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## ► Care work and labour migration in ASEAN

Thematic background paper for the 17th ASEAN Forum on  
Migrant Labour

Supported by

**Australian  
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After the 17th AFML, the paper was consulted for accuracy with members of the ASEAN Committee on the Implementation of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers (ACMW) by the ASEAN Secretariat.

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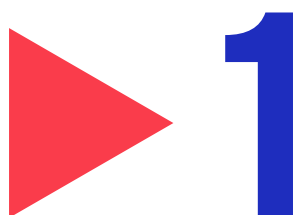
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# Introduction and background

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The ASEAN Forum on Migrant Labour (AFML) is a multi-stakeholder open forum held annually by the ASEAN Committee on the Implementation of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers (ACMW) under the Action Plan (2018–2025) to Implement the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers. The AFML serves to provide tripartite plus stakeholders, including governments, employers' organizations, workers' organizations and civil society organizations (CSOs) from the Member States of the Association of Southeast Asian Nations (ASEAN)<sup>1</sup> a platform to review, discuss and exchange good practices on labour migration governance. The AFML concludes with the adoption of recommendations that advance the implementation of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers, 2007 ("Cebu Declaration"), and more recently, the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers (2017).

As 2024 ACMW Chair, the Lao People's Democratic Republic organized the 17th AFML from 13–14 November 2024 in Vientiane. The AFML is supported by the ILO through the TRIANGLE in ASEAN programme,<sup>2</sup> the International Organization for Migration (IOM), UN Women and the Taskforce on ASEAN Migrant Workers. Prior to the 17th AFML, TRIANGLE in ASEAN collaborated with ministries responsible for labour and migrant workers in several ASEAN Member States to co-host national tripartite-plus preparatory workshops to take note of the progress made in implementing the previous AFML recommendations and to discuss and prepare national recommendations on the 17th AFML theme.

## 1.1. The 17th ASEAN Forum on Migrant Labour

The 17th AFML focuses on the theme **"Care work and labour migration in ASEAN"**. Thematic discussions at the 17th AFML will explore how the ASEAN region can meet its care needs through labour migration, and what needs to be done to enhance protection and promotion of the rights of migrant care workers. This background paper was prepared to inform and guide discussions on the theme. There are also two sub-themes that fall under the main AFML theme, as follows:

- **Sub-theme 1. Meeting care needs through labour migration:** This sub-theme discusses current and projected future care needs in the ASEAN region and the role of labour migration in meeting these care needs. The discussion will look into demand for care workers at different skills levels (high, medium and low) and review good practices in relation to ethical recruitment of care workers<sup>3</sup> and facilitating mobility

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1 The ten Member States of ASEAN: Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

2 The TRIANGLE in ASEAN programme is a partnership between the Australian Department of Foreign Affairs and Trade, Global Affairs Canada and the ILO.

3 The ILO Multilateral Framework on Labour Migration, Guideline 15.7, calls for measures to mitigate the loss of workers with critical skills, including by establishing guidelines for ethical recruitment. See also the *WHO Global Code of Practice on the International Recruitment of Health Personnel*.

for migrant care workers, for example, through memoranda of understanding (MOUs), Bilateral Labour Mobility Agreements (BLMAs), or Skills Mobility Partnerships (SMPs). The discussion will also take note of existing ASEAN Mutual Recognition Arrangements (MRAs) for doctors and nurses, and consider the need for additional mutual recognition of skills systems for other care occupations in home-based and institutional care. Opportunities for international cooperation on skills development interventions for migrant care workers, and the impact of care worker migration on the care needs of countries of origin will also be discussed.

- **Sub-theme 2. Enhancing protection and promotion of the rights of migrant care workers:** This subtheme will discuss protection, empowerment and conditions of work of ASEAN migrant care workers in a global context. It will be noted that to attract migrant care workers, ASEAN countries of destination need to ensure conditions are competitive, including taking appropriate reference from international standards such as the ILOs' 5R Framework for Decent Care Work, especially in relation to: labour rights; social protection; skills mobility, recognition and development; and occupational safety and health. International good practices will be shared on policies and programmes to attract migrant care workers. Specific attention will be paid on rights protection, promotion of gender equality, conditions of work, the use of standard employment contracts (or proper documentation), and organizing of migrant domestic workers, especially women migrant domestic workers, who are important providers of home-based care in the ASEAN region.

## 1.2. Care in global and regional discussions

The care economy features high on the global and regional agendas. The ILO's International Labour Conference adopted a **Resolution and Conclusions concerning decent work and the care economy** at its 112th Session in June 2024. The conclusions highlight the need to: develop coherent care policies; mainstream care into other policies, including migration policies; create decent work; address the undervaluation of care work; and address all forms of discrimination against care workers, with particular attention to migrant workers. This was followed in November 2024 by a **Plan of Action on Decent Work and the Care Economy for the period 2024–30**. The Plan of Action, in line with the guiding principles set out in the conclusions, recognizes the centrality of a rights-based approach to care and the importance of international labour standards and social dialogue. It emphasizes the primary responsibility of the State for care provision, funding, regulation and ensuring high standards of quality, safety and health for care workers and care recipients. The Action Plan also sets forth four key action areas related broadly to knowledge development, technical advisory services, international labour standards-related action, and the ILO's global leadership and partnerships on care.

The **UN Human Rights Council adopted Resolution 54/6 on the Centrality of Care and Support from a Human Rights Perspective** on 12 October 2023. The resolution recognizes the importance of the rights of paid and unpaid caregivers and of care recipients, and urges action on redistribution of care, gender equality in the sector, data, policies and infrastructure to ensure universal access to affordable and quality services for all, as well as participation of care workers and care recipients in decision-making and social dialogue. The care economy is increasingly a multi-sectoral space. For instance, the **Global Alliance for Care** is a global multi-stakeholder platform that facilitates and fosters spaces for collective action, advocacy, communication and learning about care. The Global Alliance for Care and UN Women brought together diverse stakeholders for the **2024 Asia-Pacific Care Forum** in October 2024. During the forum, governments, civil society organizations, trade unions, private sector representatives and development actors discussed visions of care in the region.

At the regional level, the **ASEAN Comprehensive Framework on the Care Economy** was endorsed in 2021. It charts out strategic priorities, maps out the relevant sectoral initiatives, establishes implementation mechanisms and a timeline for the realization of an ASEAN Care Economy that should be jointly implemented by ASEAN Member States. The Comprehensive Framework recognized that migration as a source of labour has been an important factor supporting the growth and development of the South-East Asia region, filling labour shortages in countries of destination and providing much needed employment opportunities for workers in countries of

origin. Adoption of this framework was followed by the **Jakarta Roundtable on Building a Caring Economy in January 2023** and the **Regional Forum on Care Work in July 2023**, which were hosted by the ASEAN Committee on Women, the ASEAN Secretariat and the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).

This increased call for investment in the care economy among ASEAN stakeholders resulted in the adoption in September 2024 of the **ASEAN Declaration on Strengthening the Care Economy and Resilience Towards ASEAN Community Post-2025**. The ASEAN Declaration recognizes the role of migrants in the care sector and notes that most paid care workers are women, and frequently migrant workers. In particular, it commits to recognition and formalization of migrant and informal sector workers. The Declaration was endorsed at the 3rd ASEAN Women Leaders' Summit and developed with technical support from ESCAP.

Earlier ASEAN initiatives on care include the **Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015)** and its **Regional Action Plan**, which commit ASEAN Member States to promoting the development of human capital and expertise in, among others, care work to meet the current and future demands for health and social services for older persons.

These global and regional policies and initiatives form a basis and conceptual framework for discussion of care work from a labour migration perspective at the 17th AFML.

### 1.3. About this paper

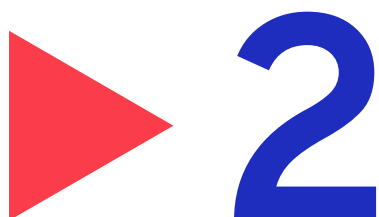
This paper includes an introduction to care work and migrant care workers in ASEAN and chapters dedicated to the two sub-themes of the 17th AFML. Sub-theme 1 discusses how care needs can be met through labour migration, including tools and challenges in facilitating labour mobility to meet care needs at different skill levels. The second sub-theme discusses how the rights of migrant care workers can better be protected and promoted.

The paper builds upon discussions at and recommendations from the past AFMLs, which cover all aspects of labour migration governance and the protection of migrant workers' rights (listed in box 1).

#### ► **Box 1. Previous themes of the annual ASEAN Forum on Migrant Labour**

- 1st AFML 2008: Institutionalization of the ASEAN Forum on Migrant Labour
- 2nd AFML 2009: ASEAN Declaration on Migrant Workers: Achieving Its Commitment
- 3rd AFML 2010: Enhancing Awareness and Information Services to Protect the Rights of Migrant Workers
- 4th AFML 2011: Development of a Public Campaign to Promote Understanding, Rights and Dignity of Migrant Workers in Countries of Destination: Return and Reintegration and Development of Sustainable Alternatives in Countries of Origin
- 5th AFML 2012: The Protection and Promotion of the Rights of Migrant Workers: Towards Effective Recruitment Practices and Regulations
- 6th AFML 2013: Enhancing Policy and Protection of Migrant Workers Through Data Sharing and Adequate Access to the Legal and Judicial System During Employment, Including Effective Complaints Mechanism
- 7th AFML 2014: Towards the ASEAN Community by 2015 with Enhanced Measures to Protect and Promote the Rights of Migrant Workers
- 8th AFML 2015: Empowering the ASEAN Community Through the Protection and Promotion of the Rights of Migrant Workers
- 9th AFML 2016: Better Quality of Life for ASEAN Migrant Workers Through Strengthened Social Protection

- 10th AFML 2017: Towards Achieving Decent Work for Domestic Workers in ASEAN
- 11th AFML 2018: Digitalization to Promote Decent Work for Migrant Workers in ASEAN
- 12th AFML 2019: Future of Work and Migration
- 13th AFML 2020: Supporting Migrant Workers During the Pandemic for a Cohesive and Responsive ASEAN Community
- 14th AFML 2021: Recovery and Labour Migration in the Post-Pandemic Future
- 15th AFML 2022: Resumption of Labour Migration and Regional Cooperation
- 16th AFML 2023: Enhancing the effectiveness of legal pathways for labour migration in ASEAN



# Introduction to care work and migrant care workers in ASEAN

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## 2.1. Basic concepts related to the care economy

**Care work** can be defined as the range of activities that meet the physical, psychological and emotional needs of people of all ages (ILO 2018). Care work consists of, among others, activities and relations that pursue sustainability and quality of life; nurture human capabilities; foster agency, autonomy and dignity; develop the opportunities and resilience of those who provide and receive care; address the diverse needs of individuals across different life stages; and meet the physical, psychological, cognitive, mental health and developmental needs for care and support of people including children, adolescents, youth, adults, older persons, persons with disabilities and all caregivers (ILO 2024b).

Care work comprises both **direct and indirect care**. Direct care work refers to personal care activities that are relational, while indirect care work comprises activities that enable well-being in the absence of direct personal contact, such as cleaning and cooking.

Care work includes both **paid care work and unpaid care work**. Paid care work refers to care work done on an occupational basis for a salary, while unpaid care work refers to care provided to one's own family or for one's own final use. Paid care work refers to the activities of workers in education, early childhood care, and the health and social sectors, as well as the activities of domestic workers and of individuals who perform unpaid care work (ILO 2024b). Among care workers globally, the ILO estimates that 25 per cent are domestic workers (ILO 2024c).

Care work can take place **in institutions or at home**. State policy and social and cultural norms can direct preferences for home-based or institutional care. Examples of care institutions are care homes for the elderly and the long-term sick, and children's nurseries. In many ASEAN countries, the care economy relies heavily on paid care provided by domestic workers in their employers' homes.

Care work is provided through the **public sector and the private sector**, including via micro-, small- and medium-sized enterprises (MSMEs). Public sector care can be provided by: (1) public sector service providers; (2) private sector service providers that are fully or partially funded by the public sector; and (3) cash benefits provided to households for purchasing care. Care is also sourced from private sector institutions and service providers for care provided both inside and outside of the home. Further, care is provided by the non-profit sector, the Social and Solidarity Economy and households.

Paid care work spans diverse occupations and sectors, **both formal and informal**. Much of care work continues to exist in the informal economy, without formal arrangements such as labour law protection and employment contracts. Examples of care work in the informal sector include care provided by community health volunteers, who are often paid a stipend below the minimum wage and not considered workers, nor are they protected by labour laws. Domestic work is largely in the informal economy, in many countries exempt from full labour law protections and social security (ILO 2021).

Care work can be found **at all skills levels**, including at highly skilled, medium-skilled and elementary levels. Care work occupations are present across all of the skilled occupational levels included in the ILOs International Standard Classification of Occupations (ISCO-08) structure (see table 1). Occupations at the elementary skill level (or Skill Level 1) involve simple and routine physical or manual tasks, and are mapped broadly to the primary level of education, and include domestic cleaners and helpers. Skill Level 2, or “medium skilled”, occupations typically involve more advanced literacy and numeracy and good interpersonal skills; the skill level is mapped broadly to the lower secondary to post-secondary (non-tertiary) level and includes domestic housekeepers, childcare workers and home-based personal care workers. Skill Level 3 occupations, which are considered “highly skilled”, are commonly mapped to the first stage of tertiary education and include community health workers and nursing associates. Skill Level 4 occupations, which are also considered “highly skilled”, are commonly mapped to degree-level education and often an advanced research qualification, and include doctors and nurses.

► **Table 1. ISCO-08 Classification of Occupations related to care work**

Skill level	Skill Level: Unit group	Occupation
Highly skilled	Skill Level 4: 221	Medical Doctors
Highly skilled	Skill Level 4: 2221	Nursing Professionals
Highly skilled	Skill Level 3: 3253	Community Health Workers
Highly skilled	Skill Level 3: 3221	Nursing Associate Professionals
Medium skilled	Skill Level 2: 5322	Home-based Personal Care Workers/Nursing Aide
Medium skilled	Skill Level 2: 5321	Health Care Assistants
Medium skilled	Skill Level 2: 5152	Domestic Housekeepers
Medium skilled	Skill Level 2: 5120	Cooks
Elementary skilled	Skill Level 1: 0111	Domestic Cleaners and Helpers

The care economy is a **growth sector** and already a **major generator of employment**. Worldwide, the care sector employs 285 million care workers. When workers supporting care provision are added, the global care workforce reaches 381 million – or 11.5 per cent of total global employment (ILO 2024e). The care economy is critical for sustained economic development and decent work. Women make up the majority of paid and unpaid care workers in the care economy.

Asia and the Pacific is the region with the fastest-ageing population in the world, demand for care is expected to increase. At the same time, the availability of unpaid work to meet household care needs has reduced due to several factors. Households tend to be smaller than before, with fewer extended family living under one roof. In addition, more women are moving into the labour market, reducing their capacity to engage in unpaid care work; while the redistribution of such unpaid care to men has been moving at a slow pace. The required number of long-term care workers in the region is predicted to double to 90 million by 2050 (ILO 2024a). This rising demand for paid care workers has begun generating a **regional, if not a global, competition for care workers**.

Ensuring that care work is decent work is a **gender issue**. Addressing the undervaluation of care work and elevating these vulnerable jobs to recognized, well-paid professions is essential for addressing systemic gender discrimination in labour markets in the ASEAN region and globally.

## 2.2. ASEAN migrant care workers

**ASEAN countries are both countries of origin and destination for migrant care workers.** ASEAN care workers also migrate outside of the ASEAN region. Care worker migration meets labour shortages in countries of destination and provides employment for care workers from countries of origin. Many migrant care workers from ASEAN work in medium-skilled jobs, such as Indonesian caregivers and caretakers (healthcare assistants) in the health sector in Japan and in social welfare industry in Taiwan, China. In 2016, a total of 23.1 per cent of all deployed Indonesian migrant workers were medium skilled care workers (54,160 care workers) (Anwar 2019). Also, highly-skilled care professionals are migrating within and from the ASEAN region. For example, in Singapore in 2023, 12.5 per cent of all registered nurses were from the Philippines, 6.3 per cent were from Malaysia and 2.1 per cent were from Myanmar (SNB, 2023 ).

Domestic workers also migrate from Cambodia, Indonesia, the Lao People's Democratic Republic, Myanmar and the Philippines to provide home-based care in Malaysia, Thailand and Singapore. In certain corridors, care work migration may be facilitated through memoranda of understanding (MOUs), some recent examples of which are included in table 2.

► **Table 2. Examples of recent care work MOUs**

Country	Date	Title
Philippines and Singapore	August 2024	MOU on the recruitment of Filipino healthcare workers
Indonesia and Japan	August 2024	MOU on a cooperation program for training Indonesian nurses and care workers
Cambodia and Malaysia	March 2023	MOU on domestic workers
Indonesia and Malaysia	April 2022	MOU on the employment and protection of Indonesian domestic migrant workers in Malaysia.
Philippines and United Kingdom	November 2021	Recruitment of Filipino nurses and other healthcare professionals.

**Domestic workers** comprise the biggest group of migrant care workers in the region. There are approximately 11.7 million migrant workers in the ASEAN region, and 19 per cent – or 2.2 million – are domestic workers. Among these migrant domestic workers, 83 per cent are women (ILO 2021). Domestic workers are among the least protected care workers. Research undertaken by the ILO found that 62 per cent of migrant domestic workers in Malaysia, Singapore and Thailand carry out medium skilled direct care work and 99 per cent of domestic workers carry out indirect care work classified at a medium skill level.<sup>4</sup> Despite this, domestic work is commonly considered an elementary occupation and wages are low, even if the care they provide for the old, young, disabled and sick requires a range of medium-skilled technical, vocational and transversal skills and effort. Live-in migrant domestic workers are often asked to provide continuous care (including working at night) as well as cooking and cleaning, and can face long hours, poor conditions of work and forced labour (ILO 2023a). Absence of government-provided care services increases reliance on domestic workers for care and increases pressure to keep domestic workers' wages low. There is a need to increase government investment in care to ensure access to affordable care for all and improved working conditions for care workers.

4 ILO's 2023 study surveyed 1200 migrant domestic workers and 600 employers in Malaysia, Singapore and Thailand. Included in the survey were questions about tasks as corresponding to the International Skills Classification of Occupations-08, which, for the skills related to domestic work, matches almost exactly with the national skills classifications in Malaysia, Singapore and Thailand. See ILO. 2023a.



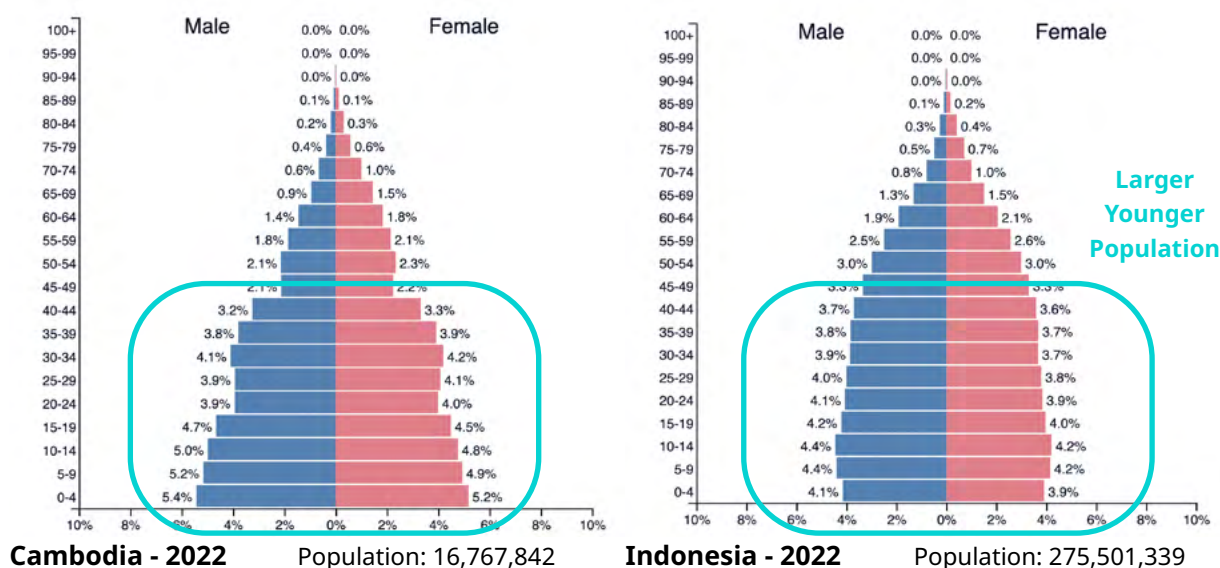
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## AFML Sub-theme 1: Meeting care needs through labour migration

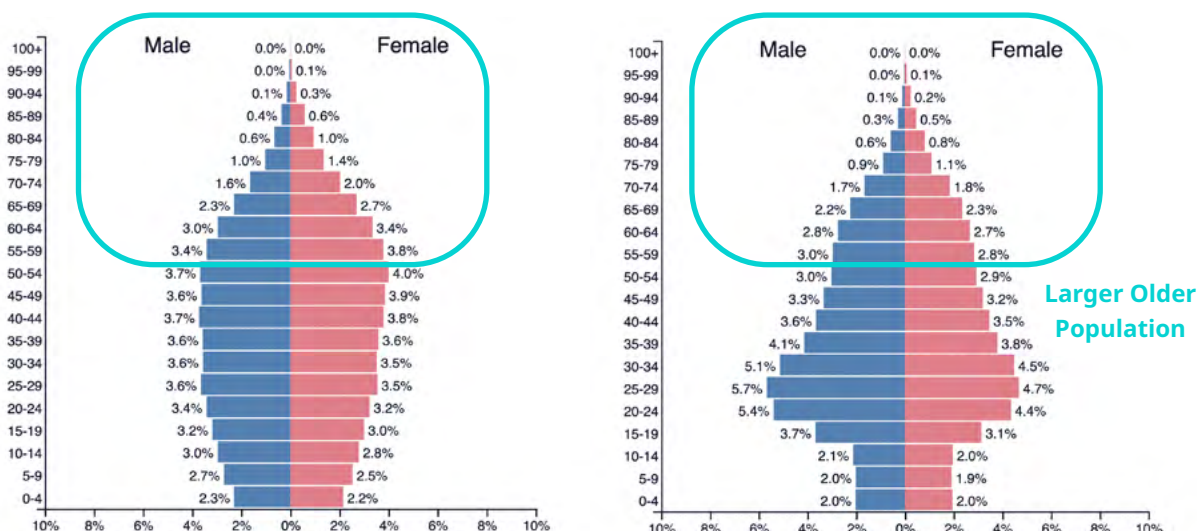
### 3.1. The dynamics of meeting care demand in ASEAN

ASEAN represents both sides of the care demand dynamic: Countries with young populations and a rapidly growing labour force looking for employment opportunities abroad, including care sector jobs; and ageing populations with an increasing care demand and a reduction in the national labour force available to provide the required care. Figure 1 below provides demographic charts for Cambodia, Indonesia, Thailand and Singapore as examples. These illustrate the larger youth populations of Cambodia and Indonesia, which are also found in the Lao People's Democratic Republic, Myanmar and the Philippines, and the larger older populations of Thailand and Singapore, which is also the case in Malaysia.

► Figure 1. Age dynamics of selected ASEAN countries







Thailand - 2022

Population: 71,697,029

Singapore - 2022

Population: 5,649,884

Source: PopulationPyramid.net, using UNDESA data.

## 3.2. Understanding current and future care needs

Having accurate data is the essential first step to navigating the dynamics of meeting ASEAN's care demand through care labour migration.

- **Countries of destination** can use assessments of care economy labour to project their care economy labour needs as well as how to meet those needs through paid and unpaid care work, including migrant labour. Such assessments can then inform decisions on pathways, admission and conditions of stay for migrant care workers.
- **Countries of origin** can use assessments to understand their own care economy needs and the opportunities and risks that a demand for their workers from overseas could pose to meeting their own care needs. Based on such assessments, they can, if necessary, take measures to stem the recruitment of care workers for work abroad (see section 3.3 below) and measures to promote decent work and attractive conditions in order to maintain the employment of care workers in their home country.

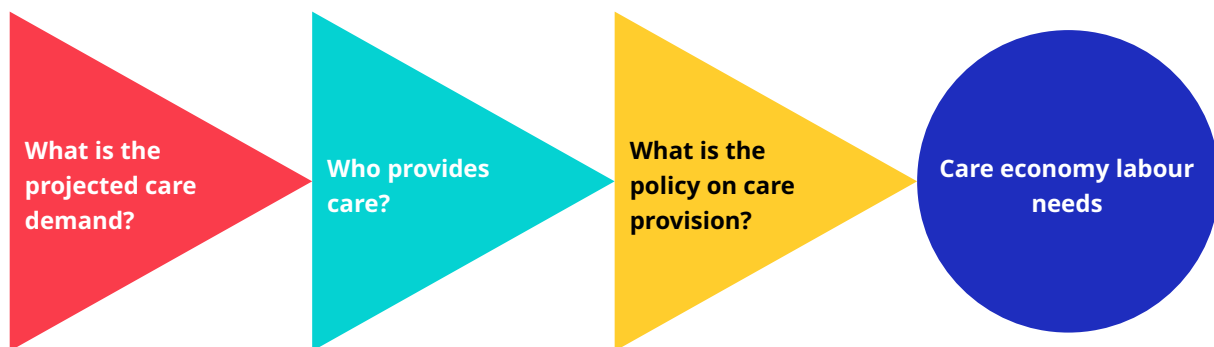
During the Regional Forum on Care Work for ASEAN Countries in 2023, state representatives recognized the importance of data – in particular to policymaking – sharing different approaches to data collection, including through censuses, household and population surveys and time use surveys (ESCAP and Oxfam 2023). In addition, in the course of the development of the ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community, the need to support research and data collection on issues related to the care economy and the distribution of work across different demographics to drive evidence-based policy and decision-making has also been identified as a priority (ESCAP 2024).

There are examples of relevant data collection from across the ASEAN region. In Thailand, every three years the National Statistical Office commissions a Survey of Older Persons, which includes data on the current demand for care – both paid and unpaid (Thailand, NSO 2022). This data enables interesting analysis of demand for care workers, including migrant care workers (see box 2). In Viet Nam, the World Bank supported a time-use survey in order to measure the amount of time spent on unpaid labour, including care work. Labour force surveys, including those that measure informal labour, are also conducted in countries across the region, illustrating the number of care workers in each respective country. While these are examples of data collection that can illustrate existing care need and the size of the care sector, it is important that policymakers take a more integrated approach to data collection and analysis in order to project care demand and the labour needed to meet future demand.

To project care economy labour needs, the following questions need to be answered:

- **What is the projected care demand?** Using demographic and health data, understand the potential impact that ageing and other demographic trends will have on demand, countered with the impact of technology and improved healthcare interventions.
- **Who is providing the care?** Labour force and time-use surveys can be used to understand how much care work is paid and unpaid, as well as the skill level, gender balance, retention levels and levels of migrant labour. Labour data can also provide information on formality and informality and recruitment and retention, which might illustrate the rate at which young people are entering the care work sector, as well as the rate at which workers in the sector are leaving it.
- **What is the social and economic policy on care?** How does the national development agenda anticipate that care will be provided and funded, for instance, institutions; home-based; publicly funded; market-driven?

► **Figure 2. How data interacts to project care demand**



► **Box 2. Migration and Thailand's older persons care needs**

The ILO and Chulalongkorn University are collaborating on analysing data from the “Survey of Older Persons in Thailand” done by Thailand National Statistical Office in 2021. The study focuses specifically on projecting the care needs of persons aged 60 or older with moderate or severe dependency. In 2021, approximately 20,000 such older persons were supported by paid home-based caregivers. The study did not look at care needs of other population groups.

The study projects that, by 2037:

- By a conservative projection, Thailand could **need approximately 70 per cent more paid caregivers** to meet the home-based care needs of older persons with moderate or severe dependency. This projection assumes that current employment practices are continued, including excessive working hours and limited leave of paid caregivers.
- If caregivers’ labour rights are respected, a conservative projection indicates **fourfold increase in demand for paid caregivers** to meet the home-based care needs of older persons with moderate or severe dependency.
- Alternative projections were made for various scenarios. For example, if those with unmet care needs (those who currently lack caregivers) and the expected surge in solo living with limited community care and unequal access to technology are factored in, the demand for caregivers for older persons with moderate or severe dependency could **increase by 13 times**.

In Thailand, by 2037, approximately 32.4 per cent of Thailand's population will be aged 60 and above. In response to this demographic shift, Thailand's policy is to support ageing in place (at home) and the promotion of community care. Home-based paid care for older persons is provided by nurse assistants, caregivers, care managers, and volunteers, through both public and private health schemes. Domestic workers also play an essential role in providing home-based care. However, Thailand faces challenges in recruiting care workers domestically, compounded by a shortage of nurses. Additionally, home-based care provided by domestic workers lacks formal recognition and comprehensive labor rights, including access to social security. Addressing these gaps offers an opportunity to enhance the well-being of older persons while ensuring fair treatment and support for all care providers.

Source: ILO, forthcoming; Thailand NSO, 2021; UNDESA, 2022 (Medium variant scenario).

### ► Box 3. Workforce demand in Australia's care and support economy

In Australia, the healthcare and social assistance industry represents 15 per cent of the country's total workforce and is growing three times faster than any other industry. This industry includes:

- health services, hospitals and medical care; and
- the care and support economy, which covers aged care, early childhood education and care, veterans' care and disability support.

The care and support economy employed over 600,000 persons in 2021, and its workforce is expected to increase to 1 million by 2049-2050. The Australian Government spending in the care and support economy was AU\$97 billion in 2023-2024 (14 per cent of government expenditure) and is projected to rise to AU\$124 billion in 2027-2028.

According to Australia's 2021 census:

- In aged care, 87 per cent of employees were women and **55 percent were migrant workers.**
- In disability and other care, 75 per cent of employees were women and **34 per cent were migrant workers.**
- In early childhood education and care, 96 per cent were women and **37 per cent were migrant workers.**

**The gap between workforce supply and demand is broadening**, pointing to the need to attract and retain more care workers each year. Australia has defined three goals to strive for a sustainable and productive care and support economy that delivers quality care with quality jobs:

- Goal 1. Quality care and support: Person-centred care and support that recognizes those accessing it as individuals and delivers quality outcomes.
- Goal 2. Quality jobs: Secure, safe jobs with fair wages, conditions and opportunities for career development.
- Goal 3. Productive and sustainable: Systems of care and support are effective and sustainable and harness innovation to generate efficiency gains that do not compromise quality of services.

Source: Mooney 2024.

### 3.3. Acknowledging migrant care workers in national care policies and strategies

All ASEAN countries have policies, infrastructure and strategies on care, including healthcare, childcare, aged care and disabled care policies and employment-related care policies. See box 4 for examples. Few countries in the ASEAN region, however, expressly acknowledge the role of labour migration in these policies. One good example is the **Indonesia Road Map for Care Economy for a more Gender Equal World of Work**, adopted in 2024 with technical support from the ILO, which makes reference to labour migration of care workers, including migrant domestic workers.

Acknowledgement of labour migration into the care economy in countries of destination can pave the way for establishing comprehensive mechanisms to ensure that labour migration meets labour market needs, particularly in relation to specific care sector occupations and skill levels.

#### ► Box 4. Examples of care policies

ILO reports define care policies as: Public policies that allocate resources (money, services, time and rights) to the provision of care and access to care rights, including through the provision of:

- Early childhood care and education, and long-term care services;
- Social protection benefits that facilitate the provision of or access to care;
- Labour regulations that provide for maternity protection, care leave and care-responsive working arrangements;
- Training, education and awareness-raising; and
- Care infrastructure.

Source: ILO 2024c.

The role of migrants in the care sector has been recognized at the regional level through the ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community, which notes that most paid care workers are women, and frequently are migrant workers. Similar recognition is needed in country-level policies, along with measures to protect migrant care workers' rights and ensure their representation in care policymaking.

In countries of origin, acknowledgment of labour migration in care policies can recognize the impact of outmigration, particularly where this might pose a risk to the national care economy. In doing so, States can consider strategies for retaining care workers, or attracting their return and reintegration. In countries of destination, if demand for migrant care workers has been confirmed, care policies need to include measures on the hadmission and protection of these migrant care workers.

International guidance on fair and ethical recruitment of healthcare workers includes the ILO Nursing Personnel Recommendation, 1977 (No. 157), and the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO 2010). ILO Recommendation No. 157 recommends limiting recruitment of migrant nursing personnel by authorizing recruitment of foreign nursing personnel only if there is a lack of qualified personnel for posts in the country of employment, and where there is no shortage or nursing personnel with the desired qualifications in the country of origin. The WHO Global Code of Practice aligns with World Health Assembly decisions and the WHO Health Workforce Support and Safeguards List in aiming to ensure that migration of healthcare workers does not deplete origin country healthcare systems. The Safeguards List outlines 55 countries that face the most pressing health workforce challenges, which include the Lao People's Democratic Republic and Timor-Leste, among others.

### 3.4. Establishing pathways for migrant care workers at all skill levels

Once the demand for migrant care workers has been established, countries of destination need to ensure that they have labour migration pathways in place that allow for recruitment of migrant workers into in-demand care occupations. These pathways need to include work permit and visa systems that allow admission of migrant workers into care occupations, labour and social protection arrangements, and arrangements for their recruitment and skills recognition.

MOUs are commonly used to facilitate recruitment and protection of migrant workers. When negotiating such MOUs, countries of origin and destination need to ensure that they provide equal labour and social protection for migrant care workers compared to nationals and migrant workers in other sectors in accordance with ILO Conventions Nos. 97 and 144. Incentives are sometimes considered in order to attract migrant care workers to the country. The MOUs between Germany and the Philippines, Viet Nam and Indonesia for migrant nurses, for example, provide for skill upgrading, language training and the integration of health workers hired under the programme. Workers migrating under these MOUs are entitled to all labour law protections, including social security on par with nationals.

#### ► **Box 5. Agreement between the Philippines and the Federal Republic of Germany for the placement of Filipino health professionals in Germany**

The 2013 Agreement of the Philippines and the Federal Republic of Germany concerning the placement of Filipino health professionals in employment positions in the Federal Republic of Germany establishes modalities for safe and sustainable migration of care workers.

This bilateral agreement addresses concerns regarding brain drain and incorporates a clause on human resources development, aiming to explore initiatives that promote training in the Philippines. The Agreement regulates Filipino health professionals' deployment to Germany, simplifies job placement and ensures workers' welfare. Recruitment follows existing laws, and contracts, which are finalized before departure, offer comparable working conditions to German workers. Pre-departure training covers relevant laws and cultural norms in Germany. Social security coverage is provided under the German system, and monitoring involves a Joint Committee that includes trade union representatives from both countries.

Source: ILO 2023b.

Conversely, the **MOU between Cambodia and Malaysia** concerning the recruitment of migrant domestic workers – which in effect reversed a previous moratorium on the migration of domestic workers – includes provisions with significantly fewer rights than in the general Cambodia-Malaysia MOU for migrant workers to all other sectors. The domestic work-specific MOU does not include minimum wage protection, nor several other rights provided for in the general workers MOU. This means that under the domestic work-specific MOU, domestic workers from Cambodia have fewer rights than Cambodian migrant workers working in other sectors in Malaysia, and fewer rights than migrant domestic workers from Indonesia and the Philippines to Malaysia covered under those countries' bilateral agreements.

It is essential that pathways for migrant care workers include arrangements for recognition of their qualifications and access to skills development and certification. Processes for the recognition of qualifications for regulated occupations such as nurses and doctors may be particularly complicated and require the involvement of health sector authorities. Access to skills development and certification is also essential for domestic workers providing care in homes. Many of these workers develop specialized skills in aged care, disabled care, healthcare and child care, and they should have access to Recognition of Prior Learning (RPL) assessments to certify their skills. Specific occupational skills can include managing a child's behaviour; minor medical interventions, including administration of, and keeping records on, medications; providing psychological support through personal care; and scheduling and managing health and other appointments.

The ASEAN Declaration on Skills Mobility, Recognition and Development for Migrant Workers adopted in October 2024 provides regional commitments and useful guidance on establishing labour migration pathways at all skills levels and ensuring migrant workers' access to skills recognition and development (see box 6).

► **Box 6. ASEAN Declaration on Skills Mobility, Recognition and Development for Migrant Workers**

The Vientiane Declaration on Skills Mobility, Recognition and Development for Migrant Workers was adopted in 2024. The Declaration establishes at its outset the intention of ASEAN Member States to **develop and strengthen admission and labour migration policies to enable labour migration at all skills levels** in accordance with labour market requirements of both countries of origin and destination. The Declaration establishes a framework for ASEAN cooperation on enhancing migrant workers' access to skills development and skills recognition; enabling mobility of migrant workers at all skills levels (elementary, medium-skilled and high-skilled) within ASEAN, and promoting a whole-of-society approach and forging stronger cross-border collaboration for mutual recognition of skills in countries of origin and destination. This requires integrating skills recognition into labour migration and admission policies, MOUs, and recruitment processes for all women and men migrant workers at all skills levels. In addition, the Declaration calls for fair access to skills development and certification for migrant workers, including access to Recognition of Prior Learning (RPL) to certify informally acquired skills.

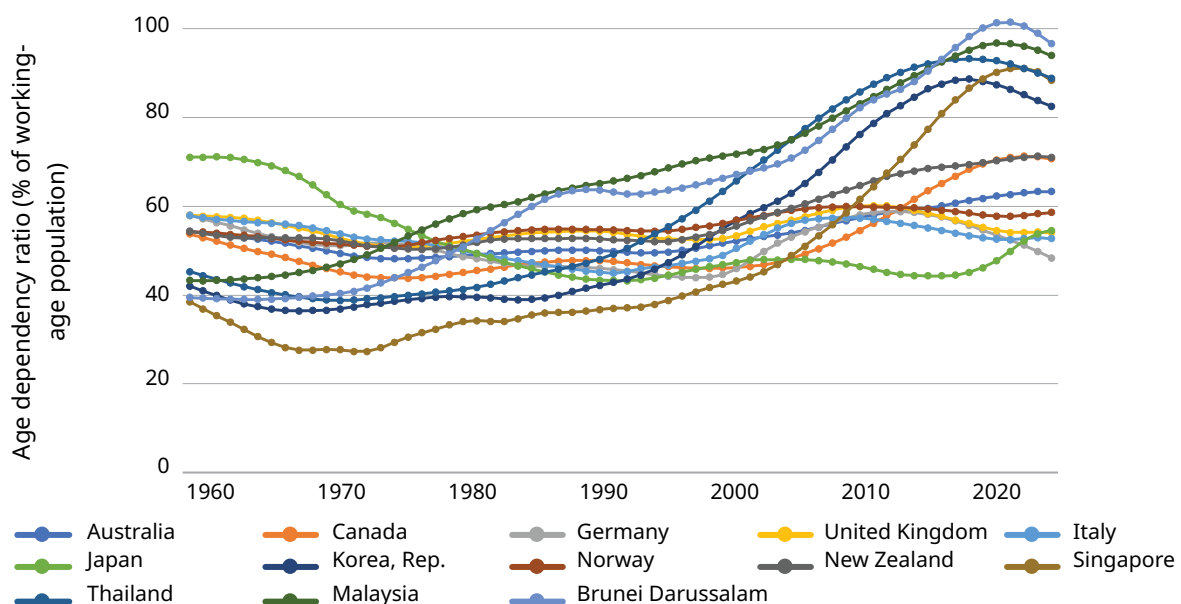
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## AFML Sub-theme 2: Enhancing protection and promotion of the right of migrant care workers

### 4.1. How to attract ASEAN migrant care workers to stay in the region

In addition to there being an increased regional demand for care workers, the demand for care is also increasing globally. Figure 3 illustrates how the age dependency ratio – that is, the measurement of the number of people younger than 15 or older than 64 compared to the number of people of working age – is increasing, and how this trend is seen globally. This is primarily due to an increasing proportion of people aged 65 and older, but is also amplified by general population growth in some countries. This presents an opportunity and a risk for ASEAN, as the global market is competing for much-needed care workers, including those from ASEAN.

► Figure 3. Age dependency ratio in selected countries, 1960–2023



Source: World Bank. 2022.



As detailed in the subsections below, ASEAN countries can do more to attract and retain care workers through:

- formalization of the care sector, including domestic work;
- improvement of wages, conditions of work and social protection;
- fair recruitment and access to visa extensions and the right for migrant care workers to change employers;
- skills recognition and development; and
- access to organizing and representation for all care workers.

The ILO's 5R Framework for Decent Care Work is grounded in the ILO Decent Work Agenda and provides guidance for defining and advancing transformative care policies and decent work for care workers. The 2024 ILO Resolution and Conclusions concerning decent work and the care economy demonstrated tripartite and international adoption of the 5R Framework. The 5R Framework itself (see figure 4 below) proposes a coherent and integrated strategy that both mainstreams care in all key policy areas and proposes specific laws, policies and programmes. Its core policy recommendations address both unpaid and paid care work as essential and complementing components of the care economy that both need adequate recognition, support and recognition. The five "R's" are:

- "Recognize" the value of unpaid care work;
- "Reduce" unpaid care work;
- "Redistribute" unpaid care work, between women and men and between households and the State;
- "Reward" paid care work by promoting more and more decent paid care work; and
- "Representation" of care workers through freedom of association, social dialogue and collective bargaining.

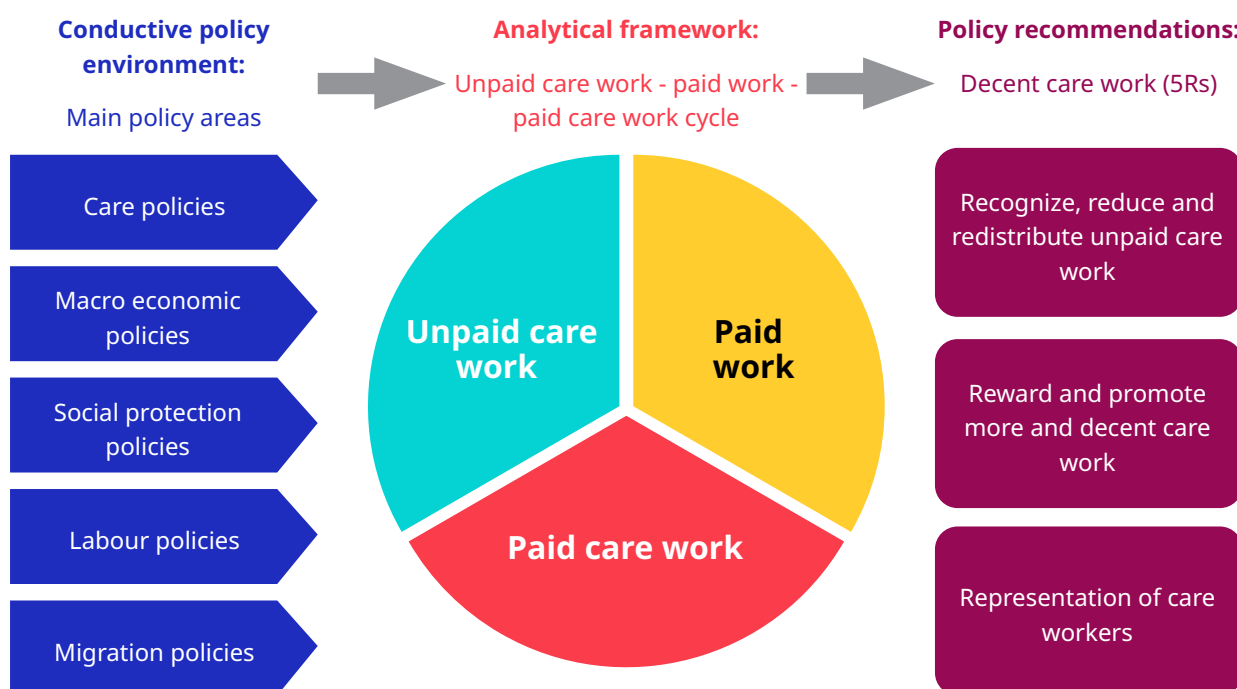
The 5R framework also outlines the policy areas that need to be considered for a comprehensive policy framework on care. These include:

- policies on care leave and services, including publicly funded leave policies, healthcare, elder care, education and family-friendly working arrangements;
- macroeconomic policy, including taxation and other fiscal measures;
- social protection for paid workers, including domestic workers, and unpaid care workers;
- labour protection for paid care workers, including non-discrimination and safety at work; and
- migration policies on recruitment and protection of migrant care workers.

The inclusion of migration policy in the 5R Framework acknowledges the importance of also addressing migrant care workers in national care policies (see section 3.3 above).



► **Figure 4. 5R Framework for Decent Care Work: Analytical and policy framework**



Source: ILO 2018.

## 4.2. Formalizing the care sector, including domestic work, community volunteers and personal assistants to persons with disabilities

Care workers can often be found in informal employment – as domestic workers, as community-based care workers or as personal assistants to persons with disabilities. The informality of domestic workers is inherently linked to the home-based nature of domestic work, which is traditionally unpaid and performed by women. It has been asserted that the lack of well-established, evidence-based national aged and disability care policies has resulted in the growth of an insecure, undervalued and informal workforce (ILO 2022b). For domestic work, common inconsistencies can render some forms of domestic work informal and others formal. Community health workers are frequently undertrained, under-resourced and underpaid or unpaid, and are often engaged to make up for a shortage of health workers. Public services often rely on informal community “volunteers” to provide community-based care. Volunteers might even be recruited and paid a stipend for these roles. These volunteers are ultimately providing public services, and States need to ensure that such community care roles are instead formal, recognized public sector professions. The disproportionate number of women in community care work also means that reliance on “community volunteers” can further systematize the informality of women’s work. Personal assistants provide home and community-based services that empower persons with disabilities in ASEAN. Though providing an essential service of assistance and support, in many contexts personal assistants are working informally, with few labour rights protections.

Formalizing means to cover an economic activity by formal arrangements in law and practice, for example, by extending labour law and social protection to domestic workers, community health workers and personal assistants, and providing them employment contracts. Formalizing the care sector is essential for making care jobs decent work.

States have a duty to provide care. The extent to which States meet or fulfil this duty does, however, vary. Where States are not looking to establish public institutions to meet care needs, and are instead looking to home-based

and community-based solutions, alternative routes to formal employment need to be established. Entities within the Social and Solidarity Economy – including member-owned businesses and cooperatives – have emerged as innovative forms of care provision that bridge the gap from informality to formality, without the need for public or private sector intervention (see box 7).

The ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN commits to implementing policies that formalize migrant and informal sector workers.

#### ► **Box 7. Care provision through the social and solidarity economy**

ILO research indicates that Social and Solidarity Economy entities can act as a route to providing access to improved wages, working conditions and benefits. For example:

- The all-women, worker-owned cooperative *Si Se Puede!* (We Can Do It!), provides eco-friendly housecleaning services in New York City. It is a cooperative of migrant domestic workers that has succeeded in securing member wages at US\$20 per hour, up from the US\$7–8 per hour that most workers earned before. *Si Se Puede!* also provides members with educational and skills-building opportunities.

Source: ILO 2018.

### **4.3. Improving wages, social protection and conditions of work to attract migrant care workers**

With increasing care demand, countries need to ensure the care sector offers attractive jobs – for both local and migrant care workers. With the increasing demand for care internationally, migrant care workers will be able to choose home or abroad destinations that offer the best wages, conditions of work and social protection. The protection of care worker rights is therefore paramount and can attract workers, particularly where States:

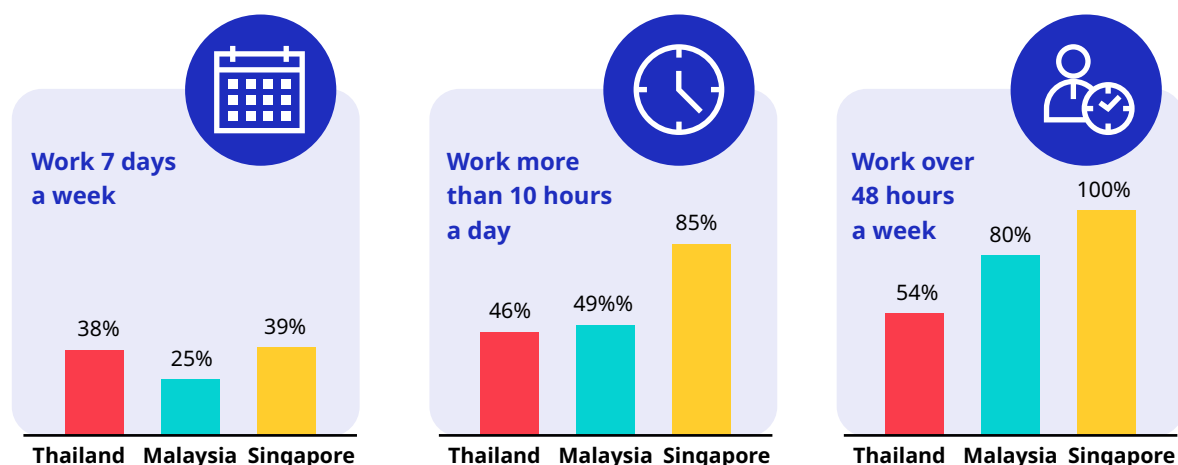
- improve wages, conditions of work and social protection for all care workers;
- provide full labour and social protection for national and migrant domestic workers; and
- ensure migrant care workers' equal treatment compared to national care workers.

#### **4.3.1. Conditions of work**

The care sector is characterized by low wages, long working hours and challenging conditions of work. Examples of this can be found across different care occupations. For example, nurses and midwives are paid less than the average among high-skilled workers in 34 out of 49 countries. They also earn less than the average among health sector workers in almost half of the countries with available data (Limani 2023). Even more dramatic discrepancies can be found in the working conditions of domestic workers compared to workers in other sectors. Data from an ILO study on migrant domestic workers in Malaysia, Singapore and Thailand indicates migrant domestic workers work long hours and rarely earn the equivalent to minimum wage (ILO 2023a).<sup>5</sup>

<sup>5</sup> Singapore generally does not impose a minimum wage for any workers, whether resident or foreign. The study therefore assessed wages vis-à-vis minimum wage rates set by Indonesia, Myanmar and the Philippines.

► **Figure 5. Working conditions of migrant domestic workers in Malaysia, Thailand and Singapore**



Ensuring that migrant care workers enjoy equal rights and protections in accordance with ILO Conventions Nos. 97, 144 and 189 and that their working conditions are attractive, includes addressing some of the inconsistencies in labour migration regimes. In Malaysia, Thailand and Singapore (see box 8 below), for example, domestic workers who are employed by companies have – on the face of it – access to more labour rights than those who are employed directly by households (ILO 2023a).

► **Box 8. Domestic worker labour rights in Singapore**

The ILO carried out a study on migrant domestic workers' working conditions and skills profiled in Malaysia, Singapore and Thailand. The study found that in Singapore, migrant workers employed by companies under the Household Services Scheme (HSS) to provide domestic work services to households have access to more labour rights than those employed by individuals. Being employed by companies and therefore considered to be in the services sector, migrant domestic workers under the HSS are covered by the Employment Act. Part IV of the Employment Act regulates hours of work, overtime and rest, providing that workers work no more than eight hours per day and 44 hours per week, that they get 1.5 times the hourly basic wage for overtime, and one day off a week. These workers also live outside of private households and – on the face of it – have more autonomy of movement. The cost to hire domestic workers under the HSS is significantly higher than a live-in domestic worker, with cleaning agencies charging upwards from S\$18/hour for part-time cleaners, around the same amount that a live-in worker is paid per day.

Source: ILO 2023a, 52.

Migrant care workers also face discrimination compared to national care workers in the same occupations. In Malaysia, legislation establishes different employment conditions for migrant nurses vis a vis nationals. For instance, employment criteria for migrants specifies limits to age, disallows them from holding highest-level nursing positions, imposes quotas (migrants may not constitute more than 40 per cent of nurses in a given workplace) and time limits (five-year contracts, at the end of which nurses must take three-month contract breaks) (ILO 2022b).

The ASEAN Comprehensive Framework on the Care Economy recognized that, in spite of migrant workers' vital role in increasing the region's labour market efficiency, their labour rights are often subjected to abuses during recruitment and employment (ASEAN Secretariat 2021). This was further recognized in the ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community, which notes that most paid care workers work in the informal economy under poor conditions with low pay and are often not provided with sufficient legal and social protections to ensure their safety and dignity.

### 4.3.2. Social protection

The ASEAN Comprehensive Framework on the Care Economy recognized that migrant care workers are often unable to make use of the social protection benefits to which they are entitled upon their return home (ASEAN Secretariat 2021). This issue is particularly critical for migrant care workers in sectors excluded from social protection, such as domestic workers in Thailand, many of whom are vulnerable women for whom social security benefits will be critical to ensuring a less precarious life as they age and reach retirement. For those migrant care workers who are covered by social security schemes for old-age pension and disability, portability of social security benefits is essential. In 2024, ASEAN endorsed the ASEAN Guidelines on the Portability of Social Security Benefits for Migrant Workers. It is imperative that the Declaration on Portability of Social Security Benefits for Migrant Workers in ASEAN (2022) and the ASEAN Guidelines on Portability of Social Security Benefits for Migrant Workers in ASEAN (2024) are implemented effectively through bilateral or unilateral measures, and that such measures address the specific needs of migrant care workers, including any issues unique to women care workers.

### 4.3.3. Care for care workers

Migrant care workers also have their own care needs. Migrant workers are frequently compelled to leave their children with relatives or friends, due to a lack of supportive government-provided public care services. They also have their own sickness, healthcare and maternity needs. In addition to social protection, migrant care workers should have access to care policies more generally. The ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN commits to implementing employment-related care policies, including policies on maternity and paternity leave, parental leave, leave to care, flexible work, childcare, paid sickness and healthcare access.

## 4.4. Enabling easy permit renewals, longer stays and changing of employers to attract care workers

Ensuring flexibility in immigration rules removes barriers to migrant workers accessing their rights, and can also present as a factor that can increase or decrease the attractiveness of a country for migrant workers. Despite the longer-term and “essential” need for care workers, short-term or temporary visas are prevalent in the care sector.

To attract migrant care workers, governments may consider amending the immigration rules to:

- allow migrant workers to change employers and jobs in accordance with an established process;
- enable employers to re-hire migrant workers already present in the country;
- allow in-country renewing of workers’ work permits/visas;
- establish grace periods to enable migrant workers to look for new employment after their contracts expire;
- move from temporary labour migration to longer-term programmes that are sensitive to long-term labour market demands; and
- establish procedures for family reunification for migrants at all skills levels.

Seeing the value as well as the scarcity of care workers in the global labour market, Canada and Japan for example, have both introduced paths for permanent residency for care workers (Tsujita and Komazawa 2020) (see box 9). The ILO has noted that temporary labour migration pathways “might be turning into less of a useful working category as we witness evidence that temporary visas continue to be extended while labour markets needs in particular sectors continue to be long-term or permanent” (2022c).

► **Box 9. Pathways to permanent residency: Japan and Canada**

Where migrant workers are in effect filling permanent labour needs, some countries have introduced pathways to permanent residency or citizenship for care sector workers, among others. Care workers with longer stays in destination also benefit care recipients, who may prefer not to have frequent turnover of the carers looking after them.

In Japan, the Care Work visa established in 2017 is open for work in Japanese residential care facilities. Migrant care workers must hold Japan's National Care Worker Certification and have Japanese language qualifications. Some countries of origin, such as the Philippines, are able to offer the qualification, but for other migrants taking this pathway, most access it as a status change after studying in care work training and certification programmes in Japan. Often employers cover tuition fees as a way to secure workers, and some students enter studies in Japan through the Certified Care Worker Candidates stream, which allows visas for study and work sponsored by a welfare university or care training facility. Note that in addition to pathways to permanence, this Care Work visa also allows change of employer provided the worker moves to another residential care facility.

Canada has well-established programmes that offer opportunities for temporary migration into skilled and low-skilled care work positions which could eventually lead to permanent residency. As of June 2024, Canada's pilots for the Home Support Worker and Home Child Care Provider work permits both have paths to permanent residency upon arrival to Canada. Further, the Canadian Live-in Caregiver Program is often cited as an example of good practice because, even though the original visa was temporary, care workers could later apply for permanent residency and were then no longer required to work in the domestic care industry. In addition, the Canadian Provincial/Territorial Nominee Program allows provinces to create programmes in which temporary migrants can apply for transition to permanent status.

Sources: Charlesworth, Cunningham and Daly 2024; Government of Canada 2024; ILO 2022c; Desiderio 2021.

## **4.5. Providing effective access to skills development and recognition**

Skills mobility, recognition and development for migrant care workers are essential for the care economy in ASEAN and globally. On one hand, ensuring good quality care requires access to training, certification and skills recognition for care workers. On the other, access to recognition and development is essential in ensuring that migration enables care workers to upgrade their skills.

Currently, migration too often has a deskilling impact on care workers, as migration in the care sector is characterized by over-qualification (ILO 2018). For example, doctors and nurses from countries of origin may migrate into medium-skilled personal care work or qualified teachers may migrate into domestic work. This results in deskilling, which impacts on migrant care workers individually, but also in net origin countries being left without skilled care givers (Charlesworth, Cunningham and Daly 2024).

Establishing processes for recognition of overseas qualifications for migrant care workers at all skills levels is essential to ensure the positive development impacts of care worker migration. This may mean complicated processes involving various authorities, especially in the case of regulated occupations such as nurses and doctors. In addition, all migrant care workers, including migrant domestic workers, need access to skills development and certification on an equal basis with national care workers. In the case of migrant domestic workers, many of them develop specialized skills in aged care, disabled care, healthcare and child care, and they should have access to Recognition of Prior Learning (RPL) assessments to certify their skills.

For some care occupations – such as home-based care provided by domestic workers – skills standards, training curricula and assessment criteria are missing. These need to be developed to professionalize the sector. There have been some efforts to formally recognize the skill level of domestic work for the purposes of skills mobility.

ASEAN has developed eight Mutual Recognition Arrangements (MRAs) for various professional level occupations, including doctors, nurses and dentists. MRAs are mechanisms that are ultimately designed to enhance mobility through mutual recognition of authorization, licensing or certification of services across States. The MRAs have not, however, been able to facilitate skilled labour mobility in the care sector. They do not provide a mechanism for unrestricted mobility between ASEAN Member States and are not the only determinant of mobility, with the private sector playing a large role (Pachenee et al. 2019). Research has also found that the implementation of MRAs in the health sector has been slow and complex, and that greater support from trade and immigration policies, supported by genuine political commitment to the mobility of health workers, is needed to harness the benefits of the implementation of these agreements (Te et al. 2018).

The ASEAN Declaration on Skills Mobility, Recognition and Development for Migrant Workers, adopted in October 2024, provides regional commitments and useful guidance on ensuring the establishment of labour migration pathways at all skills levels and ensuring migrant workers' access to skills recognition and development (see box 6).

Access to skills recognition and upgrading is one more factor that may attract migrant care workers to choose one destination over another. For example, for migrant care workers in Japan, there is the possibility of training via a national "Certified Care Worker" accreditation system through study at government-accredited institutions, graduation from a high school specializing in welfare, or having three years' work experience in care with six months training, as well as passing a nationwide exam (Tessier, De Wulf and Momose 2022). This provides migrant workers with an opportunity to certify their skills in care, and (as per box 9) a pathway to permanent residency.

## **4.6. Preventing and addressing violence, abuse and discrimination against migrant care workers**

Violence, abuse and discrimination in the care sector need to be urgently addressed. Care workers face risks of violence and harassment at work, including sexual harassment, physical violence and abuse. Migrant care workers are at risk of abuse due to multiple forms of discrimination on several grounds at the same time – as migrant workers, as women workers and sometimes as "low-skilled" workers. During the COVID-19 pandemic, violence against women, against women migrant workers and against care workers all increased. Isolation increased the risk of abuse for domestic workers, and reports of violent threats and violent acts against doctors and nurses also increased. In addition, a recent ILO (2023) study found that 29 per cent of interviewed domestic workers in Malaysia, 7 per cent in Singapore and 4 per cent in Thailand were in a forced labour situation when measured against the ILO's Guidelines concerning the measurement of forced labour, which provides a statistical definition of forced labour.

Equality of opportunity and treatment in employment and occupation is a fundamental principle and human right recognized in the ILO Declaration on Fundamental Principles and Rights at Work to which all women and men are entitled, and which affects the enjoyment of all other labour rights. Provisions on gender discrimination are set out in the Equal Remuneration Convention, 1951 (No. 100), and the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), and apply to all migrant care workers, including those in the informal economy. Article 3(2)(d) of the Domestic Workers Convention, 2011 (No. 189), also requires Members to take measures in relation to domestic workers to respect, promote and realize the elimination of discrimination in respect of employment and occupation. The Nursing Personnel Convention, 1977 (No. 149), also applies to all persons providing nursing care and nursing services, wherever they work. Convention No 149 provides that nursing personnel are to enjoy conditions at least equivalent to those of other workers in the country, in particularly in relation to hours, rest and social security. In addition, the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), recommends States to take measures to achieve decent work in the informal economy, including through the elimination of discrimination in respect of employment and occupation, and to progressively extend social security, maternity protection, decent working conditions and a minimum wage. The requirements and recommendations in these international labour standards address the multi-layered discrimination that care workers face: in terms of the perceived low skill level of many of the

occupations; gender-based discrimination against care workers, many of whom are women; and discrimination against care workers on the basis that they are migrant workers. Gender inequality and discrimination against migrant care workers affects the enjoyment of all their other labour rights and can have practical consequences for the care sector more broadly, including reducing the attractiveness of care sector work in countries of destination and making it harder for these countries to meet their care needs.

## 4.7. Ensuring care workers' effective right to organize and ensuring their representation in care policymaking

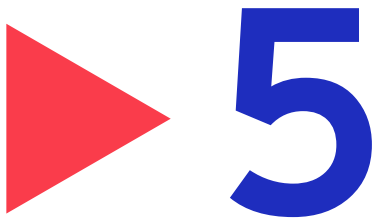
A workers' ability to organize and bargain collectively is key to helping them achieve better wages, conditions of work, legal protection and skills recognition. Yet informality, irregularity and/or migration status often result in migrant care workers being precluded from joining trade unions or organizing. Without functioning trade unions, care workers struggle to organize so that they can collectively bargain for recognition of the skill level of their work and for better pay and conditions that could lead to reductions in forced labour.

Migrant care workers' representation in social dialogue on care, labour and migration policy is essential to ensure that labour migration can meet the growing demand for care workers at all skill levels, and that national and regional strategies can meet this need.

### ► Box 10. Barriers to migrant worker organizing

- **Cambodia:** The Law on Trade Unions (2016) places language and residency requirements on foreign employees leading trade unions.
- **Malaysia:** Under the Trade Union Act, migrant workers are allowed to join trade unions, but they are not allowed to hold official positions or form their own trade unions.
- **Myanmar:** The Labour Organization Rules (2012) impose a residence requirement to be a member of the executive committee of a labour organization.
- **The Philippines:** Under the Labour Code (Presidential Decree No. 442 of 1974), foreign workers may only participate in a labour union where this right is reciprocal.
- **Singapore:** Under the Trade Unions Act, ministerial approval is required for a person who is not a citizen of Singapore to act as an officer or trustee of a trade union.
- **Thailand:** Under the Labour Relations Act B.E. 2518 (1975), only Thai nationals may form a labour union or be elected to the board of directors of the union.
- **Viet Nam:** Under the Trade Unions Law, only Vietnamese nationals have the right to establish, participate in and operate a trade union.





# Recommendations

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The ILO recommends the following points here for consideration by the ASEAN Member States and other relevant parties in pursuing these goals.

## Meeting care needs through labour migration

1. Assess and **project the demand for care**, including through the employment of migrant care workers, based on demographic, health and employment data and changing patterns in provision of unpaid care.
2. **Acknowledge migrant care workers in national care policies and strategies**, and adopt measures to address their needs.
3. Establish MOUs and **pathways for deployment and admission of migrant care workers** at all skills levels.

## Enhancing protection and promotion of the rights of migrant care workers

4. **Formalize the care sector**, including domestic work, community volunteers and personal assistants to persons with disabilities.
5. Improve care workers' **wages, social protection and other conditions of work**, in order to attract migrant care workers.
6. Revise immigration rules to **enable easy permit renewals, longer stays and changing of employers**, in order to attract migrant care workers.
7. Provide migrant care workers with effective **access to skills development and recognition**.
8. Prevent and **address violence and discrimination** against migrant care workers.
9. Ensure the effective **right to organize care workers** and ensure that they are represented in care policymaking.



# References

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Anwar, Ratih Pratiwi. 2019. "Expanding Skilled-Worker Mobility: Comparing the Migration of Indonesian Careworkers to Taipei, China and Indonesian Nurses and Caseworkers to Japan". In *Skilled Labor Mobility and Migration: Challenges and Opportunities for the ASEAN Economic Community*, edited by Elisabetta Gentile, 209–240 (ADB).

ASEAN Secretariat. 2021. *ASEAN Comprehensive Framework on Care Economy*.

Charlesworth, Sara, Ian Cunningham and Tamara Daly. 2024. *Decent Work and Quality Long-term Care Systems*. PSI.

Desiderio, Maria Vincenza. 2021. *International Review of Immigration Routes for Social Care Workers*, Migration Advisory Committee.

ESCAP (United Nations Economic and Social Commission for Asia and the Pacific). 2024. "Guidance Note: Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community (Discussion Draft)".

ESCAP (United Nations Economic and Social Commission for Asia and the Pacific) and Oxfam. 2023. *Report on the Regional Forum on Care Work for ASEAN Countries*.

Government of Canada. 2024. *Canada announces new pilot programs to support caregivers and Canadian families, intends to make the caregivers program permanent*.

ILO. 2012. *International Standard Classification of Occupations: Structure, Group Definitions and Correspondence Tables – ISCO-08, Volume 1*.

———. 2018. *Care Work and Care Jobs: For the Future of Decent Work*.

———. 2019. *The Future of Work and Migration: 12th ASEAN Forum on Migrant Labour (AFML) Thematic Background Paper*.

———. 2021. *Making Decent Work a Reality for Domestic Workers: Progress and Prospects in Asian and the Pacific Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189)*.

———. 2022a. *Measuring Labour Migration in ASEAN: Analysis from the ILO's International Labour Migration Statistics (ILMS) Database*.

———. 2022b. *Securing Decent Work for Nursing Personnel and Domestic Workers, Key Actors in the Care Economy*, ILC110/III/(B).

———. 2022c. *Temporary Labour Migration: Unpacking Complexities – Synthesis Report*.

———. 2023a. *Skilled to Care, Forced to Work? Recognizing the Skills Profiles of Migrant Domestic Workers in ASEAN Amid Forced Labour and Exploitation*.

———. 2023b. *International Labour Migration in the Health Sector: A Manual for Participatory Assessment of Policy Coherence*.

———. 2024a. *Asia-Pacific Employment and Social Outlook 2024: Promoting Decent Work and Social Justice to Manage Ageing Societies*.

———. 2024b. *Resolution concerning decent work and the care economy*, ILC.112/Resolution V.

———. 2024c. “From Global Care Crisis to Quality Care at Home: The Case for Including Domestic Workers in Care Policies and Ensuring Their Rights at Work”, ILO Policy Brief, March.

———. 2024d. “Pacific Employment and Social Monitor, April 2024: Towards Resilient Labour Markets and Better Jobs”, ILO Brief, April.

———. 2024e. “Migrant Workers in the Care Economy”, ILO Brief.

———. Forthcoming. Care at home: Projecting Thailand’s national and migrant labour demand for home-based eldercare.

Kikkawa, Aiko, and Eric B. Suan. 2019. “Trends and patterns in intra-ASEAN migration”, In *Skilled Labor Mobility and Migration: Challenges and Opportunities for the ASEAN Economic Community*, edited by Elisabetta Gentile, 1–24 (ADB).

Limani, Donika. 2023. “Nurses and Midwives: Overworked, Underpaid, Undervalued?”. ILOSTAT Blog (blog), 12 May 2023. <https://ilostat.ilo.org/blog/nurses-and-midwives-overworked-underpaid-undervalued/>.

Mooney, Prudence. 2024. Australia’s Care and Support Economy, presentation at the 17th AFML, 13 November 2024.

Pachanee, Cha-aim, Vannarath Te, Yumiko Miyashita, Kristy Law, Anon Khunakorncharatphong and Peter S. Hill. 2019. “ASEAN Mutual Recognition Arrangements for Doctors, Dentists and Nurses”, Asia Pacific Observatory on Health Systems and Policies Policy Brief.

Singapore, SNB (Singapore Nursing Board). 2023. *Singapore Nursing Board Annual Report 2023*.

Te, Vannareth, Rachel Griffiths, Kristy Law, Peter Stewart Hill and Peter Annear. 2018. “The Impact of ASEAN Economic Integration on Health Worker Mobility: A Scoping Review of the Literature”. *Health Policy and Planning* 33 (8): 957–965.

Tessier, Lou, Nathalie De Wulf and Yuta Momose. 2022. “Long-term Care in the Context of Population Ageing: A Rights-based Approach to Universal Coverage”, ILO Working Paper No. 82.

Thailand, NSO (National Statistical Office of Thailand). 2022. Report Survey of the Older Persons in Thailand.

Tsujita, Yuko, and Osuke Komazawa (eds). 2020. *Human Resources for the Health and Long-Term Care of Older Persons in Asia*. ERIA.

UNDESA. 2022. *World Population Prospects: The 2022 Revision*.

World Bank. 2022. Staff estimates based on age distributions of United Nations Population Division’s World Population Prospects. <https://genderdata.worldbank.org/en/indicator/sp-pop-dpnd#data-table-section>.

———. 2023. “Remittances Remain Resilient but Are Slowing”, Migration and Development Brief No. 38.

WHO (World Health Organization). 2010. The WHO Global Code of Practice on the International Recruitment of Health Personnel, available at: <https://www.who.int/publications/i/item/wha68.32>

———. n.d. “Ageing and Health”. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.

# Annexes

## Annex A. International frameworks on care workers

International instrument	Key features
Social Security (Minimum Standards) Convention, 1952 (No. 102)	Identifies nine branches of social security that ratifying States should provide: medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit, and survivors' benefit. <sup>4</sup>
Social Protection Floors Recommendation, 2012 (No. 202)	Calls for guaranteeing access to at least essential healthcare and basic income security for all, and to develop social security extension strategies that apply to persons in the informal economy.
Nursing Personnel Convention, 1977 (No. 149)	Applies to all persons providing nursing care and nursing services, wherever they work. It provides that nursing personnel enjoy conditions at least equivalent to those of other workers in the country, in particularly in relation to hours, rest and social security.
Domestic Workers Convention, 2011 (No. 189)	Calls on Members to ensure that domestic workers enjoy fair terms of employment and access to social security protection in a manner that takes into account their specific characteristics and that ensures conditions that are not less favourable than those applicable to workers generally, including with respect to maternity protection.
Domestic Workers Recommendation, 2011 (No. 201)	Highlights the potential of bilateral and multilateral agreements to guarantee equal treatment of migrant domestic workers in terms of social security, with an emphasis on guaranteeing access to and preservation or portability of social security entitlements.
Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204)	Recommends Members to take measures to achieve decent work in the informal economy, including the elimination of discrimination in respect of employment and occupation, and to progressively extend social security, maternity protection, decent working conditions and a minimum wage. Members should encourage the provision of and access to affordable quality childcare and other care services.
Convention on the Elimination of all Discrimination Against Women, 1979	Calls on States Parties to eliminate discrimination against women in the field of employment, in particular in relation to the right to social security; to prevent discrimination on the basis of maternity; and to enable parents to combine family obligations with work responsibilities.

4 Additional Conventions provide specifics for many of the nine contingencies:

- Employment Injury Benefits Convention (No. 121) and Recommendation (No. 121), 1964;
- Invalidity, Old-Age and Survivors' Benefits Convention (No. 128) and Recommendation (No. 131), 1967;
- Medical Care and Sickness Benefits Convention (No. 130) and Recommendation (No. 134), 1969;
- Employment Promotion and Protection against Unemployment Convention (No. 168) and Recommendation (No. 176), 1988;
- Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000





## ► Care work and labour migration in ASEAN

### Thematic background paper for the 17th ASEAN Forum on Migrant Labour

This report was prepared to inform and guide discussions on the theme “Care work and labour migration in ASEAN” at the 17th ASEAN Forum on Migrant Labour (AFML) hosted by the Government of the Lao People’s Democratic Republic on 13–14 November 2024 in Vientiane, Lao People’s Democratic Republic.

Care worker migration and increasing global demand for care present an opportunity and a risk for the ASEAN region. This paper discusses how care needs can be met through labour migration and reviews tools and challenges in facilitating labour mobility to meet care needs at different skill levels. It also recommends measures to protect and promote the rights of migrant care workers.

The AFML is a tripartite meeting that brings together governments, employers’ and workers’ organizations, alongside civil society groups, to discuss migration governance issues across the Association of Southeast Asian Nations (ASEAN) region, and aims to promote and protect migrant workers’ rights. The AFML is supported by the ILO through its TRIANGLE in ASEAN programme.

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