



IOM International Organization for Migration
OIM Organisation Internationale pur les Migrations
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BRIEFING NOTE

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ON HIV AND LABOUR MIGRATION IN MOZAMBIQUE



Partnership on HIV and Mobility in southern Africa
(PHAMSA)

INTRODUCTION

In the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) Declaration, adopted in 2001, countries committed themselves to: “By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services”.¹ As a Member State, Mozambique has committed to pursuing this goal and is to report on its progress every two years.²

In light of this commitment, the purpose of this Briefing Note is to provide an overall picture of labour migration patterns in Mozambique, present the main sectors employing migrant and mobile workers, and highlight the particular vulnerabilities to HIV of these workers. Existing plans and policies related to HIV and migration will then be highlighted and finally recommendations made on how Mozambique can better fulfil its UNGASS, and other, commitments to migrants and mobile populations.

MIGRATION: AN OVERVIEW

In 2005, there were approximately 191 million migrants globally, a figure that has more than doubled since 1960: migrants now constitute almost 3% of the world population.³ The movement of migrants can be for a few days, to months, or for years. In recent years, women have migrated on their own as the primary income earner for their families and about half of the world’s economic migrants are now women. Approximately half of the migrants world-wide are economically active, with the other half having migrated to join family members or to study. Migrants contribute an estimated US\$2 trillion to the economies of the countries in which they work, and financial remittances to migrants’ home countries were expected to reach US\$167 billion in 2005. This sum represents more than twice the level of overall development aid.⁴

Historically, some of the major causes of migration in southern Africa have been poverty, conflict, war and the apartheid policies of separate development and exclusion. In some cases, the end of colonialism resulted in arbitrary boundaries cutting across whole communities with long standing historical and kinship ties; people living in these areas move across national boundaries for various reasons such as visiting family and for work. The general decline and uneven development in South African Development Community (SADC) economies over the years has, due to the need for cheap labour and/or the skills shortage in receiving countries, set in motion a stream of migrants destined for relatively better performing countries in the region.

Because of the often undocumented nature of many migrants and mobile workers there is has been a lack of research into these groups. However, the larger sectors of employment in any country are likely to employ both internal mobile workers i.e. those from other areas within the country, as well as cross border migrants. Sectors or types of work that include significant numbers of mobile and migrant workers in southern Africa are: Mining, Commercial Agriculture, Transport, Construction, Domestic Work, Military

1 United Nations, The Declaration of Commitment on HIV/AIDS (2001), A/Res/S-26/2. Paragraph 50.

2 The latest report of the Republic of Mozambique, Follow up to the Declaration of Commitment on HIV/AIDS (UNGASS), was published in December 2005 and can be found at: http://data.unaids.org/pub/Report/2006/2006_country_progress_report_mozambique_en.pdf

3 United Nations Department of Economic and Social Affairs, (2005) Trends in Total Migrant Stock: The 2005 Revision, THE 2005 REVISION, POP/DB/MIG/Rev.2005/Doc, February 2006. Available at: http://www.un.org/esa/population/publications/migration/UN_Migrant_Stock_Documentation_2005.pdf.

4 The World Bank, (2006) Global Economic Prospects 2006: Economic Implications of Migration and Remittances. Available at: <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/EXTGBLPROSPECTS/0,,menuPK:615470~pagePK:64218926~piPK:64218953~theSitePK:612501,00.html>

and Uniformed Services (such as military personnel and immigration officials), Informal Cross-Border Trade, Fishing, and Sex work.

MIGRATION IN MOZAMBIQUE

Mozambique is mainly a labour exporting country. The majority of Mozambicans both documented and undocumented work on commercial farms, mines, and construction sites in South Africa.

Mozambique has had a relatively long tradition of migration both within and across its borders. During colonial times, forced labour, drought and famine often resulted in population movements within the country. However, later in the 1900s employment opportunities in the mining industries of South Africa increasingly became the preferred means of generating income in the face of declining agricultural productivity, particularly in the southern part of Mozambique.

Internal migration in Mozambique intensified with the end of restrictions on movement that had been imposed by the war. This migration was compounded by the return of Mozambicans who were exiled in neighbouring countries during the war. Despite the fact that the economic growth rate in Mozambique has been one of the highest in southern Africa in recent years, the subsequent saturation of the urban informal sector has made cross border migration to South Africa an attractive alternative. The South African mining industries have been the traditional destination of male Mozambican labour migrants. The number of male migrant workers to the South African mines has remained relatively consistent in the last decade despite major downsizing in the industry as a whole. Recent statistical data show that Mozambicans now make up 25% of the gold mine workforce (up from 10% in 1990).⁵

Mozambicans also take up wage employment as seasonal agricultural workers on border farms in the Limpopo and Mpumalanga provinces of South Africa. Mozambicans also participate in informal cross border trade in foodstuffs and cloth with South Africa and with other neighbouring countries such as Malawi, and Zambia.

High population mobility, including cross border travel, has been identified as one of the key drivers of the AIDS epidemic in Mozambique. The rehabilitation of the transport and communications systems that led to the movement of workers within and outside the country, have held serious implications for the spread of the epidemic. According to the 2005 Mozambique UNGASS report, there is clear evidence that the AIDS epidemic is spreading fastest in provinces that contain transport links to countries bordering Mozambique.⁶ HIV sentinel surveillance for 2004, for example, shows that in the town of Caia, which lies along the main railway link with southern Malawi, the prevalence rate increased from 7.7% in 2001 to 19.1% in 2004

Mozambique has an estimated HIV prevalence of 16.2%⁷ (2004) within the adult population 15-49 years and the epidemic has been identified as one of the leading causes of death in the country. HIV prevalence also varies by region with the southern region having the fastest growing rate. Provinces that are particularly hard hit include Maputo, Sofala and Gaza.⁸ While Mozambique has a generalised epidemic, there are groups

5 De Vletter F (2006) Migration and Development in Mozambique: Poverty, Inequality & Survival. Southern African Migration Project (Migration Policy Series 43) Available at: <http://www.queensu.ca/samp>

6 2005 Government of Mozambique: UNGASS Declaration of Commitment on HIV/AIDS; Progress Report Reporting Period 2003-2005, pg 31. Available at http://data.unaids.org/pub/Report/2006/2006_country_progress_report_mozambique_en.pdf

7 UNAIDS Global Report, 2006: available at: <http://www.unaidsrstsesa.org/countries/mozambique/mozambique.html>

8 The National Strategic Plan on HIV/AIDS (2005-2009) Part I – Strategic Component- Situation Analysis

that are particularly vulnerable to the spread and impact of the disease. For instance, women and girls are disproportionately affected by the epidemic with young women accounting for more than 50% of the infection rate. The government of Mozambique also considers migrant populations as vulnerable to HIV and these include the following; long-distance truck drivers, miners, informal traders, soldiers in barracks or drafted military units, and sex workers.

Several of the relevant sectors employing migrant workers, and the particular HIV vulnerabilities faced by these workers are presented below.

MINING

It is estimated that about 60% of workers in the mining sector in South Africa are from neighbouring countries, mainly from Lesotho, Mozambique and Swaziland. Table 1 shows the number of migrants working on the mines by sending country.

Table 1: Sources of Mine Labour in South Africa, 1920-2000⁹

YEAR	RSA	BOTSWANA	LESOTHO	MOZAMBIQUE	SWAZILAND	TOTAL	% RSA	% FOREIGN
1920	74,452	2,2112	10,439	77,921	3,449	174,402	43	57
1940	178,708	14,427	52,044	74,883	7,152	347,054	51	49
1960	141,406	21,404	48,824	101,733	6,623	375,614	38	62
1980	233,055	17,753	96,308	39,636	5,050	415,337	56	44
1995	122,562	10,961	87,935	55,140	15,304	291,902	42	58
2000	99,575	6,494	58,224	57,034	9,360	230,687	43	57

During the 1990s, South African mines experienced major downsizing and retrenchments creating considerable social disruption and increased poverty in supplier areas. Interestingly, the mines laid off local workers at a much faster rate than foreign workers. As a result, the proportion of foreign workers rose from 40% in the late 1980s to close to 60% in 2000. This “externalization” of the workforce was particularly beneficial to Mozambicans, who now make up 25% of the mine workforce, up from 10% a decade ago.¹⁰

The factors that may exacerbate the HIV vulnerability of mine workers include the following:

- *Dangerous working conditions:* Faced daily with difficult and dangerous working conditions and risk of physical injury, mine workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.
- *Single-sex hostels and limited home-leave:* Mine workers often have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at or around mines. Workers are often distanced from traditional norms and support systems that regulate

9 For the period 1920 – 1989, data for Angola, Malawi, Tanzania, Zambia and Zimbabwe are not shown although the figures are reflected in the totals. International Labour Organization/ Southern African Multidisciplinary Advisory Team (1998) for years 1920 – 1980; Crush J et al. (2002) for years 1995 – 2000

10 J Crush, S A Peberdy and V Williams, (2005) Migration in Southern Africa: A Paper prepared for the Policy Analysis and Research Programme of the Global Commission on International Migration.

behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers' (temporary) emotional and sexual needs.

- *Lack of social cohesion:* The social exclusion that migrants often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

COMMERCIAL AGRICULTURE

A study examining migrant farm workers on the South Africa-Mozambique border¹¹ of 183 workers found that while 94 of the workers surveyed were South African, 75 were workers from three other southern African countries – Mozambique, Swaziland and Malawi; Mozambicans made up the largest of this group, with 72 (41 men and 31 women).¹² The study found high levels of migration and mobility on commercial farms, with fluctuations corresponding to harvesting seasons.¹³

A recent report (2007) released by Human Rights Watch indicates that records of the Mozambique Labour Department's sub-delegate office in Nelspruit (Mpumalanga) show that there are 25,000–27,000 Mozambicans who are registered as working legally on farms in Limpopo and Mpumalanga provinces.¹⁴ Most of these Mozambicans—around 20,000—work in Mpumalanga, chiefly in the border areas. In Limpopo, Mozambican farm workers are concentrated around Hoedspruit, Tzaneen, and Phalaborwa. ZZ2,¹⁵ the largest tomato farm in Africa, which lies between Tzaneen and Makhado, employs approximately 6000 workers of which about 1,400 Mozambican workers.¹⁶

Factors that were found to lead to HIV vulnerability include: a lack of access to information on HIV; belief in HIV myths; very few interventions from government and non-governmental organizations targeting the farm workers, which contributed to poor knowledge and continued belief in HIV myths; lack of incentive or facilities to test for HIV; lack of appropriate information, education and communication (IEC) materials (for example, there were no materials in languages spoken by the workers and/or materials for lower literacy levels); and lack of access to condoms.

Other factors that may exacerbate HIV vulnerability of commercial agriculture workers include:

- *Poor living conditions and seasonal mobility:* The poor living and working conditions including lack of adequate accommodation, lack of security of tenure and the increasing casualization of labour preclude workers from bringing their families to the farm sites. These circumstances may lead some workers to seek other (multiple) relationships.

11 Japanese International Cooperation Agency (JICA) and International Organization for Migration (IOM) (2004) HIV/AIDS Vulnerability among migrant farm workers on the South African-Mozambican Border, Pretoria: South Africa. Available at: <http://www.iom.org.za/Reports/JICAFarmWorkerReport.pdf#search=%22%2FAIDS%20Vulnerability%20among%20migrant%20farm%20workers%20on%20the%20South%20African-Mozambican%20Border%2C%20%22>.

12 Ibid, p. 20.

13 Ibid.

14 Human Rights Watch Report available at http://www.hrw.org/reports/2007/southafrica0207/6.htm#_ftn65

15 ZZ2 farms grew into a large farming community and are a key factor in the economic growth and development of the Limpopo Province. More info available at : <http://www.tzaneeninfo.com/infolist2.asp?type=1&description=Agriculture>

16 Available at <http://hrw.org/reports/2007/southafrica0207/6.htm#ftnre65>

- *Lack of access to health care facilities:* In general, there is a dearth of health care and HIV and AIDS services in commercial farming areas. This is exacerbated by the few rights and legal protection accorded to agricultural workers – with limited protection, especially if they are undocumented, farm workers may be unable or unwilling to access existing clinics for health related matters. In other words, the need to remain far from any type of “officialdom” may result in less access to health care facilities, impacting on health information and access to condoms, treatment for STIs etc.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at or around farms. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial and/or casual sex may fill the workers’ (temporary) emotional and sexual needs.

TRANSPORT

The transport sector generally does not employ foreign workers, but the nature of work makes those involved, for example truckers and taxi drivers.

Mozambique’s integration into the regional economy has witnessed improvements made in the country’s road and rail infrastructure. The establishment of the Maputo and Nacala development corridors has contributed to the development and expansion of the transport sector. The Maputo corridor stretches from Johannesburg/Pretoria through Nelspruit (in the Eastern South African province of Mpumalanga) to Maputo, the capital city of Mozambique. The Nacala Corridor stretches from the coastal town of Nacala in the east to the Malawi border (Mandimba) in the north. A field study conducted on mobile populations in selected areas in Mozambique, Zimbabwe and South Africa revealed that there is a high number of sex workers in the Mandimba border area and in the big port town of Nacala.¹⁷ The study further revealed that poverty in the Mandimba border community often encourages young women to resort to sex work who also often cross the border into Malawi to solicit for clients.

A study conducted on four border sites (one between Swaziland and Mozambique; one between South Africa and Mozambique; and two between South Africa and Swaziland) found that there was significant movement of trucks between Komatipoort–Ressano Garcia (South Africa-Mozambique).¹⁸ About 50 trucking companies use the route, amounting to approximately 3500 trucks crossing the border monthly. Approximately 20 trucks parked at the border each night and the border is busiest at month’s end when the following month’s imports are cleared. The truckers’ chief destinations are Maputo in Mozambique; Swaziland; Lesotho; and South

17 IOM and Care in partnership with SIDA (2003) Mobility and HIV/AIDS in Southern Africa: A field Study in South Africa, Zimbabwe and Mozambique Available at <http://www.queensu.ca/samp/>

18 Family Health International (2001) Lesotho and Swaziland: HIV AND AIDS Risk Assessments at Cross-border and Migrant Sites in Southern Africa. Pages 29-52. The assessment sought to describe the general environment for HIV/STI transmission at the following borders . Available at: <http://www.fhi.org/NR/rdonlyres/eun6eahbxs7aj7nfmfwivaqqmd3cgssw6cdaztzkcyiblgmhqhdxg3now3wxtqkytal36ibszt/FHIFINAL.pdf>.

- Ngwenya-Oshoek (Swaziland–South Africa), which borders Mpumalanga and is the entry point for people coming into Swaziland from Johannesburg. This Briefing Note will not go into detail on the findings from this border site.
- Lavumisa-Golela (Swaziland–South Africa), which borders KwaZulu-Natal, a potentially important transit route to and from Durban. This Briefing Note will not go into detail on the findings from this border site.
- Lomahasha-Namaacha (Swaziland-Mozambique), the entrance to Maputo and Goba, which will open soon
- Komatipoort–Ressano Garcia (South Africa-Mozambique), the gateway between Johannesburg and Maputo and an important trade route for Mozambique.

Africa. The average length of trip varies on destination: if headed to Johannesburg, the days spent away from home was 14; if to Maputo or Swaziland, it was 20.¹⁹

At Ressano Garcia (Mozambique), approximately 1800 trucks cross monthly. Truckers' major destinations are South Africa, Lesotho and Zimbabwe. The average length of trip varies from 15 days (to Lesotho) to 28 days (to Zimbabwe).²⁰

Sex work and trucking are interwoven in border sites. Informal "brothels" are often situated near truck routes and truck stops, and their inhabitants acknowledge that their clients are largely drivers. As a consequence, border posts attract a number of sex workers.

The factors that may exacerbate HIV vulnerability of workers in the transport industry include:

- *Duration of time spent away from home:* Transport industry workers may be away from their homes for days or months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he otherwise would not under normal circumstances such as engaging in risky sexual interactions.
- *Lack of access to health services:* This may be due to irregular working hours as most clinics are open during business hours and transport workers may be on the road during that time. Further, workers who cross borders may not have access to health services in other countries. Lack of access to health services also often includes lack of information about HIV and a belief in HIV myths, lack of treatment for STIs and lack of access to condoms etc.
- *Dangerous working conditions:* Faced daily with the prospect of accidents and dangerous working conditions and risk of physical injury, transport workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.

UNIFORMED PERSONNEL

Uniformed personnel include those serving in the military services, as well as those working at cross border sites, such as customs officials, immigration officials and customs clearing agents. The nature of work for these uniformed personnel results in the mobility of its workers who are away from their homes for varying time periods.

The Mozambique Armed Defence Forces (FADM) consists of approximately 10,000 men and women in the Army Command, Air and Air Defence Forces.²¹ Further military personnel are in the Navy (Marinha Mozambique, MM).

As of 31 August 2006, Mozambique had 7 military observers at the United Nations Mission in the Sudan (UNMIS) and in the Democratic Republic of the Congo (MONUC).²²

19 Ibid, p.50.

20 Ibid, p. 51.

21 The Strategy Page, Armed Forces from around the World. Available at: <http://www.strategypage.com/fyeo/howtomakewar/databases/armies/default.asp>. This was valid as of 2002-2003. The active military manpower is the total uniformed, paid manpower organized into combat and support units. Because of the widely varying systems of organizing military manpower, this figure is at best a good indicator of the personnel devoted to the military. The use of reserve troops varies considerably. This also does not include the figures for the navy.

22 UN Department of Peacekeeping Operations (2006). Available at: http://www.un.org/Depts/dpko/dpko/contributors/2006/august06_3.pdf.

The factors that may exacerbate HIV vulnerability of military and other uniformed personnel are similar for other sectors, including:

- *Single-sex hostels and limited home-leave:* Military and immigration personnel have limited or no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.
- *Boredom and loneliness:* There is limited availability of recreational activities such as sports or entertainment at military bases or at borders. Personnel are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of commercial sex may fill the workers' (temporary) emotional and sexual needs.
- *Dangerous working conditions:* Faced daily with the prospect of danger and death, military personnel may be preoccupied with other immediate challenges and may regard HIV as a distant threat.
- *Lack of social cohesion:* The social exclusion that mobile workers often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.
- *Duration of time spent away from home:* Military and immigration personnel may be away from their homes for months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he otherwise would not under normal circumstances such as engaging in risky sexual interactions.

INFORMAL CROSS BORDER TRADE

Besides the more “visible” informal trade between Mozambique and South Africa, there is evidence of informal cross border trade with Swaziland and Malawi.²³ This trade occurs among communities residing along the porous border areas, and includes both agricultural and non-agricultural commodities.

A significant amount of trade was found at Lomashasha (Swaziland) – Namaacha (Mozambique) borders. Three random days chosen for a study showed that there were 123/114/119 informal cross border traders either crossing or sleeping at the border at Lomashasha on the three respective days.²⁴ Similarly, the number of cross border traders going from Namaacha, Mozambique into Swaziland was significant; the study found between 114 and 164 informal traders crossing the border on the three random days.²⁵

Many Mozambican women rely on informal cross border trade for survival, importing consumer goods for resale. Since Ressano Garcia has virtually no infrastructure of its own and imports the great majority of the goods it uses, its residents must go to Komatipoort daily to buy even staples, such as groceries. The study

23 Family Health International (2001) Lesotho and Swaziland: HIV AND AIDS Risk Assessments at Cross-border and Migrant Sites in Southern Africa. Available at: <http://www.fhi.org/NR/rdonlyres/eun6eahbxs7aj7nfmfwivaqqmd3cgssw6cdzatzkcyiblgmhqhgdgx3now3wxtqkyta136ibszt/FHIFINAL.pdf>.

24 Ibid, pp 48-49.

25 Ibid, pp 49-50.

found 228 informal traders crossing the border on three days chosen at random in June 2000. The number who slept at the border ranged from 11 to 25.²⁶

A report by the World Food Programme in 2006²⁷ revealed that informal cross border trade in maize from Mozambique to Malawi dominated informal trade of the cereal in the sub-region accounting for over 77% of overall trade in maize in April 2006.

The factors that may exacerbate HIV vulnerability of informal traders include:

- *Time spent in high transmission areas:* Informal cross border traders pass through and often spend extended periods of time in high transmission areas, in particular cross border areas due to unforeseen delays.²⁸ Reasons for delays include inadequate infrastructure and/or staff at border posts to handle the volumes of traffic, or “early” closure of border posts, particularly busy ones. There is often limited affordable accommodation, food, transport and recreational facilities at border posts. This environment contributes to the existence of an intricate web of sexual relationships among informal cross border traders, uniformed personnel (customs officials, immigration officials and customs clearing agents), sex workers, truck drivers, money-changers (‘touts’), local border-town residents and deportees, which could potentially increase HIV vulnerability for all involved.²⁹
- *Limited access to healthcare services:* Because of their meagre resources, most informal cross border traders do not seek treatment in foreign countries; rather they wait until they get home where they can access subsidized treatment.³⁰ As STIs are a major contributory factor for HIV, such delays in treatment are a major contributory factor leading to increased HIV vulnerability.³¹
- *Lack of HIV and AIDS interventions:* In general, there are few HIV and AIDS interventions that target informal cross border traders. For example, informal cross border traders have difficulties in accessing condoms as, in most public areas of customs or immigration buildings at border posts, there are no condoms available; rather, condoms are available at clinics, shops or AIDS service organizations, which are usually far from the border post.³² Further, difficulties in actually targeting informal cross border traders, who are constantly on the move, preoccupied with survival needs, and who may not be receptive to HIV and AIDS education and prevention messages, are experienced by some AIDS service organizations even when they do target the traders.³³

26 Ibid, p 50.

27 World Food Programme ' Informal Cross Border Trade in Southern Africa' (2006) available at http://www.nda.agric.za/docs/cropsestimates/informal%20Cross%20Border%20Food%20Trade%20Report_April_06.doc

28 IOM (2003) Mobile Populations and HIV/AIDS in the Southern African Region: Desk Review and Bibliography on HIV/AIDS and Mobile Populations Pretoria: South Africa.

29 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa. Firstly, those who command authority (such as border officials) or who possess economic resources may sexually exploit those in weaker positions. Female informal cross border traders who find themselves in situations of unexpected delays at border posts may engage in transactional sex, or may be coerced into sex by customs officials to facilitate passage. Secondly, in some cases the sexual liaisons are in response to the loneliness arising from being away from families and supportive social support networks, or boredom. Such may be the case for truckers who spend long hours on the road and long periods away from their families. Lastly, in many cases the sexual relationships are for economic reasons, such as female informal cross border traders sleeping with truck drivers in exchange for transport or even just for the opportunity to sleep overnight in the trucks.

30 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa.

31 Genital ulcers and lesions caused by some STIs increase the risk of HIV infection because they allow easier entry of the virus into the body. Inflammation caused by other STIs may also increase the viral load in the semen or vaginal fluids of those who are HIV positive; this increases the probability of the transmitting the virus. Thus, prompt treatment of STIs greatly reduces the probability of HIV transmission. (Source: Grosskurth H, Moshia F, Todd J, et al. (1995), "Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized control trial". *Lancet* 1995,346:530-536).

32 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa.

33 Op cit.

CURRENT LEGAL AND POLICY INTERVENTIONS IN MOZAMBIQUE

The importance of migration in SADC, as well as the impact of migration on the vulnerability to HIV, requires that States examine HIV and migration in an attempt to make meaningful and relevant legal and policy interventions for HIV mitigation. There are various international and regional treaties and declarations in place that, once signed and ratified/acceded, illustrate a country's commitment to adhering to the spirit and provisions of the treaty, whether they are legally binding or not. These international and regional treaties and declarations seek to reduce the impact of the AIDS epidemic on vulnerable groups and to address socio-legal and structural factors that render certain population groups vulnerable to HIV. Since most States follow a dualist approach to treaty ratification, whereby an international or regional treaty must be officially domesticated to be relied on domestically, the most important policy document is the HIV/AIDS national strategic plan.³⁴

This section will briefly examine selected relevant international and regional treaties that impact on HIV and migration. It will then examine Mozambique's national strategy or action plan and relevant sectoral plans in some detail, examining the impact of such a plan on migrant and mobile populations. The final section will make recommendations for Mozambique on issues relating to HIV and mobile and migrant populations.

INTERNATIONAL AND REGIONAL TREATIES

There are various international and regional treaties and declarations in place relating to HIV, that are applicable to all persons, including mobile workers and migrants, refugees and other non-nationals within a Member State. Some of the relevant treaties are as follows:³⁵

- The UN International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families, which has not yet been signed by Mozambique, in article 23 states that: "migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health".
- The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which Mozambique acceded to on 21 April 1997, calls for the elimination of both intentional discrimination against women and acts that have a discriminatory effect on women. It calls for equality in issues such as employment and health care.
- The UN International Covenant on Economic, Social and Cultural Rights (ICESCR), which has not been signed by Mozambique, in article 12 recognizes the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, which includes prevention, treatment and control of

34 The legal system in Mozambique is based on civil law and once an international or regional instrument is ratified and published in the official gazette (Boletim da República or 'BR'), it automatically enters into force and become law of the country like any other law passed by Parliament and it can be applied.

35 From the United Nations Office of the High Commissioner for Human Rights, valid as of 09 March 2006. Available at: <http://www.ohchr.org/english/bodies/docs/status.pdf>. The difference between signature, ratification and accession is as follows: "Signature of a treaty is an act by which a state provides a preliminary endorsement of the instrument. Signing does not create a binding legal obligation but does demonstrate the state's intent to examine the treaty domestically and consider ratifying it. While signing does not commit a state to ratification, it does oblige the state to refrain from acts that would defeat or undermine the treaty's objective and purpose. Ratification is an act by which a state signifies an agreement to be legally bound by the terms of a particular treaty. To ratify a treaty, the state first signs it and then fulfils its own national legislative requirements. Accession is an act by which a state signifies its agreement to be legal bound by the terms of a particular treaty. It has the same legal effect as ratification but is not preceded by an act of signature". From The United Nations Children's Fund (UNICEF) (undated). Introduction to the Convention on the Rights of the Child: Definition of Terms. Available at: <http://www.unicef.org/crc/files/Definitions.pdf>.

epidemic, endemic, occupational and other diseases, as well as the creation of conditions which would ensure access to all medical service and medical attention in the event of sickness.

- The AU Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which was signed on 15 December 2003 and ratified on 09 December 2005 by Mozambique, recognizes the equal rights of African women, including the right to health care, sexual and reproductive health and the right to be protected against sexually transmitted infections including HIV.

Other declarations (not legally binding) have specific provisions relating to migrants and HIV such as the UN Millennium Declaration (2000), the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2006), and the SADC Protocol on Health (1999), Maseru Declaration and Commitment on AIDS in the SADC region (2003) and the Brazzaville Declaration on Commitment on Scaling up Towards Universal Access to AIDS Prevention, Treatment, Care and Support in Africa by 2010 (2006), the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and other Related Infectious Diseases (2003) among others. Mozambique is a signatory of all of these declarations which illustrates a willingness to engage with the issues relating to HIV and AIDS.

NATIONAL POLICIES AND COMMITMENTS

The National Strategic Plan on HIV/AIDS (PEN) 2005-2009

The National Strategic Plan on HIV/AIDS (PEN) provides a guiding framework for a multi-sectoral response to the AIDS epidemic. Seven priority areas of intervention are identified by the PEN; Prevention, Advocacy, Stigma & Discrimination, Treatment, Mitigation, Research and Coordination.

Strategies under Prevention seek to ensure free treatment of STIs for sex workers; and to undertake IEC activities that specifically target vulnerable groups and different population segments adapting the messages to suit each population segment. Objectives under Treatment include; encouraging business to support the extension of treatment of opportunistic infections to workers; and including programmes on support and treatment for workers living with HIV and AIDS in all sector plans. Objectives under Mitigation include offering tax and other incentives to companies that include in their plans concrete actions for fighting HIV/AIDS and its mitigation.

The strategic plan describes vulnerable groups that are prone to HIV infection as comprising of the following; sex workers, long-distance truck drivers, miners, and other migrant workers, brigades of workers away from home, soldiers in barracks, or drafted military units, and informal traders.³⁶ Sex workers are the only mobile population group who are singled out for specific interventions in the strategic plan such as free treatment of STIs. The concerns of migrants appear to be mainly addressed within the context of sectoral responses to HIV/AIDS.

Other Policies for Vulnerable Groups

There are a number of policies and legislative frameworks that have been developed to protect vulnerable groups in Mozambique. These include: Act No.5 of February 2003 that provides for non-discrimination against HIV positive employees with regards to their work, training and promotion rights; National Action

36 The National Strategic Plan on HIV/AIDS 2005-2009, (PEN 1) p13.

Plan for Orphans and vulnerable Children; National Plan of Action on Violence against Women; Draft National Gender Policy and Implementation Strategy; Programme for the Advancement of Women and Gender Empowerment; and Family law that has strengthened the position of women in the household.

SECTOR POLICIES, PLANS AND PROGRAMMES

Private Sector

Some effort has been undertaken by the private sector in promoting HIV and AIDS workplace policies. An umbrella organization called Business against AIDS (Forum de Empresarios Contra o SIDA) coordinates HIV and AIDS activities among private enterprises and has developed a roadmap for implementing workplace based HIV and AIDS programmes.

While the number of businesses with existing HIV and AIDS policies is increasing, the majority of employers in the private sector still did not have HIV and AIDS policies in place as of end 2005. An assessment conducted in 2005 of 16 private sector employers in Mozambique revealed that only 7 employers had an existing HIV and AIDS policy or programmes.³⁷ Furthermore, only 4 of the 16 companies were implementing a comprehensive HIV and AIDS programme at the time of the assessment.

Public Sector

Some steps have been undertaken by Government to promote HIV and AIDS workplace policies and programmes. Government action in responding to the AIDS epidemic is coordinated by the Unit for the Prevention and Fight against HIV/AIDS in the Workplace and this unit is comprised of the Ministry of Labour and representatives of both the private sector and employees/trade unions.

An assessment of 15 public sector employers including 6 Government ministries was conducted at the end of 2005 for the presence of HIV/AIDS policies and programmes for their personnel.³⁸ The results of the assessment revealed that only 1 of the 15 public sector employers had an HIV and AIDS policy in place and only 1 was implementing a comprehensive HIV and AIDS programme. The study revealed that the majority of employers were still in the process of developing their workplace policies and programmes.

THE UNGASS PROGRESS REPORT

It appears that the Government has realized that there is a link between population movements and HIV:

Finally, there is clear evidence that HIV is spreading fastest in provinces that contain transport links to countries bordering Mozambique. HIV sentinel surveillance for 2004, for example, shows that in the town of Caia, which lies along the main railway link with southern Malawi, the prevalence rate increased from 7.7% in 2001 to 19.1% in 2004.³⁹ Again, the challenge for Mozambique is to prioritize the transport corridors and other geographical areas for accelerated provision of HIV/AIDS-specific services.⁴⁰

However, there does not appear to be any corresponding policies or interventions focused on the mobile groups.

³⁷ Ibid, pg16

³⁸ Government of Mozambique, UNGASS Declaration of Commitment on HIV/AIDS: Progress Report Reporting Period 2003-2005, pg 16. Available at http://data.unaids.org/pub/Report/2006/2006_Country_progress_report_Mozambique_en.pdf

RECOMMENDATIONS FOR FUTURE POLICIES/INTERVENTIONS

It is suggested that the Government of Mozambique consider the following:

- Sign, ratify and domesticate the UN International Covenant on Economic, Social and Cultural Rights and the UN International Covenant on the Protection of Migrant Workers and their Families. This would afford migrant and mobile workers with increased legal protection, such as better living and working conditions and access to health.
- Mozambique should consider domesticating the AU Protocol on the Rights of Women, in order to make it applicable to domestic law.
- Include mobile and migrant workers in any national and sectoral plans, programmes and strategies to address HIV and AIDS including in treatment, care and support and prevention.
- Expand the focus from sex workers to include all mobile and migrant workers in the definition of vulnerable groups.
- Expand prevention and care and support strategies to include all migrant and mobile populations in existing care and support policies such as access to information, education and communication; access to voluntary counselling and testing; access to antiretroviral drug treatment; treatment of opportunistic infections; home and community based care; and psychosocial care.
- Work closely with other SADC countries to address issues related to migrants and mobile workers.

39 República de Moçambique. Ministério da Saúde. Direcção Nacional de Saúde. Programa Nacional de Controle das ITS/HIV/SIDA. Relatório sobre os dados de Vigilância Epidemiológica do HIV – Ronda 2004. August 2005.

40 UNGASS Progress Report, p. 34.

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