



OCCUPATIONAL FATALITIES AMONG INTERNATIONAL MIGRANT WORKERS

A GLOBAL REVIEW OF DATA SOURCES



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EXECUTIVE SUMMARY

Every year, migrant workers take on some of the most difficult and dangerous jobs in the world. In many countries, they fill essential shortages in construction, agriculture, mining, health care, manufacturing and domestic work. They may travel to work in mines or factories, or as domestic or health workers. Significant research suggests that migrants are at greater risk of injury, illness and death than native-born workers because of increased exposure to environmental hazards, precarious employment, and overrepresentation in poorly regulated sectors. For example, in 73 per cent of countries in which relevant data were available, the incidence rate of fatal occupational injuries was higher among migrant populations than natives (Gammarano, 2020).

The 2030 Agenda for Sustainable Development has renewed global commitments to improve occupational health and safety, for the first time highlighting the particular vulnerability of migrant workers. The Global Compact for Safe, Orderly and Regular Migration also calls on States to ensure decent working conditions for migrants, to reduce instances of missing persons and enhance efforts to identify and repatriate remains, and to improve data capacities for evidence-based policymaking. Despite these commitments, and recognition of the importance of statistics to enhance safety, there remains a lack of reliable data on occupational fatalities among migrant workers in much of the world.

This report provides an initial examination of available sources of data on migrant worker fatalities at the global, regional and country levels. Key sources include national employer notification and social insurance systems, migrant welfare funds, embassies in destination countries and records of repatriated remains. The existence and quality of data are highly variable across countries, with knowledge concerning migrants mostly coming from middle- and high-income regions. Data on deaths of migrant workers in much of the developing world remain extremely scarce. The presence of relatively large informal sectors and loose health and safety regulation likely entail higher risks for native and migrant workers in regions of the world precisely where data are most lacking. However, poor quality and gaps in coverage limit the current usefulness of these data both for deepening understanding of trends and guiding intervention efforts. Measuring occupational fatalities is particularly challenging among undocumented and informal migrant populations, the groups most likely to have poor health and safety outcomes. Finally, although national population/labour statistics estimate that work-related diseases kill six times more people than fatal injuries, virtually no data are regularly and systematically produced at the national or international levels documenting occupational diseases among migrants.

INTRODUCTION

The International Labour Organization (ILO) estimates that some 2.78 million people die every year from work-related accidents and diseases (Hämäläinen et al., 2017). Due to their overrepresentation in so-called 3D jobs – work that is dirty, dangerous and difficult – migrants tend to be at greater risk of occupational injuries and diseases, including fatal ones, than native workers (Moyce and Schenker, 2018). There is a lack of reliable data on occupational fatalities among migrant workers in much of the world despite recognition of the heightened risk and the importance of statistics to enhance safety.

International migrants are estimated to make up 4.7 per cent of the global workforce (ILO, 2018a). In some regions, the importance of migrant workers is far greater: at least 40.8 per cent of workers in Arab States¹ are migrants, reaching over 90 per cent in some Gulf Cooperation Council (GCC) countries, including Qatar and the United Arab Emirates. In North America and in Northern, Southern and Western Europe, about one in five workers is a migrant (20.6% and 17.8% respectively) (ibid.). These 164 million people play key roles in the economies of many countries around the world – filling positions in agriculture, construction, manufacturing, domestic work and health care – and are often vital breadwinners for their families back home. Remittances to low- and middle-income countries amounted to USD 554 billion in 2019, bolstering some small economies with as much as 40 per cent of their GDP.² Although not the focus of this report, hundreds of millions of people also migrate within their countries for work and are not included in these figures.

However, while labour migration spurs economic development and can improve the living conditions of migrant-sending families, it often comes at significant personal and social cost. The heaviest of these is

when a worker pays with their life. Each year, tens of thousands of people die abroad while working, often far from their families and too frequently from preventable causes. Grieving families may suffer devastating financial repercussions while struggling to find answers about what really happened, and wade through complex bureaucracies to repatriate the remains of their loved ones (PNCC, 2017; Eapen, 2020). If burial happens overseas, family members may be unable to attend or visit gravesites in the future.

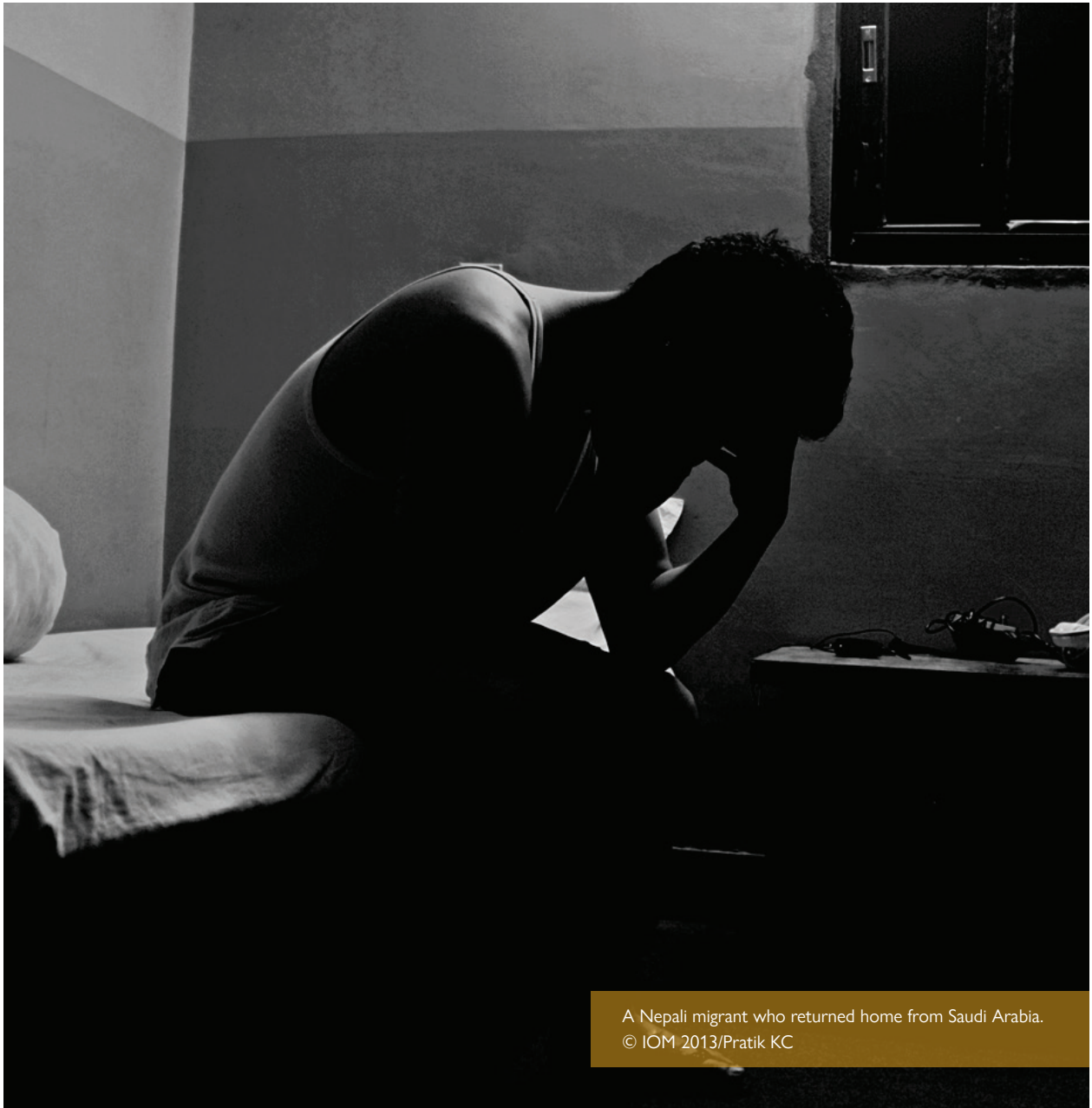
Improved data on the incidence, causes and circumstances surrounding the deaths of migrant workers not only can aid in spurring political action among sending and receiving States, but are also critical for effective intervention. Beyond clear moral grounds for action, incentives among governments and the private sector include avoiding the sizeable costs arising from treatment, recruitment, employee replacement and training, insurance claims, and repatriation of remains (Consunji et al., 2020; Hämäläinen et al., 2009).

Recent international processes have renewed global commitments to ensure decent work and improve occupational health and safety. Through the Global Compact for Migration, States agreed to promote fair and safe working conditions for migrants (Objective 6), strengthen programmes for the identification and repatriation of deceased migrants and assist families searching for missing relatives (Objective 8), and enhance data to inform migration-relevant policies (Objective 1). The 2030 Agenda for Sustainable Development calls for the protection of labour rights and the promotion of safe and secure working environments, for the first time highlighting this as a particular vulnerability of migrant workers. Specifically, Indicator 8.8.1 calls for States to report on the incidence of fatal and non-fatal occupational injuries, with disaggregation by migrant status and sex, as a measure of decent work. Lack of data and divergent methods, definitions, and categories used in existing statistics greatly hinder monitoring efforts.

¹ These are Bahrain, Iraq, Jordan, Kuwait, Lebanon, the Palestinian Territories, Oman, Qatar, Saudi Arabia, the Syrian Arab Republic, the United Arab Emirates and Yemen.

² See the World Bank's DataBank, available at <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS> (accessed 4 December 2020).

This report examines existing sources of data on migrant worker³ deaths at the global, regional and country levels. Produced by IOM's Missing Migrants Project, the report aims to explore possibilities for strengthening the collection and consolidation of data on deaths of migrant workers. While the Missing Migrants Project is dedicated to tracking deaths that occur during international migration journeys – at the “external border” – too frequently migrants remain at risk even after they've reached their destinations because of their status as (irregular) immigrants. To a degree, the deaths of migrant workers that occur due to exploitation of their precarious legal status and exclusion from State protections may also be viewed as consequences of the “functional border”,⁴ through its manifestation within economic and sociopolitical spheres (Weber and Pickering, 2011).



A Nepali migrant who returned home from Saudi Arabia.
© IOM 2013/Pratik KC

³ A “migrant worker” is defined in IOM’s *Glossary on Migration* (2019) as “[a] person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national”.

⁴ A “functional border” is not a political border but rather wherever the government performs border functions.

OCCUPATIONAL RISKS FACED BY MIGRANTS

Significant research from around the world suggests that migrant workers are exposed to greater risks than native workers and are more likely to suffer from injury, disease and fatal accidents (Arici et al., 2019; Hargreaves et al., 2019; Moyce and Schenker, 2018; Orrenius and Zavodny, 2012; Salminen, 2011). Most of this research concerns migrants moving from lower- to higher-income countries; less is known about migrants remaining in low-income countries. A recent analysis of ILO statistics on work-related fatalities found that in 73 per cent of the countries for which data were available, the incidence rate of fatal occupational injuries was higher among migrants than natives (Gammarano, 2020). The most dangerous sectors (for migrant and native workers) were manufacturing, construction, transportation and storage, and, to a lesser extent, agriculture (ibid.).

Greater fatalities among migrants are primarily due to their overrepresentation in dangerous occupations, such as construction, manufacturing, mining and agriculture, as well as in unregulated and informal sectors of the economy (Orrenius and Zavodny, 2012). Migrants may also be more vulnerable than native workers within the same occupational area, although the evidence on this is inconsistent and research is limited (Hargreaves et al., 2019; Moyce and Schenker, 2018; EU-OSHA, 2007).

A global literature review found that migrants were more likely to suffer from injury and death due to greater exposure to environmental hazards such as working in extreme temperatures; working in industries with high exposure to pesticides, chemicals and toxins and those with high physical demands; working with dangerous machinery; working in precarious or unregulated jobs; and working with pressure to perform quickly without regard for safety standards (Moyce and Schenker, 2018). Linguistic, cultural and social barriers; discrimination; limited employment rights; and inadequate access to

health care and other social protections also heighten vulnerability (ibid.; Hargreaves et al., 2019). Strict employer-tied visa schemes like the kafala system expose migrants to greater risk of abuse and exploitation (Tayah, 2016). A review by Hargreaves et al. (2019) found high rates of morbidity, injury and mental health problems among migrants engaged in manual labour. In Spain and Italy, a review of 34 studies found a higher risk of fatal and non-fatal occupational injuries among migrant workers, as well as greater physical demands, poorer environmental working conditions, and worse physical and mental health than native workers (Arici et al., 2019). Research in the Republic of Korea found higher fatality rates among migrant workers who were not legally entitled to change employers compared to other migrant workers (Lee and Cho, 2019).

A study on the rate of fatal occupational injury in the United States of America between 2003 and 2010 found that foreign-born workers were 15 per cent more likely to die than native-born workers and were more likely to be impacted earlier in their working lives. The researchers found significant differences in risk depending on where migrants originated. Workers from Europe, Oceania/Australia, Canada and South America were found to have a level of risk similar to native-born workers, while migrants from Central America, Africa, Asia and Mexico were at heightened risk. The greatest disparity was among Central Americans, who were 45 per cent more likely to suffer from fatal accidents than native-born workers (Byler and Robinson, 2018).

In the Gulf region,⁵ migrants comprise the majority of national labour forces and, correspondingly, suffer the majority of workplace fatalities. South Asian workers, many of whom are employed in construction or

⁵ These are Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

domestic work, are at risk of exploitation and abuse and often subject to poor and hazardous living and working conditions (ILO, 2018b). Existing data show significant fatalities. Close to 34,000 Indian workers died in the Gulf region between 2014 and 2019, corresponding to nearly 16 deaths a day (Government of India, 2019). An average of at least 678 Nepali workers have died abroad each year since 2008, a rate of nearly 2 people a day (Government of Nepal, 2020). The bodies of over 37,000 Bangladeshi workers have been repatriated to the country since 2000 (Government of Bangladesh, n.d.). Data on mortality rates are limited, although there have been some efforts to compare deaths abroad with similar age cohorts in the home country, with differing results (Pradhan et al., 2019). Some sending countries have high death rates within their own borders. For instance, among the 90 countries for which data are available in ILO's statistical database, India – itself a large host of internal and international migrant workers – has the highest incidence of occupational fatalities, at 117 per 100,000 workers (Gammarano, 2020). Data on worker deaths in Qatar based on records from the national trauma referral hospital suggested a much lower fatality rate of 3.7 per 100,000 workers between 2010 and 2012 (Al-Thani et al., 2014). Limited research comparing fatality rates among migrant and native workers in the Gulf region has shown that migrants are more likely to be seriously injured or die than nationals (Kharel, 2016).

Victims of trafficking may face even greater risk of injury and illness than other migrant workers due, for instance, to longer working hours, worse living conditions and reduced freedom of movement to access medical services (Buller et al., 2015). However, a study examining the health impacts on victims of trafficking and other migrants working in textiles, gold mining, and construction in South America and Central Asia found that trafficking victims and non-trafficking victims faced many of the same abuses and health and safety risks. Working in poorly regulated or entirely unregulated environments, migrants and trafficking victims alike were exposed to numerous hazards that put them at risk of fatal injuries, infectious illnesses – particularly tuberculosis and malaria – and a range of long-term debilitating and fatal diseases, including mercury poisoning and cancers (ibid.).

In almost all countries with available data, men are more likely than women to die or be injured at work, given their concentration in the most dangerous jobs (Gammarano, 2020). However, migrant women experience significant negative health risks that have been shown to differ from men in some manifestations of mental health problems, types of cancers and occupational injuries, and reproductive health concerns (Moyce and Schenker, 2018). Female-dominated sectors such as domestic work pose particular risks. In addition to long working hours, heavy lifting and repetitive activities, and exposure to chemical cleaning agents, domestic workers are vulnerable to exploitation, abuse and violence (Malhotra et al., 2013). Women who live in the homes of their employers are especially vulnerable (Tayah, 2016). Restrictions on mobility and social isolation also contribute to poor mental health (Malhotra et al., 2013). In Lebanon, a non-governmental project recorded 113 deaths of migrant domestic workers between 2010 and 2019 due to suicides, falls from residential buildings (possibly suicides, attempted escapes, accidents, or murders), and murders.⁶

⁶ More information is available at <https://civilsociety-centre.org/gen/map/mdw-deaths>.



Woman at an IOM-run clinic in Mae Sot General Hospital, Thailand.
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Viewed from another perspective, as migrants fill the most dangerous jobs, work becomes safer for the native population. In one study, Dillender and McInerney (2020) found that Mexican immigration to the United States explained 26 per cent of the improvements in occupational risk among native-born workers in the country between 1980 and 2015. Research in Spain found a similar trend, with immigration accounting for a 7 per cent reduction of workplace accidents among native workers between 2004 and 2009. This effect was at least partly driven by a shift among Spanish-born workers from jobs with higher occupational risks to jobs with lower risks of injury (without a reduction in overall employment levels of native workers) (Bellés-Obrero et al., 2020).

Despite a growing understanding of the burden of work-related disease, data on occupational fatalities are commonly restricted to fatal accidents and sudden deaths (e.g. sudden heart attacks among workers in the Gulf region). Various countries do track deaths resulting from particular conditions known to be caused almost exclusively by occupational exposure; however, whether decedents were foreign-born is not disaggregated in the data. This represents a major gap considering that occupational diseases are estimated to kill six times more workers (migrants and non-migrants) than accidents (Hämäläinen et al., 2017). In the most recent global estimate of occupational accidents and work-related illnesses, the greatest share of deaths was attributed to circulatory diseases (31%), followed by malignant neoplasms (26%) and respiratory diseases (17%), then by occupational injuries (14%) (ibid.). While many countries have been interested in documenting occupational injuries for over a century, recognition of the problem of occupational diseases and attempts to capture these statistically are more recent (Hämäläinen et al., 2009). The first global estimates on work-related disease fatalities were produced in the late 1990s, but no such global estimates have been attempted for migrant workers. Evidence suggests that migrants may be more likely to suffer from a range of occupational illnesses and eventual fatalities due to participation in sectors with greater exposure to chemicals, pesticides, dust and other health hazards (Mucci et al., 2019; Moyce and Schenker, 2018).

IMPACTS OF THE COVID-19 PANDEMIC ON MIGRANT VULNERABILITY

The COVID-19 pandemic has revealed migrant workers as both essential and marginalized (Kerwin and Warren, 2020). Migrant workers are vulnerable to both the health impacts and socioeconomic implications of the pandemic. Meanwhile, mobility restrictions across most of the world have disproportionately impacted the livelihoods of seasonal, temporary or transient workers and their families, particularly those in irregular situations.

Risk of infection

Various aspects of migrants' living and working conditions heighten their risks of exposure to SARS-CoV-2, the virus causing COVID-19 (OECD, 2020a; IOM and WFP, 2020). Migrants are overrepresented among front-line, critical infrastructure and essential jobs that cannot be performed remotely – for example, in meatpacking, agriculture, hospitality, health care, construction and critical retail. They are at least 5 per cent less likely than native-born workers to have jobs that allow remote working in three quarters of Organisation for Economic Co-operation and Development countries (OECD, 2020a). In the United States, an analysis found that 69 per cent of all migrants in the labour force and 74 per cent of undocumented migrant workers are essential workers, compared to 65 per cent of the native-born labour force (Kerwin and Warren, 2020).

Migrants play a critical role in health care across much of the world, the sector most directly exposed to the coronavirus. Across OECD countries, nearly one quarter of doctors and 16 per cent of nurses are born abroad (OECD, 2020b). This rises to over 50 per cent of doctors and 30 per cent of nurses in several Western European countries, Australia and Israel. In the United States, although migrants represent 17 per cent of the civilian workforce, they make up disproportionate shares among certain high- and low-skilled health-care workers, including 28 per cent of physicians and surgeons, 38 per cent of home health aides, and 22 per cent of nursing assistants (Batalova, 2020). A recent global analysis found that over 7,000 health-care workers had died from COVID-19 as of September 2020 (Amnesty International, 2020).



Man manufacturing washable cloth masks in Bangladesh.
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Crowding in migrant housing (OECD, 2020a), and particularly among those living at worksites, can increase risk of infection and accelerate the transmission of disease. Cramped workers' quarters became national epicentres of the pandemic in various countries. At the height of Singapore's spring peak in infections, 88 per cent of the country's COVID-19 cases were among 295,000 low-skilled migrants living in employer-provided dormitories and housing – between 3,000 and 25,000 people (Koh, 2020). In several GCC countries, migrant workers described sharing a bathroom and kitchen with tens or hundreds of others (Equidem, 2020). In Saudi Arabia, despite migrants making up about one third of the population, they represented three quarters of new COVID-19 cases in May 2020.⁷ In Canada, several outbreaks of COVID-19 swept through communities of migrant agricultural workers. Outbreaks have also occurred at meatpacking plants in the United States and

slaughterhouses in Germany where most of the workers were European Union migrants (OECD, 2020a).

Precarious employment among low-wage migrant workers and pressure to earn a salary to support families abroad may incentivize migrants to continue working despite feeling ill, impacting their own health and exposing colleagues to infection. In the United Kingdom, fear of being laid off and lack of access to occupational sick pay led at least several migrant cleaners to continue working despite experiencing symptoms of COVID-19 – in one case, even until literally dropping dead from the virus (Shenker, 2020). Anxiety over getting sick and being unable to work was the immediate cause of several suicides reported in a study of migrant workers in the Gulf region (Equidem, 2020). Their irregular or temporary status and lack of medical insurance may hinder migrants from seeking medical care (OECD, 2020a).

While data on infection rates can be difficult to compare across countries and population groups (OECD, 2020a),

⁷ More information is available at <https://twitter.com/SaudiMOH/status/1257676389538566145> (accessed 30 November 2020).

there is indication in some contexts that migrants may be more likely to die from COVID-19 than the native population. While most countries do not publish data on the nationality of COVID-19 victims, statistics from the United Kingdom and the United States on deaths by ethnicity (including foreign- and native-born decedents) show higher fatality rates among minority ethnic groups than their white peers (OECD, 2020a). In California, data on fatalities among the working-age population show a striking overrepresentation of Latinos among the dead (California Department of Public Health, 2021). Separate research found that a foreign-born non-citizen status was associated with higher COVID-19 infection and death rates among Latinos in the United States (Figueroa et al., 2020). Among some migrant groups that tend to be younger and void of serious pre-existing conditions, however, the risk of death from COVID-19 can be lower than in the general population. For example, during the outbreak in Singapore's migrant worker dormitories, as of early May none of the 17,758 infected workers, most of whom were young, had died, and most had mild symptoms (Koh, 2020).

Financial hardship

The unprecedented global recession in the wake of COVID-19 has had a profound impact on migrant workers in many sectors around the world, particularly those in precarious employment, casual and informal labourers, and men and women who rely on mobility to support their families. Migrant workers not only are among the first to be laid off (ILO, 2020a), but are one of the populations most excluded from coverage by social protection instruments, especially those with informal work (IOM and WFP, 2020).

Despite progressive policies in several GCC countries to protect wages and enable access to health care for all migrant workers regardless of legal status, a recent study found significant levels of noncompliance among employers (Equidem, 2020). Many workers interviewed had not been paid since the start of the pandemic, including those who worked throughout lockdowns, or had received reduced salaries, and others had been let go without receiving their full salaries or end-of-service settlements. Informal workers were even more vulnerable, with little ability to challenge their employers

over unpaid wages (ibid.). The risks of being laid off and the scarcity of employment created conditions for greater exploitation. One delivery driver mentioned working 18-hour days without overtime pay for fear of losing his job if he did any less (ibid.).

The pandemic has caused layoffs and reduced employment opportunities, especially among casual labourers. In Libya, IOM documented a rise in unemployment among migrant workers from 17 per cent before the pandemic to 27 per cent in August (IOM and WFP, 2020). Meanwhile there has been a significant fall in casual labour opportunities available to migrants in nearly all municipalities compared to pre-crisis levels (ibid.). In Central America, half of migrants interviewed by IOM reported that they had lost their jobs due to the pandemic (ibid.). Displaced populations often rely on the informal economy, which has been particularly hard hit. In one example, ongoing economic decline in South American countries hosting Venezuelan refugees and migrants has severely undermined Venezuelans' livelihoods and access to services, with those relying on informal trading and day labour most impacted (ibid.).

Loss of employment opportunities abroad means remittances that support migrants' families back home have fallen, with projections suggesting a 14 per cent decline in low- and middle-income countries by 2021. The World Food Programme (WFP) projects that in 79 countries where it operates, at least 32.9 million people could be at risk of acute food insecurity due to the loss of remittances. (Ratha et al., 2020)

Mobility restrictions

Restrictions at international borders around the world have been devastating for millions of migrant workers. While situations are highly fluid, IOM has estimated that the intended movements of nearly 3 million migrants have been affected by COVID-19 (IOM and WFP, 2020). Stranded migrants, unable to earn an income or return home, have struggled to meet their immediate food needs and other basic necessities (IOM and WFP, 2020).

Domestic workers who live in the homes of their employers are particularly vulnerable to homelessness, as well as domestic and sexual violence or abuse. As Lebanon struggles with an economic depression exacerbated by the pandemic and the August port explosion, hundreds of domestic workers began camping on the streets outside their embassies after being laid off, and at least 10,000 migrants approached IOM for assistance to return home in the fall of 2020 (IOM, 2020a, 2020b). In trying to evade border closures and escape desperate economic situations, migrants may also take greater risks to reach foreign countries.

Deteriorating mental health and suicide

Finally, extreme stress from COVID-related factors such as financial hardship, anxiety over the future, and fear of the virus has led to deteriorating mental health and heightened risk of suicide. A construction worker in the United Arab Emirates told Equidem (2020:5): “Nobody knows the extent of the mental toll this situation has put on us. There is a very real chance that many workers will resort to suicide. The Government should do something for us. It’s either that or they’ll have to send our dead bodies home.” In Equidem’s interviews with 206 migrant workers in Saudi Arabia, the United Arab Emirates and Qatar, five suicides of colleagues were mentioned that directly resulted from anxiety surrounding the pandemic.

COVID-19 and data on occupational fatalities

Because most national data on occupational fatalities are restricted to fatal injuries, they do not include deaths due to COVID-19 contracted at work. Some countries have published separate data on deaths resulting from occupational exposure to the coronavirus. For example, Spain’s Ministry of Labour and Social Economy reported 4,800 COVID-19 cases from workplace exposure between January and October 2020, of which 19 were fatal; data are not disaggregated by migrant status.⁸ Other countries, like the United Kingdom, plan to release data (HSE, 2020).⁹ The United States Survey of Occupational Injuries and Illnesses will capture non-fatal cases of COVID-19 if a worker was infected as a result of performing their work-related duties and meets certain criteria.¹⁰ However, fatalities from COVID-19 contracted at work are beyond the scope of the country’s annual census on fatal occupational injuries (see [page 14](#)).

⁸ Visit the website of the Ministry of Labour and Social Economy, available at www.mites.gob.es/estadisticas/eat/welcome.htm (accessed 14 December 2020).

⁹ For a detailed examination of reporting on occupational COVID-19 infections and deaths in the United Kingdom, see: Agius, 2020.

¹⁰ More information is available at www.bls.gov/covid19/effects-of-covid-19-on-workplace-injuries-and-illnesses-compensation-and-occupational-requirements.htm.



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Construction worker in Burkina Faso.
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Text box 1. Migrant worker deaths during India's lockdown

On 24 March 2020, Indian Prime Minister Narendra Modi announced a nationwide lockdown beginning in four hours. In the following 68 days of lockdown, millions of internal migrant workers sought to return home, travelling hundreds of miles on buses, trucks, and trains and on foot. Many low-wage workers lost their employment overnight as urban industries shut down, and they could not access financial and food assistance from the State (Adhikari et al., 2020).

According to a Stranded Workers Action Network (SWAN) report based on tracking 3,904 migrant groups totalling over 36,000 workers, close to three quarters (72%) of migrants who contacted them for assistance during the lockdown had less than or equal to two days of rations left when they reached out, and around two thirds had under INR 100 (USD 1.35) remaining (ibid.). Most had not been paid any wages during the lockdown, nor had they received Government rations or financial support. SWAN also reported a high number of medical needs, instances of domestic abuse, and dire mental health situations. While the majority in need from the start of the lockdown were short-term, inter-State migrants, as stay-at-home orders continued, a greater number of established long-term and intra-State migrants began contacting the organization, indicating a widening net of vulnerability (ibid.).

Between 14 March and 4 July 2020, a group of four academics and volunteer researchers recorded 971 migrant deaths directly linked to the lockdown measures. An online and freely accessible database was created – Non Virus Deaths – categorizing deaths by location, date, reason for death, name and occupation of the individual if known, and source.* Close to half of these were suicides (403), mostly because of extreme hunger and financial distress (194), suicides in quarantine centres, or due to anxiety surrounding restrictions on movement or fear of infection with the coronavirus (133). More than 200 people died in accidents as they travelled home, while an additional 100 lost their lives on trains. Lack of medical care was deemed the cause of death for 77 migrants, and 47 died of exhaustion.

The data are based on media monitoring, with researchers conducting daily news searches primarily in English and Hindi, and a few vernaculars. The researchers noted the shortcoming of this method – namely, that only a fraction of deaths will have been reported in media, and some that were reported may have been missed if published in vernaculars that the researchers were not monitoring.

Media monitoring by IOM's Missing Migrants Project in April and May 2020 recorded a minimum of 270 deaths.** These were mostly due to being hit by vehicles or on special Shramik trains scheduled by the Government to transport stranded migrant workers home (239). Others died of exhaustion, dehydration and deteriorating health while travelling home by foot or automobile, and several suffered illnesses and were unable to access medical care in time. Monitoring of media was restricted to English and Hindi publications, and the number of incidents recorded is not considered a complete count.

In September, India's Ministry of Railways stated that 97 people had died while travelling on board Shramik trains during their operation between May and July (*Times of India*, 2020).

The divergence in estimates available (which persists when considering the equivalent time period) highlights the challenges in capturing comprehensive data on migrant deaths by monitoring media sources. In addition to being a highly labour-intensive method, the media do not always report details on the demographics of the deceased or the accurate cause of death. In this particular context, lack of clarity around attribution of a death to the lockdown presents additional challenges.

* More information is available at <https://thejeshgn.com/projects/covid19-india/non-virus-deaths/>.

** These data were collected separately and not included in the Missing Migrants Project database of deaths and disappearances occurring during international migration journeys.

EXISTING DATA COLLECTION ON MIGRANT WORKER DEATHS AT THE GLOBAL, REGIONAL AND COUNTRY LEVELS

Global

While attempts to measure occupational health and safety have been ongoing in many countries for over a century, with accompanying efforts at the international level to promote statistical standards, the relevance of monitoring migrant workers as a distinct group was not championed at the global level until recently. In 2015, occupational fatality rates among migrants were included in the Sustainable Development Goals (SDGs) as an indicator of decent work, and in 2019, ILO began collecting disaggregated data for its international statistics on workplace safety.

ILOSTAT

At the international level, the ILO's central online labour statistics database, ILOSTAT, is the main source for cross-country statistics on occupational injuries and fatalities.¹¹ The database contains data on fatal and non-fatal occupational injuries for 90 countries (Gammarano, 2020), of which 37 include disaggregation by migratory status. Data are reported annually by countries to ILO from national statistical offices and labour ministries based on labour inspections and employer notification systems, or are sourced by ILO from country data sets available online. Specific breakdown by migrant status was not requested from reporting countries until 2019.¹² Tables are available for the absolute number of deaths and incidence rate,¹³ disaggregated by sex, migrant or non-migrant status, and whether European Union or non-European Union migrant (in the case of European Union countries). Because the data refer to deaths that occurred in the reporting country, the database excludes figures captured by sending countries on fatalities of their nationals working abroad. For instance, data on migrant worker deaths in the Gulf region are only available in ILOSTAT for Qatar despite various South Asian sending countries holding data on deaths of their workers abroad.

Data set for SDG Indicator 8.8.1

Custodianship of SDG Indicator 8.8.1 on the rates of fatal and non-fatal occupational injuries is held by ILO, and data correspond to those in ILOSTAT. Data on migrant fatalities have been collected by ILO since 2019 although ILOSTAT also contains available historical data. Notably, this indicator excludes occupational diseases which may arise over prolonged exposure to a dangerous substance at work.¹⁴

¹¹ A fatal occupational injury is defined as when death occurs within one year of an accident at work. See ILO's (2020b) *Quick guide on sources and uses of statistics on occupational safety and health* for details on methodology and sources.

¹² This is from a phone interview with Marie-Claire Sodergren, Senior Economist, ILO Department of Statistics, on 8 December 2020.

¹³ This refers to the average number of fatalities per worker in the reference group.

¹⁴ See ILO's (2018c) *Decent Work and the Sustainable Development Goals: A Guidebook on SDG Labour Market Indicators*. Also, details on the metadata of SDG Indicator 8.8.1 are available at <https://unstats.un.org/sdgs/metadata/>. The annex to this report also provides a glossary of terms.

Occupational diseases: World Health Organization Global Burden of Disease

The World Health Organization (WHO) Global Burden of Disease is the only data source that covers all the diseases in the world (Hämäläinen et al., 2017). The database contains global data on fatal diseases disaggregated by cause of death, age and sex, but it does not distinguish work-related diseases nor migrant status (ibid.). In order to produce global estimates of work-related diseases, researchers use something called “attributable fractions” which aim to quantify the link between a disease and occupational exposure (ibid.). ILO and WHO have been collaborating since 2016 to develop a joint methodology for estimating work-related disease and injury (Gammarano, 2020).¹⁵

Regional

There is currently no regional-level data source on occupational fatalities disaggregated by migrant status; however, several initiatives have the potential or intention to produce such data.

Eurostat

Eurostat has worked with European Union member States since 1990 to harmonize statistics on workplace injuries and deaths across the European Union.¹⁶ Member States are mandated to report to Eurostat annually on non-fatal and fatal accidents at work. Data are published as absolute numbers, percentages and standardized incidence rates which account for the differing industrial backgrounds across member States. While Eurostat does collect information on the nationality of victims from reporting countries, the variable is optional, and data disaggregated by migrant status are not currently available in Eurostat’s online database.

National sources for European Statistics on Accidents at Work (ESAW) are the declarations of accidents at work, either to the accident insurance of the national social security system, a private insurance for accidents at work, or other relevant national authorities

¹⁵ See www.ilo.org/global/topics/safety-and-health-at-work/programmes-projects/WCMS_674797/lang-en/index.htm.

¹⁶ More information on ESAW is available at <https://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-12-102>. European Union member States have a legal requirement to send data annually.

(e.g. labour inspection). As an exception, accident data for the Netherlands are based on survey data.¹⁷

International Labour Migration Statistics South Asia

In 2017, ILO began the process of building an International Labour Migration Statistics (ILMS) database for South Asia, profiling international migrants and migrant workers from the region. It was agreed upon that 11 standard tables would be produced, including one on “reported fatalities of nationals employed abroad” disaggregated by year (ILO, 2018b). This would be sourced from administrative data gathered by government welfare funds. However, as of the writing of this report, this table has not been produced yet. The focus of the ILMS South Asia thus far has been to gather comprehensive and comparable data on stocks and flows of labour migrants, which in itself is a challenge. Existing data are published on ILO’s main statistics portal, ILOSTAT.¹⁸

Country

Several South Asian sending countries regularly collect and publish data on fatalities of their nationals abroad – namely, Nepal,¹⁹ Sri Lanka,²⁰ Bangladesh²¹ and Pakistan²² (ILO, 2018b). Most other South Asian sending countries do possess data on fatalities of nationals employed abroad, based on reports from their embassies, repatriation of remains or insurance claims; however, these data may not be disaggregated to reflect solely work-related deaths, are often spread between several recording systems and frequently are not published (ILO, 2018b). For instance, India holds data but does not typically release it to the public. Various sending countries in other regions, such as the Philippines, also possess data on deaths of nationals abroad, some of which are published.

¹⁷ More information is available at https://ec.europa.eu/eurostat/cache/metadata/en/hsw_acc_work_esms.htm.

¹⁸ This is from a phone interview with Andonirina Rakotonarivo, Data Analyst, ILO Department of Statistics, on 10 December 2020.

¹⁹ Nepal produces an annual labour migration report which includes fatalities data. For the latest edition, see: Government of Nepal, 2020.

²⁰ This is available only in printed reports (ILO, 2018b). Also see: Jayasuriya et al, 2012.

²¹ See reports from the Wage Earners’ Welfare Board, available at www.wewb.gov.bd/site/view/monthly_reports/-.

²² See the latest annual report published by the Ministry of Overseas Pakistanis and Human Resource Development, available at <http://ophrd.gov.pk/SiteImage/Misc/files/Year-Book-2017-18.pdf>.

Some embassies in prominent destination countries report data directly on their websites. For example, the Indian embassy in Kuwait posts monthly data on deaths registered, including the number of bodies repatriated versus those buried locally.²³ Several other Indian embassies in the Gulf region – namely, in Bahrain and Oman – also recently began posting figures online, perhaps in response to civil society and media interest (Eapen, 2020). While some of these data include details on cause of death, age or date of birth, gender, even the name of the individual, passport number, and the flight number and destination when the body was repatriated, others are presented as aggregate totals.

Many higher-income countries produce statistics on fatal and non-fatal occupational injuries occurring in their territory and publish these on a regular basis. Some publish data that are disaggregated by native- or foreign-born status, and/or by ethnicity. For instance, the United States releases detailed data annually disaggregated by foreign- versus native-born status, along with ethnicity. In 2003, Spain's Ministry of Labour and Social Economy added the variable of nationality to its registry of occupational injury for workers insured through the national social security system.²⁴ In the Gulf region, Qatar reports some data on occupational injury and fatality and is working to improve methods and harmonization, including creating a unified database of occupational injuries, diseases and deaths (Consunji et al., 2020; State of Qatar, 2019).

Civil society

Civil society groups have been involved in collecting information on migrant worker deaths in a number of countries or among particular migrant populations where government data are lacking. Some have created online databases – for instance, the Non Virus Deaths database on deaths among internal migrants in India (see Text box 1). In Lebanon, a project run by KAFA and Lebanon Support has been mapping apparent suicides of migrant domestic workers in the country since 2010. Both of the above-mentioned projects are based on scanning media for relevant incidents. Other non-governmental organizations (NGOs) possess data on fatalities through their offering of assistance to migrant workers and their families.



²³ More information is available at www.indembkwt.gov.in/latest-position-on-disposal.php.

²⁴ More information is available at www.mites.gob.es/estadisticas/eat/welcome.htm.

SOURCES OF DATA ON MIGRANT WORKER DEATHS

Data on occupational fatalities are most commonly sourced from administrative records held by labour ministries, labour inspectorates, and health or social insurance ministries. Particularly in terms of fatalities, administrative sources tend to be more widely used than statistical sources like household or establishment surveys. Lack of data remains a big challenge in compiling occupational health and safety statistics even before considering migration status (ILO, 2020b). Documenting fatality rates among migrants relies on the same types of sources; however, added challenges posed by capturing foreign nationals, including those working irregularly or in informal jobs, call for additional creativity in data sourcing. While international standards on occupational health and safety call on countries to produce statistics on incidents within their territory, some prominent migrant-sending countries collect data on deaths of their nationals abroad, providing useful information where often no other data are available.

Sources used by migrant-sending countries

Claims to State welfare funds

Claims made by families of the deceased to State-run welfare funds are a common source of data in countries with State-regulated labour emigration – for instance, in South Asia.²⁵ Compensation programmes may be housed in dedicated ministries or specialized statutory bodies for the protection and welfare of workers abroad, and registration is generally required prior to departure from the country (Olivier, 2017). Following the death of a worker abroad, relatives are entitled to compensation from the fund. For example, data stored by the Nepali Foreign Employment Promotion Board (FEPB) on compensation payments is the most comprehensive source of data on Nepali workers dying abroad (ILO, 2016b). Other sending countries that compile and publish data based on compensation payments include Sri Lanka, Bangladesh, Pakistan and the Philippines.

While data from welfare funds are valuable, several factors limit their comprehensiveness. Keeping with the example of Nepal, every person leaving for foreign employment must pay a small amount to the FEPB's welfare fund to obtain approval for departure from the Department of Foreign Employment (Government of Nepal, 2020). Typically, this fee is paid by recruiting agencies and then charged back to migrants in their recruitment fee. Research suggests that migrants often do not know they have paid to the welfare fund as part of their overall recruitment fee and may not be aware they are insured (Paoletti et al., 2014). Furthermore, migrants travelling through irregular channels or who work beyond their contracts are not registered with the fund (ibid.). Thus, the data source is incomplete as it includes only deaths of migrants who were registered and whose families sought compensation (Government of Nepal, 2020; ILO, 2016b). Although not representative, in one study of cases reported to NGOs in Nepal, 17 per cent of migrants were not registered with the Department of Foreign Employment at the time of their deaths (PNCC, 2017). It is possible that the families of migrants with irregular status are more likely to seek assistance from NGOs, and therefore unregistered migrants could be overrepresented in this sample. Furthermore, the FEPB data do not include deaths of Nepali migrants

²⁵ A review of social protection schemes for migrant workers in Association of Southeast Asian Nations (ASEAN) countries found that 6 out of 10 countries had insurance programmes in place. See: Olivier, 2018.

in India given that an open-border agreement exists between the two countries (ILO, 2016b; PNCC, 2017). Similar sorts of challenges exist with data from other countries' welfare funds (ILO, 2016b).

Private insurance companies

In some sending countries, migrants must obtain private insurance prior to departure; records from life insurance claims could be a useful source of data. In Nepal, for example, in addition to the State welfare fund, recruitment companies are required to purchase private life insurance for workers prior to their departure from the country. As with the welfare fund, this fee is then passed on to the worker. Insurance must be purchased from a company registered with the Department of Foreign Employment – a list is available on the department's website.²⁶ However, migrants with irregular status are usually not insured, nor are migrants abroad who work past the termination of their original insurance and do not reinsure themselves (Paoletti et al., 2014). In response to Nepali Government restrictions on the emigration of female domestic workers to the Gulf and several other Arab States, women migrants often travel through irregular channels and are therefore not covered in State or private insurance schemes (ibid.).

Embassies

Generally, embassies are involved in the attestation of death certificates when their nationals die abroad, and thus should, in theory, have records of this. Embassies are also involved in the repatriation of bodies. For example, several Indian embassies in the Gulf region publish data directly on their websites. The Indian embassy in Muscat releases monthly data based on information obtained from death certificates (issued by the Omani police), notification of death from the hospital where the death was registered, and other documents supplied by the migrant's sponsor in Oman.²⁷ In the case of Nepal, embassies must attest death certificates, and these death certificates are then required to allow the repatriation of bodies and compensation to be granted (ILO, 2016b). Despite this role, research by ILO found that Nepali embassies do not keep statistics on deaths in any systematic way, nor do they report this information to the Ministry of Foreign Affairs (MOFA). Some information is relayed to the Financial Administrative Section of MOFA, which this report's authors note could be useful if disaggregated and

included in a database (ibid.). In the case of Pakistan, data are available from community welfare attachés posted in Pakistani embassies or consulates in major destination countries (ILO, 2018b).

Repatriation of remains

Origin countries of migrant workers are involved in the repatriation of remains following a death abroad. In the case of Bangladesh, for example, in addition to data on compensation paid to the families of the deceased, the Government publishes regular data on the funds paid towards the repatriation and burial of remains and the number of bodies transported.²⁸ Data are compiled and released by the Wage Earners' Welfare Board (WEWB) under the Ministry of Expatriates' Welfare and Overseas Employment.²⁹ Pakistan's Overseas Pakistanis Foundation publishes data from their free service to transport bodies from airports in Pakistan to the homes of families of the deceased.³⁰ A major limitation with data from repatriation records is that it does not include cases in which bodies were buried in the country of death. In the specific case of Bangladesh, data only refer to bodies repatriated by air (ILO, 2018b). Among Indians who died in Kuwait, 16 per cent were buried locally in 2018 and 2019 (Embassy of India to Kuwait, n.d.). The remains of just 14 per cent of Nepali workers who died abroad were repatriated to the country in the last two years for which data are available (Government of Nepal, 2020), although other sources have reported higher shares of repatriation (PNCC, 2017). When migrants are undocumented, the repatriation of remains can become very complicated (ibid.), and families may be more likely to abandon the idea.

It is possible that cemetery registers in the host country could complement the data. However, distinguishing work-related deaths from other causes of death of foreign nationals in the country may present a major challenge.

Civil society

NGOs may hold data on populations typically absent from government statistics, or have greater contextual

²⁶ More information is available at <https://dofe.gov.np/Insurance-Company.aspx>.

²⁷ See the details of the process, available at www.indemb-oman.gov.in/page/death-cases/.

²⁸ See the Wage Earners' Welfare Board reports, available at www.wewb.gov.bd/site/view/monthly_reports/.

²⁹ When comparing with the number of families receiving compensation, the numbers do not align; more bodies are repatriated than families compensated when comparing the total numbers since the year 2000.

³⁰ See the latest annual report from 2016–2017, available at www.opf.org.pk/category/publications/; and also the annual report of the Ministry of Overseas Pakistanis and Human Resource Development, available at www.ophrd.gov.pk/SiteImage/Downloads/Year-Book-2017-18.pdf.

information surrounding the circumstances of deaths. For example, the Pravasi Nepali Coordination Committee (PNCC) assists migrants and their families in various ways, including following the death of a migrant abroad. In 2017, they published an analysis of cases referred to them for assistance, utilizing information from death certificates, post-mortem reports, families and friends of the deceased, returnees, and available details on the files of each case (PNCC, 2017). The data do not provide a complete count of deaths during the time period considered, but offer a valuable alternative source of information that also captures migrants not registered in the Government's compensation scheme. Of the 305 cases analysed, most were registered with Nepal's Department of Foreign Employment, but notably 51 (17%) were not registered.

Sources used by migrant-receiving countries

Government statistics on occupational fatalities

Various countries publish regular statistics on occupational fatalities. The recommended sources are records from national notification or compensation systems (ILO, 2018c). In many countries, employers are mandated by law to report all accidents and deaths occurring in their workplaces to the designated government authority, and information is also obtained through labour inspectorates. Some governments, particularly in traditional immigrant-receiving countries, disaggregate data by foreign- or native-born status. For example, the Census of Fatal Occupational Injuries (CFOI), which is collected and aggregated by the U.S. Bureau of Labor Statistics (BLS), began disaggregating fatal occupational injuries by country of birth in 2001. Data are released annually, disaggregated by country of birth, the State in which the death occurred, whether the worker was self-employed or salaried, gender, age group, race or ethnic origin, detailed cause of death, part of the body and body system most impacted, worker activity during incident, occupation, type of location (e.g. farm, highway or roadway, mine or quarry, or public building), and month and day of the week on which the incident occurred, among others.³¹ Deaths among undocumented workers are generally

included in the data.³² The BLS relies on multiple sources to compile and profile occupational fatalities. These include but are not limited to death certificates; reports from coroners/medical examiners/autopsies, the United States Occupational Safety and Health Administration, and the police; and news media.³³ The census excludes data on fatal occupational illnesses, unless precipitated by an acute injury. Another annual survey on non-fatal incidents captures both injuries and illnesses contracted at work that meet certain criteria.³⁴

In some cases, data from national social protection systems can be useful. For instance, Spain publishes data on fatal and non-fatal occupational accidents disaggregated by nationality based on records from its national social security system (Bellés-Obrero et al., 2020).³⁵ Canada also utilizes data on injuries, diseases and fatalities from worker compensation records.³⁶ However, data relying on national insurance systems are likely to have significant gaps, including deaths of undocumented workers and domestic workers who are excluded from social protection schemes in a number of countries. Even where migrants are included in social protection systems, there can be gaps in implementation. In some countries in the GCC, foreign workers are legally entitled to insurance from the host State; however, in practice this is often not forthcoming. In one study of deaths of Nepali workers, although most were legally registered in host countries, only 2 deaths received full compensation out of 283 workers (PNCC, 2017).³⁷ In the Dominican Republic, although migrant workers should be covered under the national social insurance scheme, in practice many are not, and some undocumented groups have been excluded in legislation (Petrozziello, 2012). A study in Chile used data from the country's mandatory social insurance system to calculate occupational fatality rates; however, while foreigners in regular employment are included in the data, they were not disaggregated (Bachelet, 2018). Furthermore, roughly 3 million people are thought to work in the informal economy and thus not covered in the country's occupational safety insurance system (ibid.).

³¹ More information is available at www.bls.gov/iif/oshcfoi1.htm#other.

³² More information is available at www.bls.gov/iif/cfoiscope.htm#Undocumented-workers.

³³ See the sources for the 2018 data, available at www.bls.gov/charts/census-of-fatal-occupational-injuries/sources-of-data-fatal-work-injuries.htm.

³⁴ The Survey of Occupational Injuries and Illnesses is available at www.bls.gov/iif/soii-overview.htm.

³⁵ Also see www.mites.gob.es/estadisticas/eat/welcome.htm.

³⁶ See the data set from the Association of Workers' Compensation Boards of Canada, available at <https://awcbc.org/en/statistics/#nwisp>.

³⁷ Some cases were still being reviewed at the time of publication.



A returnee migrant at the Tribhuvan International Airport in Nepal.
© IOM 2012/Santosh MANANDHAR

Death certificates

Authorities responsible for issuing death certificates could be a source of data, depending on how statistics are kept. Death certificates are generally archived by civil registries. In the case of Oman, death certificates are issued by the police following a notification of death from the hospital where the death was registered.³⁸ The extent to which statistics are kept on nationality and occupation of the deceased could be further explored. Oman's National Centre for Statistics and Information publishes data on registered deaths in the country, disaggregated by "Omani" or "Expatriate/non-Omani". While a breakdown by nationality and cause of death is not available on their website, it is possible that the data are held internally.³⁹

Hospital records

For instance, in Qatar data from the country's national trauma centre registry provides the most comprehensive source of information on workplace injuries and deaths in the country (Consunji et al., 2020; Al-Thani et al., 2014). The registry, maintained by the Hamad Medical Corporation, documents the injuries of all trauma patients in the country, including those resulting in death, and the acute care that patients receive. It is intended to assist in improving trauma care and identifying areas of public safety concern.⁴⁰

Statistical sources

These include establishment surveys, which would tend to provide similar information as employer notification systems, and household surveys such as labour force surveys. These methods may be impractical for fatalities (rather than injuries) due to their rare occurrence, especially among migrants specifically.

Other sources

Media

For example, this method was used by civil society and academia in India to record the deaths of internal migrants following the country's spring 2020 lockdown. However, aside from particular populations or localized studies, this method is not realistic for large-scale collection of data and tends to have significant gaps in coverage.

Big data

Big data and data-sharing present some opportunities for tracking and identifying new work-related diseases due to environmental exposure (Stieb et al., 2017). Apps created to support migrant workers abroad and dedicated social media groups may have potential to provide data on occupational injuries, health problems or instances of abuse, although further research is required. For instance, several apps have been developed to support Nepali workers abroad, including through a hotline to access embassy and NGO support and submit complaints, send notifications of emergency situations, or access information on services in origin and destination countries (see Muglan⁴¹ and Shuvayatra/Safe Journey⁴²).

³⁸ More information is available at www.indemb-oman.gov.in/page/death-cases/.

³⁹ More information is available at <https://data.gov.om/OMPOP2016/population?region=1000010&indicator=1000030&nationality=1000000&sex=1000020&age-group=1000000> (accessed 26 November 2020).

⁴⁰ More information is available at www.hamad.qa/EN/news/2017/December/Pages/Qatar-Establishes-National-Trauma-Registry.aspx.

⁴¹ More information is available at <https://play.google.com/store/apps/details?id=com.shirantech.muglan>.

⁴² More information is available at <https://nextbillion.net/supporting-the-safe-journey-how-mobile-tech-is-making-migration-more-secure-and-less-costly/>.

WEAKNESSES OF DATA

Weaknesses pertaining to specific sources of data have been discussed above. The following section presents general shortcomings observed in some of the available data.

Gaps in coverage

Hidden populations

Measuring fatalities is particularly challenging among undocumented or informal migrant populations, and in countries that do not have strong national occupational injury and death notification mechanisms. Data sets based on compensation payments and national insurance schemes are particularly likely to miss out deaths of undocumented workers. Triangulation of various data sources could help to produce more comprehensive data.

Geographical gaps

Most available data are about migrants working in middle- and high-income countries; data on deaths of migrant workers in much of the developing world remain extremely scarce. The regions of the world where data are most lacking are also marked by relatively large informal sectors and loose regulation of workplace health and safety, which likely entail higher risks for native and migrant workers alike.

Lack of adherence to international statistical standards, especially classification of cause of death

Available data sets in many countries with less developed statistical systems do not follow international statistical standards as set out in the 1998 Resolution concerning statistics of occupational injuries (resulting from occupational accidents).⁴³ Of particular importance is

⁴³ More information is available at www.ilo.org/wcmsp5/groups/public/-/dgreports/-/stat/documents/normativeinstrument/wcms_087528.pdf.

the classification of occupation and cause of death. For instance, much of the data available on deaths in the Gulf region do not report cause of death in line with the International Classification of Diseases (ICD), which calls for inclusion of the immediate cause of death as well as “(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury”.⁴⁴ Rather, statistics produced by South Asian migrant-sending countries, based on death certificates issued in the GCC countries, usually attribute large shares of deaths to cardiac arrest, heart attack and natural causes.⁴⁵

Lack of accurate information on cause of death is a major limitation in designing effective interventions. For example, while 42 per cent of the deaths of Nepali workers in Qatar between 2009 and 2017 were listed in Nepali government data as “cardiac arrest” or “heart attack”, an analysis by cardiologists and climatologists concluded that a large proportion of these cardiovascular disease (CVD) deaths during hot months were likely due to serious heat stress (Pradhan et al., 2019).⁴⁶ The researchers found that CVD deaths among Nepali workers – most of whom were working in construction – occurred at nearly twice the rate in the six hottest months of the year than in the six coolest, and that these rates were several times higher than global averages for CVD deaths among their age cohort. The authors proposed that as many as 35 per cent (200) of the CVD deaths considered could have been prevented if appropriate local health and safety precautions had been implemented.

⁴⁴ See ICD-11, available at <https://icd.who.int/en>.

⁴⁵ “Cardiac arrest” is not considered an underlying cause of death because it is the inevitable result in every death and can result from hundreds of ailments. “Natural causes” simply means the death is not attributed to accident, suicide or murder, but it does not explain the cause. “Heart attack” does not explain the underlying cause, particularly when it occurs suddenly among young people in apparent good health.

⁴⁶ The authors remark that while “cardiac arrest” is listed as a cause of death, “this is inevitably what happens when a person dies”.



Senegalese returnees view a video about migration experiences on their phone. © IOM 2018/Julia BURPEE

Cause of death can also be important in terms of access to insurance benefits. Although the families of regular migrant workers in the Gulf region are often legally entitled to compensation from the host State, deaths due to suicides and natural causes/heart attacks and sometimes traffic accidents are ineligible (PNCC, 2017). In one analysis, this automatically excluded 64 per cent of deaths among Nepali workers from host State compensation (ibid.). Furthermore, vague and incomplete information on cause of death can create even greater distress for families of the deceased who are unable to trust the information provided (ibid.).

Finally, inaccurate attribution of deaths to natural causes permits political ambivalence and inaction with regard to improving worker safety (Eapen, 2020).

Challenges in comparability between countries

Comparability of occupational fatalities between countries is a major challenge, and it is not always possible because

of varying methods, coverage, data sources and concepts used. Even within countries, multiple data sources may refer to different concepts or have different coverage. ILO recommends that national systems should link records on the same topic kept by different agencies to facilitate the production of more comprehensive and representative data (ILO, 2018c).

Data gaps hinder the calculation of mortality rates

Lack of clarity surrounding reference groups hinders the production of mortality rates. For instance, while some sending countries do possess data on fatalities of migrant workers abroad, they do not have reliable figures on the size of the population working abroad, nor how migrants are split by sector (Government of Nepal, 2020). Data compiled by migrant-sending countries also do not always distinguish between work-related fatalities and other death classifications of nationals abroad (ILO, 2018b). For instance, data on deaths of Pakistanis abroad include visitors, such as

tourists travelling for religious pilgrimages (ibid.). This same issue arises in data produced by migrant-receiving countries. For instance, a mapping of data sources on occupational injury and death in Qatar found that most did not denote if an injury or death was work-related or not (Consunji et al., 2020).⁴⁷ The ability to produce rates is critical for comparison between population groups, sectors, and even occupations or other factors depending on how detailed the gathered information is. Simply having data on the absolute numbers of deaths and injuries is not particularly helpful for understanding patterns or designing interventions (ILO, 2020b).

Lack of centralization and dissemination of existing data

Countries may hold data on migrant fatalities but do not consolidate disparate sources into a unified data set for publication. Publicly available data permit researchers to identify trends and areas of concern to support intervention efforts, and can inform and stimulate public conversation around the topic.

Limited attention to occupational disease fatalities

Global efforts to capture rates of occupational fatality – including among migrants – as a gauge of safety at work focus on fatalities due to injury. However, most work-related deaths result from disease. The focus on fatal injury is largely because of the significant challenges of linking diseases, many of which may have long latency periods, directly to the workplace.

⁴⁷ See the report by Consunji et al. (2020) on a programme to improve data on work-related injuries in Qatar; it includes a discussion of actions to address this particular weakness on page 7.



A woman who performs health screenings at the Pakistan–Afghanistan border for IOM.
© IOM 2021/Angela WELLS

CONCLUSION AND RECOMMENDATIONS

Migrant populations are particularly vulnerable to fatal occupational injuries and diseases. Despite this recognition, data on deaths of migrant workers are lacking or of poor quality in much of the world.

The existence and quality of data on occupational fatalities, and specifically among migrants, are highly variable across countries. Unsurprisingly, those with generally stronger statistical systems tend to possess and publish more detailed data on occupational fatalities. Whether migratory status is disaggregated, at least in published data, may depend on the size of the migrant population in the country. While most data are produced by countries regarding deaths in their labour forces, some countries with large migrant worker populations overseas track deaths of their nationals abroad. Limited information on cause of death, occupation, position/duty at the time of accident, and other contextual information greatly restrict the usefulness of these data both for deepening understanding of trends and patterns and for guiding intervention. Many countries not examined individually in this report likely possess data on occupational fatalities among regular migrant workers based on social security systems and employer notification systems; however, migrant status is not disaggregated in recording systems and/or in published data. Differences in methodology, coverage, sources and definitions limit comparability between countries.

Capturing deaths among undocumented migrant and casual labourers is a significant challenge, as is calculating the rates of mortality in countries or sectors characterized by high degrees of informality. Most research and data on occupational fatalities among migrants concern those in middle- or high-income countries. Very limited statistics exist on fatal occupational diseases among migrants, apart from data collected through population- and disease-specific

research studies. Notwithstanding these challenges, the accurate and comprehensive recording and publication of data on occupational fatalities is essential both for guiding effective intervention to protect migrant workers and for properly informing families as to the circumstances surrounding a relative's death.

Broad recommendations are presented below, bearing in mind the vastly differing quality of data across countries:

- (a) **Bring data in line with international standards to improve comprehensiveness and international comparability.** Statistics should follow international guidance as set out in relevant labour conventions and the 1998 Resolution concerning statistics of occupational injuries (resulting from occupational accidents). As an initial and important step, classifications of cause of death and occupation should be in accordance with the International Classification of Diseases (eleventh revision) and the International Standard Classification of Occupations (ISCO-08), respectively. Migrant-sending countries should work with host countries to ensure that the precise cause-of-death information is inputted on death certificates.
- (b) **Accurate data on the cause of death, the profile of the deceased individual(s) and other contextual information** surrounding a fatal incident are important so that factors like gender, age, country of origin and/or occupation are fully captured. This is crucial not only for targeting of interventions but also for properly informing families of deceased migrants both for their psychological well-being and to support their access to compensation in host countries.

- (c) **Promote data harmonization within countries.** In cases where data are compiled from a variety of sources, attempts should be made to ensure consistent use of definitions and coverage across sources and government bodies. It may be useful to establish national-level coordination committees engaging a variety of stakeholders.
- (d) **Strengthen knowledge and data availability on fatal occupational diseases among migrants.** Countries that already produce data on occupational diseases should start disaggregating by migrant status.
- (e) **Consider innovative methodologies and sources to capture hidden migrant populations.** Encourage research in understudied areas of the world and among migrant groups most likely to be excluded from regular statistics, including, for example, female domestic workers.
- (f) **Promote the production and public dissemination of statistics on fatal and non-fatal occupational injuries,** including among migrants, as a tool for effective policymaking to protect workers and reduce loss of life.

ANNEX: GLOSSARY OF KEY TERMS

Commuting accident. An accident occurring on the habitual route, in either direction, between the place of work or work-related training and:

- (a) The worker's principal or secondary residence;
- (b) The place where the worker usually takes his or her meals; or
- (c) The place where he or she usually receives his or her remuneration, which results in death or personal injury.

Source: 1998 Resolution concerning statistics of occupational injuries (resulting from occupational accidents).

Fatal occupational injury. Defined by ILO and Eurostat essentially as a death that occurs within one year of an accident at work. (See definition of "occupational injury".¹)

Migrant worker. A person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national. Persons who move for work in their own country are "internal" migrant workers.

Source: IOM's *Glossary on Migration* (2019); ILO, 2016a.

Occupation. Refers to the kind of work performed in a job. The concept of occupation is defined as a set of jobs whose main tasks and duties are characterized by a high degree of similarity. A person may be associated with an occupation through the main job currently held, a second job, a future job or a job previously held.

Source: ILO's International Standard Classification of Occupations (ISCO-08).

Occupational accident. An unexpected and unplanned occurrence, including acts of violence, arising out of or in connection with work, which results in one or more workers incurring a personal injury, disease or death. Travel, transport or road traffic accidents in which workers are injured and which arise out of or in the course of work (e.g. while engaged in an economic activity, while at work or while carrying on the business of the employer) are considered occupational accidents. Commuting accidents, however, are not.

Source: 1998 Resolution concerning statistics of occupational injuries (resulting from occupational accidents).

Occupational injury. Any personal injury, disease or death resulting from an occupational accident. An occupational injury is therefore distinct from an occupational disease, which is a disease contracted as a result of exposure over a long period of time to risk factors arising from work activity. A case of occupational injury is one worker incurring one occupational injury as a result of an occupational accident (one worker may incur several occupational injuries). An occupational injury could be fatal (where death occurred within one year of the day of the occupational accident) or non-fatal with lost work time. Statistics on fatal and non-fatal occupational injuries should always be presented,

¹ Also see the SDG metadata for Indicator 8.8.1, available at <https://unstats.un.org/sdgs/metadata/>. More information on ESAW is available at <https://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-12-102>.

treated and interpreted separately, since they tend to come from different sources, often having different coverage and following different methodologies.

Source: ILO's *Quick guide on sources and uses of statistics on occupational safety and health* (2020b).

Occupational disease or illness. Any disease contracted primarily as a result of an exposure to risk factors arising from work activity (usually prolonged exposure). Generally, occupational diseases are understood to be disorders or illnesses included in the designated list of diseases at work where employment injury compensation is legally defined. These lists differ by country and tend to be influenced both by evidence of work-relatedness and by administrative, financial and political arguments by the government or region concerned.

Source: WHO, n.d.; Hämäläinen et al., 2017.

Work-related disease. Work-related disease is a broader concept than “occupational disease” and may have multiple factors, including those in the work environment, that cause or worsen the disorder.

Source: WHO, n.d.

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