



Community Development Services (CDS)

GAMCA has its own unreasonable rules and practices

It is a well-known fact that workers entering a country for employment must be fit and must undergo a medical examination to prove their wellness and fitness. It is an excepted practice that migrant workers must undergo a medical examination to qualify for work.

In the Middle East this practice is looked after by GAMCA (Gulf Approved Medical Centre's Association). Sri Lanka has 15 such GAMCA medical centers – 10 in Colombo and 5 in Kurunegala. These centers have to comply by GAMCA regulation and not necessarily by any regulation of the government/health ministry of Sri Lanka.

Sri Lanka is a large labour sending country predominantly to the Middle East. Today, it has between 1.5 – 1.8 million workers living and working overseas, with a majority of them in the Gulf sector as low skilled and low waged workers including a large number of female domestic workers.

Departures by profession – 2018-2021

Year	Professional		Skilled		Semi-skilled		Middle level		Clerical		Unskilled or low skilled		DWs	Total
	M	F	M	F	M	F	M	F	M	F	M	F	DWs	Total
2018	6745	524	62356	4662	2478	291	6763	925	8459	1554	42917	8787	64768	211229
2019	8986	874	57500	5219	2671	279	4786	939	7542	1621	40716	10484	61569	203186
2020 (Registered with the SLBFE)	2714	240	14880	1853	665	84	1318	180	2,097	396	10915	3146	15387	53,875
2021	7735	638	37523	2,651	1798	132	3618	638	5474	1066	24962	6714	29315	122264

Source: SLBFE

Departure by source – 2018-2021

Year	Registered sources		Direct or private sources		Total
	Male	Female	Male	Female	
2018	20,212	46,506	109,506	35,005	211,229
2019	21,774	47,605	100,427	33,380	203,186
2020	5,977	12,310	26,612	8,976	53,875
2021	17,733	24,072	63,377	17,082	122,264

Source: SLBFE

Top five countries of destination

Country	2019	2020	2021
Kuwait	21,004	3,441	5,105
Saudi Arabia	17,752	4,460	17,327
Qatar	7,561	1,116	4,834
UAE	5,352	3,838	3,703
Oman	4,784	1,376	3,602

Source: SLBFE

For GAMCA and its 15 approved medical centers, it is a very lucrative business at the expense of migrant workers who have to abide by rules and medical testing rates that are not migrant friendly and not affordable especially to the large low skilled migrant labour force.

It has been the practice that male migrant workers have to pay directly for their medical examinations as part of their recruitment fees. However, female domestic workers don't have to make this payment as it is woven in to the recruitment cost.

Migrant workers to the Middle East and some Asian countries require undergoing a mandatory medical test. In this medical test, Middle East countries insist on a mandatory HIV test. In fact, medical tests conducted in State owned medical facilities or other private facilities and hospitals are not accepted as valid tests by Gulf States.

The local GAMCA medical centers have their self-made rules. Some of which are: deciding if the worker is fit to take the job based on the medical records and other factors, elimination on external body scars and skin discolouration that are usually carried out on naked body checks, past diseases to name a few.

Medical Testing Practices

Sri Lanka has in place a well-managed and well established public and private medical care infrastructure facility including facilities for HIV testing. All government hospitals in the key provinces of the country and leading private hospitals and medical centers are equipped to handle comprehensive medical examinations and make diagnosis as required. These hospitals are also equipped with medical professionals, qualified and trained technicians, and modern equipment. However, they are denied of serving the labour migrant community by GAMCA.

However, for migrant workers travelling to the Middle East they must undergo the tests at an accredited GAMCA medical center and obtain the required mandatory medical certificate that is accepted by Gulf Cooperation countries, (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE) their embassies, and consulates. It is only then that an entry visa is granted for employment.

There are four stages of the test. A blood test to ensure the worker is free of any venereal diseases such as HIV, TPHA and VDRL. A urine test that it is in the normal limits, and it should not contain sugar, and albumin. A physical examination is accrued out to check hearing and sight, blood pressure, heart beat, nervous system, and a semi or fully naked body check is carried out to check for past surgery scars, skin rashes and discolouration etc to diagnose if the worker. Finally, a chest X-ray is done to ensure the

worker is not carrying any symptoms of tuberculosis, existence of fibrosis, calcifications, bronchiectasis, or tumor.

Our concerns

As an origin country, Sri Lanka's health ministry does not have access to pre departure migrant health data. This is a ridiculous practice for GAMCA to have the exclusive rights of such important data. Migrant workers have a right to health in both the origin country and destination country. In Sri Lanka healthcare and services are offered free of cost. However, the medical examination for employment has to be paid for by the worker in the origin country.

Medical examinations conducted by GAMCA is unfriendly and unethical. The center officials make decisions if a migrant worker's scars or skin rashes or skin discolouration is a prerequisite for employment. So are HIV and tuberculosis. These are discriminatory practices that deny a right to employment.

The cost of a medical examination is determined by GAMCA, often not in consultation with the health ministry officials. The current price of a full medical examination is exorbitant that even private hospitals may not be charging. The current charges are Rs.38,000.00. The worst affected are male migrant workers.

Furthermore, the HIV test is conducted violating internationally accepted practices for HIV testing. There is no pre and post-test counselling, no consent to test and no confidentiality of the test result. If a migrant worker is found to be HIV positive the reporting of data from the medical centers to NSACP is not satisfactory. There is no legal binding for the screening centers to report, and therefore, it happens largely on good will basis.

Our proposal

Bring the relevant health ministry, foreign employment, and labour ministry personnel together with the ALFEA and SLBFE personnel and GAMCA personnel for an open and honest discussion.

Submit a set of proposed recommendations that safeguard the rights, welfare, and wellbeing of the migrant worker community to GAMCA for consideration.

Agree to share health data of migrant workers with the health ministry and the NSACP for health sector planning.

Ensure that the current medical testing charges are reduced considerably so the financial burden on migrant workers is reduced.

Work towards embedding the pre departure medical testing cost in the overall recruitment fees without burdening the migrant worker.

Renegotiate these recommendations with GAMCA officials at the bilateral level and arrive at a win-win solution for all concerned.

Ensure that GAMCA centers conduct the HIV testing according to internationally accepted testing practices ensuring the workers dignity and rights.

Ensure and maintain strict confidentiality of all medical test results and proper referrals are made, if required.

Establish a legally binding mechanism or agreement to report all HIV positive out bound migrant data to the NSACP.

Expand the number of testing centers so that these testing centers are more accessible beyond Colombo and Kurunegala.