



Community Development Services (CDS)

Empty Promises of the Migrant Worker’s Health Policy

Sri Lanka was the first country in the region to develop a health policy for migrant workers and their families. It was developed and sanctioned in 2013 with technical assistance from the IOM. The policy covers outbound migrants, internal migrants, and inbound migrants. For the purpose of this briefing, we will deal with outward migrants and migrant workers and their families in particular.

The policy describes outbound migrants as follows: “Out bound migrants comprise the flow of population moving out of Sri Lanka for diverse reasons including for employment and education, and due to man-made disasters. They include migrant workers (professional, skilled, semi-skilled and low skilled workers, members of the armed forces serving on peace keeping missions and other areas, seafarers), students and those seeking asylum in other countries. An additional vulnerable group that is recognized is the families of out bound migrant populations left behind”.

Sri Lanka has been relying on labour remittances for its economic development and to maintain healthy foreign reserves. Over the past decade or so, Labour migrants have contributed significantly towards the nation’s economy surpassing foreign receipts from tourism and garments.

Year	Remittances received in USD
2017	7,164.00 billion
2018	7,015.40 billion
2019	6,717.20 billion
2020	7,103.90 billion
2021	5,491.10 billion

Source: Central Bank of Sri Lanka

The migrant labour health policy covers the following areas:

Policy action plan	CSO comment
Develop and implement a comprehensive and standardized Health Assessment for migrant workers at pre departure stage endorsing their dignity and protection and provide continuity of care through the national healthcare system. (Edited for this brief)	There is no known health assessment done at pre departure. It is GAMCA that does the mandatory health assessment for which the health ministry or the ministry of labour and foreign employment have no responsibility.
Ensure health protection for Sri Lankan migrant workers by entering into bilateral agreements and memoranda of understanding with countries that employ Sri Lankan migrant workers.	There has been a significant improvement in including health protection in the destination country. This can be further improved.

Facilitate widespread access to predeparture health related information and to promote informed choice amongst networks.	There is no specific knowledge given on important health aspects to migrant workers at the PDO. The only knowledge given is on HIV awareness mainly because it is a mandatory test carried out by GAMCA. Important areas of knowledge are in OSH, mental health, SRH, and NCDs.
Offer voluntary Health Assessments for returnee migrants to be effectively reintegrated into the national primary health care system which includes the state and private health care network.	To our knowledge there has not been any health assessment carried out voluntarily or otherwise among returnee migrant workers unless there has been an occupational injury covered by insurance that require treatment.
Adopt and implement a coordinated local response that will address mental and physical health services and social welfare support to migrant workers and the families left behind by migrants.	CSOs have built a strong network of migrant returnee societies in some key districts with assistance from the CSO community. There used to be a national and project related advisory committee that the ministry of foreign employment used to meet every two months. These committee meetings are now defunct.
Develop and implement a coordinated plan to address the welfare needs of single parent families where the single parent migrates for employment.	This action plan has been confined to paper.
Develop and implement a coordinated child Health protection plan including nutrition programmers for vulnerable children of migrant workers, which feeds into child welfare and protection plans for vulnerable children of migrants implemented by other state institutions.	This too is confined to paper. However, some of these institutions were part of the national steering committee in the past.
Develop and implement a system of information generation and dissemination among migrants and their families left behind to raise awareness on special situations such as health emergencies and death of a migrant worker.	This happens through our embassies and consulate offices in the destination countries. However, it must be noted that bodies of migrant workers may not be brought home depending on the destination country policy. Covid19 bodies were not brought home.

Our proposals and recommendations

Resume the national steering/advisory committee meetings immediately as it is the only space available for civil society to address ground realities with the relevant ministries and institutions.

The Sri Lanka National Migration Health Policy will soon be 10 years since its launch in 2013. It is clearly an outdated document. We propose a multistakeholder and multi sectoral review to amend the policy to take in new migration health trends and developments.

There are a large number of migrant workers travelling on visit visas or on a self-basis. They are often not recognised and included to access services as many of them are undocumented workers. We urge the government to include them into access to services irrespective of their migration status.

We propose that the current insurance scheme is reviewed, and a migrant friendly insurance cover is introduced with comprehensive features and benefits to protect the health rights of migrant workers.

Offer a comprehensive health assessment for returnee migrants which includes testing for NCD's and a voluntary HIV testing which includes the spouse/partner.

Develop a mechanism to address the nutritional issues especially the malnutrition and vitamin A deficiency among children of migrant families.

Develop a mechanism to address the increasing prevalence of NCD's among migrant workers which includes such diseases as diabetes, cholesterol, high blood pressure, lung diseases, joint pains, cancers etc

Pay special attention to migrants and their families' mental health concerns.