

NATIONAL MIGRANT HEALTH POLICY

2025



Ministry of Health
Republic of Maldives



Health Protection Agency



National Migrant Health Policy 2025



Health Protection Agency
Ministry of Health
Male', Republic of Maldives

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Foreword

The migrant population is an integral part of our society, significantly contributing to the economic and social fabric of our nation; encompasses highly skilled, semi-skilled, and low/unskilled workers, each playing a crucial role in various sectors of our economy. The COVID-19 pandemic underlined the vulnerabilities faced by migrant workers, profoundly impacting their health and well-being. The disproportionate burden of COVID-19 on migrants highlighted the gaps in inclusivity and access to health interventions – which further underscored the need for a National Migrant Health Policy.

The Government of Maldives is deeply committed to improving the health status of all migrants throughout the migration cycle. This commitment is rooted in our adoption of the Sustainable Development Goals (SDGs), which emphasize various aspects of migration and the protection of migrants' fundamental rights.

Government's vision for the National Migrant Health Policy is to ensure and promote conditions in which migrants can fully exercise their right to health without discrimination. This vision aligns with the broader goal of contributing to positive development outcomes and improving public health both in the Maldives and in migrants' countries of origin.

To achieve this vision, the National Migrant Health Policy will engage all responsible sectors through a national multi-sectoral coordination mechanism. This approach aims to contribute to national development, reduce the burden of diseases among migrant populations, and improve their health status throughout all phases of the migration cycle.

Key policy areas include strengthening inter-sectoral coordination through a whole-of-government and whole-of-society approach and providing access to health services by incorporating migrant health needs into national healthcare strategies and plans to contribute to Universal Health Coverage.

The Government of the Republic of Maldives remains dedicated to fostering a safe, healthy, and productive expatriate workforce. I believe that by addressing the health needs of migrants, we can create a more inclusive, equitable, and prosperous society for all.



Abdulla Nazim Ibrahim
Minister of Health

List of Acronyms

CSO	Civil Society Organization
DEWS	Disease Early Warning System
DHS	Demographic Health Survey
DHIS	District Health Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMP	Health Master Plan
HPA	Health Protection Agency
IHR	International Health Regulations (2005)
IOM	International Organization for Migration
MOH	Ministry of Health
MCLGPW	Ministry of Cities, Local Government and Public Works
NCD	Non-communicable disease
NGO	Non-governmental Organization
PPE	Personal Protective Equipment
SDGs	Sustainable Development Goals
STEPS	STEPwise Approach to NCD Risk Factor Surveillance
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOR	Terms of Reference
UHC	Universal Health Coverage
WHA	World Health Assembly
WHO	World Health Organization

Chapter 1: Background and Context

Global Context

Globalization and accelerated developments have resulted in the interconnectivity of nations with unparalleled migration and mobility. Current global estimates of migrants place their numbers at nearly 214 million international migrants and 740 million internal migrants.¹ While migrant workers share similar characteristics, they have diverse socioeconomic, structural, and cultural determinants, health issues and varying degrees of vulnerability affecting their health outcome. Hence, migrant health is complex as it needs to address not only the physical, including fatal and non-fatal occupational injuries, mental, and social needs of migrants and their families, but also the various public health concerns of the countries of origin, transit, destination, and return. Migrant health also needs to address safe and supportive environments to enable healthy choices and prevent injuries and spread of diseases. This can be best understood by exploring and comparing the various stages of the migration cycle against the priorities proposed by the Madrid Framework. The outcome is the proposed unified agenda by the 2nd Global Consultation on Migrant Health that puts people at the centre focusing on socioeconomic determinants of their health across the mobility pathway.²

A range of governance agendas on migration and health have developed in recent years, providing broad opportunities for political support for intervention and protection of migrant workers. These agendas bridge the fields of migration governance, development and global health governance, and include the Global Compact for Safe, Orderly and Regular Migration, the Global Compact on Refugees, the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), International Health Regulations (IHR), World Health Assembly (WHA) resolutions and Global Consultations relevant to migrant health, disease prevention and control programmes, and the Global Health Security Agenda.³

Despite recent promising developments, migration governance relies primarily on the sovereignty of nations and their agendas, posing challenges in ensuring health protection of migrants, especially undocumented migrants. While equitable and affordable access to health services should be a right of all migrants, observing from a public health lens, the classification of migrants into 'documented' versus 'undocumented' or 'irregular' migrants is significant due to the implications it has on the access to health care depending on specific policies and legal frameworks of countries. Although some national health systems might not have

¹ Health of Migrants: Resetting the Agenda. Report of the 2nd Global Consultation Colombo, Sri Lanka, 21–23 February 2017.

² Health of Migrants - The way forward: Report of a global consultation. Retrieved from <https://publications.iom.int/books/health-migrants-way-forward-report-global-consultation>

³ World Migration Report 2020. Retrieved from https://publications.iom.int/system/files/pdf/wmr_2020.pdf

sufficient capacity to manage migrant health needs, where health services are available, those services may not be culturally, linguistically, and clinically sensitive to migrant needs, leading to undiagnosed health conditions or ineffective treatment. The discrimination, stigmatization, growing anti-migrant sentiments and inequity brings further negative impact on migrant health, so as the gaps in migrants' health literacy, poor awareness of available health services, and the hesitancy in accessing available services due to cumbersome administrative hurdles.

Maldivian Context

The three main profiles of migrant workers in the Maldives are highly skilled workers, semi-skilled workers and low/unskilled workers depending on the special skill, training or knowledge required to perform the job.⁴ High paying jobs usually employ skilled migrant workers with several benefits including provision of health insurance and legal protection. Skilled female migrant workers dominate industries such as healthcare and education whereas unskilled female migrant workers lead the domestic segment.

Maldives receives a limited number of people seeking asylum but are often detained, deported, or resettled in other destination due to lack of a developed asylum adjudication system or adoption of any policies or international conventions.⁵

Outbound Maldivian migrants mainly consist of students seeking higher education (primarily in countries such as India, Sri Lanka, Malaysia, Australia and the United Kingdom), followed by emigration to seek employment (mainly to Australia, India and the United Kingdom) and asylum seekers/refugees (mostly registered in the United Kingdom, Australia and the United States).⁶ Until 2000, emigration from Maldives was dominated by males, particularly in 1990, when there were four times as many Maldivian men abroad than women. However, the number of women exceeded men from the early 2000s and by 2015 surpassed those of Maldivian men by approximately 10 per cent.⁷

In 2017, the Maldives and 18 other countries endorsed the “Colombo Statement” during the 2nd Global Consultation on Migrant Health.⁸ This statement reaffirmed that the enjoyment of the highest attainable standard of physical, mental, and social well-being was a fundamental right of every human being, including migrants, regardless of their migratory status and recognized that the enhancement of migrants' health status relied on an equitable and non-discriminatory access to, and coverage of health care.

⁴ <https://transparency.mv/v16/wp-content/uploads/2016/06/Maldives-Migrant-Worker-System-Assessment-1-1.pdf>

⁵ IOM Maldives Country Profile 2018 <https://publications.iom.int/books/migration-maldives-country-profile-2018>

⁶ IOM Maldives Country Profile 2018 <https://publications.iom.int/books/migration-maldives-country-profile-2018>

⁷ IOM Maldives Country Profile 2018 <https://publications.iom.int/books/migration-maldives-country-profile-2018>

⁸ Report of the 2nd Global Consultation Colombo, Sri Lanka, 21–23 February 2017

https://publications.iom.int/system/files/pdf/gc2_srilanka_report_2017.pdf

In the same year, the WHA passed the resolution WHA70.15 on Promoting the Health of Refugees and Migrants, which urged Member States to identify and collect evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants. In September 2018 the Global Compact on Migration was presented to the 73rd session of the United Nations General Assembly, which aimed to incorporate and facilitate safe, orderly and regular migration internationally.⁹ This is the first intergovernmental agreement on migration which is also framed consistent with the targets of the SDGs.

The COVID-19 pandemic exposed the many exacerbations faced by migrant workers and the effect it has on the health of the host community. The outbreak has worsened pre-existing issues and reduced the availability of resources to respond to migrant issues. Migrant health has been significantly impacted as most cases of COVID-19 are during the first wave were emerging among migrants residing in the Greater Male' area and as significant proportion of migrant workers are essential or frontline workers, it has resulted in various outbreaks of clusters with inadequate mechanisms to control them.¹⁰ Although the Maldives has been recognized for its efforts in including migrant workers in the Pandemic Influenza Preparedness plan of 2009, the disproportionate burden of the current COVID-19 pandemic raises the question of the extent of inclusivity as well as the lack of translation in the implementation phase.¹¹ The lack of inclusion was evident in the country's COVID-19 Preparedness and Response Plan published in late June 2020 which only addressed migrant workers in two of the nine core concepts despite suffering the highest burden of the disease during its initial presentation.¹²

Rationale for National Migrant health policy

The Government recognizes that national development frameworks and strategic initiatives need to include a reference to migrant health to improve its ability to facilitate the well-being of migrants and their access to health care with special provisions for vulnerable groups such as migrant women and irregular migrants. Therefore, all the SDGs and relevant actions towards their achievement, including those related to migrant health, have been duly reflected in the Government's main strategic documents such as the Health Master Plan 2016-2025.¹³

The National Migrant Health Policy and its Action Plan are informed by global and national strategic documents, summary of Situation Analysis conducted in 2018 (Annex 1), outreach visits (Annex 2) and extensive consultations with relevant key stakeholders (Annex 3).

⁹ <https://ohchr.org/EN/Issues/Migration/Pages/GlobalCompactforMigration.aspx>

¹⁰ UNDP Report 2020 - <https://www.undp.org/content/dam/undp/library/covid19/Maldives%20Socio-Economic-Impact-Analysis.pdf>

¹¹ <https://extranet.who.int/sph/influenza-plan-maldives>

¹² COVID-19 Preparedness and Response Plan <https://maldives.un.org/index.php/en/102366-covid-19-preparedness-and-response-plan-maldives>

¹³ Maldives Ministry of Health. Health Master Plan 2016-2025. 2016.

Chapter 2: National Migrant Health Policy

Vision and Goal

The Government of the Republic of Maldives is committed to improving the health status of all migrants in all stages of the migration cycle and to the fullest realization and protection of their fundamental right to health. Such a commitment is rooted in the adoption of Sustainable Development Goals (SDGs) by the Government with specific goals and targets focusing on all aspects of migration.¹⁴

The vision of the National Migrant Health Policy is to ensure and promote conditions in which migrants can fully exercise their right to health without any discrimination, contribute to positive development outcomes, and promoting that inclusion of migrants in national health system improves public health outcomes both in the Maldives and countries of origin.

The goal of the National Migrant Health Policy is to engage all responsible sectors through national multi-sectoral coordination mechanism with a goal of contributing to national development, to reduce the burden of diseases of migrant populations and improve their health status throughout all phases of the migration cycles.

Guiding Principles

The following guiding principles postulated by the World Health Organization will form the basis for the implementation of the National Policy and the Action Plan:^{15,16}

1. The right to the enjoyment of the highest attainable standard of physical and mental health, whereby migrants have the fundamental right, as do all human beings, to the enjoyment of the highest attainable standard of health, without distinction of race, religion, political belief, economic or social condition.
2. Non-discrimination, whereby the right to health will be exercised through non-discriminatory, comprehensive laws, and policies and practices
3. Equitable access to health services, whereby equitable access to health promotion, disease prevention and care will be provided for migrants, without discrimination on the basis of gender, age, religion, nationality, or race. The health of migrants will not be considered separately from the health of the overall population and their health needs will be included into existing national health systems, plans and policies, including

¹⁴ Migration Data Portal. Retrieved from <https://www.migrationdataportal.org/sdgs?node=0>

¹⁵ Promoting the health of refugees and migrants. Draft global action plan, 2019–2023. Report by the Director-General. Seventy-second World Health Assembly A72/25. Provisional agenda item 12.4 25 April 2019. Retrieved from https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf

¹⁶ Promoting the health of refugees and migrants. Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants. World Health Organization. 2017. Retrieved from https://www.who.int/migrants/about/framework_refugees-migrants.pdf

those for emergency preparedness and response, with the aim of reducing health inequities and achieving Universal Health Coverage.

4. Safeguards will be in place for health screening on arrival, without stigmatization, and with respect for privacy and dignity.

5. Whole-of-government and whole-of-society approaches, whereby addressing the complexity of migration will be based on values of solidarity, humanity, and sustainable development. The health sector will play a key role in ensuring that the health aspects of migration are considered in the context of broader government policy and in engaging and coordinating with other sectors, including civil society, private sector, and associations and networks of people representing migrants.

6. Participation and social inclusion of migrants, whereby all health policies, strategies and plans and interventions across the migration cycle will be participatory, so that migrants are involved and engaged in relevant decision-making processes.

7. Partnership and cooperation, whereby greater partnership and international cooperation among countries, the United Nations system including WHO, IOM and other stakeholders will be essential in addressing the health needs of migrants and to ensure harmonized and coordinated responses.

Key Directions of National Migrant Health Policy

Health Protection Agency, as the focal agency for migrant health, will facilitate and coordinate participation from relevant Ministries, agencies, civil society and nongovernmental organizations, private sector, and other stakeholders to undertake a comprehensive and integrated approach in implementing the National Migrant Health Policy and its Action Plan.

The National Policy areas are grouped into thematic areas with key activities. Thematic policy areas are based on the Health Master Plan¹⁷ which focus on strengthening systems, structures and mechanisms of governance, public health protection and health care delivery for both Maldivian and migrant populations. Inter-sectoral coordination and collaboration and advocacy and awareness raising are cross-cutting themes which will promote full integration and compliance with main strategies and policies in migrant health currently adopted by the Government and the Ministry of Health.

In accordance with the global, regional, and national priorities, the following policy areas will be crucial to achieve the vision and the goal of the National Migrant Health Policy:

¹⁷ Maldives Ministry of Health. Health Master Plan 2016-2025. 2016.

1. Strengthen a whole-of-government and whole-of-society approach to migrant health through an inter-ministerial and inter-sectoral coordination mechanism to address health concerns and enable health protection of migrant populations.
2. Strengthen collection and use of accurate and disaggregated data on migrant health from routine data sources and operational research as a basis for evidence-based decision-making and action planning.
3. Provide access to health services for migrants by strengthening national health care system and incorporating the health needs of migrants in national health care strategies, policies and plans to contribute to the achievement of Universal Health Coverage.
4. Reduce vulnerabilities in migration through migrant friendly services for all categories of migrants, including provision of health care, psychological and other counselling services, in particular for migrant women, migrant children and detained migrants, addressing migrant experiences, including xenophobia and migration restrictions for migrants with health needs, and enhancing migrant resilience, through adequate information, education and empowerment for self-help across all stages of migration.
5. Establish mechanisms for the portability of social security entitlements and earned benefits through assessing and enhancing financial risk protection in health services to reduce the burden of catastrophic health expenditures on migrant workers at all skill levels, for both long-term and temporary migration.

Policy Area 1. Strengthen a Whole-of-Government and Whole-of-Society Approach to Migrant Health

Key Issues to be Addressed

Good governance is central to the development and implementation of systematic actions related to migration and health. Migrant health is subject to a wide range of socio-economic determinants that cannot be addressed by the health sector alone. It is therefore essential to adopt a multi-sectoral, inclusive, and participatory approach by actively engaging relevant key ministries, private sector, civil society, and non-governmental organizations to provide oversight and strategic directions.

Addressing health and social protection needs of migrant workers require sustained engagement and cooperation with the governments of source countries. Securing bilateral and multilateral agreements and the formulation of memoranda of understanding with destination countries and relevant international organizations forms a critical step in enabling health protection.

A viable mechanism to exchange knowledge and experience from a multidisciplinary group of stakeholders is crucial in addressing migrant health concerns and such a mechanism requires participation of policy makers, health care providers, research institutions, investigating bodies, private sector, civil society and

non-governmental organizations which share information, research findings, observations, cases, currently evolving events and their practical experience to solve migrant health related problems and challenges.

Key Activities

- 1.1 Establish a National Mechanism with defined members and TOR to guide, implement and monitor the implementation of Action Plan with two levels of oversight bodies, one at high level with government organizations, and second at technical level with government and other stakeholders.
- 1.2 Establish a migrant health program at MOH/HPA with 3 dedicated staff to coordinate all migrant health related activities under the National Policy and its Action Plan
- 1.3 Develop operational guidelines for the implementation of the Action Plan, coordination and networking, information sharing, monitoring, reporting, and budget allocation.
- 1.4 Conduct annual coordination, budget allocation and joint planning exercises to support progress review using monitoring and evaluation indicators linked to Action Plan and alignment of National Policy and its Action Plan with emerging needs and priorities.
- 1.5 Conduct systematic assessment of gaps and needs in capacity building for key stakeholders and develop appropriate plan of action to ensure that key stakeholders at central, regional, atoll and island levels have required competencies, skills, and knowledge.
- 1.6 Develop, review, and revise national standards related to migrant health and occupational health, including making necessary amendments to existing national standards and regulations to ensure that the national health care system is migration-sensitive and takes into account all needs of migrants at all stages of migration cycle.
- 1.7 Sensitize political actors, policy level at different ministries and key stakeholders to ensure support for enforcement of enacted laws, regulations, guidelines, and standards in migrant health and initiate relevant legislative, regulatory and administrative reforms and revisions
- 1.8 Conduct regular advocacy and lobbying events to ensure political actors are aware of the different aspects of SDGs, Universal Health Coverage and migrant rights and access to health care.
- 1.9 Foster regional and bilateral relations and cooperation with key donor countries for foreign workforce, including a pre-departure health screening system, and protection mechanisms for migrants in difficult situations.
- 1.10 Foster partnerships and set priority research areas and topics for systematic and regular operational research, studies and assessments related to migrant health.

- 1.11 Foster public private partnerships, including civil society and nongovernmental organizations, in health promotion and delivery of preventive and curative health services for migrant populations.

- Increase awareness of the general public and migrant populations on the ongoing implementation of Action Plan and activities related to migrant health through dissemination of factual and timely information in order to counter exclusionary acts and misperceptions about migrants' health through regular reports, traditional and electronic mass media, social networks, and thematic events.
- 1.12

Policy Area 2. Strengthen Collection and Use of Accurate and Disaggregated Data on Migrant Health

Key Issues to be Addressed

Access to timely and reliable data and information is one of the key success factors for improving the Maldives health care system and therefore contribute to improving the migration governance and evidence-based planning and implementation of National Policy. The existing data collection approaches and methods do not fully capture health status and related data on migrants nor allow for disaggregation and multidimensional analysis and better understanding of trends, outcomes and various aspects and determinants of migrant health.

There are considerable amounts of migration and migrant health data across various government ministries and other stakeholders, but the capacity to centralize, disaggregate, cross-reference, analyse and share data among relevant stakeholders still need to be strengthened. Better data sharing within government will help improve policy coherence, minimize duplication of resources, and promote effective monitoring and follow-up which will all lead to greater accountability and responsibility for the outcomes of National Policy. Several countries in the region have been showing progress in tackling issues related to migration health. Emphasis on strengthening dedicated regional and bilateral cooperation and knowledge-exchange networks will create more opportunities for peer-to-peer learning between countries and enable countries to share lessons learned.

Key Activities

- 2.1 Migrant Health program at HPA will be responsible in coordinating and carrying out the monitoring and reporting of issues related to migrant health.

- Promote inclusion of migrants and other vulnerable groups into District Health Information System (DHIS), Demographic Health Survey (DHS), STEPwise Approach to NCD Risk Factor Surveillance (STEPS), Communicable Disease Surveillance System and other national and local surveys.
- 2.2

- 2.3 Strengthen the regular monitoring of health programmes and projects in the existing health care system, including disease-specific control and sexual and reproductive health programs, to assess and monitor migrants' health status
- 2.4 Improve the monitoring of migrants' health-seeking behaviours, access to and utilization of health services, and increase the collection of data related to health status and outcomes for migrants.
- 2.5 Develop a robust monitoring and reporting system to enable data and information sharing with key stakeholders (in line with data sharing and confidentiality considerations under the health services act) in migration and migrant health for coordinated evidence-based decision-making, evaluation of impact of migrant-focused interventions and dissemination of data for public use.
- 2.6 Promote integration of existing sectoral databases e.g. Ministry of Homeland Security and Technology, Maldives Immigration, Police, Health Protection Agency (HPA), Ministry of Social and Family Development, Ministry of Cities, Local Government and Public, Local Councils and other relevant stakeholders at central level to collate and analyse data pertaining to migrants from multiple perspective such as legal and occupational status, health status, access, and utilization of health services.
- 2.7 Strengthen regional and bilateral cooperation in innovative and successful practices, approaches and methodologies for data collection, analysis, and use.

Policy Area 3. Provide Access to Health Services for Migrants

Key Issues to be Addressed

International experiences in migrant health and situation analysis conducted in the Maldives (Situational Analysis of Migrant health in the Maldives, 2018, International Organization for Migration, Maldives) demonstrates several challenges in health care delivery, including communication, access and continuity of care and confidence in health care providers. Outreach visits identified that certain migrant groups may find it difficult to express symptoms and understand treatment instructions due to language barriers. They may also have difficulty with navigating unfamiliar national health and welfare systems. Therefore, a key component of improved systems responses is the development of migrant-sensitive health systems and programmes which aim to incorporate the needs of migrants into all aspects of health care delivery, including measures to ensure affordable and comprehensive health insurance plans, culturally sensitive and linguistically diverse health service provision, enable access to primary health care, include migrant populations within national disaster preparedness and response plans.

Inclusive health care delivery system needs to incorporate migrant populations as they are often exposed to multiple risk factors and may suffer a disproportionate burden of communicable and non-communicable

diseases. Inclusion of migrant groups into national disease control programs can lead to health benefits for both migrant and local populations. Rigorous system for health screening at pre-departure, post-arrival and residence phases of the migration cycle can ensure the best possible health of migrants before, during and following their migration journeys and maximize their inclusion and contributions to host country, facilitate their support to families of origin, and reduce potential health-related costs borne by migrants and host country.

Key Activities

- 3.1 Strengthen the monitoring, assessment, and surveillance systems of all migrant workers arriving to the Maldives through pre-departure, post-arrival, and routine annual health screening.
- 3.2 Improve access of migrant populations to primary, secondary, and tertiary health care services, including emergency care, and develop guidelines and protocols for continuity of care between different levels of health care
- 3.3 Improve access of migrant populations to primary, secondary, and tertiary health care services, including emergency care, and develop guidelines and protocols for continuity of care between different levels of health care.
- 3.4 Improve access of migrant populations to primary, secondary, and tertiary health care services, including emergency care, and develop guidelines and protocols for continuity of care between different levels of health care.
- 3.5 Improve access of migrant populations to diagnostic, curative, and prevention services for communicable diseases, including HIV/AIDS, Viral hepatitis, tuberculosis (TB), sexually transmitted infections (STI), vector-borne diseases and other diseases of public health importance.
- 3.6 Improve access of migrant populations to vaccination, diagnostic, treatment, and prevention services for communicable diseases with epidemic/pandemic potential
- 3.7 Facilitate access to sexual and reproductive health services and provide gender, age and culturally appropriate targeted health education to young migrant populations on safe sexual and reproductive health practices and prevention of STI.
- 3.8 Strengthen mechanisms that are in place for regular screening for early detection and management of priority non-communicable diseases, monitor their incidence and prevalence among migrant populations and provide targeted health education on behavioural, environmental, and social determinants and risk factors for non-communicable diseases (as per the package of service set by national programmes of relevance)

- 3.9 Improve awareness among migrant populations about free diagnostic services and treatment of communicable diseases such as TB, HIV and Hepatitis B to improve their health seeking behaviour.
- 3.10 Establish mechanisms to facilitate access to mental health and psychosocial services and counselling for migrant populations, including psychosocial hotline, rehabilitation services, smoking cessation and other substance use treatment programs.
- 3.11 Promote inclusion of migrants with special needs, children of migrants, undocumented migrants and low-income group of migrants into national health policies and strategies

Policy Area 4. Reduce Vulnerabilities in Migration through Migrant Friendly Services

Key Issues to be Addressed

International experience and Situational Analysis of Migrant health in the Maldives, 2018, International Organization for Migration, (Maldives) show that migrants can face challenges in addressing their mental, social, and physical well-being needs. Regular migrants may have better health status compared to the communities they leave, however, these health benefits can rapidly disappear if they have limited or no ability to access health care or social services or work and live in precarious conditions, which can all lead to poor health outcomes, with various consequences for public health. This is clearly the case with communicable diseases of public health importance and popular beliefs and myths related to migration and health can cause xenophobic, anti-immigrant and other discriminatory practices. Some groups of migrants, including irregular migrants and migrants in detention may be particularly vulnerable to infectious diseases, mental health and psychosocial issues and experience worse health outcomes than the host population. Irregular migrants have limited or no access to health care services due to lesser ability to pay for preventative and primary health care and access to safe and legal work. Fear of deportation has multiple effects on emotional well-being and mental health and impacts willingness to seek health care services. Migrants in detention may suffer from conditions of detention with limited access to medical care and uncertainty of detention may contribute to the extreme distress, and cognitive, physical and emotional deterioration, with potentially increasing rates of depression and suicidal ideation.

Key Activities

- 4.1 Develop national standards within primary, secondary, and tertiary health care system that prohibit discrimination and include culturally and language sensitive health services for migrants and their families

- 4.2 Support the implementation of national laws and policies on occupational health and safety, including provisions for safe and accessible accommodations provided by the employer and workplace safety
- 4.3 Conduct regular health camps, health promotion activities and other alternative mechanisms for accessing health services by all migrants including irregular migrants funded through a mutual support fund (e.g. A fund to be created to support migrant health related activities where migrants living in the country will be able to participate and contribute to the fund, and additional fund to be raised by NGOs working for migrant related issues) for emergency situations
- 4.4 Conduct regular monitoring visits in detention and custodial centres for health check-ups and conditions of detention centres, collect and share information and data from such monitoring visits and provide medical support to migrants in all detention centres under the State or in custody.
- 4.5 Monitor situations and provide regular reports with regards to gender-based violence, privacy, security, safety, and possible cases of exploitation among migrant populations.
- 4.6 Conduct analysis of barriers to access to health care, including language barriers and other socio-cultural factors
- 4.7 Ensure systematic rights based multilingual awareness raising campaigns among migrant populations about health and well-being, available services, and responsibilities in all stages of migration cycle and through translation of key information materials, dissemination of multilingual migrant cards.
- 4.8 Advocate for systematic awareness raising for employers on standards and current regulations related to migrant health
- 4.9 Advocate for strengthening support networks among migrants, focused on peer led service delivery and self-help groups

Policy Area 5. Establish Mechanisms for the Portability of Social Security Entitlements and Earned Benefits

Key Issues to be Addressed

Adequate access to health and social services of migrant populations by ensuring that health care and social security systems are established to effectively manage and respond to migrants' specific needs which is integral to achieving Universal Health Coverage (UHC). The situation analysis (Situational Analysis of Migrant

health in the Maldives, 2018, International Organization for Migration, Maldives) on migrant health demonstrates that there are two separate health and social protection schemes for local and migrant populations.

Key Activities

- 5.1 Regularly updating and revising existing policies and regulations on financial arrangements related to health and social security including mandatory minimum private health insurance, for migrant populations that cover outpatient, inpatient including situations requiring medical isolation, emergency care and expatriation due to death.
- 5.2 Revise minimum mandatory insurance package to cover emergency medical evacuation
- 5.3 Advocate for expatriation due to illness, accident, and disability to be included in the Occupational Safety and Health Act
- 5.4 Develop a system for the portability of health care insurance plans for migrant workers who change their employment or geographical location
- 5.5 Advocate to make it a legal requirement for the employers to communicate to their foreign workers about rights and entitlements in relation to access to health care and other social services, including awareness raising for migrants on the content of their insurance plans and procedures to access health care services
- 5.6 Coordinate with civil societies in health care provision to migrants in difficult situations, including dedicated hotline/helplines, and multilingual legal support to migrants in need

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Annexes

Annex 1. Summary of Situation Analysis, 2018

Maldives is primarily a destination country for migrant workers due to the burgeoning tourism and construction sectors leading to a substantial influx of foreign labour migrants, particularly from other countries in the region. Due to the country's unique environment, there is extensive internal migration between provinces and the capital for the purpose of education or employment, and inbound migration of international workers to support the rapid growth and development.

In 2018, IOM conducted a comprehensive Situational Analysis of Migrant Health in the Maldives (Situational Analysis of Migrant health in the Maldives, 2018, International Organization for Migration, Maldives) to develop a baseline understanding of the healthcare needs of migrant workers in the Maldives and suggests recommendations for policy interventions to better address the needs of migrants that complements the country profile of the Maldives published in the same year. These two documents underpin the analysis of the health situation which follows.

A migrant worker applying for work permit in the Maldives undergoes a medical examination to be certified as “fit to work” which is conducted after their arrival into the country in the Ministry of Health (MoH) approved health clinics within 15 business days.

The process screens for most communicable diseases such as tuberculosis (TB), Hepatitis, HIV by using blood sample as well as radiography. Any disease-positive results will undergo further screening and verification only by IGMH.

Once the migrant worker has cleared the necessary tests, employers are mandated to enrol the employee in a health insurance plan. While the health insurance for migrant workers was monopolized by one insurance company till 2021, new regulations have provided opportunity for other insurance companies to offer plans leading to differentiated plans curated to the needs of the migrant worker and employers. There are various premium health coverages available in the country, in addition to the minimum required health insurance for migrant workers recommended.

Migrant workers residing outside of Male', especially in remote and sparsely populated atolls, are more vulnerable to health risks due to the centralized health care system in which health services are categorized and developed depending on the population sizes of the islands. The common disease presentation among migrant workers ranges from upper respiratory tract infections to tuberculosis and HIV. Data on non-communicable diseases such as diabetes and hypertension are limited.

Knowledge of sexual and reproductive health and seeking help for STI are low among migrant workers. Other high-risk behaviours such as substance abuse and working as commercial sex workers are also on the rise perpetuated by the pandemic. There is limited data and reporting of sexual and gender-based violence among female migrant workers.

Mental health is one of the current priorities of the Government and due to mismatch between disease burden and service availability, this is also true for migrant workers. Data from IOM Country Profile¹⁸ showed that a quarter of the migrant sample was not happy in their general life in the Maldives and 2.9% has suffered from harm and suicide ideation thoughts.

The causes of death are rarely established due to the lack of necessary forensic investigations and classified as ill-defined or unspecified cause.

The National Occupational Safety and Health Act was enacted on 2 January 2024. Institutions from both the public and private sectors implement their guidelines applicable to local and migrant workers. Appointment of a safety supervisor at the work site, maintenance of a health and safety notice board, availability of first aid on the site and education of workers on personal protective equipment (PPE) and provision of PPE on work sites are some of the measures identified by the sectoral stakeholders.

The COVID-19 pandemic exposed the many exacerbations faced by migrant workers and the effect it has on the health of the host community. The outbreak has worsened pre-existing issues and reduced the availability of resources to respond to migrant issues. Migrant health has been significantly impacted as substantial number of cases of COVID-19 are emerging among migrants residing in the Greater Male' region and as significant proportion of migrant workers are essential or frontline workers, it has resulted in various outbreaks of clusters with perpetuated by disruption of services. During the initial outbreak migrant workers have been disproportionately affected, representing 65 per cent of the cases.¹⁹ Although the Maldives has been recognized for its efforts in including migrant workers in the Pandemic Influenza Preparedness plan of 2009²⁰, the disproportionate burden of covid19 among migrant population during the first wave of the COVID-19 pandemic was mainly due to highly congested living arrangements/conditions of migrant population.

The Madrid Operational Framework presented in the 63rd WHA has since been used by several governments and health actors for policy and health strategy planning²¹. Based on the findings of the desk review 2019, in-depth interviews, focus group discussions, stakeholder consultation and the outreach visit, the following

¹⁸ IOM Maldives Country Profile 2018 <https://publications.iom.int/books/migration-maldives-country-profile-2018>

¹⁹ https://ipcig.org/pub/eng/OP451_COVID_19_and_social_protection_in_South_Asia_Maldives.pdf

²⁰ <https://extranet.who.int/sph/influenza-plan-maldives>

²¹ <https://publications.iom.int/books/health-migrants-way-forward-report-global-consultation>

are the key challenges and priorities related to migration health in the Maldives juxtaposed to the identified framework.

This Operational Framework reaffirmed the need of adopting a rights-based, equity-driven, health system strengthening, multi-sectoral approach in addressing health and migration and identified four priority areas for action, namely: Monitoring of migrants’ health; Policy and legal frameworks; Migrant-sensitive health systems; and, Partnerships, networks and multi country frameworks.

Figure 1 - Madrid Operational Framework: Priorities

<p>Monitoring Migrant Health</p> <p>To identify key indicators useable across countries</p> <p>To ensure the standardization and comparability of data on migrant health</p> <p>To support the appropriate aggregation and assembling of migrant health information</p> <p>To map good practices in monitoring migrant health, policy models, health system models[...]</p>	<p>Policy- legal frameworks</p> <p>To implement international standards that protect migrants' right to health</p> <p>To develop and implement policies that promote equal access to health services for all migrants</p> <p>To promote coherence among policies of different sectors</p> <p>To extend social protection in health and improve social security for all migrants and family members[...]</p>
<p>Migrant sensitive health systems</p> <p>To ensure continuity and quality of care in all settings</p> <p>To enhance the capacity of the health and relevant non-health workforce to address the health issues associated with migration</p> <p>To ensure health services are culturally, linguistically and epidemiologically appropriate[...]</p>	<p>Partnerships, multi country framework</p> <p>To establish and support migratory/ health dialogues and cooperation across sectors and countries of origin, transit and destination</p> <p>To address migrant health in global and regional processes (e.g. GMG, GFMD)</p> <p>To develop an information clearing house of good practices [...]</p>

One of the biggest challenges identified was with regard to the medical insurance and limitations of its coverage causing delays in receiving adequate healthcare services and referrals to higher centres especially in emergency settings. The situation is worse for undocumented migrant workers without any external support or sponsorship. The basic health insurance only covered outpatient visits up to MVR 2000 per year excluding any additional charges for laboratory investigations and outpatient medications. While some migrants, especially the skilled migrant workers in the tourism sector benefit from premium packages, a lot of migrant workers are unaware of the details of the health coverage until they go to the doctor. More often than not, details regarding the health insurance available on websites and other source documents are not written in a language that lesser-skilled migrants would unequivocally understand.

Most migrant workers contracts mandate medical leave. However, not all migrant workers are aware of this as most of the contracts are written in a language unfamiliar to them. There are also further implications of the dispensable nature of the labour workforce creating a visible fear of being replaced or stigmatized for being sick.

At present, although there are health screening and awareness programs for migrant workers, it was evident that they were ad hoc and concentrated to the Greater Male Region. Migrant workers are not aware about the disease trends in the Maldives, occupational health and safety precautions, transmission of diseases, risk factors of communicable and non-communicable diseases leading to many preventable hospital admission and cost that not only affect migrant workers but also the resources of the healthcare facility.

There are no publicly available migrant health data which is easily accessible. Misconceptions about migrants' health are common and can contribute to social divides that are difficult to reverse.

There is no requirement at a central level to collect or report migrant sensitive disaggregated data such as DHIS, leading to a lack of interest and initiative by island, atoll, and regional level to collect the data.

'Irregular' or 'undocumented' migrant workers mainly from Bangladesh face a disproportionate burden of most of the health challenges perceived by 'regular' migrant workers. Apart from not having access to basic hygiene, sanitation facilities, occupational safety, and decent accommodation, their status prevents them from access to primary care even in emergency settings due to fear of being deported. Hence a lot of irregular migrant workers chose to self-medicate by going to pharmacies and prefer to live in isolated areas. This results in presentation to the healthcare facility at a later stage of the disease which could have been prevented if detected and treated earlier. This will also increase the financial hardship that the migrant worker has to bear.

The policy and legal frameworks need to support the rights of migrant workers who are the most vulnerable such as those in prison, correction facilities or detention centres. Key stakeholder discussions identified a lack of medical and psychosocial support in such situations which can result in adverse health outcomes. The lack of knowledge and skills from the guards/personnel/healthcare workers on site predetermines the type of care that the migrant workers will receive.

Existing laws and policies specific to labour trafficking lack adequate enforcement to effectively counteract deceptive recruitment practices, extortion of money, falsifying travel documents or misleading migrants about work arrangements leading to further exploitation of migrant workers.

Moreover, the Maldives is a member state of the International Labour Organization (ILO) since 2009 and has endorsed eight core and two technical conventions²². However, the country is yet to endorse four conventions specific to migrant workers. These conventions are vital as they work to provide equitable access to services such as free basic health services to migrant workers. They also work towards safeguarding their rights and ensure equal treatment, and their endorsement is recommended by the IOM country profile. In

²² https://www.ilo.org/dyn/normlex/en/f?p=1000:11210:0::NO:11210:P11210_COUNTRY_ID:103365

addition to this, the Maldives has not yet ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families which strives towards achieving “equality in wages and working conditions, the right to information about jobs abroad, as well as equal access to employment services, public housing and educational institutions for migrants, regardless of their immigration status”.

At present, there are various stakeholders that conduct programs and activities related to migrant health in alignment to their mandate with fragmented collective efforts. Partnerships need to be strengthened across the board between intergovernmental agencies, bilateral and multilateral bodies such as UN and its agencies as well as the NGOs, CSOs and recruitment agencies as each entity has a role to play to ensure safe migration for all.

Active participation of the local community is necessary to ensure that all the laws are enforced and upheld. This in turn would help reduce xenophobia and discrimination and promote a more inclusive and enabling environment.

Annex 2. Summary of Findings from Outreach Visit

An outreach visit plan was developed as a part of data collection process to get a more holistic overview of the ground situation across the country from the key stakeholders, including health service providers at primary, secondary and tertiary levels of care, local councils, and migrant workers. This was further supplemented by direct observational data from inspection of health facilities as well as living and working conditions of migrant workers at their accommodation and work sites. The outreach sites were identified with the suggestions from the Technical Committee to include locations with a significant presence of migrant populations to capture a representative set of issues concerning migrant workers in the country. Although it can be difficult to generalize from the limited data, many of the health issues are consistent across the various stakeholders as highlighted in Table 1.

The most common complaints to the hospitals and health service providers were in relation to migrants' occupation ranging from various dermatological conditions, musculoskeletal problems, vector-borne diseases, worksite injuries and upper respiratory tract infections due to inadequate attention to occupational health and safety with improper or no use of personal protective gear. Other contributing factors for the disease transmission and prevalence in migrant workers were poorly ventilated, unhygienic, and congested living conditions with multiple migrant workers sharing the same open bathroom with no sanitization mechanism. This was apparent during the COVID-19 outbreak where there were significant clusters among the migrant workers. From a gender lens, female migrant workers in the domestic sector experienced more long term chronic musculoskeletal and stress related issues due to no clear working hours being outlined, leading to little rest and sleep (if the workers live with families), or living in compact spaces with little to no space or time for cooking, laundry (when living alone).

Table 1 – Summary of main health concerns of migrant workers and stakeholders.

	Details of concerns
<i>Common Issues across stakeholders and migrant workers</i>	<ul style="list-style-type: none"> - Lack of adequate knowledge about health insurance and limitations of coverage leading to delay in receiving timely healthcare services and referrals to higher centres especially during emergency situations. (The condition is worse for undocumented and, migrants without any external support or sponsorship.) - Lack of interest and incentive for disaggregated data collection and data sharing. - Infrequent fragmented efforts in health awareness campaigns with lack of monitoring and evaluation.
<i>Documented Migrant Workers</i>	<ul style="list-style-type: none"> - Discrimination based on nationality regarding accommodation facilities and support from relevant embassies. - Proper information regarding common diseases in the Maldives and where to seek help are not provided.

<i>Undocumented Migrant Workers</i>	<ul style="list-style-type: none"> - Lack of information being displayed or available in the health centres or hospitals in migrant languages thereby causing difficulty in navigating the building and understanding the awareness information. - Language barrier when communicating with hospital staff - Lack of knowledge about non-communicable diseases as well as sexually transmitted diseases. - Fear of deportation has multiple effects on emotional well-being and mental health, and impacts willingness to seek health-care services - Practice of unregulated alternative medicine - Lack of occupational health and safety measures
<i>Female Migrant Workers</i>	<ul style="list-style-type: none"> - Many female migrant workers in the domestic sector work for multiple employers with prolonged hours and limited access to supportive or protective measures - Female domestic workers who live with local families (full time domestic care workers) have better support system compared to independent workers who rent out rooms for themselves (part time domestic care workers).
<i>Local Council Members</i>	<ul style="list-style-type: none"> - Lack of intergovernmental and intersectoral coordinated efforts. - Increase prevalence of migrant sex workers that may lead to community spread of STI and other illnesses. - Lack of budget and technical resources to support health screenings and awareness sessions
<i>Healthcare Management</i>	<ul style="list-style-type: none"> - Outbreak Preparedness Plans need to be more inclusive of migrant workers. - Need to establish Standard Operational Procedures about migrant workers referrals. - Increased cases of false identity where some migrant workers with documents may describe the symptoms of their undocumented friend or colleague who is having the symptoms to get the services or undocumented migrant workers may present with the documents of another migrant worker obstructing the delivery of proper health care.
<i>Healthcare Service Providers</i>	<ul style="list-style-type: none"> - Lack of focus on non-communicable diseases and prevention of risk factors. - Smoking and substance abuse is on the rise with limited rehabilitation services. - Many migrant workers self-medicate by going to the pharmacy and describing their symptoms and hence present to the hospital at late stages of the disease.
<i>NGOs and CSOs.</i>	<ul style="list-style-type: none"> - Lack of attention given to the mental and psychosocial health of migrant workers. - Lack of focus given to the assimilation of migrant workers with the local community.

Annex 3. Summary of Findings from Stakeholder Consultations, Interviews and Surveys

The stakeholder consultations revealed challenges faced by individual stakeholders depending on their objectives, jurisdictions and mandate and cross cutting challenges common to multiple stakeholders. While various organizations are doing work in relation to migration and migration health, there is a notable lack of coordinated efforts and funding specifically earmarked for migration health. There is also a clear lack of data collection and sharing between the stakeholders.

Table 2: List of stakeholders and their mandates relating to migrant health

Stakeholders	Current interventions regarding migrant health	Policies with relevance to the health of migrants
Technical Committee <i>Ministry of Health (MOH)</i>	<p>The Ministry of Health is the regulatory and policy making body with regard to the provision of health services in the country. Service delivery component by public health facilities in the periphery is coordinated by the Regional and Atoll health Services Division of Ministry of Health.</p> <p>IGMH and Hulhumale Hospital are under separate governance boards while MOH regulates IGMH and Hulhumale hospital and provides policy guidance.</p>	<ol style="list-style-type: none"> 1. Health services Act: covers both Maldivians and resident foreigners²³ 2. Health Master Plan 2016 – 2025²⁴ <p>Current policies ensure that health care, treatment, diagnosis and preventive services are affordable and accessible to all residents in the country. However, none addresses specifically the migrant health care needs.</p>
<i>Health Protection Agency (HPA)</i>	<p>Responsible for overall health protection and health promotion, including preventive health care for all residents in the country. Specifically involved in the management of post-arrival health screening for migrants, awareness programs for migrants on preventive measures on diseases, organize annual health screening for migrant visa in atolls and regional hospitals.</p> <p>HPA develops standards for migrant screenings for their work visa application and renewal.</p> <p>HPA also conducts and/or coordinates the mass screenings for some communicable diseases of public health importance.</p> <p>HPA also conducts awareness programs for migrants on various public health issues.</p> <p>HPA works with NGOs such as SHE and MRC on migrant health issues.</p>	<ol style="list-style-type: none"> 3. Public Health protection Act (7/2012). This act enforces a non-discriminatory clause 1 (a) whereby the established policies for protection of public health, is applicable to all Maldivians and all people living in the Maldives to protect public health.²⁵ 4. Under national disease control programmes, the government conducts screening and health education, communicable diseases preventive and promotive activities, reproductive health and family planning, vector surveillance and control, and offers free vaccination for all, including migrant workers.

²³ <http://health.gov.mv/Downloads>

²⁴ [http://health.gov.mv/Uploads/Downloads/Informations/Informations\(42\).pdf](http://health.gov.mv/Uploads/Downloads/Informations/Informations(42).pdf)

²⁵ <https://mailis.gov.mv/en/19-parliament/parliament-work/519>

<p><i>International Organization for Migration (IOM)</i></p>	<p>The cooperation agreement was signed between IOM and the Government of Maldives on 5 August 2011. It is in line with a holistic approach to migration management, IOM and the Government collaborate to build capacity, provide advisory services and technical cooperation on migration issues, migration and health, international migration law, migration and environment, migration information, counter-trafficking, migration of nationals and aliens.</p>	<p>5. IOM is now working closely with the Ministry of Health, the World Health Organization, and other relevant national stakeholders to develop a migrant health policy for the Maldives by supporting policy development and interagency coordination.²⁶</p> <p>6. IOM is also working closely with the government to develop the National Migration Policy of the Maldives</p>
<p><i>Maldives Immigration (MI)</i></p>	<p>Responsible for the control of immigration. In relation to migrant health, Maldives Immigration is responsible for the provision of adequate healthcare to all migrants under State care at the detention facility. Additionally, as part of border management and security, pre-arrival health screening is mandatory for all labour migrants within the first 15 days of arrival and then annually. Annual health screening is required for the renewal of visa for foreign workers where the Ministry of Health issues a 'Fit for work' declaration.</p>	<p>7. Maldives Immigration Act No: 01/2007²⁷</p> <p>8. Employment Approval Regulation No: R-14/2016²⁸</p> <p>9. Work Visa Regulation No: R-44/2016²⁹</p>
<p><i>Ministry of Homeland Security and Technology</i></p>	<p>Design and formulation of policies relating to immigration, emigration and labour. Assists human trafficking and other cases by providing migrants with shelter, food and clothing till departure.</p>	<p>10. Occupational Safety and Health Act No: 02/2024³⁰</p> <p>11. Working on a smuggling policy</p> <p>12. Employment laws and regulations related to migrant and expatriate workers</p>
<p><i>Ministry of Tourism and Environment</i></p>	<p>Implement, enforce and regulate the tourism sector of Maldives. Additionally, work directly with the industry and with pertinent tourism associations in accordance with the policy.</p> <p>Roles include national policy development and coordinating with all mandatory government policy making bodies to align new laws, regulations and guidelines to Tourism Industry best practices. The</p>	<p>13. The Maldives Tourism Act 2/99</p> <p>12 Amendments;</p> <p>1st Amendment: Published Date: 03/05/2004</p> <p>12th Amendment: Published Date: 21/09/2022</p>

²⁶ <https://maldives.iom.int/migration-health>

²⁷ <https://immigration.gov.mv/wp-content/uploads/2019/01/mi-act-english.pdf>

²⁸ https://www.ilo.org/dyn/natlex/natlex4-detail?p_lang=en&p_isn=106011&p_classification=17

²⁹ <https://immigration.gov.mv/work-visa>

³⁰ <https://gazette.gov.mv/gazette/6931>

	<p>tourism sector is one of the largest employers of foreign labour in the country, with the current ratio of local to foreign employees set by law at 45:55.</p> <p>Design and formulate policies relating to entrepreneurial activities and investment of foreign nationals in the Maldives.</p>	
<i>Ministry of Economic Development and Trade</i>	14. Employment laws and regulations related to migrant and expatriate workers	
<i>Ministry of Cities, Local Government and Public Works</i>	15. Government manifesto	
<i>World Health Organization</i> ³¹	<p>16. WHA 70.15: Promoting the health of refugees and migrants</p> <p>17. WHA 61.17: Health of Migrants</p> <p>18. WHA 58.17: International migration of health personnel: a challenge for health systems in developing countries</p> <p>19. WHA 57.19: International migration of health personnel: a challenge for health systems in developing countries</p> <p>20. WHO Code of practice for the recruitment of foreigners</p> <p>21. WHO framework of priorities and guiding principles to promote health of refugees and migrants</p> <p>22. Proposed for 72nd WHA in 2019: Global plan of action on the health of refugees and migrants is planned.</p>	
<i>Maldivian Red Crescent</i>	23. Dhivehi red crescent Act No:07/2009 ³²	<p>The Maldivian Red Crescent's (MRC) main focus is vulnerable groups in the community which has a specific focus on including migrant workers. It provides needed and timely humanitarian services, prevent and alleviate human suffering within communities during crises as well as at normal times, with a special focus on vulnerable groups such as migrants. MRC's innovative approaches include</p>

³¹ <https://www.who.int/publications>

³² https://redcrescent.org.mv/beta/wp-content/uploads/2015/11/MRC-ACT_UNOFFICIAL_english-translation_29_04_2009.pdf

mobilizing migrant workers as MRC volunteers which enables strong reach and connections into migrant worker communities. MRC has trained a total of 1580 migrants from different nationalities living in the Maldives to work as peer educators who actively assist MRC to develop and disseminate health promotion messages to the migrants in Maldives. Emergency response is another area where MRC supports vulnerable groups such as migrants to find shelter, clothing, food and psychosocial support they need.

Health and social inclusion are main programme areas of MRC. MRC provides health prevention and education messages on communicable diseases to migrants annually to prevent outbreaks. MRC works with the Health Protection Agency on providing health education interventions, health screenings and conducts observation/monitoring visits to the islands. During recent campaigns for zika and influenza outbreaks, awareness messages were given in different languages (Bengali, Tamil, Sinhalese, Malayalam, Chinese, Philippines, Hindi).

Several insurance companies provide expatriate insurance packages approved by the Maldives Immigration. Many of these companies promote their Expatriate health insurance packages to the foreign workers by disseminating leaflets in languages such as Sinhalese, Bengali and English which have been verified by the relevant Embassies in the Maldives. Insurance companies usually offer the options of inpatient and outpatient packages.

Enforces the Employment Act 2/2008, administer regulations relating to employment, provide awareness on the rights of employers and employees, conduct inspection of work places and mediates complaints received from both employers and employees.

24. Employment Act of Maldives No:2/2008³³
Employment contracts are obligatory

Insurance Companies

Labor Relations Authority

³³ <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/85764/96218/F1772069692/MDV85764%20English.pdf>

<p><i>Local Government Authority and the Councils</i></p>	<p>Under the Decentralization Act, the island, atoll and city councils are mandated to maintain the registry of foreigners living on an island and are obliged to ensure that both locals and foreigners can use the public places such as parks, football stadiums, in a similar manner. Councils are also mandated to operate a Centre to provide social security services to address domestic violence cases on the island.</p>	<p>25. The Decentralization Act No: 7/2010, Under Chapter 4, article 24 (y): Atolls and Island councils are mandated to maintain a registry of foreigners living on the island.³⁴</p>
<p><i>Maldives National Defence Force</i></p>	<p>(a) the combat and manoeuvre forces (Coast Guard, Marine Corps, and Fire and Rescue Service), and is administratively, functionally and logistically supported by</p> <p>(b) the support services (Defence Intelligence Service, Service Corps, Adjutant General's Corps, and Medical Corps)</p> <p>(3) Emergency and Safety operations https://mndf.gov.mv/mndf/en/organization.php</p>	<p>26. MNDF Act 1/2008</p>
<p><i>Maldives Police Service</i></p>	<p>Maldives Police Services conduct awareness programs for the public, open to foreigners as well and has translated into four languages the rights of a person when taken into Police custody. Responsible for enforcing criminal and traffic law, enhancing public safety, maintaining order and keeping peace throughout Maldives. It also operates the human trafficking unit.</p>	<p>27. Anti-Human Trafficking Act No: 12/2013³⁵</p>
<p><i>*Public sector Employers:</i></p> <p><i>a) Ministry of Health</i></p>	<p>Implements the civil service regulation/act in the recruitment, in the management of expatriate employees. Foreigners employed in the civil service are employed as temporary staff on annual contracts. As a civil servant they are eligible for the Foreigners health insurance scheme as specified by the Maldives Immigration. Foreign employees are entitled to the basic health insurance package which covers inpatient care. OPD services for non-chronic care are reimbursed. In addition, an expatriate is eligible for safe accommodation, food allowance, 30-day holiday, 8-hour work,</p>	<p>28. Maldives Civil Service Act 36No. 5/2007</p> <p>29. Maldives Civil service regulation No: 2014/R-311³⁷</p> <p>Article 14: Health, Safety and Security Standards at Workplace</p> <p>Article 118: ensures that both permanent and temporary staff get similar health care</p> <p>30. Article 166: Medical Assistance at work: ensures financial assistance for covering occupational injuries.</p>

³⁴ <https://www.finance.gov.mv/decentralization-act>

³⁵ https://www.ilo.org/dyn/natlex/natlex4-detail?p_lang=en&p_isn=106008

³⁶ <http://www.csc.gov.mv/v3/wp-content/uploads/2016/01/The-Maldivian-Civil-Service-Act-Unofficial-Translation.pdf>

³⁷ <http://www.csc.gov.mv/v3/wp-content/uploads/2016/01/MALDIVES-CIVIL-SERVICE-REGULATION.pdf>

treatment for workplace injuries, ensures Health, Safety and Security Standards at Workplace, ensures that employees are screened for health before departure and after arrival and on annual basis for visa renewal.

Implements the civil service regulation/act in the recruitment, in the management of expatriate employees. Foreigners employed in the civil service are employed as temporary staff on annual contracts. As a civil servant they are eligible for the Foreigners health insurance scheme as specified by the Maldives Immigration. Foreign employees are entitled to the basic health insurance package which covers inpatient care. OPD services for non-chronic care are reimbursed. In addition, an expatriate is eligible for safe accommodation, food allowance, 30-day holiday, 8-hour work, treatment for workplace injuries, ensures Health, Safety and Security Standards at Workplace, ensures that employees are screened for health before departure and after arrival and on annual basis for visa renewal.

31. Maldives Civil Service Act 38No. 5/2007

32. Maldives Civil service regulation No: 2014/R-311³⁹

Article 14: Health, Safety and Security Standards at Workplace

Article 118: ensures that both permanent and temporary staff get similar health care

Article 166: Medical Assistance at work: ensures financial assistance for covering occupational injuries.

33. ILO standards of employment of foreigners⁴⁰

The Maldives Association of Construction Industry (MACI), representing more than 300 construction companies in the Maldives, is one of the largest employers of foreign workers. MACI addresses the complaints of workers, employers and the public on a daily basis and conducts inspection visits to construction sites and accommodations of foreign workers. MACI assists in the distribution of IEC materials to workers in the construction industry throughout the country. It facilitates data/information about the construction companies upon request by government authorities.

MATI is a non-governmental, non-profit organization formed in 1982, for the purpose of developing tourism in the Maldives. More

b) Ministry of Education

Industry experts:

a) Maldives Association of Construction Industry (MACI)

b) Maldives Association

³⁸ <http://www.csc.gov.mv/v3/wp-content/uploads/2016/01/The-Maldivian-Civil-Service-Act-Unofficial-Translation.pdf>

³⁹ <http://www.csc.gov.mv/v3/wp-content/uploads/2016/01/MALDIVES-CIVIL-SERVICE-REGULATION.pdf>

⁴⁰ https://www.ilo.org/wcmsp5/groups/public/---deprotect/---protrav/---migrant/documents/publication/wcms_536755.pdf

*of Tourism
Industry
(MATI)*

than four decades of MATI's service has been provided to almost all the travel and tourism related issues which arise in Maldives.

Diplomatic missions:

Provide consular and administrative assistance to its nationals and facilitates repatriation. Three diplomatic missions were interviewed for this study; Bangladesh, Indian and Sri Lankan missions. The Indian HC assists its nationals who need further treatment to seek treatment in India.

The Sri Lankan Embassy conducts awareness on health issues through health camps funded by the Embassy in coordination with the Sri Lankan businessmen in the Maldives. Sri Lankan migrants who get registered at the Ministry of Foreign Employment before arriving in the Maldives pays a premium of LKR17,830 for health insurance. Under this, these Sri Lankan workers can claim reimbursements for any injuries, accidents or in loss of life, the family can expect LKR30,000. This is a safety net implemented by the Sri Lankan government in addition to the health insurance package in the Maldives.

Bangladesh High commission has supported a weekly free health clinic for its nationals in coordination with Bangladesh resident community which attracts many Bangladeshis to seek health care every week. The Bangladeshi Embassy also conducts visits to the main hospitals to check on Bangladeshi patients, and contact their employers if need arises.

The Embassies interviewed assist in conducting awareness and health education for its migrants during epidemics such as Zika and swine flu. Sri Lankan high commission conducted two health camps during 2017 where Sri Lankan professors lectured on health issues.

Foreign missions in the country may maintain a comprehensive list of migrants from their respective nations to facilitate efficient monitoring and support services.

*Human Rights
Commission of the
Maldives*

34. Human rights Commission Act No: 6/2006⁴¹

Investigates allegations of the violation of human rights, raise awareness on human rights, advise in drafting human rights laws and regulations, advise the Government on the formulation of necessary laws, regulations and administrative rules, reviews existing laws and regulations, conducts inspection visits to custodial, detention and rehabilitation centres, monitors human rights situation in the Maldives. In addition, the Commission is to advise the Government and make recommendations as necessary and conduct research and carry out relevant surveys on human rights. Cases from both locals and expatriates are investigated. The Human Rights Commission of the Maldives administers a daily hotline for any human right grievance. These complaints can also be filed by submitting a form to the Commission. In 2021, out of a total of 520 cases filed at HRCM, 37 cases were filed by foreigners (HRCM, 2021).

*Maldives Bureau of
Statistics*

Design, collection, analysis and reporting of demographic, economic, health and social data on the population- inclusive of migrant population and migrant households. In 2014, for the first time in the Maldives, foreign residents were counted in the Population Census and the questionnaire was translated to four languages; Hindi, Sinhalese, Tamil and Bengali. Currently other surveys conducted by the government may include foreign households if the household was selected in the sample. The census provides data of foreigners' demographics, health, education, and social life.

35. National Statistics Regulation No:4- R/201342

36. Ensures that all residents (local and foreign) are counted in the Census.

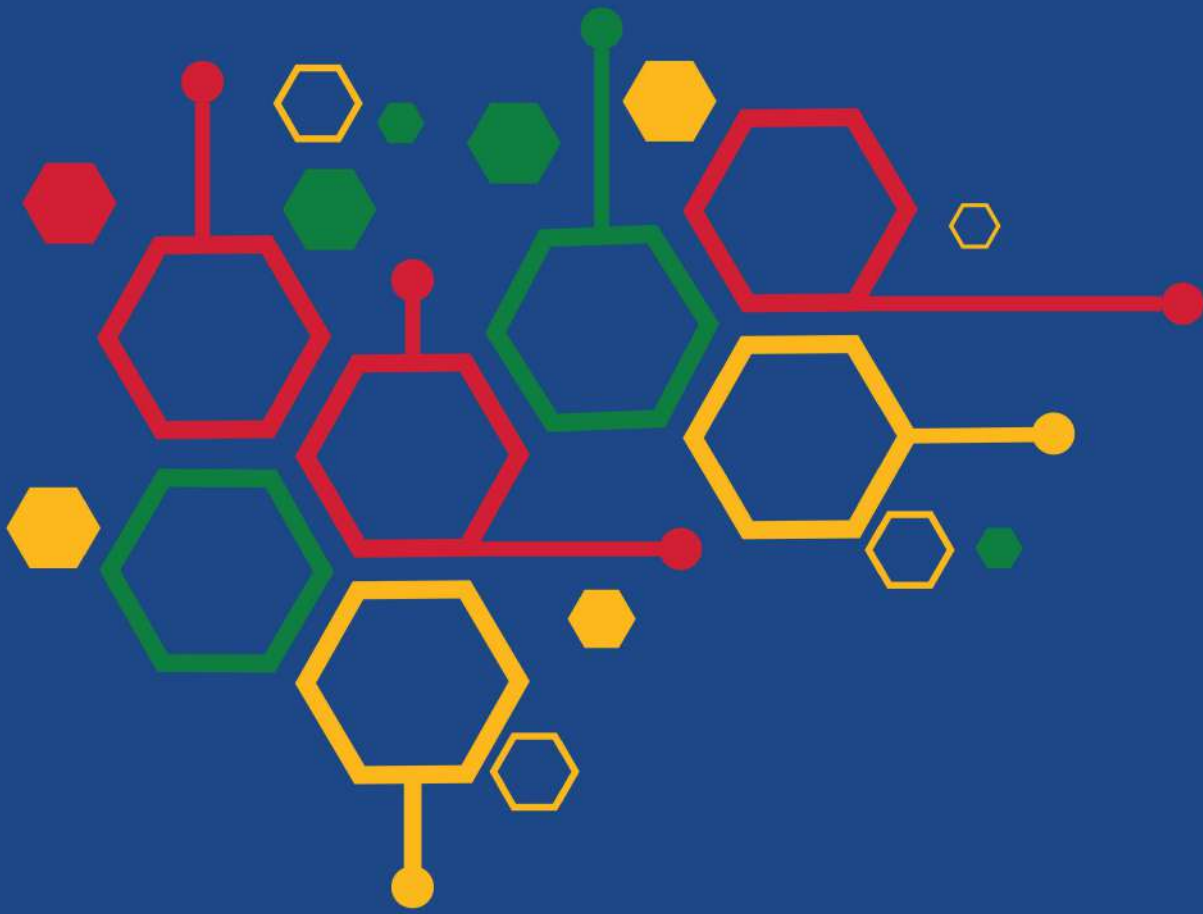
⁴¹ <https://www.hrcm.org.mv/publications/otherdocuments/HRCMActEnglishTranslation.pdf>

⁴² <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/08/Statistics-Regulation-translation-Feb-2013.pdf>

<p><i>Public and private health facilities</i></p>	<p>Provision of curative health services to the public inclusive of migrants. Health facilities conduct health screenings for migrants required by MOH. A valid identification with a photo is required in order to seek care. However, statistics from IGMH (tertiary Hospital) shows that migrants without proper documentations have also been served.</p>	<p>37. Implements a differential pricing policy for resident foreigners and tourists alike, with double charge compared to locals, which is followed by all public sector health facilities.</p>
<p><i>Maldives Inland Revenue Authority (MIRA)</i></p>	<p>Designs and implements the government's taxation Acts and Policies, which affect the financial health of the migrant living in the Maldives.</p>	<p>38. Remittance tax regulation 2016/R-8643: this tax is on money transferred out of the Maldives by foreigners employed in the Maldives. It is collected at the rate of 3% of the remitted amount.</p>

*Ministry of Health and Ministry of Education were selected as they are the two public sector employers who employ the largest population of migrant workers.

⁴³ <https://www.mira.gov.mv/TaxLegislation/remittance-tax-regulation-english.pdf>



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