



Original Article

New Prospects in Regional Health Governance: Migrant Workers' Health in the Association of Southeast Asian Nations

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Abstract

The Association of South East Asian Nations (ASEAN) has potential in creating regional health governance frameworks. Yet in light of the ASEAN Economic Community 2015, pressing challenges remain. Further integration will likely lead to increased movements of migrants. Protecting the health of migrant workers is thus key to ensure that regional integration's objectives of economic growth and political stability are met.

With the potentially negative repercussions of unhealthy migration on ASEAN's economic and political integration, much effort should be directed towards further social integration. Why and how should a regional framework to protect migrant workers' health be negotiated through ASEAN? A key to the successful ASEAN regional framework for migrant workers' health, which is also a key challenge for the region, is the effective inclusion of various stakeholders involved in the protection of migrant workers' health. ASEAN will play a crucial role in coordinating initiatives and in creating common standards regarding treatment of migrant workers.

Key words: ASEAN, regional governance, migrant workers, health, integration

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1. New Health Challenges for Regional Health Governance in Southeast Asia

1.1 Southeast Asia and Association of South East Asian Nations in Health

Southeast Asia is undergoing an epidemiological transition as a result of various factors including demographic changes, rapid economic development, growing rates of urbanisation, climate change and natural disasters as well as increased trans-border movements of goods, people and services (Chongsuvivatwong et al. 2011). As a result, Southeast Asian countries are vulnerable to an increasing number of health threats, which have become extremely costly for this resource-constrained region. The region is shouldering a 'triple burden', as while it has remained highly vulnerable to infectious diseases (Coker et al. 2011) and increasingly suffers from non-communicable and chronic diseases inherited from the process of globalisation, it can experience a rise in work-related injuries and diseases sustained from occupational health and safety problems as a result of rapid industrialisation. Health is increasingly understood to be conditional to the development of Southeast Asia and is thus becoming a central concern to the formulation of both national and foreign policies. Health being subject to external influence, a wide number of health issues requires looking at various levels of governance, from national to regional and global scales. Further reflection

on how to connect and align these various levels of policy-making to deliver health interventions in a coherent fashion is needed.

In Southeast Asia, the Association of South East Asian Nations (ASEAN) has been the dominant regional actor in health. The devastating effects of major health crises on the region's economic and social development (such as Severe Acute Respiratory Syndrome [SARS] in 2003) have prompted ASEAN to further its involvement in health. With the adoption of the ASEAN Charter in 2007 and the birth of an ASEAN Health Division, ASEAN's role expanded. This involvement in health is further reinforced by the creation of the ASEAN Socio-Cultural Community Pillar and the ASEAN Socio-Cultural Community Blueprint (2009–2015) which pave the way for deeper social integration in the region.

In spite of major achievements, regional cooperation in health has proven challenging (Nesadurai 2008). A number of health issues have appeared in the region. These issues tend to be of a complex nature and do not foster convergence of interests across countries, or even across sectors and stakeholders within a country. Migrant workers' health constitutes such an issue.

1.2 Investigating New Prospects in ASEAN Regional Health Governance

The health of migrant workers is a growing issue for ASEAN, particularly in the context of further economic integration which is expected to generate an estimated 14 million jobs between 2015 and 2025 (International Labour Organization and Asian Development Bank 2014). While the ASEAN Economic Community (AEC) does not address the movement of low-skilled workers in the region, their trans-border movements are likely to intensify. Economic integration is often believed to lead to more efficient production in all partner countries and thus to converging wages and less migration, yet this is unlikely to occur in ASEAN in the short to medium term with disparities initially rising as a result of economic activity concentrating in hubs such as Singapore, Malaysia and Thailand. Furthermore,

demographic factors and existing economic disparities will lead to increasing flows of low-skilled migration regardless of the progress of an AEC (International Labour Organization and Asian Development Bank 2014). Such movements are expected to further impact health trends in the region as well as health systems and health care delivery at national level. Looking at migrant workers' health is also particularly useful to demonstrate the necessity to approach health issues as cross-sectoral issues (thus permeating areas of diplomacy, foreign policy, security and immigration, trade and economics . . .) that require multi-level governance as well as balancing the interests, agendas and approaches of a wide variety of stakeholders.

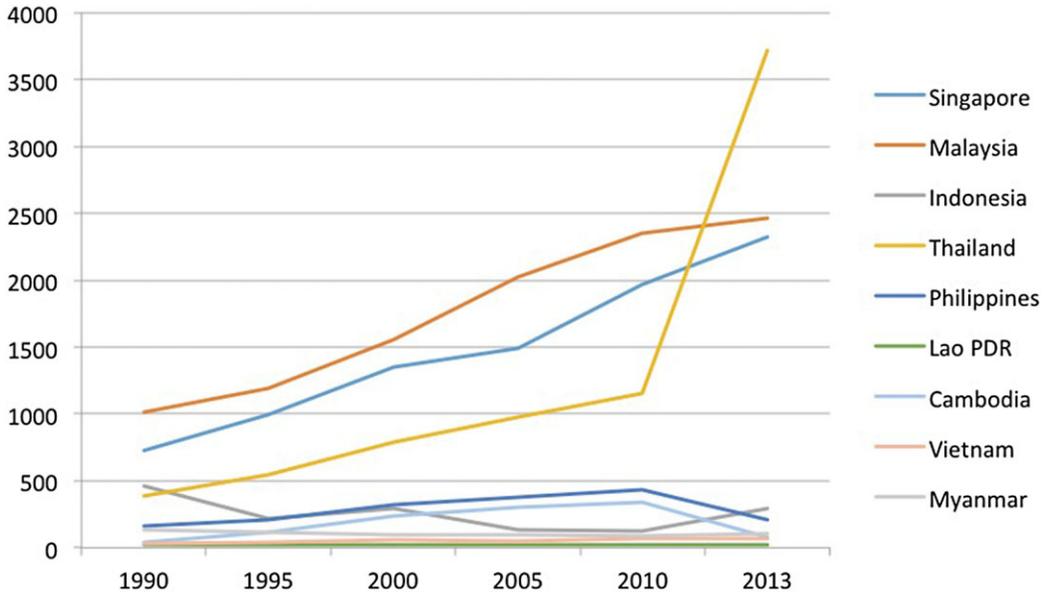
1.2.1 How Can Good Governance for Migrant Workers' Health Be Achieved in Southeast Asia? What Is ASEAN's Potential in Aligning Stakeholders within a Regional Framework and in Creating Consensus and Common Norms for the Protection of Migrant Workers' Health?

The article takes a social sciences approach to this issue, using mixed research methods. An international relations perspective will be particularly salient in understanding the dynamics at play in the Southeast Asian region, the interaction of various stakeholders at different levels of governance as well as the collusion of different interests, values and agendas when dealing with a single issue. As such, a political mapping of the various stakeholders involved to better determine ASEAN's potential to integrate them in a single regional framework will be the focus of the article.

2. Migrant Workers' Health in Southeast Asia

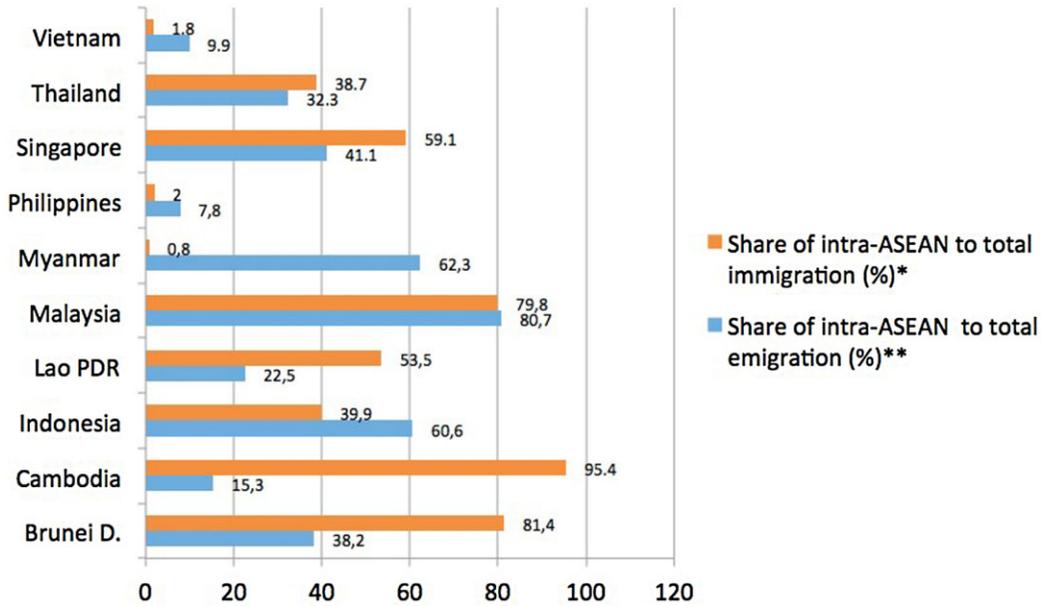
The number of migrants in ASEAN is consistently growing (Figure 1). According to the Global Migration Database 2013, a reported six million ASEAN citizens currently reside in another ASEAN member-state (although this number is probably underestimated) (Figure 2). While the number of skilled

Figure 1 Estimated Number of Migrants at Mid-Year in ASEAN Countries (Thousands)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2009). Trends in International Migrant Stock: The 2008 Revision (United Nations database, POP/DB/MIG/StockjRev.2008) and UN DESA Global Migration Database 2013 available at [http://www.un.org/qjnjdevelopment/desajpopulation/m\(qrationjdataj estimates2/index.shtml](http://www.un.org/qjnjdevelopment/desajpopulation/m(qrationjdataj estimates2/index.shtml).

Figure 2 Association of Southeast Asian Nations (ASEAN) Migration Stocks



Source: World Bank, 2013.

*Share of migrants from ASEAN countries to total immigration in country.

**Share of nationals who migrate to another ASEAN country to total emigration.

labour in ASEAN has increased over the past years, the flows of unskilled or semi-skilled migrants remain much more important in the region. As such the AEC framework is limited. Policies focus on free flows of skilled labour (current policies are still insufficient to achieve this goal even) but the framework does not open the market to low-skilled migrants who constitute the vast majority of the migrant labour force in ASEAN. (Huelser & Heal 2014).

Throughout the ASEAN region, the general belief that reliance on foreign workers would be a temporary phenomenon has led to a crucial lack of long-term policy planning regarding migration management (Miller 1986 in Debrah 2002). In order to prevent settlement of foreign workers, ASEAN states have designed restrictions, pertaining notably to nationality and residence status (Abella 2005). These are usually applied to social security systems, thus limiting access to health services for non-residents. Today, such short-term policy planning has shed light on the lack of supporting policies and infrastructures to effectively deal with migrant workers (Debrah 2002).

2.1 Ensuring Good Health of Migrant Workers: A Shared Responsibility

Employers and governmental agencies in destination countries are often described as the stakeholders benefiting most clearly from labour migration and should thus be responsible for ensuring that migrant workers remain healthy. The government regulators', such as the Ministry of Manpower, main role is to balance the interests of all stakeholders including employers, employees and the general public. They are responsible for drafting policies that both ensure the safety and well-being of workers and that remain acceptable to employers who will bear the costs of workers' health. In destination countries, Ministries of Health are primarily concerned with the health of the citizen population and will address migrants' health only if the latter affects the rest of the population.

As costs incurred by unhealthy migrants can be passed on to the destination country or to the migrant, as well as the migrant's family and community, stakeholders at origin should be actively involved in the health protection and promotion of their nationals abroad. While receiving countries may fail to provide adequate level of access to health care for migrant workers, sending countries may shy away from tackling the issues faced by their nationals abroad through their embassies or consulates. They may also fail to prevent migration through irregular channels or exploitative ones. These shortcomings are also often related to countries' attitudes towards migrant workers, conditioned by their low social status (Jatrana et al. 2005). Sending countries are responsible for providing accurate information to their nationals going abroad, to provide assistance in finding employment, supervising recruiters, requiring written employment contracts, reducing costs of migration or establishing consular services . . . (International Labour Organization 2009). The Philippines provide good practices in this regard. Their Overseas Employment Administration provides four sets of resources to its migrants: regulation of recruitment, managed deployment process, protection and representation and recording mechanisms. The Philippines have also established the Office for the Undersecretary for Migrant Workers Affairs, Filipino Workers Resource Center in some host countries, 38 Philippines labour overseas offices, 15 social security system offices in 12 countries as well as a flexi-fund program for overseas foreign workers. Finally, the Philippines also provide migrant workers with three representatives on the 10-person board of the Overseas Workers Welfare Administration.

The role of embassies and consulates should also not be overlooked as they can ensure stronger respect for migrant workers' right but also ensure continuity of care when a worker is repatriated.

Recruitment agencies play a crucial role in the migration process in the region. The involvement of the private sector in the management of labour migration is a result of a lack of political will from many governments

in the region to do so. But recruitment agencies have to be trained and closely monitored in their activities. They should ensure that employment contracts are transparent and understood by migrant workers or that workers receive appropriate training and are treated fairly.

Finally, both at origin and destination, non-governmental organizations (NGOs) play a crucial role. The third sector has emerged as a result of both government and market failures to provide health care services to migrant workers. Such organisations represent and advocate for migrant workers and play a role in supporting research to advise policy-makers. Yet, this sector is fragmented and no mechanisms to control or make such organisations accountable to the larger public exist.

2.2 The Cross-Sectoral and Multi-level Governance Issue and the Need for a Regional Framework

Tackling issues pertaining to migration and health requires a holistic approach and the involvement of a variety of stakeholders across sectors and at all levels of governance. At the national level, different ministries or government agencies may be involved in the management of labour migration. Different ministries (immigration, manpower/labour, health . . .) are likely to frame the migrants' health issues differently. Cooperation between those agencies is crucial. At regional and international levels, other stakeholders (such as international organisations, international non-governmental organisations, regional organisations . . .) can also have a role in securing good health both operationally or normatively.

In light of the potential costs of unhealthy migration, roles and responsibilities have to be allocated efficiently among stakeholders. Social costs that arise from injuries or illness sustained by migrant workers could be avoided if measures were taken at all stages of the migration cycle and if regulations were more effectively enforced. While a regional regulatory framework is increasingly necessary to fairly and effectively manage and protect labour migrants, regional policies will need to

take into account the various interests, agendas and values at play in this process. In this regard, a stakeholder mapping will shed light on factors that shape and constrain health policy-making in Southeast Asia and will be central to defining ASEAN's role on this issue. This article looks at the main stakeholders involved in the regional governance of labour migration, and particularly of migrant workers' health, in order to determine how these can be integrated within a single regional governance framework protecting migrant workers effectively.

2.3 Labour-Sending and Labour-Receiving Countries

In light of poor regulations regarding labour migration and the health of migrant workers throughout Southeast Asia, labour-sending countries (mainly Indonesia and Philippines) will bear much of the costs of unhealthy migration.

While labour-sending countries value labour migration as an economic and development strategy, the costs of migration must be taken into account. The active involvement of the Philippines government (which has adopted export of workers as a national development strategy) as well as embassies in destination countries has been crucial to setting minimum standards for Filipino workers in the region. Countries like the Philippines or Indonesia have been able to pressure labour-receiving countries by stopping export of workers if working and living conditions in destination countries did not improve. Unfortunately, the structural disparities and inequalities that exist in ASEAN have led other, less developed, countries such as Cambodia, Lao People's Democratic Republic or Myanmar to use this opportunity to send their nationals abroad. The lack of common standards in the region explains the 'race to the bottom', which leads to fewer labour protection in the face of increasing competition.

Labour-receiving countries in Southeast Asia are increasingly dependent on migrant workers in various sectors of the economy, particularly in 3D jobs (dirty, dangerous

and demeaning). Policies of labour-receiving countries typically view migrant workers as 'temporary' workers and provide them with very few social benefits. Social welfare of migrant workers is largely dependent on individual employers, who are usually required to purchase medical insurance and to provide for their workers' upkeep and maintenance. In labour-receiving countries, issues pertain to a lack of enforcement of legislation and recrudescence of errant employers.

To date, what does cooperation for migrant workers' welfare mean in Southeast Asia? ASEAN member-states have so far preferred to cooperate on the basis of bilateral agreements (BAs) and memorandum of understanding (MoUs). BAs tend to be more formal and binding as well as more specific and action-oriented than MoUs which constitute a softer option (Wickramasekara 2006). The objectives of such agreements is, for sending countries, to ensure continued access to labour markets, to ensure the protection and welfare of migrant workers and to benefit from remittances. For receiving countries, they help manage irregular migration and an orderly labour movement. Issues with such agreements pertain to standard setting (each agreement has its own standards), to the fact that they can undercut international or national protections, that they create a hierarchy among migrant workers (workers migrating under the agreement are likely to be better protected than those who are not) and that they do not include social partners in their design. In addition, these agreements are often poorly implemented as many countries either lack the capability or political will to do so. Using bilateral agreements also comes at a price in a resource-constrained region as one country may have to implement and monitor many agreements. Again, the efficiency argument would call for a regional framework.

2.4 International Organisations

In Southeast Asia, international organisations and international NGOs have played an important role in the management of labour migration and in advocating for better protection of

migrant workers. The stakeholder mapping looks at the International Labour Organization (ILO), the World Health Organization (WHO) and International Organization for Migration (IOM) as the three main international organisations involved in the welfare of migrant workers in Southeast Asia.

The ILO is an agency of the United Nations (UN) 'devoted to advancing opportunities for men and women to obtain decent and productive work in conditions of freedom, equity, security, and human dignity'. The only tripartite agency at the UN, it provides an avenue for different stakeholders such as governments, businesses, and workers, to come together and craft balanced policies and programs that 'promote rights at work, encourage decent employment opportunities, enhance social protection, and strengthen dialogue in handling work-related issues'. In October of 2012, the ASEAN Triangle Project was launched on the last day of the 5th ASEAN Forum on Migrant Labor. It is a regional innovation to address migrant labor issues; it aims to 'promote decent work opportunities for labour migrants by increasing their access to legal and safe migration channels and improving labour protection'. The project, funded by the Canadian International Development Authority, was set to run from 2012 to 2016. The ASEAN Triangle project's objectives are in line with the strategic priorities of the ASEAN Labour Ministers Work Programme (2010–2015) of 'significantly reducing the exploitation of labour migrants in the region through increased legal and safe migration and improved labour protection'. The immediate goal of the Project is to address the lack of data on migration from the region. The ILO will work closely with the ASEAN member-states, ASEAN Trade Union Council, and the ASEAN Confederation of Employers to achieve such a meticulous and ambitious undertaking in time for the increased labor mobility come December 2015. In the long run, it hopes to promote fair strategies for a common labor market by 'bilateral and regional approaches in dealing with shared concerns, make regionalism more effective, and enhance the capacity of ASEAN institu-

tions in dealing with complex issues such as labor migration' (ILO, Tripartite Action for the Protection and Promotion of the Rights of Migrant Workers in the ASEAN Region (ASEAN Triangle Project) 2012–2016 http://www.ilo.org/asia/whatwedo/projects/WCMS_193023/lang--en/index.htm).

In turn, as an international organisation, the WHO is the primary actor in health-related issues. Its mandate of ensuring the health of everyone places it in a 'neutral' position to pursue any agenda related to the health of migrant workers that will not intimidate any ASEAN Member State, whether labor receiving or labor sending or both labor receiving and labor sending. Moreover, the WHO is also the pivotal organisation in responding to such issues and addressing these growing concerns similar with its efforts in containing pandemics such as during the outbreak of SARS in the early 2000s. Both the WHO Regional Offices for South-East Asia (SEARO) and the Western Pacific (WPRO) have made efforts for cooperation in the realm of health of migrant workers in ASEAN. In August 2013, a high-level meeting between WPRO and SEARO, the ASEAN, and the Ministry of Health in Thailand entitled 'Bi-regional Meeting on Healthy Border in the Greater Mekong Subregion' was meant to discuss several health issues affecting populations, including migrants, in the in the Greater Mekong Subregion. (World Health Organization 2013).

Finally, the IOM aims to 'protect migrant workers and optimise the benefits of labor migration' for the country of origin, country of destination, and the migrants themselves. It provides both technical and policy advice and support to its principal beneficiaries. In the realm of migrant workers' health in Southeast Asia, the IOM has been providing assistance to migrant workers and in its approaches in dealing with shared concerns with other international organisations, governments, and regional organisations. Furthermore, the IOM believes in the power of bilateral agreements between labor-sending and labor-receiving countries and other international agreements in order to ascertain the continuity of health programs during the whole migration cycle and

the maintenance and monitoring of long-term care (Calderon et al. 2012).

Indeed, labour-sending countries have been supported by IOM in cooperating to more efficiently protect their nationals abroad, through the use of Regional Consultative Processes (RCPs) (Klekowski von Koppenfels 2001). RCPs are an International Organization for Migration's initiative. The Colombo Process is an RCP on the management of overseas employment and contractual labour for countries of origin in Asia. The Colombo Process gathers 11 member countries, eight observer countries as well as some International and Regional Organizations (including ASEAN). The IOM has provided technical assistance to the process and serves as its Secretariat. The Colombo Process has led to the adoption of the Dhaka Declaration in 2011, which recommends the promotion of migrant-inclusive health policies to ensure equitable access to health care as well as occupational safety and health for migrants. While this initiative has enhanced cooperation on the issue of migrant workers' welfare in the region and has set common standards among sending countries, it does not involve sending countries or civil society organisations.

Clearly, some issues arise from such cooperation mechanisms and a comprehensive regional framework to guarantee migrant workers' welfare will become a necessary feature of ASEAN's development and a central aspect of the ASEAN Community.

2.5 Civil Society

The stakeholder analysis further sheds light on the role of civil society organisations or third sector in the management of labour migration. In the region, it is mainly through NGOs that migrant workers' rights have been advocated (Piper 2006). Yet official recognition and inclusion in policy-making both at national and regional level is still lacking. To increase their influence, CSOs have formed transnational networks contributing to the building of an ASEAN Community. They have been supported by international organisations and international NGOs in this endeavor.

2.6 The ASEAN

The ASEAN has a role to play in creating a forum for all stakeholders to cooperate and in coordinating the various initiatives taken to promote migrants welfare as part of a holistic and coherent regional strategy. The case study further demonstrated that, at regional level, cooperation has occurred on a bilateral basis, creating issues pertaining to standard setting and compliance. As ASEAN is moving towards further economic integration, with the objective to become a single market and production base by 2015, further social integration will have to take place. ASEAN has a central role to play in harmonising standards, sharing best practices and fostering dialogue for migrants' health in the region. Balancing costs and benefits for individual stakeholders remains one of ASEAN's greater challenges (Table 1).

3. Integrating Stakeholders to Deliver Good Health Governance for Migrant Workers: Potential and Challenges of ASEAN

3.1 ASEAN for Migrant Workers' Health: Potential and Challenges

In light of the lack of global leadership on issues pertaining to migration, there is great potential for ASEAN to play a role in the management of labour migration in general and in the protection of migrant workers' health and welfare in particular.

In 2003, the Declaration of ASEAN II (Bali Concord II) was adopted to support ASEAN Vision 2020 which first outlined ASEAN's vision of a regional community. The Declaration called for the establishment of three pillars for ASEAN: the Political and Security Community, the Economic Community and the Socio-Cultural Community. The latter entails more cooperation in health, raising living standards of disadvantaged groups and the promotion of regional mobility. The Vientiane Action Programme (2004–2010) (ASEAN 2004) is a plan of action for the implementation of ASEAN Vision 2020. The Programme clearly states that economic inte-

gration would bring about a need to 'promote social protection and social risk management systems' (Section 3.2). In addition, Section 1.1.4.6 of the Vientiane Programme's Areas and Measures mandated the elaboration of an ASEAN instrument on the protection and promotion of the rights of migrant workers. The Vientiane Action Programme sets out the ASEAN Socio-Cultural Community (ASCC) Plan of Action. The ASCC Plan of Action recommends the building of a community of caring societies (by strengthening the system of social welfare through enhancement of national capacities) as well as managing the social impact of economic integration (by strengthening the systems of social protection at the national level and by providing minimum universal coverage to skilled workers at the regional level).

The Vientiane Action Programme was succeeded by the 2009 Roadmap for an ASEAN Community which constitutes an updated action plan and proposed four key actions under the political-security community and socio-cultural community frameworks: cooperate for the development of an ASEAN Instrument on the Protection and Promotion of the Rights of Migrant Workers (AIMW)—to strengthen ASEAN cooperation for female migrant workers—to develop member-states' capacity to manage overseas employment programs—to establish clear and easily accessible emigration–immigration procedures and documentation. Three blueprints were adopted under the Roadmap for an ASEAN Community.

At the 13th ASEAN Summit, held in Singapore in November 2007, an ASCC Blueprint was developed to ensure that actions were undertaken to promote the establishment of an ASEAN Socio-Cultural Community. The Blueprint envisions a 'social safety net and protection from the negative impacts of integration and globalization . . . to ensure that all ASEAN people are provided with social welfare and protection . . .' The ASCC Blueprint advocates promotion of decent work, social safety nets and protection, access to health care, protection and promotion of migrant workers' rights (ASEAN 2010).

Table 1 Stakeholders, Motivations, Resources and Desired Outcomes

Labour-sending governments	Ascertain a more balanced and meaningful policy towards the protection of their migrant and autochthonous populations; Ensure pressures on domestic labour market are relieved through emigration	Respective governments' support and resources Embassies and consulates NGOs	A policy that will protect their migrant workers abroad and provide for fair health benefits; Benefit from remittances
Labour-receiving governments	Fill labour shortages through immigration		
ASEAN	A healthy and productive migrant stock; economic growth; policies that are based on consensus and agreed norms between member-states	Support of NGOs, support of governments, ASEAN funding, bureaucracy and lobbying power	A productive and cost-effective workforce; Balanced interests and motivations of relevant stakeholders (Ministry of Labour, Ministry of Health, Employers, Migrant Workers, NGOs) at national level
ILO	Act as the voice of migrant workers especially the marginalised communities (in this specific case, the low-waged and low-skilled migrant workers in labour-receiving countries in ASEAN)	Public support; institutional and organisational support	Strike a balance between the interests of all stakeholders; Proper implementation of ASEAN governments' policies towards migrant workers
IOM	Provide assistance to migrant workers and serve as policy platform for discourse related to issues of migrant workers	Public support; institutional and organisational support	Fair treatment of migrant workers in all aspects of the migration cycle
WHO	Primarily to ensure the health of all, whether autochthonous or migrant populations and whether in a labor-sending, labor-receiving, or both labor-sending and labor-receiving country; remain relevant to constantly evolving health issues	Public support; institutional and organisational support	Policies that will ensure healthy populations and healthy borders

ASEAN, Association of Southeast Asian Nations; ILO, International Labour Organization; IOM, International Organization for Migration; NGO, non-governmental organizations; WHO, World Health Organization.

Among its envisioned actions are: the operationalisation of the ASEAN Committee on the Implementation of the Declaration on the Protection and Promotion of the Rights of Migrant Workers (ACMW) to implement the provisions of the Declaration on Migrant Workers and work towards the development of the ASEAN Instrument for the Protection and Promotion of the Rights of Migrant Workers (AIMW), but also to convene on a regular basis the ASEAN Forum on Migrant Labour as a platform for broad-based discussions and to promote fair and appropriate employment protection through training and information sharing (Hall 2011).

Under the ASCC Blueprint, ASEAN has committed to the mapping of social protection regimes in ASEAN, the exchange of best practices in social security systems, prioritisation of social protections in ASEAN's cooperation on labour practices; establish a social insurance system to cover the informal sector and to establish networks of social protection agencies.

In 2010, the Senior Officials Meeting on Health Development drafted an ASEAN strategic framework on health development (2010–2015) to support the implementation of the ASCC Blueprint on health development. As part of four main objectives, promoting access to health care and healthy lifestyles particularly highlights migrant health as one of six focus areas.

Migrant health issues in ASEAN have often been discussed in the specific context of Human Immunodeficiency Virus infection and Acquired Immune Deficiency Syndrome or HIV/AIDS as exemplified through the recent support of the ASEAN Task Force on AIDS to hold a high-level multi-stakeholders meeting on HIV prevention, treatment and care among migrants. Much of ASEAN health-related discussions have recently focused on achieving universal health coverage in the region. On the occasion of the 12th ASEAN Health Ministers Meeting held in September 2014, member-states expressed their willingness to 'promote equitable access to health care for all groups' (ASEAN 2014). While migrants or migrant workers have not been identified in recent

statements, mention of vulnerable groups has been made.

The most important step taken by ASEAN regarding migrant workers' protection remains the adoption in 2007 of an ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers. The Declaration mandated that member-states increasingly cooperate on migrant worker issues and lays emphasis on the need for a harmonious community. Obligations and commitments are distinct for sending countries, receiving countries and ASEAN but all include promotion of rights, protection, capacity building, access to justice, provision of consular assistance, regularisation of recruitment services (ASEAN 2007a). Although the Declaration is a step forward towards better protection of the welfare of migrant workers, it remains a non-binding agreement that recognises the sovereignty of member-states to implement their immigration policies. It has also been criticised for not providing irregular migrants with any protection. Still this Declaration can be considered as a major improvement, especially considering the absence of a human rights body at the time of drafting.

In July 2007, the ASEAN Foreign Ministers called for the establishment of an ACMW. The ACMW has for mandate to enhance labor migration governance in ASEAN countries, promote bilateral and regional cooperation as well as harmonisation of mechanisms between sending and receiving countries and to work on the development of AIMW. The key principles of such an instrument were to be drawn up by a drafting committee composed of two labour sending states (Indonesia and the Philippines) and two labour receiving states (Thailand and Malaysia). Unfortunately, two contentious issues have divided the various parties: the issue of deciding if the instrument should be legally binding and whether undocumented migrants should be included. Consequently, the draft on the instrument has stalled for the past few years. 'The excessive differences in the drafting process resulted in four years of deadlock, one of the longest negotiation processes in ASEAN' (Perkasa 2012). Members have recently reached a consensus

(2011) to discuss the major dividing issues in phases: 2012 was dedicated to regular migrant workers, 2013 to undocumented workers and migrant workers' families and 2014 will be on the nature of the instrument (binding or not). All the while, there are still no standards enunciated in a multilateral agreement within ASEAN on migrant workers and social protection.

In March 2014, the 7th ACMW was held and shortly followed by the 7th ASEAN Forum on Migrant Labour which issued recommendations to strengthen cooperation between countries in assisting migrant workers with health concerns and to ensure access to treatment and relevant social welfare services.

In March 2015, the 13th ASCC Council called again for the finalisation of the draft AIMW.

The main bodies dealing with migrant workers' rights issues are the ASEAN Labour Ministers Meeting and the Senior Labour Officials Meeting (SLOM). This shows how migration policies are closely related to labour policies and how the welfare of migrant workers is negotiated within a very specific framework. Since the inception of the ASCC Blueprint in 2001, the ALLM has focused on getting the ACMW to hold regular regional meetings with member-states and other stakeholders to expand areas of common ground. The ALLM has also led public education efforts, developed national protocols for migrant workers' pre-departure education, has worked with the IOM and ILO on 'safe migration' and has collaborated with the ASEAN Intergovernmental Commission on Human Rights. In its Work Programme (2010–2015), the ALLM has committed to developing national and regional plans on social security and protection systems. In May 2014, the 23rd ALLM adopted the theme 'Enhancing Competitive Labour Force for a Harmonious, Progressive and Prosperous Workplace' and called for support of an ASEAN Community post-2015 vision, requesting the SLOM to work towards better quality of life and decent work for all as well as affordable and accessible social protection. Under the ALLM is the SLOM, which monitors the progress of imple-

mentation of the ASEAN Labour Ministers Programme of Work. It is under SLOM that the ASEAN committee on the implementation of the ACMW was established as subsidiary body.

Measures on the protection of migrants have been negotiated primarily within a labour policy framework and have been designed to maximise the potential benefits member-states can receive from migration. Reference to the founding document of ASEAN, the ASEAN Charter (ASEAN 2007b), can further support the region's commitment to the well-being of all people, without discrimination.

Despite political will on the part of ASEAN, the establishment of a regional framework that would better protect the health of migrant workers remains difficult. As differently situated actors with diverse agendas, motivations and priorities, they face a range of challenges and contradictions in addressing such issues in a transnational framework (Lyons 2006). First, the level of integration of immigration policies in broader economic and social policy-making differs considerably among member-states: Singapore possesses a set of policies that are closely integrated into the national development strategy, while Thailand tends to form policies for unskilled migrants on an ad hoc basis and Malaysia in response to market demands. Within ASEAN, two main agendas arise. Labour-sending countries and labour-receiving countries will have different interests and agendas which clearly obstruct regional agreement. Such differing positions are also reflected in observance of international standards on migrants' welfare. The status of international conventions in the region is heterogeneous. For instance, the International Convention on the Rights of Migrant Workers has only been ratified by the Philippines, Indonesia and Cambodia. In addition to different agendas or standards when dealing with migrant workers' health, ASEAN as a region is facing technical difficulties in cooperating to provide health care to this population segment. Member-states possess different social security systems, which can be based on provident funds or on social insurance schemes. These systems do not necessarily cover all social

security branches as established by the ILO. This coordination issue between the various social systems in ASEAN can also be attributed to operational and administrative capacity. Indeed, large structural inequalities between ASEAN member-states remain.

Successful cooperation in health through ASEAN has so far been limited to specific health issues, such as infectious diseases. Although it is believed that migrants' health will be a core priority of the post-2015 health agenda, the key will lie in cooperation and coordination in the operational and technical aspects of health. In this regard, much potential for greater coordination and integration lies in the use of 'technical entry-points', particularly in data sharing and collaboration to determine the costs of healthy and unhealthy labour migration. Indeed only when individual stakeholders accept the costs attributed to them as fair and when an adequate enforcement structure has been created, will health policies for migrant workers be effective. In addition to such structural and political difficulties, it may be argued that the low level of institutionalisation in ASEAN as well as the lack of inclusion of various stakeholders in regional processes constitutes major impediments to the creation of a regional governance framework for the health of migrants. Can these challenges be overcome? What is the way forward for regional health governance in ASEAN?

3.2 *Creating a Regional Governance Framework for Migrant Workers' Health: What Is the Way Forward in Southeast Asia?*

Governance in the region will most likely remain at a low level of institutionalisation. Yet, there is potential for informal processes and flexible arrangements, particularly when dealing with sensitive issues. Drawing on the European Union's (EU) experience, some lessons can be transferred to the ASEAN context. Indeed, the EU has an advanced and complex multilateral framework to guarantee that all regular migrants, particularly migrant workers, both the EU and third-country nation-

als benefit from social protection and access to health care. But migration policy in the EU has taken shape gradually in response to felt needs and converging objectives (Newland 2005). The EU experience further illustrates the potential of civil society networks to expand consensus over time. Increasing complexity of issues and policy environments in both regions point towards a more informal, inclusive and open networked forms of governance.

Manuel Castells (1996 cited in Kickbusch 1999) described the network as the new organisational form of governance for the 21st century. Networks build links among various actors, multiplying opportunities for dialogue and exchange and are favoured for their flexible and responsive nature as well as their capacity to promote innovation and dynamism (Keck and Sikkink 1999). Asia Pacific countries favour a 'process of regime building that is centred on network building among states and private actors without any goal towards institution building' (Poon 2001). A networked form of regionalism may be more effective in tackling complex issues, and this argument is relevant to the ASEAN context. The use of networks has been central to the management of transnational health issues in the region. Networks of various natures have emerged in the context of migrant workers' health and should be considered as a serious avenue to further collaboration on this issue. The most vibrant networks in the region gather civil society organisations (Migrant Forum Asia, Solidarity for Asian Peoples Advocacy, Coordination of Action Research on AIDS and Mobility . . .). Yet there remain barriers to the emergence of cross-sectoral and multi-stakeholders networks. One of the most promising development in ASEAN is the ASEAN Peoples' Assembly which is a track-two initiative (in reference to the three tracks of diplomacy) launched in 2000. It provides an avenue for representatives from tracks 1 (government officials, military leaders . . .), 2 (academic, religious, NGO leaders and other civil society actors) and 3 (people-to-people diplomacy) to debate and exchange ideas on topical issues. It fosters confidence building among policy-makers, academe, think tanks and civil society.

Its role should be enhanced but many questions arise regarding its sustainability (no stable source of funding) and prospects to enhance the interface between this network and the ASEAN Summit (Morada 2007).

Although a governance framework does not exist in the region, intense interactions on the issue hold value. It is through such interactions that common norms and standards on this issue may arise and coordination in the region enhanced. The role of various stakeholders, particularly civil society in framing the issue, in challenging government and business interests and in driving policy change will be crucial.

The success of ASEAN as a health policy-maker for the region will largely depend on its ability to reach a consensus acceptable to the wide variety of stakeholders involved in the management of migrants' health. Indeed, the issue is a confluence of different levels of policy-making (national, regional, global), of various sectors ranging from health, labour, migration, trade and foreign policy and of various stakeholders such as individual countries, regional organisations, international organisations and civil society. Hence, it is imperative to consider the various stakeholders that create push and pull factors in the negotiation of policies for migrant workers' health in the Southeast Asian region as well as to better inform ASEAN's role in this process.

4. Conclusion

With the advent of the ASEAN economic community and in the spirit of further integration, much reflection is needed on what governance means in ASEAN and how the ultimate objective of welfare and well-being of Southeast Asian peoples will be achieved. In this regard, the third pillar of a social and cultural community is crucial. Although ASEAN has been a political organisation focusing on political security and economic development, it is increasingly necessary to consider not only economic costs to the region but the social implications of policies. Good governance in ASEAN cannot be achieved without good governance at national level, by each member-

state. In light of transnational threats that affect the region as a whole (as in the case of migrant workers' health) and growing solidarity between ASEAN members, integration will need to occur on horizontal and vertical basis, that is across sectors, through a whole-of-society approach and across governance levels.

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