

# Policy Document #3

## Between Peril and a Pandemic:



### Accountable Actions and Recognising Responsibility towards Migrant Workers



*The current pandemic has caused wide-reaching changes in the economies and society of both countries of origin and destination. As governments slowly come to terms with lockdown measures through adaptive and dynamic policymaking, they are looking not only at the near future to address the immediate public health emergency and provide relief to the affected populations; they also look towards strategic directions in the long term wherein the “new normal” is increasingly characterized by economic crises, global pandemics, adverse climate change impacts, social upheavals or other large-scale disruptions. In all this, the issues of migrant labour become critical, both for the destination and origin countries. It is imperative that countries on both ends of the migration corridor recognize their interdependence on mobility of labour and on effective collaboration on migration governance particularly during times of crises.*

*Initial responses of countries of origin attempted to ensure that their nationals are able to remain in safe conditions abroad. Due to concerted efforts by governments of countries of destination, community leaders and civil society, countries of origin attempted to bring back their nationals. However, as the outbreak worsened across countries of origin and governments were forced to impose lockdowns, migrant workers were asked to follow quarantine measures and remain in the country of destination. GCC countries have offered to extend the visas of migrant workers and that they would be allowed to return to their home countries – although the responses varied across countries, depending on the context and situation of each, particularly the medical infrastructure, and their COVID containment strategies and protocols.*

*The situation of migrant workers in precarious conditions at work and stay in countries of destination would be further exacerbated by such crises. For instance, civil society members report arbitrary termination, forced leave without pay, wage cuts, as well as inadequate facilities at overcrowded accommodations and difficulties in securing food and essential items, making it difficult to follow health and safety protocols. The United Nations, particularly the ILO and UN Women, have also stressed that based on experience in past epidemics (e.g. SARS, Zika and Ebola), women face increased risks, including to violence, and that there are differentiated impacts on men and women migrants during pandemics and public crises. Domestic workers, health workers, care givers, and workers in services, hotels and factories – where women migrant workers are predominant or significant – face increased risk or suffer more due to greater exposure, lack of information, limited or absence of social protection, or lack or denial of access to services or remedies. Under such difficult and even life threatening situations, migrant workers would understandably prefer to return to their home country. Countries of destination would also be grappling with labour market forces and attempt to repatriate migrant workers, with countries of origin contemplating upon reintegration of said returnees.*

*We, as MFA members and partners, would like to remind states of their obligations in contingencies and return/reintegration processes, while emphasising the perils of repatriation measures for current migrant workers in the region. In this process of return and reintegration, labour, health and immigration authorities at CODs and COOs (through their Missions) must guarantee and verify that no worker be deported without receiving their compensations, pending dues, testing and treatment for nCov, identity and labour documentation and other necessary labour-related matters etc. We further call upon countries of origin and destination to adopt a **rights-based approach** to wages, social protection, absence from work, and termination – with Missions of COOs being a primary stakeholder and ensuring complete compliance with international labour standards.*

*The WHO has published guidelines for countries that have decided to ‘repatriate their nationals from Wuhan City, Hubei province’. They are, **in verbatim**, as below with comments and views of MFA members and partners in the boxed text.*

### ***Measures to be adopted before embarkation***

- Advanced bilateral communication, coordination, and planning with the responsible authorities before departure.
- The aircraft should be properly staffed with sufficient medical personnel to accommodate the number of nationals anticipated, and that they are outfitted with appropriate PPE and equipment/supplies to respond to illness en route.
- The non-medical crew of the aircraft should be properly briefed and outfitted, as well as aware of the signs and symptoms to detect symptomatic passengers for nCoV.
- Exit screening, for example temperature measurement and a questionnaire, should be conducted before departure for the early detection of symptoms. Screening results should be shared with the receiving country.
- It is advised to delay the travel of the suspected ill travellers detected through exit screening to be referred for further evaluation and treatment.

### ***Views of MFA Members and Partners***

*Prior to embarkation, foreign migrant workers may require assistance from governments of origin and destination. This would also pertain to those in detention, undocumented and domestic workers with limited access to such services. Missions are also expected to assist in these initiatives.*

- ***Amnesty procedures or extension of validity of visa and regularisation*** of all migrant workers with pending application, to allow them to return to their country (as per origin country context) or access health and redressal services.
- The ***process of return and reintegration*** must necessarily be ***humane and rights-based, developed through dialogue*** between authorities at COD, with migrant communities and Missions.
- Migrant workers ***must be tested for COVID-19 regardless of visible symptoms*** prior to departure or embarkation and only be permitted to return if they have tested negative.
- There must be ***access to a quarantine facility*** during the period in which test results are still being determined in order to ensure that migrant workers are protected and are able to avoid any possible infection or transmission.
- Considering ***deportation*** of migrant workers in detention on a ***case-by-case basis*** with due diligence performed by Missions of COO and the Labour Department.
- Provision of ***access to healthcare for all (testing and treatment)*** regardless of documentation status.
- ***Creation/reinforcement of welfare funds and social protection measures*** for vulnerable foreign migrant workers, such as low-skilled and domestic workers, during contingencies.

## ***Onboard the Aircraft***

- The seating location of passengers inside the aircraft should be duly noted/mapped in case a passenger begins to display symptoms, so they can be isolated, and to furthermore take note of those in the immediate vicinity (ex: those within same row, and two rows in front and two rows behind) for the needed follow up upon arrival.

- In case suspected cases are detected on the aircraft, the cabin crew should inform and seek advice from a ground-based medical service provider at the point of entry of arrival through the control tower. In cases of severe illness, the pilot in command may consider diversion for the unwell passenger to the nearest point of entry receive the required treatment.

In the event of a respiratory illness en route, the following immediate steps may be taken to reduce exposure and limit transmission to other passengers or aircraft crew:

- Designate one dedicated cabin crew member to look after the ill traveller, preferably one who has previously interacted with the passenger;

- Use appropriate personal protective equipment (PPE) when dealing with symptomatic patients (medical or surgical mask, hand hygiene, gloves);

- In all cases, the adjacent seat(s) of the patient should be left unoccupied, if feasible;

- Passengers seated in the close vicinity should have their information on itinerary and contact details recorded for further follow up, as potential contacts, using a Passenger Locator Form. This information may be collected on a voluntary basis for the remaining passengers.

- The patient on the aircraft should adhere to respiratory/cough etiquette either by wearing a medical or surgical mask (if available and tolerated) or the patient could contain his cough or sneeze by using disposable tissue. If the patient cannot tolerate a mask, healthy travellers adjacent to the ill traveller may be offered masks;

- Practice and hygiene (hand washing or hand rub);

- Handle any blankets, trays or other personal products used by the patient with respiratory symptoms carefully;

- In case of presence of spills (vomits, blood spills, secretions or others), practice environmental cleaning and spills-management;

## ***Views of MFA Members and Partners***

### At Countries of Destination:

- Create **communication campaigns in multiple languages** to inform foreign migrant workers of risks, services, precautions and disseminate the same with the **assistance of employers, Missions of COO and community/ expatriate organisations.**
- Ensure **adequate protective equipment to active workforce.**
- Government of CoDs are recommended to **assist in funding and providing test kits** to support CoOs capacity to facilitate mass testing among workers to be repatriated.
- Individuals who tested positive should be **treated** in the destination country first.
- Missions of COO to perform strict checks and monitor **employers' compliance** with their obligation and inspect conditions of work and accommodation.
- In line with **corporate responsibility**, companies should support the cost of testing, quarantine, payment of wages, etc. for their employees.
- Guarantee **regular payment of wages or compensation for loss of income** related to the outbreak in association with Labour Department authorities.
- Establishing processes in place once destination countries begin **re-hiring workers** from origin countries. Particularly, ensuring that workers that have returned to the COO, are not dismissed from their employment without serving their notice period and obtaining their 'Full and Final Settlement.'
- Missions of COO must establish or expand the scope of appropriate mechanisms for migrant workers to be able to pursue claims through **Power of Attorney** accorded to Missions – particularly in the case of unpaid wages and dues, compensation,, follow up on indemnity, documentation etc.

- Handle all waste in accordance with regulatory requirements or guidelines;
- Notify the health authority at the point of arrival. The health part of the aircraft general declaration (Annex 9 of IHR) can be used to register the health information onboard and submit to point of entry health authorities, when requested by the country;
- Ensure the flight crew maintain continuous operation of the aircraft's air recirculation system (HEPA filters are fitted to most large aircraft and will remove some airborne pathogens, depending on the size of the particulate or microorganism)

### ***Upon arrival at the Point of Entry***

- ***Entry screening***: temperature screening alone may not be very effective as it may miss travellers incubating the disease or travellers concealing fever during travel, or it may yield false positive (fever of a different cause). If temperature screening is implemented, it should be accompanied with:
  - o ***Primary questionnaire***: Development and use of forms to collect information on symptoms, history of exposure and contact information.
  - o ***Data collection and analysis***: Establishment of proper mechanisms for collection and analysis of data generated from the entry screening for the rapid evaluation and response.
- ***Health messages***: Dissemination of health messages and travel notices informing persons on signs, symptoms and where to seek medical support if needed.

### ***Suspected cases detected at arrival***

- ***Personnel and supplies***: Trained personnel should be available for the early detection and initial evaluation of cases and equipped with the needed supplies.
- ***Interview and initial management***: A separate space should be designated for the initial assessment of suspected cases and the interview of contacts.
- ***Fast track pathway and transport***: A separate pathway should be delineated to rapidly refer suspected cases to the designated hospital/facility for further evaluation to avoid contact with the other passengers. Arrangement for safe transportation of suspected cases to the designated hospital/facility should also be in place.
- ***Contingency plan***: A functional public health emergency contingency plan at point of entry should be in place to respond to public health events.
- ***Disinfection of the Aircraft***: In accordance with the aircraft make and model, usage of preferred cleaning chemicals and methods should be consulted to properly disinfect the aircraft. A segregated space at the PoE and trained personnel should be available to clean the aircraft after disembarking passengers.

## ***Non-suspected passengers' arrival into the country***

- **Risk communication:** Prepare countries to communicate rapidly and transparently with the population and ensure the involvement of media to support the spread of the right messages and avoid rumours. Countries should communicate with their public early and effectively to mitigate stigma or discrimination and avoid panic, in line with the principles of Article 3 of the IHR.
- **Health measures:** If there is evidence of an imminent public health risk from the arriving passengers, the country may, in accordance with Article 31 of the IHR and in alignment with its national law, deeming the extent necessary to control such a risk, compel the traveller to undergo additional health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation. In the absence of an established quarantine law, countries should ensure emergency contingency protocols to support quarantine.

## ***Views of MFA Members and Partners***

### **At Countries of Origin:**

- **Tests must be conducted upon arrival** to ensure that migrant workers did not contract the virus in transit or in any case the negative result from the test conducted prior to departure may be a false result.
- Develop comprehensive strategy to address the impact of the virus upon returnee and current migrant workers with all stakeholders involved.
- Infrastructural arrangements within contingency plans would also need to include **free and unimpeded access to and from national government facilities such as airports, ferries, bus terminals, etc.,**
- There should be **mechanisms in place that is supported by a permanent fund** in countries of origin for rescue, return and reintegration of migrant workers in contingencies by Missions of COO.
- Rapid **data collection** and scan of the situation of migrants in destination countries with the help of Missions and community expatriate organizations.
- Immediate initiatives for **repatriation of bodies** of migrant workers who died abroad due to COVID-19.
- **Awareness campaign** should be strengthened to **prevent stigmatization** of migrant workers and medical personnel **as carriers of the virus.**

## ***Quarantine***

If the country decides to put arriving passengers, those not displaying symptoms, in a quarantine facility, the following needs to be considered, in accordance with Article 32 of the IHR:

- **Infrastructure:** there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness.
- **Accommodation and supplies:** travellers should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other

possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance. A medical mask is not required for those who are quarantined. If masks are used, best practices should be followed.

- **Communication:** establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.
- **Respect and Dignity:** travellers should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all travellers with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of travellers.
- **Duration:** up to 14 days (corresponding with the known incubation period of the virus, according to existing information), may be extended due to a delayed exposure.

## ***Views of MFA Members and Partners***

- There should be **holding areas** for large groups of migrant workers to be repatriated. Holding areas should observe proper social distancing measures.
- All individuals repatriated to observe **home quarantine for 14 days** as a safety and precautionary measure upon arrival.
- **Provision of hotel accommodation for distressed land based and sea-based workers** during the period of enhanced community quarantine at COO must be ensured. This is in line with OWWA's prescribed guidelines for OFWs.
- Following this, **free transportation for migrant workers from international ports to their respective destinations**- after testing or after quarantine should also be provided. This has been adopted as a resolution by the Philippine government to facilitate migrant worker travel to Luzon. (<https://www.covid19.gov.ph/wpcontent/uploads/2020/03/IATF-RESO->

### ***Personnel:***

- **Health Care Workers:** trained personnel should be assigned for the observation and follow up of these passengers in the quarantine facility. These health care workers should be equipped with the basic PPEs and commodities needed to deal with the suspected cases (medical/surgical masks, gowns, gloves, face shields or goggles, hand sanitizers and disinfectants). Additional commodities are needed for surveillance, lab, and clinical management of the 2019-nCoV6. Additionally, they should be trained on case definitions, infection prevention and control measures, and the initial management of suspected cases to perform the following interventions:
  - **Active surveillance:** to identify suspected cases;
  - **Isolate suspected cases and ensure safe transport:** strictly adhere to infection prevention and control (IPC) measures and social distancing procedure to prevent potential spread of the infection to others;
  - **Collect laboratory samples:** to test for the 2019-nCoV in the national reference laboratory or international laboratories in the absence of the lab testing capacity;
  - **Manage cases clinically:** Identify ambulances and designated health facilities to refer cases to for the necessary isolation, treatment and follow up. Adhere to strict IPC measures to prevent the spread of the infection among health care workers or other patients;

- **Trace contacts:** to identify other potential cases within the quarantine facility, test, isolate and treat, as necessary. Extend and adapt quarantine period to correspond to the incubation period of the delayed exposure;
- **Share data:** on the number and description of cases with WHO using the WHO reporting forms and in accordance to Article 6 of the IHR.

**Other Support Staff:** personnel responsible for administrative work and cleaning service should also be trained and properly briefed on signs and symptoms of the disease and provided with appropriate PPEs, as needed.

## ***Practices to Promote and Protect Labour and Migrant Rights***

- *Alternative measures in place for **workers who wish to stay and work** in the destination country post-lockdown must be put in place such as flexibility to change employers or find a job, particularly for those that were laid off without warning or wages during the pandemic.*
- *In case **family separation** is required due to medical issues, it should be done in an orderly manner, maintaining strict protocol for a period of time, and ensuring communication among family members.*
- *Media and governmental authorities in countries of destination need to direct attention towards the return and reintegration of migrant workers, **in acknowledging them as key members of economy and society and in preventing their stigmatization**. This is particularly in relation to discriminatory statements as them being carriers of the virus and subsequent calls for mass repatriation of migrant workers.*
- *Return or repatriation processes must **establish and maintain standard operating procedures** in place to ensure that all migrant workers are able to safely return without exclusion or discrimination, **irrespective of infrastructure and resource capabilities of their countries of origin**.*
- *As a post-crisis measure, CoD government must set up a **monitoring database for jobs that will once again become available** so previously employed workers are able to return to their jobs prior to business closures.*