

# Investing in returnee migrants' health

A portion of remittances should be set aside for their healthcare and well-being.



POST FILE PHOTO

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Migrant workers are the lifeblood of the Nepali economy. In 2023, we received [\\$11 billion](#) in remittances—contributing to more than 26 percent of the nation's GDP. Yet, this figure barely scratches the surface of the money that is coming. With vast sums

flowing through the untraceable [Hundi system](#), particularly among elite Nepali migrants, the true scale of remittance is far more than recorded.

However, researchers, media, human rights activists and NGO professionals are concerned about Nepali migrant workers returning home with numerous health issues. Apart from [work-related deaths and injuries](#), some of the common health challenges they face include kidney disease, liver disease, tuberculosis, skin diseases and respiratory and gastrointestinal problems. Some return with hearing loss, while others battle stigmatised illnesses such as sexually transmitted infections, depression and anxiety.

To address such health-related challenges, the Government of Nepal has introduced various measures to ensure that migration is safe, organised, productive and dignified.

For example, the government negotiates the health and safety of its migrant workers through bilateral labour agreements that require employers to provide [mandatory insurance](#) before workers leave the country. Under [Section 19B](#) of the Foreign Employment Act (FEA) 2007, migrant workers must obtain a health certificate through medical assessments before being issued a labour permit. Additionally, before granting labour permits, the government collects a levy from migrant workers as a contribution to the [Foreign Employment Welfare Fund](#). This is used to compensate injured and deceased workers and provide free legal aid to migrant workers.

In addition to running [health camps](#) through its embassies and consulates, the government has recently launched a contribution-based social security [scheme](#), enabling Nepali citizens to participate by contributing at least 21.33 percent of a minimum of Rs2,002 per month. This scheme provides coverage under the accident and disability protection scheme, the dependent family protection scheme, and the old age protection scheme, [a telemedicine service](#) in collaboration with [Bir Hospital](#) in Kathmandu, which offers free medical and counselling services to Nepali migrant workers in association with the Non-Resident Nepali Association (NRNA).

Despite all these provisions, research suggests that returnee migrant workers struggle to access [quality healthcare services](#). For example, data collected (by the first author of this piece) in Sindhupalchok district indicates multiple instances of delayed medical care due to stigma, limited access, or lack of awareness among [seasonal](#) migrants to India and those working in Malaysia and the Middle East. When they finally reach a medical centre, their conditions are often advanced and more challenging to treat.

It is also essential to recognise the unique challenges faced by female returnee [migrants](#) of Nepal. [Workplace](#) harassment, sexual and reproductive health [complications](#), maternal health risks, gender-based violence and mental health struggles are just a few of the many health-related [challenges](#) they face, which are often exacerbated by the stigma surrounding healthcare [access](#), leaving many women isolated and untreated. The situation is particularly dire for returnee domestic workers, who are usually [excluded](#) from state health provisions due to the migration ban, which forces them to migrate through [illicit channels](#).

For example, the first author interviewed a returnee woman from Jhapa who migrated to Kuwait through an illicit channel and worked there for eight years before returning to Nepal. She shared that her earnings helped her family build a home and educate their daughter. This elevated their social standing within the community. However, after being diagnosed with cancer, she was forced to return to Nepal. Now, more than a year later, she has spent nearly all her savings on treatment. This highlights the devastating financial and health consequences many returnee women face.

## **Ensuring migrant workers' health**

[Article 35](#) of the constitution of Nepal recognises health as a fundamental right, aiming to provide free primary healthcare to all citizens. Yet, despite the provisions, health-related challenges faced by Nepali migrant workers are increasing. Whilst many struggle to access existing schemes, several, including returnee domestic workers and seasonal migrants, are excluded from these provisions.

Given the recently announced funding cuts of \$25 million worth of [USAID's Health Direct Financing Project](#), Nepal's healthcare system will face a deficit, potentially worsening conditions for migrant workers. Hence, prioritising their health should be a strategic necessity. A healthier, more resilient workforce means greater productivity, reduced long-term healthcare costs and the sustainability of remittance that the country receives.

## **Policy recommendations**

A separate section on migrant workers' health should be incorporated into Nepal's [National Health Policy](#). This must outline clear provisions for medical care for all returnee migrant workers, ensuring structured and long-term support for their wellbeing. A portion of remittances should be separated for targeted health funds that would not only provide healthcare services for migrant workers but also contribute to strengthening Nepal's overall health infrastructure.

The government should also utilise the Bilateral Labour Agreements (BLA) to establish connections with hospitals in destination countries and enhance protection. Policy implementation must extend to all levels of governance, particularly at the local level, where existing healthcare infrastructure can be leveraged to provide specialised services. The initiative should include mandatory gender-sensitive health screenings at municipality-level health centres for migrant workers upon their return to ensure early detection of any health issues. We must also reserve dedicated hospital beds and medical equipment for returnee migrant workers to provide immediate access to necessary care.

For women and other minority gender groups who are usually the most vulnerable, it is crucial to establish gender-responsive healthcare initiatives for tailored care and support. While implementing these initiatives, we must prioritise the mental well-being of returnees as cases of depression and anxiety have been rising. This can be achieved by establishing mental health counselling at the local level to offer vital emotional support to those struggling with reintegration and trauma after years abroad.

Awareness and health education are other key factors in addressing the health problems of returnee migrant workers. Migrant workers' health concerns must be integrated into awareness programmes to help them recognise their problems and know about the available resources. The government can also increase its capacity by collaborating with Nepal's grassroots NGOs and civil society organisations to advocate for the rights of returnee migrant workers while enabling access to healthcare services.

It is about time Nepal's national health policy integrated a dedicated healthcare provision for migrant workers. This investment will boost public health and economic resilience and restore trust and dignity among returnee migrants, reinforcing their contribution to Nepal's development.