



नेपाल इन्जरी
अनुसन्धान केन्द्र
Nepal Injury
Research Centre

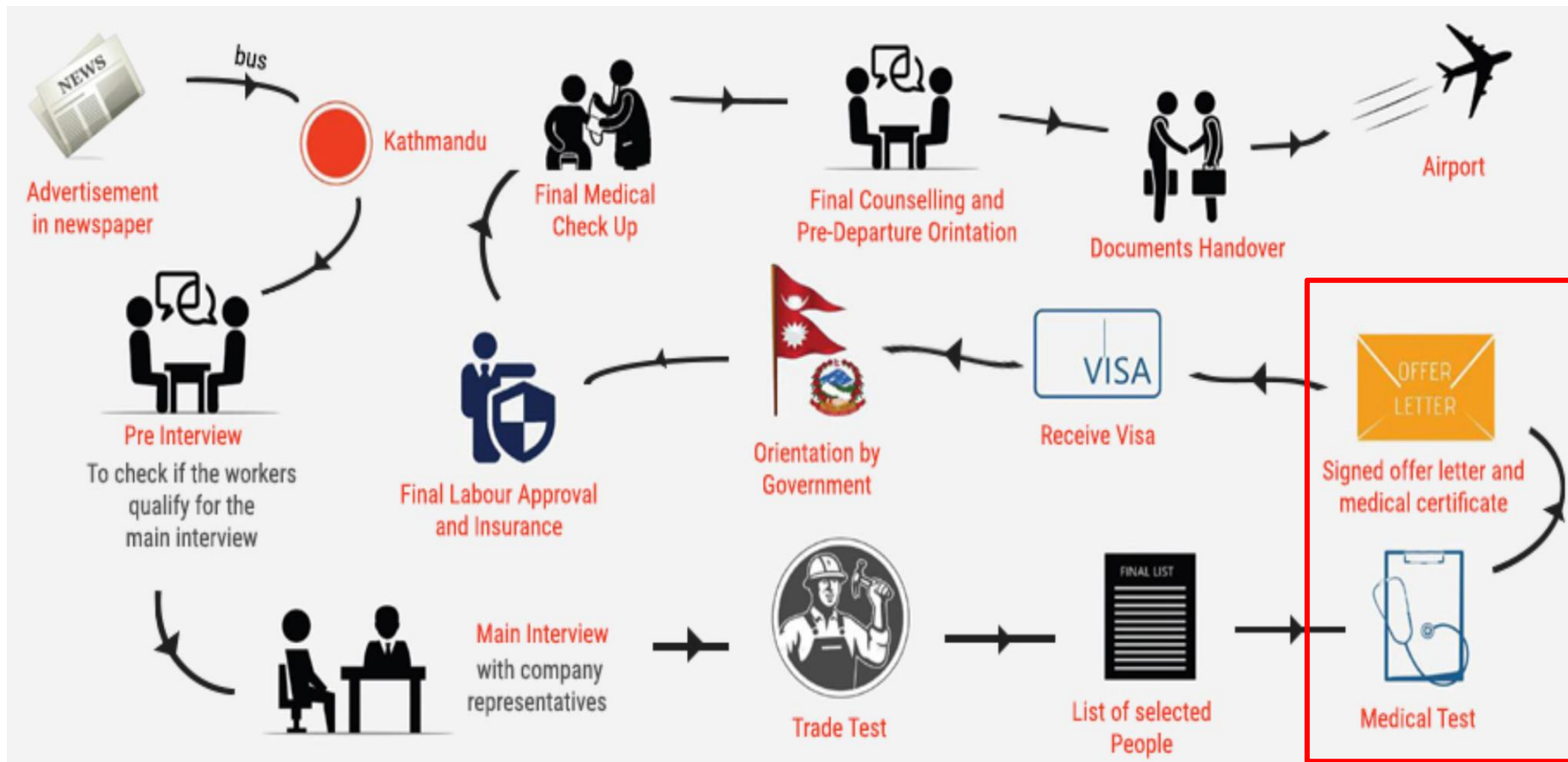


Ensuring Well-Being Beyond Borders: Policies on Migrant Health in Nepal

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Presented by: Dr. Pratik Adhikary

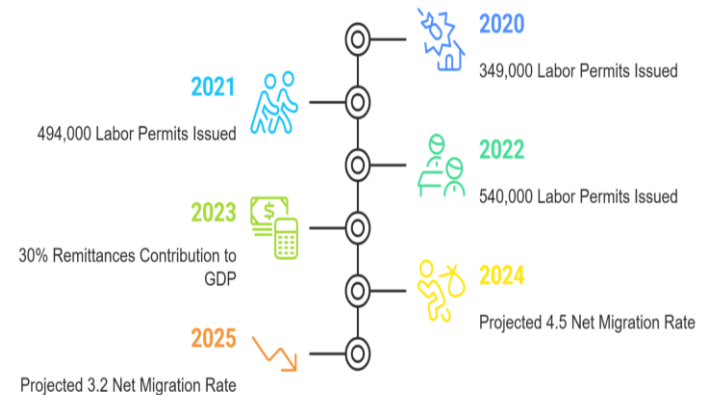
Labor Migration Process in Nepal



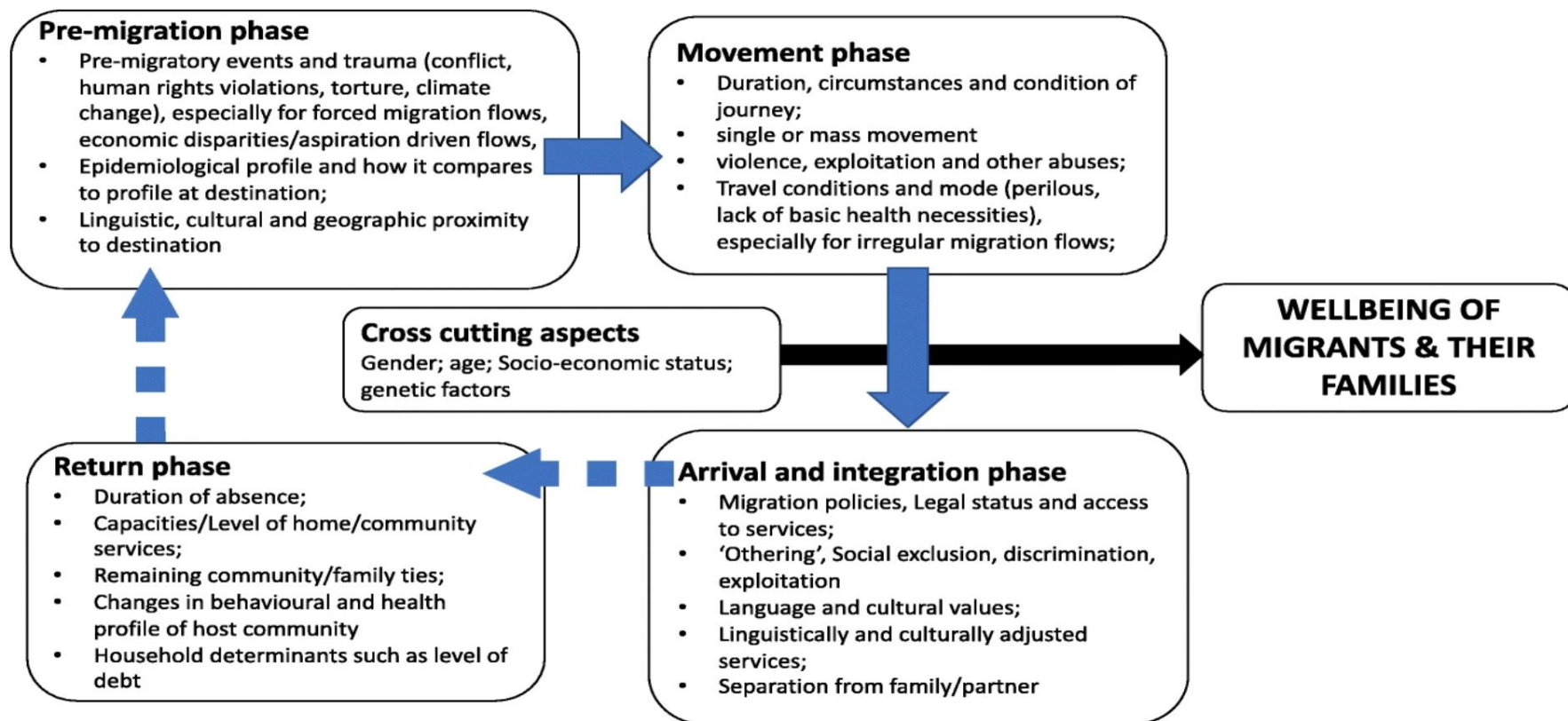
Migrant Population in Nepal

Migration Trends Over Time

- * Labour migration to the Gulf and Southeast Asia rose sharply in the late 1990s.
- * > 2,000 Nepalis are leaving for foreign employment everyday.



Migration & Health–The Connection



Factors influencing health and wellbeing of migrants and their families along the phases of migration

Source: Wickramage *et al.* (2018).

Health Status of Nepalese Migrant Workers

Mental Health Issues

- Anxiety
- Depression
- Stress
- Suicide attempts

Injuries and Physical Ailments

- Accidents and injuries
- Headaches

Communicable Diseases

- Tuberculosis (TB)
- HIV/AIDS

Non-Communicable Diseases

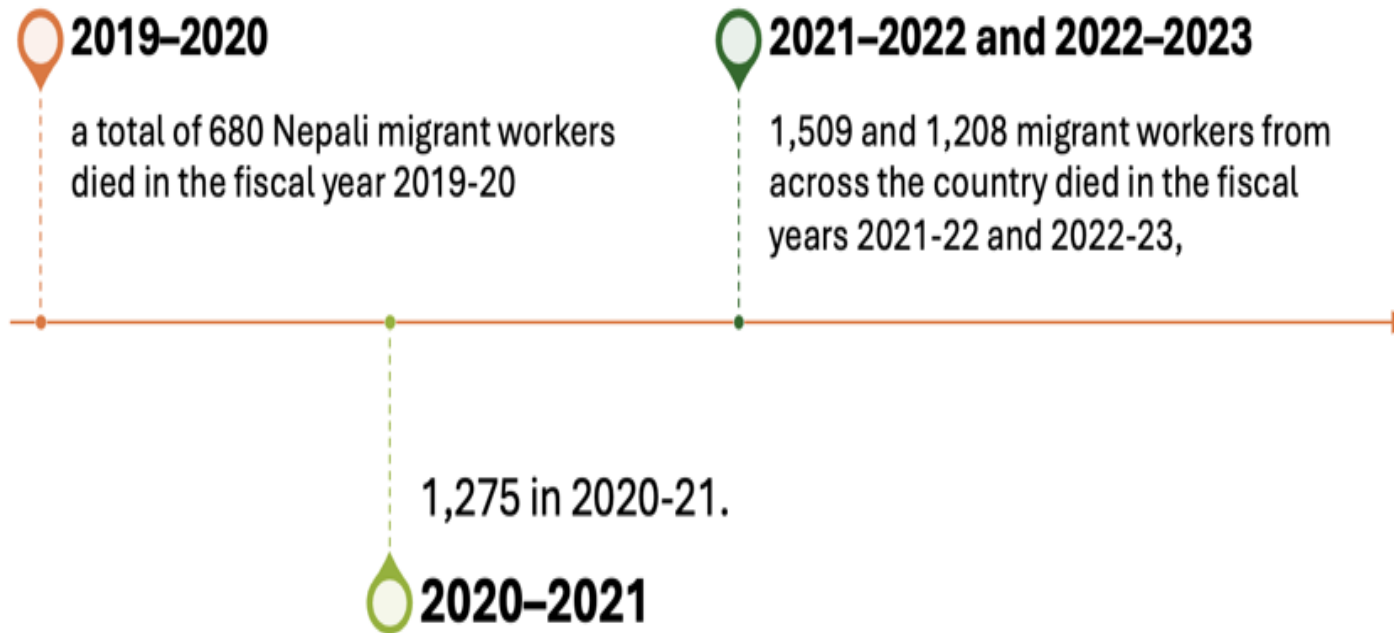
- Diabetes
- Kidney problems

Source: Adhikary et al. (2019); Adhikary et al. (2024); Regmi et al. (2019)

Injury in Destination Countries

- ◆ 2,544 individuals have returned to Nepal due to illness or after suffering amputations while working overseas in the past decade.
- ◆ Malaysia tops the list with 760 sick or disabled Nepali workers, followed by Saudi Arabia (585), Qatar (483), UAE (256), and Kuwait (111).

Number of Deaths



Source: FEWIMS (2022).

Policies related to Migration in Nepal

Nepal has approved various human rights conventions and International Labor Organization conventions related to migration. Some of them are listed below:

POLICIES

| |
|--|
| International Covenant on Economics, Social and Cultural Rights (1966) |
| Indigenous and Tribal Peoples Convention (1989) |
| International Covenant on Civil and Political Rights (1966) |
| Convention on the Elimination of Racial Discrimination |
| Discrimination against Women (1979) |
| Convention on the Rights of the Child (1989) |
| Right to Organize and Collective Bargaining Convention (1979) |
| Forced Labor Convention (1930) |
| Minimum Age Convention (1973) |
| Worst Forms of Child Labor Convention (1999) |
| Equal Remuneration Convention (1951) |
| Discrimination (Employment and Remuneration) Convention (1958) |
| Weekly Rest (Industry) Convention (1921) |
| Minimum Wage Fixing Convention (1970) |
| Tripartite Consultation (ILS) Convention (1976) |

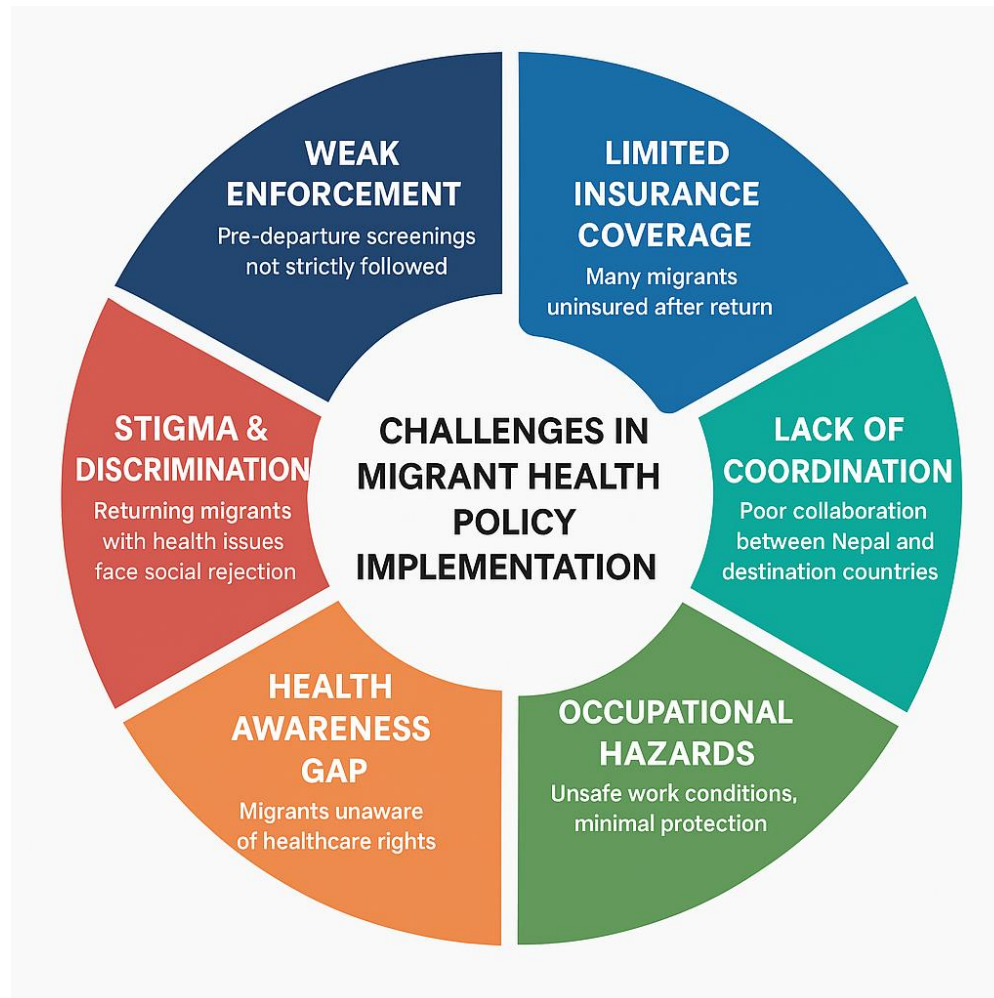
Source: Niroula & Kshetri (2022).

Key Policies & Objectives

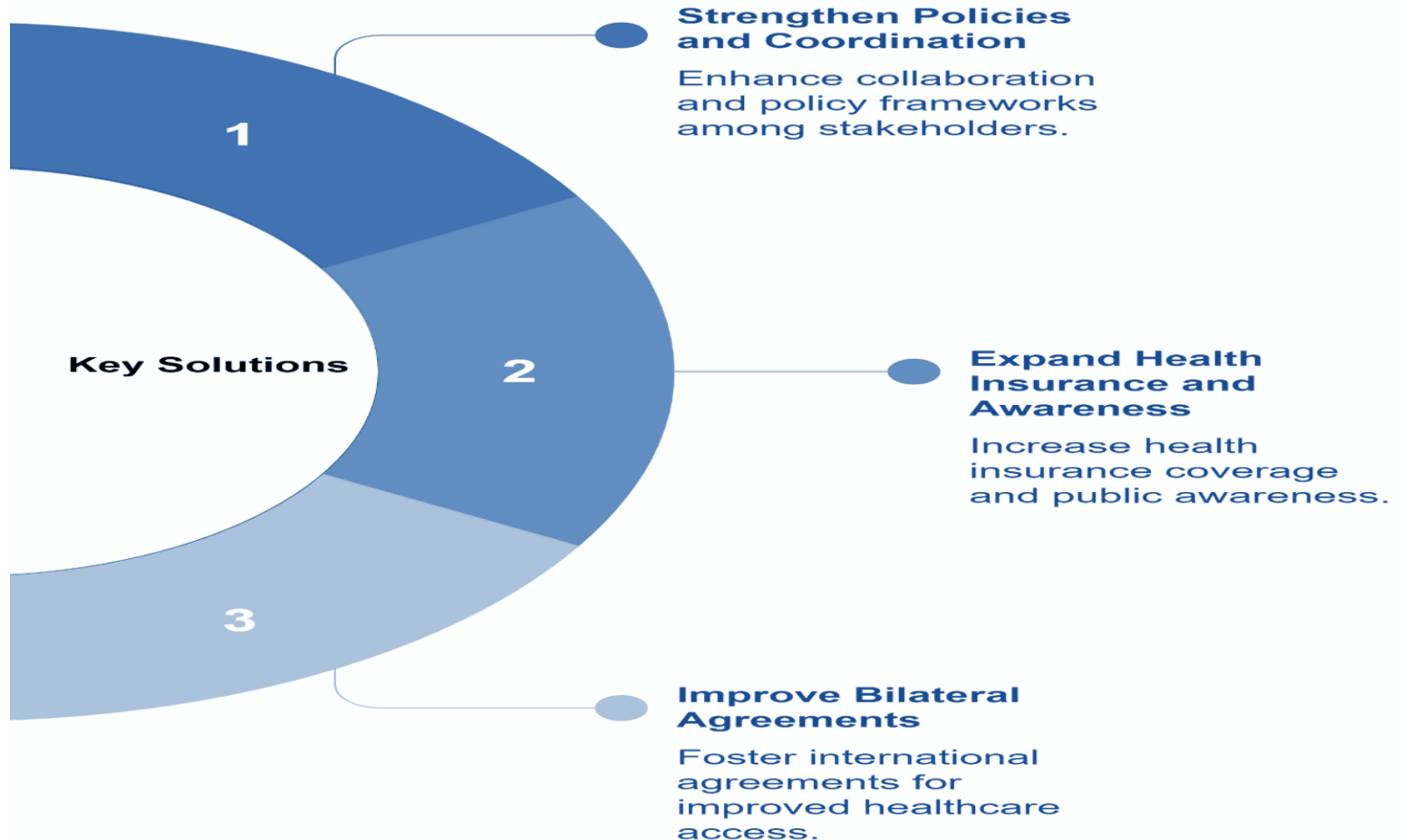
| Policy | Key Features |
|--|---|
| Foreign Employment Act, 2007 | Pre-departure medical checks, insurance, welfare fund. |
| National Health Policy, 2019 | Migrants included in universal health coverage. |
| National Migration Health Policy, 2020 | Ensures equitable healthcare access for internal & international migrants. |
| Social Security Scheme (2019) | Health insurance, accident compensation for migrant workers. |
| Occupational Health & Safety Policy, 2017 | Workplace safety regulations (poor enforcement). |
| Foreign Employment Policy, 2012 | Promotes ethical hiring, skills training, reintegration, and gender-sensitive migration |

Source: MoHP (2019); Khatiwada & Basyal (2022)

Gaps & Challenges in Policy Implementation



Key Solutions



Conclusion

- Migrant health is vital for national development, as migrant workers are key contributors to Nepal's economy
- Existing policies need better implementation and monitoring to be effective.
- Investing in migrant well-being is both a moral and economic imperative- it builds a healthier, more productive workforce.

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Thank you

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