

# Safeguarding the Welfare of OFWs: Migration and Health Policies for People Affected by TB



## PHILIPPINE OVERSEAS LABOR MIGRATION AND THE POLICY FRAMEWORK THAT PROTECTS THE WELFARE OF OFWS

The Philippines continues to be one of the major labor sending countries from Asia to the world. According to the latest data from the Philippine Statistics Authority, about 1.83 million overseas Filipino workers (OFWs) were deployed in 2021. Among land-based OFWs, 78.3% were bound for countries in Asia, majority of which were in the Middle East. The Philippines also supplies 25% of seafarers worldwide.

Hailed as modern-day heroes, OFWs contribute substantially to the Philippine economy through the remittances they send home. In 2023, a total of 33.5 billion USD in remittances accounted for 8.5% of the gross domestic product (GDP) of the country.

Under the DMW, the Overseas Workers Welfare Administration (OWWA) is tasked to develop and implement welfare programs and services that address the needs of OFWs and their families. Prior to their departure for overseas work, OFWs pay a membership fee to OWWA, which entitles them to the following benefits according to Republic Act 10801 or the Overseas Workers Welfare Administration Act:

- 1. Reintegration of OFWs** – As one of the core programs of OWWA, it shall allocate 10% of its membership contribution collected in the preceding year to reintegration programs;
- 2. Repatriation Assistance** – OWWA shall assist the Department of Foreign Affairs (DFA) in repatriating OFWs;
- 3. Loan and other Credit Assistance**
- 4. Workers Assistance and On-site Services** – Ensure provision of assistance to member OFWs in countries of destination, such as maintaining a database of OFWs in each country, providing legal assistance, providing information on migrant workers rights, prevention of gender-based violence and provision of interventions if such is experienced, conducting counseling services, providing pre-departure orientation seminars, among others;
- 5. Social benefits** – In the event of death, disability or dismemberment; healthcare benefits for member OFWs and their families; education and training support

To protect these heroes, the Philippines was among the first countries to ratify the Convention on the Rights of All Migrant Workers and Members of their Families and as part of its commitment to his treaty, enacted the Migrant Workers and Overseas Filipinos Act of 1995, which has since been amended in 2010 through the Republic Act 10022 strengthening the protection and promotion of welfare of OFWs and their families.

And In 2021, the Department of Migrant Workers (DMW) was created through the Republic Act 11641, which aimed to redefined the roles and functions of the government structures that regulated labor migration.

## RISING ABOVE TB

After a two-year contract as a household worker in Kuwait, Sarah (not her real name) came home in 2019. She spent her vacation with her family in the province before traveling back to Manila to apply for another job, this time in Taiwan. However, the processing of her passport took a little more time and by the time she got her documents, the COVID-19 pandemic struck, which meant she could no longer travel. Still, Sarah was grateful that she was home when the COVID lockdown happened. At least she was with her family.

Sarah's health condition deteriorated while she was in the Philippines waiting for when she could travel for work again. While she was still in Kuwait, she was aware that she had diabetes. She said it runs in her family so she wasn't surprised when the doctor at the clinic where she got her pre-employment medical exam...

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## RISING ABOVE TB

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informed her that her blood sugar was elevated. Before coming home in 2019, she had persistent coughs but with the medicine given to her by her employer, she got better. Sarah also recalls experiencing piercing pains on the right side of her back but she thought it was due to her exhausting work. She never thought that she might have had tuberculosis because she was not coughing up blood.

When Sarah came home, she had already lost a lot of weight and her backache became consistent. But because she no longer had coughs, having tuberculosis never crossed her mind. After she was vaccinated against COVID-19, her coughs came back. She could not eat because she was vomiting constantly. The doctor she went to said her condition may have been triggered by the vaccines. When she had an x-ray, the doctor told her that her condition was so bad. The x-ray showed both of her lungs were cloudy.

Sarah was initially prescribed Rifampicin but it did nothing to alleviate her condition. She was admitted to the hospital in her hometown where she was given another regimen that consisted of 24 pills (per day). The side effects of the medicines were very difficult for Sarah.

She experienced hallucinations and her toe nails started to fall off, which was also quite painful. Recovery was slow and difficult for Sarah. But she was determined and persistent despite the side effects because she had children to think of. She wanted to get well so she can get back to work and support her children. However, Sarah has not been able to go back to overseas work because the extensive damage caused by tuberculosis to her lungs is visible in x-ray, which she is required to undergo during her application process.

When Sarah was finally able to undergo the correct treatment, her condition had already become complicated. Her heart was affected and her blood sugar and blood pressure were also high. Through an endoscopy, it was found that her throat was also riddled with bacteria.

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The OWWA is part of the Inter-agency Medical Repatriation Assistance Program (IMRAP), which is a referral mechanism that provides assistance to OFWs who are sent back to the Philippines due to health concerns. The other government agencies involved in this mechanism include the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Labor and Employment, Philippine Charity Sweepstakes Office, the Manila International Airport Authority, Department of Foreign Affairs, and the Department of Migrant Workers.

However, data is not clear about the incidence of TB among OFWs. This is because the existing surveillance and information system for TB under the DOH is not disaggregated to provide employment history. This may be the reason why, according to the DOH, there is no specific TB program for OFWs. Those who are disqualified due to x-ray findings during the pre-departure phase are simply regarded as any other Filipino with TB after they are referred to the TB facilities. Those who are deported due to TB, should they seek treatment upon arrival in the Philippines are also simply lumped together with everyone who seek treatment for TB. Since data regarding employment is not systematically collected, there is no way of knowing how many OFWs fail the medical examinations due to x-ray findings, because of active TB disease or lung scarring.

The DOH pointed out that private facilities are required to submit reports on how many they have diagnosed with TB. However, the private clinics are notorious for not complying with these report submissions. When asked, the Physician's Diagnostic Services Center, a private clinic accredited to perform pre-employment medical examinations for OFWs, shared that they do not know how to report to the DOH because they are unaware of any existing information system that they can access. They recommended further that there should be programmatic TB reporting of recruitment agencies and clinics and that the national TB program should clearly define the roles of OFW clinics and recruitment agencies.

# MIGRATION AND HEALTH POLICIES OF DESTINATION COUNTRIES THAT EXCLUDE PEOPLE AFFECTED BY TB

According to the Physician's Diagnostic Services Center, a clinic accredited to perform pre-employment medical examinations for OFWs, the majority (70%) of their clients in their Manila clinic alone who fail the medical examinations due to x-ray findings are because of lung scarring. Many destination countries disqualify migrant workers when they have scars in their lungs even when they have no active tuberculosis. Even when a pulmonologist certifies that the clients with lung scarring are fit to work, the country of destination still sends them back.

Those diagnosed with active TB are referred by diagnostic clinics to their nearest TB treatment facility. However, the Physician's Diagnostic Services Center also shared that there is no clear referral algorithm to guide them. They also say they have no authority to force clients into treatment so they simply tell OFWs to go to the health center nearest them. But there is no guarantee that the clients go to seek treatment. When they do undergo treatment, they should be able to go through the recruitment process again after they are cured. However, if TB left a scar in their lungs, the chances of being successful in applying for overseas work is greatly diminished. The Diagnostic Services Center expressed their concern for the workers who have already paid for their application and their medical examinations yet could no longer work abroad when the x-ray results are used as a basis of fitness to work by the destination countries.

*Linda (not her real name) was in the process of applying for work abroad. She already had a work contract and a visa. But her medical test results came back showing that both her lungs were already white (cloudy in the x-ray). She did not experience any symptoms so she was not aware she had TB. She was referred to a pulmonologist. She was admitted in the hospital and that's when she was diagnosed with multidrug-resistant TB (MDR-TB). It turned out that she had also infected her child and grandchild. They all had to undergo treatment together. There was no chance she could work abroad after that.*

In Linda's case, even after undergoing treatment, the extensive damage caused by MDR-TB to her lungs would most likely show up in x-rays. For many destination countries, she would be disqualified for simply having a scar in her lung.

*Another OFW applicant, Jenny (not her real name), was also preparing to work as a beauty therapist in Dubai. She already had contract with her employer. Unfortunately, her x-ray result revealed a scar in her lungs. She was not sick at the time. Her mother recalled that five years prior, Jenny had to undergo treatment for six months. That might have been where she got the scar. This x-ray result was enough to disqualify Jenny from proceeding to her job in Dubai.*

When an OFW is diagnosed at the country of destination that has a policy against immigration of workers with TB, these workers are usually sent back to their home countries. Not much is known about the experience of OFWs who are diagnosed with TB abroad so the process of deportation is unclear. John (not his real name), a construction worker who used to work in Japan shared his experience, though it is not clear if this is the usual protocol for all migrant workers nor does it represent the process imposed by all destination countries:

*John started to feel sick on his fourth year of work in construction while he was in Japan. He was having fevers and his cough was getting worse. He also felt weak and had no appetite. He felt like he could no longer keep working in this condition so he told his employer that he wanted to go home and resigned from his job. But because he was already very sick, he was told that he needed to undergo medical examinations to find out what he had. Otherwise, the airlines would not allow him to board. That's how he found out he had TB. He was told by the Philippine Embassy that no airline would allow him on-board until he can present a negative test result. This meant he had to be isolated and undergo treatment for 6 months. He asked if he could continue to stay at the barracks at work but was told that he couldn't because he might spread the infection to others.*

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But what was worse for Sarah was how her family treated her. "At home, they confined me to a room and just left me there. They told me not to go near the main house; that I shouldn't go to the kitchen. I should just stay in my room. They were angry at me for being sick. Because my heart was also affected, I had difficulty breathing. But my family said I was just pretending."

Sarah had aunts and uncles who understood what she was going through and helped her. She had an aunt in the United States who sent money to support her and her kid. But her experience with her family made her feel so bad that she even attempted to kill herself. An aunt saved her from jumping out the window, telling her to be strong for her kid.

"I know others do not want to admit that they had TB. But I am proud that I survived it. I was given another lease on life and I can use this opportunity to share my experience with others. People need to know that there are these illnesses that affect OFWs abroad that should be prevented. We [OFWs] are heroes who should be protected. I hope my experience is shared with others so they can be aware of TB." Source: Sarah

# MIGRATION AND HEALTH POLICIES OF DESTINATION COUNTRIES THAT EXCLUDE PEOPLE AFFECTED BY TB

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*The Embassy suggested that he rent a small house so he could be alone while undergoing treatment. But he no longer had work by then and could not afford to rent out his own place. The only option for him was to be admitted in a hospital where he could avail of free TB treatment. He was not allowed to have visitors. Six months felt so long and he got so lonely. He felt it was the loneliness that was killing him, not his illness.*

*After his treatment, John paid for his plane ticket back to the Philippines. When he got home, he decided to have another check-up. That's when he was told that what he had was multidrug-resistant TB. This meant that the 6-month treatment he received in Japan was not enough. He had to undergo another round of treatment.*

Unfortunately, governments of migrant origin countries cannot do much to change the policies of destination countries. Additionally, with the huge number of people seeking employment abroad, it would be easier to simply disqualify those that do not fit the criteria imposed by employers and destination country governments.

This face of stigma and discrimination is one that is unique to OFWs who are mostly the sole breadwinners of their families, the expectations of their dependents are sometimes unfair but for many OFWs, these expectations of providing for immediate and even extended families are part of a reality they take for granted. They are highly-regarded within their families who are grateful for their sacrifice.

Having an OFW in the family is like status symbol in the community. Unfortunately, the loss of their job also means a fall from grace. And there are those, like Sarah, who fall so far down in the eyes of their family that they become nothing more than a burden.

Civil society organizations like Action for Health Initiatives, Inc. (ACHIEVE) and (Kapisanan ng mga Kamag-anak ng Migranteng Manggagawang Pilipino, Inc. (KAKAMMPI) continue to advocate for better policies and programs for OFWs, particularly addressing their health concerns. Ms. Fe Nicodemus, Chairperson of KAKAMMPI is strongly pushing for the removal of mere lung scarring as a reason to disqualify OFWs from working abroad. If a doctor can certify that they are fit to work, they should be allowed to work. KAKAMMPI also provides pre-departure orientation for OFWs and they have included TB information in their program.

ACHIEVE, on the hand, advocates for the improvement of the TB information system of the DOH to capture essential information that can guide program and policy development. For instance, employment history should be captured to reflect overseas migration work history to provide better understanding of the demographics of OFWs affected by TB. ACHIEVE is also lobbying for the amendment of the TB Law to include better interventions to address stigma and discrimination due to TB, and to provide TB prevention, treatment and care programs, beyond just healthcare, for OFWs.

This article is based on a rapid situational analysis conducted by ACHIEVE from August 2023 to January 2023 on the experiences of OFWs related to TB. Forty-nine OFWs who have undergone TB screening participated in this endeavor. Nine of these OFWs were found to have chest x-ray findings that disqualified them from working abroad. Two were diagnosed at the destination country and the others were notified of their conditions during their pre-employment medical examinations (PEME). Out of the seven who were disqualified during the PEME, two shared that they did not have active TB disease at the time they were applying for work abroad. Their chest x-rays simply revealed scars that might have been sustained from previous lung illness but not clear if it was TB.

Four key informants agreed to be interviewed from the Disease Prevention and Control Bureau of the DOH, the Migrant Health Unit of the DOH, the Physician's Diagnostic Services Center, and KAKAMMPI.

This study is too small to provide a national baseline on the situation of TB among OFWs. However, the issues raised in this article require urgent attention, as well as further investigation.

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**Participating Gov't Agencies in the Joint Memorandum Circular (JMC) on the Integrated Policy Guidelines and Procedures in the Conduct of Medical Repatriation of Overseas Filipinos (OFs)**

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