



## POLICY BRIEF

# Surviving The Pandemic



*This policy brief discusses the  
plight of Migrant Workers  
during COVID-19 Pandemic  
and Policy Recommendations  
for stakeholders, based on a  
regional research by  
CARAM ASIA BERHAD*





# A POLICY BRIEF OF “SURVIVING THE PANDEMIC”

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CARAM ASIA BERHAD





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# POLICY BRIEF OF SURVIVING THE PANDEMIC



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# CARAMI ASIA

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## Executive Summary

Migration is being strongly promoted by governments and businesses as the solution to poverty in many of the Asia's developing countries. The mechanisms that promote and facilitate migration primarily consider Migrant Workers (MWs) as sources of remittances rather than human beings who have rights and privileges. This leaves migrant workers vulnerable to stigmatization, discrimination, sexual and gender-based violence and increases their vulnerability to certain health conditions, notably, human immunodeficiency virus (HIV) infection. With the onset of COVID-19, these problems have worsened as MWs have lost their income due to the abrupt business closures and lockdowns<sup>1</sup>. This policy brief intends to highlight some of these challenges faced by the community of migrant workers, highlighted in results from a regional research implemented by CARAM Asia and its six partner organizations in Pakistan, Nepal, Sri Lanka, Bangladesh, Lebanon and the Philippines. It recommends workable policy solutions in general and for Governments of respective countries in particular to address the emerging needs and services required by the migrant workers during and in the post pandemic context.

## Introduction

MWs from South and Southeast Asia make up 15% (24.57 million) of the total 163.8 million MWs worldwide (ILO, 2018). Out of it, there are 13.9 million<sup>2</sup> and 10.1 million (UNDESA, 2019) MWs from South and Southeast Asian countries respectively (Fig. 1). The male MWs represent 58.4% (95.7 million) and female MWs represent 41.6% (68.1 million) (Fig. 2). Asia and the Pacific host 20.4% of these migrants.<sup>3</sup> In 2019, South and Southeastern Asian countries like Pakistan (625,203), Bangladesh (700,000), Nepal (236,000), Philippines (1,516,000), and Sri Lanka (190,000), registered significant numbers of MWs going abroad for employment.<sup>4</sup> Despite their role as a lifeline in many of the world's economies, MWs work on low wage, and lack of legal, medical, and social security.

The grievances of migrants during Covid-19 therefore increased as loss of jobs, incomes and lockdowns made it increasingly difficult for the migrant workers to cover

<sup>1</sup> Asia, C, Perveen, M, Pereira, A, and Press, B. (2022) "Shattered Dreams - Broken Hopes" - The Impact of COVID-19 Pandemic on Migrant Workers in Southeast Asia.

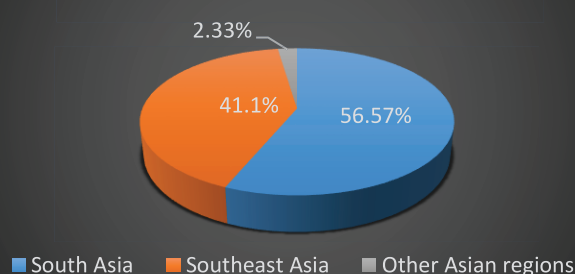
<sup>2</sup> South Asian Labor Migration and Maritime Migrants , <https://www.iwm.at/event/south-asian-labour-migrationandmaritimemigrants#:~:text=It%20is%20estimated%20that%2013.9,the%20Gulf%20countries%20and%20Malaysia>

<sup>3</sup> Labor migration in Asia and the Pacific by ILO link: <https://www.ilo.org/asia/areas/labour-migration/lang-en/index.htm>

<sup>4</sup> Labor migration in Asia: COVID-19 impacts, challenges, and policy responses by ADB Institute, OECD and ILO.

their essential expenses such as accommodation rents, food, and sending remittances. The employers withheld their salaries for months during the pandemic and did not renew their work permits. They were forced to return home empty handed adding into the stress, disappointment, disrespect and pressure from their families.

**Fig 1: MWs from Asia**



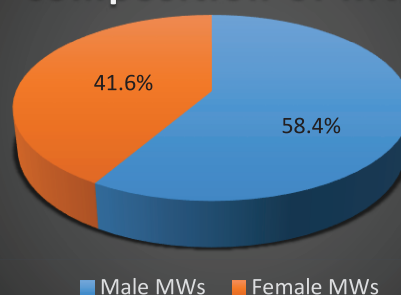
## Research Overview

To explore further the impact of the COVID-19 Pandemic on migrant workers, a study was conducted by CARAM Asia in early 2022. The key objective was to uncover the issues faced by migrant workers. In the total sample of 289 respondents, 59% were male and 41% female migrant workers from six countries i.e. Pakistan, Nepal, Bangladesh, Sri Lanka, Lebanon and the Philippines.

It was found that due to the pandemic many had lost their jobs; others who were still working were facing low wages and reduced working hours. Living conditions had worsened with almost no social security from the Governments of both sending and receiving countries. They were perceived as 'virus carriers' and subjected to discrimination and stigmatizations in quarantines and health facilities. Access to health facilities was difficult for them as they were not included in the governments' social safety nets. The fear of becoming COVID positive, withheld salaries, deportation, lockdowns, debts, increased workload and working hours, being away from family and friends and living in isolation for weeks and months had a tremendous impact on their mental health and emotional wellbeing.<sup>5</sup>

<sup>5</sup> ibid

**Fig 2: Gender Based composition of MWs**



## Analysis of Research Findings

MWs during the pandemic were subjected to discrimination in the receiving country.<sup>6</sup> Having no health insurance, they were usually charged significantly more than nationals<sup>7</sup>. The undocumented MWs, due to the fear of being detained and deported, avoided seeking any health services even if in dire need.<sup>8</sup> They were not given sick leave or the transport facility when needed. While in some countries, the health care system is so expensive that migrant workers with average income cannot afford it.<sup>9</sup>

For instance, the study's result revealed that around 41% of Pakistani MWs took loans and used their savings during the pandemic to meet their basic needs<sup>10</sup> and, 57% of the Bangladeshi workers still had loans to repay for migrating.<sup>11</sup>

Many MWs lacked proper knowledge about the virus and faced problems in getting tested or vaccinated for COVID-19. Governments imposed nationwide lockdowns which made it difficult for migrant workers to reach COVID-19 centers.<sup>12</sup> Even when they were allowed to access such services, language and cultural barriers, out-of-pocket expenditures, and limited knowledge of how to navigate health services further limited their ability to receive healthcare services. They lacked health insurance and financial help from their employer.

<sup>6</sup> "Assessment of COVID-19 impact on migrant's life and recovery needs in post Pandemic context in Pakistan"; SPEAK.2022

<sup>7</sup> Ibid. page 16

<sup>8</sup> "COVID-19 impacts on migrant's life and recovery needs in post pandemic contexts in Lebanon" MSD. 2022 Page 11

<sup>9</sup> "Assessment of COVID-19 impact on migrant's life and recovery needs in post Pandemic context in Pakistan". SPEAK.2022. page 4

<sup>10</sup> Assessment of COVID-19 impact on migrant's life and recovery needs in post Pandemic context in Pakistan by SPEAK,2022 , page 4

<sup>11</sup> Impacts of covidCOVID-19 on migrants' life and their recovery needs in the post-pandemic context by OKUP.

<sup>12</sup> An assessment of COVID-19 impact on migrant's life and recovery needs in post Pandemic context in Nepal by Pourakhi Nepal. Page 27

In countries like Lebanon, where getting registered prior to vaccination was mandatory, not only was digital literacy required, but paperwork and legal documents also needed to be filled.<sup>13</sup> Some MWs hesitated in getting vaccinated because they lacked awareness on the importance of vaccine.<sup>14</sup> The findings from the research suggested that 41.7% of the Pakistani migrant workers paid for the Covid-19 testing expenses from their own while 13.7% of them were covered by the employers.

### ***HIV positive Migrant Workers during the Pandemic***

Migrant workers of all job types, sexual orientation and gender are ‘considered’ vulnerable to HIV infection. Gulf countries and some receiving countries in Southeast Asia require migrant workers to undergo mandatory HIV testing.

**“Mehdi (pseudonym) migrated to the Middle East for better employment. Upon finding a job, he had to undergo several blood tests. During the job, he was again asked to get his blood tested. A month later, Mehdi was contacted for an appointment to get a credit card. Upon his arrival at the bank, he was detained. He was informed at the police station that he had been tested HIV-positive and would be deported.”**

Being tested positive can lead to detention, deportation, or firing from the job. In countries where there is no mandatory testing policy, migrant workers living with HIV avoid treatment due to fear of being exposed and discriminated.<sup>15</sup> Female Migrant Domestic Workers (FMDWs) living with HIV could not get their antiretroviral (ARVs) medicine and checkups for months during lockdowns. Unwilling to inform their employer, many were not allowed to leave the workplace to seek needed medical help.<sup>16</sup>

<sup>13</sup> COVID-19 impacts on migrant’s life and recovery needs in post pandemic contexts in Lebanon by MSD. Page 13

<sup>14</sup> Ibid Page 11

<sup>14</sup> Assessment of COVID-19 impact on OFW life and recovery needs in post Pandemic context by ACHIEVE Inc. Page16

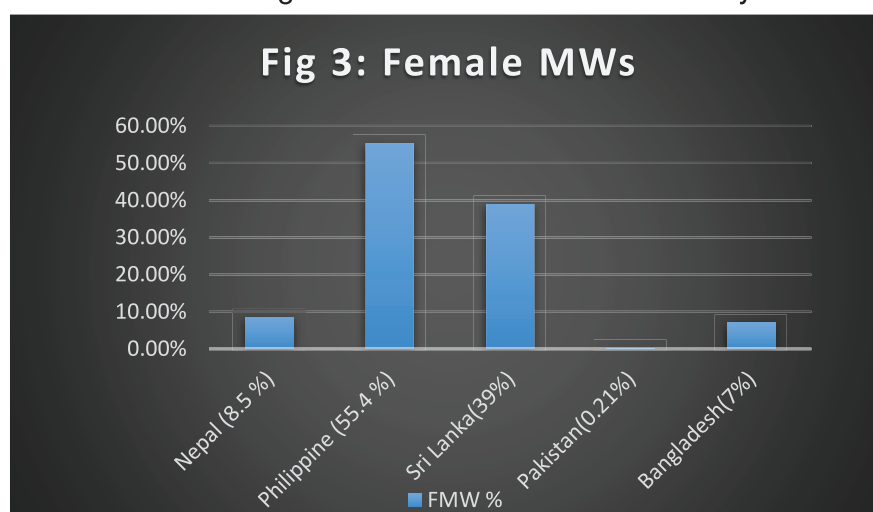
<sup>15</sup> Assessment of COVID-19 impact on migrant’s life and recovery needs in post Pandemic context in Pakistan by SPEAK, 2022. Page 21

<sup>16</sup> Asia, C, Parveen, M, Pereira, A, and Press, B. (2022) “Shattered Dreams; Broken Hopes” The Impact of COVID-19 Pandemic on Migrant Workers in Southeast Asia.



## Domestic Female Workers and COVID-19

According to the International Labor Organization (ILO), being unskilled and uneducated, Female Migrant Worker (FMWs) comprise 75% of all Domestic Workers (DWs) and around 42% of total migrant workers around the globe. This ratio varies from country to country; for instance, for Pakistan it is only 0.21% (Fig. 3).<sup>17</sup> During the COVID-19 lockdown, female domestic migrant workers were forced to stay and work inside employers' homes. They were denied access to technology, limiting their options to communicate with families during the pandemic. This also limited their ability to report incidence of violence to the authorities.



*“People judge me so easily. They question me, ‘You worked abroad and possibly earned a lot. But why are you still so needy? Why are you still taking out loans but can’t repay? May be, it’s just your habit to show all these desperations.’—Hasna Hena, a 43 year old Bangladeshi female returnee MW from Saudi Arabia.”*

Normally, after returning to their origin country, MWs face problems like unemployment and a sense of alienation. Their agony increased ten-fold during the pandemic. There was a ban on air travel and a lack of adequate cooperation from the embassies of the sending countries. Transferring the dead bodies of deceased migrant workers back to their home countries during the pandemic was a nightmare. Returnee migrant workers who suddenly lost their jobs were dropped off at embassies without their belongings. Stranded at airports and quarantined for weeks without proper food and health facilities further exposed them to the virus.<sup>18</sup>

<sup>17</sup> Assessment of COVID-19 impact on migrant’s life and recovery needs in post Pandemic context in Pakistan by SPEAK, 2022. Page 21

<sup>18</sup> Assessment of COVID-19 impact on migrant’s life and recovery needs in post Pandemic contexts in Sri Lanka by CDS, 2022. Page 15

## ***Migration Channels and Agents***

About 50 million, i.e. 20% of all migrant workers globally, are following irregular migration channels<sup>19</sup> making them vulnerable to exploitation by recruitment agents,<sup>20</sup> both in receiving and sending countries. Unskilled and uneducated, many of them lack awareness and access to regular and legalized emigration channels. Most MWs come from rural, underdeveloped areas of the sending country, however, the information/pre-departure counseling centers and similar services are based in urban areas. This largely affects the migrant workers' ability to access adequate knowledge about their rights guaranteed in laws.<sup>21</sup> Countries such as Pakistan, Nepal, Bangladesh and Philippines, have inadequate or no social welfare attaches at their embassies.

## ***Country wise Analysis & Key Policy Recommendations***



**SPEAK TRUST, PAKISTAN**



SPEAK Trust Pakistan's research findings revealed that around 26.6% of Pakistani migrants contracted Covid-19 and 9.4% claimed they did not undergo any treatment for Covid-19. Next, 21.6% of migrants faced discrimination at healthcare facilities and 54% of respondents did not receive their salaries regularly. This claim was backed up by Focus Group Discussions (FGDs). Through FGDs, it was also found that due to lost or reduced incomes migrants' families could not maintain their standard of living. Respondents of FGDs and Key Informant Interviews (KIIs) both agreed that government arranged special flights for migrants to return to Pakistan and that the country's response to Covid-19 was much better than other Governments. Similarly, returnee migrants claimed to have received no assistance for Covid-19 tests from the employment companies or any government agency of the sending or receiving country.

<sup>19</sup> As per a research of OKUP, 26% Bangladeshi migrant workers used irregular migration channel. Page 21

<sup>20</sup> As per a study of OKUP in 2022, 74% of the Bangladeshi migrant workers didn't receive their job contracts before the departure and only 26% of the MWs received their contract from the subagents about few hours before their flights.

<http://okup.org.bd/newsletter/covid-19-how-the-pandemic-has-exacerbated-situations-of-vulnerability-forbangladeshi-migrant-workers/>

<sup>21</sup> Assessment of COVID-19 impact on migrant's life and recovery needs in post Pandemic context in Pakistan by SPEAK, 2022. Page 18

The research also revealed that 74.8% people received no assistance in any form from anyone during the challenging times of the pandemic. However, the help received, if any, was majorly extended by the employment companies as shown by responses of 22.3% people and was mostly in the form of provision of protective equipment for the pandemic as pointed out by 20.9% people. 93.5% people received information regarding the Covid-19 vaccination and 92.8% could also maintain social distancing at their workplaces. However, 28.8% people could not do so at their residences since most workers live in damp, crowded and cramped places.

- ✚ Pakistan also needs to establish social security nets which are inclusive of all the solutions to migrants' problems along with increasing awareness in the migrating diaspora on safe channels of migration, health & work violations and assistance providing bodies in destination countries.
- ✚ Migrant workers should also be properly trained according to the needs of their respective destination countries as part of their pre-departure counseling and must be given information about their rights and duties. The NGOs which are actively raising awareness and which can initiate a dialogue on rights of migrant workers must also be backed up by government for effective intervention.
- ✚ National Vocational and Technical Education Commission (NAVTEC) is an organization collecting data of intending migrants in Pakistan. Sharing it with recruiting agencies will provide them an opportunity to directly hire the aspiring migrants for abroad employment. This leaves no room for middle agent's exploitative role.
- ✚ Expanding the network of Community Welfare Attaches (CWAs) and motivating the Pakistani diaspora living abroad to form support groups can help in responding to the urgent needs of migrant workers and protect them from exploitation during times of crisis like the COVID-19 pandemic.

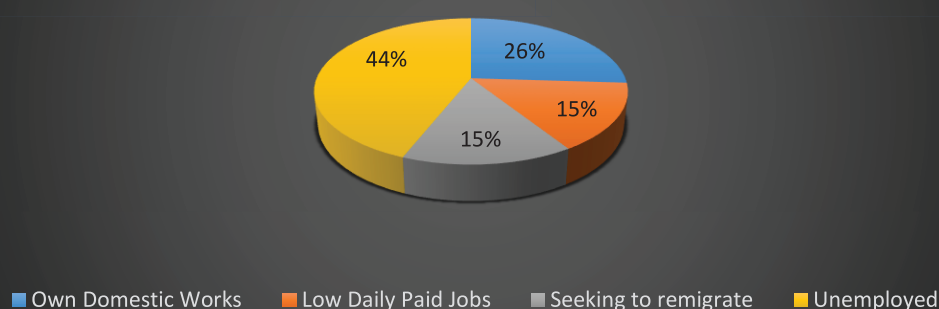
Only 41% are currently working, where 15% have low paid daily jobs and 26% practice domestic work. The other 44% are unemployed and trying to find a job and the remaining 15% are looking to emigrate. Thus, the figure below illustrates that nearly half of the respondents were not participating or getting involved in social and economic spheres due to the pandemic.

Respondents perceived threats, including ones related to susceptibility and severity to COVID-19. 42 % of the onsite migrant workers reported that they received threats or coercion by the employers (verbal threats, withholding of salary, etc.) to continue to work during the lockdown. 31.8% of them were laid off from their jobs and 58% of them reported that they got full salary for the work during the pandemic.

The flow of remittances comes from migrant workers digging into their savings or from those who have managed to hold on to their jobs and send the money to their family and relatives in Nepal. Among the respondents, 36.23 % could not send any money during the pandemic. 30.43% of them just could send the money once in six months, 23.19% of them could send money every second or third month and very few i.e., 10.15 % could send money every month. Regardless, the majority were able to communicate with their family members during the lockdown period.

- ✚ Rights including legal arrangements for protecting migrants, quarantine and isolation measures, access to essential services and care, compensation and integration support programs needs to be strengthened and expanded in Nepal.
- ✚ All information about COVID-19 and relief packages as well as information regarding legal rights should be accessible and available in multiple languages for aspiring and returnee migrants, including for those with low or no literacy.

### Occupational Status of Nepalese Migrants during Covid-19





## **MIGRATION SERVICES AND DEVELOPMENT (MSD), LEBANON**



Although those who received adequate and regular salaries are only 34% and 28% respectively. This was evident also in their remittances where only 16% could send money to their families. Among the interviewed MWs, less than 50% received support; mainly from NGOs (81%); the support included food 55%, PPEs 22%, cash 16%, and medicine 6%. Regarding the awareness and information about Covid-19 and its vaccine, 61% have an idea about this issue while 39% didn't; and 95% of those well-informed about covid-19 maintained social distance. The types of problems faced by MW to get Covid-19-related medical care was 11% which comprised poor health care facilities or cannot get the medical treatment or lack of essential drugs at pharmacies/hospitals. Concerning abuse/harassment, only 18% claimed that they faced abuse/harassment during the covid-19 period distributed as 61% verbal, 33% psychological, and 6% physical.

The Lebanese ministries of labor and public health need to collaborate with respective Government departments of receiving countries to plan for providing targeted services to returning migrant workers, like health insurance, free testing and vaccination, travel tickets and safe quarantine facilities.



## **ACHIEVE Inc. PHILIPPINES**



With the exception of one, all the Overseas Filipino Workers (OFWs) participated in the research were female, pointing towards the feminization of the poverty and migration. Majority of the survey respondents reported that they did not get infected (94%) with nor was closely exposed (91%) to COVID-19. Similar to their non-experience of COVID infection, more than 90% of the respondents reported that they did not get sick with any other kinds of illnesses and that they did not suffer from mental health concerns. It is alarming to note that their general work and finance situation has worsened, mostly in terms of insurance (32.47%) and savings allocated for emergencies (35.9%). The survey respondents also indicated that they were not able to give enough for their families' needs and to sustain themselves financially. Almost a third of the survey respondents (29.06%) said that they had to make loans and borrow money just to get by during the pandemic

Majority (63.6%) reported receiving assistance during the pandemic; however, 36.4% said that they did not. More than a third (38%) said that they did not receive support from the government or other stakeholders, and 32% said that they only relied on the support provided by their families and loved ones. More than 20% of the survey



participants also said that they have received financial assistance from the Philippine government. However, 21.1% of them said that they have received nothing.

- ✚ Concerned agencies should come together and create a database that can be easily accessed by OFWs whether they are in Philippines or abroad.
- ✚ The NGOs and Filipino communities abroad should be strengthened. Community quick response teams and channels to access programs and services should be provided by the Philippine government.



The survey shows that 67% of the workers were stuck to an irregular payment cycle during the pandemic and are yet to recover their salaries. Only 33% of the workers received their due wages although 51% of them had to go through regular pay cuts during lockdowns. They did not receive the service benefits or additional bonuses during this time. During the pandemic, 20% of the surveyed migrants could not send money to their home at all while another 10% of the workers were able to remit in every six months. Against all these spiraling costs, migrant workers and their families barely received any support from the governments of their receiving countries. For instance, 75% of the migrant workers reported having no support at all from the employers or governments of their receiving countries during the raging pandemic. The survey finds that only 7% of the migrants were provided with hygiene materials from the embassies during the pandemic.

The research finds that 57% of the workers are still burdened with loan payments. Being in a series of lockdowns in the receiving countries, 11% of the migrant workers could not keep contact with their families. The survey shows that during the pandemic, 64% of the migrant workers could have a square meal 3 times a day though only a few of them were able to intake fruits, vegetables, milk, and meat. The other 36% of the workers had to reduce their portion of meals and rely on low-cost basic staple foods like rice, potatoes and lentils. Sometimes they were also dependent on borrowing food from relatives. Operating on a tight budget, 18% of the workers reported that they had to cut down their daily food intake to two times to manage their other essential costs. The research finds that even after two years into the pandemic, 13% of the migrant workers are still struggling to manage their daily foods.

The survey shows that awareness information on Covid-19 was available to 82% of the migrant workers during the pandemic. 44% of the migrant workers also reported their employers' active communication on health measures during the pandemic. Information collected from the online survey shows that 12% of the migrant workers were infected with the Covid-19 virus since the outbreak of the pandemic. In order to

find treatment, 71% of these workers received no financial support from their employers and were forced to bear all the cost alone.

57% of the workers infected with Covid-19 or other seasonal flu managed their symptoms at home, by taking medicines to treat fever, cough, and pain. On the other hand, 40% of the migrant workers had to seek medical support as their health condition deteriorated after being infected with the Covid-19 virus. 14% of these workers had to pay for their expensive bills from private clinics as they were not able to access government medical support living in distant areas. Due to the shortage of doctors and nurses in hospitals and inadequate healthcare facilities, 63% of the migrant workers received poor medical services.

The survey shows that 22% of the migrant workers were forced to work during the lockdown as their employment was at risk. However, many of these migrant workers, in fact, happily complied with the employer's decision to work during the lockdown. After all, continuity of their employment meant job security income for them. Besides, 75% of the migrant workers were also suffering from some level of emotional abuse from their employers.

- ✚ The Bangladeshi Government should review and amend Overseas Employment and Migrants (OEMA) Act 2013 to ensure safe migration of Bangladeshi workers
- ✚ The government of Bangladesh should improve protection and support measures for the MWs, address their wage loss issues, promote employer pays, ensure quality pre-departure training for outbound MWs, and create a comprehensive and sustainable reintegration policy.



Prior to the COVID-19 pandemic, Sri Lanka had a migrant workers stock of between 1.5-2million workers scattered mainly across the Gulf region. Among them a majority were low skilled workers including large numbers of female domestic workers. Sri Lanka has been achieving on average of 200,000 migrant workers every year. These numbers dropped drastically by 57.2% in the first half of 2020 compared with the same period of 2019 with the advent of the covid19 pandemic during the first six months as panic set in and countries closed their borders to migrant workers. As per the available statistics Sri Lanka recorded a total of 53,875 Sri Lankans who migrated for work in 2020, 60 percent were men and 40 percent were women. Labor remittances have been a significant contributor to Sri Lanka's GDP over the years, however during the COVID-19 pandemic labor remittances decreased by over 50%. This was a one of the primary causes for the economic collapse in the country.



Prior to the pandemic, Sri Lanka saw a decline in women migrating for employment. This was mainly because the government imposing a local policy restricting women from migrating. The family background report (FBR) has created many complications and operational concerns in the freedom and mobility of women migrant workers. A mother with children under 60 months and mothers under the age of 23 years were disqualified from working overseas. This resulted in women over 40 years applying for low skilled work, overseas.

As the COVID-19 pandemic broke out in the world in late 2019 and early 2020, there was considerable uncertainty among nations as to what to expect and how to manage it. In Sri Lanka a presidential election was held in 2019 and the former defence secretary Gotabaya Rajapakse was elected as president. The government was of the view it could contain the virus's spread. The president was not willing to listen to medical and appointed a retired general as his secretary of health. As the death rates were slow to show up at the beginning of the pandemic against some other countries, he went on to claim that he has achieved success over the covid19 spread. Suddenly, there were at least 3-5 large clusters that emerged in a naval base, a wet market and in some factories, the status quo changed almost overnight. The naivety and ignorance of the government changed, and fear struck the nation.

The most vulnerable population that suffered the COVID-19 was the migrant worker community. The Sri Lankan government initially denied their repatriation for fear of a widespread infection among the general population. Besides, Sri Lanka was not ready to accommodate returnee migrants as hospitals were overcrowded and quarantine centers were not built. This brought about the government offering star class hotels for migrants to make use of at a very exorbitant price for the 14 days mandatory quarantine period. Average workers could not afford the high price tag. However, they were compelled to take the package even by getting into debt. This is precisely what happened as the government took advantage of the 14 days mandatory quarantine period as a business deal. The callous disregard on the part of the government as our own embassies were releasing circulars on the different package deals created anger and mistrust among government authorities and institutions.

Governments worldwide were not prepared and had no policies in place to handle disaster preparedness such as the covid19. Sri Lanka, even though had a sub-policy on return and reintegration, which was not put to action. This resulted in very little or no alternative earnings, no social security, and social safety nets for migrant workers during the pandemic. There was also a temporary shutdown of the regional consultative processes such as the Colombo Process and the Abu Dhabi Dialogue during the covid19 period. This certainly had a profound impact as member states were unable to come together to discuss a way forward during the pandemic.

- ✚ Government needs to revive the remittance flows back to the country quickly by promoting legal channels and offering reasonable incentives.

- ✚ It is strongly recommended that the new regime approve the amendments in the national labor migration policy pandemic/disaster context without further delay and ensure its practice across all sectors.

## General Policy Solutions

A Human Rights Based Approach (HRBA) is needed to ensure the safety and protection of migrant workers and respond to their pressing health needs. The outbreak of COVID-19 pandemic should serve as a wake up alarm for the policy makers. It is the right time to initiate significant policy reforms by Governments and embassies of the sending and receiving countries to ensure wellbeing, safety and human rights of migrant workers. National and international humanitarian organizations also need to adopt updated measures and ensure the availability of sex-disaggregated data including differentiated infection and mortality rates from the COVID-19.

Below are some concrete policy solutions to address the problems identified in this research study by the CARAM Asia.

### ✓ For Governments of Receiving Countries

- Governments of receiving countries must uphold migrants' human rights they commit as members of United Nations in their responses for addressing the COVID-19 health crisis. Service providers should not discriminate in providing access to health care including testing and treatment for COVID-19 and other infections and/or pandemics if any in future.
- Migrants, regardless of their status, must have access to free screening and treatment facilities for COVID-19 and any other infections and/or pandemics without fear of arrest and detention.
- It is suggested that the same standards of testing, vaccination and treatment as nationals be provided for MWs.
- Ensure that employers provide MWs with protective equipment, safe workplace measures such as social distancing, health insurance, and payment of timely salaries, with close monitoring by the Governments of receiving countries.
- Governments of receiving countries need to provide migrants with access to correct information concerning measures to address the COVID-19 and other infections and/or pandemics if any in future. Information should be provided in accessible languages of migrant communities. Governments should work with missions / embassies and organizations representing migrant workers in translating, interpreting and delivering the correct information to migrant workers related to any health crisis.

- vi. Migrant workers employed in essential services during quarantine are forced to work long hours with little no protective equipment. Governments should monitor such companies to ensure that they provide workers with appropriate protection measures against COVID-19 and other infections if any.
- vii. Remittance centers need to remain open to allow migrants to send money to their families during quarantine.
- viii. Ensure that migrants who have recovered from COVID-19 are provided with health clearance so they can go back to work or return to their country of origin. Governments should prohibit charging of extra recruitment fees from them by middlemen or employers
- ix. Work-related medical testing must observe the confidentiality and privacy of personal data of migrant workers and must not be used punitively.
- x. End mandatory HIV testing, as it contravenes best practices and exposes those who are already vulnerable to further potential stigmatization and anguish.
- xi. Decriminalization and awareness about the prevention and treatment of HIV should be made available to the migrant workers and included in their health insurance.
- xii. Regular channels of migration must be made convenient and free from recruitment agents. The aspirant migrants must be informed and guided about such channels, using media and available channels of information and mass media linked to call centers or other specialized services.

### ✓ **For Governments of Sending Countries**

- i. Governments should ensure that returnee migrant workers are able to access health care services including testing and treatment for COVID 19 and other infections.
- ii. Governments should adopt measures to keep remittance centers open during quarantine to enable migrant workers' families to withdraw remittances during lockdowns.
- iii. Respective Governmental institutions, Bureaus and private foundations should provide compensation to migrant workers' families who have lost their jobs due to the pandemic.
- iv. Well-coordinated and informed and emigration policies and workable implementation frameworks are needed by the Governments of sending countries to protect migrant workers health and labor rights.
- v. Ministries, such as Labor, Information and Foreign Affairs, of the sending countries need to play a proactive role in protection, rehabilitation and repatriation of MWs.
- vi. A digital database about MWs must be maintained by embassies and relevant Government institutions.
- vii. MWs must be provided with all the necessary information about the receiving country before their departure to promote and protect their rights and health.

- Pre-departure orientations must be provided to MWs on prevention of HIV, COVID-19 and Sexually Transmittable Infections (STIs).
- viii. Increasing the number of already trained community or social welfare attaches at embassies is required to ensure that MWs get necessary help in time.
  - ix. Female migrant workers (FMWs) who are mostly hired as domestic workers need to be provided opportunities for skills development and targeted education programs by multiple stakeholders. Through agreements with receiving countries, a system can be formulated for certification and recognition of such training/skills building programs. This will offer new learning opportunities, and increase their employability in other sectors, offering better wages.
  - x. FMWs need to network with the relevant government departments, NGOs and human rights activists, to ensure they receive help in case of any incidents of gender based violence. These channels also need to be mainstreamed in the national emigration policies.
  - xi. A reliable and easy to use voting system for MWs needs to be developed so they can participate in elections of the sending country while living abroad. This is critical to enhancing their role and agency, not only in the economy, but in the politics of the country, which considers them as source of money /remittances only. This single policy measure, if materialized, can allow maximum space to MWs to mainstream their needs and concerns in emigration and Labor policies.

## References for Further Reading

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# CARAM ASIA

Co-ordination of Action Research on AIDS and Mobility

CARAM Asia is a non-profit and non-governmental organisation (NGO), which educates, promotes and protects migrants' labour and health rights with a focus on HIV/AIDS issues since its establishment in 1997. Based in Kuala Lumpur, Malaysia, the CARAM Asia secretariat works with its partners worldwide to bring focus and change to the labour and health rights of migrants.

CARAM Asia is a regional network of 42 members in eighteen origin and destination countries spanning across Asia and the Middle East. CARAM Asia is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

CARAM Asia has been working to promote and protect the health and labor rights of migrant workers in Asia through research, advocacy and capacity building. CARAM Asia has undertaken evidence-based research and produced a number of reports on migrant workers' health rights including: "The Forgotten Spaces," "State of Health: Access to Health," "State of Health: Mandatory HIV Testing," and "HIV Vulnerabilities of Migrant Women: from Asia to the Arab States."

CARAM Asia partner's key thrust is to develop continuous information through participatory action research with migrants and their communities at all stages of migration to strengthen the migrant perspective. CARAM Asia has used the results of its research to pursue advocacy to protect migrant workers' health rights at national, regional and international levels.