UNDP

IOM International Organization for Migration

World Health Organization

UNAIDS
UNHCR UNODC
UNICEF ILO
WFP UNESCO
UNDP WHO
UNFPA WORLD BANK
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

JUNIMA
Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia

International Labour Organization

REGIONAL DIALOGUE ON THE HEALTH CHALLENGES FOR ASIAN LABOUR MIGRANTS

13-14 JULY 2010
AMARI WATERGATE HOTEL
BANGKOK, THAILAND

MEETING REPORT

The content of this Report does not necessarily reflect the views of the United Nations Development Programme, its Executive Board or its Member States, International Organization for Migration, International Labour Organization, and Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia. The purpose of this report is to provide a truthful and accurate account of the presentations and discussions of the "Regional Dialogue on the Health Challenges for Asia Labour Migrants" held on 13-14 July, 2010 in Bangkok, Thailand.

Regional HIV & Development Programme for Asia & the Pacific
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor Rajdamnern Nok Ave.
Bangkok, Thailand 10510
Email: regionalcentrebangkok@undp.org
Tel: +66 (2) 288-2129
Fax: +66 (2) 288-3032

Web: http://asia-pacific.undp.org

MEETING REPORT

REGIONAL DIALOGUE ON THE HEALTH CHALLENGES FOR ASIAN LABOUR MIGRANTS

13-14 JULY 2010

AMARI WATERGATE HOTEL

BANGKOK, THAILAND

TABLE OF CONTENTS

LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ASEAN	Association of Southeast Asian Nations
CSO	Civil society organization
GCC	Gulf Cooperation Council
GFMD	Global Forum on Migration and Development
HIV	Human immunodeficiency virus
ILO	International Labour Organization
IOM	International Organization for Migration
JUNIMA	Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia
MDG	Millennium Development Goals
MOU	Memorandum of understanding
NGO	Non-governmental organization
SAARC	South Asian Association for Regional Cooperation
STD/STI	Sexually transmitted disease / infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
WHA	World Health Assembly
WHO	World Health Organisation

ACKNOWLEDGEMENTS

The idea for the Regional Dialogue was initially hatched in 2009 through interagency discussions between UNAIDS, UNDP, ILO, IOM and WHO, and was further developed in discussions between IOM Dhaka and UNDP Regional Centre in Bangkok. The Dialogue is a product of intense discussion and collaboration among the agencies, situated in Bangkok, Dhaka and Geneva.

The co-organizing group consisted (in alphabetical order) of Ms Rosilyne Borland, Ms Jennifer Branscombe, Dr Jaime Calderon, Ms Rabab Fatima, Ms Dawn Foderingham, Dr Igor Kazanets, Ms Kristina Mejo, Ms Nenette Motus, Ms Ema Naito, Ms Barbara Rijks, Ms. Anita Wadud and Ms Jacqueline Weekers. The logistical arrangements for the meeting were handled by Ms Rachnee Ruby Makeh, with assistance during the Dialogue provided by Mr Colin King, Ms Yayoi Mori and Mr Rathsaran Sireekan.

The drive and commitment of Ms Caitlin Wiesen, Ms Marta Vallejo-Mestres and Ms Rabab Fatima ensured that the initial ideas for the Dialogue were realized. Additional inputs at various stages of planning were provided by Dr Samia Lounnas Belacel, Mr Richard Howard, Ms Els Kinkerte, Ms Thetis Mangahas, Ms Gwi-Yeop Son, Mr Patrick Taran and Mr Ninan Varughese.

The co-organizing committee is grateful for the excellent coordination at the country level among IOM Country Missions, UNAIDS Country Coordinators, UNDP Country Offices, and WHO Country Representatives.

The Amari Watergate Hotel, with Ms Supawadee (Tom) Boonnom, Convention Coordinator, provided excellent facilities and services during the Dialogue.

The delegates showed great enthusiasm and engagement during the Dialogue, and the co-organizing committee looks forward to further working with the participating countries on this issue.

EXECUTIVE SUMMARY

The countries of South and South East Asia collectively constitute the world's major labour-sending region. On 13-14 July 2010 in Bangkok, representatives of 13 countries in this region, , met for the first time to discuss the health challenges facing the region's 55 million migrant workers.

The Regional Dialogue on the Health Challenges for Asian Labour Migrants was organized by UNDP, in cooperation with IOM and UNAIDS, and supported by WHO, ILO and the Joint UN Initiative on Mobility & HIV/AIDS in South East Asia (JUNIMA). The event was held in preparation for the upcoming Colombo Process Ministerial Consultations (October 2010, Dhaka), where migrants' health issues are expected to be discussed for the first time.

The major outcome of this Dialogue was the adoption of Joint Recommendation on key actions to improve the health and well-being of labour migrants. These were discussed and adopted during the two day event by representatives from the ministries of health and labour/overseas employment, as well as foreign affairs. Key recommendations included a call for greater coordination and policy coherence among relevant existing national policies, laws and practices related to labour migration and health; strengthened bilateral agreements between countries of origin and destination; and stronger advocacy efforts towards the ratification of relevant international instruments.

Broadly speaking, the Regional Dialogue succeeded both in identifying the key challenges relating to the health issues confronted by South and South East Asian countries, and also looking at clear measures to address these issues. A major accomplishment of the meeting was the arrival at a broad based consensus to mainstream migration health issues in broader migration and health policy and related programmatic interventions. The presence of representatives from the ministries of health, migration/labour and foreign affairs was critical in ensuring not only better policy coherence, but also sustainability of migration and health related policy and planning at the national level.

Participants found the sharing of good practices and experiences from across the region especially useful in providing practical ideas on developing sound migration health programmes. The presence of non-governmental and civil society organizations working in the field of migration and health also enriched the discussions by bringing the perspective of practitioners to the table.

Participants and the organizing agencies felt strongly that the momentum generated at the meeting to synergize efforts and collaborate on migrants' health issues needs to be sustained and further promoted at future related meetings, including but not limited to the upcoming Ministerial Consultations of the Colombo Process (October 2010), ASEAN and SAARC forum.

INAUGURAL SESSION

MS JANE WILSON, OFFICER IN CHARGE AND REGIONAL PROGRAMME ADVISER, GENDER, GIPA AND HUMAN RIGHTS, JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), REGIONAL SUPPORT TEAM FOR ASIA AND THE PACIFIC

Good morning Ladies and Gentlemen,

On behalf of the Regional Director of UNAIDS, Mr Steve Kraus, I welcome you to this Regional Dialogue on the Health Challenges for Asian Labour Migrants.

As the co-convener of the Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA), UNAIDS is particularly pleased to be involved in this event which has broad significance for the work of this body in the field of health, HIV and male and female migrant workers.

JUNIMA is an innovative partnership that brings together Governments, including the ASEAN Secretariat, leading Civil Society Organizations and the UN family to promote Universal Access to HIV prevention, treatment, care and support for mobile and migrant populations in South East Asia and South China. As we know it is not migration in and of itself that is a direct health risk. As noted by the independent Commission on AIDS in Asia in 2008 there are economic, socio-cultural and political factors in the migration process that make migrant workers particularly vulnerable to HIV, thus making HIV a principal health challenge.

In Asia Pacific, we are very aware of the economic benefits of labour migration and to some extent of the difficult and unsupportive working conditions and violations of rights faced by migrant workers. These are issues which have been discussed in previous meetings of the Colombo Process. However there is much to learn about the procedures, policies and practices that create social and economic environments that are detrimental to the health and welfare of migrant workers.

As we know, the Colombo Process is a forum where Government officials from Asian and Middle Eastern countries address issues affecting migrant workers. We are meeting today to prepare for the next Colombo Process meeting in October 2010 where the health of labour migrants will be on the agenda for the first time. Preparation for the October meeting has provided the impetus for this dialogue about the health challenges facing labour migrants, and includes other countries sending migrants in the Region.

The health of migrants is determined in part by the policies, practices and procedures that surround and are integral to migration. These policies vary widely across countries. We will exchange information about practices that demonstrate that where countries have a strong tradition of public health care, access to vital health services is open to all, including undocumented and legal migrants. In other countries, access to health care is restricted and health insurance requirements, especially costs, often make it impossible for migrants, either regular or irregular, to access to these services.

Migration has historically led to some receiving states screening newcomers for disease in the interests of protecting the citizens of host countries from health risks. Tuberculosis has traditionally been the disease that has been screened across the world. However, in Asia, some countries have a policy of HIV screening, sometimes without the knowledge of the migrant, which is a violation of

their rights as well as being contrary to effective HIV prevention programmes. HIV diagnosis leads to denial of work and in cases to summary deportation for migrants who test positive in host countries. JUNIMA is strongly advocating for a change in policy and practice in these kinds of health-related practices related to HIV.

We hope that as you engage in the broad dialogue on health including the many types of work performed by labour migrants that you consider the impact of the working environment, housing conditions and the absence of family plays in the development of health and psycho-social challenges faced by male and female migrant workers and the nexus between isolation, loneliness and vulnerability and risk of HIV infection.

We encourage you to consider the contexts in which access to health services are provided, such as specialized services ex obstetrics for women labour migrants, and keep in mind issues of language and cultural that can become barriers to accessing health care if not taken into account. These factors also apply to the provision of HIV prevention information so that labour migrants are protected from engaging in risky behaviours.

And as you deliberate on changes in policy and practices, we strongly support your advocacy for the shift from the policies of mandatory HIV testing of migrant workers, towards the provision of pre and post test counselling, and against the deportation of positive migrants without universal access to prevention, support care and treatment.

UNAIDS and the JUNIMA wish you a productive meeting and successful outcomes in the preparatory build up to the Colombo Process.

MS RABAB FATIMA, REGIONAL REPRESENTATIVE FOR SOUTH ASIA, INTERNATIONAL ORGANIZATION FOR MIGRATION

Distinguished Guests,
Excellencies,
Dear Colleagues and Friends.

A very good morning to you all. On behalf of the co-organizers, it is my pleasure to welcome you to this two day Regional Dialogue on Health Challenges for Asian Labour Migrants. IOM is indeed very pleased to organize this event in collaboration with the United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO).

Allow me to begin by extending a very warm welcome to the distinguished participants from Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam. We are grateful to you for joining us for this timely meeting to discuss an issue which is of increasing concern and importance to this region.

International mobility has become an increasingly important feature of the Asian landscape over the past three decades and without doubt, it will remain so in the years to come. Today, South and South-east Asia represents two of the most important regions in terms of their contribution to global labour migration movement and growth.

It is estimated that around 2.5 million Asian labour migrants leave their countries for work abroad, and the stock of emigrants from Asia is approximately 41.4 million or 1.2 per cent of the total population of the region [Migration and Remittances Fact Book 2008, WB]. And importantly this region also represents both immigration and emigration countries, with significant intra-regional mobility as well.

The leading labour sending countries and those topping the global remittance league table are represented in this room today.

India and China respectively, are the 3rd and 4th top emigration countries in the world; while Philippines, Bangladesh, Pakistan, and Vietnam are all in the list of the top 20. Commensurate to that is the trend in the remittance inflow to this region – according to World Bank figures, in 2008 remittance flow to South and Southeast Asia went over 77.8 billion USD [*and this would be 103.5 billion USD if China is included*]. India and China top the list of highest remittance receiving countries, while Philippines, Bangladesh, Pakistan, Indonesia and Vietnam hold positions in the list of top 20.

Apart from enhancing monetary capital both at the macro and micro levels through remittances, migration also offers benefits that include reduction in unemployment, skills transfer and knowledge economies to the countries of the region.

However, in spite of all the contributions made by labour migrants, migrants' health needs are very often overlooked and marginalized in the global migration discourse. A large majority of migrant workers face challenges in accessing health facilities and services – and this is particularly true for the temporary contractual workers, who are often excluded from all forms of support and facilities.

Labour migrants, due to their nature of work are often more vulnerable to a wide range of health concerns. This is particularly the case for the large majority of Asian labour migrants who are usually involved in less skilled, labour intensive, temporary or seasonal work which often pose significant occupational hazards. These jobs are often in the informal or unregulated sectors of the economy, and as a result these workers have limited access to health services or other protection measures. Besides their physical vulnerabilities, social isolation and long period of separation from family, compounded by difficult working and living conditions also tend to have immense effects on their mental health.

Migration itself is not a risk factor for communicable diseases, [including HIV and STI,] but many studies indicate that the factors associated with migration increases the vulnerability of the migrants to such health risks. A large majority of the labour migrants going from this region are poorly educated and are concentrated in unskilled and less skilled sectors which are characterized by high occupational risks. Because of their lack of awareness and poor perception of health risks they often engage in high risk behaviour and practices that increases their vulnerability to certain communicable diseases. But due to cultural and linguistic barriers and their overall socio-economic status, they often do not have access to, nor can afford health services. Health insurance for labour migrants is yet to become the norm; it is still limited to certain sectors and only a handful of labour sending or destination countries have made health insurance mandatory for migrant workers or mainstreamed this in their policies and health systems.

It goes without saying that the relationship between international migration and health is a complex one and requires greater understanding and commitment from all of us. A number of countries in the region have adopted certain policies and measures which could serve as a good model and

example for the others. We would be hearing about some of the existing programmes on migration health from the different countries in the upcoming sessions; and would also engage in group work to exchange ideas, experiences and good practices that we hope, will produce a set of realistic and achievable recommendations.

As a cross-cutting issue, migration health should be incorporated in a wide spectrum of activities undertaken by a wide range of stakeholders. And we are indeed very pleased to have been able to bring together not only government representatives from the key ministries involved in labour migration and health issues at the national level, but also representatives of civil society organizations who have a critical role to play in this regard.

We hope that this meeting would build a continuous process of dialogue, collaboration and partnership amongst all key stakeholders on the health challenges of Asian labour migrants, and lead to the development of easily accessible and migrant-sensitive health care that would reduce the impact on public health systems in source and destination countries. In the ultimate analysis this would benefit the host communities, the migrants and their families alike. Comprehensive policies that protect labour migrants from any type of victimization and health risks at every step of the overall process of migration is also an area which needs to be looked into and subsequently put into action.

This dialogue is timely on another count – it is taking place 3 months before the 4th Ministerial Consultations of the Colombo Process [all members of that regional consultative process are present in this room] – and the theme of this year's gathering of the Colombo Process countries is: *Migration in dignity".* As you will all agree that the health of migrants is central to ensuring their overall wellbeing and dignity; and the recommendations that are expected to come out from this meeting, we hope can be taken forward to the Colombo Process Ministerial Meeting in October in Dhaka when the full course of the migration process is taken up. [We are indeed pleased that the Secretary, Ministry of Expatriates' Welfare and Overseas Employment of Bangladesh, the nodal ministry for the Colombo Process is present here, which we see as the reiteration of the strong commitment of the Chair of the Colombo Process to this important issue.]

We see in your presence here, a strong reiteration of your commitment to ensure safe and orderly migration for the benefit of all. We are hopeful of emerging from this dialogue with clearer understanding and directions to address the health challenges of labour migrants, and a clear resolve to work together to address them; and to initiate collaborative and coordinated efforts to ensure health care services for labour migrants through effective migrants' health policies and necessary interventions and programmes.

I thank you all once again for being with us today and for supporting our efforts to make migration humane and orderly for the benefit of all; and to mainstream migrants' health in the larger discourse on labour migration.

DR CHANVIT THARATHEP, MD. FRCST. FAM MED. PREV MED, DIRECTOR OF HEALTH ADMINISTRATION BUREAU, MINISTRY OF PUBLIC HEALTH, THAILAND

It's with great pleasure that I welcome you all on behalf of the Royal Thai Government to our Kingdom, and to this Regional Dialogue on the Health Challenges for Asian Labour Migrants.

Labour migration is a phenomenon that affects our Asian region in many ways. Both countries of origin and destination benefit from economic gains generated by labour migrants. Labour migrants supply much needed labour to a host country. When they return, they can bring with them knowledge and skills that can benefit their countries of origin.

Yet, 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.

In particular, we are here today to focus on the many health challenges that they face and how as governments, we can address those.

Thailand is not only a country of origin for labour migrants, but we are also a major country of destination of this region. We have made many advancements in improving access to health for the migrants coming into Thailand

However, there is still much to be done.

We know from experience that addressing the health challenges of labour migrants is not something that can be done by one ministry alone, or by one country alone. It requires a combination of efforts, across ministries, across borders and across regions.

I would like to express our sincere thanks to the organizers for this Dialogue for bringing us together, to develop partnerships and deepen our understanding of the issues. I look forward to working with and learning from all of you over the next 2 days, to make this meeting a fruitful one.

Thank you.

SESSION 1: SETTING THE SCENE – HEALTH CHALLENGES FOR ASIAN LABOUR MIGRANTS

Chair	Dr Chanvit Tharathep, Director, Department of Health Service Support, Ministry of Public Health, Government of Thailand
Moderator	Mr Andrew Bruce, Regional Representative for South East Asia, IOM

ASIAN LABOUR MIGRATION AND MAJOR HEALTH CHALLENGES

Presenters	Ms Kristina Mejo, Regional Programme Manager, IOM
	Dr Jaime Calderon, Regional Migration Health Manager, IOM

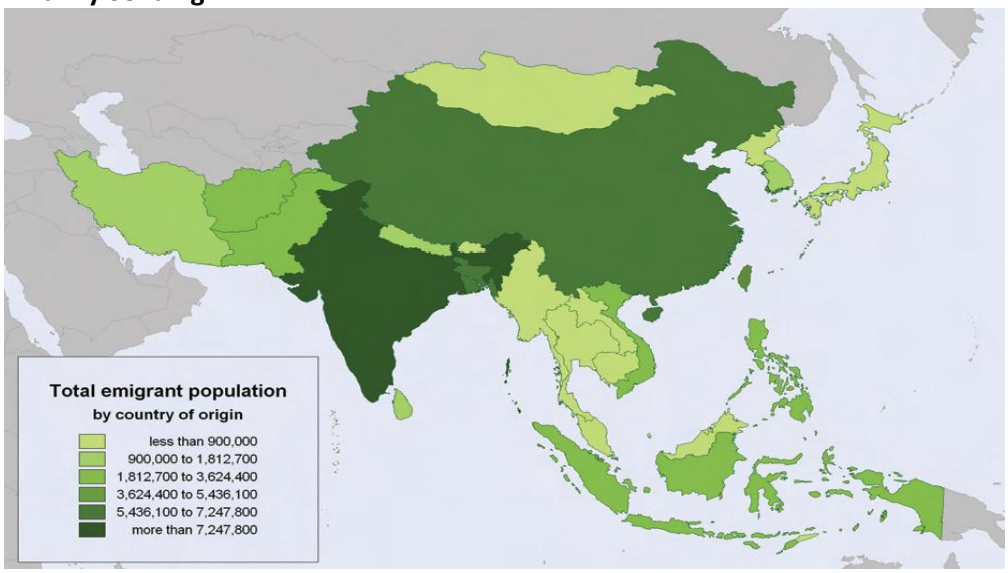
Overview of Migration

- The number of international migrants in the world has more than doubled since the 1960s and is currently standing at an estimated 214 million.
- In the past three decades, international mobility has become an increasingly important feature of the Asian landscape.
- Approximately 2.5 million Asian migrant workers leave their countries every year to work abroad.
- The estimated current stock of Asian migrant workers abroad is around 41.4 million (World Bank, 2008), including both within and beyond the Asian region.

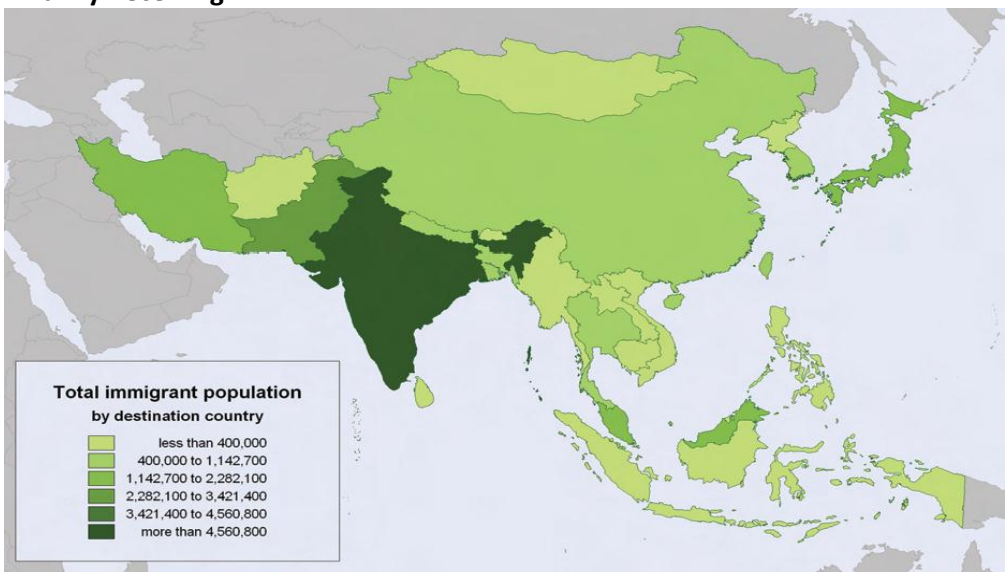
Migration Status

- Some of the countries/areas that are most affected by international migration are in Asia.
- Countries in Asia can be roughly classified according to their international migration status
  - "mainly sending"
  - "mainly receiving"
  - "both significant receiving and sending"

"Mainly Sending"



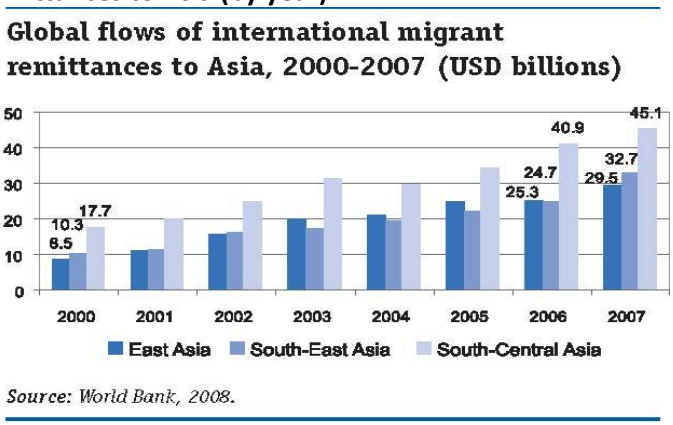
"Mainly Receiving"



Other Migration Status

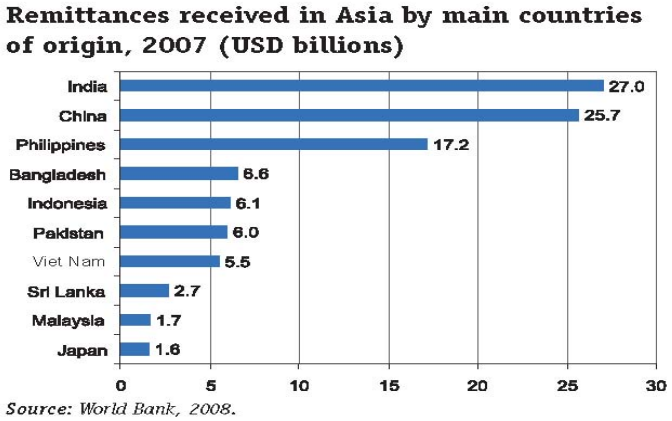
- Thailand is considered to have "both significant receiving and sending."
- Some countries such as Cambodia, China, Indonesia, the Philippines and Thailand are also considered transit countries.

Remittances to Asia (by year)



Source: World Bank, 2008.

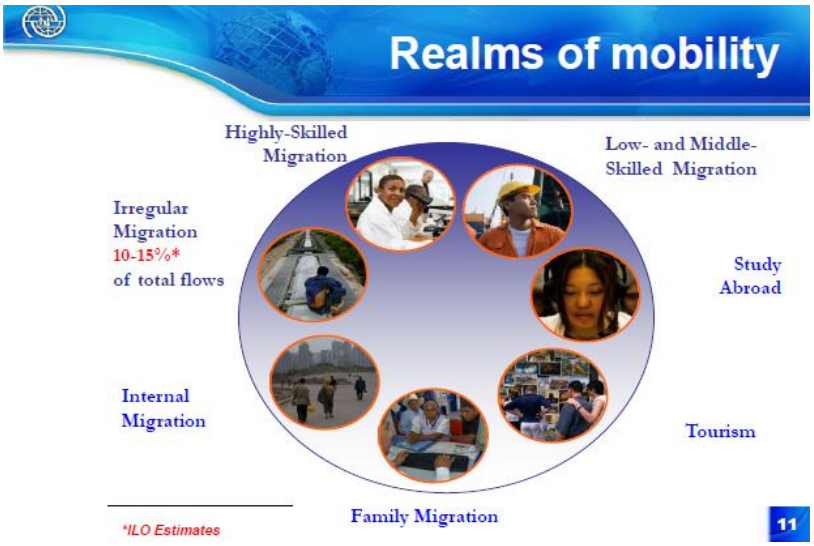
Remittances (by country)



Source: World Bank, 2008.

Migration Management

- Globalization – generates mobility
- People will follow



Migration, Development….and Health

The wealth of poor people lies in their capacities and their assets.
Of these, health is the most important. A sick, weak and disabled body is a liability both to the person affected and to those that must support them.
Thus if health is an asset and ill-health a liability, protecting and promoting health care is central to the entire process of poverty reduction and human development
*(*chapter 10, Zambia's Poverty Reduction Strategic Paper, 2002*)*

Migration Health Myths

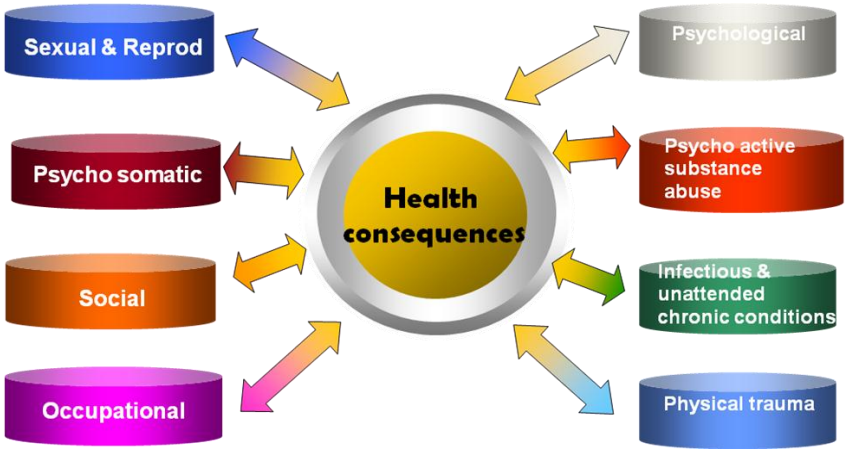
Common myths:

- *Migrants are carriers of diseases*
- *Migrants are a burden on the health system*

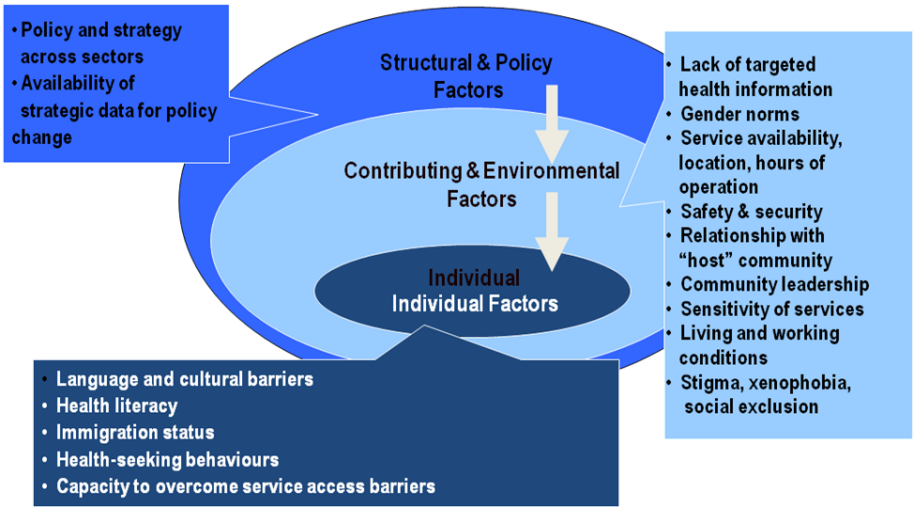
Reality:

- Migration bridges disparities
- Most migrants are healthy
- Migrants are very diverse – the health profile of a migrant depends on the characteristics of the migration process at all stages
- Conditions surrounding the migration process make migrants more vulnerable
- Migrants often underutilize services
- Migrants contribute hugely to development in sending and receiving countries

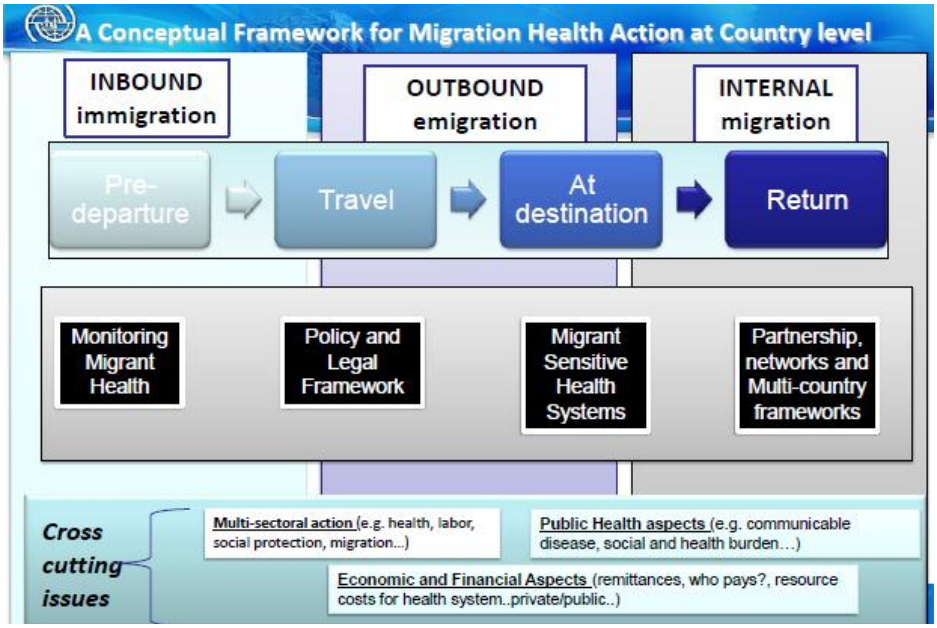
Potential health consequences of migration



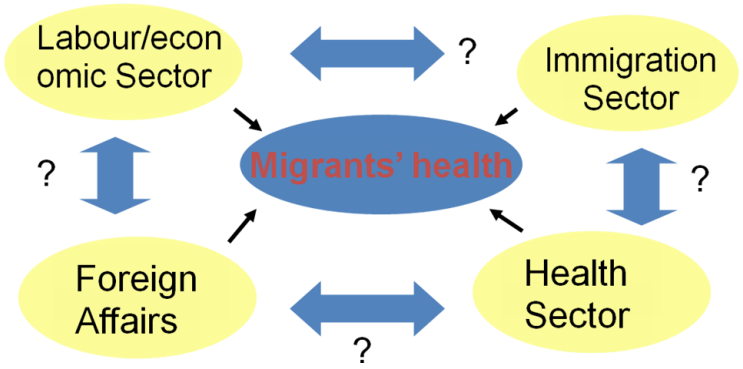
Migration as a social determinant of health



A Conceptual Framework for Migration Health Action at Country Level



Why a multi-sectoral dialogue on migrant health?



Pre-departure phase: health vulnerabilities & stakeholders

- Migrants' health status is influenced by the **health determinants of their home country**.
- Migrants have often to undergo mandatory entry **health assessments**
- Portability of **Health Insurance** schemes

Stakeholders Country of Origin	Stakeholders Country of Destination
• Recruitment agencies • Appointed Health Facilities that conduct health screening • Migrant Families and Communities • Min of Labour/Immigration	• Employers • Min of Immigration/Labour

The Travel/Transit phase: health vulnerabilities & stakeholders

- Travel related conditions may cause health risks especially **in case of irregular migration**
- **Example:** transactional unprotected sex to pass through borders.

Stakeholders Country of Origin	Stakeholders Country of Destination
• Min of Immigration/Foreign Affairs • Transport operators/ smugglers	• Min of Immigration/Justice, incl border officials

Arrival Phase/Destination: health vulnerabilities & stakeholders

- Less **access to health services;**
- Lower **health seeking** behaviour;
- 3D jobs/ low **occupational health** & safety standards;
- **Separation** from family and socio-cultural norms

Stakeholders Country of Origin	Stakeholders Country of Destination
• Min of Foreign Affairs (Consulates, Embassies)	• Min of Immigration/Health/Labour • Health services (private/public) • Employer • Local Community/migrant associations

Return phase: health vulnerabilities & stakeholders

- Reintegration of migrants into the community of origin
- Intra-family dynamics (STIs, depression etc)

Stakeholders Country of Origin	Stakeholders Country of Destination
• Health system & Social Services • Immigration Services • Families	• Immigration Services

Advocacy to Improve Societal Views Towards Migrants

- Migration always has, and always will exist, and societies will become increasingly diverse
- The *real* health risks of migration – exclusion, denial, xenophobia
- Integration of migrants into society is the key to improving equity:
  - Fact-based advocacy that offers a more balanced view, including contribution of migrants to society and reversing misconceptions
  - Serious consideration among policy-makers of the public-health benefits of integration
  - Expanded international platforms for dialogue among stakeholders within and between sending and receiving countries
  - School curricula on multiculturalism, media, national/global leaders

Conclusions

- Given future trends of increased mobility and diversity of societies, concerted actions are required in order to reduce health disparities
- These need to identify and address the specific social determinants of health faced by diverse populations
- Health is a basis for furthering the debate on integration, and empowering migrants in health promotion is key to success on both fronts
- This is in turn key to social and economic development in an increasingly interdependent world

Healthy Migrants in Healthy Communities!

Ms. Kristina Mejo kmejo@iom.int
Dr Jaime Calderon jcalderon@iom.int

INTERNATIONAL PRINCIPLES AND INSTRUMENTS ON MIGRATION FOR EMPLOYMENT

Presenter Mr Richard Howard, Senior Specialist on HIV and AIDS, International Labour Organization (ILO)

International Labour Organization (ILO)

- (UN-associated) Organization of Governments, Employers and Workers from 182 countries
- Decent work – rights (e.g. fair wages, social security) and freedom of association, social dialogue

ILO : Organizational Structure

- **International Labour Conference**
  - Tripartite « world assembly » of labour
  - Adopts Conventions and Recommendations
  - Key role in "regular supervision" of ILS
- **Governing Body of the IL Office**
  - Tripartite executive council
  - Sets agenda of the Conference
  - Key role in "complaints-based supervision" of ILS
- **International Labour Office**
  - Secretariat, headed by a Director-General
  - International Labour Standards Department

ILO means of action

- Setting and supervising the application of international labour standards
- Providing technical cooperation to developing countries
  - e.g. ILO/Japan Regional Programme on Managing Cross-Border Movement of Labour in Southeast Asia
- Collecting and disseminating information (knowledge)
  - e.g. ILO Multilateral Framework on Labour Migration ~ non-binding principles and guidelines for a rights-based approach to labour migration

International Labour Standards

- Recommendations
  - Same authority as Conventions
  - Not open to ratification
  - Guidelines or higher standards
- Conventions
  - If ratified, they are binding under *international* law
  - If not ratified, they influence national law & policy

International Labour Standards

- **Since 1919, 188 Conventions & 199 Recommendations**
- **Eight are fundamental C., setting standards on 4 principles at work fundamental to globalization (Declaration on Fund Principles & Rights at Work, 1998)**
  - freedom of association and collective bargaining
  - elimination of forced labour
  - abolition of child labour
  - elimination of discrimination at work

All ILO Standards Applicable to Migrants
Unless otherwise specified in the instruments concerned, all of the ILO's 188 Conventions and 199 cover nationals and non-nationals alike

1. Freedom of Association (87/98)
Freedom to collectively defend & further work-related interests
- right to organize
- right to bargain collectively
- right to strike

2. Forced Labour (29/105)
Freedom from coercion at work (the right to be protected against forced labour), involving
- recognition of trafficking for labour exploitation in sending and receiving country
- protection against debt bondage, e.g. as a result of excessive placement/service fees in sending or receiving country
- protection against "slave-like" conditions, e.g. (in receiving country) as a result of a combination of restricted labour mobility and reduced wages because the employer passes down employment levies or is permitted to make deductions, or inappropriate payments in kind (e.g. 60 % of minimum wage in "board and lodging")
- protection against confinement or isolation (e.g. movement restricted to factory housing, no use of mobile phones etc.)
- prohibition of confiscation of identity documents such as passports, residence permits, work permits or health care IDs

3. Child Labour (138/182)
Freedom from child labour, involving
- prohibition of recruitment for overseas work below the legally permitted overseas minimum age
- as an accompanying child, right to birth registration overseas, and education instead of having to go out to work

4. Discrimination (100/111)
C. 111 permits different treatment between citizens and migrant workers (unless national law provides otherwise), but
- not between various nationalities of migrant workers on the basis of e.g. ethnicity, religion, sex etc
- race/colour: no "shaded" treatment
- not between citizens with national ancestry and citizens with foreign ancestry ("national extraction")

ILO instruments on Migration
- Settles a number of these issues multilaterally, irrespective of reciprocity
- Instruments
  - No.97 Migration for Employment Convention (Revised), 1949
  - *No. 86 Migration for Employment Rec. (Revised), 1949*
  - No.143 Migrant Workers (Supplementary Provisions) Convention, 1975
  - *No.151 Migrant Workers Rec., 1975*
  - *No.100 Protection of Migrant Workers (Underdeveloped Countries) Rec., 1955*

C. 97

- **Historical context : concern to facilitate the movement of surplus labour after WW II**
- **Aim : the protection of workers from discrimination while employed in States other than their own**
- **Deals with regular migrant workers, i.e.**
  - only those regularly admitted (documented)
  - persons migrating with a view to being employed no frontier workers; no self-employed; no short-term entry of members of liberal profession and artistes; no seafarers
- **Structure**
  - **General protection provisions, e.g.**
    - right to adequate, free (public) assistance, particularly information (Art. and to be protected against misleading propaganda (Art. 2);
    - prohibits expulsion of migrant workers admitted on a permanent basis in the event of incapacity for work (Art. 8)
    - permission for migrants for employment to transfer their earnings and savings (Article 9)
  - **Equality of treatment between migrant workers & nationals as regards laws & administrative practices on**
    - Living and working conditions, e.g.
      - paying foreign workers less than national workers in comparable job categories
      - (indirectly) imposing a levy on employers which results in lower wages because employers deduct the levy
    - Social security, equal access e.g.
      - requiring seven years of residence before a migrant worker can enjoy access to any public health-care services
    - Employment taxes
    - Access to justice, legal proceedings

C. 143

- **1975 : no longer only facilitating the movement of surplus labour, but**
  - bringing migration flows under control
  - and hence eliminating illegal migration and suppressing activities of organizers of clandestine movements of migrants
- **consists of two main parts:**
  - Part I (Articles 1-9) deals with problems arising out of clandestine migration / illegal employment of migrants
  - Part II (Articles 10-14) substantially widens the scope of equality between migrant workers in a regular situation and nationals, in particular by extending it to equality of opportunity.

Instruments on Migration

- **International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (UN MWC)**
- **In force since 1 July 2003, 40 parties (+ 15 signatures) to date (incl. Sri Lanka, Philippines & Timor Leste)**
- **Lack of ratifications, same as C. 97/C. 143**
- **Main differences with C. 97/C. 143**
  - wider definition of family

- wider scope of protection - undocumented (includes frontier workers, self-employed, seafarers)
- watered-down "free choice of employment"
- recognizes possibility of individual complaints

Occupational Safety and Health

- **Migrant workers equal protection to OSG conventions (155) and recommendation (151). Plus:**
  - Illnesses where they may have reduced immunity
  - Psychological support for adjustment
  - Training on accident prevention
- **A more vulnerable groups 3Ds – dirty, dangerous and demeaning**
- **Employers obligated to ensure a safe workplace**
  - Ratified in China, Mongolia and Vietnam

Social Security

- **Includes: unemployment, sickness, old age, family responsibilities, invalidity, need for medical care, work injury**
  - Migrants equal coverage in ILO standards
  - Equal access to benefits even for undocumented migrants
  - Transferability of benefits
  - Core convention 102 only ratified in Japan

HIV and AIDS Recommendation 2010

- **Access to prevention, care and treatment in sending, transit and receiving countries**
  - Including tailored preventions and services (linguistic barriers)
- **Explicit mention of rights of migrants**
  - No mandatory testing
  - No denial of rights to work

ILO Multilateral Framework

- **Address low ratification – agreed up non binding principles**
- **Update conventions to include temporary employment, undocumented workers**
  - *Health and emergency care on par with other workers*
  - *equality of treatment with national workers for safety and health protection, including domestic work, and addressing the specific risks faced by women and, where applicable, promoting opportunities in the workplace;*

  Eg Sri Lanka migration policy; Cambodia in process

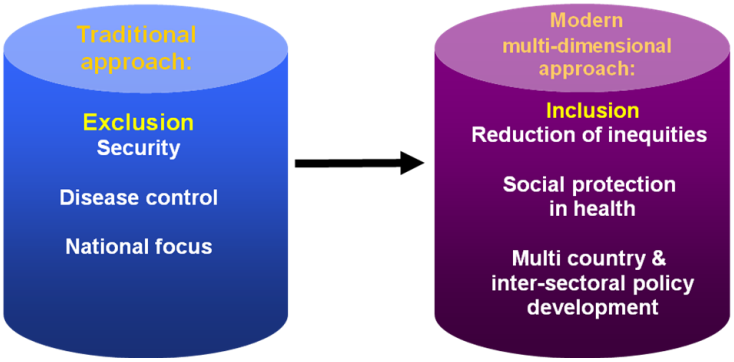
GLOBAL AND REGIONAL COMMITMENTS AND STRATEGIES TO ENHANCE HEALTH OF MIGRANTS

Presenter Ms Jacqueline Weekers, Senior Migrant Health Officer, World Health Organization (WHO)

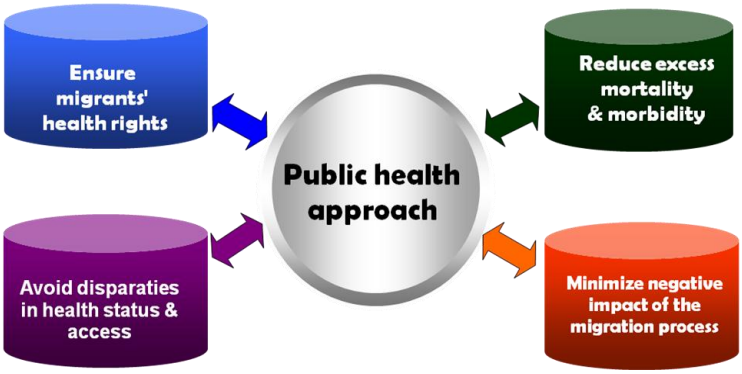
Objectives

- Concerted international commitment to promote migrant health
- Outcomes of the Global Consultation on Migrant Health

Paradigm shift: from exclusion to inclusion



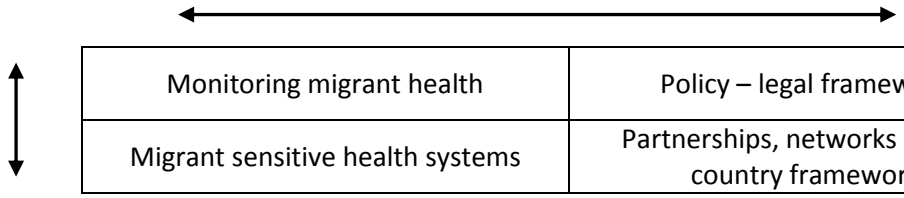
Public health approach to migrant health



2008 WHA Resolution on Migrant Health & Global Consultation

- **2007**: 60st WHA Global plan of action on workers' health
- **2008**:61st WHA Resolution on "the health of migrants"
  - Migrant-sensitive health policies and equitable access to services;
  - Capacity building of health service providers and professionals;
  - Bi- and multi-lateral cooperation, intersectoral action [...]
- **2010**: Global Consultation on Migrant Health to:
  - Take stock of actions by MS & Stakeholders
  - Reach consensus on priority areas and strategies
  - Initiate an operational framework to assist MS and stakeholders

Operational Framework: Key Priorities



Monitoring migrant health	Policy – legal frameworks
Migrant sensitive health systems	Partnerships, networks & multi-country frameworks

Monitoring Migrants' Health, priorities

- Ensure the standardization and comparability of data on migrant health
- Support the appropriate disaggregation and analyses of migrant health information in manners that account for the diversity in migrant populations
- Improve the monitoring of migrants' health-seeking behaviours, access to, and utilization of health services
- Map: 1. good practices in monitoring migrant health; 2. policy models for equitable access to health; and 3. migrant-inclusive health system models
- Develop useful data for decision-making and monitoring of the impact of policies and programs

Policies and legal frameworks affecting migrant health, priorities

- Adopt and implement relevant international standards on protection of migrants and respect for rights to health in national law and practice
- Develop and implement national health policies that incorporate a public health approach to health of migrants and promote equal access, regardless of status
- Monitor the implementation of relevant national policies, regulations and legislations responding to the health needs of migrants
- Promote coherence among policies of different sectors that may affect migrants' ability to access health services
- Extend social protection in health and improve social security for all migrants

Migrant sensitive health systems, priorities

- Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way and to enforce laws and regulations that prohibit discrimination
- Adopt measures to enhance the ability of health systems to deliver migrant inclusive services and programmes in a comprehensive, coordinated, and financially sustainable fashion
- Enhance the continuity and quality of care received by migrants in all settings, including from NGOs and alternative providers
- Develop the capacity of the health and relevant non-health workforce to understand and address health issues associated with migration

Partnerships, networks & multi country frameworks, priorities

- Establish and support ongoing migration health dialogues and cooperation across sectors and among large cities and countries of origin, transit and destination
- Address migrant health matters in global and regional consultative migration, economic and development processes (e.g. Global Forum on Migration & Development, Colombo process; UNGA HLD on International Migration & Development)

- Harness the capacity of existing networks (SAARC, ASEAN) to promote the migrant health agenda

Building on the global commitments

- Resolution WHA61.17 as advocacy tool
- High level commitment, involving all stakeholders (from MS to migrants)
- Country leadership, no 'one size fits all'
- Multi sectors, multi country dialogues

REGIONAL COMMITMENTS TO ENHANCE THE HEALTH OF MIGRANTS

Presenter Ms Ema Naito, Consultant on HIV/AIDS and Mobility, United Nations Development Programme (UNDP)

ASEAN & SAARC examples of regional commitments & strategies

- ASEAN Declaration on the Protection & Promotion of the Rights of Migrant Workers (2007)
- ASEAN Commitments on HIV & AIDS (2007)
- SAARC Regional Strategy on HIV & AIDS (2006-2010)
- SAARC Regional Strategy for TB/HIV Co-infection (2004)

ASEAN Declaration on Protection & Promotion of Rights of Migrant Workers (2007)

OBLIGATIONS OF SENDING STATES

- Enhance measures related to promotion & protection of rights of migrant workers;
- Set up policies & procedures to facilitate aspects of migration of workers
  - Recruitment
  - Preparation for deployment overseas
  - Protection when abroad
  - Repatriation & reintegration to countries of origin;
- Establish & promote legal practices to regulate recruitment of migrant workers
- Current status…
  - ASEAN Committee on the Implementation of the ASEAN Declaration on the Promotion and the Protection of the Rights of Migrant Workers (ACMW) established in 2007
  - Instrument for Promotion & Protection of the Rights of Migrant Workers being drafted

ASEAN Commitment on HIV & AIDS (2007)

- "RECOGNISING that the HIV epidemic…affects…vulnerable groups such as **migrants & mobile populations**"
- Commits to:
  - Ensure that our policies & programmes give ample emphasis to containing the epidemic in vulnerable populations;
  - Sharing of lessons, best practices and evidence-informed prevention policies;
  - Moving prevention & education efforts…beyond the health sector, and especially address…vulnerable groups to protect themselves
- Ongoing work on HIV in ASEAN…
  - ASEAN Task Force on HIV/AIDS (ATFOA) established since 1992

- Strategic Framework for the 3rd ASEAN Work Programme on HIV and AIDS (2006-2010) includes as an outcome:

  "People who migrate for work…have improved access to pre-departure & post-arrival programmes, & are protect through improved legislation & regulatory environments."

SAARC Regional Strategy on HIV & AIDS (2006-2010)

- Policies & advocacy as main backbone, including:
  - Development of good surveillance system
  - Development & implementation of prevention strategy
  - Development of policies & programmes on continuum of treatment & care
  - Advocacy for countering stigma & discrimination
- Raise cross-border mobility issues so that
  - Member States address safe mobility issues
  - National government policy on HIV reflects key issues related to safe mobility & displacement
- Promote & advocate for strengthening of self-help groups of returnee migrant workers

SAARC Regional Strategy for TB/HIV Co-Infection (2004)

- Acknowledges migration as regional issue for TB control & HIV prevention
  - Mobile populations difficult to treat
  - Migrant faces barriers to accessing health care services for treatment & difficulty staying on treatment
  - Migrant under treatment may have to deal with different drug regimes in different countries
- Responses include…
  - Development of regional epidemiological surveillance system
  - Advocacy, communication & community mobilization
  - SAARC Tuberculosis Centre tasked to also address HIV

DISCUSSION

In protecting the health of migrant workers, the importance of bilateral agreements was stressed by many participants. India provided some examples of bilateral agreements, such as meeting every two years with some of the major countries of destination, and providing social security to professionals (software, IT sector), where the migrant worker is eligible to receive benefits even in the receiving countries.

While it may be convenient to refer to countries as 'sending' and 'receiving', it is to be remembered that many countries are a mixture of being countries of origin, transit and destination, and internal migration is also a major issue for some countries. This means that the responsibility to promote the health of migrant workers does not lie purely on the shoulders of 'receiving' countries.

There are inexpensive and simple interventions that countries of origin can implement with potential migrant workers, such as providing a basic package of information on their rights, health and services, so that migrants are better prepared before they migrate.

We also cannot forget that people are not being simply 'sent'; there is a will to migrate, because in reality, many migrants do not have access to services even in their own countries. This also raises the challenge that countries of origin find it difficult to impose conditions on migration with the destination countries.

This particular Dialogue was a first step, to build some common understanding and position among countries of origin (Thailand and India, however, are also prime examples of countries that are also destination countries). In the long run, it is critically important to engage major destination countries in these international dialogues. Greater advocacy should also be undertaken towards the ratification of key international Conventions.

Monitoring migrant health and the design of public health systems are based on the assumption that populations are essentially static. This needs to change, as migration increasingly becomes a fact of life. Primary health care systems need to ensure access to migrants as well. At the implementation level, this means that health care system capacity and available resources (cost implications) need to be reviewed.

Migrant workers vary widely, encompassing the spectrum from high-skilled professional workers to low-skilled labourers, and irregular and undocumented migrants. It is particularly challenging to address the situation of those who fall on the lower range of the spectrum. It would be useful to include employment agencies and organizations that work to develop the capacity of low-skilled labourers to be included in discussions/negotiations on migrant health.

SESSION 2: HEALTH CHALLENGES AND RESPONSES FROM THE REGION (SHARING OF EXPERIENCES AND MODELS)

Chair — Dr Mohammad Faisal, Director UN, Ministry of Foreign Affairs, Government of Pakistan

Moderator — Ms Dawn Foderingham, Regional Programme Advisor, Partnerships and Social Mobilization, UNAIDS

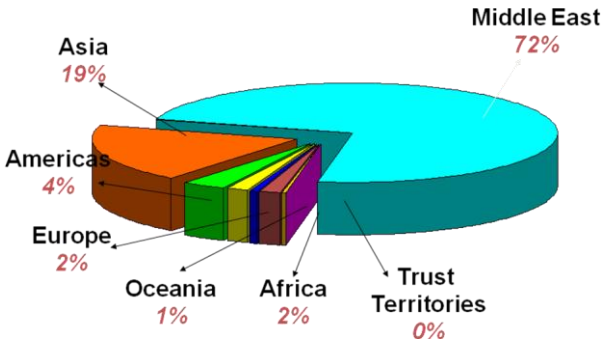
MIGRATION AND PROTECTION OF MIGRANTS: PHILIPPINE EXPERIENCE

Presenter — Mr Enrico Fos, Executive Director, Office of the Undersecretary for Migrant Workers Affairs, Department of Foreign Affairs, Government of the Philippines

Estimated Number of Land Based Overseas Filipinos (As of 31 December 2009)

REGION	Number of Filipinos
Americas	3,762,991
Asia Pacific	1,367,889
Europe	737,991
Middle East & Africa	2,091,491
TOTAL	**7,960,362**

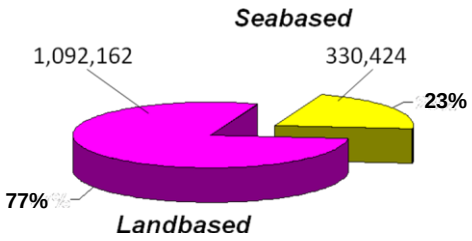
Overseas Filipino Workers (OFW) Deployment Statistics
Deployed Land-based New Hires By Major World Group: 2009



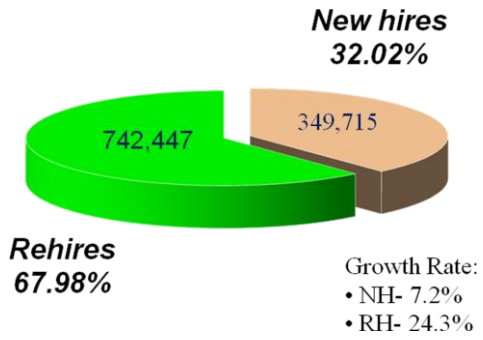
Top 10 Destinations of OFWs: 2009

	% Share to Total	% Change
Saudi Arabia	28.3%	5.6%
United Arab Emirates	18.3%	1.6%
Qatar	9.6%	5.9%
Hong Kong SAR	8.4%	27.8%
Singapore	4.5%	30.6%
Kuwait	4.8%	18.0%
Taiwan	3.3%	(12.4%)
Italy	2.3%	2.4%
Canada	1.7%	(0.3%)
Bahrain	1.4%	14.7%

Deployed OFWs by Sector (as of December 2009)
Total: 1,422,586 (15.1% increase over 2008)



Deployed Land-based Workers by Contract Type: 2009
Total: 1,092,162 (12.1% increase over 2008)



Regional Problems/Concerns

- US, North America and Europe – Immigration
- Middle East – Exploitative Working Conditions and Wages
- Asia-Pacific – Human Trafficking

Legal Framework for the Philippine Policy for Protection of Migrant Workers

The Philippine Constitution of 1987

Section 18, Article III. "The State affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare."

Migrant Workers and Overseas Filipinos Act of 1995 (RA8042, as amended)

- Sec. 27, RA 8042. "The protection of the Filipino migrant workers and the promotion of their welfare, in particular, and the protection of the dignity and fundamental rights and freedoms of the Filipino citizen abroad, in general, shall be the highest priority concerns of the Secretary of Foreign Affairs and the Philippine Foreign Service Posts."
- "All officers, representatives and personnel of the Philippine government posted abroad regardless of their mother agencies on a per country basis, act as one team under the leadership of the ambassador. In host countries where there are Philippine consulates, such consulates also constitute part of the country- team under the leadership of the ambassador."

Labor Code of the Philippines

Art. 3 – Declaration of basic policy "The State shall afford protection to labor, promote full employment, ensure equal work opportunities regardless of sex, race or creed, and regulate the relations between workers and employers."

An Act to Strengthen the Regulatory Functions of the Philippine Overseas Employment Agency (RA 9422)

- Licensing and registration system of recruitment agencies
- System for promoting and monitoring the employment of OFWs
- Mechanism to inform OFWs of rights as workers and as human beings and mechanism to redress violation of rights
- Government representation in countries where there are OFWs to guarantee protection of rights of Filipino migrant workers and compliance of countries with bilateral agreement to the international laws and standards for migrant workers.

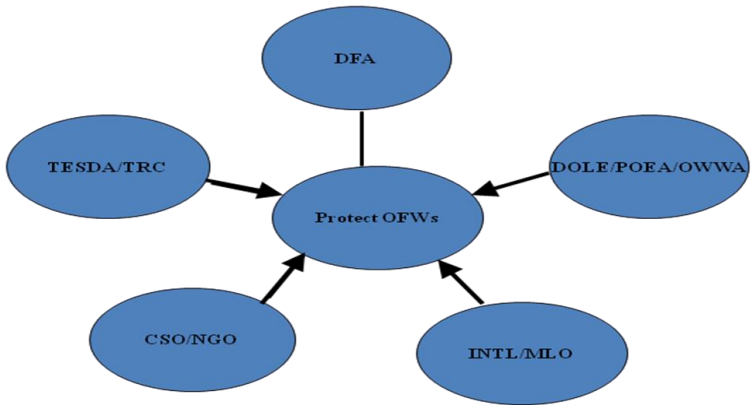
Philippine AIDS Prevention and Control Act of 1998 (RA 8504)

Article 1 Section 7 RA 8504. "All Overseas Filipino Workers, diplomatic, military, trade and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention and consequences of HIV/AIDS before certification for overseas assignment."

Bilateral, Regional & Multilateral Agreements on labor & migration, such as:

- *UN Convention on the Protection of the Rights of All Migrant Workers and Members of their Families*
- *ASEAN Declaration on Promotion and Protection of the Rights of Migrant Workers*
- Republic of the Philippines-Republic of Korea Labor Agreement

Assistance throughout the Migration Cycle: The protective mantle



DFA: Department of Foreign Affairs
TESDA/TRC: Technical Education and Skills Development Authority / Technology Resource Center
DOLE/POEA/OWWA: Department of Overseas Labor and Employment / Philippine Overseas Employment Administration / Overseas Workers Welfare Administration

Assistance throughout the Migration Cycle
Pre Departure

- Capacity Building of Foreign Service Personnel and Service Attaches
- Pre-Departure Orientation Seminar (PDOS)
  - For departing OFWs
  - Five modules
  - Realities and Coping Up, Rights and Obligations in the Employment Contract, Institutional Support System, HIV/AIDS Education and other relevant topics as airport procedures and travel tips and existing government projects and programs for OFWs
- Pre-Employment Orientation Seminar (PEOS)

On Site

- Foreign Service Posts provide legal and consular assistance to distressed overseas Filipinos
- Philippine Overseas Labor Office (POLO)
- Filipino Workers Resource Center (FWRC)
- Insurance and Health Care
- Social Services and Family Welfare Assistance (Repatriation and Reintegration Programs)
- Financial Literacy Program
- Workers Assistance and On-Site Services
  - Including psychosocial counselling, conciliation services, medical and legal assistance, and outreach missions
- 94 Foreign Service Posts:
  - 67 Embassies
  - 4 Permanent Missions
  - 23 Consulates-General
  - 1 Extension Office
- 127 Philippine Honorary Consulates
- 37 Philippine Overseas Labor Offices (POLOs) headed by the Labor Attaché; 49 Labor Attaches in 30 countries and 43 Welfare Officers in 27 countries

- One Country Team Approach:
  Pursuant to RA 8042, "All officers, representatives and personnel of the Philippine government posted abroad regardless of their mother agencies on a per country basis, act as one team under the leadership of the ambassador. In host countries where there are Philippine consulates, such consulates also constitute part of the country- team under the leadership of the ambassador."

Return and Reintegration

- National Reintegration Center
- Skills training and upgrading programs for OFWs and their dependents by TESDA/TRC
- Expatriate and Export Workers' Livelihood Support Fund by OWWA
- Health Referral System/Protocol
- Psycho Social Counselling

Human Resources for Health Network (HRHN)

What it is:

- Multi-sectoral organization in the Philippines
- Composed of government agencies and non-government organizations

Its goal:

- Address and respond to HRH issues and problems
- Facilitate the implementation of programs, projects and activities needing multi-sectoral coordination

What are its achievements/projects

	Issue	Action
Review and Harmonization of HRH Related Policies	Agencies issues policies based on their mandate without, most of the time, coordination with other agencies.	Review, harmonize related policies and policy briefs on priority issues and concerns prepared
Development of HRHN Website http://www.doh.gov.ph/hrhn/	Database on relevant HRH information on production, deployment, utilization, migration and retirement are lodged at various agencies	HRHN website, the initial steps toward the development of an integrated database and hopefully provide HRH indicators that will facilitate evidence based planning and policy making
Conduct of Capability Building Activities	Agency personnel may not have the necessary competencies in the formulating policies	Capacity building for HRHN member (agency representatives) where important concepts of policy were discussed and workshops yielded ***policy memo, policy brief, etc***.
Conduct of the National HRH Forum	No venue through which stakeholders are informed of the sectoral (HRH) issues and concerns	Annual event to highlight HRHN's accomplishments and venue for the presentation of policy directions that addresses critical HRH issues and problems. Also an advocacy mechanism that promotes HRH development and management in the Philippines.

Strengthening Perspectives and Building Capacity of Foreign Service Personnel on Migration and HIV Project (2004-present)

- Implemented by Action for Health Initiatives (ACHIEVE), Inc. and Foreign Service Institute (FSI), the research and training arm of the Department of Foreign Affairs (DFA)
- Supported by the Programme Acceleration Funds (PAF) of UNAIDS, Asian Development Bank, UNDP
- Objectives:
  - To strengthen perspectives and build capacity of foreign service personnel in handling HIV cases among overseas Filipino workers (OFWs)
  - To institutionalize HIV and Migration education in the curriculum of the Foreign Service Institute (DFA), the training arm of the Department of Foreign Affairs (DFA)
- Goal: Strengthened onsite responses to HIV and AIDS among overseas Filipino workers

  Philippine AIDS Prevention and Control Act of 1998
  (RA 8504) Article 1 Section 7. "All Overseas Filipino Workers, diplomatic, military, trade and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention and consequences of HIV/AIDS before certification for overseas assignment."

  OUTPUTS
  - Training of Trainers (FSI, POEA, OWWA)
  - Conduct of two-day seminar-trainings on Handling HIV and AIDS cases among OFWs for foreign service officers (2004-present)
  - Conduct of half-day HIV orientation seminar for all outgoing foreign service personnel (2004-present)
  - Conduct of two-day seminar-trainings on Handling HIV and AIDS cases among OFWs for OWWA and OUMWA personnel
  - Conduct of two-day HIV seminar-workshop for administrative personnel of DFA
  - Production of resource materials
    - Guidebook for foreign service personnel
    - 30 minute HIV education video for OFWs

Participants/Activity	No. of Pax	Year Conducted
FSI, Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA) (training of trainers)	23	2004
Foreign service officers (FSO) 2-day training workshop on Handling Cases Among OFWs	145	2004-present (once a year during the 6th months FSO Cadetship programme
OWWA welfare officers and personnel (2-day training workshop)	45	2005 and 2008
Department of Foreign Affairs (DFA) Admin personnel (2-day seminar workshop)	50	2004
OUMWA personnel (2 day training workshop)	70	2005
Foreign service personnel from all government agencies (½ day HIV seminar during the Pre-Departure Orientation Seminar)	880	2005 to present (quarterly)
Department of Social Welfare and Development (DSWD) Social Workers	7	2006
Regional offices of DFA, POEA, OWWA,	20	2008
TOTAL	**1,240**	

OUTCOME

- Increased awareness on HIV and AIDS among foreign service personnel and built capacity of FSOs in handling cases among OFWs.
- Institutionalized HIV education among foreign service personnel.
- Advocated and produced a DOH Administrative Order establishing a referral protocol for repatriated OFW due to HIV status

Best Practice in OSH Education for Migrant Workers

Bilateral Agreement between the Philippines and the Republic of Korea

- Memorandum of Understanding between the Department of Labor and Employment of the Philippines and the Ministry of Labor of the Republic of Korea on the Sending and Receiving of Workers to the Republic of Korea

For OFWs Bound for Korea

- Integrate Filipino and Korean know-how to deliver the *most appropriate and timely information on OSH*
- Strengthen and enhance channels for *exchange of information* on OFW situation
- Enrich *monitoring mechanism* of both countries to have better grasp of OFW conditions from departure to return to the Philippines

As part of the pre-employment training required under the Korean Employment Systems (EPS) for foreign workers, DOLE-OSHC provide OSH training for all OFWs bound for Korea prior to departure

- Situationer, Safety Concepts, Housekeeping, Materials Handling and Storage, Fire Safety, Electrical Safety, Machine Safety, Personal Protective Equipment, Industrial Hygiene (Recognition, Evaluation and Control), Workplace Hazards and Their Ill Effects, Prevention of Lifestyle-Related Diseases, First Aid

OUTCOME
January 2005 – June 2007
13,652 Korea-bound Filipino workers attended OSH orientation

"Our goal is to create jobs at home so that there will be no need to look for employment abroad. However, as we work towards that end, I am ordering the DFA, POEA, OWWA, and other relevant agencies to be even more responsive to the needs and welfare of our overseas Filipino Workers."

- Philippine President Benigno C. Aquino III
Inaugural Address, 30 June 2010

IMPROVING ACCESS OF MIGRANTS TO HEALTH SERVICES IN THAILAND

Presenter Dr Chanvit Tharathep, Director, Department of Health Administration Bureau, Ministry of Public Health, Government of Thailand

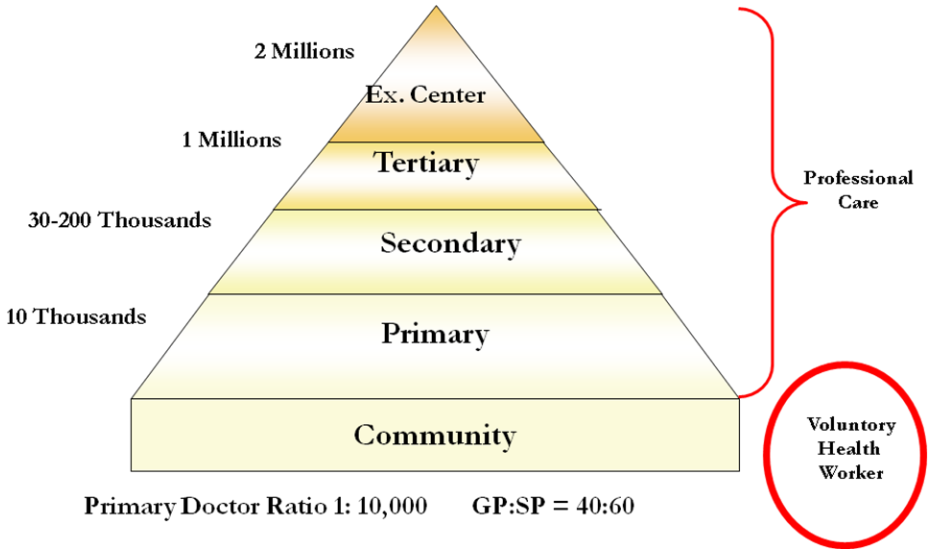
Universal Coverage of Health Security in Thailand

Health Security Scheme	Number of beneficiaries	Percentage of coverage
Universal Coverage(UC)	47,661,659	74.26
Social Security Scheme (SSS)	9,596,244	14.95
Civil Servant Medical Benefit Scheme (CSMBS)	5,465,999	8.52
Unidentified groups	1,461,658	2.28
Total	**64,185,560**	**100**

Source: IT Department, National Health Security Office, December, 2008

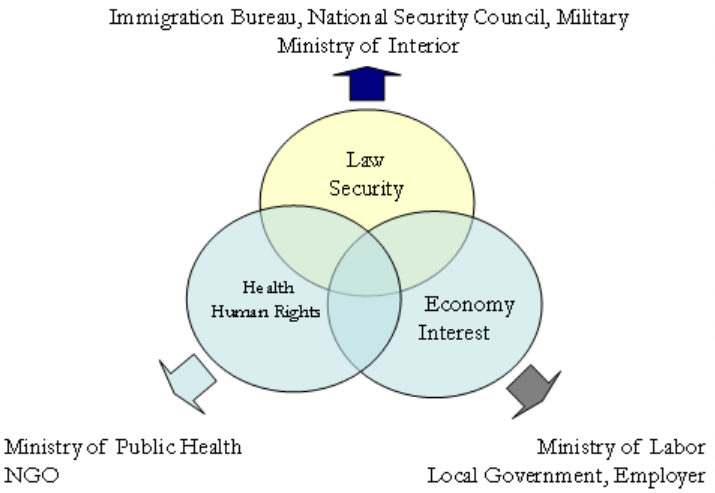
Scheme	Financing Management		
	Source of Fund	**Financing Body**	**Payment mechanism**
UC	General Tax	National Health Security Office	Capitation
SSS	Employee Employer Government	Social Security Office	Capitation
CSMBS	General Tax	Ministry of Finance	Fee-for-service
FWS	Out of Pocket	Ministry of Public Health	Capitation

Health Service Networking System



Health Impacts

- Communicable Diseases
- Re-emerging diseases
- Maternal and Child Health
- Sanitation, Environment
- Health Expenditure and Burden
- Health Risks for Thai People

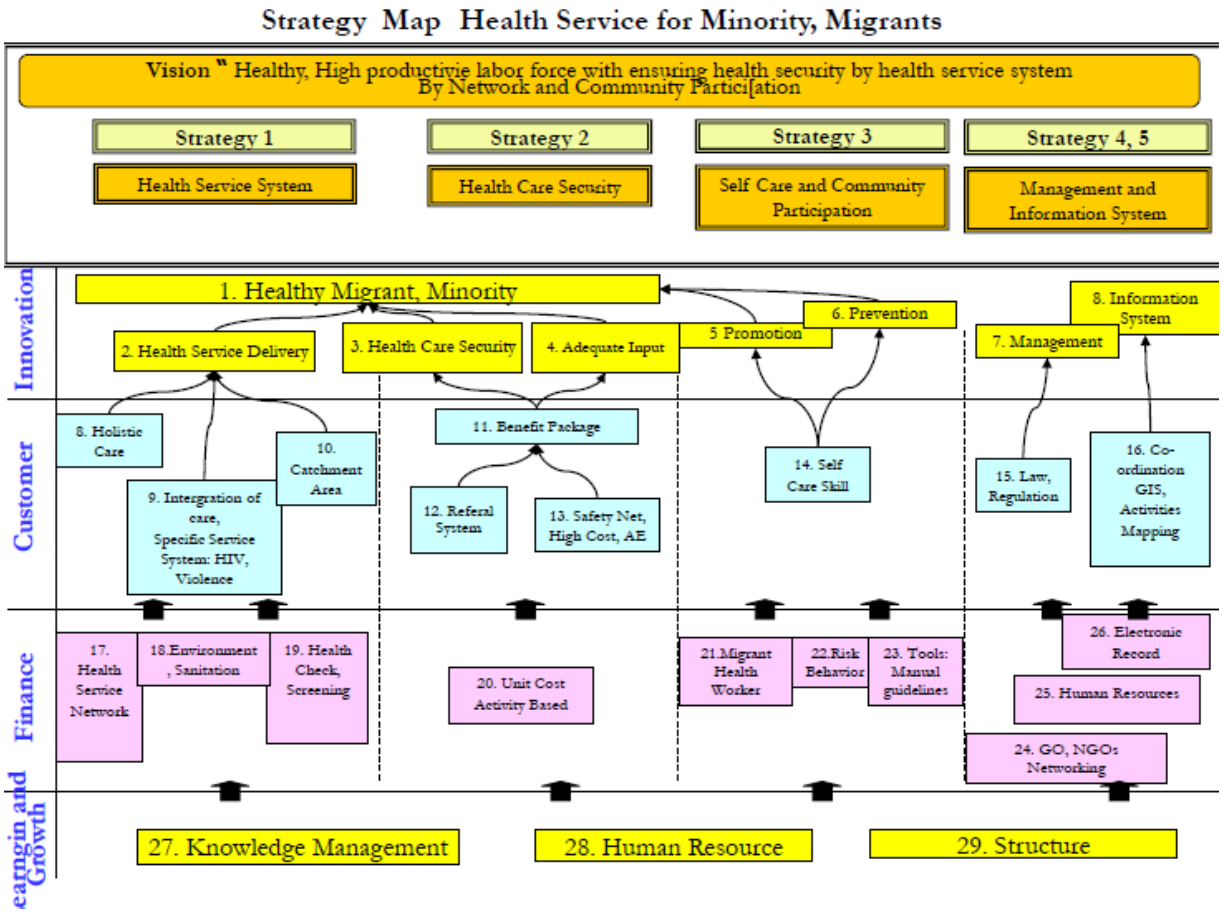


Situation Analysis

- Cabinet Approved Regulation Year by Year
- Migrant: Fear, Communication
- Employer: Rotated Migrant, Illegal Migrant
- Health Service Unit: Limited resources
- Participants: Ministry of Interior (MoI), Ministry of Labour (MoL), Ministry of Public Health (MoPH), Ministry of Defence (MoD), Securities organization, NGOs (WHO, IOM, UNICEF, Global Fund, JICA, Care, Phamit, etc)
- Separated Strategies, Missions among Organizations?

Policy and Planning

- Change Illegal Migrants into Semi-legal then Legal Migrants
- Improve Coverage Health Strategy
- Specific Service for Specific Problem: HIV
- Information System Development
- Improve Access to Health Service System
- Improve Participation, Migrant Health worker.



Who is involved?

	Health Service System	Health Care Security	Self Care & Community Participation	Management & MIS
Other Ministries: MoL, MoI, MoD, Police, Security		√	√	√
MoPH				
• **Central Level**	√	√	√	√
• **Provincial Level**	√	√	√	√
NGO, international NGO, Global Organization	√		√	√
Migrants	√		√	

Physical Check up for Migrant

Item	Male	Female
1. Chest X-Ray	✓	✓
2. Syphilis, Filariasis *	✓	✓
3. Urine Amphetamine	✓	✓
4. Pregnancy Test	--	✓
5. Leprosy	✓	✓
6. Others as request by Physician	✓	✓

Albendazole 400 mg.
**DiEthyl Carbamacine 300 mg before blood test.*

Health Care Security for Illegal Migrant

- 1,300 Bahts for 1 Year
- Disease Prevention*, Health Promotion
- Outpatient, Inpatient (30 Bahts per Visit at the Contracted Hospital)**
- Work Related Disability (Employers, Work Related Fund)
- Accident and Emergency (Every Hospital)

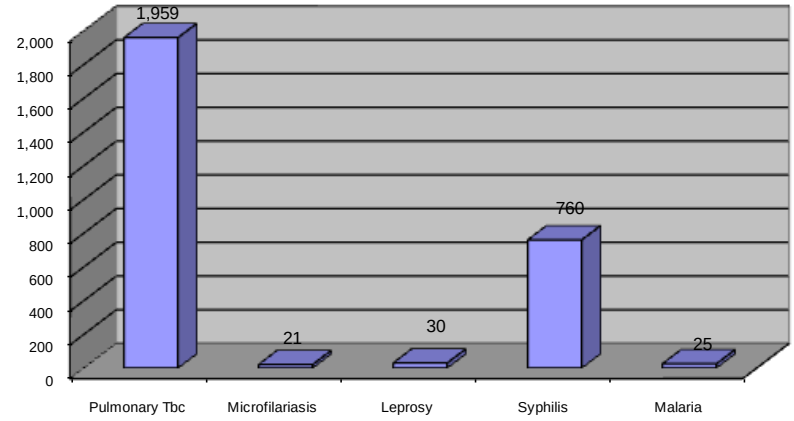
*Anti-retrovirals (ARV) to Prevent mother to fetus infection
**Not Include ARV for HIV+, Hemodialysis for chronic renal failure (CRF)

Health Status of Migrants 2004-2008

	2004	2005	2006	2007	2008
Check up	884,917	610,399	626,561	462,236	382,628
Normal	861,104	594,773	610,188	449,571	372,927
Treatment/ Follow up	11,081 (1.25%)	6,306 (1.03%)	6,493 (1.04%)	4,802 (1.04%)	3,070 (0.80%)
Prohibit	580 (0.07%)	176 (0.03%)	202 (0.03%)	113 (0.02%)	77 (0.02%)
Pregnancy	12,152	9,144	9,678	7,750	6,554

Source: Health Service System Development Bureau, MoPH

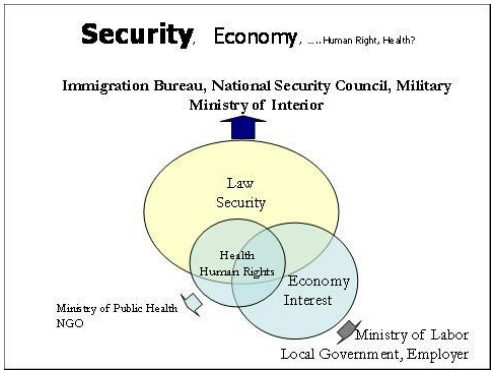
Treatment and Follow up



- Health Care Security: Physical Check up and Health Insurance
- Self Care and Community Participation: Migrant Health worker
- Health Service Providing: Mother and Child Health
- Management and Information System: Education for HIV, STD Prevention; Drop-in Centre
- Different Area, Different context

Improving Access

- National Migrant Policy: Cabinet Approve
- Improve Participation: Migrant Health Workers
- Holistic Concept: Social, Environment
- Intersectoral coordination: Among Ministries, NGO
- Promote Improving Access to Health Service System,
- Equity: Same Benefit Package as Universal coverage Program.
- Appropriate Tactics in Different contexts



Challenges

- Long term Migrant Health Strategies
- Participation of Migrants and Employers
- Integration of Strategies among networks
- Information Sharing
- Financial Management: More studies
- Solutions for Undocumented Migrants

OVERCOMING THE CHALLENGES OF MIGRATION HEALTH THROUGH A POLICY PROCESS (SRI LANKA)

Presenters Dr P. G. Mahipala, Additional Secretary, Ministry of Health

Ms Yasoja Gunasekera, Director, Economic Division, Ministry of External Affairs, and member of National Migration Health Taskforce

Mr Mangala Randeniya, Deputy General Manager, Sri Lanka Bureau of Foreign Employment, Government of Sri Lanka

Outline of presentation

1. Evolution of labour migration in Sri Lanka…
2. Health Challenges faced by outbound migration
3. Services currently available for Migrant workers
4. Ongoing policy process in Sri Lanka
5. Way forward

Evolution of labor migration in Sri Lanka…

- Migration escalated in 1976 with the "non aligned movement"
- Gulf countries agreed to offer employment opportunities
- 1977 – liberalized economic policies stimulated greater migration
- 1977- 1985 Labour Commissioner to monitor activities of migration within the Labour Ministry (SLFBE act of 1985)
- Until 1981- vital registrations were according to the rules of the recipient country
- **Early 1980's: Regulatory regimes begin to be introduced… including establishment of bureaus and consular functions…**
- 1981- Act # 4 – Consular Functions - as large numbers were migrating and it was necessary to have a vital registration that includes citizens of Sri Lanka temporarily residing outside
- Expansion of the Diplomatic Missions abroad – Jordan, Bahrain, Libya
- Expansion of the # of mission staff, safe houses etc. based on the growth in #s migrating
- The first 'Safe house' – 1990 - Kuwait
- 1990 - Appointment of Sri Lanka Bureau of Foreign Employment (SLBFE) staff to missions abroad to address the large workload of welfare issues
- 1994 – Amendment to the Act – Agents rules and regulations

Commitment of successive governments for Labour Migration

- *Political manifestos and Budgets of successive Governments have focussed on the importance of Labour Migration….*
- The current Political manifesto entitled *"The Mahinda Chintanaya*" explicitly recognises the need to improve the labour migration process in Sri Lanka and its contribution to national economy.
- The manifesto also recognizes the need to ensure development and welfare of migrant workers and their families and also the empowerment of returnee migrants to have a productive, economically active life.
- Focus of policy in this regard will be aimed at skilled, safe migration and ensure development and welfare of migrant workers and their families

Historical Developments in Migration Health (up to -2009)

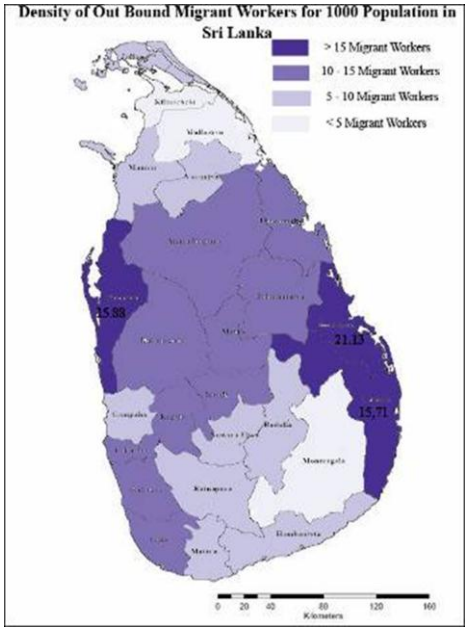
- 1985 - Act # 21 – establishing the Sri Lanka Bureau of Foreign Employment (SLBFE) . The SLBFE issues licenses to foreign employment recruitment agencies. The SLBFE also ensures that Sri Lanka's labour migrants receive an insurance scheme prior to their departure, which offers health protection for two years to those who return with health problems.

  --Compulsory health insurance

Historical Developments in Migration Health (pre-2009)

- After 1985 – GCC "Gulf Cooperation Council" made a requirement for compulsory premedical screening (Oman, Kuwait, Saudi Arabia only). Visa is issued on the availability of the screening report.
- GCC accredits the local laboratories on a yearly basis.

  --Receiving countries have direct agreements with public/private laboratories and determine the type of tests to be performed …



Labour migration – Facts and Figures

- 18% of Sri Lanka's work force is employed overseas as Labour migrants
- Currently, there are 1.8 million Sri Lankans employed overseas with an annual outflow of 300,000 persons.
- The annual remittance from migrant workers to Sri Lanka is 3 billion US dollars. This accounted for 8% of the GDP in 2008 (Central Bank, 2008). An increase of revenue up to 7 billion US$ is expected by 2016.
- 76% of the total remittance received to the country was from garment industry and employments overseas (Central Bank, 2008)
- Out of the reported HIV positive women, 40% had a history of employment overseas (HIV prevention Programme– Ministry of Health– Sri Lanka)
- Out of the total migrant workers 67% are unskilled workers and house maids (SLBFE –2008).

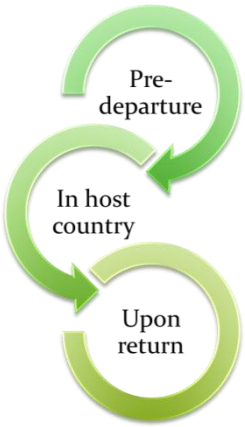
Health issues pertaining to outbound migration

Health issue	
Pre departure medical issues	Screening is driven by the demands of the recipient countries (as a requirement for visa)
	Chronic diseases , psychological diseases are inadequately dealt with
	Counselling services are focussed mainly on few health areas such TB, HIV, pregnancy , FTT
Access to emergency & primary healthcare in host/receiving country	This is not ensured adequately in bilateral agreements between Sri Lanka and host countries
	Discontinuation of treatments taken for chronic diseases such as hypertension and diabetes
	Inadequate attention for medical needs, accidents and emergencies by the employer
	Employees may be deprived to travel and the medical card is kept with the employer
Reproductive health and other health issues	Coverage of pre departure health orientation needs expansion
	Scope of health orientation can be improved to cover a range of reproductive health and family health issues
Work place abuse (physical , sexual and psychological)	Bilateral agreements are limited in ensuring any clause for protection/ ensuring the dignity of the employee (special clause could be introduced ensuring the provision of medical card to the employee)
Family issues (those left behind)	Disrupted school attendance and poor school performance , elder children having to miss school to look after younger siblings
	Children subjected to abuse by even immediate family members
	Negative behavioral changes have also been observed in a limited number of studies
Health assistance for returning migrant workers with physical, psychological disabilities	Non Communicable Diseases prevalence is more among the returning migrants
	40% of reported HIV positives in Sri Lanka have past history of overseas employment
	There are number of complaints of physical and mental abuses
	There is a considerable number of preventable deaths

Services currently available for Migrant workers

Pre-departure

1. **Compulsory pre-departure orientation residential training programs (by SLBFE):**
   - 15 to 25 days residential programme for female workers
   - 5 to 13 days for male workers (only cultural and language components included)
   - Language training programmes
2. **Government subsidised loan to cover cost of migration for labour migrants who cannot afford these (SLBFE)**
3. **Insurance scheme provided with the compulsory registration for ALL labour migrants (SLBFE)**
   - Coverage: repatriation after abuse, illness, accident, disability coverage, and death.



For families left behind:

1. School equipment for the most vulnerable/deprived children as assessed by SLBFE district team
2. Scholarship scheme afforded for children of labour migrants (entering secondary school)
3. Subsidised loan schemes for housing and land for labour migrants (up to 400,000 LKR)

The '*workers welfare fund*' of the SLBFE is the source of budget for these schemes. Its components include a registration fee for registration of each migrant (paid by migrant agents) and other agent fees.

In Host Country

1. **A *Foreign employment division* is established mission at each labour receiving country from 1991.**
   - Total labour management are done by this division… including contracts of migration agents within labour receiving country, Registration of employers and employment agencies, labour dispute settlement mechanism (cases of abuse and neglect are addressed by the division in coordination with Sri Lanka).
   - In some missions a welfare home has already been established.

Upon Return

1. **Pension scheme for Migrant Workers**: Made up of % of contribution from earnings**.**

Ongoing policy process in Sri Lanka

Approach adopted by Government:

1. Identified the need in addressing all three types of migration: outbound, inbound & internal
2. A 'whole of government' approach involving a Multi-stakeholder Consultative process adopted
3. An evidence-based research agenda to inform policy process enabled

Sri Lanka taking the lead at the WHO Executive Board on Migration Health Issues- January 2008

- **122nd Session of Executive Board of World Health Assembly**
  A Resolution on health of migrants was adopted. (EB122.R5, 2008).

- **22nd May 2009**: **Meeting with Hon. Nimal Siripala de Silva, the Minister of Healthcare and Nutrition and the Deputy Director General of the IOM**
  To discuss migration related issues which are to be discussed at 62nd World Health Assembly
- **17th to 21st May 2010: 63rd World Health Assembly**
  - Hon. Minister of health provides speech on migration health development highlighting Sri Lanka's progress
  - Ministry of Health delegation met IOM officials at Geneva

Ministry of Health initiated action ….

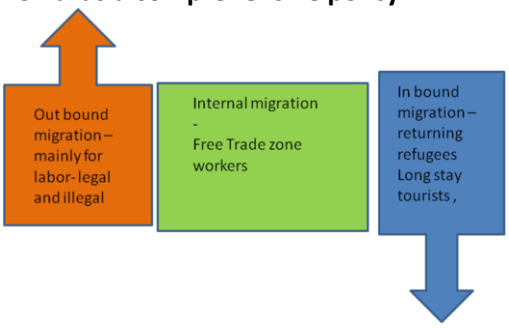
- Focal point identified within the Ministry of Health to take agenda forward (*Directorate Policy and Development*)
- Small Working group identified within MoH to liase and capacitate an inter-ministerial process
- MOU signed between MOH and IOM to facilitate the 'whole of government' approach for Migration Health development
- IOM supported MoH to carry out a Rapid Situation Analysis
- Secretariat for Migration Health Policy development established at MoH, Planning Unit.

Signing of the Memorandum of Understanding for Migration Health policy development – IOM and MOH

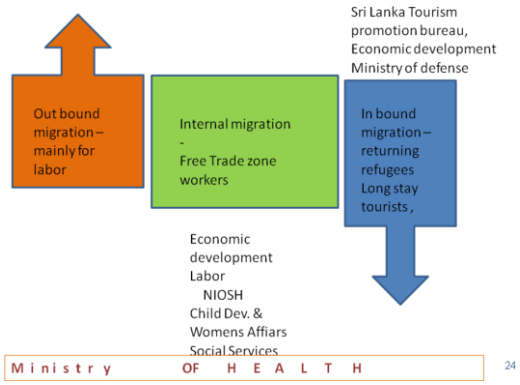
Rapid situation analysis

- Conceptual framework developed
- Secondary data analysis
- Stakeholder interviews

Towards a comprehensive policy



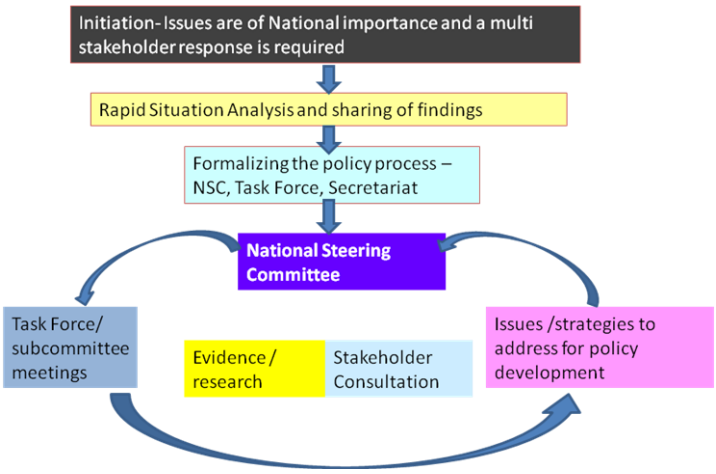
Multi sector / multi stakeholder engagement



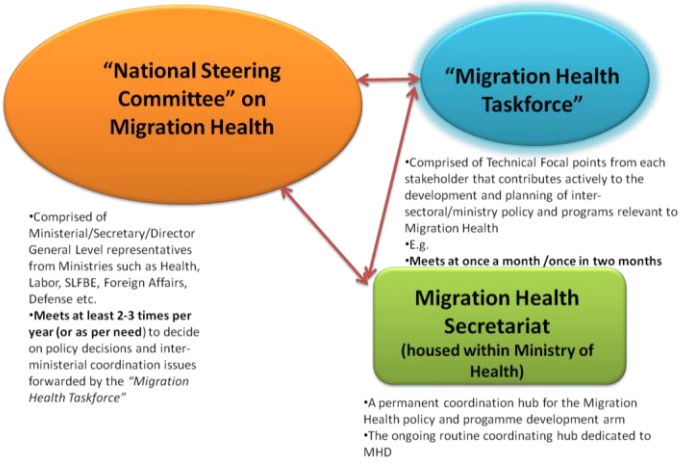
High level Commitment and Stakeholders for Migration Health Policy development

1. Ministry of External Affairs
2. Ministry of Economic Development
3. Ministry of Defense
4. Ministry of Labor relations and productivity improvement
5. Ministry of Finance & Planning
6. Ministry of Child development & Women's Affairs
7. Ministry of Social Services
8. Ministry of Justice
9. Ministry of Health
10. Ministry of Ports and aviation
11. Ministry of Media
12. Ministry of Education
13. UN agencies
14. INGOs and NGOs
15. Civil society groups

The Policy Process to address Health issues in migration



Framework for co-operation in the policy process



The Policy Process…….

- Consensus on Key health issues to be addressed
- A Common Vision
- Identifying strategies to address the key health issues
- Development of policy – **Migration Health policy with Inclusion of Health related policy in other sectoral policies**
- **Policy implementation and joint monitoring mechanism to see health outcomes**

First Stakeholder Meeting – more than 10 ministries, UN and civil society attended

An important decision – 'Research group will carry out the National research agenda to support the task force in the policy process.'

Symposium on Migration Health at 10th South East Asia Regional Scientific Meeting

Formalizing the policy process….. the first National Steering Committee meets

- Policy scope agreed – all three types of migration to be addressed
- Coordination mechanism agreed upon
- Terms of reference of NSC, MHTF and Migration secretariat agreed upon
- Way forward on a National research agenda discussed

The way forward for Sri Lanka

- An **evidence-based** research agenda will supplement the inter-ministerial policy process. Further, a national study will examine in detail the health issues and define strategies to address these via a whole of government approach.
- Sri Lanka recognizes that for any meaningful development of migration health, a consolidated regional approach is needed (especially via Colombo process).
- Therefore, Sri Lanka aims to engage various Regional fora (e.g. *"Colombo process*", SAARC, Bay of Bengal Initiative for MultiSectoral Technical and Economic Cooperation (BIMSTEC) etc) and Global processors (e.g. *"Global forum for Migration and Development", the Indian Ocean Rim-Association for Regional Cooperation (IOR-ARC), WHA, UN General Assembly)* to engage labor sending countries to galvanize a common position.
- Sri Lanka wishes to acknowledge the contribution made by IOM and organizers of this event to consolidate the voice of 'labor sending' nations.

Sri Lanka: Migration Health Policy CD-ROM

– developed by Government of Sri Lanka and IOM

INTERVENTION BY DISCUSSANTS

Discussants Ms Malu Marin, Executive Director, ACHIEVE and Steering Committee member, Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA)

Mr Andrew Samuel, Executive Director, Community Development Services

Migrant domestic work is a challenging sector because there is no regulation. An example of one good practice is Hong Kong, which requires employers to provide one day a week holiday for domestic workers, and has a law that prohibits employers to encourage pregnant domestic workers to terminate their pregnancy.

Civil society participation should be emphasized in interventions done in-country, as often times CSOs can reach populations that are otherwise hard to reach. Migrant workers themselves can play an important role in the design and implementation of services.

Capacity-building of migrant workers is very important. Programmes need to help migrant workers understand their sexual reproductive health, to specifically talk about sex and to address their abilities to handle situations. Programmes can also increase migrant workers' awareness of their rights, as well as warn them as to the dangers of trafficking, to allow them to make informed decisions regarding migration.

Qatar is a good example of a destination country in its flexible approach towards providing migrants with access to HIV services. Although Qatar does not allow entry to migrant workers who are HIV-positive, if a migrant worker is already in the country and found to be HIV-positive, he or she is then allowed access to treatment and is not deported.

Participants were reminded that the existence of mandatory testing skews the data on HIV prevalence. Because more migrants are tested for HIV, more migrants will be found to be HIV positive.

Questions were raised for deliberation:

- Who bears the cost of providing health care? Health financing is a tricky issue, as was shared in the Thailand presentation.
- What has been the actual impact of globalization on migrants' health?
- Are countries of origin in the position to negotiate MOUs and contracts with the host/receiving countries, to protect migrant workers? Has a health component been included in these agreements?
- Bilateral and multi-lateral negotiations are taking place. How do we bring international instruments into the migration process and make them binding?

DISCUSSION

In the presentations and the intervention by the discussants, the importance of leadership and civil society participation were emphasized in addressing the health challenges of migrant workers.

We must all remember to be conscious in our language, that we are not stigmatizing migrants as 'carriers of disease.' There is often denial among the public regarding social problems—for example, that there is no HIV problem or injecting drug use—and the misconception that problems are caused by migrants is common. Mass media campaigns are being used to address this in countries such as Pakistan and Thailand, among others. However, it is still difficult to address issues related to sexuality and reproductive health in public campaigns, as these subjects are socially taboo.

Sexuality is a challenging topic. In Sri Lanka, research was done on what were the motivating factors for women to engage in sex, and the main reason was to satisfy their own desires. The important thing is that interventions are evidence-based and that they address the necessary topics, even if they are difficult.

In addition to the Philippines and Sri Lanka, other countries such as Pakistan also provide pre-departure orientations to their departing migrant workers, not only about HIV and communicable illnesses, but chronic illnesses such as diabetes and hypertension that are associated with life-style changes as people migrate.

It is a reality that pre-departure medical examinations take place. These examinations take place in the country of destination, which means that the countries of origin have the legal power and the opportunity to ensure that the examinations follow standards and conditions. Rather than being used to exclude the potential migrant worker from work, these medical exams should instead allow the migrant worker to access necessary treatment and services.

For example, the Thai-Cambodia bilateral agreement ensures that Cambodian migrant workers who are found to be HIV-positive can return home with their own test results and medical records, so that they can follow up.

The issue of access to justice was discussed. Most migrant workers such as domestic workers do not have access to legal support when abroad, even when they are exploited or abused. Even when the migrant worker has the choice to report their case to the authorities, it can hinder their ability to proper financially.

On the matter of 'illegal' migrants, the point was raised that it is impossible to police all borders. It is better to move undocumented migrants into semi-legal and then legal status; in that way, the government has a better grasp of the situation of migrants in its country.

SESSION 3: THEMATIC DISCUSSIONS

Moderator Jacqueline Weekers, Senior Migrant Health Officer, WHO

The country teams divided up into three groups and deliberated on the following two questions:

1. *What are key recommendations for action (policies, programmes etc) to address the health challenges of Asian labour migrants and their families at:*
    - *National-*
    - *Regional-*
    - *Bilateral-*
    - *Intra-regional-levels?*
2. *What are the key national, regional and global advocacy venues to raise awareness and bring to the table the recommendations of this meeting?*

The groups were as follows:

- **Indonesia, Pakistan & Sri Lanka**
  Group moderator: Dr Igor Kazanets*, Chief Migration Health Physician, IOM*
- **Bangladesh, Cambodia, Nepal & the Philippines**
  Group moderator: Brahm Press, *Program Oficer, HIV/AIDS and Migrants, Raks Thai Foundation and CARAM-Asia, and Steering Committee member, JUNIMA*
- **India, Lao PDR, Myanmar, Thailand and Vietnam**
  Group moderator: Dawn Foderingham*, Regional Programme Advisor, Partnerships and Social Mobilization, UNAIDS*

The outputs of these discussions fed into the Joint Recommendations.

SESSION 4: WORKING GROUP TO DEVELOP JOINT RECOMMENDATIONS

Chairs Ms Rabab Fatima, Regional Representative for South Asia, IOM

Mr Davide Mosca, Migrants' Health Director, IOM

The draft Joint Recommendations developed from the various presentations and discussions formed the basis for an interactive session to finalize the text. The text included specific and targeted action points at different levels (national, regional and international), involving multiple stakeholders such as government, civil society organizations, international organizations, etc. The final text reflected a clear statement of commitment and action at all levels and recommended that there be a review and follow-up meeting in 2011 on the issue of health challenges of Asian migrant workers. (The final text follows under Session 5).

SESSION 5: ADOPTION OF JOINT RECOMMENDATIONS

Chair	Mr. Zafar Ahmed Khan, Secretary, Ministry of Expatriates Welfare and Overseas Employment, Government of Bangladesh
Moderator	Ms Rabab Fatima, Regional Representative for South Asia, IOM

The Joint Recommendations were adopted, with a note to the organizers to undertake final editing.

JOINT RECOMMENDATIONS

PREAMBLE

The first High Level Multi-Stakeholder Regional Dialogue on Health Challenges for Asian Migrant Workers was held on 13-14 July 2010 in Bangkok, Thailand. Jointly organized by the International Organization for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and United Nations Development Programme (UNDP) with the World Health Organization (WHO), International Labour Organization (ILO) and the Joint United Nations Initiative on Mobility and HIV and AIDS in Southeast Asia (JUNIMA), the Regional Dialogue on Health Challenges for Migrant Workers has provided an important opportunity for the various stakeholders from 13 countries[1] from South and South East Asia, including 11 members of the Colombo Process[2], to raise and address pertinent issues related to labour migration and their health challenges. Participation included representatives from Ministries that are responsible for setting and implementing policies on health and/or labour migration, including Ministries of Health, Labour and Overseas Employment, and Foreign Affairs, as well as selected experts from the ASEAN Secretariat[3], international organizations, and civil society.

Recalling the number of international conventions to address the rights of migrant workers highlighted in the *1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families* and the *2006 ILO Multilateral Framework on Labour Migration: Non-binding principles and guidelines for a rights based approach to Labour migration*.

Recalling the resolution adopted at the 61st World Health Assembly on the Health of Migrants (May 2008) where Member States were called upon to *inter alia* "promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants" and "promote bilateral and multilateral cooperation among countries."

[1] Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam. Please note Afghanistan was invited but was unable to attend.
[2] The Colombo Process (Regional Consultative Process on the Management of Overseas Employment and Contractual Labour for Countries of Origins in Asia) is a non binding dialogue mechanism between the 11 Colombo Process countries (Afghanistan, Bangladesh, China, India, Indonesia, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand and Vietnam).
[3] The SAARC Secretariat was invited, but did not send a representative.

Reaffirming regional commitments to address migrant workers' rights and health issues through the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers and the ASEAN Declaration on HIV and AIDS in 2007, and the South Asian Association for Regional Cooperation (SAARC)'s Regional Strategy on HIV/AIDS (2006-2010) and the Regional Strategy for TB and HIV Co-infection, where Member States will promote decent, humane, productive, dignified and remunerative employment for migrant workers, strengthen capacity building by sharing information, effective practices, opportunities and challenges to protect and ensure well being of migrant workers.

Noting the significant efforts that countries are making to protect workers by ensuring their physical, mental, psychological, social and economic wellbeing.

Acknowledging that while it is the sovereign right of each State to regulate the admission and stay of foreign labour in its country, similarly, each State has a responsibility to ensure safe migration and protect the human rights, including the right to health, of all migrant workers living and working in its territory, in accordance with applicable international law.

Recognizing that Asian countries face similar migration challenges, including health of migrants, and there could be shared solutions to these challenges, the participants emphasized that there was a need for increased cooperation and collaboration amongst these countries as well as among the various concerned sectors.

Anticipating that the joint recommendations from this Asian Regional Dialogue will contribute to the discussions on the theme *'Migration with Dignity*' in the upcoming Colombo Process Ministerial Consultations to be held in Dhaka, Bangladesh in October 2010, among other future fora on similar topics.

RECOMMENDATIONS

The participants recommended the following actions to improve the health and wellbeing of migrant workers and their families throughout the migration cycle:

At national level:

1. Strongly encourage and support relevant government ministries to review existing policies, laws and practices related to labour migration and health, aiming an overall coherence among policies that may affect migrants' health and their ability to access services.
2. Identify and/or designate a focal entity for migration health within concerned ministries tasked to initiate inter-ministerial and cross-sectoral dialogue.
3. Increase participation of migrant workers in all aspects of their health and welfare, including policy formulation and programme implementation.
4. Conduct advocacy and public education activities at national and community levels through participatory and collaborative efforts between civil society organizations, international

organizations, and governments in order to build support among stakeholders for migrant-inclusive policies, national strategies and action plans.

5. Encourage the inclusion of key migration variables during data collection, ensuring the proper use and confidentiality of data, in national censuses and surveys, including those used in national housing, health, labour, education and migration statistics.
6. Ensure that the existing practice of medical testing done in connection with overseas employment is done in compliance with internationally-accepted quality standards with due consideration to confidentiality and counseling, as well as rights-based access to preventive, curative and rehabilitative health services.
7. Provide health information and education for migrant workers through the ministries of health, labour, migration, and other relevant government agencies to ensure the protection of public health.
8. Promote and support voluntary health assessments/testing of returning migrant workers and guarantee adequate management of potential health conditions, e.g. non communicable and infectious diseases, as well as mental health. Ensure that feedback from returning migrants is included in pre-departure orientation and awareness-raising activities with the active participation from migrants themselves.
9. Develop national standards within primary health care systems that include culturally- and linguistically- appropriate health services for migrants and their families. Enforce such standards and regulations that prohibit discrimination. Encourage health access for family members of migrants left behind.
10. Promote better understanding of migrant health concerns, including barriers to accessing health services encountered by migrants throughout the migration cycle, among the health workforce, embassies, partner organizations and other stakeholders.
11. Dedicate special attention to the health needs and vulnerabilities of migrant women in light of the high number of women migrant workers in this region.
12. Further develop inter-ministerial collaboration, including with other stakeholders, to strengthen mechanisms of health education and delivery of country- and occupation-specific information, covering major health risks, prior to overseas travel for employment.
13. Promote migrant health needs in existing national budgets and encourage regional and global funding mechanisms.
14. Collaborate and coordinate with civil society organizations on issues related to protection of the rights of all migrant workers and their families, with special attention to health issues.

At bilateral, regional, intra-regional levels:

15. Examine the possibility of bilateral agreements with a view to ensure social protection, portability of entitlements, including health insurance, and monitoring of the overall migration process by Governments.
16. Conduct multi-sectoral advocacy among health and non-health networks and labour migration frameworks to build support among public, government and key stakeholders,

including civil society organizations, for migrant-inclusive policies and adoption of regional and international conventions and standards.

17. Develop guidelines and minimum standards to assist countries of origin and destination, based on effective practices and existing models, for migrant workers, including health financial schemes and social protection in health, i.e. mandatory health insurance, that will benefit migrants as well as their families, regardless if they are joining migrant workers or staying behind.
18. Governments utilize information-sharing mechanisms, that can be accessed at a regional level by member states, in order to help better identify good practices as models that are desirable for the wellbeing of migrant workers and their families.
19. Undertake regular health and migration consultations across sectors and among countries of origin, transit and destination.
20. Support multi-country partnerships to facilitate uninterrupted management for conditions requiring long-term treatment (e.g TB, HIV).
21. Explore the possibility of developing guidelines on migration that will provide a coordinated and comprehensive approach to intra-regional and international labour migration, based on applicable international instruments.
22. Undertake, in addition to institutional capacity enhancement, initiatives to raise greater awareness among migrants, their families and communities about the available health services and support mechanisms in place.

CONCLUSION

The participants expressed their appreciation to IOM, UNAIDS, UNDP, WHO and ILO for taking this important initiative to organize this Regional Dialogue that provided a platform for sharing of information and experiences leading to concrete recommendations. Participants further noted that regular dialogue was needed to promote better understanding and collaboration on issues of labour migration in general, and health issues in particular in the greater Asia region, including a follow up of this regional dialogue in 2011.

The participants extended their appreciation to the Government of Thailand for hosting this very important dialogue.

GROUP WORK OUTPUTS

GROUP I: INDONESIA, PAKISTAN & SRI LANKA

1. **What are key recommendations for action (policies, programmes etc) to address the health challenges of Asian labour migrants and their families at the following levels?**

National	**Sri lanka :** *Families left behind:* • Health including psycho social health of the of the children and families left behind as 50% who leave are mothers, • Post migration health challenges on return of the immigrants, *Migrants:* • Pre departure medical screening is not sufficiently regulated by the sending state. It is licensed by receiving counties, • As identified in Sri lanka presentation *Recommendation of Sri Lanka* • Initiate a database of employer malpractices at regional level that can be accessed by all member states of Colombo process. • Increase ratification/accession of migration instruments **Indonesia** *Families left behind* • Assistance required for families left behind on health, County Social system exists in general. No specific health care system for families left behind. *Migrants* • Knowledge also required for irregular migrants on how to protect and provide health to them. • Such people should be encouraged to have a medical examination on return.

	Pakistan: *Families left behind* • Psycho-social health, physical health, mothers/elderly parents left behind to cater for growing children *Migrants* • Contractual obligations need to be adhered, legal help to be readily available provided by the host country, Family visa is an issue, *Recommendation by Pakistan:* • Efforts should be made to minimize economic disparities
Regional	*Similarities* • Portability of health insurance, Also compulsory health insurance should be provided to labour, sometimes the sponsors holds the card, passports and this causes problems. • Primary Health care including communicable diseases treatment to be provided by the receiving country, • Occupational hazards, safety regulations • Family visas • Domestic workers to be recognized as "Decent work" by destination country. *Differences* • Differences between Pakistan (mainly men) and Sri Lanka (50% women) *Recommendations:* • International standards should be applied, International organizations to take it up
Bilateral	Good practices should be shared
Intra-regional	• SAARC start building on a SAARC declaration on migrants including health issues studying the ASEAN model; • A declaration at the COLOMBO PROCESS may be considered; • A dialogue including EU and GCC, Abu Dhabi Dialogue.

2. What are the key national, regional and global advocacy venues to raise awareness and bring to the table the recommendations of this meeting?

Key advocacy venue	When does it take place?	Who will participate? (Which countries, which ministries/sector)
UN Sideline meetings	UNGA, September every year	Heads of State/Government
Colombo Process	October in Dhaka	Ministers
SAARC	One of the capitals	Ministers
ASEAN	One of the capitals	Ministers
WHA	Geneva	Ministers
Global Forum on migration and development	Meeting every year, this year in November, Mexico	Ministers
ILO	Every year	Ministers
PUEBLA process	Every year	Ministers/SOM

At national levels we may host seminars/dialogues/experience sharing meetings/ involve civil society, use the media (both print and electronic, use YouTube and Facebook, etc.)

GROUP II: BANGLADESH, CAMBODIA, NEPAL, PHILIPPINES

1. **What are key recommendations for action (policies, programmes etc) to address the health challenges of Asian labour migrants and their families at the following levels?**

National	• Formulate & adopt a policy for migrants • Identify the health issues facing migrants both at origin and destination • Have an agreement between origin and destination countries to ensure the health of migrants • Involvement of NGOs/CSO in health awareness • Identify who are the key players? • Establish a steering committee that joins many ministries • Identify a focal point in the country and their roles / responsibilities • Identify roles of sectors involved in migrant health • Mainstream migrant health in the national health program
Regional	• Agreement on minimum health standards to be integrated in the contract as a basis for bilateral agreement • Guiding framework on migrant health to be consulted/integrated in a model employment contract
Bilateral	• Hold a joint meeting between origin & destination countries • Bilateral agreement for access to health services • Integrate protection of migrants • Have clear negotiations between countries to address health issues of migrants • Access to health services limited (-information on services must be included in the training in destination country) • Involvement of returnee migrants in the training • Develop IEC materials on health issues (STI/ HIV/TB etc) • Campaign for ratification of instruments/conventions • Address cross-border informal/formal movement • Engage private sector in ensuring access to health of migrant • Recruiting agencies/employment
Intra-regional	• Agreement on minimum health standards • Guiding framework on bilateral agreements and employment contracts that address health • Experience-sharing mechanism

2. What are the key national, regional and global advocacy venues to raise awareness and bring to the table the recommendations of this meeting?

Key advocacy venue	When does it take place?	Who will participate? (Which countries, which ministries/sector)
National:		
• Inter ministerial Steering Committee (Nepal)	• 6 times/year	• MOI
• Foreign Employment Promotion Bureau (Bangladesh, Cambodia)	• as needed	• FA • MOH
• Parliamentary standing committee (Bangladesh, Nepal)	• as needed	• MOL
• Consultative Council on Overseas Foreign Workers (Philippines)	• monthly	• PM • Employ recruitment association
Regional:		• MOL
• Colombo process	• Oct/year	• Inter-ministerial? • 11 countries+ observers
• Abu Dhabi Dialogue		• receiving countries +observers • MOL/FA
• ACMW(ASEAN committee on migrant worker) : drafting committee of protocol for protection of migrant workers	• Nov 2010 before Ministerial meeting	• drafting committee (Thai, Malaysia, Philippines, Indonesia, Vietnam) • MOFA : Focal point
• Health ministers meeting	• Singapore (next week)	• MOH, FA
• -SAARC : Health and population committee	• as planned	• MOH, FA, MOL
Global:		• FA • IOM
• GFMD (global forum on migration and development)	• NOV Mexico 2010	• MOL • ILO • Expatriate Welfare & Overseas Employment • UNDP • CSO • WHO • UN Family • UN Global Migrant Group
• ILO		

GROUP III: INDIA, LAO PDR, MYANMAR, THAILAND AND VIETNAM

1. **What are key recommendations for action (policies, programmes etc) to address the health challenges of Asian labour migrants and their families at the following levels?**

National	Formation and /or revision of National Policies on Migration need to have clear provisions for health of migrants and their families with due multi-stakeholder consultation. Role of UN agencies for advocacy may be explored. Philippines model can be adopted with local adaptations as required. Migration management at national level requires continuous dialogue between different ministries of government in line with recommendations and international conventions. The multi-sectoral country mechanism i.e. working group/task force need to include migrant in the agenda to develop / fine tune policies and programmes addressing vulnerabilities and needs of migrants. Revision/ formation of National Strategic Plan for HIV need to include migration.
Regional	ASEAN task force to take up initiatives to develop an instrument to adopt Health of migrants in the existing policies and strengthen implementation by sending and receiving countries. SAARC convention need to take up initiatives to develop policy recommendations at regional level to bring in synergy in existing programmes ensuring rights and health of migrants.
Bilateral	International agencies and UN agencies need to take up advocacy efforts among countries with / without agreements to ensure that the issues of health of migrants are addressed within the framework of national policies.
Intra-regional	

2. What are the key national, regional and global advocacy venues to raise awareness and bring to the table the recommendations of this meeting?

Key advocacy venue	When does it take place?	Who will participate? (Which countries, which ministries/sector)
National Level Preparatory meeting to Mexico Meeting - Thailand	Continuous Sept. 2010	Ministries, Civil Societies, Migrants involved in migration Thailand
Regional level: ASEAN Ministerial meeting SAARC Convention meeting – SAARC headquarter Regional workshop on Implementation of the Agreement on Border Health Quarantine Colombo Process ASEAN organisation on HIV meeting – Cambodia Follow up meeting – venue to be decided	 July, 2010 To be proposed August,2010 October, 2010 November,2010 July 2011	 ASEAN Countries SAARC Countries Vietnam, Cambodia, China PR, Laos PDR Member Countries ASEAN Countries Participants of 1st regional work shop
International Level: • Asia-Pacific Regional Preparatory Meeting to the Global Forum on Migration and Development (GFMD) 2010 • Meeting on Progress of MDGs – New York- Mexico • ICAAP – Korea	September 2010 June 2011 August,2011	

CLOSING SESSION

MS GWI-YEOP SON, UNDP RESIDENT COORDINATOR IN THAILAND AND CHAIR, JOINT UNITED NATIONS INITIATIVE ON MOBILITY AND HIV/AIDS IN SOUTH EAST ASIA (JUNIMA)

Colleagues, Ladies and Gentlemen,

First of all, let me congratulate you on your hard work over the past 2 days and the successful adoption of the Joint Recommendations to address the health challenges of Asian labour migrants and their families.

We hope that the Dialogue has provided a space for you:

- To build and strengthen your ties with colleagues from the region;
- To deepen your understanding of the issues at hand; and
- To clarify what actions you need to take to help improve the health and well-being of labour migrants of this region.

The Joint Recommendations are a comprehensive, forward-looking document.

At the same time, it is only a tool. It can only be as good as what each and every one of you do with it.

We therefore call upon you, the participants, to take the outcomes of this Dialogue to the next level.

You have already identified various venues, such as the upcoming Colombo Process meeting in Dhaka, where you would be able to raise awareness and bring the key messages of the Joint Recommendations to discussions with national, regional and global counterparts.

Please share the Joint Recommendations with your ministries and partners in your countries, and brief them of this Dialogue. Use it as a framework to build consensus and commitment among your national partners, and to inform your policies and programmes that affect labour migrants.

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, and I hope that this Dialogue provides an example of the benefit of collaboration and discussion across traditional borders.

In the end, we should always remind ourselves that all these efforts bear fruit at the level of the individuals and the communities. When we are successful, we will see it in the improved lives of the labour migrant, his or her family and their communities, all of which will contribute to a better society and state.

We look forward to building on what has been achieved in this Dialogue and working further with you towards this vision.

Thank you and have a safe journey home.

MR ANDREW BRUCE, REGIONAL REPRESENTATIVE FOR SOUTH EAST ASIA, INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

Mr. Chairman,
Dear Participants,

IOM and the co-organizers would once again like to thank you all for your participation in this dialogue. The health of migrant workers is an issue that governments are increasingly recognizing the importance of as is witnessed by your presence here and your active participation in the discussions. As has been often stated over the last two days, the participation of three ministries from each ministry bodes well for the future.

Of the many positive outcomes of this dialogue, including the recommendations, we are particularly pleased to see a bridge being built between SAARC and ASEAN, which we believe will help move the issue up the agenda of concerned governments.

As we leave here today, we at IOM are pleased to play a support role on this issue in the future. We now however look to you and your governments to take it forward at the national, regional and global levels.

Thank you.

MR ZAFAR AHMED KHAN, SECRETARY, MINISTRY OF EXPATRIATES WELFARE AND OVERSEAS EMPLOYMENT, GOVERNMENT OF BANGLADESH

Honorable Guests and Respected participants

We have almost come to the end of the very productive two day 'Regional Dialogue on Health Challenges for Asian Labour Migrants', the objective of which was to initiate comprehensive discussion on the health challenges of Asian labour migrants, and create a common platform for us all.

[Ladies and Gentlemen] It has been two days of packed sessions, covering a wide range of important issues faced by migrant workers from the region; and I believe that the opportunity to share experiences and good practices with each other has been extremely useful for all of us.

I know that I will certainly be going back with a lot of new and realistic ideas.

Such interaction and dialogue would of course have to be a continuous process and we hope that this would mark the beginning of many more such dialogues in the future.

We have just come in from a very active session on the 'Adoption of the Joint Recommendations'- I would like to thank you all for your active participation and valuable contributions, and congratulate you for adopting a comprehensive and practical set of recommendations for the Asian region.

The joint recommendations adopted, I believe, would not only facilitate our individual national efforts, but also encourage further coordination and collaboration in the region to address the challenges of migration.

Among the various recommendations adopted, I take this opportunity to mention a few notable ones:

At national level:

23. Encourage and support relevant government ministries to review existing policies, laws and practices related to labor migration and health.
24. Support the establishment of migration health focal units within health ministries tasked to initiate intra-ministerial and cross-sectoral dialogue.
25. Encourage inclusion of key migration variables in national census, surveys and routine health information systems.
26. Promote better understanding of migrant health concerns including barriers to access health services encountered by migrants throughout the migration cycle, among the health workforce, embassies, partner organizations and other stakeholders.
27. Develop inter-ministerial collaboration as well as with other stakeholders to strengthen mechanisms of health education and delivery of country and occupation specific information accommodating most important health risks prior to overseas travel for employment.
28. Strengthen the national inter-ministerial coordination on migration management issues, including health challenges for labour migrants.
29. Promote migrant health needs in existing national and regional funding mechanisms.
30. Collaborate and coordinate with civil society organizations on issues related to protection of the rights of all migrant workers and their families, with special attention to health issues.

At bilateral, regional, intra-regional level:

1. Governments will examine the possibility of bilateral agreements with receiving countries with a view to ensure social protection, portability of entitlements and monitoring of the overall migration process.
2. Conduct multi-sectoral advocacy among health and non-health networks and labor migration frameworks to build support among public, government and key stakeholders for migrant-inclusive policies and adoption of international conventions and standards.
3. Develop guidelines and standards to assist countries of origin and destination based on effective practices and existing models, including health financial schemes and social protection in health that will benefit migrants as well as their families, regardless of whether they are joining the migrant workers or whether they stay behind.
4. Support multi-country partnerships to facilitate uninterrupted management for conditions requiring long term treatment (e.g TB, HIV).

These are to name a few. There are more such practical and realistic recommendations, which will help enhance coordination and collaboration amongst us, but also bring us all closer to developing a more comprehensive and effective migration management system, particularly in the area of migration health.

[Distiguished participants] I am also pleased to announce that the discussions and recommendations from this dialogue will be taken forward in the upcoming Ministerial Consultation for Asian Labour Sending Countries will be hosted by the Government of Bangladesh in Dhaka in the third week of October [19-21].

This Ministerial Consultation for Asian Labour Sending Countries [also known as the Colombo Process Ministerial Meeting] will primarily aim to continue providing a forum for dialogue among member states to strengthen

migration management in the Asian region - many of the countries present here today will also participate at the consultation.

The theme of this Colombo Process Ministerial Meeting is Migration with Dignity and the agenda includes a number of thematic round table discussions on issues such as protection and provision of services to overseas workers, capacity building, data collection, and inter-state cooperation amongst the member countries.

The Government of Bangladesh and the International Organization for Migration (IOM), as the Secretariat, will certainly ensure that the issues discussed here on the health concerns of migrant workers will also be reflected in the agenda at the Colombo Process Meeting.

[Ladies and Gentlemen] with these words, I would like to end my concluding remarks-

I wish to place on record our deep appreciation to IOM, UNDP, UNAIDS and WHO for their support in holding this programme.

[Dear Participants] Let me end by reiterating the hope that this meeting will be one of many such initiatives and I, on behalf of the Government of Bangladesh look forward to working together with all to successfully address migration challenges in the region.

On our part, we stand committed to assist in the realization of the recommendations.

ANNEX I: FINAL AGENDA

DAY 1: Tuesday, 13 July

8:30 – 9:00	**Registration**
	Inaugural Session
09:00 – 10:00	• **Welcome statements** ○ Jane Wilson, *Officer in Charge and Regional Programme Adviser, Gender, GIPA and Human Rights, Joint United Nations Programme on HIV/AIDS (UNAIDS), Regional Support Team for Asia and the Pacific* ○ Rabab Fatima, *Regional Representative for South Asia, International Organization for Migration (IOM)* Opening Statement by Dr Chanvit Tharathep, Director, Department of Health Service Support, Ministry of Public Health, Government of Thailand • Group photo
10:00 – 10:30	**Refreshments**
	Session 1: Setting the Scene – Health Challenges for Asian Labour Migrants Chair: Dr Chanvit Tharathep, Director, Department of Health Service Support, Ministry of Public Health, Government of Thailand Moderator: Andrew Bruce, Regional Representative for South East Asia, IOM
10:30 – 12:30 (15 minutes each for presentations)	• **Asian Labour Migration and Major Health Challenges –** *Kristina Mejo, Regional Programme Manager and Jaime Calderon, Regional Migration Health Manager (for Davide Mosca, Migrants' Health Director), International Organization for Migration (IOM)* • **International Principles and Instruments on Migration for Employment -** *Richard Howard, Senior Specialist on HIV and AIDS, International Labour Organization (ILO)* • **Global and Regional Commitments and Strategies to Enhance Health of Migrants -** *Jacqueline Weekers, Senior Migrant Health Officer, World Health Organization (WHO) and Ema Naito, Consultant on HIV/AIDS and Mobility, United Nations Development Programme (UNDP)* **Open Discussion**
12:30 – 14:00	**Lunch** International buffet at Promenade Restaurant

Session 2: Health Challenges and Responses from the Region (sharing of experiences and models)
Chair: Dr Mohammad Faisal, Director UN, Ministry of Foreign Affairs, Government of Pakistan
Moderator: Dawn Foderingham, Regional Programme Advisor, Partnerships and Social Mobilization, UNAIDS

14:00 – 17:00
(20 minutes each for presentations)

- **Presentations on country/regional experiences:**
  - **Migration and Protection of Migrants: Philippine Experience** – *Mr Enrico Fos, Executive Director, Office of the Undersecretary for Migrant Workers Affairs, Department of Foreign Affairs, Government of the Philippines*
  - **Improving Access of Migrants to Health Services in Thailand** – *Dr Chanvit Tharathep, Director, Department of Health Administration Bureau, Ministry of Public Health, Government of Thailand*
  - **Overcoming the Challenges of Migration Health through a Policy Process** - *Dr P. G. Mahipala, Additional Secretary, Ministry of Health; Ms Yasoja Gunasekera, Director, Economic Division, Ministry of External Affairs, and member of National Migration Health Taskforce; and Mr Mangala Randeniya, Deputy General Manager, Sri Lanka Bureau of Foreign Employment, Government of Sri Lanka*

(Refreshment break)

- **Intervention by discussants:**
  - *Malu Marin, Executive Director, ACHIEVE and Steering Committee member, Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA)*
  - *Andrew Samuel, Executive Director, Community Development Services*

Open Discussion

END OF DAY 1

DAY 2: Wednesday, 14 July

	Session 3: Thematic Discussions Moderator: Jacqueline Weekers, Senior Migrant Health Officer, WHO
09:00 – 11:30	• **Group Work** in main room (C@7) and breakout room (Bangsue Room, 7th floor) ○ **Indonesia, Pakistan & Sri Lanka** – Group moderator: Dr Igor Kazanets*, Chief Migration Health Physician, IOM* ○ **Bangladesh, Cambodia, Nepal & the Philippines** – Group moderator: Brahm Press, *Program Officer, HIV/AIDS and Migrants, Raks Thai Foundation and CARAM-Asia, and Steering Committee member, JUNIMA* ○ **India, Lao PDR, Myanmar, Thailand and Vietnam** – Group moderator: Dawn Foderingham*, Regional Programme Advisor, Partnerships and Social Mobilization, UNAIDS* *(Refreshments will be set up at 10:30)*
11:30 – 12:30 (15 minutes for each presentation)	• **Presentation of Group Work**
12:30 – 14:00	**Lunch** International buffet at Promenade Restaurant
	Session 4: Working Group to Develop Joint Recommendations Chairs: Rabab Fatima, Regional Representative for South Asia, and Davide Mosca, Migrants' Health Director, IOM
14:00 – 15:30	• **Working Group to Develop Joint Recommendations**
15:30 – 15:45	**Refreshments**
	Session 5: Adoption of Joint Recommendations Chair: Mr. Zafar Ahmed Khan, Secretary, Ministry of Expatriates Welfare and Overseas Employment, Government of Bangladesh Moderator: Rabab Fatima, Regional Representative for South Asia, IOM
15:45 – 16:45	• **Adoption of Joint Recommendations**
	Closing Session
16:45 – 17:15	• **Closing Statements** ○ Gwi-Yeop Son*, UNDP Resident Coordinator in Thailand and Chair, Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA)* ○ Andrew Bruce*, Regional Representative for South East Asia, International Organization for Migration (IOM)* Closing Statement by Mr. Zafar Ahmed Khan, Secretary, Ministry of Expatriates Welfare and Overseas Employment, Government of Bangladesh
	END OF DAY 2

ANNEX II: LIST OF PARTICIPANTS

GOVERNMENT PARTICIPANTS

	Country	Title	Last Name	First/Middle Names	Organization	Job Title
1	**Bangladesh**	Mr	Khan	Zafar Ahmed	Ministry of Expatriate Welfare & Overseas Employment	Secretary In Charge
2	**Bangladesh**	Ms	Ranu	Shahanaj Akhter	Ministry of Foreign Affairs	Assistant Secretary
3	**Bangladesh**	Dr	Khyyam	Syed Umar	Ministry of Health and Family Welfare	Joint Secretary
4	**Cambodia**	Mrs	Srey	Teng	Communicable Disease Control Department	Deputy-Director of CDC Department
5	**Cambodia**	Mr	Lan	Van Seng	National Centre for HIV/AIDS, Dermatology and STD	Deputy Director
6	**Cambodia**	Dr	Leng	Tong	Ministry of Labour and Vocational Training	Director of Occupational Safety and Health Department (OSHD)
7	**P.R. China**	Ms	Wang	Dan	Chinese Embassy in Thailand	Assistant to PR to ESCAP
8	**P.R. China**	Ms	Zhao	Lin	Ministry of Commerce	Officer
9	**India**	Mr	Badhok	Kaur Chand	Ministry of Overseas Indian Affairs	Director (Emigration Services)

	Country	Title	Last Name	First/Middle Names	Organization	Job Title
10	**India**	Mr	Sanwariya	Brijendra Kumar	Ministry of Labour and Employment	Welfare Commissioner
11	**India**	Dr	Ghosh	Subash Chandra	National AIDS Control Organisation	Programme Officer - Migrants
12	**Indonesia**	Mrs	Setiawati	Sri	Ministry of Manpower and Transmigration	Advisor for the Manpower Placement Development
13	**Indonesia**	Ms	Hastuti	Endang Budi	Ministry of Health	Deputy of Standardization and Partnership Subdirectorate AIDS & STI
14	**Indonesia**	Ms	Uta Djara	Purwanti	Ministry of Manpower and Transmigration	Head of Section for Asia Pacific America Europe Region
15	**Lao PDR**	Mr	Vongphosy	Thipphavong	Ministry of Foreign Affairs, International Organization, UN Division	Desk officer
16	**Lao PDR**	Mr	Sengchanthavong	Mixay	Ministry of Labour and Social Welfare	Director of Policy and Planning Division
17	**Lao PDR**	Mrs	Ratanavong	Toumlakhone	Ministry of Health	Deputy Director
18	**Myanmar**	Dr	San	Khin Ohnmar	Department of Health	Deputy Director, National AIDS Programme Manager
19	**Myanmar**	Mr	Sin	Thant	Ministry of Foreign Affairs	Deputy Director, International Organizations Division
20	**Myanmar**	Ms	Htay	Tin Tin	Department of Labour, Ministry of Labour	Assistant Director

	Country	Title	Last Name	First/Middle Names	Organization	Job Title
21	**Nepal**	Mr	Aryal	Dornath	Ministry of Foreign Affairs	Under Secretary
22	**Nepal**	Mr	Aryal	Prajjwal Sharma	Ministry of Labour and Transport Management	Under Secretary
23	**Nepal**	Dr	Chand	Padam Bahadur	Ministry of Health and Population	Chief - Public Health Administration, M&E Division
24	**Pakistan**	Dr	Faisal	Mohammad	Ministry of Foreign Affairs	Director UN
25	**Pakistan**	Mr	Akhtar	Muhammad Naeem	National AIDS Control Programme, Ministry of Health	Behavior Change Communication Coordinator
26	**Pakistan**	Mr	Rashid	Sajid	Ministry of Labour and Manpower	Research Officer
27	**Philippines**	Ms	Fernando	Grace T	Department of Health	Supervising Administrative Officer
28	**Philippines**	Dr.	Villanueva	Maria Beatriz Guinto	Department of Labor and Employment-Occupational Safety and Health Center	Division Chief - Health Control Division
29	**Philippines**	Mr	Fos	Enrico Trinidad	Department of Foreign Affairs	Executive Director
30	**Sri Lanka**	Ms	Gunasekera	Yasoja Kusalini	Ministry of External Affairs	Director/Economic Affairs
31	**Sri Lanka**	Dr	Mahipala	Palitha Gunarathna	Ministry of Health,	Additional Secretary (Medical Services)

	Country	Title	Last Name	First/Middle Names	Organization	Job Title
32	**Sri Lanka**	Mr	Randeniya	Mangala	Sri Lanka Bureau of Foreign Employment -SLBFE	Deputy General Manager
33	**Thailand**	Dr	Tharathep	Chanvit	Ministry of Health	Director, Department of Health Service Support
34	**Thailand**	Dr	Surasak	Thanaisawanyangkoon	Ministry of Health	International Collaboration Development Section (ICD), Bureau of AIDS, TB and STIs
35	**Thailand**	Mrs	Kachonpadungkitti	Chalobon	Ministry of Labour	Labour Specialist, Acting Senior Professional Level, Thailand Overseas Employment Administration (TOEA)
36	**Vietnam**	Mr	Quan	Bui Dang	Vietnam Consular Department	Officer
37	**Vietnam**	Mr	Hung	Tran Quang	Ministry of Health, International Cooperation Department	Officer
38	**Vietnam**	Mr	Toan	Le Ngoc	Department of Overseas Labour	Expert

NON-GOVERNMENT PARTICIPANTS

Title	Last Name	First/Middle Names	Organization	Job Title
Ms	Marin	Malu	Action for Health Initiatives (ACHIEVE), Inc.	Executive Director
Mr	Quinto Jr.	Noel	Asia Pacific Network of People Living with HIV/AIDS (APN+) / Pinoy Plus Association	Adviser
Mr	Press	Brahm	CARAM Asia	Programme Officer, HIV/AIDS and Migrants
Mr	Samuel	Andrew	Community Development Services	Executive Director
Ms	Noriega	Shanti	Family Health International (FHI)	Senior Technical Officer, M&E

INTERNATIONAL ORGANIZATIONS

Title	Last Name	First/Middle Names	Organization	Job Title
Mr	Mosca	Davide	International Organization for Migration (IOM)	Migrants' Health Director
Ms	Fatima	Rabab	IOM Mission with Regional Functions, Dhaka	Regional Representative for South Asia
Ms	Mejo	Kristina	IOM Mission with Regional Functions, Dhaka	Regional Programme Manager
Dr	Kazanets	Igor	IOM Mission with Regional Functions, Dhaka	Chief Migration Health Physician
Mr	Bruce	Andrew	IOM Regional Office for South East Asia	Regional Representative for South East Asia
Dr	Calderon	Jaime	IOM Regional Office for South East Asia	Regional Migration Health Manager
Mr	King	Colin	IOM Regional Office for South East Asia	Intern, Migration Health
Mr	Sireekan	Rathsaran	IOM Regional Office for South East Asia	Intern, Labour Migration
Ms	Mori	Yayoi	IOM Regional Office for South East Asia	Intern, Labour Migration
Dr	Wickramage	Kolitha	IOM, Sri Lanka	Health Programme Manager
Dr	Peiris	Sharika Lasanthi	IOM, Sri Lanka	Senior Programme Coordinator/Migration Health
Ms	Wilson	Jane	UNAIDS Regional Support Team for Asia and the Pacific	Officer in Charge and Regional Programme Adviser, Gender, GIP and Human Rights
Ms	Foderingham	Dawn	UNAIDS Regional Support Team for Asia and the Pacific	Regional Programme Advisor, Partnerships and Social Mobilization Advisor
Mr	Son	Gwi-Yeop	UNDP Thailand	UN Resident Coordinator in Thailand
Ms	Naito	Ema	UNDP Regional Centre in Bangkok	Consultant on HIV, Mobility and Migration
Ms	Makeh	Rachnee (Ruby)	UNDP Regional Centre in Bangkok	Programme Assistant, HIV/AIDS Unit

Title	Last Name	First/Middle Names	Organization	Job Title
Ms	Branscombe	Jennifer	UNDP Regional Centre in Bangkok	HIV/AIDS and Mobility Programme Officer
Mr	Howard	Richard	International Labour Organization	Senior Specialist on HIV and AIDS
Ms	Smith	Angela	International Labour Organization	HIV/AIDS Technical Officer
Ms	Weekers	Jacqueline	World Health Organisation (WHO)	Senior Migrant Health Officer
Ms	Moungsookajreoun	Aree	WHO Thailand	Migrant Health Information System Officer
Mr	Atienza	Joel	ASEAN Secretariat	Associate Officer HIV & AIDS

ANNEX III: CONCEPT NOTE

BACKGROUND

- **Why is there a need to address the health of Asian labour migrants?**

There are an estimated 55.6 million migrants in Asia, representing 29.6% of the total migrants in the world[4]. In 2000, the major Asian countries of origin officially deployed over 2.4 million workers overseas[5], with the 2005 estimated top three migrant-sending countries situated in Asia, namely China (35.0 million), India (20.0 million) and the Philippines (7.0 million)[6]. While there is considerable amount of migration in the region, especially within South East Asia, the Arab States are the primary destination for many labour migrants from South and South East Asia. Of these migrants, a considerable number are women.

The economic gains generated by labour migrants for both countries of origin and destination are considerable. Remittances, for example, reached as high as 21% of the national GDP of Nepal[7] and 13% in the case of Bangladesh[8] and the Philippines[9]. In terms of benefits to the host countries, labour migrants supply much needed labour while contributing to the host countries' GDP. Yet, there is a significant disparity between the economic contribution of labour migrants and the poor working conditions and social support they experience throughout the migration cycle. Among the notable gaps is labour migrants' access to health care services while abroad. Major health challenges include, but are not limited to, lack of health education and health promotion, lack of universal access to HIV prevention, care and support, lack of psychosocial assistance, workplace injuries, and high risk of communicable disease such as tuberculosis and sexually transmitted infections (STIs). Many of these not only affect the labour migrant, but their families and the communities with which they interact in the destination countries as well.

Well managed migration health care mechanisms address the health needs of migrants and integrate these into the public health systems of host communities and thus help to meet the emerging challenges associated with hosting large migrant populations.

- **International commitments to protect the rights of labour migrants**

There are a number of international conventions that address the rights of labour migrants, most notably the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, which has been ratified in this region by the Philippines and Sri Lanka and signed by Bangladesh, Cambodia and Indonesia,[10] and the ILO Conventions No.97, which

[4] UNDP HDR 2009 Overcoming Barriers: Human mobility and development. Page 30 Table 2.1
[5] UNESCAP, UNFPA, IOM, and Asian Forum of Parliamentarians on Population and Development (AFPPD) 2005. Report of Regional Seminar on the Social Implications of International Migration (24-26 August 2005, Bangkok), p.21. Available: http://www.unescap.org/esid/psis/meetings/siim/index.asp (accessed 21 May 2010).
[6] IOM 2005. World Migration 2005: Costs and Benefits of International Migration. Data quoted on IOM website, Regional & Country Figures. Available: http://www.iom.int/jahia/Jahia/about-migration/facts-and-figures/regional-and-country-figures (accessed 21 May 2010).
[7] Ministry of Labour and Transportation, Government of Nepal, May 2010
[8] Bureau of Manpower, Employment and Training, Government of Bangladesh, 2010
[9] World Bank 2008. Migration and Remittances Factbook 2008. Reported data from 2006.
[10] http://www.december18.net/present-status-ratification

has been ratified by Malaysia (Sabah) and the Philippines, and No.143, ratified by the Philippines.[11] While the level of ratification has remained low, the conventions nonetheless provide a global framework to aspire to. The ILO has also developed the *ILO Multilateral Framework on Labour Migration: Non-binding principles and guidelines for a rights-based approach to labour migration*[12] in 2006.

- **International commitments on health for migrants**

The 61st World Health Assembly Resolution on Health of Migrants (May 2008) called upon Member States to "promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants"[13]. Countries of origin and destination were asked to work together to enable labour migrants to fully contribute to the development of both countries of origin and destination[14].

At the global level, in 2010, guided by the above mentioned Resolution, the World Health Organization (WHO), the International Organization for Migration (IOM) and the Ministry of Health and Social Policy of Spain, organized a Global Consultation on Migrant Health in Madrid, Spain on 3-5 March. Experts from various government sectors across the world, representatives of non governmental agencies, United Nations agencies, inter governmental agencies, migration networks, academics and experts, worked together to review the obstacles to generating comparable global data on the health of migrants; to identify policies and legislation that advances the health of migrants; to identify key actions to create migrant-sensitive health systems; and to develop or strengthen national, regional and global platforms to foster dialogue between the various sectors involved in migration and health[15]. In follow-up to the Global Consultation, a panel discussion was organized by the governments of Portugal and Spain on the sidelines of the World Health Assembly (17 May 2010, Geneva) to discuss migrant health., Strong support for the issue was expressed by Member States, including the Secretary of the Ministry of Health and Family Welfare of Bangladesh.

- **Regional commitments on health for migrants**

Within Asia, governments have indicated their commitment to address labour migrant's rights and health issues. The Association of Southeast Asian Nations (ASEAN) leaders have signed two landmark declarations at the 12th ASEAN Summit (January 2007, Cebu, Philippines): ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers and the ASEAN Declaration on HIV and AIDS. An ASEAN instrument is currently being drafted on the protection of labour migrants' rights.

The South Asian Association for Regional Cooperation (SAARC) includes Health and Population Activities under one of its seven areas of cooperation, and has adopted a Regional Strategy on HIV/AIDS (2006-2010), which includes a focus on migrants, and a SAARC Regional Strategy for TB/HIV Co-Infection.

[11] ILO database of International Labour Standards 2010. Available http://www.ilo.org/ilolex/english/convdisp1.htm (accessed 25 May 2010)
[12] ILO 2006. Available at: http://www.ilo.org/public/libdoc/ilo/2006/106B09_343_engl.pdf (accessed 24 May 2010)
[13] 61st World Health Assembly Resolution on Health of Migrants (24 May 2008). Available at: http://mighealth.net/eu/images/c/c4/Whores1.pdf (accessed 8 June 2010).
[14] IOM - Health and Safer Mobility among Temporary Contractual Workers and Other Migrants, November 2009
[15] Further details available at: http://www.who.int/hac/events/3_5march2010/en/index.html

- **Regional Consultative Processes on migration**

Regional consultative processes on migration bring together representatives of states, international organizations and, in some cases, non-governmental organizations (NGOs) for informal and non-binding dialogue and information exchange on migration-related issues of common interest and concern. In Asia, the principle regional consultative process on migration is the Ministerial Consultations on Overseas Employment and Contractual Labour for Countries of Origin, also known as *the Colombo Process*. Its 4th meeting will take place in Dhaka, Bangladesh in October 2010. Its aim is to provide a forum for Asian labour sending countries to share experiences, lessons learned and best practices on overseas employment, and consult on issues faced by overseas workers, labour sending and receiving states, and propose practical solutions for the well being of vulnerable overseas workers. IOM provides the secretariat support to the Colombo Process. The upcoming Colombo Process Ministerial Consultations in Dhaka will have as its theme *"Migration with Dignity"*, which will focus on all aspects of the migration cycle such as economic, cultural, social factors and the well being of the labour migrants.

PARTICIPANTS, OBJECTIVES AND EXPECTED OUTPUTS OF THE REGIONAL DIALOGUE

- **Participants**

Participants will include representatives from Ministries that are responsible for setting and implementing policies on health and/or labour migration, including Ministries of Health, Labour and Overseas Employment, and Foreign Affairs as applicable, from 14 countries of origin from South and Southeast Asia, including 11 countries of the Colombo Process. Selected experts from the ASEAN and SAARC Secretariats, and international agencies, academia and civil society groups will also be invited.

The countries to be invited are:

Country	Colombo Process	ASEAN	SAARC
Afghanistan	✓		✓
Bangladesh	✓		✓
Cambodia		✓	
China	✓		
India	✓		✓
Indonesia	✓	✓	
Lao PDR		✓	
Myanmar		✓	
Nepal	✓		✓
Pakistan	✓		✓
Philippines	✓	✓	
Sri Lanka	✓		✓
Thailand	✓	✓	
Vietnam	✓	✓	

- **Objectives:**

In preparation for the upcoming Colombo Process meeting, whose theme is "Migration with Dignity," and in which migrants' health issues are expected to be discussed for the first time, this Regional Dialogue will aim to:

1. 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, including, but not limited to, health education and health promotion, universal access to HIV prevention, care and support, psychosocial assistance, workplace injuries, and communicable diseases such as tuberculosis and STIs.
2. Facilitate dialogue and build consensus among the ministries of Health and Labour (Overseas Employment), as well as Foreign Affairs, to:
    - Agree on key recommendations for action that will improve the health and well-being of labour migrants' from South and Southeast Asia[16] and their families;
    - Identify key advocacy venues such as ministerial meetings (viz Colombo Process, Abu Dhabi Dialogue, Global Forum on Migration and Development and preparatory meetings) where policy measures and effective collaboration can be discussed and agreed upon, especially with the primary countries of destination in the Arab States.

Overall, the Regional Dialogue aims to follow up on the 61st World Health Assembly Resolution on Health of Migrants and address some of the issues raised at the subsequent Global Consultation on Migrant Health in Madrid.

It will be organized following the model of the *High Level Multi-Stakeholder Dialogue on HIV Prevention, Treatment, Care and Support in the ASEAN Region* (12-13 February 2009, Bangkok), which was organized by JUNIMA[17], the ASEAN Secretariat and CARAM Asia.[18]

- **Expected Outputs**

1. Joint recommendations for action to improve the health and well-being of labour migrants' from South and Southeast Asia and their families;
2. Identified key advocacy venues and messages, especially for the Colombo Process meeting in October;
3. Identified technical assistance needs to implement the actions outlined and achieve the commitments made.

- **Venue and Dates**

The venue will be Bangkok, Thailand. The dates are 13-14 July 2010.

[16] While this Dialogue will focus on the perspective of countries of origin, it is to be kept in mind that many of the participating countries are also transit and destination countries, and are faced with the need to address migrants' health in those capacities as well.

[17] JUNIMA is the Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia. It brings together governments (including the ASEAN Secretariat), leading NGO networks (APN+, Migrant Forum Asia, CARAM Asia and its national affiliates), and international organizations (UNDP, UNAIDS, IOM, ILO and UNESCO). The Joint Initiative promotes universal access to HIV prevention, treatment, care and support for migrant and mobile populations in South East Asia and Southern China and focuses its work in three main areas: 1) Strategic Information, 2) Policy and Advocacy and 3) Multi-stakeholder and Multi- country mechanisms.

[18] The 2009 Dialogue was attended by representatives from Ministries of Health, Labour and Foreign Affairs and civil society organizations from the 10 ASEAN countries, as well as international organizations. It produced a set of progressive recommendations (http://www.junima.org/news_documents/RecommendationsMSD230209Final_000.pdf).

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.

Regional HIV & Development Programme for Asia & the Pacific
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor Rajdamnern Nok Ave.
Bangkok, Thailand

Email: regionalcentrebangkok@undp.org
Tel: +66 (2) 288-2129
Fax: +66 (2) 288-3032

Web: http://asia-pacific.undp.org/