聖約翰座堂「愛之家」諮詢及服務中心
St. John's Cathedral HIV Education Centre

2005年外籍勞工
健康狀況報告書

State of Health of Migrants 2005

Hong Kong, SAR of China's Part

Photo taken at the activity of United Filipions in Hong Kong, SAR of China

《2005 年外籍勞工健康狀況》報告書

STATE OF HEALTH OF MIGRANTS 2005

香港部份

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• 前言 •

自從二零零四年十一月，聖約翰座堂『愛之家』諮詢及服務中心與愛滋病及流動人口行動研究協調網絡及其十一個非政府組織夥伴，以及兩個獨立參與者在十二個國家(孟加拉共和國、柬埔寨、印度、印尼、日本、馬來西亞、尼泊爾、巴基斯坦、菲律賓、斯里蘭卡、泰國和越南)檢討有關國際外籍勞工及其健康狀況的法例，並進行一個初步調查，接觸一些外籍勞工及其他有關人士，務求可以搜集到外籍勞工如何得到醫療服務的第一手資料。

2006 年 8 月， 第十六屆國際愛滋病研討會在加拿大多倫多發佈《2005 年外籍勞工健康狀況》報告書。

在國家的層次上，聖約翰座堂『愛之家』諮詢及服務中心，於去年十二月十七日國際勞工日前夕，在香港中環遮打道行人專用區發佈《2005 年外籍勞工健康狀況》報告書(香港部份）。

透過出版《2005 年外籍勞工健康狀況》報告書(香港部份)，本中心希望報告內的建議，有助提昇外籍勞工的權利和醫療保障。

《2005 年外籍勞工健康狀況》報告書全部內容，可以在愛滋病及流動人口行動研究協調網絡的網頁下載， http://www.caramasia.org。本中心亦歡迎本報告書可引述或複製，請註明出處。

『2005 年外籍勞工健康狀況 (香港部份) 』委員會成員

鍾少鳳博士 (首席調查員)
馮伊妮小姐 (首席調查員)
佘修安先生 (文字編輯)
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• 中華人民共和國 – 香港特別行政區[1] •

香港吸引了很多亞洲地區的外籍勞工。根據政府統計資料，直至2004年年底，有 19,155 名外籍專業人士， 218,430 名外籍家庭傭工及 11,037 名其他外籍勞工在港持有有效工作許可證明文件。當中，大部份工作許可證是簽發給予專業人士和外籍家庭傭工。2004年在香港受聘的外籍家庭傭工當中，來自菲律賓的佔 54.8% ，來自印度尼西亞的佔 41.2%。此外，亦有一批人數不名的外籍勞工在沒有有效工作許可證明的情況下在港工作。

本調查報告集中於有記錄的外籍家庭傭工對『醫療可近性』的經驗，以及一些有關在香港的性工作者的附加資訊。本調查的數據是從以下兩個主要來源收集：香港政府刊物和實地考察工作（專注於小組討論和深入面談）。考察調查包括：兩個與九位菲律賓外籍家庭傭工的小組討論、兩個與十二位印度尼西亞外籍家庭傭工的小組討論、與四位外籍傭工的僱主深入面談，及與六位在非政府組織任職及負責聯繫外籍家庭傭工的人士的面談。另外，還有六名醫生應邀分享他們處理外籍病人的經驗。

• 法律及政策 •

香港的《職業安全及健康條例》為在工業及非工業活動中任職的僱員提供職業安全及工作健康的保障。當僱員因為在工作期間發生的事件而需要醫療服務時，法例為所有僱員(不論是否本地居民或是否持有工作證明)提供保障。至於那些持有入境證明的外籍勞工，他們可以享用政府律貼的公共醫療保健體系，故此，他們亦可以享有和本地居民相等的待遇。而且，在標準外籍家庭傭工僱傭合約中亦訂明僱主必需確保在僱用期間，為他們提供醫療保障。沒有有效許可證明的外籍勞工是不可以參與公共醫療保健體系以及享用任何政府的保健津貼，故他們使用香港的醫療服務時幾乎需要承擔所有費用。

獲取保健的資訊

香港政府沒有為外籍勞工制定任何抵港後的安排。由2004年開始，所有持有效許可工作證明的外籍勞工，在來港經過入境處的服務櫃台時，都會獲給一本《給外地來港工作人士的服務指南》。 這本小冊子已編譯成五種外國語言版本。入境事務主任會為抵港的外籍勞工提供最適合的語言，或向其查詢屬意的版本。

這小冊子提供的資訊包括香港勞工法例及與保障健康有關的訊息，例如：關於香港的醫療保健體系、香港主要醫療機構的地址、開放時間及收費等資訊。曾閱覽過這本小冊子的外籍傭工都認為內容有用。但是，大部份來自印度尼西亞的傭工表示他們沒有機會閱讀這本小冊子，因為他們的小冊子被僱傭公司的代理取去。

另一方面，菲律賓的外籍家庭傭工雖然有索取小冊子，但是很多人沒有閱讀過。 例如，其中一位外傭表示：『當我需要尋求協助時，我會閱讀這小冊子。』這情況顯示出這小冊子基本上在有需要的情形下才被使用。整體上，這小冊子並非廣泛流傳，只在機場入境處的櫃台派發。一位在非政府組職工作並且負責處理性工作者的人員指出，當她向政府有關部門的主任索取十本不同語言版本的小冊子時，才發現該部門的辦公室內根本沒有足夠的存貨。這表示政府沒有重視向外傭派發小冊子。

在香港，政府及非政府組織會設計一些預防信息(例如：安全性行為、清潔雙手、 道路安全、預防禽流感及健康飲食)透過電視、廣告牌及傳單向公眾宣傳。調查發現，很少外籍傭工說他們可從這些公眾頻道接收健康資訊。外籍傭工通常沒有機會看電視，而且語言障礙亦妨礙他們閱讀文字內容。多數的健康單張都是 印製成中文和英文版本，但是，即使外籍傭工能讀寫這些語言，他們亦沒有閱讀在非政府組織中心面談時索取的小冊子。只有在 2003 年非典型肺炎肆虐期間，保健的資料才編譯成多國語言。

一些非政府組織採用一種更直接的方法去傳遞保健資訊——他們在外籍傭工聚集的地方，利用他們的語言，宣傳保健訊息，並為他們安排講座及工作坊。但這些非政府組織工作者亦因為每次只可以接觸少數的外籍傭工而感到沮喪。此外，非政府組織亦用同一種資訊傳播策略去服務性工作者，但是最難解決的問題是性工作者的流動性很高，因為他們往往只會在港逗留幾個月。另一個困難就是很多為外籍傭工提供服務的組織都是基督教背景的，令到其他宗教信仰的勞工在參與這些組織的活動時會顯得較為猶豫。

保健服務可近性

根據外籍勞工和非政府組織工作人員，外籍勞工在一些小病時會靠自己來治療：『我知道如何去處理病痛，我知道在那裡可以買我需要的藥。』一些非政府組織工作人員認為僱主不鼓勵他們的僱員去接受醫生的治療。而其他的非政府組織工作人員則相信僱主甚少得知他們的僱員患病，因為外籍傭工都懼怕僱主因為他們患病而解僱他們。

受訪的外籍家庭傭工、僱主及非政府組織工作人員都一致認為：如果病情嚴重或僱主鼓勵傭工去求診，外籍傭工也會主動求醫。家庭傭工會在尋找專業醫療協助前通常會詢問僱主許可。有些時候，外傭由於要由僱主伴隨求診，會令求診過程延誤。通常，他們只會到僱主推薦的醫生求診，但有少數則可自定醫生求診。大多數受訪的家庭傭工都未曾到私家醫生求診，而到政府診所或中醫門診。

印度尼西亞家庭傭工的僱主通常會陪伴他們到政府診所求診，僱主直接支付醫療費用。有些菲律賓家庭傭工的僱主亦會陪伴他們求診，而其餘的就自己求醫，醫藥費遲些才可由僱主歸還。在是次調查中，沒有家庭傭工或僱主指出僱主曾拒絕為傭工支付診金。相反地，非政府組織員工指出他們接獲的個案多數都是僱主不發還傭工預先繳付的診金。一

位受訪者說她會獨自到醫務所求診及自付診金，因她不想僱主得知此事。非政府組織人員亦確定如果家庭傭工可以取得休息時間去求診，他們多數會都願意自付醫療費用。

關於香港的醫療收費，家庭傭工和非政府組織人員一致應為香港私家診所的醫療費用(相等於他們一天的工資)偏高。但公共門診服務，雖然收費較低，但只在平日提供服務，而且等候時間亦很長。這些因素阻礙了外籍勞工自己去使用醫療服務。非政府組織人員亦指出高昂的醫療費用阻礙了一些外籍性工作者接受 性接觸傳染病治療。他們要等待回國時才可處理病情。非政府組織人員亦指出有些性工作者不信任香港的醫生。

在這次調查中，沒有外籍傭工提及留院及被送往急症室的經歷。非政府組織人員報告有些外籍傭工很害怕香港的醫院，因為他們覺得有些醫生把他們當作「白老鼠」看待，並作教材用途。有趣的是，連一些本地人亦深信這傳聞。一位在急症室工作的醫生分享經驗時指出，相比於本地人，一般往醫院求醫的外籍傭工的病況比本地人壞，但其他受訪醫生卻察覺不到本地人和外籍工人健康狀況的重大分別。

至於言語溝通方面，菲律賓家庭傭工分享經驗時指出他們因為英語水平高，所以能與醫生溝通。同時，印度尼西亞的家庭傭工亦指出他們能有限度地和醫生溝通，因他們曾接受過三個月的語言訓練課程。非政府組織人員解釋那些不能掌握本地語言的人士，會有僱主或非政府組織人員陪同。所以在調查中，只有一位人士在求診時因為言語障礙，發生問題。在這例子中，這位外籍傭工需要在政府設施中接受愛滋病病毒測試。但基於接受測試前須先接受輔導的規定，這政府診所要求那位外籍傭工先自行打熱線電話作初步查核及輔導。但基於個人私隱的規定，非政府組織人員不可以幫助這位外籍勞工翻譯。因此，這位外籍傭工不能成功透過電話熱線登記，令她喪失享用此服務的權利。這例子顯示透過熱線電話進行查核和輔導的制度急需檢討。

受訪醫生觀察到有些陪同外籍傭工求診的人可為他們翻譯。有些例子，言語不通做成障礙，他們便須依靠身體語言和身體檢查結果來診斷病情並取得處方。當中沒有人認為言語障礙會危害到外籍傭工的健康。他們提議當有需要時，醫院應該讓能操有關語言的職員專門負責解決翻譯的問題，但至今未有醫院有此做法。非政府組織人員亦指出，外籍傭工不理解醫生使用的醫學用詞以及相比起本地人士，他們覺得待遇被怠慢。外籍傭工和非政府組織人員都相信本地醫療的服務質素及設施水平，較他們來自的國家及城市有過之而無不及。

• 資料提供者的建議 •

在這次調查中，很多受訪人士提供及分享了很多關於如何令外籍傭工更方便得到健康保障服務的意見，包括：增加外籍傭工薪酬、加強對外籍勞工的健康資訊宣傳及加強非政府組織對健康項目的溝通。有趣的是，外籍傭工和非政府組織均一致反對要求僱主購買更全面的醫療保險的建議，為免自己的薪酬被進一步削減。他們有此顧慮，是由於在 2003 年，政府規定當僱主在洽談新僱傭合約或是更新合約時，在傭工的最低工資中徵收港幣 400 元，以津貼本地家庭傭工的培訓及保償。

• 計劃及提議[2] •

一般事項

為了令國際移民勞工生活狀況得到更大的改善，各地政府應為外籍勞工及他們身處的社區，發展不同計劃去減少社會問題，例如：性別歧視、貧窮問題、婦女暴力、文盲及營養不良。

外籍勞工來源及目的地國家的政府必須合作及分享資訊去發展及建立新計劃，以確保外籍勞工可以更易享用醫療保健服務。在加強外籍勞工得到健康資訊及護理之餘，計劃亦必須令公眾及私人部門之間一併合作和協調 — 政府機構、私人公司、招聘中心、領事館、健康服務機構、非政府組織、社區組織、工會 、教會等等。而且，計劃亦應讓外籍勞工在不同的階段參與計劃的發展、落實和監察的過程。

各計劃及建議在發展及宣傳時，應增加外籍勞工一同參與的機會。例如：善用那些受了工傷或因疾病而不能工作、但卻有心參與宣傳及教育工作的外籍勞工的空餘時間，令他們可更積極幫助其他有需要的外籍勞工。在計劃落實方面，亦應重視外籍勞工的配偶及家庭成員，讓他們可明白外籍勞工所面對的問題，並在他們在外國工作時，為他們提供更強的支援。此外，所有為外籍勞工提供的健康資訊及保健計劃必須要『年青化』，因為大部份到外地工作的外籍勞工都是青少年。

保健資訊

為提高外籍勞工對保健的認識，以下建議應貫徹執行：

1.1 傳遞給外籍勞工的健康資訊必須包括以下詳細資料：愛滋病及性接觸傳染病的預防措施、性生殖健康問題、精神及工作健康、營養食品、基本醫療藥物及醫療測試。

1.2 傳遞給外籍勞工的健康資訊應該翻譯成不同語言並製成各樣宣傳品，包括：小冊子、海報、收音機、電視、互聯網和教育錄影節目。

1.3 宣傳健康資訊的參與者應先接受專門及統一的訓練課程，增加他們對於國際移動勞工的健康事項的了解。

1.4 外籍勞工必須接受培訓， 幫助傳達健康資訊給其他外籍勞工。

1.5 提倡『正確使用安全套』，以及用一些更易明白的宣傳方法去教導那些因為社會觀點或個人問題而放棄使用的人。同時，應為外籍勞工提供高質素的安全套。

1.6 在愛滋病病毒及性接觸傳染病高危的地方應加強防範措施（例如：貨車站、巴士站、火車站、海港、市集和夜總會）。

1.7 政府應確保所有傳遞給外籍勞工的健康資訊的內容一致，正確無誤和不斷更新。各國政府亦應致力達到這目標。

1.8 醫生或專業人員為外籍勞工診治時，亦可以把握機會教育外籍勞工關於預防疾病的資訊。

1.9 在外籍勞工出境前、入境後及融合社會後向他們提供的必修課程，必須要詳細和易於理解，包括如何得到健康支援、疾病預防、他們的權利和健康保險。

1.10 鼓勵社區關注那些在未能參與政府舉辦的活動的外籍勞工，仍可投保醫療保險。

1.11 外籍勞工的配偶或性伴侶應接受愛滋病及性病的預防教育，並且有足夠空間為他們在海外工作的伴侶的需要提出訴求。

1.12 政府及捐助機構需要支援外籍勞工的工會、公司、社團和其他組織，以幫助他們把預防愛滋病的資料整理並納入它們提供的有關項目內。

保健服務

為了令外籍勞工更易得到保健服務，以下建議應要貫徹執行：

2.1 外籍勞工和本地市民一樣，有權使用高質素的醫療服務（例如：使用『雞尾酒』療程、關於性生活及生育的保健服務）。

2.2 應提升對外籍勞工的支援服務（例如：輔導或轉介）。

2.3 醫療專業人士應接受培訓，學習文化上的差異，為外籍勞工提供更妥善的服務。並且，意識到他們的脆弱和對健康的關注事項。

2.4 教育政府人員、律師、警務人員和大使，令他們更能掌握外籍勞工的資料，轉介他們到適合的保健服務機構。

2.5 在醫療架構未完全發展的地區（例如：農村或郊區）應發展醫療保健設施。

2.6 外籍勞工的入境簽証狀況不應影響他們接受的醫療質素。

2.7 公共或私人醫療機構在有需要時須提供語言翻譯服務。

2.8 保健設施在某些日子應延長服務時間以配合外籍勞工稍長及不穩定的工作時間，對於那些不能到達醫院或診所的外籍勞工，應為他們提供醫生外診服務。

2.9 各國的保健政策應保障外籍勞工的保健及醫療所需。

2.10 由於性接觸傳染病會令感染愛滋病的機會提高，愛滋病的預防計劃亦應著重性病的測試及處理。

2.11 對那些聘用了外籍勞工的僱主提供支援及培訓，使外籍勞工可更容易接受醫療服務，從而提高外籍勞工的工作及生活水準。

2.12 把所有有關外籍勞工的醫療保障和保健運動聯繫起來，以增加成效，降低成本，令更多外籍勞工團結起來，減低他們受到歧視及排斥的機會。

2.13 醫療機構必須要重視個人私隱，這樣可增加外籍勞工求助時的信心。

2.14 發展一些計劃，方便外籍勞工覆診或跟進健康狀況。

2.15 設立機制使各國的醫療機構可以共享資訊，令整體醫療服務水平得以提升，和方便外籍勞工回國後可以繼續接受治療。

醫療保險

為了令外籍勞工更易得到醫療保險服務，以下建議應貫徹執行：

3.1 政府應該確保外籍勞工能夠參與及負擔健康保險計劃。現時勞工法例並未為外籍勞工提供足夠的保障，外勞遇到意外受傷或患病時，未能得到合理補償，故此應檢討有關法例，作出恰當修改。

3.2 醫療保險必須要為工傷及疾病提供合理賠償，不論是否在工作場地受傷或染病。

3.3 外籍勞工的投保費用不應高於本地市民，亦要確保他們能夠負擔。

3.4 政府有責任教育外籍勞工關於醫療保險的設立及監察各保險計劃的營運是否具成效。

3.5 政府有必要為那些未持有有效簽証的外籍勞工，發展一個保健計劃。

3.6 致力邀請其他團體參與（例如：外籍勞工、政府人員、僱主、招聘代理及醫療專業人員）令保險索償的過程更簡易和直接，並讓公眾得知整個索償過程。

3.7 政府應該確保外籍勞工可以很方便地找到關於醫療保險所保障的事宜及有關索償的資訊。

3.8 外籍勞工的來源及目的地國家須通力合作，發展及監察外籍勞工的醫療保險制度。

外籍勞工資訊

為了更有效幫助外籍勞工及加強社會人士對他們的了解，以下政策應該要貫徹執行：

4.1 關於 疾病、受傷、拘留、入獄、驅逐出境 的資訊，在領事館、相關政府部門都應該可以找到。

4.2 每個國家需要收集和整理 外籍勞工的資訊（例如：統計數字、法律、政策、計劃、員工守則、醫療保險及權利），並建立一個資訊庫或資源中心，方便調查員、外籍勞工、法律及政策制定者、醫療專業人士及僱主查用。

4.3 收集——並與其他國家地區分享——更多關於國際勞工流動性及健康狀況的複雜關係的資訊，尤其是有關醫療協助、職業、精神、性及生殖健康的資訊。

4.4 引起公眾關注外籍勞工的獨特處境，從而減少種族歧視或標籤效應。

4.5 記錄外籍勞工所面對的健康問題，為未來計劃及政策發展作參考。

4.6 讓公眾得知外籍勞工在來源地及工作地對社會、經濟及文化上作出的貢獻。

4.7 不斷改進以數量或質量方式收集數據的方法，特別是關於如何搜集外籍勞工的人口數目，例如：非法外勞、家庭傭工及流動的勞工人口數目。

強制性醫療測試

為了保障外籍勞工的權利、健康及舒適，以下有關測試的各點應該要貫徹執行：

5.1 各國必須制定測試協議，並在嚴格的政策和指引下執行。這些指引必須要確保個人私隱的保密，保健中心的職員亦要接受這方面的教育。

5.2 必須要為外籍勞工提供合適語言及文化背景的測試前及測試後的輔導服務。

5.3 須為外籍勞工提供轉介服務。

5.4 在進行測試時，必須要顧及外籍勞工的個人感受。

5.5 向外籍勞工宣傳自願性愛滋病病毒測試，而非強制性測試。

5.6 設計一些活動，在外籍勞工接受測試時，向他們教育健康資訊。

5.7 外籍勞工在可治癒的疾病病毒測試如果呈陽性反應，應可立刻接受可負擔的療程，康復後應獲准在目的地國家繼續工作。

5.8 外籍勞工不應被迫支付強制測試的費用，而應在各處設有測試設備，令外籍勞工不用到很遠的地方接受測試。

5.9 不可以因為外籍勞工的健康狀況（例如愛滋病或懷孕）而把他們驅逐出境，並應為他們提供合適及可以負擔的保健服務。

大使

為了使大使館可在健康資訊、醫療協助及/ 或法律援助的範疇內更有效地服務外籍勞工，以下各點應該貫徹執行：

6.1 健康資訊及服務是大使館和領事館提供的核心服務之一。領事館職員應該接受訓練提供基本的保健資訊，載有詳盡的健康資訊的小冊子亦應放置在內。

6.2 推行保健轉介服務，亦應設有與大使館直接聯繫的醫療設施。

6.3 為了向外籍勞工提供更佳的支援，大使館應該和非政府組織、社區組織、法律組織和政府人員保持聯繫。

6.4 大使館應為員工提供或深化有關愛滋病/愛滋病病毒、性接觸傳染病、其他健康事項及國際移民勞工的情況，作出培訓。

6.5 領事應為外籍勞工提供自願性回歸原居地的服務。

資料來源：

1. 「中華人民共和國香港特別行政區」，《2005 年外地工人的健康狀況報告書》（亞洲愛滋病與流動遷徙研究統籌中心，2006），124 至 129 頁

2. 「計劃及提議」，《2005 年外地工人的健康狀況報告書》（亞洲愛滋病與流動遷徙研究統籌中心，2006），203 至 212 頁

聖約翰座堂「愛之家」諮詢及服務中心

聖約翰座堂「愛之家」諮詢及服務中心是本港首間本著基督信仰的愛滋病服務機構。本中心於一九九五年成立，自成立以來，「愛之家」諮詢及服務中心一直舉辦不同形式的愛滋病預防及教育活動。為了適切社會的轉變及需求，近年來，本中心主要的服務是在基層向婦女、青少年、外籍傭工和社區團體提供性健康知識及生殖權利的教育。

第十六屆國際愛滋病研討會，加拿大多倫多，2006年

《2005年外籍勞工健康狀況》發佈會，2006年12月17日

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• FOREWORD •

Since November 2004, St. John's Cathedral HIV Education Centre has been working with CARAM Asia and 11 CARAM Asia partner NGOs and two independent participants in 12 countries (Bangladesh, Cambodia, India, Indonesia, Japan, Malaysia, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand and Vietnam) to review the laws and policies pertaining the international labour migration and health and to conduct a primary research with migrant workers and relevant stakeholders in the effort to gather firsthand information on migrant workers' access to health in the Asian region.

The "STATE OF HEALTH OF MIGRANTS 2005" report was firstly launched at the 16th International AIDS Conference in Toronto, Canada, August 2006.

In the country level, St. John's Cathedral HIV Education Centre launched the Hong Kong, SAR of China's part of "STATE OF HEALTH OF MIGRANTS 2005" report on the 17th of December on the eve of the International Migrants' Day at the Chater Road Pedestrian Precinct in Central, Hong Kong, SAR of China.

It is our hope that the publication of the Hong Kong, SAR of China's part of the "STATE OF HEALTH OF MIGRANTS 2005" and its recommendations will inspire the protection and promo- tion of migrant workers' rights and access to health. The full report of "STATE OF HEALTH OF MIGRANTS 2005" is available at the website of CARAM Asia, www.caramasia.org. Quotation from or partial reproduction of this report is permissible, provided the source of the material is acknowledged.

Working Committee for the Hong Kong, SAR of China part of"STATE OF HEALTH OF MIGRA

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• Hong Kong, SAR of China SPECIAL ADMINISTRATIO N REGION OF THEPEOPLE'S REPUBLIC OF CHINA [1] •

Hong Kong, SAR of China is an attractive destination country for migrant workers from across Asia. According to government statistics, at the end of 2004, there were 19,155 foreign professionals, 218,430 foreign domestic workers and 11,037 other foreign workers in pos- session of valid work permits in Hong Kong, SAR of China. For the most part, work permits are granted to professionals and foreign domestic workers. Of the foreign domestic workers employed inHong Kong, SAR of China in 2004, 54.8 per cent were from the Philippines and 41.2 per cent from Indonesia. There are also an indeterminate number of migrants working in Hong Kong, SAR of China with- out valid work permits.

This research is focused on the 'access to health' experiences of documented domestic workers, with some additional information provided on sex workers in Hong Kong, SAR of China. Data were collected through two sources: Hong Kong, SAR of China government publications and fieldwork(focus group discussions and in-depth interviews). Field research consisted of two focusgroup discussions with nine domestic workers from the Philippines, two focus group discus- sions with 12 domestic workers from Indonesia, in-depth interviews with four employers offoreign workers, and in-depth interviews with six staff members of NGOs who work on issues connected to foreign domestic work. Six doctors were also asked to share their expe- riences in treating foreign patients.

• ON SITE •

La ws and Policies

In Hong Kong, SAR of China, the Occupational Safety and Health Ordinance provides for the safety and health protection of employees in the workplace, both in the industrial and non-indus- trial sector. This Law protects all employees in the workplace, regardless of citizenship and documentation status, in the event of an incident at work requiring medical attention. For those migrant workers who are documented, they have access to the heavily subsidised public health care system, thus their health care should be equivalent to that of locals. Additionally, standard employment contracts for foreign domestic workers outline that reg-istered employers must ensure that any medical care and treatment is covered for the dura- tion of his or her employment. Foreign workers without valid work permits are unable to access the government health system to the same degree and they do not have access to government health subsidies. Almost always, they forced to shoulder costs when accessinghealth services in Hong Kong, SAR of China.

Access to Health Information

There are no government mandated post-arrival programmes for migrant workers in Hong Kong, SAR of China. Since 2004, though, all foreign migrant workers with valid work permits are given a booklet – "Your Guide to Services in Hong Kong, SAR of China" – upon their arrival at the immi- gration counter at the airport. This booklet is published in five different languages. The immigration officer provides the version they think the migrant worker would be able to read or asks the worker his or her preference.

This booklet contains important information about Labour Laws in Hong Kong, SAR of China and vari-ous health related messages, including information about the health care system in Hong Kong, SAR of China, the address and hours of operation of major health institutions and the charges of various services. Foreign domestic workers who have read the booklet have reported that the information is useful. Unfortunately, many of the workers from Indonesia reported that they do not have a chance to read their copies because the recruitment agency staff takestheir copies away.

On the other hand, domestic workers from the Philippines are usually able to maintain their copies, but many reported that they have not read it. In the words of one migrant worker: "I will read it, when I need the service." This suggests that the book is primarily used when the situation presents itself. Overall, this booklet is not widely available. It is only distributed at the immigration counter at the airport. An NGO worker who works with sex workers explained that she once asked an officer of the government bureau that publishes the booklet for 10 copies in various languages and found that the bureau office was out of stock for some languages, meaning the government might not think the distribution of this material is a high priority.

In Hong Kong, SAR of China, preventative messages (e.g. safe sex, hand washing, road safety, pre- vention of bird flu, and health/diet) produced by the government or NGOs are usuallydisseminated to the public through TV commercials, billboards and leaflets. It was found thatvery few foreign workers reported receiving preventative health information through thesepublic channels. Migrant workers often do not have the chance to watch TV and they are unable to read textual materials given the language barrier. Most health leaflets are printed in Chinese and English, but even for those who are able to read these languages, they had not read the pamphlets provided at the NGO centre where they were being interviewed. The only health materials that were published in a wide range of languages were the ones produced during the SARS crisis in 2003.

A number of NGOs take a more direct approach to delivering health information – they delivery preventative health messages in the migrant workers' languages in the locations where migrant workers gather. They arrange seminars and workshops for them. But the NGO workers report their frustration at only being able to reach a small number of workers at a time. The NGO serving sex workers using the same information dissemination strategy reported that it was difficult to reach sex workers because they are so mobile, as they might only stay in Hong Kong, SAR of China for a few months. Another issue was the fact that most of the organisations working with migrant workers were Christian faith based organisations. Thus some of the migrant workers of other faiths reported hesitancy in becoming involved in theiractivities.

Access to Health Services

According to migrant workers, as well as employers and NGO workers, migrant workers resort to self medication for minor illnesses: "I know how to take care of my illnesses; I know where to buy the medications I need." Some NGO workers believed that employers did not encourage their employees to see a doctor. Other NGO workers believed that employers rarely knew about their foreign employees' illnesses because migrant workers were afraid to disclose illnesses, due to the fear of employment termination.

Domestic workers, employers and NGO workers all felt that if a condition was serious or if an employer encouraged their employee to consult a health service provider, migrant workers would do so. Typically, domestic workers would ask their employers before seeking professional consultation. Sometimes seeking health services would be delayed until employers were available to accompany them to the appointment. Normally they would go to the health practitioner recommended by their employer, though a few were allowed to consult with a preferred doctor. Most domestic workers spoken to had not seen a private care physician; rather they had been to government clinics or practitioners of Chinese medicine.

Domestic workers from Indonesia were usually accompanied by their employers to the government clinics and employers paid the fees directly. Some domestic workers from the Philippines were also accompanied by their employers, while others went alone and had their health expenses reimbursed later. None of the domestic workers or employers who participated in the study reported that employers did not pay the medical fee for the workers. In contrast, NGO workers reported they had clients whose employers did not reimburse the medical expenses when paid by the workers. One woman mentioned she went to a clinic alone and paid the fee herself because she did not want her employer to know she was sick. NGO workers also confirmed that domestic workers consulted doctors when they were able to get time off and often paid for this treatment out of their own pockets

Regarding the cost of health care in Hong Kong, SAR of China, both domestic workers and NGO stafffelt the medical fees of private clinics are quite high. They are equivalent to a day's wages for a domestic worker. But public outpatient clinics, though costing less, are open only on weekdays and the waiting time is long. These conditions hinder migrant workers from ac-cessing health services on their own. NGO workers reported that high medical fees hin-dered some foreign sex workers from having their STIs treated. They had to wait until they returned to their country of origin to have their infections treated. NGO workers also re-ported that some sex workers did not believe in the doctors in Hong Kong, SAR of China.

None of the migrant workers interviewed mentioned being hospitalised or brought into the hospital's Accident and Emergency Department. NGO workers reported that some for-eign workers were afraid of hospitals in Hong Kong, SAR of China because they felt medical students were using them as 'guinea pigs' for their studies. Interestingly, this is also a belief shared by some locals. A doctor working in the Accident and Emergency Department of a public hos- pital shared that foreign workers generally have more serious conditions when they seekhelp, compared to locals, though other doctors interviewed did not observe significant dif-ferences in health conditions between foreign workers and locals.

On the point of language being a barrier to accessing health services, domestic workers from the Philippines shared they could communicate with doctors because their English lan-guage abilities were high. Domestic workers from Indonesia reported they were able to communicate sufficiently with doctors, because they had taken a three month language course. NGO staff explained that those who had difficulties conversing in the local language would be accompanied to the doctor by their employer or an NGO worker. Only one person interviewed had difficulties accessing health services, and this was due to language problems. In this situation, the migrant worker wanted to have an HIV test from a government facility. Because of the regulation of providing counseling before an HIV test, the facility required the migrant worker to call a hotline by herself for preliminary assessment and counseling. However, due to the confidentiality regulation the NGO worker was not able to assist her with the translation. Because the migrant worker was unable to call the hotline, she was not able to access this service, suggesting the hotline system of assessment and counselling should be critically assessed.

From the doctor's perspective, they observed foreign workers being accompanied by someone who could translate on their behalf. In certain cases, where language difficulties were more of an issue, they relied on physical examinations and body language to diag-nose ailments. None of them felt migrant workers' health was jeopardised because of com-munication barriers. They also suggested that hospital staff who spoke the needed language could be located, if the need presented itself, though none had done this. Yet NGO workers reported that some doctors used medical terms that migrant workers could not understand and also shared that some migrant workers felt they were treated poorly compared to the local population. Also shared by both migrant workers and NGO staff alike was the belief that the quality of the medical facilities and services available was equal to or better than those in the migrant workers' home towns or cities.

INFORMANTS' RECOMMENDATIONS

Informants shared a number of suggestions in how to improve migrant workers' access to health services: increase migrant workers' salaries, increase the quality and amount of targeted health messages for migrant workers and increase relevant NGOs' knowledge of pertinent health issues. Interestingly, most migrant workers and NGO staff rejected the proposal of requiring employers to purchase a more comprehensive insurance scheme for migrant workers. This is due to the belief that this might cause a reduction in migrants' salaries. This concern is based on the fact that in 2003, the minimum monthly salary of domestic workers was decreased to 400 Hong Kong, SAR of China dollars when the government decided to impose a levy on employers when new employment contracts for domestic workers were issued.

PROGRAMMES AND INITIATIVES [2]

General

To help improve the conditions in which international labour migration takes place, it is recommended that national governments develop and implement programmes targeting migrant workers and the surrounding community, in order to counter societal problems such as gender inequality, poverty, violence against women, illiteracy, and malnutrition.

Origin and destination country governments must work together and share information to develop and establish programmes to ensure migrant workers' access to health. It is also recommended that programmes to improve migrant workers' access to health information and care must involve collaboration and coordination between the public and private sector – between governments, companies, recruitment centres, embassies, health care institutions, NGOs, CBOs, unions, churches, and so on. In addition, the development, implementation and monitoring of all programmes and projects targeting migrant workers must involve migrant workers at every level and stage.

It is recommended that programmes and initiatives be as inclusive as possible to migrant workers in both their development and delivery. For example, the capacity of migrant workers who can no longer work abroad because of illness or injury, and who want to be involved in advocacy and education efforts, must be encouraged and enhanced, so they can better partake in the initiatives to assist their fellow migrant workers. In the delivery of programmes, migrant workers' families and spouses should also be targeted, so significant others can learn about the realities faced by migrant workers abroad and they can better support them while on site and upon their return. In addition, it is imperative that all health information and care programmes for migrant workers be 'youth friendly", as a great number of those working abroad are adolescents.

Access to Health Information

It is recommended that the following initiatives be adopted to increase migrant workers' health knowledge:

1.1 Health information delivered to migrant workers must include detailed information on HIV/AIDS and STI prevention and care, sexual and reproductive health issues, mental and occupational health, nutritious foods, basic medicines, and medical testing.

1.2 Health information for migrant workers should be readily available in different languages via pamphlets and brochures, posters, radio, television, Internet, and educational videos.

1.3 Those individuals delivering health information to migrant workers should receive specific, standardized training, so that they better understand health issues in the context of international labour migration and can anticipate migrant workers' concerns.

1.4 Migrant workers must be trained to deliver health information to other migrant workers.

1.5 Correct condom use should be promoted in a way that helps to overcome social and personal obstacles to their use. At the same time, high quality condoms should be readily available for migrant workers.

1.6 Prevention efforts should be focused in areas where there is an increased likelihood that HIV and STIs risk behaviours will occur (e.g. truck stops, bus and train stations, harbours, markets, and night clubs).

1.7 Governments should ensure that health information delivered to migrant workers is standardized, correct and up to date. Governments of different countries should also work together to achieve this goal.

1.8 When health care professionals diagnose and treat migrant workers, this time should also be used to educate migrant workers on the prevention of health conditions and diseases.

1.9 Pre-departure, post-arrival and reintegration programmes must be mandatory for migrant workers, and they must include detailed, comprehensive information on disease prevention, how to access the health care system, their rights, and health insurance.

1.10 Community level interventions must be encouraged to ensure that migrant workers who do not attend officially mandated sessions are still able to access important health insurance.

1.11 The spouses and partners of migrant workers need to be educated on HIV/AIDS and STIs prevention and care, and have a place to voice their concerns about having a partner who works abroad.

1.12 Government and donor agencies need to support migrant workers associations, companies, unions and other groups in helping to integrate HIV/AIDS and other health related material into their programmes and projects.

Access to Health Services

It is recommended that the following initiatives be implemented to improve migrant workers' access to adequate health treatment and services:

2.1 Migrant workers must have the same access to high quality treatment and care as the local population (e.g. access to ARVs and comprehensive sexual and reproductive health services).

2.2 Support services (e.g. counseling and referrals) should be instituted and improved to assist migrant workers.

2.3 Health care professionals must be trained to deliver culturally sensitive care and treatment to migrant workers, and be made aware of migrant workers' vulnerabilities and common health concerns.

2.4 Government officers, lawyers, the police, and embassy personnel need to be educated on migrant workers' realities and health issues, and be able to direct migrant workers to the appropriate channels to receive treatment and care.

2.5 Health care and treatment programmes for migrant workers need to be established in areas where the health infrastructure is less established (e.g. rural areas or along routes of travel).

2.6 Migrant workers' documentation status should not impact the quality of treatment and care he or she receives.

2.7 Language translators need to be available at public and private health care institutions.

2.8 Health care facilities should be open late on certain days to accommodate migrant workers' long and irregular hours of work; and health outreach programmes should also be in place to reach migrant workers who are unable to travel to hospitals and clinics.

2.9 Health care initiatives targeting migrant workers' must be embedded within larger national health care strategies.

2.10 STI detection and treatment should be essential components of HIV prevention programmes, as the presence of certain STIs increases the likelihood of HIV transmission.

2.11 Training and support must be in place for those who employ, recruit and train migrant workers, in order to improve migrant workers' living and working conditions and access to health services.

2.12 Health prevention and care efforts for migrant workers should be linked together to increase their effectiveness, limit costs, reach more migrant workers and reduce levels of stigmatization and discrimination.

2.13 Confidentiality and privacy must be ensured at hospitals and other health institutions, as this will increase migrant workers' comfort and confidence in seeking help.

2.14 Programmes need to be implemented to improve the chance that migrant workers will be able to make follow-up treatment visits to health care facilities.

2.15 A mechanism must be in place whereby heath institutions in different countries, at the patients' consent, can share information to improve the quality of care for migrant workers who travel back to their country of origin.

Health Insurance

It is recommended that the following points be put into practice to increase migrant workers' access to health insurance:

3.1 Governments must actively ensure that migrant workers have access to affordable, comprehensive health insurance plans. Current labour acts and laws do not provide adequate protection and compensation for migrant workers should they become ill or injured, and they should be evaluated and modified accordingly.

3.2 Health insurance must provide adequate compensation for illnesses and injuries sustained outside of the workplace, as well as for those accidents and illnesses which occur at work.

3.3 Health insurance for migrant workers should be affordable, and migrant workers should not be charged on more than the local population.

3.4 Governments have the responsibility to help educate migrant workers on the existence of health insurance and monitor whether such plans are being effectively implemented.

3.5 Governments need to develop a health insurance scheme for undocumented migrant workers should they become ill or injured.

3.6 Work should be done towards making the claims process as efficient and straightforward as possible for potential parties involved (i.e. migrant workers, government actors, employers, recruiting agents, and health care professionals); and the information on these processes should be made easily accessible and available to all.

3.7 Governments should ensure that a resource is in place whereby migrant workers can directly access information about their health insurance coverage, along with specific claims information.

3.8 Origin and destination country governments need to work together to develop, implement and monitor health insurance for migrant workers.

Information on migrant workers

It is recommended that the following information strategies be adopted, so migrant workers ma be assisted with greater efficiency, and people can increase their understanding of migrant workers' experiences and vulnerabilities:

4.1 Information on ill, injured, deceased, detained, jailed, and / or deported migrant workers must be made available to embassies, relevant government agencies and family members.

4.2 Information on migrant workers (for example, statistics, laws, policies, programmes, codes of conduct, health insurance and rights) needs to be collected and organized in each country. This needs to be done in such a way that researchers, migrant workers, law and policy makers, health care professionals, and employers have access to this information in one place as an online database and resource centre.

4.3 More information needs to be collected on the complex relationship between international labour migration and health, specifically access to health information and care service, and occupational, mental and sexual and reproductive health. These research findings need to be shared internationally.

4.4 Information on the vulnerabilities migrant workers face needs to reach the public to increase their understanding of migrant workers' often difficult existence, in order to raise awareness and decrease discrimination and stigmatization.

4.5 Health problems encountered by migrant workers must be documented, so this information can inform the development of policies and programmes aimed at benefiting migrant workers' health.

4.6 Knowledge highlighting migrant workers' social, economic and cultural contribution in both origin and destination countries must be disseminated to the public.

4.7 Quantitative and qualitative data collection techniques should be continuously improved, especially with regards to collecting information on how to reach migrant worker populations, such as undocumented workers, domestic workers and those traveling through border areas.

Mandatory medical testing

It is recommended that the following points be implemented to secure migrant workers' rights, health and comfort in the context of medical testing:

5.1 Strict policy guidelines reflecting international testing protocols must be instituted by all countries for migrant workers. The guidelines must ensure confidentiality and privacy, and health care staff must be educated on these guidelines.

5.2 Pre- and post-test counseling must be made available to migrant workers in a language familiar to them and be carried out in a culturally sensitive manner.

5.3 Referral services need to be made available to migrant workers.

5.4 Medical testing should be carried out in a manner that is respectful to the comfort and well-being of the migrant workers being tested.

5.5 Voluntary, rather than mandatory, HIV testing should be promoted for migrant workers.

5.6 Programmes need to be established whereby medical testing should be used as a platform to educate migrant workers on preventative health information.

5.7 Migrant workers who test positive for curable infectious diseases must have access to affordable treatment immediately and upon their recovery be allowed to continued their work in the destination country.

5.8 Migrant workers should not have to pay for their mandatory health test, and testing should be available at a number of facilities, so migrant workers do not have to travel far to have the test done.

5.9 Medical conditions, including HIV/AIDS and pregnancy, should not be the grounds for migrant workers being deported. Adequate and affordable health care and treatment should be made available to them in the destination country.

EMBASSIES

It is recommended that the following points be adopted in order for embassies to better serve migrant workers in need of health information, medical assistance and / or legal counsel:

6.1 Health information and services should be one of the core services provided by embassies and consulates. Embassy staff should be trained to deliver basic health information, and informative health materials should be made available in pamphlet form.

6.2 A functional health referral system should be in place, and, where possible, it would be helpful to have a medical facility directly connected to the embassy.

6.3 Embassies should have links with relevant NGOs, CBOs, law groups, and government agencies in order to provide migrant workers with further support.

6.4 Ongoing capacity building for embassy personnel on the issues of HIV/AIDS, STIs and other health issues and international labour migrations should be put in place or improved

6.5 Embassies should provide services to assist migrant workers who voluntarily wish to return to their country of origin.

• REFERENCES •

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St. John's Cathedral HIV Education Centre

The St. John's Cathedral HIV Education Centre was the first faith-based organization to undertake the AIDS ministry in Hong Kong, SAR of China. The Centre was founded in 1995 to respond to the AIDS epidemic. Since its establishment, the HIV Education Centre has been implementing AIDS preventive and educational programmes. In line with community changes and needs, the Centre's main thrust in recent times has been working at the grassroots level to educate women, school youth, Asian Migrant Workers and the community about sexual health and reproductive rights.

The 16th International AIDS Conference, Toronto, Canada, 2006

Launched the "State of Health of Migrants 2005" on 17th December 2006

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