



# Migrant Workers and Health— The Role of Business

BSR – Migration Linkages  
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## About BSR

A leader in corporate responsibility since 1992, BSR works with its global network of more than 250 member companies to develop sustainable business strategies and solutions through consulting, research, and cross-sector collaboration. With offices in Asia, Europe, and North America, BSR uses its expertise in the environment, human rights, economic development, and governance and accountability to guide global companies toward creating a just and sustainable world. Visit [www.bsr.org](http://www.bsr.org) for more information.

## Introduction

Migrant worker health is increasingly important for companies following the UN's endorsement of the Guiding Principles on Business and Human Rights, and the identification of migrant workers as a group specifically requiring protection related to health. Business is expected to adopt or establish standards and procedures to support the protection of individuals belonging to specific groups, including migrant workers. Among these principles, Principle 12<sup>1</sup> states, "with respect to the International Bill of Human Rights, additional standards for vulnerable groups, such as migrant workers and their families, should be considered to prevent adverse human rights impact."

As health is recognized as a human right, and with migrant workers now identified as a specific group of individuals requiring protection, business should adopt and establish standards or specific procedures to promote and protect migrant worker health. Migrant workers face unique health risks that require solutions beyond the realm of traditional occupational health and safety. This paper identifies health issues at each phase of the migration process: pre-departure and transit, post-arrival/on-boarding, integration, and return.

## BUSINESS ACTION

Health issues impacting migrant workers are complex and numerous. However there are steps business can take to begin to protect migrant worker health. This can be done as part of a new overall approach toward human rights, or as a supplement to existing migrant worker policies and procedures. Some steps include:

- » Mapping and identifying health risks for major migration corridors in the supply chain.
- » Building health profiles for migrant workers at the pre-departure phase.
- » Developing preventative health programs for migrant workers in the workplace.
- » Ensuring occupational health and safety standards and procedures are communicated and enforced effectively with migrant workers.
- » Taking proactive steps to ensure the availability, accessibility, and acceptability of health services in the destination country.

Solutions will be tailored based on the migration corridor and industry in question, but business must be willing to invest the resources into understanding the risks, planning and take the steps necessary to help promote migrant worker health.

<sup>1</sup> UN Human Rights Council, [Guiding Principles on Business and Human Rights](#). March 21, 2011.

## Migrant Health as a Human Right

While business plays an important role in promoting migrants' health in the workplace, there is a need for an expanded business role in managing migrant health by embracing the definition of health as a human right. Health is defined by the World Health Organization (WHO) as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."<sup>2</sup> While the occupational health approach limits the business role to the workplace, a human rights-based approach requires business to expand its responsibility to health matters beyond the workplace, including the social, mental, and cultural dimensions of workers' well-being.

The latter approach requires business to address health more holistically, including underlying preconditions for health such as access to safe and potable water, adequate sanitation, a supply of safe food, nutrition, and housing.<sup>3</sup> In other words, the responsibility of business extends to protecting workers from inadequate environments both in and outside the workplace which might lead to ill health.

## Common Trends in Migrant Health

Migrant workers generally face greater health risks than non-migrant workers. This likely is driven by some of the following:

- » Some migrant workers, especially those migrating from developing countries, typically migrate from countries with poor health systems where communicable diseases are not adequately addressed.
- » Migrants often are employed in industries that involve dirty, dangerous, and degrading work (known as "3D" industries) and bring with them increased occupational health and safety risks.
- » Migrants also tend to take jobs in informal, lightly regulated sectors of labor-intensive industries. Sometimes these jobs are temporary or seasonal work where health regulations rarely are applied or are not monitored.
- » Language barriers can prevent migrant workers from utilizing available health services offered by employers.
- » Migrant workers often lack access to local health systems (such as hospitals) in destination countries.
- » Due to a fear of being expelled from employment, migrants tend to tolerate harsh working and living conditions longer than others.
- » To keep generating income (which, in turn enables them to pay back debts incurred during migration), migrant workers sometimes tolerate overpriced, crowded, and substandard housing and living conditions.

## Health Issues and Phases of Migration

Two main characteristics--mobility and culture—make migrant worker health issues unique from the issues facing the general workforce. In order to promote and protect basic migrant worker health, those characteristics that make migrant workers unique from the local workforce should be understood through a health lens.

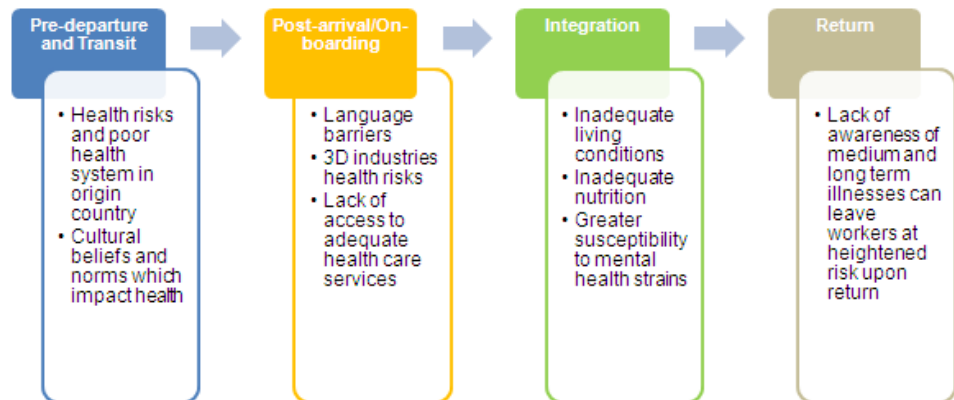
Migrant workers can experience distinct health issues in each phase of migration: pre-departure and transit, post-arrival/on-boarding, integration, and return. Each phase presents its own possible solutions.

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<sup>2</sup> WHO Convention, 1948.

<sup>3</sup> WHO, [The Joint Action and Learning Initiative on National and Global Responsibilities for Health](#), 2010.

**Figure 1: Issues at each phase of migration**



### 3.1 PRE-DEPARTURE AND TRANSIT PHASE – MOBILITY-RELATED PREVENTION

When understanding health and migration, the mobility of the people in question is one of the factors that present unique challenges—both to migrant workers and to the general workforce as a whole. History illustrates a long relationship between the movement of people and spread of disease. The migrant’s place of origin and the manner in which he or she migrates (e.g. legal versus illegal) have a major impact on the health risks that a particular worker and, in turn, all subsequent employers, might face. Previous possible exposure to disease and illness, as well as related health care system deficiencies will be a factor in defining the migrant’s basic health characteristics. Therefore, basic health information on a migrant’s country of origin constitutes an initial starting point for understanding the migrant worker’s health profile.

Some host country governments have pre-arrival health check-up requirements and pre-employment health check-up policies. Some of the nations where pre-employment health check-ups are prerequisites for employment visas include Bahrain, China, South Korea, Australia, Canada, New Zealand, and the United States. Health assessments also often are performed at the recruitment-agency level in origin countries prior to departure. Such information is more likely to be accessible by the employer if there is a more direct recruitment relationship between the employer and the labor agent<sup>4</sup>.

#### **Developing Health Profiles and Preventative Programs**

Migrant worker health profiles can be developed by the employer at the pre-departure phase. Basic origin country health information coupled with data from worker pre-employment health assessments, if obtained with the worker’s consent, will be important in developing such health profiles prior to the worker’s arrival and on-boarding. Migrant worker health profiles can then inform the type of preventative health programs that may be developed to promote migrant worker health and mitigate potential health risks to the greater workforce.

This may include the development of preventative health programs managed by an employer or carried out with an external health provider. For example, Coordination of Action Research on AIDS and Mobility (CARAM) Asia developed the Migration, Health and HIV (MHH) program to focus on migrant workers health rights including the issue of HIV and AIDS. The objective of MHH is to promote

<sup>4</sup> See [BSR Good Practice Guide](#), ‘Recruitment’, Pg. 4.

equity health care for migrant workers so that their access to health services and HIV prevention, care and support is facilitated.<sup>5</sup>

### **Cultural and Health**

With a more holistic, rights-based approach to worker health, there is a need to consider other factors that contribute to migrant workers' well-being. Beliefs about health-related issues, which are predominately shaped by culture, norms, and the social infrastructure of the migrants' place of origin, all will influence the state of health.

When developing and implementing migrant health provisions as part of a broader policy, business also must find a balance between cultural awareness and the need to ensure consistent health standards are applied. Preventative health programs should also take cultural considerations into account.

#### **BUSINESS ACTIONS:**

- » Understanding the health concerns and health care systems in origin countries will help in understanding associated health risks and planning preventive measures before a migrant departs.
- » Analyze which migration channels likely are to present the greatest health risks (e.g., migration between countries with underdeveloped public health systems).
- » Develop health profiles of workers at the pre-departure phase
- » Develop preventative health programs for migrant workers that take into account likely health risks and culture

## **3.2 POST-ARRIVAL/ON-BOARDING**

### **A. Prevention in the Workplace**

A significant number of migrants are employed in “3D” industries with higher industrial accident and disease rates. As such, migrant workers generally are considered to be more prone to industrial disease and accidents. Occupational health and safety incidents and fatalities generally are the result of a number of contributing factors: Lack of appropriate employee training, poor organization, staffing and scheduling issues, and workplace culture. Language barriers often are cited as a cause, as well.<sup>6</sup>

As noted in *BSR's Migrant Worker Management Toolkit*, even in workplace settings where robust occupational health and safety standards and procedures are in place, language barriers often can prevent migrants from comprehending such procedures fully. Improving the accessibility of information related to occupational safety and regulation would help migrants protect themselves in the workplace. Employers could take the following actions:

#### » **Distribute occupational health/safety information**

Given the fact that large numbers of migrants have little to no knowledge of destination country languages, the distribution of information—both verbal and written—in migrants' languages can play an important role in ensuring health and safety standards and procedures are understood. Some migrant

<sup>5</sup> CARAM Asia. no date, Retrieved from

[http://www.caramasia.org/index.php?Itemid=328&id=200&option=com\\_content&task=view](http://www.caramasia.org/index.php?Itemid=328&id=200&option=com_content&task=view)

<sup>6</sup> [http://en.wikipedia.org/wiki/Occupational\\_fatality](http://en.wikipedia.org/wiki/Occupational_fatality)

workers are unfamiliar with the concept of basic health concerns and hygienic issues explained in the printed materials. Others are illiterate. Pictorial leaflets and health demonstrations in migrants' languages can be the most effective ways to ensure that this critical information is received.

» **Provide health and safety training sessions**

Providing training sessions immediately after arrival in the migrants' languages facilitates significant interaction between the migrants, trainers, and the material itself. For additional impact, an employer can encourage or hire workers from the migrant community to serve as trainers during these sessions. In BSR's experience, trainings given by bilingual trainers or trainers from the migrant community are far more effective in disseminating information to migrant workers in a manner that increases the probability of retention. Such trainers are able to adapt the content depending on the cultural backgrounds and language levels of the migrants involved<sup>7</sup>.

Sometimes preventative measures for accidents or the spread of disease do not exist at the organizational level and might not exist at the national level. According to the World Health Organization (WHO), "few workplaces employing migrants provide basic occupational health services, and few migrants benefit from national social security compensation or rehabilitation schemes for occupational disease or injury."<sup>8</sup>

### Lack of Training Contributes to Occupational Accidents

In 2006, the *Health and Safety Executive*<sup>9</sup> reported on the state of migrant workers. Of 200 migrant workers interviewed in the U.K., more than one-third of respondents had not received any training in health and safety. For the remaining two-thirds, the training offered generally was limited to a short session at induction. Furthermore, one in four respondents either had experienced an accident at work themselves, or had witnessed accidents involving other migrant workers.

### BUSINESS ACTIONS

Business can better address migrant worker-related workplace health risks by:

- » Examining effectiveness of current training curriculum in transferring information to migrant workers.
- » Assessing whether information campaigns are carried out in ways that encourage migrants to be associated with health and safety issues more proactively.
- » Ensuring information and materials on health and safety training are provided in linguistically and culturally appropriate ways.

<sup>7</sup> TUC. [Safety and Migrant Workers: A practical guide for safety representatives](#). Pg. 5.

<sup>8</sup> WHO Secretariat. [Health of Migrants](#). No.20

<sup>9</sup> Health and Safety Executive, [Migrant Workers in England and Wales: Assessment of Migrant Workers Health and Risk](#). Pg. 8.

## B. Health Care Services

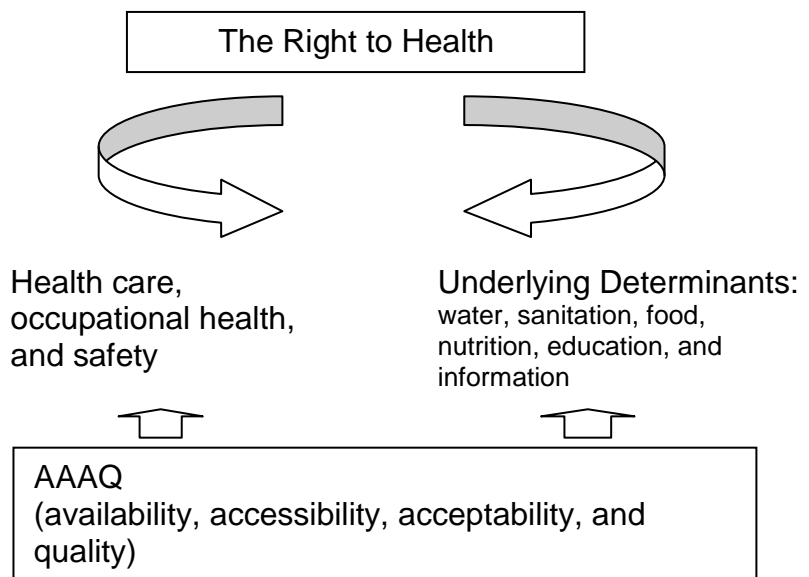
The accessibility of health care services is a fundamental element of the right to health for migrant workers. It is also one of the primary global challenges for migrant workers who often lack access to basic health services in destination countries. The four elements of right to health<sup>10</sup> in health care service for migrant workers are accessibility, availability, acceptability, and quality (AAAQ). Within this framework, the business should consider the following questions and possible actions.

Element	Key Question	Possible Action
Availability	<ul style="list-style-type: none"> <li>» Are there existing health care systems for migrant workers in host countries?</li> <li>» To what extent do host countries' public health policies and health care services cover migrant health?</li> <li>» Are there health care facilities, goods, and services available to migrant workers in the migrants' workplace or in nearby communities?</li> </ul>	<ul style="list-style-type: none"> <li>» Local or national health care systems should be examined. Even in the case of countries that have adequate public health care systems, migrant workers often don't have access due to legal status, discrimination, or cost.</li> </ul>
Accessibility	<ul style="list-style-type: none"> <li>» Do migrant workers have accessible health insurance or health services provided by the workplace or a governmental health scheme?</li> <li>» Are migrant workers aware of these available health services? Are they informed about health care services available in the destination countries or in the organizations?</li> <li>» Are the services provided at accessible times for migrant workers? (Note that taking time and days off can be a burden and a barrier for migrants to take advantage of certain services.)</li> </ul>	<ul style="list-style-type: none"> <li>» The costs of consultation, tests, and medication that migrants pay out-of-pocket should be reduced to minimum levels to elevate the economic accessibility of migrant workers.</li> <li>» Appropriate language services should be provided to improve the informational accessibility of health care service and to provide quality service.</li> <li>» Extra consideration might be necessary to increase accessibility to health service for migrant workers</li> <li>» Setting up health facilities or services within the workplace and rearranging opening times of local health services could be good strategies to expand accessibility.</li> </ul>

<sup>10</sup> WHO/OHCHR. [Joint Factsheet](#). August, 2007.

<b>Acceptability</b>	<ul style="list-style-type: none"> <li>» Is the current health care arrangement respectful and sensitive to migrants' culture and to medical ethics?</li> </ul>	<ul style="list-style-type: none"> <li>» A culturally sensitive approach toward migrant workers' health concerns will improve acceptability of health care service, especially in the cases of women and reproductive health.</li> <li>» The employment of culturally competent health care providers, mediators, or interpreters will help to reduce cultural and social barriers for migrants to accept the health care practice.</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>» Is the health care that is available and accessible of sufficient quality to care for health needs?</li> <li>» Does the employer have procedures in place for handling medical emergencies the available health care system cannot handle?</li> </ul>	<ul style="list-style-type: none"> <li>» Employers may offer in-house health programs to offset sub-standard public health care services</li> <li>» Employer should have procedures for caring for a migrant worker in the event of a medical emergency that cannot be handled by the health care system available to migrant workers</li> </ul>

**Figure 1: WHO Right to Health Framework**



Modified chart from WHO fact sheet. [www.who.int/hhr](http://www.who.int/hhr)

### 3.3 INTEGRATION: BEYOND HEALTH AND SAFETY

#### Living Conditions and Nutrition

Other elements connected to the right to health are underlying preconditions such as adequate water and sanitation, safe food, nutrition, and housing.

- » Adequate nutrition is a basic determinant of health; inadequate or poor nutrition is associated with adverse health outcomes. Malnutrition is closely related to poverty, and is connected to low wages, as well. Migrants also may

See BSR's [Good Practice Guide on Living Condition and Nondiscrimination](#) (Section 8).

Also see [BSR Migrant Worker Management Toolkit: A Global Framework's Discussion on Living Condition](#).

- experience nutritional risks in situations where traditional food ingredients may not be available or are expensive.
- » Lack of accommodations, as well as substandard or overcrowded accommodations, also influence health outcomes. Accommodations structure and design has been associated with adverse health outcomes and morbidity related to accident and injury. Overcrowding and poor sanitation can be associated with the increased risk of respiratory, gastrointestinal and dermatological diseases, as well. Some studies even suggest that mental and psychosocial health risks are influenced by the quality and environment of housing<sup>11</sup>.

### **Mental Health Care and Migrants**

Migration can provide great opportunity but also great uncertainty and mental strain. As migrant workers attempt to adapt to life in their destination countries, they can experience feelings of being uprooted from their cultures and communities, as well as culture shock. The communication problems that stem from language barriers also can lead to feelings of loneliness and force migrant workers into feelings of helplessness.

Based on BSR's experience and data from leading international organizations such as the International Organization for Migration (IOM), unsettled feelings on the part of migrants can be caused by the following factors<sup>12</sup>:

- » Feelings of isolation and helpless
- » Difficulties related to acculturation
- » Communication difficulties

What's more, because of family responsibilities in their countries of origin and legal constraints in destination countries, many migrant workers tend to be more susceptible to significant mental strain and possible mental illness. In some cases, these problems have led to severe depression and even suicide.

### **Suicides Among Migrant Workers**

More than 825 Nepali migrant workers lost their lives in 2010 while working abroad. Major destinations, including Malaysia, Saudi Arabia, Qatar and the United Arab Emirates (UAE), have turned into virtual graveyards for young Nepali workers in the 25-42 age group. Saudi Arabia alone witnessed 323 deaths due to work-related hazards, road accidents and frustration among workers. Malaysia recorded 217 deaths, followed by Qatar (192), the UAE (84), and Lebanon (10). Among these figures suicides among Nepali migrant workers have risen at an alarming rate, with 160 reported suicide deaths in a year. As per reports, Saudi Arabia has the highest number of suicides at 100, followed by Malaysia (28), Qatar (20), and the UAE (12) in 2010<sup>13</sup>.

<sup>11</sup>WHO Regional Office for Europe [Poverty and social exclusion in the WHO European Region: health systems respond](#). Pg. 264, 2010.

<sup>12</sup> Action for Health Initiatives (ACHIEVE), Inc. Vrije Universiteit Medical Center Metamedica / Health Care and Culture. [Women and Migration: The Mental Health Nexus](#).

<sup>13</sup>The Himalaya Times. Retrieved from <http://www.thehimalayantimes.com/fullNews.php?headline=Over+800+workers+died+abroad%2C+160+suicides+&NewsID=272935>



## BUSINESS ACTIONS

Business can better address broader health issues unique to migrant workers by:

- » Providing cultural awareness training as a part of the orientation process (see *BSR Management Toolkit, Post Arrival Orientation*) and cultural adaption sessions semi-regularly during the course of employment.
- » Providing robust, appropriate, and accessible counseling programs in the workplace that include peer-to-peer counseling.
- » Leveraging counseling as a means of monitoring mental health among workers.
- » Seeking resources offered by migration and mental health experts such as the IOM.
- » Supporting multi-cultural activities during leisure time such as cultural nights, food festivals, and language exchange nights.

## Gender and Reproductive Health

Many female workers, especially those working in industrial zones with low wages, often suffer from poverty-related illness such as anemia, and reproductive sickness due to the lack of the pre- and post-natal care. Due to a lack of education and access to information, female migrant workers also can be susceptible to diseases related to unsafe sexual behaviors; this especially is the case for female migrants from religiously and culturally conservative origin countries where the discussion of and education about reproductive health and sexual activity are considered taboo. Female migrants originating from such countries often possess societal and cultural beliefs toward reproduction that can be harmful to their health.

One tangible step business can take to remediate this situation is to offer women's health education in the workplace. An example of such a program is BSR's HER Project, a factory-based women's health education program. Through this effort, BSR leads a coalition of partners (including international companies), supplier factories and farms, and locally based NGOs to promote women's health awareness and access to services. The program does the following:

- » Creates local networks between health-training service providers and supplier factories to create cost-effective, relevant, and sustainable interventions.
  - Factories provide access to workers and support worker participation and clinic improvements; they benefit from healthier workers who are less absent, more productive, and less likely to leave.
- » Engages female workers in workplace health education and access programs.
  - Workers take it upon themselves to spread health information to co-workers and communities; they benefit from opportunities to improve their health and engage in preventative health behavior.
  - Public and private hospitals and clinics partner with NGOs or factories to expand awareness and use of their services by female workers; they benefit from the generation of increased demand for services.

For More information about HER Project, visit [www.herproject.org](http://www.herproject.org)

## **RETURN**

Many occupational diseases have a long latency and may not seem to be linked to work at the time the migrant's employment. For example, illnesses such as silicosis or asbestos related diseases develop later in life, possibly after the migrants' return.

BSR recommends an awareness-based approach for helping promote migrant worker health post-employment, particularly for high-risk industries where there is a higher probability of exposure to illnesses with long latency. Business may develop education programs through which returning workers are informed of potential medium and long term health risks. Second, workers should be informed of steps that can be taken and resources available (government and non-governmental resources) in the origin country to help workers seek and receive assistance with certain health conditions.

## **CONCLUSION**

The issues of international migration and health are complex and numerous, but there are steps business can and should take to begin to protect the health of migrant workers at each phase of migration. This can be done as a facet of a business' overall approach toward human rights or as a supplement to existing migrant worker policies and procedures.

Solutions will be tailored based on the migration corridor and industry in question, but business must be willing to invest the resources into understanding the risks, planning and executing the steps necessary to help promote migrant worker health.