

CARAM Asia

STATE OF HEALTH OF MIGRANTS 2005



ACCESS TO HEALTH



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It's simply impossible to mention all those who have been involved in this monumental effort; the production of the first ever state of health report on migrants.

Numerous persons have been involved in training workshops, researching and compiling data and information. They have in turn worked with many others in their own organisations to get the job done.

Indeed, this publication reflects a truly collective effort, a proud moment for CARAM Asia. We certainly could not have reached the completion of this long collaborative process without the support and involvement of the migrants' communities in all the countries covered in this report.

Particular appreciation must go to the State of Health taskforce members, who were at the core of the entire project. Devoted and resilient, the taskforce managed to wade through difficult and challenging times in seeing through various stages of the project; from trainings, capacity building, technical support, analysis, validation of the findings, and finally writing of the report.

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FOREWORD

I am honoured to have been asked to write a foreword to CARAM Asia's first Annual Report on the State of Health of Migrants. This is indeed a timely initiative. The topic of migration has been steadily rising up the global agenda. This is not just because more people are migrating but also because of increasing recognition of the complexity of the topic and the importance of managing migration effectively. The movements of today are no longer uni-directional and permanent, but are increasingly temporary, circular and multi-directional.

But while migration in general is now an important focus of attention, the issue of health and migration is only now beginning to receive the attention it deserves. Many have ignored the impact of health and of population mobility on development. Similarly, as the report points out: "those working on international health concerns often fail to look beyond a strictly medical paradigm to consider the larger social, cultural, political and economic context in which health issues are embedded."

This study helps to fill that gap. Its focus is on Asia, but it makes a significant contribution even beyond the Asian continent because both the method and the results are valuable.

The report reviews laws and policies pertaining to international migration and health in several origin and destination countries, but then, importantly, goes beyond this in carrying out primary research with migrant workers and relevant stakeholders. It lets the reader hear the voices both of the policy makers and of the migrant workers. It highlights the disconnect that may take place between policy and practice, reminding us that vigilance is needed to ensure that even the best policies will be correctly implemented in practice, right down to where they affect the individual.

NGOs play a crucial role in documenting and exposing poor practices, abuses and injustices. In many cases, such reports demonstrate the importance of access by migrants to information. When migrants do not know they have health insurance, for example, they do not claim reimbursements for medical care to which they are entitled.

This first Annual Report on the State of Health of Migrants reminds us forcefully that respect for human rights, including of migrants, is an essential element of managing migration for the benefit of all. All actors - migrants, governments, international organizations and civil society - have an important role to play. Safeguarding of public health entails the safeguarding of the health of all, including of migrants.

IOM salutes this valuable contribution to our knowledge and understanding of the issues.

Brunson McKinley

Director General

International Organization for Migration



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INTRODUCTION

The movement of people from one place to another is as old as human history, but presently the scope and intensity of international migration are increasing as a function of globalisation processes. People, often from developing countries, are on the move in search of a better life – their dreams nurtured by the potential rewards of participating in the global market economy.¹ Migrant workers² make up a significant part of this landscape of human movement. According to United Nations (UN) and International Labour Organization (ILO) estimates, out of the 175 million people who live outside their countries of origin, 120 million are migrant workers and their families.³

People who relocate to another country for work comprise a diverse group of individuals – from wealthy oil executives stationed overseas to domestic workers⁴ eking out an existence far from their families – though a distinction is often made between skilled and unskilled migrant workers. The former group is composed of highly paid professionals and technicians, whereas the latter group is concentrated in what is commonly referred to as 3D jobs, work that is generally regarded as dirty, dangerous and degrading.⁵ This Report is concerned with migrant workers in the latter category and their right and access to appropriate health information and adequate, affordable health services.

CARAM Asia's 2005 State of Health of Migrants Report aims to:

- 1) assess the accessibility of quality health information and services for migrant workers in Asia;
- 2) determine whether national laws and policies in Asia promote, protect and ensure migrant workers' access to health; and
- 3) establish a set of recommendations on how to improve access to adequate health information and services for migrant workers in both origin countries and destination countries

Unique to this Report is the inclusion of the migrant worker's 'voice', meaning migrant workers' personal experiences and perspectives are represented to strengthen the analysis and more fully illuminate migrant workers' realities.

Since November 2004, 11 CARAM Asia partner NGOs and two independent participants have been working simultaneously in 13 countries (Bangladesh, Cambodia, the Hong Kong Special Administrative Region, India, Indonesia, Japan, Malaysia, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand, and Vietnam) to review the laws and policies pertaining to international labour migration and health and to conduct primary research with migrant workers and relevant stakeholders in the effort to gather firsthand information on migrant workers' access to health in the Asian region.

Foundational to this Report are the understandings that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,"⁶ and the belief that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."⁷ These statements, as articulated in the Constitution of the World Health Organization (1946) and the United Nations Declaration of Human Rights (1948), respectively, inform the direction of this Report, which argues for a rights-based approach to health.

This Report argues that all humans have the right to enjoy the highest attainable standard of health, irrespective of sex, race, colour, language, religion or conviction, political or other opinion, national, ethnic or social origin, nationality, age, economic position, property, marital status, birth or other status. Where specific groups, such as migrant workers, encounter obstacles in achieving the basic right to health – whether as a function of discrimination, marginalisation, isolation, and/or stigmatisation – national governments and key stakeholders are obligated to respond proactively with laws, policies, programmes, and monitoring mechanisms to ensure that health rights are promoted and protected.

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The first chapter in the 2005 State of Health of Migrants Report presents evidence to support the idea that health status is an important indicator of migrant workers' well-being during international labour migration. An overview

of the vulnerabilities and challenges migrant workers experience at every stage of the migratory process is provided. Women's particular vulnerabilities during migration are touched upon, because research has shown that women are extremely vulnerable during this process. This chapter also demonstrates that governments generally fail to erect laws and policies that protect migrant workers' health and rights, even though international instruments and declarations set out clear guidelines on the provision of health for all, which can be used for such purposes.

Chapter two highlights governments' hesitations in addressing migrant workers' vulnerabilities and health rights, explains the possible reasons for this and demonstrates how this hesitation results in limited policy and programme work being undertaken. Regardless of the described setbacks, the chapter goes on to outline a number of established programmes around the world which focus on migrant workers and HIV/AIDS prevention, treatment and care. The last half of this chapter details challenges in designing and implementing such programmes, taking up the issues of culture, gender, diversity amongst migrant workers, and top-down versus bottom-up strategies.

The third chapter begins by describing the research strategies and processes utilised by the 13 research participants in this Report. This is followed by the country reports which offer significant insight into the context of international labour migration in each country represented, including whether or not relevant national laws and policies are in place. The origin countries are presented first. This set of reports principally focuses on migrant workers' experiences in accessing health information and services prior to departure from their home country and upon return. The destination countries, which appear next, concentrate more on migrant workers' experiences once they are working abroad.

Chapter four presents a critical overview of all the countries in the Report from an origin and destination country perspective. This chapter draws attention to the fact that failures in providing legal and policy protection for migrant workers are not unique to a particular country, but reflect gross negligence on the part of governments and other key stakeholders throughout the Asian region. Parallels between countries on the issue of inadequate implementation of policies and programmes are also shown to exist. These failures are illuminated by the stories of migrant workers, which are remarkably and distressingly similar across Asia.

The fifth chapter provides recommendations for action which bring together recommendations from every country represented, with a number coming directly from migrant workers themselves. They detail a range of actions that need to occur at regional, national and local levels by governments, policymakers, recruitment agents, employers, and other key stakeholders to ensure that migrant workers' health and rights are safeguarded during every stage of the migratory process. The recommendations provide a comprehensive and practical way forward.

The 2005 State of Health of Migrants Report is the first in what is to be an annual series undertaken by CARAM Asia aimed at monitoring and reporting on the status of migrant workers' health and rights in the Asian region and beyond. It is our hope that this Report will inspire the protection and promotion of migrant workers' rights and access to health and that future Reports will be able to monitor positive progress in this area.

References

- 1 Zaman, Habiba. 2004. "Transnational Migration and the Commodification of the Im/migrant Female Labourers in Canada." *International Journal of Canadian Studies*. 29:40-61.
- 2 For the purposes of this report, we use the term 'migrant worker' as set out by the Convention on the Protection of All Migrant Workers and their Families (1990), which reads: "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national." Part of the significance of this definition is that it does not regard that loss of employment results in the loss of migrant worker status. For example, a migrant worker who fails to comply with the conditions to which his or her entry, stay or employment is subject may still be regarded as a migrant worker. 'Irregular' or 'undocumented' migrant workers are party to the definition used here. The term 'illegal' migrant worker should not be used, as the negative connotations of the term 'illegal' disregard the contributions made by migrant workers to the economy, the complex circumstances that can result in undocumented status and the fact that a human being cannot inherently be illegal.

The most common category of documented migrant workers are temporary contract workers who remain in a country for a limited and set duration; though it is sometimes possible for migrant workers to remain in destination countries for longer periods of time, where they may receive permanent resident or citizenship status. In addition, we recognize that the terms and conditions under which a person moves from one place to another can shift markedly, but the term 'migrant worker', as it is used in this report, is not directly inclusive of foreign students, internally displaced persons, refugees, development displacees, tourists, asylum seekers, smuggled migrants, and victims of trafficking. At the same time, it must be acknowledged that individuals in these categories may refer to themselves as migrant workers. In this respect, a degree of flexibility is called for in attempting to define the term 'migrant worker'.
- 3 International Labour Organization. ILO Meeting, Call for Change in Migration Policies in Southern Africa. Press Release.
- 4 The term 'domestic worker' is used in this report, as the term 'domestic helper' does not adequately acknowledge the labour involved.
- 5 There is little doubt that the tasks performed by unskilled migrant workers are arduous and dangerous, but there is nothing intrinsically 'dirty' about the essential tasks undertaken by migrant workers. It should be noted that this description fails to reflect the dignity of the labour involved.
- 6 The Constitution of the World Health Organization was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States, and entered into force on 7 April 1948.
- 7 Universal Declaration of Human Rights. Adopted and proclaimed by General Assembly resolution 217A (III) of 10 December 1948.