

Review of Government Budget Allocation for HIV Interventions, Policies, and Outcomes for Migrants

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List of Acronyms

ATN	Assistance to Nationals
BHIC	Bureau of International Health Cooperation
CFO	Commission on Filipinos Overseas
DBM	Department of Budget and Management
DepEd	Department of Education
DFA	Department of Foreign Affairs
DILG	Department of Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
EB	Epidemiology Bureau
GAA	General Appropriations Act
GDP	Gross Domestic Product
GNI	Gross National Income
HARP	HIV/AIDS and ART Registry of the Philippines
HCI	Health Care Institution
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
ILAB	International Labor Affairs Bureau
ILO	International Labour Organization
IMRAP	Inter-Agency Medical Repatriation Program
JMC	Joint Memorandum Circular
MHU	Migrant Health Unit
MIAA	Manila International Airport Authority
NASPCP	National AIDS/STI Prevention and Control Program
NHIP	National Health Insurance Program
NRCO	National Reintegration Center for OFWs

OF	Overseas Filipino
OFW	Overseas Filipino Worker
OHAT	Outpatient HIV/AIDS Treatment package
OUMWA	Office of the Undersecretary for Migrant Workers Affairs
OWWA	Overseas Workers Welfare Administration
PAGCOR	Philippine Amusement and Gaming Corporation
PCSO	Philippine Charity Sweepstakes Office
PDOS	Pre-departure Orientation Seminar
PEOS	Pre-employment Orientation Seminar
PhilHealth	Philippine Health Insurance Corporation
PNAC	Philippine National AIDS Council
POEA	Philippine Overseas Employment Administration
POLO	Philippine Overseas Labor Office
RA	Republic Act
SDG	Sustainable Development Goals
TESDA	Technical Education and Skills Development Authority
UHC	Universal Healthcare

I. INTRODUCTION

A. Background of the Study

For many decades, the Philippine government has viewed migration as an alternative employment strategy for Filipinos. In the 1970s during the Marcos administration, it was even considered as a temporary solution to the rising unemployment and as a means to generate foreign exchange earnings. But what was supposed to be a stopgap measure became a policy when laws were enacted actively promoting labor migration. The Labor Code of the Philippines (Presidential Decree No. 442) itself provided the legal basis for an overseas employment program. It laid down the foundation for other policies that facilitated overseas employment, promoted the protection of overseas Filipino workers, or encouraged the participation of the private sector in the recruitment and placement of workers, both here and abroad.

The institutionalization of migration created an environment that fostered a “culture of migration” among Filipinos¹ such that over the years, millions have considered migration or overseas employment as a symbol of hope for a better life – a step away from poverty for many. To an extent, this explains the ever growing number of Filipinos seeking opportunities overseas. According to stock estimates of Filipinos overseas by the Commission on Filipinos Overseas (CFO), there are currently more than 10M Filipinos overseas which includes permanent migrants, temporary migrants, and irregular migrants.² Among these are around 2.2M overseas Filipino workers (OFW) which includes both overseas contract workers (OCW) and those working without existing contracts.³

The impact of such migration-friendly environment can be translated into how it contributes to national economic development through the steady growth of remittances of overseas Filipinos to the country. Data from the Bangko Sentral ng Pilipinas shows that remittances from these modern-day heroes have continually grown over time as more and more Filipino workers have found jobs abroad. In 2019 alone, personal remittances from overseas Filipinos reached a record high of US\$33.5 billion. This accounts for 9.30% of the country’s gross domestic product (GDP) and 7.80% of its gross national income (GNI).⁴

Migration brings benefits to both the sending and receiving countries, in terms of the remittances from migrants for the former and the migrants’ contribution to labor and development in the latter.⁵ Unfortunately, as beneficial as migration is to the national economy and to the families of overseas Filipinos, migration also puts the person in situations which carry risks to their physical and mental well-being.⁶ One impact of migration to the migrant’s health is the increase in their vulnerability to certain health issues including HIV infection. While it should be noted that migration does not necessarily directly put the person at risk of HIV infection, the conditions in which migrants travel, live

¹ <https://www.migrationpolicy.org/article/philippines-culture-migration>

² <https://mail.cfo.gov.ph/downloads/statistics/stock-estimates.html>

³ <https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos>

⁴ <http://www.bsp.gov.ph/publications/media.asp?id=5290&yr=2020>

⁵ https://www.unaids.org/sites/default/files/media_asset/jc1513_policy_brief_labour_migration_en_0.pdf

⁶ <https://migrationdataportal.org/themes/migration-and-health>

and work often present situations that may render them vulnerable to possibly engage in various kinds of risky behaviours, unsafe sexual behaviours.⁷

It is because of these health vulnerabilities that programs should be put in place to make sure migrants' concerns are properly addressed. It is also for this that health programs, including prevention measures should be given enough attention to make sure that migrants, especially OFWs, are significantly equipped in terms of dealing with circumstances affecting their health and wellness while staying overseas.

This study will therefore look into how the Philippine government allocates its resources for health programs that will benefit OFWs considering how they contribute so much to the national economy through their remittances. How much of this is being funnelled back to them in terms of government budgets for the protection and welfare of migrants and their families? More specifically, how much of the government budget is being allocated for HIV-related programs and programs that target, directly or indirectly, OFWs living with HIV. Moreover, the study will also look into the barriers affecting the accessibility of these programs by the very sector that they are supposed to serve.

B. Objectives of the Study

The objectives of the study are:

1. To review budget allocation for HIV interventions, policies and outcomes available for migrants, including migrants living with HIV;
2. To compare migrants' contribution in development and government spending for migrants' health care, including cases of HIV infection, as well as towards prevention of HIV and AIDS;
3. To review HIV and AIDS policies and practices to explore budget for HIV, and how it is allocated;
4. Explore overall impediments in accessing health care and social services (social protection mechanisms) for HIV positive migrants, and the accessibility of the health care services for migrants.

C. Methodology and Limitations of the Study

This is a descriptive study on how the government spends for migrants as a sector that is a major contributor to national development. To accomplish this, the main methodology is review of government documents that are available online, published in the websites of government agencies concerned. These documents include budget allocations based on the General Appropriations Act which is the very basis of every government agency's budget for a particular year. Alongside this is a review of the agencies' national expenditure programs, zeroing in on budget allocations for already existing migration-and HIV-related programs within each agency.

There is also a review of national laws and policies related to HIV and AIDS which are currently enforced. This provides information on the programs and services available and helps identify any impediments to accessing such programs and services by HIV-positive migrants.

⁷ <https://www.undp.org/content/dam/philippines/docs/HIV/Unveiling%20HIV%20Vulnerabilities.pdf>

D. Significance of the Study

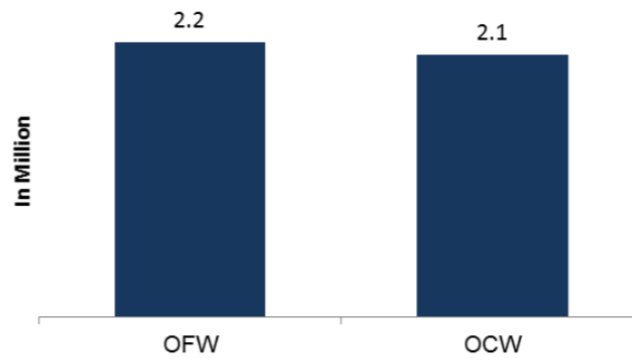
The Philippines, with its long history of migration, is generally lauded for its highly developed support system for migrant workers. This was, in fact, noted by the World Bank in a study released in October 2017.⁸ However, even with its long history of institutionalized labour migration supported by policies and institutions that have evolved throughout the decades, there is still a gap in the data comparing the migrants' contribution in development and the government's spending for programs and services targeting the migrants' health care and sexual and reproductive health and rights, most especially concerning OFWs living with HIV. By making the comparison, the study seeks to identify gaps in terms of where the government agencies are lacking when it comes to allocating for certain services. This information is relevant if the government is to make sure that migrants are not only protected of their rights but are also accorded the services they deserve. On the other hand, the information gathered in this study can also find its significance in policy making and development as it can shed light to certain aspects of migration that may not have been explored more extensively in the past.

⁸ <https://www.worldbank.org/en/region/eap/publication/migrating-to-opportunity-overcoming-barriers-to-labor-mobility-in-southeast-asia>

II. Migration and HIV Situation

Based on the 2019 Survey on Overseas Filipinos,⁹ there are estimated 2.2million overseas Filipinos who worked abroad at any time from April to September, 2019. Of that number, 96.8% are overseas contract workers or those that had an existing work contract at that time. The rest (3.2%) were working overseas without a contract.

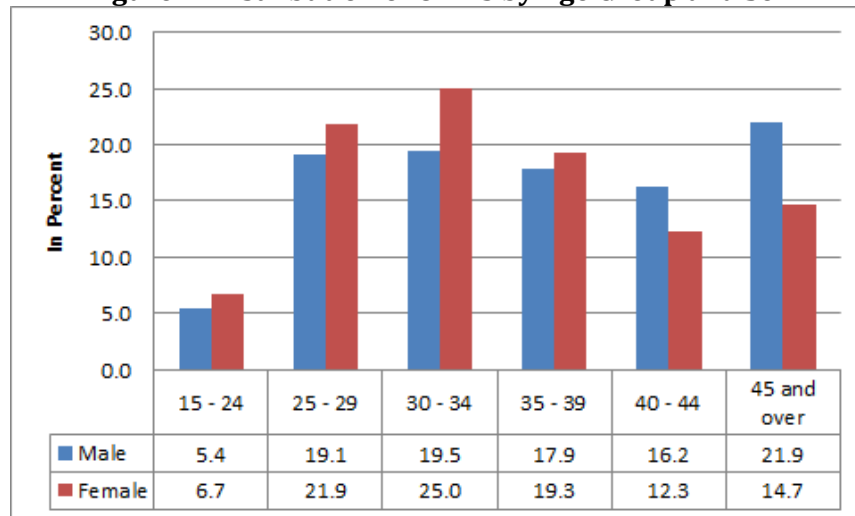
Figure 1. Number of OFWs and OCWs



Source: Philippine Statistics Authority, 2019 Survey on Overseas Filipinos
Note: Reference period is six months prior to survey period.

The survey also showed that there were more female OFWs (56%) than male OFWs (44%). Most of them belonged to the age group 30 to 34 years (22.6%) followed by 20.7% belonging to the age group 25 to 29 years.

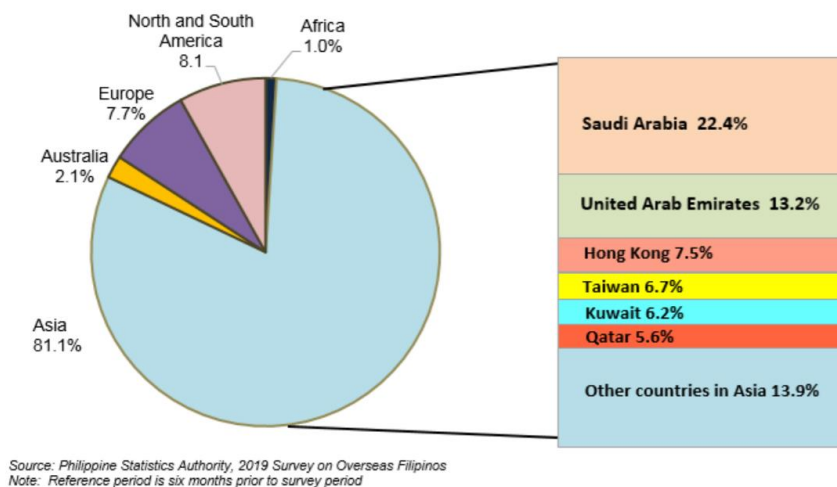
Figure 2. Distribution of OFWs by Age Group and Sex



A huge proportion (81.1%) of the OFWs work in the Middle East and East Asia regions. The top destinations include Saudi Arabia (22.4%), United Arab Emirates (13.2%), Hong Kong (7.5%), Taiwan (6.7%), Kuwait (6.2%), and Qatar (5.6%).

⁹ Philippines Statistics Authority. (2020 June). *2019 Survey on Overseas Filipinos: Report No. 1-A*. Retrieved from <https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos>

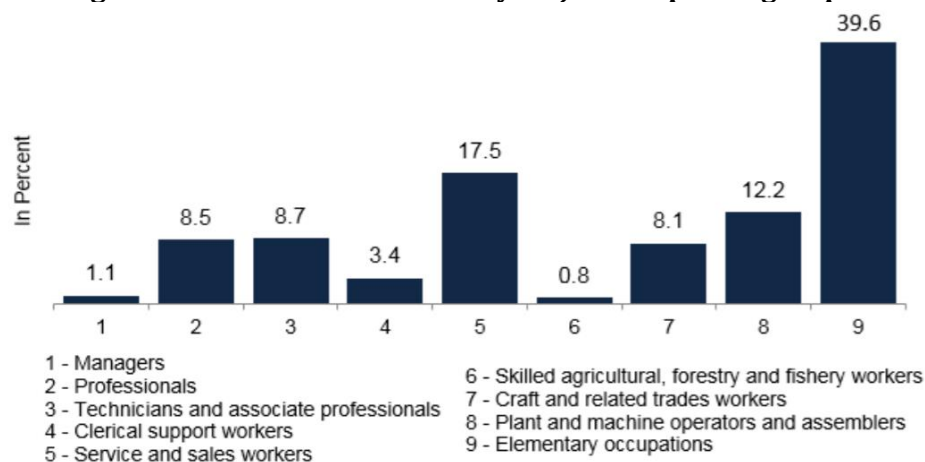
Figure 3. Distribution of OFWs by Place of Work



In terms of type of work, 39.6% were engaged in elementary occupations. According to the International Labour Organization (ILO), “elementary occupations consist of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort.” These include cleaners and helpers; laborers in agriculture, forestry, fisheries, mining, construction, manufacturing and transport; and food preparation assistants, among others.¹⁰

Another most common occupation group was service and sales work in which 17.5% of the OFWs were engaged in. These are workers that provide personal and protective services related to travel, housekeeping, catering, personal care, security; or demonstrate and sell goods in wholesale or retail shops and similar establishments.¹¹

Figure 4. Distribution of OFWs by major occupation groups



Source: Philippine Statistics Authority, 2019 Survey on Overseas Filipinos
Note: Reference period is six months prior to survey period.

¹⁰ <https://www.ilo.org/public/english/bureau/stat/isco/isco88/9.htm>

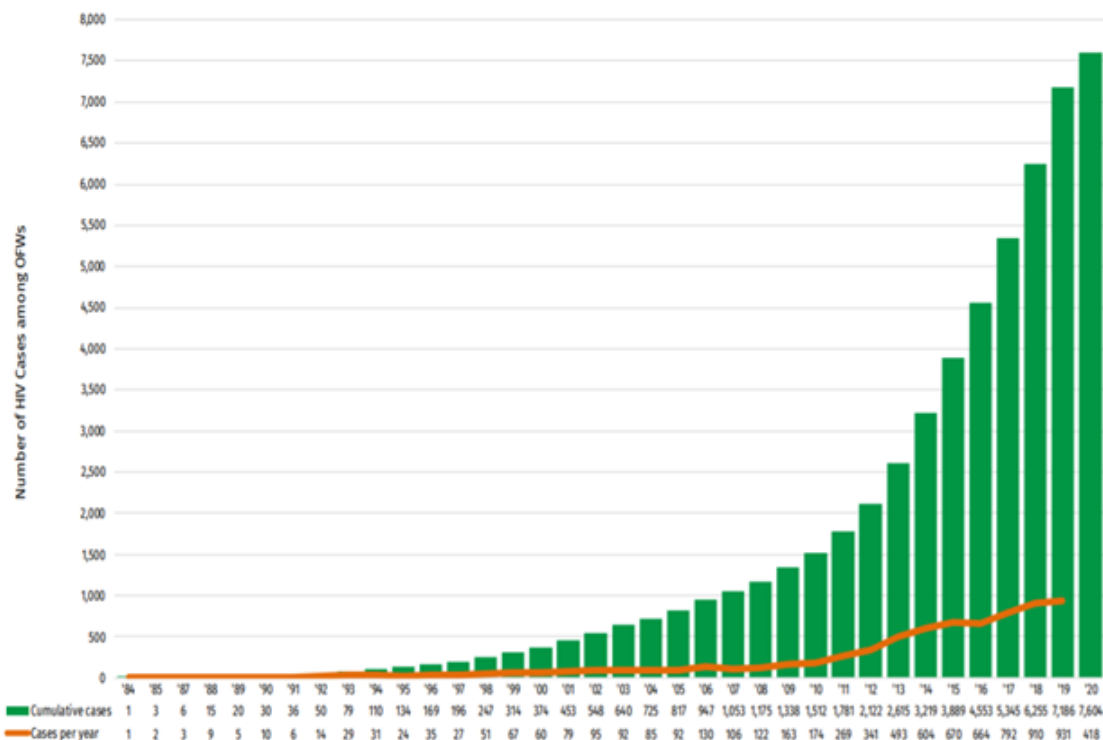
¹¹ Ibid.

In relation to migration and the health of migrants there are circumstances surrounding migration that adversely affect their health and welfare, including the risk of HIV infection. While it should be emphasized that migration does not necessarily directly cause HIV infection, there are social, economic, and political factors that increase that risk. These include separation from families and familiar environments, language barriers, substandard living conditions, and exploitative working conditions, including sexual violence. The resulting isolation and stress may lead migrants to engage in behaviours which further increase the risk of HIV infection¹² and other health concerns.

According to the HIV/AIDS and ART Registry of the Philippines released by the Epidemiology Bureau of the DOH, OFWs comprise 9.37% of the total number of cases in the Philippines or a cumulative total of 7,604 cases since January 1984.¹³ Figure 5 shows the yearly increase over the years.

Of the total cases, 6,612 or 87% were male, 99% (6,532) of whom were infected through sexual contact. Among the 992 females, 97% were infected through male-female sexual contact. The median ages are 32 years for males and 34 years for females.

Figure 5. Number of reported OFW diagnosed with HIV, January 1984 - October 2020 (N = 7,604)



¹² https://www.unaids.org/sites/default/files/media_asset/jc1513_policy_brief_labour_migration_en_0.pdf

¹³ https://www.doh.gov.ph/sites/default/files/statistics/EB_HARP_Apr-Jun_AIDSreg2020.pdf

III. Policy Framework for Protection of OFWs

In keeping with the principles embodied in the Universal Declaration of Human Rights and other basic UN instruments, and on account of the principles elaborated within the framework of the ILO concerning migration for employment and migrant workers, the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families was forged and adopted on 18 December 1990.¹⁴ It is a comprehensive international treaty focusing on the protection of migrant workers' rights, with emphasis on the link between migration and human rights.¹⁵

The Convention establishes the minimum standards that State parties should consider when dealing with migrant workers and members of their families regardless of their migratory status. It puts emphasis on the protection of human rights that should be accorded to migrants and the prevention of activities that lead to the violation of such rights. It also recognizes the rights of undocumented migrant workers and the fact that they are frequently exploited and are often the victims of human rights violations.

The Convention also promotes sound, equitable, human and lawful conditions in connection with international migration.

Having signed the ICRMW on 15 November 1993 and after ratifying it on 5 July 1995, the Philippines is bound by the Convention and is expected to uphold the principles upon which it was forged. As a start, R.A. No. 8042, also known as the Migrant Workers and Overseas Filipinos Act of 1995, was enacted as the omnibus law on migration governance in the country.

Enacted by Congress as a legislative response to the highly-publicized case of Flor Contemplacion, a Filipino domestic helper who was executed in Singapore¹⁶, R.A. No. 8042 seeks to provide for the protection of migrant workers at all stages of the migration process.¹⁷

In 2010, the law was amended by R.A. No. 10022 to strengthen the protective measures and to further define the roles expected from other agencies that are involved in the provision of services and promotion of the rights of migrant workers. These agencies include Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA), Department of Health (DOH), Technical Education and Skills Development Authority (TESDA), and the local government units, among others. The amendment also provided for the establishment of the National Reintegration Center for Overseas Filipino Workers (NRCO) under the Department of Labor and Employment (DOLE). In lieu of the previously created re-placement and monitoring center, the NRCO shall provide a mechanism for the reintegration of OFWs into the Philippine society. It also serves as a

¹⁴ <https://www.ohchr.org/en/professionalinterest/pages/cmw.aspx>

¹⁵ <https://www.ohchr.org/documents/publications/factsheet24rev.1en.pdf>

¹⁶ http://ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_201588.pdf

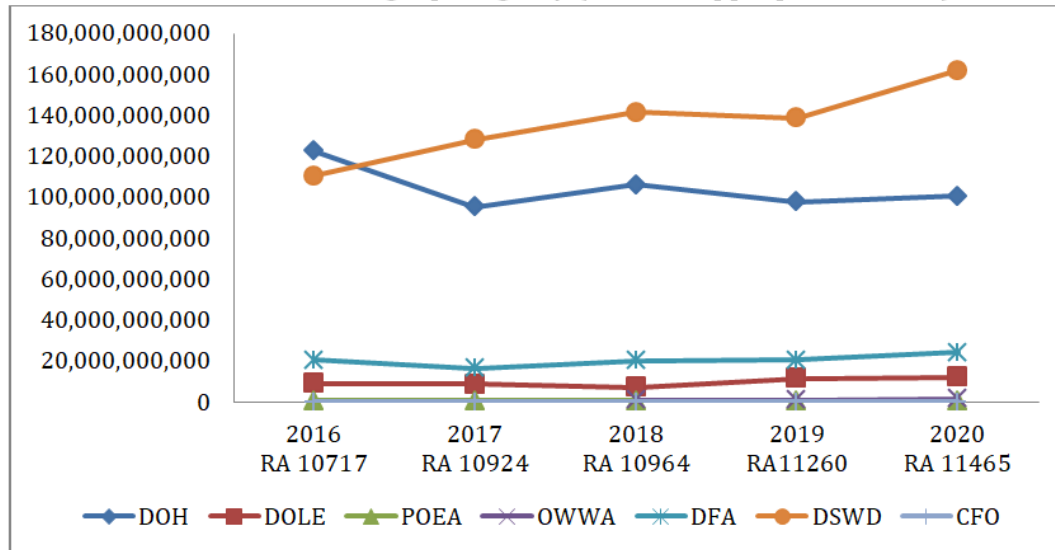
¹⁷ <https://www.oecd-ilibrary.org/docserver/9789264272286-6-en.pdf?expires=1609136288&id=id&accname=guest&checksum=E3A6D32E8757A7768AC5837BEC50A417>

promotion house for their local employment, and to tap their skills and potential for national development.¹⁸

IV. Budget Trends and Remittances: 2016-2020

A. National Budget Trends

Table 1. Annual Budget per agency (General Appropriations Act)



	2016 RA 10717	2017 RA 10924	2018 RA 10964	2019 RA 11260	2020 RA 11465
DOH	122,630,153,000	95,274,075,000	106,082,096,000	97,653,633,000	100,559,985,000
DOLE	9,121,682,000	8,544,227,000	7,189,484,000	11,603,002,000	12,057,296,000
POEA	487,978,000	579,460,000	541,101,000	431,419,000	510,051,000
OWWA			875,682,000	1,077,144,000	1,588,778,000
DFA	20,599,627,000	16,511,616,000	20,215,012,000	20,347,047,000	24,047,378,000
DSWD	110,480,692,000	128,070,504,000	141,396,931,000	138,492,625,000	161,959,528,000
CFO	86,184,000	84,352,000	82,429,000	124,369,000	129,838,000

The national budget consists of all the government agencies' plans in terms of how much they estimate to be spending for their respective programs and projects and for maintenance and operations including salaries, for a definite period of time. Based on the General Appropriations Act (GAA) which is enacted yearly by Congress, the national budget also defines, where necessary, specific sources of funds for certain expenditures. In some instances where there are existing laws providing for specific sources of funds, the GAA defines how these allocations are to be spent. For instance, RA 6631 and RA 6632 provide that a certain percentage of the value added taxes collected from horse races is earmarked for health but it is the GAA that specifies which health programs are covered and how much should be allocated. The same is true with the amounts earmarked for health from sin tax revenues in accordance to the Sin Tax Law of 2012 (RA 10351).

In the last five years, the budget allocations for almost all the agencies and departments have steadily increased. This is with the exception of the DOH as shown in Table 1. The

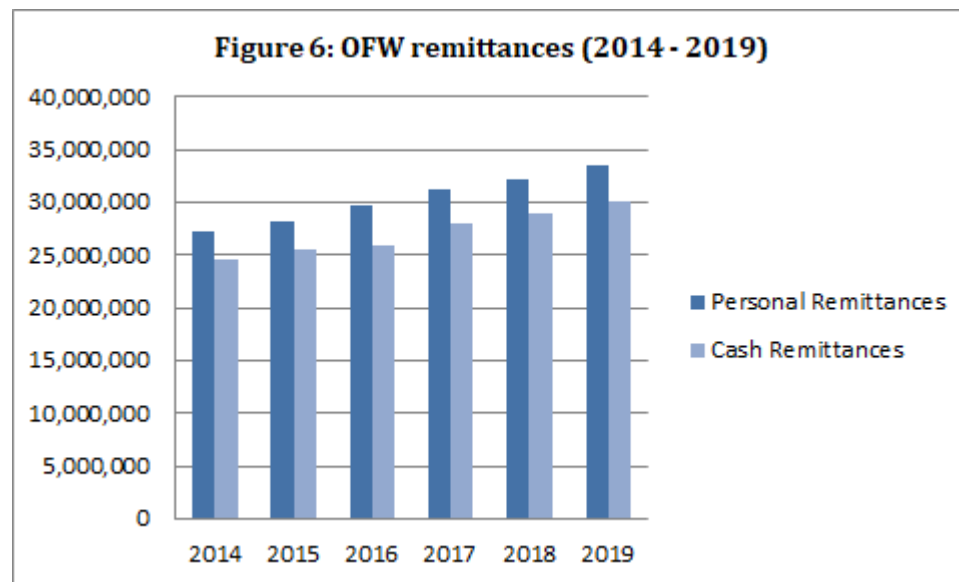
¹⁸ RA No. 10022, Section 10

biggest increase is OWWA's budget that jumped to as much as PhP713M in the last three years alone. It should be noted that prior to 2018, the agency operated under a budget that was sourced from its internal funds. Appropriation from the national government under the GAA only started in 2018, in accordance with RA No. 10801, to cover the funding requirement for personal services and the maintenance and other operating expenses of the agency.¹⁹

B. Remittances from Overseas Filipinos

Remittances represent the earnings of Filipinos working abroad that are transferred to their home families.²⁰

According to data from the Bangko Sentral ng Pilipinas, remittances from Overseas Filipinos has steadily increased in the last few years (Figure 6) and has in fact set records high in 2019. Much of the remittances were in the form of cash that were coursed through banks but it should be noted that personal remittances also include personal transfers (including transfers in cash or in kind) and capital transfers between households (including provision of resources for capital formation purposes, such as for construction of residential houses, etc.).²¹



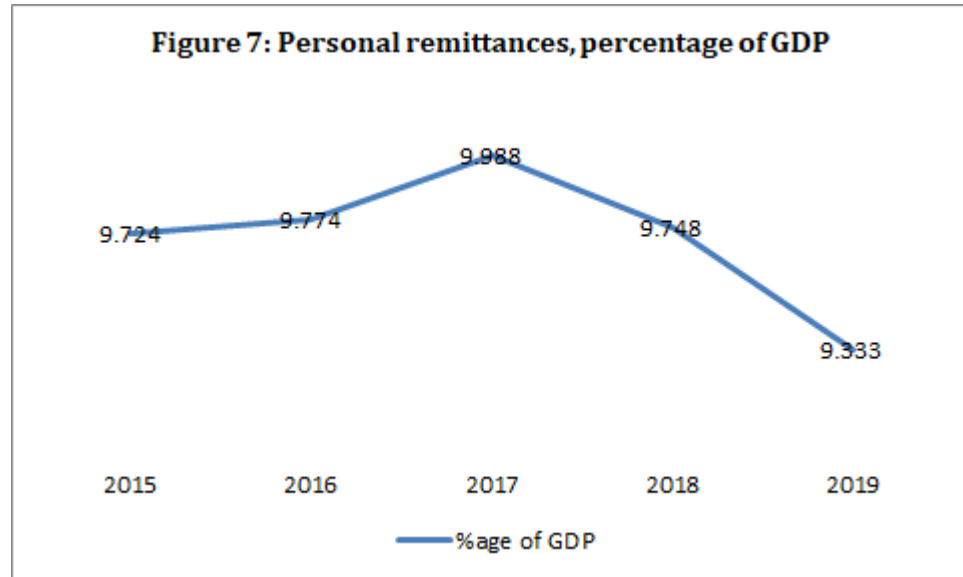
The impact of this sustained growth of remittances to the national economy can be seen in the fact that personal remittances constitute about 10% of the country's GDP (as shown in Figure 7 with data from the World Bank). Personal remittances also account for about 8% of the country's Gross National Income (GNI), at least in 2019, according to Bangko Sentral ng Pilipinas.

¹⁹ RA No. 10801, Section 53

²⁰ <https://mail.cfo.gov.ph/news/from-overseas-filipinos/481-worker-remittances-and-the-philippine-economy.html>

²¹ <http://www.bsp.gov.ph/publications/media.asp?id=5290&yr=2020>

The increasing remittances also substantially added to the country's earnings in foreign exchange which helps improve the nation's finances, especially in terms of how it services external debts and purchase of foreign goods and services.²²



But aside from its impact on the national economy, OFW remittances also contribute directly to the household income and consumption of the families of the OFWs. In a way, this raises the standard of living of the families as the remittances not only service as additional income for the family but they also translate to expenditures in household maintenance and family investment.²³ The impact of remittances is not only limited to short-term effects such as having more spending money for the family. As recipient families put these funds to use on investments such as education and health, this affects long-term economic improvement in the family.

²² <https://mail.cfo.gov.ph/news/from-overseas-filipinos/481-worker-remittances-and-the-philippine-economy.html>

²³ <https://mail.cfo.gov.ph/news/from-overseas-filipinos/481-worker-remittances-and-the-philippine-economy.html>

V. Budget Allocations of Agencies Mandated to Provide Services for Migrants

In the Philippines, migration is managed by specialized agencies that are assigned specific roles in the different stages of the migration process and to make sure that the rights of migrants are protected. For this study, the agencies included are the Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA), and the National Reintegration Center for OFWs (NRCO), all of which are under the Department of Labor and Employment (DOLE). Also included are the Migrant Health Unit (MHU) of the Department of Health (DOH), the International Social Services Office (ISSO) of the Department of Social Welfare and Development (DSWD), Department of Foreign Affairs – Office of the Undersecretary for Migrant Workers’ Affairs (DFA-OUMWA), and the Commission of Filipinos Overseas (CFO).

It should be noted that prior to 2018, budget allocations for each government agency were made based on services grouped under identified major final outputs (MFO). Under these major categories are more specific programs and services with separate line item allocations. Starting in 2018, the budgeting for specific line items were re-categorized and re-labeled as “Programs”. This explains the difference in the labels in the succeeding tables under this Section.

It should also be noted that in September 2019, the President issued Executive Order No. 91 providing for the adoption of a cash budgeting system effective in January of the same year. Under the cash budgeting system, “all appropriations shall be made available for obligation and disbursement only until the end of each fiscal year.”²⁴ Under a cash-based budgeting system, contractual obligations and disbursements are limited only to goods delivered and services rendered within the fiscal year. Any project or appropriation that is still not ready for implementation within the fiscal year were to be removed from the proposed budget.²⁵ This may explain why some of the agencies and/or their appropriations have noticeably decreased in 2019.

Department of Labor and Employment (DOLE)

The DOLE is the country’s primary agency mandated to formulate policies, and implement programs and services in the area of labor and employment, including both local and overseas employment of Filipinos. Taking its mandate primarily from the Labor Code of the Philippines or Executive Order No. 126, as amended, DOLE “has exclusive authority in the administration and enforcement in labor and employment laws and such other laws specifically assigned to it or to the Secretary of Labor and Employment.”²⁶ Under it are attached agencies like NRCO, POEA, and OWWA.

DOLE’s migration-related services include on-site welfare services and reintegration services for OFWs which are both under its Workers Protection and Welfare Program.

The On-site Welfare Services for OFWs is a wide-range array of on-site programs and services to promote and protect the rights and welfare of OFWs. These services include

²⁴ <https://www.dbm.gov.ph/index.php/secretary-s-corner/press-releases/list-of-press-releases/1508-duterte-orders-adoption-of-cash-budgeting-system>

²⁵ <https://www.rappler.com/newsbreak/iq/things-to-know-cash-based-budgeting>

²⁶ www.dole.gov.ph

skills and entrepreneurial development to prepare the OFWs for reintegration when they return to the country. It also includes case management which covers conciliation-mediation services and legal assistance to address employment-related complaints and cases. Also included is the provision of shelter for those who run away from their employers and are waiting for the resolution of their labor cases. These services are provided by the International Labor Affairs Bureau (ILAB) and the Philippine Overseas Labor Offices (POLO) which also take care of the repatriation of OFWs in conflict areas or those who are in distress, medically or mentally-ill, or their remains and belongings in cases of death of the OFW.²⁷

The Reintegration Services, on the other hand, “is a package of interventions and mechanisms developed and implemented to facilitate the productive return of the OFWs to their families and communities upon their completion of overseas employment. It provides the OFWs and their families the opportunities for accessing projects and services that would help them mitigate the social cost of migration and cushion the impact of forced repatriation due to unexpected events. It also aims to maximize the gains of overseas employment through local employment/re-employment or business/enterprise development facilitation.”²⁸

Implemented by the National Reintegration Center for OFWs (NRCO), in coordination with DOLE Regional Offices and the OWWA, the Reintegration Services have both psycho-social and livelihood components. The psycho-social component consists of capacity-building through assistance in community organizing and maintaining OFW Family Circles, and other services such as counseling, stress debriefing, values formation, and financial literacy.²⁹

The livelihood component includes several programs targeting OFWs in specific situations:

1. *Balik-Pinas, Balik-Hanapbuhay Program*. This is a non-cash livelihood support/assistance intended to provide immediate relief to returning member OFWs, active or non-active, who are displaced from their jobs due to war/political conflicts in host countries or policy reforms controls and changes by the host government or are victims of illegal recruitment and/or human trafficking or other distressful situations.
2. *Balik-Pinay, Balik-Hanapbuhay Program*. This involves the provision of livelihood skills training and distribution of starter kits to enable women OFW returnees to start and to operate livelihood undertaking for self-employment. Priority is given to women OFWs who are displaced by the hostilities and conflicts in their host country, or victims of illegal recruitment and trafficking and other distressed and displaced women household service workers.
3. *Financial Awareness Seminar (FAS) and Small Business Management Training (SBMT)*. The training is intended to assist OFWs and their families with financial literacy relative to their overseas employment and to encourage them in putting up a small business enterprise for self-employment;
4. *Livelihood Development Assistance Program (LDAP)*. This provides grants for livelihood assistance to undocumented returning OFWs thru livelihood starter kits; and

²⁷ <https://www.dole.gov.ph/on-site-welfare-services-for-ofws/#>

²⁸ <https://www.dole.gov.ph/reintegration-services-for-overseas-filipino-workers/>

²⁹ Ibid.

5. *Education and Livelihood Assistance Program (ELAP)*. This provides scholarships for the dependents of OFWs who were active OWWA members at the time of death. It also includes livelihood assistance to the surviving spouse if the OFW is married or the mother/father if the OFW is single.³⁰

Also a component of the national reintegration program for OFWs is the Assist WELL (Welfare, Employment, Legal, Livelihood) Program that specifically targets OFWs who are repatriated from crisis or emergency situations. This covers airport assistance, temporary shelter/accommodation, employment, legal, and livelihood needs of the repatriated workers.³¹

Generally, the major allocations within the DOLE budget that are relevant to migration have increased since 2016 despite the notable decrease in the department's overall budget in 2017 and 2018 (as seen in Table 1). As can be seen in Table 2, there is a huge increase in the department's allocation for workers' welfare programs from PhP1.4 billion in 2016 to PhP9.5 billion in 2020. The budget also expanded to include a separate line item for livelihood and emergency employment for repatriated OFWs, promotion of International Labor Affairs, and promotion of rights and welfare of workers with special concerns. However, despite the huge increase in the budget, the allocation specifically earmarked for Reintegration Services drastically dropped from PhP102million in 2016 to only PhP21million in 2020.

Table 2: Migration-related allocations within the DOLE annual budget.					
DOLE	2016	2017	2018	2019	2020
Annual Budget	9,121,682,000	8,544,227,000	7,189,484,000	11,603,002,000	12,057,296,000
Labor Force Welfare Services	1,444,543,000	2,872,555,000			
Workers' protection and welfare services to OFWs	792,325,000	1,192,789,000			
Reintegration Services for OFWs	102,523,000	68,158,000			
Workers' amelioration and welfare services	30,150,000	36,919,000			
Workers protection and welfare program			4,693,658,000	9,205,101,000	9,541,858,000
Promotion of rights and welfare of workers with special concerns			46,084,000	50,098,000	46,863,000
Promotion of International Livelihood and emergency			30,775,000	30,302,000	29,593,000
Welfare services			3,342,976,000	7,453,337,000	7,930,529,000
Reintegration services for OFWs			1,173,823,000	1,595,029,000	1,513,418,000
Percentage of annual budget	10.14%	15.19%	65.29%	79.33%	79.14%

In relation to the overall budget for the department, migration-related allocations have steadily increased such that in the last two years, 79% of the department's budget is actually allocated for workers protection and welfare programs. The increase in the allocation can be attributed to the fact that since 2018, the coverage of the workers protection and welfare program expanded the services that were covered previously.

³⁰ Ibid.

³¹ <https://www.dole.gov.ph/assist-well-welfare-employment-legal-livelihood/>

National Reintegration Center for OFWs (NRCO)

The National Reintegration Center for OFWs was established through Republic Act No. 10022 which amended RA No. 8042. It is an attached agency under the DOLE that aims to provide a mechanism for the reintegration of returning migrants to the Philippine society, serve as a promotion house for their local employment, and tap their skills and potential for national development.³²

Unlike the POEA which provides services for outgoing Filipinos, NRCO functions to assist returning OFWs to facilitate their re-introduction to their communities. To do this, it coordinates with other stakeholders to develop capacity-building programs and programs for livelihood, entrepreneurship, savings, investments and financial literacy for both the returning migrant workers and their families.³³

As an attached agency of the DOLE, it draws its budget from the Department. It should be noted, however, that there is no budget allocation from the Department that is specifically earmarked for NRCO. Instead, the department's budget under the GAA is allocated for specific Programs which DOLE and its attached agencies are expected to implement.

Philippine Overseas Employment Administration (POEA)

The POEA was created under Executive Order No. 797 signed by President Ferdinand Marcos on May 1, 1982. Taking over the functions of three other agencies which were previously created under the Labor Code of the Philippines, POEA was created to promote and develop the overseas employment program and to protect the rights of migrant workers. In 1987, President Corazon Aquino issued Executive Order No. 247 to reorganize the agency to systematize its operations and to make it more efficient in undertaking its principal functions. Included in its functions is the regulation of the private sector's participation in recruitment and overseas placement by setting up a licensing and registration system.

As the agency that is mainly responsible for managing migration in the country, one of its core functions is to ensure that worker's rights are protected by educating workers, providing different kinds of assistance, and working closely with non-government organizations and workers' organizations to make services more accessible to the overseas workers. More specifically, the agency conducts pre-deployment orientation seminars (PDOS) and pre-employment orientations seminars (PEOS), provides legal assistance to victims of illegal recruitment, and provides repatriation assistance, among others.

There are two main programs allocated for by POEA. The first one is the Overseas Employment and Welfare Program which covers overseas employment facilitation services and worker's welfare and government placement services. The second one is the Overseas Employment Regulatory Program which covers services in licensing and regulation, anti-illegal recruitment, and adjudication. For the purposes of this study, we will be looking at the annual budget for the first program.

³² <http://nrco.dole.gov.ph/index.php/about-us/legal-mandate>

³³ RA 10022, Section 11. Functions of the National Reintegration Center for Overseas Filipino Workers.

Table 3: Relevant allocations in the POEA and OWWA annual budgets.					
POEA	2016	2017	2018	2019	2020
Annual Budget	487,978,000	579,460,000	541,101,000	431,419,000	510,051,000
Overseas Employment Welfare Services	119,250,000	140,652,000			
Overseas employment promotion services	86,549,000	99,520,000			
Worker's welfare assistance and Overseas placement services	32,701,000	41,132,000			
Overseas Employment and Welfare Program			293,061,000	168,238,000	218,795,000
Overseas employment facilitation Services			113,218,000	124,401,000	120,840,000
Worker's welfare and government placement services			40,877,000	43,837,000	97,955,000
Percentage of annual budget	24.44%	24.27%	28.48%	39.00%	42.90%
OWWA	2016	2017	2018	2019	2020
Annual Budget			875,682,000	1,077,144,000	1,588,778,000
Social Protection and Welfare for OFWs Program			642,457,000	690,108,000	754,769,000
Percentage of annual budget			73.37%	64.07%	47.51%

Overseas Workers Welfare Administration (OWWA)

The OWWA is another attached agency of the DOLE that serves to provide services for OFWs. It is formerly known as the Welfare Fund for Overseas Workers or Welfund which was created under Presidential Decree No. 1694 by Marcos on May 1, 1980. Under the Decree, the Welfund was to “be used for the purpose of providing social and welfare services to Filipino overseas workers, including insurance coverage, legal assistance, placement assistance, and remittance services.”³⁴

In May 10, 2016, Republic Act No. 10801, otherwise known as the Overseas Workers Welfare Administration Act, repealed PD 1694 and defined the nature and functions of the OWWA. Under the new law, OWWA is “vested with the special function of developing and implementing welfare programs and services that respond to the needs of its member-OFWs and their families.” It is mandated to provide “gender-responsive reintegration programs, repatriation assistance, loan and credit assistance, on-site workers assistance, death and disability benefits, healthcare benefits, education and skills training, social services, family welfare assistance, programs and services for women migrant workers, and other appropriate programs that provide timely social and economic services.”³⁵

OWWA is involved in the three stages of migration: pre-departure, on-site, and upon arrival. It has its own Pre-departure Education Program which includes country-specific PDOS for all outgoing OFWs, Comprehensive Pre-departure Education Program (CPDEP) for domestic workers, Seafarer’s Upgrading Program (SUP), and Mariner’s Dugtong Aral (Bridging) Program.³⁶

The agency also provides on-site assistance and services including psycho-social

³⁴ PD No. 1694, Section 1

³⁵ RA 10801, Section 34 – Guiding Principles

³⁶ <https://owwa.gov.ph/index.php/programs-services/education-training>

counselling, mediation/conciliation with employers, hospital/prison/work camp visitations, and legal assistance, among others. It also has its Repatriation Program for distressed OFWs and human remains. Under the program, OFWs are provided with services such as airport assistance, temporary shelter, stress debriefing, and transport services or fares for their onward travel to their respective provinces.³⁷ Aside from that, OWWA is also involved in the reintegration process. Under its program, the agency provides on-site training for reintegration preparedness and assistance upon return of the repatriated OFW through job referrals, business counselling, community organizing, financial literacy training, and networking with support institutions. It also has its loan facility to support enterprising OFWs.³⁸

OWWA's programs extend to the OFW's dependents by making available for them scholarships and livelihood assistance, under certain conditions.³⁹

In terms of budgeting, OWWA's main allocation goes to its Social Protection and Welfare for OFWs Program. Presumably, this covers the programs and services earlier mentioned. But it should be noted that many of these programs and services are implemented and provided in coordination with other agencies such as POEA, NRCO, or even the umbrella department, DOLE, itself. It is not clear, however, how the programs and services are being allocated for given the fact that there seems to be a redundancy in their implementation or provision. At any rate, as can be seen in Table 3, OWWA's budget allocation has gradually increased since a separate line item was provided in the GAA starting in 2018. Prior to that, the agency's budget was sourced from its internal funding.

Department of Health (DOH)

Generally, the DOH's mandate is guided by the Constitutional guarantee of protection and promotion of the people's right to health as provided in the 1987 Constitution, Article II, Section 15. Article XIII on Social Justice and Human Rights on Health further declares that it is the responsibility of the State to "adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost."

In Executive Order No. 102 s. 1999, it is provided that the DOH is the overall technical authority on health and is mandated to provide national policy direction and develop national plans, technical standards and guidelines on health. Among other things, the DOH shall pursue and assure the following:

1. promotion of the health and well-being of every Filipino;
2. prevention and control of diseases among populations at risk;
3. protection of individuals, families, and communities exposed to health hazards and risk; and
4. treatment, management and rehabilitation of individuals affected by diseases and disability.⁴⁰

³⁷ <https://owwa.gov.ph/index.php/programs-services/repatriation>

³⁸ <https://owwa.gov.ph/index.php/programs-services/reintegration>

³⁹ <https://owwa.gov.ph/index.php/programs-services/education-training>

⁴⁰ Executive Order No. 102 series 1999. Redirecting the Functions and Operations of the Department of Health.

Among its roles outlined in the executive order is to be the direct provider for specific programs that affect large segments of the population, such as tuberculosis, malaria, schistosomiasis, HIV-AIDS and other emerging infections, and micronutrient deficiencies. It should be noted, however, that even prior to the executive order, the DOH was already the lead agency on health. In the area of HIV prevention, in fact, the department has already put in place programs and services for the HIV response.

Table 4 shows DOH allocations for HIV-related services or programs and for the operation of the Philippine National AIDS Council (PNAC) which was first created by Republic Act No. 8504 which was repealed by Republic Act No. 11166 or the “Philippine HIV and AIDS Policy Act of 2018.” As can be seen, the allocations - even for PNAC - has gradually increased in the last five years, except for a notable decrease in 2019, presumably to meet the requirements needed to curb the increasing trend in HIV infections. However, the GAA does not indicate how much is earmarked exclusively for the national HIV response. This means that the budget for HIV-related programs and services is lumped with the budget for other infectious diseases. As such, the availability of funds for HIV programs and services is directly affected by the actual expenditures for other diseases, and vice-versa.

Table 4. HIV response-related allocations within the DOH annual budget					
DOH	2016	2017	2018	2019	2020
Annual Budget	122,630,153,000	95,274,075,000	106,082,096,000	97,653,633,000	100,559,985,000
MFO 2. Technical Support Services	92,441,749,000	54,253,498,000			
Other infectious diseases and emerging and re-emerging diseases including HIV/AIDS,	1,057,696,000	1,968,792,000			
Operation of PNAC Secretariat	12,274,000	10,849,000			
Public Health Program			19,594,014,000	17,463,544,000	17,519,002,000
Prevention and Control of Infectious Diseases sub-program			2,491,964,000	1,632,033,000	2,021,089,000
Operation of PNAC Secretariat			11,457,000	8,337,000	14,358,000

DOH-Epidemiology Bureau and the National AIDS/STI Prevention and Control Program

The bulk of the budget allocations for the national health response on HIV and AIDS is allocated for the National AIDS/STI Prevention and Control Program (NASPCP). The program outlines the national strategies in the country’s fight against the disease. It was initially established in 1988 as the National AIDS Prevention and Control Program. In 1994, the National STD Control Program was merged into it leading to the creation of what is now the NASPCP.

Meanwhile, within the department is the Epidemiology Bureau (EB) which monitors and evaluates the HIV programs in the country. It also updates data for the HIV/AIDS and ART Registry of the Philippines and the Integrated HIV Behavioral and Serologic Surveillance among other reports.

Table 5 shows the DOH budget for HIV response. This includes the budget for the NASPCP and the Epidemiology Bureau which are presumably deducted from the department budget earmarked for Public Health Program or MFO 2 prior to 2018 (Table 4).

Table 5. DOH budget for the HIV response					
	2016	2017	2018	2019	2020
Annual Budget	122,630,153,000	95,274,075,000	106,082,096,000	97,653,633,000	100,559,985,000
NASPCP	598,000,000	1,056,000,000	700,000,000	900,000,000	1,200,000,000
DOH-Epidemiology Bureau	35,396,000	100,200,000	63,600,000	247,000,000	101,000,000
Operation of PNAC Secretariat	12,274,000	10,849,000	11,457,000	8,337,000	14,358,000
Percentage of annual budget	0.53%	1.22%	0.73%	1.18%	1.31%
Percentage of budget earmarked for MFO/Program	0.70%	2.15%	3.96%	6.62%	7.51%

As can be seen in Table 5, the budget for HIV response represents a very small percentage of the annual budget or an average of 0.99% in the last five years. On the other hand, in relation to the allocation earmarked for Public Health Program (or MFO 2 prior to 2018), it appears that the HIV response allocation has been increasing steadily since 2018. However, it should be noted that the earmarked amount for Public Health Program in 2018 is only about 36% of the earmarked amount for MFO2 in 2017. It stayed relatively lower in the next couple of years. What this means is that because the HIV response allocation has been increasing while the earmarked amount for the Program has not really increased significantly, the budget allocations for the prevention and control of other infectious diseases have presumably decreased. This is because it is lumped with other infectious diseases for purposes of budgeting.

DOH – Migrant Health Unit

The Department of Health - Migrant Health Unit was created under DOH Administrative Order No. 2016-0007 or the National Policy on the Health of Migrants and Overseas Filipinos. It is an attached office under the department's Bureau of International Health Cooperation (BIHC) and serves primarily as the focal point in the DOH for all migrant health-related issues. It also functions to "facilitate the delivery of specific services to OFs with critical health needs, such as medical repatriation assistance and health assistance for migrants and OFs" as well as "to consolidate and disseminate information about the state of health of migrants" from different stakeholders.

Under the same administrative order, the MHU is also designated to convene a task force on migrant health within the DOH that shall provide technical, substantive, and policy direction on migrant health-related issues.

The DOH-MHU also serves as central coordinating unit for all cases of medical repatriation, within and outside the DOH and its attached agencies, as provided in Joint Memorandum Circular No. 2017-0001 or the Integrated Policy Guidelines and Procedures on the Implementation of the Inter-Agency Medical Repatriation Program for Overseas Filipinos. Signed by six agencies including DFA, DOH, DOLE, DSWD, Department of Interior and Local Government (DILG), and the Manila International Airport Authority (MIAA), the JMC primarily aims to "harmonize existing processes and procedures involving medical repatriation and formalize inter-agency coordination and cooperation among government agencies."

To function as a unit and to be able to implement the programs that it is tasked to handle, the MHU derives its budget and funding from the budget of the DOH. Under DOH AO No.

2016-00007, the allocation comes from the BIHC for the “establishment of a National Program for Migrant Health ... and for the establishment of a unit in charge of the general oversight, coordination and management of projects and activities related to the Program.” At the same time, JMC No. 2017-0001 mandates the concerned national government agencies to allocate budget that they require in the performance of their respective tasks as outlined in the Circular. Hence, in the case of the MHU, the budget is sourced from the regular budget of the DOH in accordance with law.

However, because of the way the budget is prepared, there is no clear indication in the GAA as to how much is allocated specifically for the DOH-MHU. Neither is there clear cut budget allocation for the programs and services it implements or provides, including how much is allocated for medical repatriations.

DSWD - International Social Welfare Services Office

Section 19 of RA No. 8042 provides for the establishment of a Migrant Workers and Other Overseas Filipino Resources Center in countries where there are large numbers of Filipino migrant workers. Such Center shall, among others, provide counselling and legal services, and welfare assistance including the procurement of medical and hospitalization services. This necessitates the deployment of a Social Welfare Attaché (SWAtt) to perform the functions and duties required for the Center. This, along with DSWD’s mandate to provide social and welfare services for every Filipino, provides the basis for the institutionalization of the International Social Welfare Services for Filipinos program which is implemented by the ISSO. Among other services, the SWAtt shall provide psychosocial services including counselling services and psychosocial processing, and assistance to individuals in crisis situations (AICS).⁴¹

On the other hand, RA No. 11299 which amended RA No. 8042 provided for the establishment of the Office for Social Welfare Attaché under DSWD. Under the amendment law, the SWAtt is to be deployed in countries with large concentrations of OFWs.

The budget for the operation of the Center and the deployment of SWAtt is sourced from the regular budget of DSWD as included in the General Appropriations Act.⁴²

In the 2016 and 2017 budgets, allocations related to migration were categorized under Social Protection Services. But except for the program on recovery and reintegration of trafficked persons, the services in this category are not exclusive for overseas Filipinos as these are the same programs that are provided for the general population. Starting in 2018, the budget allocations were re-categorized into either Promotive Social Welfare Program or Protective Social Welfare Program. In a way, this expanded the services provided for overseas Filipinos. Consequently, the amount allocated for migration-related services has increased.

⁴¹ https://www.dswd.gov.ph/issuances/AOs/AO_2016-007.pdf

⁴² RA No. 11299, Section 3

Table 6: Migration-related allocations in the DSWD annual budget					
DSWD	2016	2017	2018	2019	2020
Annual Budget	110,480,692,000	128,070,504,000	141,396,931,000	138,492,625,000	161,959,528,000
Social Protection Services	95,382,698,000	114,806,905,000			
Recovery and Reintegration Program for Trafficked persons	23,834,000	24,827,000			
Sustainable Livelihood Program	9,609,403,000	9,112,556,000			
Employment facilitation	6,236,132,000	6,282,970,000			
Capacity Building Services	666,114,000	791,011,000			
Regulatory Services	58,629,000	63,960,000			
Promotive Social Welfare			99,893,388,000	94,297,477,000	115,837,844,000
Sustainable Livelihood Program			5,060,000,000	1,724,882,000	5,451,874,000
Protective Social Welfare			34,023,371,000	35,070,546,000	38,655,546,000
Social Welfare for Distressed Overseas Filipinos and Trafficked Persons Sub-Program			167,601,000	166,872,000	166,530,000
Services to Distressed OFs			90,000,000	90,000,000	89,840,000
Services to Displaced Persons			52,473,000	52,473,000	52,349,000
Recovery and Reintegration Program for Trafficked Persons			25,128,000	24,399,000	24,341,000
Percentage of annual budget	15.02%	12.71%	3.82%	1.49%	3.57%

DFA-Office of the Undersecretary for Migrant Workers' Affairs

The DFA-Office of the Undersecretary for Migrant Workers' Affairs (OUMWA) takes its mandate from RA No. 8042, otherwise known as the Migrant Workers and Overseas Filipinos Act of 1995, and is primarily responsible for the provision and overall coordination of all Assistance to Nationals (ATN) and legal services to all OFs in distress and their families through the Philippines embassies or consulates. It also coordinates with other government agencies to facilitate and maximize the services provided to OFWs in distress and their families.

The OUMWA sources its budget to operate from the regular budget of the DFA. Table 7 shows how much of the DFA budget is allocated for services related to OFW welfare, including health related services. As indicated since the 2018 budget, the protection of rights and promotion of OFW welfare gets only about 15% of the amount for the Consular/ATN Program which also covers provision of consular services including issuance of passports, visas and other consular documents.

Table 7: DFA allocations for consular and assistance to nationals services					
DFA	2016	2017	2018	2019	2020
Annual Budget	20,599,627,000	16,511,616,000	20,215,012,000	20,347,047,000	24,047,378,000
MFO2: Diplomatic and Consular Services	10,819,062,000	10,824,002,000			
Provision of Diplomatic and Consular Services	10,819,062,000	10,824,002,000			
Consular/ATN Program			7,551,843,000	7,864,377,000	9,091,406,000
Provision of Consular services including issuance of passports			6,294,173,000	6,606,070,000	7,832,470,000
Protection of the rights promotion of welfare of OFs			1,257,670,000	1,258,307,000	1,258,936,000
Percentage of annual budget	52.52%	65.55%	37.36%	38.65%	37.81%

Commission on Filipinos Overseas

The CFO was created through Batas Pambansa Blg. 79 on June 16, 1980 to take over the functions of the Office of Emigrant Affairs (OEA) which was created previously as an independent unit which would constitute a local support network solely for Filipino emigrants. As an agency under the Office of the President, the CFO provides assistance to the President and the Congress of the Philippines in the formulation of policies and measures concerning or affecting Filipinos overseas, and the development and implementation programs that promote the interest and well-being of these Filipinos overseas.

The CFO has its own budget allocation for its Overseas Filipino Welfare Program under the GAA.

Table 8: CFO allocations for Overseas Filipinos Welfare					
CFO	2016	2017	2018	2019	2020
Annual Budget	86,184,000	84,352,000	82,429,000	124,369,000	129,838,000
Overseas Filipino Welfare	41,899,000	46,214,000	57,219,000	93,234,000	82,548,000
Percentage of annual budget	48.62%	54.79%	69.42%	74.97%	63.58%

VI. Migration and Universal HealthCare

The issue on migration and health is essentially an issue on the availability, accessibility, and affordability of health services for migrants regardless of their status in the migration cycle. The World Health Organization itself recognizes the need “to consider the health needs of migrants in the framework of the broader agenda on migration and development.”⁴³ It also recognizes the impact of meeting these health needs on the migrants’ significant contributions to development while at the same time acknowledging that the health of migrants is an important public health matter and that health policies and strategies should be put in place towards improving migrant health.⁴⁴

Recognizing the fact that this contribution by migrants also contributes to the achievement of the Millenium Development Goals, and consequently, the post-2015 Sustainable Development Goals, the WHO calls upon governments to, among others, “promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race.”⁴⁵

In the Philippines, one of the policies that were put in place is the Universal Healthcare Act of 2019 (Republic Act No. 11223). Enacted under the State policy to protect and promote the right to health of all Filipinos, the UHC Act aims to put in place a systemic approach to universal healthcare in the country to ensure that all Filipinos are guaranteed equitable access to quality and affordable healthcare goods and services, and are protected against financial risk.⁴⁶

Under the UHC, every Filipino citizen is automatically included into the National Health Insurance Program and is immediately granted eligibility for health benefit package. Migrant workers are classified as direct contributors referring to those who are gainfully employed and are bound by an employer-employee relationship. As members, the qualified dependents of these migrants are covered by the law.

To implement the UHC Act, the budget comes from different sources including sin tax collections under the Sin Tax Reform Law (or R. A. No. 10351), income from the Philippine Amusement Gaming Corporation (PAGCOR) as provided for in Presidential Decree 1869, Charity Fund consisting of documentary stamp tax payments and mandatory contribution of the Philippine Charity Sweepstakes Office (PCSO) as provided for in Republic Act No. 1169, premium contributions of members, annual appropriations of the DOH included in the GAA, and the national government subsidy to Philhealth as included in the GAA.

PhilHealth and the National Health Insurance Program

The Philippine Health Insurance Corporation (PhilHealth) is a government corporation attached to DOH. Established in 1995 through Republic Act No. 7875, as amended by Republic Act No. 9241, otherwise known as the “National Health Insurance Act of 1995”, it administers the National Health Insurance Program which, itself, was established “to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care

⁴³ https://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_REC1-en.pdf

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ R.A. No 11223, Section 3.

services for all citizens of the Philippines.” The goal of the Program is “to expand progressively to constitute one universal health insurance program for the entire population.” As such, it serves a means “for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot.”⁴⁷

As an insurance corporation, PhilHealth’s main funding comes from the premiums collected from its members and the only subsidy it receives from the National budget through the GAA is earmarked specifically for indigents. Such subsidy comes from a percentage of revenue generated from excise tax on tobacco and cigarettes collected according to RA No. 7654, and a percentage of revenue from documentary stamp taxes under RA No. 7660. As mentioned, these allocations are earmarked specifically for the National Health Insurance Fund to be used for the health insurance premiums of indigents as identified by DSWD, and other similarly situated individuals. Based on data from the Department of Budget and Management (DBM), the GAA allocated PhP67,353,360,000.00 in 2019 and PhP71,353,360,000.00 for 2020.

For OFWs, PhilHealth has a wide range of benefits available, including Inpatient benefits, Outpatient benefits, Z benefits, and SDG-related benefits.⁴⁸

Inpatient benefits include any kind of diagnostic or therapeutic procedures that require the patient to be confined in an accredited Health Care Institution (HCI). Paid to the HCI and are compensable under all case rates, the case rate amount is deducted from the patient’s total bill. This covers hospital charges and professional fees of attending physicians prior to discharge.

Outpatient benefits, on the other hand, are services that include elective surgical procedures ranging from minor to major operations where patients are sent home within the same day for post-operative care. They also include benefit packages for TB, HIV/AIDS, animal bites, malaria, vasectomy and tubal ligation, radiotherapy, and hemodialysis.

Specifically for people living with HIV is the outpatient HIV/AIDS treatment (OHAT) package. This is a case-based payment scheme where PhilHealth pays a maximum of PhP30,000.00 per member-patient per year or PhP7,500 per quarter. This is regardless of the number of consultations the patients have with accredited treatment hubs or the number of tests they need to undergo and the medicines they need to purchase, as long as the total is within the given amount. The package covers anti-retroviral treatment (ART) and laboratory exams based on specific treatment guidelines (i.e. CD4 determination, viral load test, etc.) as outlined in PhilHealth Circular No. 011-2015.

The Z benefits are benefit packages designed for members with severe and catastrophic cases such as cancers, heart defects, end-stage renal disease, developmental and physical disabilities or impairment in children, and Z-MORPH (mobility, orthosis, rehabilitation, prosthesis help), or even certain orthopedic implants. Defined in PhilHealth Circular No. 29, series of 2012, case type Z covers any illness as a primary condition that is life- or limb-threatening and requires prolonged hospitalization, extremely expensive therapies or other care that would deplete one’s financial resources, unless covered by special health insurance policies. The Z benefit package was therefore designed “to increase financial risk protection for PhilHealth members.”⁴⁹

⁴⁷ https://www.philhealth.gov.ph/about_us/mandate.html#gsc.tab=0

⁴⁸ <https://www.philhealth.gov.ph/benefits/#gsc.tab=0>

⁴⁹ Philhealth Circular No. 48, s. 2012

The SDG benefit packages are medical packages that were created by PhilHealth in compliance with the United Nations Sustainable Development Goals (SDG). These include outpatient malaria package, outpatient HIV/AIDS package, anti-TB treatment through the Directly-observed treatment short-course (DOTS) package, voluntary surgical contraception procedures, and animal bite treatment package.

Generally, as long as the membership of the OFW is up-to-date these benefit packages are available for OFWs even if they are confined in hospitals abroad. Additionally, as long as the HCI and health care professionals are accredited, the OFW's qualified dependents in the Philippines may avail themselves of the benefits even if the principal member is working overseas.

Just like all other citizens, OFWs are also eligible to become lifetime members like that of retirees and pensioners, and for senior citizens specifically, they can be listed dependents of certain family relations who are principal members.

VII. Conclusion and Recommendations

In the Philippines, labor migration has always been appreciated as a key driving force of economic development. The remittances coming from overseas Filipinos and OFWs has not gone unnoticed, especially since it constitutes almost 10% of the country's GDP in the past few years. In 2019, for instance, data from the World Bank shows that personal remittances from overseas Filipinos and OFWs constitute 9.33% of the country's GDP. For comparison, in the same year the agriculture sector contributed 8.85% of the country's GDP. But more than its contribution to the GDP, such remittances have a more direct impact to the families of OFs especially in terms of raising their standard of living. The regular inflow of remittances means that these families have a more or less steady source of family income which they then use for regular daily expenses, home improvements, education, etc.

The contribution of migrants to economic development is indeed widely recognized to a point where OFWs are, in fact, dubbed as the modern-day heroes (*bagong bayani*). But this comes at a price - often on the part of the OFW and their families. To be able to continue what they do, OFWs are often put in difficult situations that make them vulnerable, physically and mentally.

These vulnerabilities that could greatly affect the migrant's health are one of the reasons why programs and services should be put in place to make sure migrant health concerns are addressed accordingly. And considering the fact that migrants contribute so much to national economic development, it becomes more important for the government to make sure that such contribution is remunerated.

This is not to say that the government does not have programs and services laid out for migrants. In fact, because migration in the Philippines is managed by more or less specialized agencies, there are actually programs and services available in all stages of the migration cycle. As soon as a potential migrant starts the process, an array of services is made available. Before leaving the country, there are the pre-employment and pre-departure orientation seminars (PEOS and PDOS) provided by POEA and CFO. Upon arrival at the destination country, the overseas worker undergoes the Post-arrival Orientation Seminar (PAOS) provided by the DFA.

For those who end up distressed due to unfortunate circumstances involving their employment or stay in the destination country, the DSWD has Social Welfare Attachés to provide DSWD services. As per DSWD Administrative Order No. 07, series 2016, the department's International Social Services Office serves, among others, victims of trafficking, illegal recruitment, rape/abuse/maltreatment by employers, kidnapping, exploitation/abuse/ unfair labor practices, and even of petty crimes. It also provides services for victims of natural and human-induced disasters such as war or armed conflict, political unrest, fire, earthquake, flood, and pandemic. It also assists children in need of special protection and travelling minors accompanied by parents or other adults.

In cases of medical repatriation, the DOH-MHU leads all concerned agencies in the implementation of the Inter-Agency Medical Repatriation Program. For other instances of repatriation, the DFA mobilizes resources in coordination with the other agencies.

Upon return to the country, the goal is for the returning OF to smoothly reintegrate into their families and communities. To attain that, DOLE has its Reintegration Services which has both psycho-social and livelihood components. For those who are keen on putting up small-scale

businesses, NRCO and DOLE through their livelihood programs, provide the necessary training and in some cases, starting capital. Other agencies that don't necessarily have migration-related programs are also involved. The Technical Education and Skills Development Authority (TESDA), for example, is involved in providing skills training for returning OFWs. Even the Department of Education (DepEd) is also involved in DOLE's "Sa Pinas, Ikaw ang Ma'am/Sir" which is a program that aims to encourage OFWs with education degrees to come home and get employed as teachers.

What these illustrate is the coordination of different agencies to cater to the different concerns of OFs regardless of their migration status. It shows how migration is not solely the responsibility of a single agency but rather the responsibility of several agencies collaborating with each other to make sure that OF welfare is assured and their rights protected.

In terms of allocating funds for the programs and services offered, there is a question of whether or not the agencies are allocating enough funds, and whether or not the allocations are spent efficiently. Due to the limitations of the study, however, there is not enough data to really go into these details. But what has been found out so far is how much is being allocated by the agencies for programs and services relative to migrant health. And while some agencies are more straightforward than others in terms of allocating for specific programs or services, what's been made clear is that at the very least, these agencies have allocations that can be tapped to ensure that the rights and welfare of migrants, especially OFWs, are protected.

Recommendations

The Philippines is touted as the global model on labor migration because of the numerous laws and policies it has put in place, the ratification of UN and ILO international instruments of human and worker protection, and the institutions that go with these policies and instruments.⁵⁰ However, the country's system is not without its flaws, especially in terms of providing health services for migrants and addressing their health concerns. If the steady increase in HIV cases among OFWs is an indication, it is imperative that the government should fully address HIV vulnerabilities among OFWs by strengthening quality comprehensive pre-departure, post-arrival, and reintegration programs.

It should be noted that currently, among the health concerns of OFWs, HIV is the only one that is systematically monitored. Despite that and with the increasing number of cases, there still seems to be a huge gap in the provision of appropriate interventions. There is really a need for the government to address the factors that lead OFWs to engage in risky behaviors that make them vulnerable to HIV infection.

Also, the fact that HIV is the only one being systematically monitored is an area of concern in itself because this means that other health concerns are not really given the needed attention. Consequently, this could mean the lack of appropriate services to address other health concerns. If the government is to address the health concerns of OFWs, it should not limit itself to a single disease. It should adopt gender-sensitive data collection mechanisms, not only for HIV but also for other health concerns, as this is crucial in the development of strategic programs towards prevention, care, and treatment services for migrants.

⁵⁰ Center for Migrant Advocacy. (2009). *The Philippines: A global model on labor migration*. Manila: CMA & Friedrich Ebert Stiftung.

By addressing the OFW's HIV vulnerabilities while at the same time paying attention to other health concerns, the government would be at a better position to devise a program or service that is more responsive to these concerns. But it does not stop there because it is equally important to make the services available and accessible. This, in turn, will positively impact the health-seeking behavior of the intended beneficiaries, in this case, the OFWs.

In connection to making services available and accessible, and in keeping with the idea behind universal health care, the government could also expand its current services so that OFWs will be able to avail of the benefits of them paying PhilHealth premiums even while in their respective destination countries or are in transit countries. This could also mean easier access to HIV services for migrants who acquire HIV in their destination country, or who are already living with HIV when they migrated for work.

Improvements are also needed in the reintegration program that is currently in place so that it is not limited to just livelihood assistance and entrepreneurship. The reintegration of OFWs should not be limited to economic reintegration. It is equally important to assist returning OFWs in other aspects if they are to smoothly and successfully reintegrate into their families and communities.

Also, the government should acknowledge the fact that not every returning OFW wants or has the skills to become an entrepreneur. Without discounting the fact that there are programs in place towards the facilitation of local employment (e.g. program for returning OFWs with Education degrees to be employed as classroom teachers), such programs could still be expanded so that it is not limited to certain sectors.

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