

February 2024

Contribution to UN HCR Report 2024

Call for input: Report on revisiting migrants' contributions from a human rights-based approach: a discussion on facilitating and hindering factors

Approximately 281 million international migrants were estimated worldwide in 2020, with two-thirds (187 million) due to labor migration ([IOM, 2022](#)). Estimated 83 million people from the Asia-Pacific were expected to have migrated abroad by mid-2020, according to the latest data on global migration from [ILO \(2022\)](#). This number, which represented 30% of worldwide migration, underlines the vital roles and importance that labor migration plays in this region. The Asian Development Bank Institute (ADBI) reported a significant increase in new migrant workers (MWs) in Asia, with 4.6 million in 2022 compared to 1.8 million in 2020 and 2.2 million in 2021 ([Seno, 2023](#)). Contrary to the portrayal by media that MWs are a threat to sending countries, MWs are actually make significant contributions to society in both receiving and destination countries. Contributions from MWs in both sending and receiving countries can be divided into three categories which include culturally through foods and music, civic-political such as migrants' engagement in political processes and economic through remittances.

Question 1: Please provide examples of migrants' contributions to various sectors of society and any relevant statistical or disaggregated data based on age, gender, disability, ethnicity, religion, sexual orientation and gender identity, migration status, or other categories.

Source of Remittance Inflows: Sending countries' economic progress is significantly influenced by labor migration. Remittances, also known as money transfers, are a significant contribution and are increasingly boosting the gross domestic product (GDP) of sending countries. The GDP is important for a country's economic growth. It helps support migrants' families and their communities back home. Bangladesh, for instance, ranks among the top ten countries in the world in terms of remittance earnings. Migrant workers' foreign remittances make up a large part of the GDP in both the countries where they work and the countries they come from. A recent COVID-19 epidemic has resulted in a 50% fall in labor remittances in

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Sri Lanka due to decrease in labor migration, highlighting a major contribution of migrants to Sri Lanka's GDP in the years prior to the pandemic.

According to the report by ILO (2022), South Asia recorded as a sub-region with biggest remittance inflows (133.16 billion USD), followed by Southeast Asia with 81.36 billion USD remittance inflows, East Asia with 64.96 billion USD and South West Asia with 29.35 billion inflows, as shown in the figure 1. CARAM Asia collected data from five countries in Asia on migrant workers foreign remittances' contribution to origin country GDP in 2018 and 2019 and reported in their research study on “A Review of Government Budget Allocation for HIV & SRHR Interventions, Policies and Outcomes for Migrant Workers”. In figure 2, Nepali migrant workers contributed 25.4% to Nepal's GDP, the highest among five countries studied. According to the 2022 report by the ILO, Nepal stands out as one of the top recipients of remittances in the Asia-Pacific region.

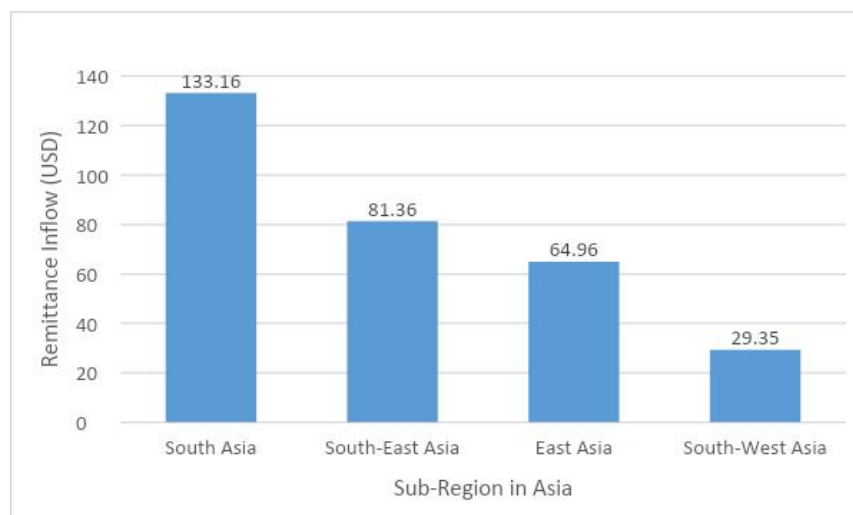


Figure 1. Remittance Inflow in Asia

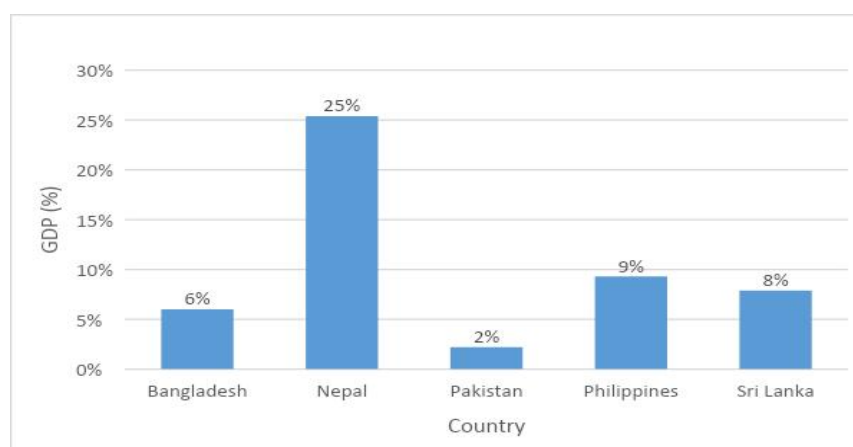


Figure 2. Migrant Workers' Remittance according to Countries' GDP

Source of Government Revenue: Multiple reports demonstrated that migrant workers—despite coming from underprivileged and marginalized communities—borrow money from unofficial sources, sometimes with interest, to cover all migration-related expenses and large sums to recruiting agencies in order to get employment overseas. This is in line with Paul (2023) stating that migrant workers in Malaysia pay the recruitment agencies around RM 17,000 (\$3559) to RM 20,000 (\$4186). They borrow this money at high interest rates. As a result, they have to pay the debts, but money goes to the governments and recruitment agents.

Migrant workers pay recruitment costs directly to the government for services like airport tax, passport, and banking services, which include Value-Added Tax (VAT). In addition, migrant workers fund the insurance and welfare programmes, which they rely on membership fees for, and they also pay to the recruitment agencies for their job opportunities in receiving countries. The Organization for Economic Co-operation and Development (OECD, 2016) mentioned that the governments of the Philippines and Sri Lanka earn a lot of money from services that migrants pay for. These services are either paid for by employers or by the migrants themselves. Similarly in receiving countries, the governments received fee for levy either paid by the MWs or employers. Most of the employers deduct the cost of levy from MW's monthly salary if government requires them to pay for their workers. The government receives all proceeds from the migration program directly from migrants.

Fulfill Demands for Cheap Labor and Skill Shortages: From the analysis of research study by CARAM Asia, the majority of MWs in major receiving countries in Asia such as Hong Kong and Thailand are domestic workers, which showed that these countries experienced labor shortages for domestic helpers. In 2019, there were around 399,000 MWs in Hong Kong, according to the data. 50% of women migrant domestic workers in Hong Kong came from the Philippines, while 43% came from Indonesia and in total, there were 219,000 domestic migrant workers in Hong Kong. As previously mentioned, the majority of these migrant workers are from major sending countries in South-East Asia. Interestingly, a significant portion of them were women, filling the needs for domestic workers and low-skilled labor shortages in the receiving countries. Figure 3 shows the distribution of male (98.5%) and female (1.5%) migrant workers in Hong Kong. This emphasizes the need for more women in the domestic sectors and the country's requirement for more workers.

Migrants' Percentage in Hong Kong

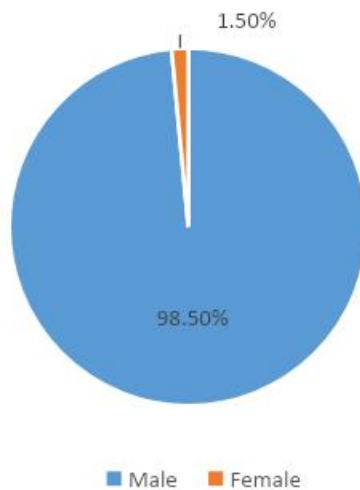


Figure 3. Gender Distribution of Migrant Workers in Hong Kong

Having women migrant domestic workers at home allows employers to continue their jobs and work peacefully, as these workers take care of their children, elderly parents, and other household tasks. There are not only women domestic workers, but men and women both MWs contribute in providing cheap labor in other job sectors such as construction, plantation/agriculture, services sector and they perform 3D (dirty, difficult and dangerous) jobs which locals/nationals have abandoned. According to Ong 2024 (as cited in [Kornatowski, 2017](#)), Singapore categorized migrant workers into two categories; foreign talent and foreign workers. Foreign workers, who are unskilled labor, only work in specific industries and hold a "work permit". Singapore has implemented a levy and dependence ratio scheme to ensure that Singaporeans are not disadvantaged in the labor market. This scheme imposes restrictions on the number of migrants allowed for working in the country.

Government's solutions to the countries' poverty: MWs help reduce poverty in sending countries through remittances, resulting in increased household earnings ([CARAM Asia, 2022](#)). Asian governments and businesses have long acknowledged these as possible solutions to poverty problems in developing countries, particularly in Asia. Sending countries encourage labor migration to address the poverty and lack of job opportunities among their citizens. They believe that this will help increase their GDP and create more employment opportunities. Recognizing the significant impact of labor migration, governments in sending countries have started to increase the number of migrant workers they send to receiving countries. This strategic move

aims to enhance the quality of life for their citizens, consequently benefiting the government through a boost in GDP. Giving families money to spend on necessities like food, housing, healthcare, and education back home, which helps in reducing poverty.

Question 2: What positive measures are taken by States at the local, national, regional and international levels that facilitate, maximize and optimise migrants, their families and communities' contributions in origin, transit and receiving societies? Please provide details, which may include, but are not limited to, development and/or implementation of legislative, policymaking, and institutional frameworks; regularization mechanisms and integration programs; social integration and social cohesion efforts; material and/or financial support; recruitment opportunities, education and/or training; access to health, social welfare, justice and reparation.

The CARAM Asia Research Study in 2018 found that sending migrant workers to other countries for job opportunities has led to an influx of remittances in Bangladesh, Cambodia, Pakistan, Philippines, and Sri Lanka. These remittances have contributed to the overall GDP of the respective countries. Existing policies in receiving countries discriminate against migrant workers based on their health, which has led to the neglect of their contributions. In this research study, the governments in all the five countries has advanced their approaches to HIV and AIDS for returned migrants at both a medical and policy level;

- a) Introducing laws and programs to promote HIV prevention, decrease stigma and discrimination and increase healthcare accessibility.
- b) Expand the laws and programs into rural communities where the migrants come from.

Positive Measure 1: Migration Policies (eg. Health Policy)

Countries	Positive Measures by Government
Philippines	The introduction of Migration Health Unit in the Department of Health of the Philippines
Sri Lanka	The development of migration health policy by Sri Lanka's Ministry of Health

Positive Measure 2: Health Program

The improvement in their health access is because more migrant workers are going abroad, which increases their risk behaviors for getting infected with infections like HIV, Sexual and Reproductive health issues, etc. From the 2018 CARAM Asia research study in five sending countries, including Bangladesh, Cambodia, Pakistan, the Philippines and Sri Lanka, some examples of HIV programs from by governments in these countries for migrant workers were summarized as below;

- a. Integration of HIV awareness components into pre-departure training program (Bangladesh and the Philippines are implementing this program)
- b. Rapid HIV testing is increasingly available
- c. Integration of basic HIV services such as dispensing HIV into local health facilities in home countries

Question 3: What positive measures are implemented by civil society organisations and non-governmental stakeholders in maximising and optimising migrants' contributions? If so, please provide details.

CARAM Asia is a civil society organization (CSO) that works with member organizations across Asia to maximize the contributions of migrants.

- a) **Participatory research studies (PAR):** Producing evidence-based research studies by integrating migrants' perspectives and point of views, especially on HIV & AIDS, Sexual and Reproductive Health and Rights (SRHR) issues and other health conditions. Research studies such as "A Review of HIV Policy Progression and Migrants' Health Rights in Five Origin Countries", "A Review of Government Budget Allocation for HIV & SRHR Interventions, Policies and Outcomes for Migrant Workers", "State of Health of Migrants" "Health of Bangladeshi Migrant Workers: A Cost Analysis from Social and Economic Perspective" and "Contribution of Migrants to Development and Governments' Budgets Allocation for Protection of Migrants" are providing policy recommendations to governments based on the current condition of policies and programs which overlooked the contributions of migrants. These research studies are accessible on [CARAM Asia website](http://www.caram-asia.org).
- b) **Advocacy at the national, regional and global Level:** CSOs and NGOs are actively engaged with government officials, embassies etc. to advocate for the protection and recognition of migrant workers as vulnerable population for HIV &

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AIDS and other health risks at policy level. For example, advocacy meetings with high-level government officials are being conducted by various NGOs including CARAM Asia and its members in 18 countries to convince them for required changes in policies such as reforming policies for HIV in Nepal, Bangladesh, Pakistan, Sri Lanka, Philippines, Malaysia etc. At the international level, CARAM Asia and other civil society organizations actively participate in a range of processes and conferences to advocate for the protection of migrant workers' labor and health rights, recognition of their vulnerability to HIV & AIDS, SRHR, and other infections, and to enhance their access to health services instead of subjecting them to criminalization based on their HIV positive status, SRHR issues, and other health conditions. For instance, CARAM Asia has recently contributed as one of the CSOs steering committee members together with Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), Asia Pacific Mission for Migrants (APMM), Asian-Pacific Resource and Research Centre for Women (ARROW), Development Alternatives with Women for a New Era (DAWN), HelpAge, International Community of Women Living with HIV Asia Pacific (ICWAP), International Planned Parenthood Federation - East and South East Asia and Oceania region (IPPF ESEAOR), International Planned Parenthood Federation - South Asia Regional Office (IPPF SARO), Pacific Feminist SRHR Coalition, Tsao Foundation, Women's Global Network for Reproductive Rights (WGNRR), Y-Peer Asia Pacific and YouthLEAD as well as UNESCAP and UNFPA, APRO, to organize and participate in the 7th Asian and Pacific Population Conference (7th APPC) to advocate on migrant workers' health rights.

- c) **Increasing access to services for migrants:** CARAM Asia works to advance and protect the health rights of migrant workers in the region, focusing on HIV & AIDS and SRHR issues with a major support from the Robert Carr Fund (RCF) for Civil Society Networks. The organization is presently implementing a three-year regional project from 2022–2024. The services include but are not limited to health services. We firmly believe that the contributions made by migrants are of equal importance to their health. Therefore, it is crucial to ensure that migrant workers have maximum access to healthcare. In 2023 alone, CARAM Asia in collaboration with project partners conducted the following services to migrant workers:
- i. Provided medical assistance for HIV-positive migrant workers in Lebanon,

- ii. Formed a RESQ team in Malaysia to increase migrants' accessibility to HIV services and provided direct outreach services for MWs with lack of access to HIV services and bringing them to a healthcare provider to seek treatment
- iii. Provided volunteer HIV testing, counseling and referral services to returnee Pakistani migrant workers with HIV-positive status to ensure their access to treatment and were referred to nearby treatment center with followup on the cases.
- iv. Conducted eight psycho-social support sessions for the Overseas Filipino Workers (OFWs) in partnership with registered psychologists.

Question 4: What obstacles are there in law and practice which hinder the realization and/or recognition of migrants' contributions in communities of origin, transit and destination? Please provide details, which may include, but are not limited to, development and/or implementation of legislative, policy and institutional frameworks as well as public discourse.

- a) The government's budget allocation and spending to accommodate migrant needs does not adequately reflect the substantial contributions that migrant workers make to the economies of sending countries (e.g., GDP increases) and receiving countries (e.g., spending on daily necessities such as paying migration costs, levy, providing cheap labour compared to the locals, paying more taxis and paying extremely high charges for health care compared to the locals). A research study by CARAM Asia found that countries such as Hong Kong, Thailand, Bangladesh, Nepal, Pakistan, Philippines, and Sri Lanka have insufficient healthcare and HIV/SRHR policies for migrant workers. Despite migrants' contributions, these countries are not providing proper treatment and neglecting programs for migrant workers.
- b) Migrants must undergo compulsory medical testing/examinations before leaving their sending countries and upon arrival in receiving countries. Additionally, they are required to undergo regular health screenings when renewing their work permits on an annual basis. These measures are essential in ensuring the well-being and health of both migrants and the communities they will be joining. However, if someone is found to have HIV, STIs, other infections and health conditions or women to be pregnant, they will be arrested, detained, and deported. Many countries like Saudi Arabia, Malaysia, Singapore, Brunei, Jordan, Iran, Iraq, the United Arab Emirates, and Yemen are implementing discriminatory

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health screening policies and criminalizing MWs based on test results rather than providing them access to treatment. During arrest, detention and deportation, MWs lose their jobs, they do not get time to handle their financial or other matters. They stay in detention until there is any arrangement of flight ticket to go back by either family members, NGOs or other sources. The receiving country governments do not even provide a ticket to go home. In addition, CARAM Asia's research on [Review on HIV policies](#) has also indicated that migrants are not included as a key population (KP) with high risks of HIV & AIDS. Therefore, little to no attention is given to this marginalized group's HIV & AIDS related health needs and they are being neglected in providing information on HIV prevention and AIDS response in many countries in the region. Thailand is an example of a country which did not include migrant workers as a KP of Thailand ending AIDS strategies, evidenced from CARAM Asia ongoing survey of its member organizations on HIV services in their respective countries. We must recognize the contribution of migrant workers to the growth of these countries and not discriminate against them based on their health conditions.

Question 5: How effective are existing mechanisms used by migrants and their families in overcoming hindering factors that they are subjected to?

Budgets allocated from government to ensuring the rights and welfare of migrants in both sending and receiving countries are disproportionately minimal and migration laws are discriminating, notwithstanding the substantial macroeconomic benefits that migrants' remittances provide. In order to get beyond these obstacles;

- a) **Referral mechanisms** are one of the existing mechanisms used by CSOs and NGOs working for migrants, to refer migrant to other CSOs or health care services in the countries of origin, in case of sudden deportation by receiving countries due to health issues such as HIV. These kind of services or mechanisms are not either provided or supported by the respective governments which are required to overcome health issues for MWs. Under CARAM Asia three-year regional project, our project partner SPEAK Trust is in the process of creating a preliminary strategy for implementing an HIV referral system for deportees at international airports and border crossings in Pakistan. Not only that, CARAM Asia is creating an online [referral directory](#) to serve as a centralized hub for migrant assistance. The directory's primary goal is to connect migrant workers who encounter violations in Malaysia with assistance and

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services from migrants NGOs and CSOs in 18 sending countries— including the Philippines, Jordan, Pakistan, and other countries in southeast and south Asia and the Middle East, among others.

- b) **Services delivery** for migrants with HIV-positive status are effective in expanding healthcare services to migrant workers. CARAM Asia and project partner, North South Initiative (NSI) has conducted an outreach program and developed a RESQ team in 2023 to help migrants with lack of access to HIV services to migrants. The highly skilled RESQ team will be on the ground and actively involved in responding to HIV-related emergencies and other issues for migrant workers. As a result, there were an active engagement between NGOs and government officials in Malaysia as well as in sending countries such as Indonesia in order to provide emergencies services to migrant workers. In 2023, besides all of that, the Action for Health Initiative (ACHIEVE) worked hand in hand with a certified psychologist to carry out eight psycho-social support programs for Overseas Filipino Workers (OFWs) in the Philippines. Meanwhile, Migrant Services and Development (MSD) provided their assistance to MWs who are HIV positive or those faced other medical conditions in Lebanon. Additionally, SPEAK Trust played a crucial role by offering voluntary HIV testing, counseling, and referral services to Pakistani migrant workers who have returned with HIV-positive status. These services not only ensured their access to treatment but also provided continuous follow-up, ensuring their well-being and timely intervention in nearby treatment centers.

Question 6: How can we raise awareness, rethink and change the way migration is spoken about, especially when harmful narratives on migration are inserted into the public discourse and politicised?

Migration is often perceived as a threat by receiving countries due to misconception that it brings infections. In reality MWs under go intensive medical testing before going abroad only fit to work workers are allowed to depart after the testing results. They again under go medical testing upon arrival and receiving countries immediately deport them back if their medical reports are positive for any sickness among the long list of infections, diseases etc. Only medically fit MWs are allowed to stay and work rather than having access to treatment. There is another social impression that MWs occupy the job oppertunities therefore locals have less oppertunities. In realty MWs are normally employed in the jobs which locals do not

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want to perform. Therefore, in order to effectively counter the harmful narratives on migration that infiltrate public discourse and become politicized, following measures can be taken:

- a. **Increase global advocacy:** Engage civil society organizations to pressure international political discussions, identify official opportunities for advocacy, and collectively raise awareness of important issues during public events. For instance, the involvement in the 2024 Global Compact for Migration. During public discourse, the discussion on migrants' contributions should equal the discussion on migrants' impacts and consequences.
- b. **Call for International Migrants NGOs assembly:** An assembly for International Migrants NGOs should be called regularly to address harmful narratives about migration in public discourse. The reason is to discuss the potential ways to develop materials to encounter groundless narratives on migration and avoid it from happening again.
- c. **Involvement of media:** Media, including television, radio, and magazines, have a strong influence on how migration is portrayed. Media can also play substantial roles to avoid any harmful perceptions on migration. This is also an essential part for increasing awareness that migrants have contributed to societies where they are living. Migrant NGOs and international organizations are increasingly utilizing social media platforms like Facebook, Twitter, and Instagram to effectively promote and engage with migrants, as well as deliver positive messages about migration.
- d. **Involvement of Public in Migration Campaign:** Positive campaigns, delivering positive migration messages to public should also be considered to tackle misunderstanding about migration and its processes among them. By this campaign, it will also indirectly promote migration among public by sharing positive messages about the benefits of migration.

Question 7: What practical recommendations would you propose in order to effectively address these ongoing challenges and protect migrants' human rights in origin, transit and host communities?

- a) The government should increase funding for migrant workers' healthcare to a level comparable with their economic contribution from remittances, particularly for those immigrants who are coping with HIV and other non-communicable conditions like diabetes, hypertension, etc.

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- b) Sending countries' governments should develop better health insurance policies for migrant workers to match their economic contribution. Remittances from this group contribute significantly to a nation's GDP. For this reason, migrant workers account for a significant portion of GDP in sending countries.
- c) The destination countries should remove discriminatory health policies, revise the health-related requirements for admission into the receiving countries for work and remove criminalization based on HIV status and other treatable conditions as requirements for recruiting, placement and to renew the work permit on annual basis
- d) Governments in receiving countries allow migrant workers to access public health care services without any discrimination based on their HIV positive and legal status. Governments need to provide them health services with same charges as for locals not extremely high fees for them for seeking treatment.
- e) Government in receiving countries should revise current discriminatory health screening policies and other migration policies and include migrant workers as key population on health issues.
- f) CSOs and NGOs should collaborate more with the media to show the challenges of migration and emphasize migrants' contributions.
- g) Governments must collaborate migrant CSOs and NGOs to develop a comprehensive and integrated referral system to avoid any consequences of harmful narratives of migration.

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