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Migration, Demography, and Health:

Evidence, Transitions, and Policy Pathways for Nepal

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Nepal Health Research Council (NHRC) | Government of Nepal

Rationale & Objectives

Rationale

- ~3.5M Nepalis abroad; 839K+ work permits in FY2024/25 — South Asia's largest labour-sending nation
- Remittances = ~27–28% of GDP — highest ratio globally
- TFR fell 5.3→1.98 (1991–2024): fastest demographic transition in South Asia
- Health dimensions of migration critically under-researched in national health policy
- 14,000+ worker deaths abroad since 2008; no dedicated Migrant Health Unit in MoHP

Objectives

1. Synthesise global & regional evidence on migration, demography and population health
2. Present Nepal-specific evidence on health consequences across the migration cycle
3. Examine how out-migration drives Nepal's demographic transition
4. Appraise national & international policy frameworks governing migrant health
5. Propose evidence-based policy pathways and a national research agenda

Sources: DoFE (2024); World Bank (2024); NRB (2025); FEB Nepal (2025) | Aligned with: GCM 2018; SDG 3 & 10; NHRC Research Agenda 2025

Methodology

Global Migration Evidence

IOM WMR 2024 | UNHCR 2024 | World Bank 2025 | UN DESA 2024

Nepal Migration Data

MoLESS Labour Migration Report 2024 | NRB FY2024/25 | FEB Nepal, 2025

Demographic & Health Data

NSO Nepal Census 2021 | NDHS 2022 | UN WPP 2024 | WHO GHE 2023

Health Evidence Review

Lancet Migration 2023–24 | ILO occupational health 2023 | Peer-reviewed health literature

Policy & Governance

GCM 2018 | GoN FEA 2019 | National Health Policy 2019 | Draft Migration Policy 2020

Analytical Framework

5 domains: Evidence | Transitions | Governance | Vulnerabilities | Policy Pathways

Data sources: Nepal Census 2021 | NDHS 2022 | IOM/UNHCR/World Bank 2024–25 | NRB FY2024/25 | DoFE Nepal 2024

Results: Global Migration Evidence & Nepal

Evidence: Nepal & Global Migration

304M
International migrants (UN DESA, 2024)

123.2M
Forcibly displaced (UNHCR, 2024)

- **~3.5M+** formal-channel migrants abroad (DoFE, 2024)
- **~27–28%** of GDP from remittances — highest globally (World Bank, 2024)
- **839K+** work permits in FY2024/25 — record high (DoFE, 2025)
- **NPR 1.72 Trillion** remittances FY2024/25, +19.2% YoY (NRB, 2025)
- **14,000+** worker deaths since 2008 (FEB Nepal, 2025)

What the Evidence Shows

- Migration is both a health risk and a resource — context determines which dominates
- Remittance HHs show better nutrition, child health & schooling (World Bank, 2024)
- Mortality in destination countries is systematically undercounted (IOM, 2024)
- South–South corridors (Nepal→Gulf) generate disproportionate health hazards (ILO, 2023)
- Women face compounded risks: occupational hazards + SGBV + SRH gaps (UNHCR, 2024)

Sources: IOM (2024); UNHCR (2025); World Bank (2025); NRB (2025); DoFE (2024); FEB Nepal (2025)

Results: Migration-Health Nexus — Six Risk Domains

Occupational Health

- Heat stress & construction deaths — leading cause of Nepali migrant mortality
- Kafala system restricts workers from leaving unsafe conditions
- Toxic exposures largely unmonitored; PPE inadequate

Mental Health

- Depression & anxiety 2–3× higher in migrants (Lancet 2023)
- Debt bondage & family separation compound trauma
- No accessible mental health services in most destinations

Infectious Disease

- TB disproportionately prevalent among South Asian migrants
- COVID-19 revealed structural exclusion from health systems
- Crowded labour camps accelerate disease spread

Non-Communicable Diseases

- Dietary change elevates diabetes & CVD risk post migration
- Disrupted NCD medication during migration cycles
- Hypertension underdiagnosed in working-age male migrants

Sexual & Reproductive Health

- Women domestic workers face heightened SGBV risk
- Maternal care inaccessible for undocumented migrants
- HIV/STI risk elevated in high mobility populations

Health System Access

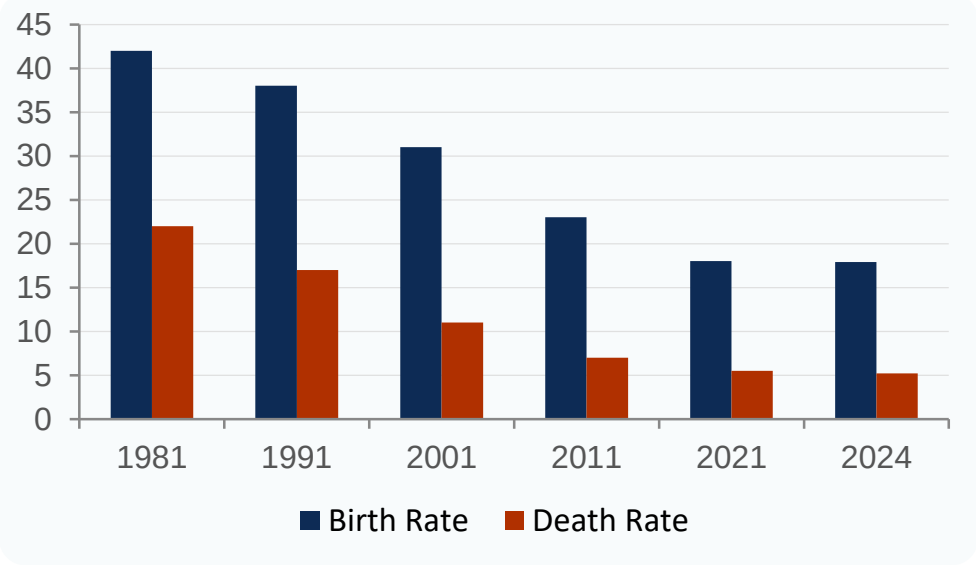
- No health insurance portability across Nepal's key corridors
- Language barriers & immigration fear deter care-seeking
- Migrants invisible in destination-country health data

Sources: WHO GHE 2023; Lancet Migration 2023; ILO Safety 2023; NDHS Nepal 2022; Amnesty/ILO Gulf reports

Results: Nepal's Demographic Transition

1.94	72 yrs	30 M	94.3	21%
TFR, 2025 (below replacement)	Life Expectancy (up from 54, 1990)	Population (Census 2025)	Sex Ratio (M/ 100F) Masculinity deficit	Urban Population (rapidly growing)

Birth & Death Rates per 1k Population (1981–2024)



How Out-Migration Drives Transitions

Age Structure: Exodus of 20–35 yr males hollows productive-age cohort in rural areas

Masculinity Deficit: Sex ratio imbalance alters marriage patterns & health decisions

Fertility Decline: Spousal separation contributes to falling TFR

Urbanisation: Return migrants & left-behind families shift to in periurban areas

Ageing Risk: Demographic dividend may narrow faster due to youth out-migration

Sources: CBS Nepal (2022); MoHP/NDHS (2022); UN DESA (2024); World Bank (2024); Macrotrends (2024)

Results: Migration Cycle Health Burden & Nepal Outcomes

PRE-DEPARTURE	IN-DESTINATION	LEFT-BEHIND FAMILIES	RETURN & REINTERGRATION
~70% take loans to migrate	**14,000+** deaths since 2008	**2× higher** depression in spouses	**40%** re-emigrate within 2 yrs
Fraud & debt bondage; inadequate health screening	Kafala system; heat stress & injuries; PTSD undiagnosed	Anxiety & loneliness; parental absence; women's double burden	Lung disease; PTSD; financial & social reintegration strain

Nepal-Specific Evidence: Mortality & Social Impacts

- 14,000+ deaths abroad since 2008; 1,401 repatriated FY2024/25 — leading cause: CVD, 2025)
- Left-behind spouses: elevated depression & loneliness; children face emotional gaps from parental absence
- Remittances cut poverty >30% (2011–2023); improve child nutrition & schooling (World Bank, 2024)
- Women (12.9% of migrants, 2024) face heightened SGBV; returnees present with undiagnosed lung disease & PTSD

Sources: FEB Nepal/Nepal Police (2025); ILO (2023); Thapa et al. (2020); World Bank (2024); Lancet Migration (2023)

Results: Policy Frameworks & Evidence Gaps

Global

- GCM (2018) — Obj. 15: Health access for all migrants
- SDG 10.7: Orderly migration | SDG 3: Universal health coverage
- WHO Global Action Plan on Migrant Health (2019–2023)
- ILO C190: Violence & Harassment | C189: Domestic Workers

GAP: Voluntary & non-binding; implementation at state discretion

Regional

- Colombo Process: 12 Asian labour-sending nations incl. Nepal
- Abu Dhabi Dialogue: Employer-level sending/receiving forum
- SAARC Social Charter — health cooperation (limited progress)
- WHO SEARO Regional Migrant Health Strategy (2023)

GAP: Bilateral MoUs dominate; no enforceable regional health instrument

Nepal National

- Foreign Employment Act 2007 (amended 2019) — mandatory health screening
- National Health Policy 2019 — equity focus; migrants partially included
- National Migration Policy 2025 — health chapter weak

GAP: No Migrant Health Unit; no bilateral health insurance portability

Critical Evidence Gaps for Nepal

- No routine migrant health data in openIMIS
- No longitudinal studies tracking health across the full migration cycle
- Climate–migration–health nexus largely unresearched in Nepal
- Cost-effectiveness of pre-departure health interventions not established
- Mental health burden poorly quantified — especially among women returnees
- NCD burden in return migrants not systematically recorded

Sources: IOM GCM (2018); ILO (2024); WHO SEARO (2023); GoN FEA (2019); NHRC Research Agenda (2025); IOM MGI Nepal (2024)

Results: Policy Pathways — Six Priority Actions

1	**Institutional Architecture**	**Establish Migrant Health Unit (MoHP):** National surveillance; openIMIS integration; Cross-border coordination
2	**Financial Risk Protection**	**Health Insurance Portability**: Bilateral agreements (GCC, Malaysia); Coverage: injury, NCDs, mental health
3	**Prevention & Preparedness**	**Strengthen Pre-Departure Systems**: Mental health literacy; occupational health & safety; health system navigation
4	**Evidence & Intelligence**	**National Migrant Health Research Agenda**: Longitudinal migration-cycle studies; policy-linked analytics (SDG 3 & 10)
5	**Reintegration & Continuity of Care**	**Returnee Health Systems**: NCD Screening, occupational disease detection; psychosocial support & referral pathways
6	**Equity & Community Systems**	**Left-Behind Families**: Integrate into community health platforms (FCHVs); target women, children, elderly

Aligned with: GCM 2018 Obj. 15; WHO Global Action Plan 2023; SDG 3 & SDG 10; NHRC National Research Agenda 2025

Conclusion: Takeaway Messages

EVIDENCE	14,000+ Nepali migrant deaths in 15 years, rising mental health crises & family rupture are documented systemic costs — not anecdotes. True burden is higher due to undercounting.
TRANSITIONS	Nepal's TFR has fallen to 1.94 (2025) — below replacement — the fastest decline in South Asia, driven by out-migration. Demographic dividend is real but fragile; ageing pressures emerge by 2040.
PATHWAYS	Existing frameworks — GCM, Foreign Employment Act, NHRC agenda — provide the foundation. Missing: a Migrant Health Unit, bilateral insurance portability & national research investment.
CALL TO ACTION	This Summit must send a clear signal: migrant health is Nepal's most urgent population health priority — linking demography, equity, development & human rights in one challenge.

Thank You

Questions & Discussion

"Migration is not a problem to be solved — it is a human reality to be governed wisely, with evidence, equity and urgency."

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Results: Synthesis — Migration–Demography–Health Framework

EVIDENCE

- ~3.5M+ Nepalis abroad (formal)
- 839K+ permits FY2024/25
- Gulf & Malaysia main corridors
- Feminisation growing (12.9%)
- Remittances: ~27–28% of GDP

DRIVER

Out-migration reshapes all demographic indicators

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TRANSITIONS

- TFR: 5.3 → 1.94 (1991–2025)
- Life expectancy: 54 → 72 years
- Masculinity deficit in rural areas
- Rapid periurban growth
- Ageing population by 2040

TRANSITION

Fastest fertility decline in South Asia — migration-linked

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HEALTH

- 14,000+ deaths in 15 years
- Mental health crisis unaddressed
- Left-behind family burden rising
- Returnee NCD & lung disease gap
- System exclusion host & Nepal

OUTCOME

Migration is a social determinant — not individual risk

Acknowledgment & References

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Nepal Rastra Bank & DoFE — publicly accessible national data

Nepali migrant workers & families — whose lived experiences anchor this work

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