STI treatment, counselling and medical advice and HIV testing to adolescents through peer education and counselling services.	Project achievements within the first year are: the establishment of clinical services, conducting of trainings on various topics; including male involvement and adolescent reproductive health (RH), participation of community leaders in RH activities, support to women's subcommittee and conducting home visits to provide family planning services.

APPENDIX 4: KEY LITERATURE ON OTHER MIGRATION ISSUES

Title	Author/Source	Year	Description	Finding
The Forgotten Spaces: Mobility and HIV Vulnerability in the Asia Pacific	Coordination of Action Research on AIDS and Mobility in Asia (CARAM Asia)	2002	This is a manual developed by CARAM Asia and is made up of seven stand alone chapters. The manual seeks to offer practical assistance and direction for employers, recruitment agencies, governments and international organizations in developing an effective response to HIV/AIDS vulnerability among migrants. It also seeks to serve as a guide and key for migrant workers in their journey, so that they will also know their rights as migrants and workers.	HIV/AIDS, in the context of migrants mobility, is directly related to the effects of the sociocultural patterns of migrant situation, economic transition and changes in the availability and accessibility of health services, and the difficulty of the host country's health systems to cope with the traditions and practices of migrants. Factors or conditions affecting the vulnerability can be local, related to socio economic conditions, culture, gender and community norms. Or they could be national, regional, and international conditions relating to policies, laws and socio economic issues. These conditions exist at different and all stages of the migration process.
Resource Book: Migration in the Greater Mekong Subregion	Mekong Migration Network/ Asian Migrant Centre (AMC)	2005	The first edition of the resource book was envisioned to serve as a reference for NGOs, governments, IGOs and advocates in formulating responses and programs, with the second edition including research into migrants 'quality of life'. It aims to popularize the issues of intra-Mekong cross-border migration and increase public awareness regarding the issues faced by migrants in the subregion. Each country report was completed independently and later combined into a comprehensive resource book. The Thai component mainly focuses upon working conditions and personal/leisure time of the migrant community.	Though the resource book includes all countries in the Greater Mekong Subregion: Cambodia, China/Yunnan, Lao PDR, Thailand and Vietnam; the following findings will only include those from Thailand. The work of migrant workers from Burma, Cambodia and Lao PDR has boosted the Thai economy over the past decade. Though there has been progress with regard to migrants registration and rights while residing in Thailand, migrants quality of life remains poor. Most migrants are housed in accommodation provided by the employer. These living quarters are often over-populated, expose migrants to disease and stress. Freedom of movement has been documented because of lack of free time, prejudice by locals, restrictions by their employers and fear of arrest. In areas where the public health authorities and/or NGOs are active, migrant communities are now more aware of HIV and there is less stigmatization. However, considering that there are an estimated two million migrants in Thailand and only a handful of NGOs, many communities remain where stigmatization is strong.

Title	Author/Source	Year	Description	Finding
Activities and Outputs of the Border Areas HIV/AIDS Prevention Project	Border Areas HIV/AIDS Prevention (BAHAP)/ Care International	2001	BAHAP aimed to reduce the spread of HIV/AIDS and STIs in these border areas by reducing risk behaviours through attitudinal and behavioral changes among target population groups and reduction of contextual risk factors common in border areas. Strengthening of local capacity to implement comprehensive HIV/AIDS/STI prevention programs and development of models for working in border areas were key components of BAHAP. BAHAP was an active and productive regional project. Executed by CARE International in border areas between Cambodia, Laos, Thailand and Vietnam, the project was implemented locally and coordinated regionally. The document provides the varied activities and outputs of the BAHAP project implemented in Cambodia, Laos, Thailand and Vietnam.	“*Cross border activities help raise awareness of risk factors and behaviours for HIV/AIDS while reducing the tendency for border residents to feel that HIV and STIs “”come from the other side of the border.”” *Peer education is an essential part of a border area HIV/AIDS prevention strategy,, particularly for hard-to-reach populations such as fishermen, military officials, undocumented migrants and illegal workers. *BAHAP and CARE International built and expanded strong partnerships and developed local capacity at project sites. *HIV/AIDS education and prevention through innovative outreach activities ensures participant interest and active participation. *IEC materials promoting condom use for safer sex developed for and by the target groups increase effectiveness through ownership. *Public campaigns and special events peaked interest and reached large numbers of people with AIDS prevention messages. *Undocumented immigrants and illegal laborers are difficult to access. *Difficulties in organizing cross border meetings and activities.”
HIV/AIDS and Mobile Populations	Coordination of Action Research on AIDS and Mobility in Asia (CARAM Asia)/ Raks Thai Foundation	2000	A workshop report containing the various presentations, information and discussions relating to HIV/AIDS and mobility from stakeholders and workshop participants.	The following findings are selected from Thai based workshop reports and are but an example of those contained throughout the document. The key link between human mobility and the HIV epidemic does not generally occur from the country of origin but with the condition of life during the voyage and at the destination. Knowledge concerning HIV transmission is predominantly basic amongst the Burmese migrant community. Less than 20% of respondents recognized that having sex with boyfriends/ girlfriends as a mode of AIDS infection; and even lower with spouses. The mean age for having sexual relationships was 18 years. By the age of 17, almost 80% of 93 respondents said they had already had sexual relationships; and by the age of 25 the percentage increased to 98%. Seafarers and sex workers are by far at greater risk to HIV/AIDS then other labour sectors due to the behaviour associated with the professions and remain a conduit for infection within the general migrant population.

Title	Author/Source	Year	Description	Finding
A Hard Road: The Experiences of Mobile Populations in Accessing HIV/AIDS Care and Support Services within the Greater Mekong Subregion Countries of Cambodia, Laos, Vietnam and Thailand	Gill Fletcher/ Collaboration among Care International offices (Cambodia, Thailand, Laos, Vietnam)	2004	The collaborative report investigates the everyday experience of mobile and migrant people as they try to access care and support services within the Greater Mekong Subregion (GMS) countries of Cambodia, Laos, Thailand and Vietnam. The goal of the study was to identify options for delivery of good quality, client-focused HIV/AIDS care and support services for marginalized mobile and mobility affected people living with HIV and AIDS in the GMS.	"Migrant labour is economically important; both for the migrant themselves, their families, their home countries and for the countries which they migrate to. Some industries, particularly those which offer labour-intensive, low-paid jobs, rely on migrant labour. Moving in search of income does not necessarily have to equate to vulnerability and marginalization. But migrants who move across countries are often powerless in the face of employer and state control, plus language barriers. Across all of the four GMS countries involved, participants reported limited provision of HIV/AIDS care and support services. A great deal of active active-seeking behaviour was reported. Word of mouth is considered one of the most valuable channels for determining whether a service is effective or not. The HIV/AIDS care and support needs of mobile and migrant people affect sending, receiving, transit and return communities. Thus any responses to these needs must incorporate each of these communities. Several regional commitments to improving access to HIV/AIDS care and support for mobile people already exist, though there is an urgent need to narrow the gap between the theory of these documents and the lived experiences of the migrants.
Annotated Bibliography: Migration in the Greater Mekong Subregion	Mekong Migration Network/ Asian Migrant Centre (AMC)	2005	The bibliography serves to provide a comprehensive guide to the information available in the issue of migration in the Greater Mekong Subregion, and aims to highlight the gaps in the available information.	The materials contained in the bibliography reflect the greater trend of migration from the various Mekong countries to Thailand, with the bulk of the annotated materials - 69 out of 88- or 78%, covering issues in Thailand. The top three issues covered by the materials are labor migration, trafficking/sex work and HIV/ AIDS. Of the annotated materials, 34 out of 88 (39%) deal with trafficking, while 13 of 88 (15%) focus on HIV infection in the context of cross-border migration.

Title	Author/Source	Year	Description	Finding
HIV/AIDS and the World of Work in ASEAN	International Labour Organization (ILO)	2005	A briefing paper outlining HIV/AIDS in Thailand and the various prevention initiatives undertaken by the government, NGO, employee organizations among others. A good resource for general codes of practice and initiatives.	Noting the magnitude of the HIV and AIDS problem and its implications on the national work force, a National Steering Committee on the Prevention and Management of HIV/AIDS was established and implemented a review. The review found that Thai labour laws did not deal directly with HIV as a workplace issue, nor were there any laws which were inconsistent with principles in the ILO Code of Practice. In 2004 the, National Code of Practice on Prevention and Management of HIV/AIDS in the Workplace was developed and based upon the ILO Code of Practice. The guidelines developed were to enable all agencies and business enterprises, whether big or small, to manage HIV in their workplace. Other Initiatives through the Ministry included training on HIV in the workplace for provincial labour officers and unions. NGOs and other employer based organizations are working in tandem with government programs and play a significant role in Thailand's strategy to prevent and control HIV in the workplace. NGOs and others involved: The Thai NGO Coalition on AIDS (TNCA), The Thai Network of People Living with HIV (TNP+), Thai Business Coalition on AIDS (TBCA), Centre for AIDS Rights (CAR), The Global Fund (PHAMIT Project) and various Thai based employers organizations.
AIDS in ASIA: Face the Facts; A Comprehen-sive Analysis of the AIDS Epidemic in Asia	Monitoring the AIDS Pandemic Network (MAP) Network	2004	The report focuses on the distribution of HIV among adults and adolescents, the behaviours that spread it, and the likely effect of prevention programmes on the future course of HIV. It does not however, attempt to give a comprehensive picture of the HIV epidemic in every country. The content focuses primarily upon the East, South-East and South Asia.	The shape of HIV in Asia is broad due to countries particular epidemics. Recent, sharp rises in HIV among people with identifiable risk behaviour such as: drug injectors, men who have sex with multiple casual partners, men who have sex with men and female commercial sex workers have be recorded in countries previously considered low-risk. Massive prevention efforts, principally in Thailand and Cambodia, have cut risk behaviour and facilitated the decline of the epidemic. Commercial sex remains the most common risk behaviour in Asia. After years of programming neglect, HIV has reached high levels among transgender sex workers and men who have sex with other men. Being a migrant does not in itself put a person at risk of HIV infection. But there is plenty of evidence that lots of men on the move do use their disposable income to buy sex when they are away from home. Among female migrants, those at highest risk are those who migrate specifically to sell sex in large cities where demand is high.

Title	Author/Source	Year	Description	Finding
Population Mobility and AIDS	UNAIDS/ UNAIDS Technical Update	2001	A technical report focusing on the challenges and the needed responses for migrants and mobile people. Given the millions of migrants and mobile people in today's world, there is an urgent need for responses that address their particular vulnerabilities to HIV/AIDS. Such responses are critical to the effectiveness of national AIDS programmes in the many countries that experience significant migration and population mobility.	Responses for migrants and mobile people must address HIV/AIDS prevention, care and support throughout their journey - before they leave, as the travel, in communities and countries where they stay, and after they return home. These responses must be based on the social and contextual realities faced by migrants and mobile people and should be part of an empowerment that improves their legal, social, economic, and health status.
IOM Position Paper on HIV/AIDS and Migration	International Organization for Migration (IOM)	2002	An policy paper outlying the International Organization for Migration's (IOM), position on the interplay between international migrants, their mobility, the associated risks of HIV/AIDS infection and the IOM's response through their projects and programmes.	A key characteristic of migrants is that because of their mobility, and/ or because of their status as non-nationals, they may fall through the cracks of governments' responsibilities in countries of origin, transit, destination and return. It is in such instances that international institutions may play an important role. In addressing HIV/AIDS, IOM supports: a global approach with a focus on advocacy, policy guidance and definition of best practices; regional level initiatives with harmonization of approaches and capacity-building; and country programmes with implementation and technical backstopping. IOM works to prevent and counter the misinformation, misunderstanding and stigmatization that continue to foster the perceived relationship between migration and the initiation and/or propagation of HIV/ AIDS. IOM's response to HIV/AIDS addresses migrants throughout all stages of their journey – before they leave, as they travel, in communities and countries where they stay, and after they return home. This often requires going beyond national approaches to develop regional and across-regional approaches, in particular in cross-border areas.

Title	Author/Source	Year	Description	Finding
Thailand's Response to HIV/AIDS: Progress and Challenges	United Nations Development Programme (UNDP)	2004	The report provides an in-depth analysis of what went right in Thailand. As such, it is an important contribution to the global policy debate about how best to respond to the HIV/AIDS epidemic. The report takes a hard look at the many new challenges now facing Thailand as the epidemic evolves. It offers concrete suggestions for the way forward and how to avoid that past success turns into complacency and inaction.	The inadequacy of programming directly aimed at some key high risk groups of HIV transmission – injecting drug users, men who have sex with men, youth, sex workers and migrant communities– is a particular cause for concern. Studies of HIV prevalence among foreign migrants have been sporadic therefore the actual magnitude of HIV infections among them is unknown. Nonetheless, available information indicates a troubling glimpse of the virus' presence among these mobile populations. Some of the early cases of HIV detected in Lao PDR, for example, were among migrant workers returning from Thailand. There has been little research probing the spread of HIV among mobile workers such as fishing crews, but the available evidence points to troubling trends among this population group that has been largely ignored in prevention activities. Some NGOs have tried to aim their activities towards fishermen and seafarers.
Thai-Burma Border Reproduc-tive Health Assessment	Girvin, Sally, et al/ Women's Commission for Refugee Women and Children	2006	Life for most migrants and other people living in refugee-like circumstances seeking a means of survival in Thailand is an ongoing hardship. They lack support to meet their basic survival needs, including potable water, sanitation and shelter, as well as other human rights, such as education and health. These difficulties are exacerbated by their illegal status and lack of documentation, which also subject them to harassment, extortion, gender-based violence (GBV), arrest and deportation. These hardships significantly impact the reproductive health (RH) care services available to internally displace people, refugees and migrants along the Thai-Burma border. This report provides insight into health recommendations and the present gaps in providing effective health services to the affected populations.	"Life for most migrants and other people living in refugee-like circumstances seeking a means of survival in Thailand is an ongoing hardship. They lack support to meet their basic survival needs, including potable water, sanitation and shelter, as well as other human rights, such as education and health. Major and critical gaps in RH programming for internally displaced populations in Burma include a lack of HIV/AIDS education, condoms, voluntary counselling and testing, treatment and care for persons living with HIV/AIDS. Health for Burmese inside the Thai border is potentially improved with the availability of services and water and sanitation. However, the Ministry of Public Health reports that only 16 percent of migrants have access to clean water and less than 50 percent have access to sanitation. Many Burmese migrants and others living in refugee-like circumstances have had no prior sexual or RH education and know little about basic RH anatomy, physiology and behaviours to safeguard their RH. Among the most vulnerable are adolescents, particularly girls, who have sought, or been sent by families, to work in Thailand to meet their families' survival needs in Burma, and often have been unknowingly trafficked from Burma to sex work in Thailand. The four main components of RH to be addressed in refugee and other displaced population settings are: safe motherhood, including family planning; sexually transmitted infections (STIs), including HIV/AIDS, and GBV. The newer technical areas of STIs/HIV/AIDS (with the exception of comprehensive HIV/AIDS programming in Mae La camp) and GBV are the least developed of the services available in the Thai border camps."

Title	Author/Source	Year	Description	Finding
Policies, Experience and Other Factors which Affect Migrant Workers' Access to Health Services and Programmes	Pollock., J/ MAP Foundation, Chiang Mai		This paper will present an analysis of the experiences of MAP Foundation working with migrant workers from Burma in Thailand for the last seven years. During that time, different policies have been implemented in Thailand regarding access to services, including access to the universal 30 Baht health care system. The period has also seen the introduction of mandatory testing of some migrant workers on return to Burma. MAP Foundation's work with migrants on construction sites, in factories and with domestic workers has provided many insights into the factors which affect migrant workers access to health services.	Access to health services for migrants is dependent on a range of factors, which have to be approached in a holistic way. Even supportive health policies will fail without a supportive political and social environment. The paper recommends that policy decisions be taken in consultation with migrants and migrant support groups and that space is provided to address the other factors influencing migrants access to health services.
An Experience Record of Migrant Workers' Health System Development	The Program for Appropriate Technology in Health (PATH), and Department of Health Service Support, Ministry of Public Health/ PHAMIT, Raks Thai Foundation, and PATH	2005	Department of Health Service Support, Ministry of Public Health, has cooperated with the PHAMIT project and PATH to develop the health system for migrant workers from Laos, Cambodia and Myanmar in 7 pilot provinces (Chiang Mai, Tak, Chonburi, Rayong, Samutsakorn, Ranong, Pattani) during 2004-2005. The aim of health system development is to provide quality of service and to promote the participation of migrants to personally solve their public health concerns in their community. The important factors that influence the development of the local health system are leaders who are aware and understand the problems that is related with migrants. Strengthening the capacity of migrant workers and integrating these migrants to work with public health teams to promote a network of migrant health volunteers is one prime example of this initiatives success.	To discuss the readiness of the Thai health system, three related problematic factors must be addressed: clients, health care providers, and the health services system.The nature of mobile population, career, age, and living standard, including different language, culture and uncertain policy or regulations results in risk of infection and transmission. Important factors that influence the health system development are a leader who is aware and understands the problem related with migrants coupled with good teamwork management. Strengthening capacity of migrant workers and integrating these migrants to work within the public health system and promote a network of migrant health volunteers is an evident success. Encourage the local authority; Tambon Administration Organization, to participate in health system development and promote this as a model.

Title	Author/Source	Year	Description	Finding
Cross-Border Immigration in Thailand	Huguet, J W. & Punpuing, S./IOM, ILO, UNICEF, UNDP, UNESCAP, the World Bank, and WHO	2005	The document aims to provide an overview of the fundamental knowledge that is in place in order to propose additional policy towards cross-border immigration, as well as categorize the problems and situations of the migrant community for a government response and identify the gaps in knowledge concerning cross-border immigration in Thailand. Management recommendations centre around issues with refugee, asylum seekers, people of concern, documented and undocumented migrants.	Sexual violence among migrants was found in pre-departure and once in Thailand. Lack of income and working experience of refugee mean that they are not ready to be sent back home. Generally, Thai people have negative attitude towards Burmese migrants. One barrier of access to care is employers do not allow migrants to stop working. Children of migrants or child migrants still face the problem of education. Domestic workers are high risk for exploitation and sexual abuse due to working alone and do not have legal protection in Thailand. Successful HIV/AIDS intervention must link the entire immigration process: pre-departure, transitional, return. Thai Highland people (hill tribe) who are not recognized as Thai nationals have similar problems as migrants.
Out of Sight, Out of Mind: Thai Policy toward Burmese Refugees	Human Rights Watch/ Human Rights Watch, February 2004, Vol. 16, No 2	2004	This briefing paper, based on research conducted in Thailand in November and December 2003, outlines recent developments in the Thai policy towards Burmese refugees and migrants and offers recommendations to the Thai government, the United Nations High Commissioner for Refugees, and the international community.	Many of the estimated one million Burmese migrant workers in Thailand fled their homeland due to various political and economic reasons and could face serious reprisals from the Burmese authorities if expelled from Thailand. Despite this fact, the Thai government regularly deports thousands of Burmese each month. The fear of being arrested or fined for immigration violations has caused many vocal, proactive Burmese to restrict their movements and decrease their public activities, i.e. outreach, communication campaigns and fighting policy change. The strict new Thai visa policies may help push Burmese refugees and exiles to seek help from criminal groups to provide them with fake passports, visa stamps, Thai ID., or work permits.

IOM International Organization for Migration

UNAIDS

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