Conclusion and Recommendations

CHAPTER 8

Gender Dimensions of Philippine Migrant Health Laws/Policies

Based on the Analysis and Comments on the Gender Dimensions of Philippine migration-related health laws/policies (discussed in the previous sections), the following are specific recommendations:

1. Since there are no GAD Focal Point Officers present in all countries where OFWs work, especially in the Middle East, who have so far, five years of experience in working with gender-related matters, it is recommended that the existing OWWA and MWO personnel be given intensive training on GAD and GAD-related areas such as Violence Against Women, Migration and HIV-AIDS so they can serve the women migrant workers in their problems relating to gender.
2. Although there is an HIV Treatment Hub in Cebu, it is yet in the process and not yet in its full blown phase. This may also be considered in the other regions.
3. More psychiatrists and guidance counselors should be deployed to OF cities of work where mental health problems is high, especially in Saudi Arabia and Hong Kong SAR. Medication should be provided non-stop to employed OFs.
4. As regards the OASIS, DILG and DMW should link up to the GISM for the benefit of employed and reintegrated OFs
5. A Family Circle in Dipolog focuses on the needs of members of OF LGBTQ Community. Their activities can be assessed for potential benchmark for other Regional OF Family Circles
6. On the implementation of Solo Parent Act, Their family situation should be assessed to address the needs of children with solo parents.
7. Although the provisions in RA No. 10022 on the establishment of Medical Facilities for Overseas Workers and Seafarers (MFOWS) in DOH hospitals, MOH BARMM has yet to upgrade conducting health examinations for Filipino women migrant workers to observe the same standard operating procedures and shall comply with internationally-accepted standards in their operations to conform with the requirements of receiving countries or of foreign employers / principals.
8. Very few LGUs have Ordinances to implement the Anti-Sexual Harassment Act. Their activities can be assessed for potential benchmark for other Regions

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Localization of Philippine migrant health laws and policies

Based on the Analysis and Comments on the Localization of Philippine migration-related health laws/policies (discussed in the previous sections), the following are specific recommendations:

1. It would be best if the PhilHealth benefits are given more emphasis during the pre-departure orientation seminars to ensure that departing OFWs will be instilled with the need to pay and continue to pay membership dues with PhilHealth regularly. PhilHealth must disseminate more handouts enumerating the benefits paying and eligible OFWs may access from the institution.

2. Regarding the OFW Hospital, one recommended solution is for it to become a GOCC so it may have its own charter and funds and manage them accordingly. Examples of this kind of hospital include NKTI, PHC and Lung Center, to mention a few. It will need champions in the Congress to declare it so. A recommendation is to provide non-monetary benefits to employees. One example is for working couples to enroll under a flexy-time arrangement. While one is at work, the other one is tending to their children. This way, they can save on the cost of babysitter and feel secure their child or children are attended to very well. The GOCC status will alter this arrangement for the better. Institutionalized coordinative mechanism with national agencies like the Department of Migrant Workers is still a work in progress. At the moment, meeting with the DMW has been annual in terms of regularity.

3. Only active members can avail of the OWWA programs. Measures that will strongly encourage, if not compel, OFs to renew and update their membership with OWWA must be put into motion.

4. The need to revisit the SOPs and update them based on the actual COVID-19 experience is in order to help ensure our readiness should the same occurrence happen in the future

5. Regarding the Anti-Trafficking in Persons Act, Stringent measures should be put in place among multi-sectors involved in overseas work, especially in localities with high irregular migration.

6. As regards the OFW Desk, A number of participants from the different regions recommended to LGUs to look for congressional champions who could sponsor a bill or include in the General Appropriations Act (GAA) budget to create a *plantilla* for and finance the operation of the OFW Desk in all LGUs. This way, OFW Desks become permanent units of LGUs rather than ad hoc entities whose tasks are piggy banked on existing offices that already have their hands full.

Alignment of Philippine migrant health laws and policies with international standards

Based on the Analysis and Comments on Alignment with International Standards of Philippine migration-related health laws/policies (discussed in the previous sections), the following are specific recommendations:

1. The compulsory insurance coverage for each OFW puts the financial burden on the recruitment agencies that do not charge Placement Fees and covers most of the application expenditures.
2. Teleconsulting results are not honored in the OFs' country of employment. This should form part of the bilateral discussions with certain countries for better management of health-related issues relating to and concerning OFs.
3. There are 14 ILO Conventions related to health not Ratified by the Philippines as of Sept. 2023 (See p. 15). The contents can be reviewed by the relevant health and migration agencies to see what can be considered for the drafting of Bilateral Agreements on migrant health in different Regions (Asia, America, Europe, Middle East, etc.)

Applicability of Philippine migrant health laws/policies to OFs and their Families

Based on the Analysis and Comments on Applicability to OFs and Their Families of Philippine migration-related health laws/policies (discussed in the previous sections), the following are specific recommendations:

1. The OWWA *Tulong Puso* should form part of the reintegration program for OFWs. Instead of individuals, OWWA approaches the OFWs as a group. For all we know, this may have better chances of succeeding.
2. Should the livelihood project succeed and pick up a profit, a portion of the profit should go to premium payment of health related insurance like PhilHealth to ensure continuous access to it.

In addition to these recommendations, following should be noted:

a. A pension system may be offered for OFs. This came out in the discussions with Family Circles in Region III. This is to provide sustaining income especially among our aging OFs. Most of our OFs return for good to the Philippines with little savings, if at all. The same is true for those who were repatriated. But much worse among them are

those who were medically repatriated. There has been no suggestion how this will be done. It was just thrown in the air as one general suggestion that anyone can take and build on.

b. Comprehensive package of assistance to OFs. In our discussion with stakeholders in Cebu City, this was brought out. This is multiple level. For one, the idea recommends all current and existing programs and services from national, regional and local agencies, LGUs and other stakeholders be centrally managed at the local level where the beneficiary OFs and their family members left behind are. This way, the resources available to OFs become centrally known to the managing entity in the local government presumably for better planning and management.

c. At present, this is partially being served by the *Malasakit* Program, which aims to consolidate of various health-related programs into one comprehensive package. This goes beyond the idea of having a central repository of information of all potential and possible resources OFs may avail from the government. A central management unit at the local level must be created to manage this. The OFW Desk, which was formed out of the DILG Memorandum Circular, may assume this role and responsibility. Secondly, the word comprehensive means much more than what was discussed above. It means getting knowledge about the totality of all health-related and medical needs of OFs, current and future projections, based on empirical studies. This will include the type of diseases, the extent of incidence, for example, so government as well as private entities may create a feasible plan and mechanism to adequately meet these needs at any particular time.

d. The Philippines does not have bilateral agreements with all countries and territories where Filipinos overseas work and reside. As of 2010, the Philippine government had signed 49 bilateral labour agreements with 25 countries and territories. There are also 44 agreements pertaining to the recognition of seafarers' training certificates. Not all of these BLAs however, are in force. For the destination countries, bilateral agreements can be strengthened and more BLAs should be forged to "help achieve a flow of labour that meets the needs of employers and industrial sectors while providing for better management and promoting cultural ties and exchanges. For the countries of origin, these agreements ensure continued access to overseas labour markets and opportunities to promote the protection and welfare of their workers." (ILO https://www.ilo.org/asia/areas/labour-migration/WCMS_226300/lang--en/index.htm) The BLAs should include those that pertain to gender, social security, and portability of health benefits.

   CIFAL adds: Include return and reintegration programs in the bilateral labour agreements. The reintegration programs could include help in finding local jobs for returning migrants, assistance in addressing social costs, microfinancing projects, technology transfer, and coordination with civil society organizations. Inform migrant workers and the public about the bilateral labour agreements. Government agencies could issue regular reports on agreements which have been finalized and the implementing guidelines. Though these BLAs are available online, they are usually couched in language that is very formal, technical, and legalistic. A social media campaign on such BLAs, presented in a manner comprehensible to everyone, should be undertaken by Government agencies directly involved in the OFW program.

Crafting a module on said BLAs for use in the PDOS is another option.

e. There is a need to restructure the business loan facility known as the Enterprise Development and Loan Program (EDLP). Being a collateral loan, it is obviously beyond the reach of most OFWs. This is somewhat ironic since the EDLP is supposed to inspire entrepreneurship among OFWs either for purposes of reintegration or as a back-up income source for OFWs who still intend to pursue employment overseas. CIFAL recommends that "collateral" requirement should be dispensed with and replaced with a set of qualifications that would allow more OFWs to avail of it regardless of occupation.

f. Ensuring sustainable income for returning OFWs starts with the PDOS. Although there is a module on Financial Literacy couched in layman's terms, many PDOS participants claim that what is given emphasis in discussions on the said topic is the promotion of bank products; henceforth, it's not really the necessity for and the means of saving and investing that the OFW eventually remembers but the specific products of the sponsoring bank. It has been reported as well that the Mandatory Insurance for agency-hired OFWs is only given passing notice or worse, not at all discussed in the PDOS. Denied of such critical information, OFWs are left to fend for themselves in situations such as those involving the need for medical repatriation. CIFAL Recommends that the PDOS Development and Monitoring Unit (PDMU) be stricter in monitoring the PDOS sessions. It should call out PDOS providers / trainers who consistently miss out on discussing thoroughly topics such as those mentioned. In addition, each PDOS provider should have an in-house expert on financial literacy and not someone affiliated with a bank or similar institution.

Finally, a specific recommendation from Former-Representative and Chair of the House Committee on Overseas Workers Affairs (COWA) Walden F. Bello is to "[e]nsure that implementing guidelines and sample employment contracts are developed. The contracts and guidelines must be consistent with international treaties and conventions and complement national laws."