



ASIAN LABOUR MIGRANTS AND HEALTH: EXPLORING POLICY ROUTES

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Executive Summary

Migrant health issues have risen on the agenda of policymakers in the Asia-Pacific region in recent years, generating momentum at the very highest levels of government. The challenge now is how to translate this momentum into visible changes on the ground. Despite progress on both policy and programmatic fronts, Asian migrant workers continue to face challenges in accessing health facilities and services at all stages of migration – before departure, while in transit, at destination and upon return.

Moving the policy discourse on migrant health issues forward and ensuring changes on the ground first require disentangling myths from realities. There is a persistent public perception that labour migrants are carriers of diseases or that they are a burden to the health systems of the countries that receive them. The reality, however, is different. Labour migrants are generally young and healthier than the native population and they tend to underutilize health services at destination. Labour migrants' vulnerability to ill health, however, increases during the migration process due to various risk factors such as lack of adequate health insurance, poverty and uncertain legal status.

It is important to identify these risk factors as well as the stakeholders at each stage of the migration cycle in order to map out shared goals. Translating the political momentum requires adopting concrete initiatives aimed at two overarching objectives: 1) strengthening intersectoral collaboration at the national level and 2) strengthening cross-border cooperation between countries of origin and destination. To this end, there is an emerging consensus among various actors to: (1) review labour, migration and health policies at the national level to ensure policy coherence; (2) designate migration health focal points within relevant government departments to ensure multisectoral coordination on policies and programmes at national and subnational levels of government; (3) pursue bilateral and regional dialogue and cooperation, including through forging bilateral agreements and creating information-sharing mechanisms (4) aim for cross-border standardization in critical areas, from data collection on the legal, social and health aspects of the migration process to medical testing and social protection schemes; and (5) include migrants' views in policy formulation and programme implementation.



I. Introduction

The importance of addressing the health and well-being of migrants has been receiving greater attention, at both international and regional levels, in recent years. In 2008 the [Sixty-First World Health Assembly Resolution on the Health of Migrants](#) called upon participating nations to “promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants.”

At the regional level, members of the Association of Southeast Asian Nations (ASEAN) signed two landmark declarations during the Twelfth ASEAN Summit, held in 2007: the [ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers and the ASEAN Commitments on HIV and AIDS](#), which included a focus on migrants and mobile populations. Likewise, since 2006, the South Asian Association for Regional Cooperation has adopted regional strategies for HIV/AIDS and TB/HIV co-infection, both focusing on migrant-related issues.

Another key milestone was the [2010 Regional Multi-stakeholder Dialogue on Addressing the Health Challenges of Asian Migrant Workers](#) which brought together for the first time health, foreign affairs, immigration and labour officials of Colombo Process Countries to develop a common understanding on the main health challenges and priorities associated with labour migration in and from South and Southeast Asia and particularly to the Arab States. The dialogue recommended specific activities to improve the health and well-being of migrant workers and their families throughout the migration cycle.

These recommendations later fed into [2010 Asia-Pacific Preparatory Meeting for the Global Forum on Migration and Development](#) where participants called for improved migrant health services including the development of guidelines and minimum standards to facilitate provision of health services, such as health financial schemes, social protection in health and mandatory health insurance. In April 2011, during the Fourth Ministerial Consultation for Asian Labour Sending Countries (also known as the Colombo Process), 11 countries adopted the [Dhaka Declaration](#), which includes the recommendation to promote migrant-inclusive health policies to ensure equitable access to health care and services as well as occupational safety and health for migrant workers.

The challenge now is how to translate this momentum – seen at the highest levels of government – into workable policies and programmes that can ultimately create visible changes on the ground.

Many Asian migrant workers, especially those working under temporary contracts, continue to face challenges in accessing health facilities and

services. Indeed, as Dr. Chanvit Tharathep, a public health official from the Ministry of Public Health in Thailand, observed during a regional forum on health issues affecting Asian migrants: “There is significant gap between the economic contribution of labour migrants and the poor working conditions and social support that they experience throughout the migration cycle.” Tharathep noted that although Thailand, like many countries that send and receive migrant workers from Asia, has “made many advancements in improving access to health . . . there is still much to be done.”¹

This policy brief outlines the key policy challenges governments and other stakeholders face in addressing the health needs of Asian labour migrants today. It discusses the common myths associated with labour migration and health, highlights the need to adopt a multisectoral and cross-border approach and identifies five sets of recommendations to move the policy discourse on migrants’ health forward.

II. Untangling myths from realities

The relationship between migration and health is complex. Myths still prevail, clouding public perception and distorting policy debates in the region.

Table 1. Migrant health: Myths versus realities

<p>Common myths:</p> <ul style="list-style-type: none"> - Migrants are carriers of diseases. - Migrants are a burden on the health system. <p>Reality:</p> <ul style="list-style-type: none"> - Most migrants are young, of the working-age group and travel when they feel healthy. - Conditions surrounding the migration process make migrants more vulnerable: i.e., the health profile of a migrant depends on the characteristics of the migration process. - Migrants often underutilize services and if they do, they often pay out of pocket.

Source: IOM, 2011.

There is a persistent public perception that migrants are carriers of diseases. Yet studies show that migrants, especially those at the initial stage of migration, are younger and generally healthier than the native populations in their host countries. This so-called “healthy migrant effect” wanes, however, as migrants are exposed to various health risks during transit and at destination, making them more vulnerable to diseases than their host countries’ native populations. These social determinants of migrants’ ill health, such as poor living and working conditions, increase their susceptibility to exploitation, abuse, risky behaviours, marginalization and powerlessness.

There is also increasing evidence against the common perception that labour migrants are a burden on the health systems of their host countries. In fact, migrants often underutilize health services, for reasons that include lack of health insurance, poverty, fear of being

stigmatized, discrimination, social exclusion, language and cultural differences, administrative hurdles and legal status. Not coincidentally, these are the same factors that make labour migrants vulnerable in the first place, which in turn determine their level of access to health and social services.

For example, labour migrants who are not included in employer-provided health insurance schemes have to pay for health services out of pocket. As a result, such migrants tend to forego basic primary care and often do not seek help until their health conditions have progressed to an advanced stage. These behaviours increase their susceptibility to death, disability and preventable diseases, and increase the costs that they incur in the end. Promoting the use of cost-effective primary health care as opposed to leaving migrants' health to be managed at the level of costly emergency care avoids productivity losses while aligning with public health and human rights principles.

It is also important to recognize that migrant workers are not a homogenous lot. In terms of just skills and legal status, they encompass a wide spectrum, from high-skilled workers holding flexible residency visas and high-paid and stable jobs on one end to undocumented workers in low-wage sectors enjoying almost no residence or job security on the other end.

III. Health challenges of Asian labour migrants

Migration is not necessarily a health risk by itself; however, the worse the conditions labour migrants experience at various stages of the migration cycle, the higher their exposure to disease or situations that affect their general well-being. Any serious policy discussion of migration and health must account for this complex reality.

It is important, first and foremost, to identify the health vulnerabilities and key stakeholders at each stage of the migration cycle: pre-departure, in transit, at destination and upon return:

- **Pre-departure.** Labour migrants from Asia often have to undergo health assessments in their country of origin to ensure their fitness to work. For instance, an HIV-positive test would prevent, in most cases, an aspiring migrant from obtaining a work permit. Far too often, such assessments are done without giving migrants access to proper counselling and referrals and health education. This practice renders migrants more vulnerable to abuse and exploitation. Assessment exams and pre-departure screenings are potentially important entry points to educating migrants about their health needs, and should not be used as tools to exclude and marginalize prospective migrants.

- **In transit.** Some travel-related conditions may also exacerbate health risks, particularly in cases of irregular migration. For example, some female migrants are forced to engage in transactional and unprotected sex with unscrupulous actors, including corrupt border officials, to facilitate border crossing.
- **At destination.** Many migrants are unable to access health services upon reaching their destination. Reasons vary from fear of deportation to simply being unfamiliar with the health system. Labour migrants, especially those working irregularly and/or in low-skilled sectors, face various cultural, linguistic and economic barriers to accessing health services. Some groups of migrants also have inherently risky working conditions, especially those in the so-called 3-D jobs – the difficult, dirty and dangerous occupations. A lack of adequate health insurance, coupled with poor adherence to occupational health and safety standards among employers, further increases migrants' health risks. Finally, long separation from the family and one's own sociocultural norms while in the host country can lead to loneliness, depression and unsafe risk-taking behaviours.
- **Upon return.** Reintegration of returnees back into the communities they left behind may also be accompanied by health-related challenges. Some migrants, for instance, may face difficulties accessing local health systems. Intra-family dynamics might have changed in their absence. The migrant or his/her spouse may have contracted a sexually transmitted infection such as HIV during the separation, and/or might suffer from depression. Although remittance-recipient households and children may benefit from improved living standards, some studies have found negative emotional and health effects, premature induction to risk behaviours, and increased exposure to sexual exploitation among children living in migrant households, highlighting the need for social services for the families left behind.

IV. Towards a multisectoral and cross-border approach to migrant health: Five recommended steps

Confronting migrant vulnerabilities at each stage of the migration process requires concerted actions from governments and other stakeholders in both origin and destination countries. As Ms. Gwi-Yeop Son, chair of the United Nation's Initiative on Mobility and HIV/AIDS in South East Asia, aptly put it, "Health challenges and labour migration are complex issues that affect large numbers of people in our region. Such

issues cannot be dealt with by one ministry or one country alone...”²

Table 2 outlines the key stakeholders at each stage of the migration cycle. For instance, at the pre-departure stage, it is critical that actors in both the private and public spheres – such as recruitment agencies and government officials at both origin and destination countries, health facilities conducting assessments, employers, migrants themselves and their communities – work together towards the common goal of protecting migrants’ health.

Table 2. Stakeholders at origin and destination, by stage of migration

Stage of migration	Stakeholders, country of origin	Stakeholders, country of destination
Pre-departure	<ul style="list-style-type: none"> - Recruitment agencies - Health facilities appointed to conduct health screenings - Migrant families and communities - Migrants’ associations - Ministry of Labour/Immigration/Health 	<ul style="list-style-type: none"> - Recruitment agencies - Employers - Ministry of Immigration/Labour/Health
In transit	<ul style="list-style-type: none"> - Ministry of Immigration/Foreign Affairs - Transport operators 	<ul style="list-style-type: none"> - Ministry of Immigration/Justice, including border officials - Employers
At destination	<ul style="list-style-type: none"> - Ministry of Foreign Affairs (consulates, embassies) 	<ul style="list-style-type: none"> - Ministry of Immigration/Health/Labour - Health services (private/public) - Employers - Local community/migrant associations - Trade unions
Upon return	<ul style="list-style-type: none"> - Health system and social services - Migrant households - Migrants’ associations 	<ul style="list-style-type: none"> - Employers - Health insurance providers

Source: Calderon, Rijks and Agunias, 2012.

Moving the policy discourse on migrant health: Five steps forward

As mentioned earlier, significant achievements have already been made in moving the policy discourse on migration health, especially at the regional level. Governments, mainly from migrant-sending countries, are beginning to reach agreement on how to jointly address the various health issues migrant workers face. Recent discussions at the regional and international levels and an emerging consensus among various stakeholders in both origin and destination countries point to the following five:

1. Conduct a review of labour, migration and health policies at the national level

A thorough review of existing policies, laws and practices related to labour migration and health is a critical first step. Many participants of the 2010 Regional Multi-stakeholder Dialogue on the Health Challenges for Asian Labour Migrants observed that the monitoring of migrant health and, more generally, the designing of public health systems at both national and local levels are often based on an assumption that populations are essentially static. Governments would do well to review their health-care systems and ensure that they have the capacity and available resources to provide meaningful access to a highly mobile population.

In such a review, some governments may have to directly address cases in which countries of origin negotiate for their migrants’ access to health services at destination, while withholding the same privileges to non-nationals within their borders. For instance, Thailand offers opportunities for irregular migrants to access government-sponsored health insurance, while the Philippines requires its migrant workers to purchase health insurance for a minimal cost.³

The review should also determine whether the budget allocated for health programmes is adequate to address the needs of labour migrants (especially those in vulnerable situations) and, if not, determine how governments can access external funding sources, including support from the private sector and regional and global funding mechanisms. Ultimately, however, the key stakeholders responsible for ensuring workers’ access to health and social protection services are the employers.

2. Designate migration health focal points to coordinate policy and programme responses

Few contest the value of adopting a “whole-government” approach to addressing migrant health issues. Piecemeal efforts – especially those driven by one sector, department or ministry – rarely, if ever, work.

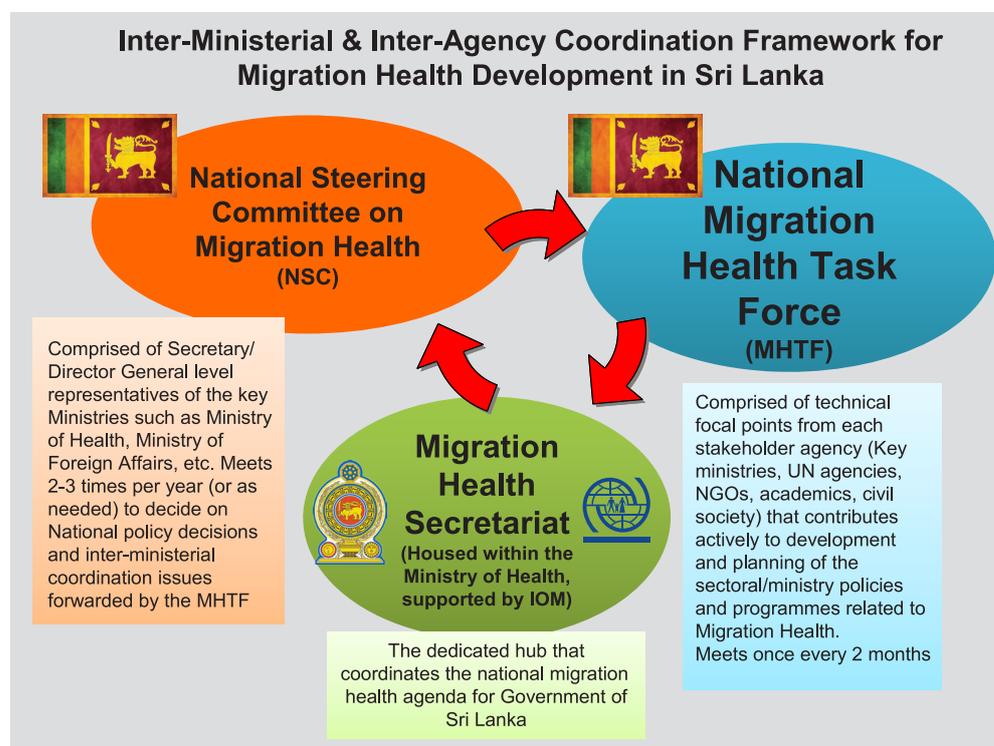
Within governments, it is most useful to coordinate policy and programme responses from identified focal points in sufficiently high-level ministries or departments. Focal points should also coordinate and consult with a wide range of stakeholders, including migrant associations.

The Sri Lankan government offers a good example of this approach. As Box 1 highlights, Sri Lanka recognizes that migration health issues cut across various sectors, affect various types of migrants, including families left behind, and impact all stages of migration.

Box 1: Migration health management in Sri Lanka: A “whole-government approach”

The Sri Lankan government established an inter-ministerial that involves three actors: (1) the Migration Health Secretariat, housed at the *Ministry of Health*, supported by the International Organization for Migration, which acts as the permanent coordinating hub; (2) the *Migration Health Task Force*, comprised of technical focal points from 12 government ministries and each stakeholder agency, which holds discussions and makes recommendations; and the (3) *National Steering Committee on Migration Health*, comprised of the Director Generals of key ministries, which acts on the recommendations of the Task Force to formulate national policies related to migration health developments in Sri Lanka.

The strength of the Sri Lankan strategy lies in its integrated and cross-sectoral approach that involves key ministries, including Labour, Health, Defence, External Affairs and the specially created Bureau of Foreign Employment, Promotion and Welfare (SLBFE). All relevant stakeholders, including United Nations agencies, non-government and civil society organizations and academia, have a voice in policy making, which allows for interventions that are both responsive to emergent needs and gaps, and offers a unified response from all stakeholders.



Source: IOM, 2011.

3. Pursue bilateral and regional dialogue and cooperation, including through forging bilateral agreements and creating information-sharing mechanisms

Bilateral agreements (BAs) between origin and destination countries are also an effective tool, alongside other forms of international cooperation. Forging BAs ensures the continuity of social protection programmes through the migration cycle. Although many recognize the advantages of making social benefits – including health insurance – portable, few countries the world over have made headway in this important policy area. Partnerships among origin and destination countries are also especially important to address conditions requiring long-term treatment, such as tuberculosis and HIV.

These agreements should cover a wide range of health issues including jointly ensuring that:

- Prospective migrants have access to migrant-friendly medical testing services in the pre-departure phase. Too often migrants are not fully informed what they are tested for and only find

out after their test that they have been excluded from the migration process.

- In cases where migrants are declared medically unfit to work, such as when they test positive for pregnancy, HIV or another condition that precludes them from migrating, there should be follow up treatment or referral to relevant services. Migrants should also have access to pre-departure preventive health information or cultural orientation to assist them in coping with health-related challenges while abroad and empower migrants to take care of their own health and that of their families and host communities at destination.
- Agreements stipulate preventive safety measures and explicit adherence to internationally agreed-upon occupational health and safety standards since many Asian labour migrants suffer from occupational injuries.

Creation of region-wide information-sharing mechanisms is another important step, since it allows governments to understand what their counterparts in other countries have done and to identify potentially replicable good practices. Information sharing can be in the form of periodic consultations on migrant



health issues across sectors and among countries of origin, transit and destination.

4. Aim for standardization

The field of migrant health would also benefit from standardization. Data collected on health systems often exclude key migration-related variables, such as citizenship and length of stay. Given that legal status is a critical issue, a migrant-sensitive data-collection process would include guidelines for the proper use and confidentiality of data.

Governments at origin and destination may also choose to jointly ensure that medical testing or health assessments of prospective migrant workers follow internationally accepted ethical guidelines, especially pertaining to confidentiality and access to counselling and preventive, curative and rehabilitative health services.

Developing guidelines and minimum standards for financial and social protection schemes, such as mandatory health insurance, would also improve the coverage and quality of migrant health services. Effective practices and existing models should inform the formulation of these guidelines and standards. The benefits, ideally, should cover not only migrants but their families as well.

In setting national standards, it is important to ensure that health services in primary health-care systems are culturally sensitive and linguistically appropriate. Discrimination based on ethnicity, religion or sex should be minimized through sensitization to existing cultural norms and traditions.

5. Include migrant views during policy formulation and programme implementation

It is important to increase the participation of migrant workers in policy formulation and actual programme implementation. Migrant workers can provide, among other things, important feedback on what works and what doesn't. Returning migrants can routinely provide feedback on the effectiveness of government-provided migrant services. In the Philippines, for instance, migrants have three official representatives on the 10-person board of the Overseas Workers Welfare Administration, a key government agency that oversees pre-departure orientation seminars and manages a welfare fund that provide financial and other support to migrant workers abroad.

Through migrant feedback, policymakers and practitioners alike can ensure that specific sectors are well represented. Given the high number of female migrants from Asia, it is important to identify their specific health-related needs and vulnerabilities, as well as those of domestic workers and undocumented

migrants who, because of the nature of their work, are especially vulnerable.

Most would agree that Asian labour migrants play an important role in the development of the economies and societies of many countries within the Asia-Pacific region and elsewhere. For decades, migrants from and within Asia have been filling critical labour gaps in their host countries while at the same time sending money home to their families. Given these important contributions, the well-being and health of migrants cannot be ignored. Efforts in the four critical policy areas outlined here would not only benefit migrants and their families, but, ultimately, their origin and destination countries.

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