Preliminary Findings

Three Country Assessment on Health Screening of Migrant Workers and its Impact on Right to Health and Right to Work

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Presentation outline

- Assessment scope and methodology
- Limitations
- Background and rationale
- Findings and analysis
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- Recommendation

Assessment Scope and Methodology

To develop an understanding of the health screening of migrant workers in ASEAN and its impact on their right to work and right to health throughout the migration cycle.

- Focus on the perspectives and experience of sending countries:
  - Cambodia, Indonesia and the Philippines
- Data gathering and analysis using triangulation
- Support of in-country NGO partners of CARAM Asia and ILO country offices

Assessment findings and recommendations to be used for a planned dialogue between ASEAN and the Arab States in 2014.

Limitations

- Only included *documented* migrant workers
- Mostly focused on *land-based migrants*
- *Limited time for field investigation*, restricting a comprehensive and detailed analysis of different sectors and all existing programs

Cambodia	Indonesia	Philippines
➢ Population (2012 est.): 14.8m ➢ In 2012, approximately 125,000 documented migrants working in SEA ➢ Migrant remittance inflow USD 282 million, 1.8% of the GDP (2013) ➢ Declining epidemic with HIV concentrated among SW, PWID and MSM 0.6% prevalence (2012)	➢ Population (2012 est.): 246.9m ➢ In 2011, est. 6 million (4.2m legal and 2m illegal) migrants ➢ Migrant remittance inflow USD 7.8 billion, 0.8% of the GDP (2013) ➢ Expanding epidemic with >5% concentrated among MSM, PWID and SW ➢ 174 HIV cases among outbound migrants of 162.000 (0.11%) in 2010 (HIPTEK 2010)	➢ Population (2012 est.): 96.7m ➢ Est. 5.37 million OFWs in 2006-2010 (0.70m irregular land-based, 0.34 sea-based, and 4.3m temporary land-based) (POEA, 2010) ➢ Migrant remittance inflow USD 26 billion, 9.8% of the GDP (2013) ➢ 2012 expanding HIV epidemic with increasing prevalence among MSM and PWID ➢ As of Sept. 2013, OFWs account for 17% of the total registered HIV cases since 1984 (DOH, 2012)

A case against mandatory health screening of migrants

➢ **Violates migrants' integrity, dignity and private life, especially if performed without the latter's informed consent**

➢ **Violates right to work**

➢ **Ineffective public health measure**
- costly
- discriminatory
- undermines public health efforts for HIV prevention and treatment
- passive and people less likely to be in-charge of their health
- can create a false sense of national security

➢ **Ineffective determinant of health status and/or ability to perform work**
- the worker may have a false negative test due to the window period
- a negative test speaks little as there can be an exposure after the test itself
- having a past or current health condition does not necessarily mean NOT being able to perform work

Finding 1: Pre-departure medical screening is mandatory, including for HIV

➢ Undertaken to determine whether migrants are **"Fit to Work"** or **"Unfit to Work"**

"Fit to Work" certification -- the most significant, if not the ONLY determining factor, for overseas employment eligibility in all three countries

➢ Types of required medical tests range from 20-40

➢ Requirement of the destination countries based on MoU

➢ Acceptability and compliance by the sending countries

Finding 1.1: HIV counseling and testing procedures are not informative or confidential

In the FGDs, referring to the pre-departure medical screening

➢ Only few aware of the medical tests taken

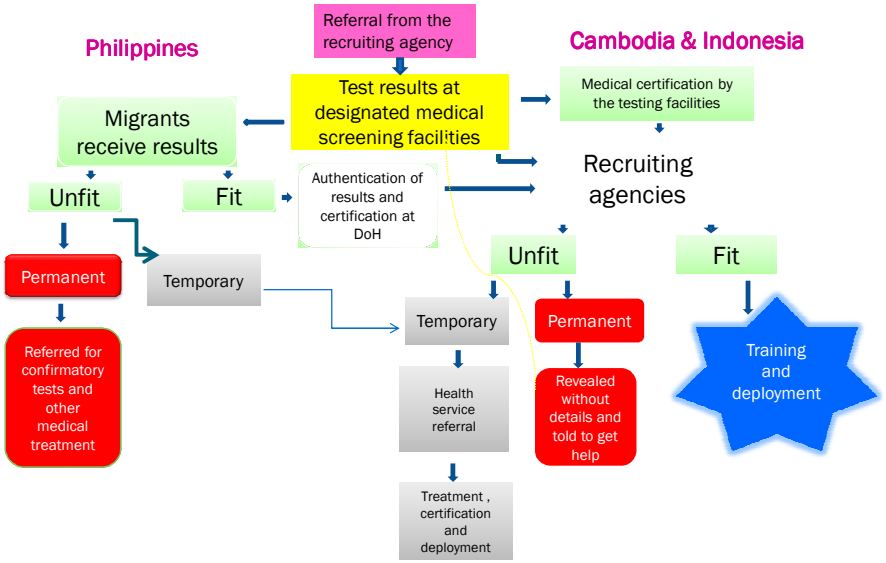
➢ No one received pre-test counseling and limited post-test counseling for positive migrants

➢ No one received their test results personally (Cambodia & Indonesia)

➢ Detailed medical test results including for HIV were *disclosed to the recruiting agencies* (in all countries)

"…our recruiting agencies told us that we had to take some medical tests. We were taken in groups to a health center. There they took our blood, urine, checked our eyes, did our x-ray, measured our weight and height. They also checked for head-lice. Then a doctor (lady) took us to a separate room, told us to be naked and checked our breasts, stomach, buttocks for skin disease. We were also told to take out our family planning implants (before going abroad)…they said that because of the heavy work we would have to do in the destination country, we needed to take it out…" a female migrant, Indonesia

Finding 2: Minimal referral for "unfit to work" migrants



Finding 3: Loss to follow-up a challenge among permanent "unfit to work" migrants

- Limited information available on a seemingly sizeable population
- Lack of established mechanisms to follow-up and provide services
- NGOs providing limited support including for HIV service referral

- Of est. 800-1000 migrant workers tested every month for GCC countries, approx. 5-10% test "unfit for work" (ASSAADAH, 2013) -- *anecdotal*
- PASEI deploys about 70% of the total OFWs from the Philippines. Among whom, approx. 20% receive "unfit to work" certification on health grounds (PASEI 2013) -- *anecdotal*
- Of the 13,072 Cambodian migrants sent to Thailand between 2012-Oct 2013, 380 (2.9%) "unfit to work" (undisclosed recruiting agency Cambodia)

Finding 4: Varied deportation processes but most compromise human rights

GCC deportations very traumatic and inhumane as reported by migrants

- Quarantined and detained if "unfit" on health grounds (4-30 days)
- Not allowed contacts, communication or documents
- Automatic cancellation of work permit & visa
- Very little social or legal support (Philippine OFWs supported by their embassies)
- Need employer "exit-visa"
- Many handcuffed to the airport

Discussion and analysis

1. Structures, policies and programs

- **Philippines – A Champion** in many aspects (registration, certification, pre-departure orientation, etc.)
- Many government led labor migration initiatives but a general **disconnect between programs and beneficiaries** (migrants)

A need for migrant-sensitive Health Systems Strengthening…

- **Conflicting laws and policies** related to migration and health screening
- Low **health system capacity** to respond to migrants' health needs
- Regulating and monitoring **health facilities for quality assurance** a challenge

2. Sending countries' practice on mandatory medical screening including for HIV

Changes must begin at home!

- Need clear guidelines for medical screening among migrants including for HIV (e.g. VCT or PICT)
- Must ensure that medical screening practices are evidence informed and human-rights based (i.e. information, counseling, referral for services, etc.)
- Must strengthen quality assurance and regulatory mechanism of medical screening facilities
- Diplomatic approaches needed to address mandatory health screening, related travel restrictions and consequences for employment

3. Host country imposed medical screening guidelines and standards

- Health screening guidelines and standards, such as of GAMCA and FOMEMA not specific enough
- Lack of scientific to decide "fit to work" or "unfit to work" – need better indicators

*"…any spots or marks on one's chest x-ray is labeled as TB, including marks and scars not even related to TB, from past infections due to pneumonia and so, one is "unfit to work…"*GMACA certified medical screening facility in Manila

- Guidelines and standards on the testing protocols unclear (such as for provision of information, VCT, service , referral services, etc.)
- Clinics do not follow national protocols and guidelines – making it difficult to regulate

4. Potential roles of recruiting agencies in safeguarding migrants' health and rights

Turning "enemies" into allies…

- A corporate social responsibility – need to build knowledge and awareness among recruiting agencies on the positive roles they can play for public health and social benefits
- Retain information on migrants throughout the migration cycle
- Untapped programmatic opportunity to involve recruiting agencies in HIV prevention education and health promotion among migrants and for health services referral
- Better cooperation and coordination among recruiting agencies and government agencies to monitor and report on migrants' health and social protection

Recommendations

- Develop and implement **in-country mechanisms for the collection, analysis and dissemination** of disaggregated data on migrant workers including their health care and social protection needs
- Strengthen **in-country partnership among recruiting agencies, NGOs and health service providers** to implement programs addressing health and social protection needs of migrants
- Leverage on **"health screening" for comprehensive health service provision**:
  - Ensure safety & reliability of test
  - Protect confidentiality
  - Strengthen counselling
  - Link to related services and referrals
  - Health promotion and education

  → **Focus on "unfit to work" migrants**
- Adopt a **strict regulatory practice and monitoring mechanism** to ensure that medical screening centers for migrants **adhere to standards of operation and protocols for medical screening**

Recommendations

- Strengthen **monitoring**, **referral and services** for responding to migrants' health and social protection needs **in host countries**. This includes:
  - Increase the number of attachés and strengthen the involvement of embassies in dispute settlement
  - Make information regarding the services in host country widely available
  - Establish online peer-support groups for enhancing community resilience
- Increase **resource allocation** for addressing **migrant health** issues, **including for HIV prevention and treatment**, such as through the GF mechanism
- Strengthen **evidence base of interventions that work for migrant health programs** including through operational research
- Develop a **standard medical screening requirement for ASEAN**

Acknowledgement and Appreciation

Migrant workers

Key informant interviews from relevant dept. of ministries of health and labor/migration

Recruiting agencies

Achieve Philippines

CARAM Cambodia

Solidaritas Perempuan (SP) in Indonesia

CARAM Asia

JUNIMA including the UN regional and country offices of – ILO, UNAIDS and UNDP

And all of you present here today!