Social and Economic Costs of Migrants and Healthcare in Asia

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Migrants and Healthcare
Social and Economic Approaches

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Healthcare for Migrant Workers

Focus on Migration and Health: Social and Economic Approaches

Factors affecting inter-regional cooperation

Inter-regional framework for integration

Healthy workforce and development

Inter-regional flows of migrants

Emerging health issues

Crucial role of third sector

Migration and Health
Health and Migration in Asia and Europe

- Rapid migration trends in Asia and Europe – but different starting points and priorities

- Cooperation mechanisms and regional frameworks, such as ASEM with ASEF, and between ASEAN and EU

- Prospects for the future: convergence of regional frameworks and regulatory structures

- Role of non-state actors (civil society) in protection and promotion of migrant health

- Studies on Health and Migration needed, including the social costs of migrants’ health
Health and Migration: Research Questions

• To what extent is the health and migration critical to regional development?

• How do ASEAN states cooperate to protect and promote the health of migrants?

• What are the issues and constraints to establishment of a regional governance framework on migrants’ health?

• How will cooperation for migrants’ health contribute to the process of further regional integration?

• What is the potential to cooperate on internal health and external health threats involving migration of the population?

• How can regional cooperation in health and migration transform ASEAN into a declared people-oriented organization with the third socio-cultural pillar?

• What is the role of state and non-state actors to strengthen effective governance and cooperation for health and migration in ASEAN?
Overview: Migration in Asia

- **Growing intra-regional migration**
  
  Rapid development of ASEAN have become more attractive to migrant workers. In 2010, 4 million migrants in ASEAN - 1/3 of total ASEAN migration (12.8 million). *World Bank*

- **Temporary, low-skilled and irregular migration**
  
  Restrictive immigration policies to prevent settlement of migrant workers have offered little protection to migrant workers. Large flows of irregular migrants (estimates of 1.5 to 2 million in the region) due to restrictive immigration policies and management of flows by private actors.

- **Health issues faced by migrant workers**
  
  Exposed to health risks at all stages of migration (origin, transit, destination, return). Health risks for migrants compounded by role played by complex migration industry (agencies, employers, etc.) – government failures to deal with migration flows. The temporary nature of migration impacts on the health of migrant workers.
Migration Trends in Asia

- **Labour-sending countries versus labour-receiving countries**

  90% of ASEAN migrants - Malaysia (35%), Thailand (35%), Singapore (21%) *Maloni, 2011*
  
  Malaysia and Thailand are both sending and receiving countries
  
  Singapore and Brunei are only receiving countries

- **How does Singapore compare to other labour-receiving countries?**

  SECTORS - Mainly in Construction, Manufacturing, Domestic Work and Services

  SKILLS - Mainly low-skilled – Malaysia: 93% semi- or unskilled - 63% primary education or less ; Singapore: 870,000 foreign workers low skilled - 46% Work Permit Holders

  NATIONALITIES: Spore - Malaysia, Indonesia, Philippines; Malaysia - Indonesia, Philippines, Thailand; Thailand - Myanmar, Lao PDR, Cambodia

  IMMIGRATION POLICIES: Singapore - use of quotas, levies, security bonds, recruitment through private agencies mainly; Malaysia - approved nationals for specific sectors, use of levies and quotas, recruitment through private agencies mainly; Thailand - recruitment through bilateral agreements with Cambodia, Lao PDR and Myanmar, large flows of irregular migrants - regularization processes.
Estimating the Social Costs of Migrants’ Health: Methodology

Mixed methods

- Literature review of regional/national migration and health studies - local contexts, history, legislations, practices, trends and issues
- Visits and referrals from major voluntary organizations providing social and health-related services (medical care, financial aid, legal assistance, shelters and meal programs) to migrants
- Individual case interviews of selected migrants with health issues, using a structured questionnaire to elicit social and related costs
- Use of native languages (eg Tamil, Bengali, Tagalog and Bahasa)
- Economic costing: Computation of direct, indirect and other costs from case studies to estimate social costs of migrants’ health
- Apportionment of healthcare costs – who pays and how much?
- Stakeholder analysis of key actors and motivations, resources and desired outcomes
## Social and Medical Costing Framework

<table>
<thead>
<tr>
<th>Type of case</th>
<th>Indirect Costs</th>
<th>Direct Costs</th>
<th>Intangible Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>Loss of productivity = No. of months without work X average monthly salary</td>
<td>- Medical (Hospital and doctor’s fees, medicines, aids, rehabilitation, etc)</td>
<td>Pain and suffering Stigma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transaction costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-injury</td>
<td>Administrative costs</td>
<td>- Housing</td>
<td>Stress and anxiety Discrimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community/voluntary contributions?</td>
<td>- Transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Miscellaneous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sample:** >2000 cases over 2-year period from Jun 2010 – May 2012; 1300 injury cases

Average monthly salary for Indian/Bangladeshi/Sri Lankan foreign workers on Work Permit in construction and shipyard manual jobs: SGD $450 – $600
# Estimated Loss of Economic Productivity

| Name                        | Special Pass No. | Issue Date | Injury date | 0 Jan | 1 Feb | 2 Mar | 3 Apr | 4 May | 5 Jun | 6 Jul | 7 Aug | 8 Sep | 9 Oct | 10 Nov | 11 Dec | 12 Jan | 12 Feb | 13 Mar | 13 Apr | 13 May | 13 June | No of months without work | Estimated Loss of Economic Productivity |
|-----------------------------|------------------|------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------------------------|-----------------------------------------|
| Naranyana Samy Ramasamy     | AD041337         | 2 Jun 2, 10 | 0 1 1 1 1 1 1 1 1 1 | 9     | $4,050 | $5,400 |
| Nakka Rama Krisna           |                  | 2 Jun 3, 10 | 0 1 1 1 1 1 1 | 6     | $2,700 | $3,600 |
| Monir Hossain Rehan Uddin   | AD028510         | Jul 20, 10  | 2 Jun 7, 10 | 0 1 1 1 1 1 1 1 1 1 1 | 6     | $2,700 | $3,600 |
| Rafiqul Isalm Asraf Ali Shek| AD389958         | 2 Jun 7, 10 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 | 15    | $6,750 | $9,000 |
| Veerasamy Suthakar          |                  | 2 Jun 7, 10 | 0 1 1 | 2     | $900  | $1,200 |
| Md Asaduzzaman Biswas Asad Ali Hajj AJB |       | May 3, 11  | 2 May 3, 11 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 5     | $2,250 | $3,000 |
| Ruman Mridha Late Barek Mridha |               | May 3, 11  | 2 May 3, 11 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 13    | $5,850 | $7,800 |
| Yeasin Abdul Karim          | AD365808         | Jul 22, 11  | 2 May 6, 11 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 12    | $5,400 | $7,200 |
| Moorthy Elavarasan          | AD343037         | Jun 28, 11  | 2 May 9, 11 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 6     | $2,700 | $3,600 |
| Sayful Islam Yousuf Khan     | AD310818         | May 26, 11  | 2 May 10, 11 | 0 1 1 1 | 3     | $1,350 | $1,800 |
| Eman Hossain Sarkar Ali      |                  | May 14, 12  | 2 May 14, 12 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 13    | $5,850 | $7,800 |
| Morshed Alam Saiful Islam    |                  | May 14, 12  | 2 May 14, 12 | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 13    | $5,850 | $7,800 |

**Legend:**
- Pink / blue boxes indicate non-attendance / attendance at food programme run by TWC2 (NGO providing migrant workers’ assistance)
- Yellow: Long gap in attendance (approx .1 year) indicate worker may have returned to home country in the interim
- No. of months without work: inclusive of months in between Injury date and first date of attendance at food programme
Migration and Health: Case of Singapore
Migrant Population of Singapore, 2012

Total Population: 5.31m
- Citizens: 3.29m
- PRs: 0.53m
- Non-Residents: 1.49m
- Residents: 3.82m

Employment Pass Holders: 12%
- S Pass Holders: 9%
- Work Permit Holders (Excluding Foreign Domestic Workers): 13%
- Students: 15%
- Dependents of Citizens/PRs/Work Pass Holders: 8%
- Foreign Domestic Workers: 46%

Data as of June 2012
Source: Department of Statistics, Ministry of Manpower
Documented migrant workers in Singapore

- Total foreign workforce make up close to 40% of Singapore’s total workforce (2012)
- Workers under 3 types of work passes: Employment Pass, S Pass and Work Permit
- 931,200 Work Permit holders comprise 75% of the total foreign workforce
- “Foreign Workers” – Work Permit holders who are low-wage migrant workers in low or semi-skilled manual jobs, including women employed as live-in domestic workers

Foreign Workforce Numbers

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Pass (EP)</td>
<td>99,200</td>
<td>113,400</td>
<td>114,300</td>
<td>143,300</td>
<td>175,400</td>
<td>174,700</td>
</tr>
<tr>
<td>S Pass</td>
<td>44,500</td>
<td>74,300</td>
<td>82,800</td>
<td>98,700</td>
<td>113,900</td>
<td>126,100</td>
</tr>
<tr>
<td>Work Permit (Total)</td>
<td>757,100</td>
<td>870,000</td>
<td>856,300</td>
<td>871,200</td>
<td>908,600</td>
<td>931,200</td>
</tr>
<tr>
<td>- Work Permit (Foreign Domestic Worker)</td>
<td>183,200</td>
<td>191,400</td>
<td>196,000</td>
<td>201,400</td>
<td>206,300</td>
<td>206,400</td>
</tr>
<tr>
<td>- Work Permit (Construction)</td>
<td>180,000</td>
<td>229,900</td>
<td>245,700</td>
<td>248,100</td>
<td>264,500</td>
<td>277,600</td>
</tr>
<tr>
<td>Total Foreign Workforce</td>
<td>900,800</td>
<td>1,057,700</td>
<td>1,053,500</td>
<td>1,113,200</td>
<td>1,197,900</td>
<td>1,234,100</td>
</tr>
<tr>
<td>Total Foreign Workforce (excluding Foreign Domestic Workers)</td>
<td>717,600</td>
<td>866,300</td>
<td>857,400</td>
<td>911,800</td>
<td>991,600</td>
<td>1,025,700</td>
</tr>
</tbody>
</table>

Note: Data may not add up to the total due to rounding.

Source: Singapore Ministry of Manpower
Occupational Safety and Health, Singapore (Total workforce, 2011)

Occupational Diseases, Total: 839
- Noise Induced Deafness: 741
- Occupational Skin Diseases: 52
- Excessive Absorption of Chemicals: 10
- Occupational Lung Diseases: 10
- Others: 26

Workplace Injuries, Total: 10,121
- Others: 5,629
- Manufacturing: 2,284
- Construction: 1,872
- Marine: 336

Workplace Fatalities, Total: 61
- Construction: 22
- Others: 16
- Manufacturing: 13
- Marine: 10

Source: 2011 Annual Report, Occupational Safety and Health Division, Singapore Ministry of Manpower
HEALTH OF MIGRANTS IN SINGAPORE: SELECTED CASE STUDIES

Case interviewers and writers:
Nicole Bacolod, Moses Sam Paul Johnraj, Farhad Obaid Ahmed, Rachel Hui
Case Study 1: MOSA

Nationality: Bangladeshi
Sector: Construction
Age: 20 years

Medical case: Head injury
(massive skull fracture)
Mosa’s Story

14 December 2011 (Construction Site)

• He was standing beside a construction lift and the vehicle suddenly moved, causing the heavy equipment it was carrying to hit him
• Unconscious for 6 days – the employer called family in Bangladesh to inform that he is dead and that the body will be sent home
• The mother called an uncle to check on him at the Changi General Hospital, where he had spent 10 days in a C-class ward
• A second operation was supposed to be done a month later (January 2012), but he was only able to do it on 18 September 2012 after he experienced a small haemorrhage
• In February 2012, he returned to his employer and started working again. When he asked for money for a second operation, he was given a ticket and told to leave. He was locked up and beaten when he complained. They did not give him the final month of his salary.
• The cost of the second operation is not yet paid as the legal liability limit of $30,000 for employee compensation has been reached.
• On 18 October 2012, he was scheduled for a doctors’ appointment to see if there was a need for a 3rd operation.
Before the Operation
After the Operation
Social and Medical Costs

He had paid $5,400 agency fees (paid upfront before leaving Bangladesh), which was money borrowed from his brother who had sold some property.

He used to be able to earn $24/day, totaling about $750-$800/month. If he worked overtime at $3/hour, he could even earn up to $1500/month.

Unfortunately, after working for only 2.5 months, he was involved in this critical work accident. When he stopped working, he slept on the streets, sometimes in a corner of Aljunid MRT Station, or inside a mosque.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To open stitch</td>
<td>$95.00</td>
<td>Mosa</td>
</tr>
<tr>
<td>CT Scan and other tests</td>
<td>$2,300.00</td>
<td>Debbie</td>
</tr>
<tr>
<td>1\textsuperscript{st} operation</td>
<td>$34,000.00</td>
<td>Company</td>
</tr>
<tr>
<td>2\textsuperscript{nd} operation</td>
<td>n/a</td>
<td>Not paid</td>
</tr>
<tr>
<td>Medicine per week X 4 weeks</td>
<td>$20.00</td>
<td>Mosa</td>
</tr>
<tr>
<td></td>
<td>$80.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$36,495.00</td>
<td>exc 2\textsuperscript{nd} operation</td>
</tr>
</tbody>
</table>
## Monthly Expenditure – Before and After the Accident

### Monthly Expenditure Before Accident

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomodations</td>
<td>Free</td>
<td>Employer</td>
</tr>
<tr>
<td>Food</td>
<td>$200.00</td>
<td>Wage</td>
</tr>
<tr>
<td>Remittance</td>
<td>$1,200.00</td>
<td>Wage</td>
</tr>
<tr>
<td>Miscellaneous ie phone cards</td>
<td>$100.00</td>
<td>Wage</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,500.00</td>
<td></td>
</tr>
</tbody>
</table>

### Monthly Expenditure After Accident

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (another soup kitchen)</td>
<td>$180.00</td>
<td></td>
</tr>
<tr>
<td>Phone cards</td>
<td>$20.00</td>
<td>TWC2</td>
</tr>
<tr>
<td>MRT Card</td>
<td>Free</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$200.00</td>
<td></td>
</tr>
</tbody>
</table>
### CASE STUDY 1: Mosa
Head Injury

<table>
<thead>
<tr>
<th>Date of accident</th>
<th>12/14/11</th>
<th>Special Pass Issued</th>
<th>02/28/12</th>
<th>Monthly Salary wo overtime</th>
<th>$750-$800</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of months without work (until October 2012)</td>
<td>10 months</td>
<td>Monthly Salary with overtime</td>
<td>$1,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of productivity=</td>
<td>10 (mos without work)</td>
<td>1500 (salaray/mo) (with overtime)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lawyer is claiming $100,000-150,000 for his case
Policy gaps in health and medical provisions

- **Foreign Workers left income-less during the WICA Claim Process:** Full course of medical treatment and compensation assessment can last from a few months to over two years. Workers are entitled to medical leave wages during this time but many receive none. Employers routinely cancel injured workers’ work permits – they are issued a “Special Pass” to facilitate legal stay in Singapore but may not seek employment. Many incur debts for daily expenses and costly medical treatment.

- **Dependence on Employer’s Letter for Medical Treatment force Foreign Workers to bear costs:** Workers depend on “Letter of Guarantee” furnished by employer/company in order to receive a waiver of upfront medical fees. Employers are responsible under the law for this letter and the costs of any necessary medical treatment (including conditions not work-related) but many shirk their responsibilities, forcing workers to either bear the costs themselves or forgo/postpone treatment.

- **Medical Expenses over $30,000 (“No-man’s Land”):** Removal of health care subsidies for non-residents result in high medical charges for migrant workers. Medical expenses for seriously injured workers can thus quickly breach the S$30,000 ceiling. Responsibility towards any medical expenses exceeding S$30,000 cap under WICA relies on goodwill, rather than legal obligations of employers, in the absence of a medical emergency fund for foreign workers.
Study of Economic Cost of Work Injuries and Ill-Health in Singapore, 2013

Key findings and observations from the study

• Excluding lifetime costs, the cost for work injuries and ill-health sustained for 2011 is estimated to cost Singapore $2.62 billion, with employers bearing 88.2% of cost, employees 9.5% and the community 2.3%. If lifetime cost is included with net loss of future earnings and loss of human capital, the total cost of work injuries and ill-health is estimated to be $10.45 billion.

• Costs borne by different economic agents were estimated to be: $2.31 billion (22.1%) by employers; $5.28 billion (50.5%) by workers, and $2.87 billion (27.4%) by the community.

Estimating the Social Costs of Migrant Workers’ Health

• Since the migrant workforce consists of about 40% of the working population in Singapore, it is estimated the proportional costs of $1.05 billion for migrant workers’ health, and over the lifetime total cost of migrant workers health is $4.18 billion. Proportion of costs is estimated to be borne at $2.11 billion by workers, $942 million by employers and $1.15 billion by the community.
## Estimated Costs of Migrant Workers’ Health in Singapore

<table>
<thead>
<tr>
<th>Cost of work injuries and ill health sustained for 2011 (Total Workforce)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluding lifetime costs</td>
<td>$2.62 billion</td>
</tr>
<tr>
<td>Including lifetime costs</td>
<td>$10.45 billion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost of work injuries and ill health sustained for 2011 (Migrant Workers)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluding lifetime costs</td>
<td>$1.05 billion</td>
</tr>
<tr>
<td>Including lifetime costs</td>
<td>$4.18 billion</td>
</tr>
</tbody>
</table>
Who Pays for Workers’ Injuries and Health Care in Singapore?

Proportion of Costs

- Borne by the community - $1.15 billion (27%)
- Borne by employers - $942 million (23%)
- Borne by Workers - $2.11 billion (50%)

Who Pays for Health Costs of Migrant Workers?
## Stakeholder Analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Motivations</th>
<th>Resources</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government agencies</td>
<td>Ensure the welfare of the labour force; Implementation of government policies toward migrant workers.</td>
<td>Government support and resources</td>
<td>Strike a balance between the interests of stakeholders; Ensure supply of low-wage labour.</td>
</tr>
<tr>
<td>Employers</td>
<td>Cut costs of their firms by ensuring wages for labour remain as low as possible.</td>
<td>Human resource and personnel departments</td>
<td>Low wages for labour; Flexible recruitment and dismissal terms of migrant workers; Avoid occupational hazards and ensure low medical costs.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Motivations</td>
<td>Resources</td>
<td>Desired Outcome</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Migrant Workers</td>
<td>Earn as much money in for their families back home; Maintain their employment and health</td>
<td>Provide labour supply; Supported by work of non-government organizations</td>
<td>Work sufficiently to cover costs incurred and placement fees, able to send money home to families; Avoid occupational hazards and have adequate medical treatment and injury compensation.</td>
</tr>
<tr>
<td>Voluntary/NGOs serving migrant workers</td>
<td>Act as the voice of marginalized communities and migrant workers</td>
<td>Public support, Voluntary resources and fund-raising</td>
<td>Fair treatment of migrant workers; Competition for limited charitable funds and media attention; issues for political opposition.</td>
</tr>
<tr>
<td>Public health care providers</td>
<td>Primarily to ensure the health of citizens</td>
<td>Government support and resources</td>
<td>Healthy resident population; Health of migrants if there are negative externalities affecting local population.</td>
</tr>
</tbody>
</table>
Economically justifiable and fair healthcare policy for migrant workers

Dilemma 1: Necessity of foreign workers in the economy to maintain competitiveness

Dilemma 2: Keeping private costs low for business firms

Dilemma 3: Ensuring the welfare of migrant workers

The Migrant Workers’ Health Trilemma
Policies governing migrant labour in Singapore

**General framework**

- To dampen rising demand on foreign labour, stringent legislation put in place to restrict number and ensure short-term migration status, also to govern their employment
- Quota based on “dependency ceilings” by sectors: Stringent allocation of foreign workers to companies based on sector-specific ratio of local to foreign workers
- Foreign worker levies: Employers have to pay a levy to the government per month for hiring foreign workers on Work Permits or S Passes in addition to monthly salary. Levy amount determined by workers’ qualifications and company’s dependency ceiling. Levies raised every 6 months between July 2011 and July 2013. Current levy for construction workers: S$250 - S$500 per worker per month; current levy for FDWs: S$295 per month
- Levy concessions: available for families demonstrating specific need for FDWs: - having young children, aged family members, family members with special needs
- Security bond for Work Permit holders: $5000 forfeited if conditions of Work Permit are violated (including if FDWs become pregnant), or if workers fail to be repatriated after work permits end or are cancelled

**Recent changes to Employment of Foreign Manpower Act**

- Introduction of policies to expedite enforcement / mete out harsher penalties against errant companies and syndicates exploiting foreign workers and denying Singaporeans jobs by circumventing existing regulations using means such as:
  - declaring higher salaries than paid to their foreign workers
  - illegally passing on the cost of the foreign worker levy and insurance premiums to them
  - hiring “phantom” local workers to meet the required local to foreigner staff ratios.
Legislation on migrant workers’ health

• **Mandatory medical examination:** Work Permits only issued if migrant worker passes a mandatory medical exam including for TB, HIV, syphilis, malaria by a registered doctor within 14 days of arrival; Employers are able to obtain report direct from the doctor without worker’s consent. (Joint report to UPR, MOM website). FDWs are additionally required to go for a six-monthly medical examination to screen for infectious diseases and pregnancies. Pregnancy would be a legitimate reason for termination of work and immediate repatriation.

• **Mandatory medical insurance / personal accident policy:** Employers are required to purchase and maintain a minimum medical insurance coverage of S$15,000 per year for each Work Permit holder for inpatient care and day surgery, including hospital bills for conditions that may not be work-related. In addition, employers of FDWs must purchase personal accident policy with minimum sum assured of S$40,000.

• **Provisions for well-being and medical care of foreign workers:** Employers are responsible for bearing the costs of their workers’ “upkeep and maintenance” in Singapore, including the provision of medical treatment. Employers are expected to ensure that their workers are provided with adequate food, acceptable accommodation and safe working conditions.

• **Exclusion of FDWs in legislation:** FDWs are not covered under the Employment Act, which specifies minimum rest days, hours of work, overtime entitlements, medical leave: nature of job as “personal contract”, “too impractical to impose standard terms and conditions of service”. They are also excluded from Work Injury Compensation Act, compulsory medical insurance in event of accident provides less favourable extent of coverage and benefits
Major Health Issues Identified by the Joint Report by Members of Solidarity for Migrant Workers, 2011

- **Lack of access to medical/health services:** Due to the removal of subsidized medical care for migrant workers since 2007, many are denied medical care by errant employers. In worst cases, workers seeking potentially costly medical treatment due to serious injury are repatriated by errant employers.
- **Living conditions:** Some workers are housed in cramped, poorly equipped and ventilated and/or unhygienic living quarters, with inadequate nutrition.
- **Long hours:** It is not uncommon for many construction, marine and service sector workers to work 12 – 16 hours a day, breaching legislation on maximum hours of work.
- **Psycho-social health of FDWs:** Well-being violations include inadequate food or accommodation (43%), psychological abuse (30%) and non-payment of salary (14%) (HOME, 2009)

Source: Joint Submission by Members of Solidarity for Migrant Workers for the 11th Session of the Universal Periodic Review, May 2011
Some recent changes to legislation affecting foreign labour

• Mandatory weekly rest day for Foreign Domestic Workers introduced in March 2012, for all all new and renewed Work Permits effective Jan 2013 (with option of compensation in-lieu)

According to research done by the Singapore Committee for UN Women in 2011, key findings revealed that maids work an average of 14 hours per day and only 12 per cent have at least one day off per week.

Source: “Maids to get weekly rest days,” AsiaOne, 5 March 2012

• Tighter regulations on lorry safety introduced in 2011 to protect workers travelling in the back of lorries:

Lorries must be retrofitted with canopies and higher side railings, with a minimum deck area of 8 sq ft for each worker. Lorry owners could be fined $1000 or jailed maximum of three months for not complying
Work Injury Compensation Act

- Work Injury Compensation Act (WICA) provides injured employees with a low-cost and expeditious alternative to common law to settle compensation claims.
- To claim under WICA, the employee only needs to prove that he was injured in an accident or suffered a disease due to his work.
- Engaging a lawyer is not required to file a WICA claim.
- Under WICA, the employer (or employer’s insurer) is liable to pay compensation regardless of who caused the accident/disease, and even after the employment has ceased or the Work Pass (of a foreign worker) has been cancelled.
- Compensation amount is computed based on fixed formula and subject to caps.
- Dependents of deceased employees are also eligible to claim Work Injury Compensation.
- Alternatively, the employee can file a civil suit against the negligent party under common law for damages. The employee and lawyer will need to prove that the employer or a third party had caused his injury, and need to substantiate the amount of damages before the Courts, and damages are not capped.

An injured employee can claim from WICA or common law, but not from both.
World Day for Safety and Health at Work: Singapore reaffirms its commitment to safety and health

Singapore is proud to celebrate the World Day for Safety and Health at Work with the International Labour Organization (ILO). It reflects our determination to safeguard our workers’ well-being and enhance their productive capacity. The ILO estimates that occupational accidents and diseases cost 4% of the world’s GDP and takes 6,400 lives daily. We must do our utmost to understand and prevent work-related accidents and occupational diseases.

This is a collective effort. Governments must enact the right regulations, and enforce standards of workplace safety and health (WSH) that meet their people’s expectations. Employers must provide safe and healthy work environments, and foster a safety culture among their staff. Employees must look out for themselves and one another, and take the initiative to improve WSH standards. These are cultural issues that take time to change. But through our individual and collective efforts, we can raise WSH practices and, thus, our workers’ welfare.

Singapore treats WSH very seriously. We have signed the Seoul Declaration on Safety and Health at Work in 2010 and ratified the ILO Convention 187 in 2012. We put in place a national WSH Strategy to raise safety and health standards in our workplaces, in collaboration with our tripartite partners. A WSH Council, comprising industry leaders, works to raise WSH standards throughout the economy. Over the past decade, we have reduced the rate of fatal workplace injuries by more than half.
Future Research for Policy Options

• Case studies to identify points of policy intervention
  - from specific to generalizable applications
  - cost-benefit and cost-effectiveness studies of options
• Research priorities of health and migration
  - vulnerable target population groups and high-risk industries
  - cause and effect relationships (social determinants, etc)
  - preventive and remedial interventions and alternatives

Inter-regional health policy-making and advocacy
  - public policy actors, processes and action
  - stakeholder analysis at bilateral, national/local levels
  - institutional analysis of regional health-related functions
  - comparative studies of best practices and lessons from specific countries (bilateral agreements/regulations, etc)
Examples of Policy Research Outputs

LKYSPP Case Study Competition 2013 (2\textsuperscript{nd} Prize)

- The Buck Stops Where? A Trilemma: Healthcare for Singapore’s Foreign Workers, by Nicole Bacolod and Moses Sam Paul Johnraj

Conference Presentations

- Asia-Europe Foundation Research Exchange Workshop “Bringing the Migrant Health Discourse into Policy” (28-29 Nov 2012, Manila), Migrant Workers’ Health in ASEAN: Where does Singapore stand in the region?
- COST- Adapting European Health Systems to Diversity (ADAPT), Sub-Project 2 Meeting “Achieving change in organizations”(15-16 Mar 2013, Vienna), Regional Perspective on Organizational Change for Migrants’ Health in ASEAN
Selected References

- Phua, Kai Hong and Nodzenski, Marie (2014), *Prospects on Regional Health Governance in ASEAN: The Case of Migrants’ Health in ASEAN* (Presented at SSM Conference on Health Systems in Asia, Singapore 2013, and submitted for publication in Social Science & Medicine)