The health and social needs of low-skilled migrant construction workers: who is responsible?

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Complete List of Authors:	Onarheim, Kristine Husoy; University of Bergen, Department of Global Public Health and Primary Care; Norwegian Institute of Public Health Hua, Kai Hong; Nazarbayev University, Graduate School of Public Policy; National University of Singapore, Institute of Policy Studies, Lee Kuan Yew School of Public Policy Babar, Zahra; Georgetown University Qatar Flouris, Andreas; University of Thessaly, FAME Laboratory, Department of Exercise Science Hargreaves, Sally; St George's University of London, Migrant Health Research Group, Institute for Infection and Immunity,
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Dear editors,

We hereby submit the Analysis article *The health and social needs of low-skilled migrant construction workers: who is responsible?* for consideration by The BMJ.

This Analysis article is intended as part of the series *The health of migrants involved in construction for mega sporting events*, commissioned by The BMJ for the World Innovation Summit for Health (WISH) 2020. The series, including open access fees, is funded by WISH.

The Analysis article responds to the invitation from Dr Richard Hurley in December 2020 for Article 2: Practicable recommendations for mitigating risks and improving health among migrant construction workers in countries planning to host mega sporting events in future, like Japan and Qatar. An outline of the article was presented in January 2021 to the editorial team. Article 1 in the series will be submitted by Dr Andreas Flouris.

We confirm that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere.

Please address all correspondence concerning this manuscript to us at kristine.onarheim@uib.no

Thank you in advance for your consideration.

Sincerely,

Kristine Husøy Onarheim, Kai Hong Phua, Zahra R. Babar, Andreas Flouris and Sally Hargreaves

Kristine Husøy Onarheim MD PhD

Bergen Center for Ethics and Priority Setting

University of Bergen

kristine.onarheim@uib.no | +47 90191182 | @krionarheim

Analysis

The health and social needs of low-skilled migrant construction workers: who is responsible?

Kristine Husøy Onarheim[1]
Kai Hong Phua[2]
Zahra R. Babar[3]
Andreas D. Flouris[4]
Sally Hargreaves[5]

[1] Department of Global Public Health and Primary Care, University of Bergen and Norwegian Institute of Public Health, Norway
[2] Graduate School of Public Policy, Nazarbayev University, Kazakhstan and Institute of Policy Studies, Lee Kuan Yew School of Public Policy, National University of Singapore, Singapore
[3] Georgetown University – Qatar, Qatar
[4] FAME Laboratory, Department of Physical Education and Sport Science, University of Thessaly, Greece
[5] Migrant Health Research Group, Institute for Infection and Immunity, St George's, University of London, United Kingdom

Correspondence to:
Full name: Dr Kristine Husøy Onarheim
Mailing address: Bergen Centre for Ethics and Priority Setting, Department of Global Public Health and Primary Care, University of Bergen, N-5018 Bergen, Norway
Email: kristine.onarheim@uib.no
Phone: +47 55 58 61 30

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KEY MESSAGES

- Multi-million-dollar sporting events in high-income countries, such as the upcoming Olympic Games in Japan and FIFA World Cup in Qatar, provide job opportunities for hundreds of thousands of migrant construction workers from low- and middle-income countries every year. Concerns have been raised about unacceptable living and working conditions, occupational health risks, overcrowded employer-provided accommodation and unmet mental and physical health needs.

- COVID-19 has shone a spotlight on the extent to which migrant construction workers in several high-income countries are highly marginalised and may be exploited and excluded from health systems, effecting COVID-19 preparedness and responses.
- Investments in the health of migrant construction workers is imperative – through inclusion in health systems and through the promotion of safe working and living conditions.
- The international focus of mega sporting events such as the Olympic Games and FIFA World Cup, heavily reliant on low-skilled migrant construction workers, may open important policy windows for influencing public and private policy making, which can advance the health of migrant construction workers and deliver on the Sustainable Development Goal pledges to "leave no one behind".

Contributors and sources

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No primary data was used in the preparation of the manuscript.

Conflicts of Interest

We have read and understood BMJ policy on declaration of interests and we have no conflicts of interest to declare.

Licence

The health and social needs of low-skilled migrant construction workers: who is responsible?

Standfirst

Onarheim and colleagues argue that public and private policy responses to advance the health of migrant construction workers is a shared responsibility, and benefit countries, industries, migrants, and the families they leave behind.

Migrant construction workers, a subgroup of the world's 164 million international labour migrants, leave their homes and families for employment opportunities in high-income countries.[1] Temporary jobs in the construction industries meet demands in hosting countries and provide sending countries and low-skilled labourers with income, contributing to billions in remittances flowing back from high-income countries each year.[2] Mega sporting events, such as the Summer Olympic Games 2020/2021 in Japan and the Fédération Internationale de Football Association (FIFA) World Cup 2022 in Qatar, involve intensive building of new stadiums and various other facilities, and are reliant on construction workers from low- and middle-income countries. These sporting events provide platforms to showcase the host country and may bring short- and long-term interest from participating economies and industries. Following intense lobbying to win the bid to host such events, there is often a short timeframe (~10 years) to build or expand sporting arenas, but also construction of airports, hotels, restaurants, and other infrastructure. Civil society and businesses have brought attention to controversies around human rights issues and sustainability of mega sporting events.[3 4] Yet too little focus has been placed on promoting and protecting the health needs of migrant constructing workers in these contexts, who often find themselves working in poor conditions, living in overcrowded accommodation, and excluded from host health systems.[5 6] In this Analysis piece, we explore the health and social conditions of low-skilled labour migrants involved in the construction sector, with a specific focus on recent and upcoming mega sporting events.

The health of migrant construction workers

Labour migrants are often young and relatively healthy prior to departure, but face barriers to health care or other health risks.[7-9] Migration itself or related conditions expose migrants to health hazards or negative health outcomes.[9] Social, economic, occupational and structural determinants affect the health of migrants.[10 11] International migrant workers are of considerable risk of work-related ill health and injury, including psychiatric and physical morbidities, workplace accidents and injuries.[5] A meta-analysis found that 47% and 22% of migrant workers globally experienced occupational morbidity and workplace injury or accident, respectively.[5] Being isolated and far away from home, labour migrants are known to face mental health challenges.[12] A study of Nepali returnee migrant workers from the Gulf

and Malaysia, found that non-compliance with labour agreements, abuse and exploitation by supervisors, lack of privacy and congested accommodation, made migrant workers vulnerable to mental health conditions.[13] Health problems are rooted in the financial, familial, living and working conditions related to being a temporary labour migrant.[11 13] Beyond the health of migrant workers themselves, the children left behind when their parents work abroad are at risk of depression, suicidal ideation and anxiety.[14] The temporariness and high-pressure of work related to mega sporting events may put migrant construction workers in social situations with particular risks. This includes safety risk factors of construction projects in the Olympics in Beijing and the planned FIFA World Cup in Qatar.[15 16] Ethnographic, language and psychosocial challenges influence the health and social conditions of migrant construction workers involved in large sporting events.[17-19] Although such events are global in scope and hypervisible in international media, the health of low-skilled labour migrants has received little attention in the literature.[5 6 20]

The COVID-19 pandemic has shone a spotlight on global inequities facing migrant populations, with major health and social impacts experienced by migrants. Low-skilled labour migrants in high-income countries have been disproportionately represented in COVID-19 cases and deaths.[21 22] Low-skilled labour migrants in many countries heavily reliant on labour migrants – such as Singapore and Qatar – typically live in overcrowded dormitories and may have limited access to health care services. They were largely excluded from national COVID-19 responses, experiencing enforced lockdowns for often lengthy periods of time in crowded accommodation with poor surveillance, and few opportunities to follow basic preventative hygiene and social distancing measures (Box 1).[23-25] Lessons learned about how labour migrants are marginalised are relevant beyond COVID-19 and for several sectors – specifically the construction sector in mega sporting events, which has long been the focus of concern around safety, occupational hazard and living conditions.[6]

Box 1: COVID-19 and migrant construction workers

Low-skilled labour migrants and other migrants and ethnic minority groups have a high number of risk factors and vulnerabilities for COVID-19, including living in overcrowded accommodation, occupational risk, precarious work environments with few safety nets, and – importantly – barriers to and exclusion from health systems. Data from Singapore, for example, home to around 300,000 low-skilled mostly Bangladeshi and Indian labour migrants mostly working in construction and manufacturing sectors, found that 96% of all in-country cases of COVID-19 were in migrants residing in dormitories.[26] Similarly in Saudi Arabia, Ministry of Health Data reported that 75% of all people in-country who had tested positive for COVID-19 were migrants (up to 7 May 2020).[27] A temporal and spatiotemporal dynamics study of the COVID-19 pandemic in Kuwait found that densely populated areas and poor living conditions of migrant workers related to in the highest number of significant spreading and clustering events within their communities.[28] Migrants were often subject to enforced lockdowns in these contexts for lengthy periods of time.

Restrictions and safety measures in the workplace to combat COVID-19 have not been employed in all sectors, seen in the construction work for the Qatar World Cup 2022 which was exempted from restrictions.[29]

Investing in the health and social conditions of migrant construction workers

Migration health and its governance is politicised, and concerns for the health of migrants often remain at the margins of policy making.[30 31] This is however a paradox, as investments in the health of migrant construction workers can spark public health, productivity and migrants' health. Their health can be promoted through inclusive health systems, occupational health risk mitigation and fair working environments. These policy responses relate to the Sustainable Development Goals' (SDGs) vision to 'leave no one behind' and the Global Compact for Safe, Orderly and Regular Migration.[32 33] The rights and interests of migrant workers - and their families - is enshrined in the International Covenant on Economic, Social and Cultural Rights and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.[34 35] These human rights instruments underline states' obligations to fulfil the right to health and determinants of health for migrant workers as for nationals, including regulations on overtime, working hours safety and health.[35]

Beyond the normative foundation, investments in migrant construction workers' health make sense based on public health and economic arguments. COVID-19 has been a wake-up call that inclusive approaches to public health are crucial, and that addressing the health needs of international migrant workers is an urgent public health priority.[36] Migrant workers have faced high risks of SARS-CoV-2 infections,[26 28] and cannot be left out of COVID-19 responses or vaccination programs if the pandemic is to be contained.[37] The social spread of infectious diseases demonstrate that prevention of risks related to working and living conditions, such as overcrowding, are necessary to protect the individual migrant, but also to promote public health. In Singapore, foreign migrant workers are now considered a priority population for COVID-19 vaccination due to the higher risk of infections associated with communal living and working conditions.[38] Approaches to migrant construction workers' health should not be limited to infectious diseases control. Concerns for mental, physical, occupational and other health issues should be mainstreamed in policy making and implementation.[9] Health programs targeting migrant workers often occur in sending countries,[8] including screenings for infectious diseases that operate on "exclude before arrival". This may leave even those migrants who pass the health checks with a lingering sense of anxiety around their health. Intense medical vetting of low-skilled labour migrants may not only have limited public health effects, but could also contribute to reluctance among migrants in seeking medical attention or alerting employers of ill-health.

Countries and industries dependent on labour migration revolve around on the health and wellbeing of migrant construction workers. Economic analysis that considers the wide-ranging costs, benefits and externalities for migrants, countries and industries is needed. Investments in prevention, through safe working and living conditions and inclusion of migrant workers in health plans, will help avoid long-term illness, costly rehabilitation and potential long-term damage and loss of working skills. Ill health and occupational injuries do not only impact the often relatively poor migrants, but also their families and health systems in sending countries.[14] Investing in the health of migrant construction workers will directly benefit their health and productivity, and indirectly the success of countries and industries dependent on this population. As illustrated by the COVID-19 pandemic, the costs of poorly managed outbreaks, lockdowns and economic stimuli packages go far beyond the costs of effective public health responses.[39]

Can mega sporting events open policy windows?

Mega sporting events present policy windows to advance the health of migrant construction workers. The global attention of international events make host countries hypervisible. In years of preparations, mega sporting events bring attention from industries, media, tourists and others. The legacy of the Olympic Games or FIFA World Cup is intended, by host countries, to last long. Economic analysis shows that mega sporting events such as the Olympic Games increase export by over 20% in host countries, attributable to the signal a country sends when bidding to host the games.[40]

Just as mega sporting events rely on multi-sectoral and multi-stakeholder action to be successful, these events also present a unique opportunity bring change for migrant construction workers and their health. The international spotlight prior to, during and after mega sporting events may also shine on migrants' living and working conditions, including human rights.[3] This scrutiny may help hold stakeholders to account, which may open up for policy changes. The 2014 FIFA World Cup in Brazil provided an opportunity for coordinated action between national and international union organizations to improve working conditions and collective bargaining.[41] In 2020, Qatar launched a series of significant labour reforms including on job changing opportunities and minimum wage.[42] FIFA and the International Olympic Committee (IOC) have repeatedly been questioned concerning exploitation of migrant workers.[43] The perceptions about who is responsible for promoting the health of migrant construction workers may change in mega sporting events, including how problems, policies and political imperatives are perceived. In the spotlight of mega sporting events, policy options - such as labour reforms and an occupational safety and health policy in Qatar[42 44] - may be seen as permissible. Mega sporting events could influence agenda setting and development of new policy alternatives, and hence open "windows of opportunities" to advance the health of migrant construction workers.[45]

Responses and responsibilities

The health of migrant construction workers is shaped by public and private policy responses in the migration process: from the place of origin, during transit, in the place of destination and after return to the place of origin.[9 11] A range of stakeholders are directly or indirectly involved in construction work, including in relation to mega sporting events. Table 1 suggests recommendations and responsibilities for actors to take action to advance health systems, address social determinants of health and in promoting accountability.[11]

(Insert Table 1)

Host countries' and industries are key stakeholders and mainly responsible for moving the health agenda for this population. They should be held accountable for providing safe and affordable essential services and public health programs, and in ensuring safe working, social and living environments. While host countries are obligated to do so based on human rights principles,[34 35] they are far from realizing these commitments for labour migrants. The International Labour Organization's (ILO) international labour standards applies to all workers, including migrant workers; such as minimum standards on employment, safety, working conditions, social security and with regards to equality of treatment.[13 46] Changes in legislation and financial resources to ensure policy implementation are key to enable sustainable improvements on working conditions and health rights. Only then will these last beyond the time-window of mega sporting events, such as for the labour reforms in Qatar. [3 42]

Private sector and international industries, involved in construction sector and accommodation sector, play key roles as implementing partners and can help shift norms and practices to safeguard working conditions and prevent occupational risks.[3] FIFA's media engagement to end the COVID-19 response indicates increased responsibility for health.[47] This is long overdue, as the lack of visibility from mega sporting organisations, such as the IOC and FIFA, in public debates on fair working conditions and the health of those constructing world class sporting arenas is unacceptable.

When multiple actors and in different sectors demand changes, public and key decision makers perceptions' may change, which influence policy processes and agenda setting.[45] Migrant-sending countries, often low- and middle income countries, must consider migrant construction workers a key population facing particular risk prior to departure and upon return. To better understand the health of migrant construction workers[5 20] and the effects of mega sporting events longitudinal studies are needed.[6] Researchers may play important roles in demanding transparency and sharing of existing data by public and private stakeholders. Researchers must strive to engage in dialogues with labour migrants. Policy actors should adopt inclusive strategies, where migrants' experiences serve not only as an

empirical basis for developing policies, but actively are involved in processes to determine what essential improvements that are needed.

Just as host countries may use mega-sporting events to showcase the country and hoped-for legacies, civil society and journalists may use the international spotlight to scrutinise the health and social conditions of migrant construction workers. These actors may assist in holding central stakeholders accountable for taking action, which can assist in opening policy windows.

International organisations, such as the ILO, IOM UN Migration and other UN organisations, should further make use of the international momentum that mega sporting events bring.[43] These organisations play crucial roles in mainstreaming the needs of migrant workers in health systems and other sectors, and in promoting sustainable collaboration between different institutions.

Moving forward

Mega sporting events present windows of opportunities for multi-sectoral and multi-stakeholder action to advance the health of migrant construction workers. Not only would policy responses improve their health and social situation, but also provide public health and economic benefits and ensure that countries meet international labour standards and commitments to human rights and the SDGs. These gains hold relevance to the diverse range of low-skilled labour migrants who will continue to search of work and opportunities abroad. Investments in the health of migrant construction workers is both the responsibility and in interest of those involved in the construction sector, particularly for mega sporting events. The unacceptable working, living and health conditions of migrant construction workers highlight the need for renewed focus on leadership from all stakeholders. In the global economy, all actors – and in particular host countries and industries - must be held to account to make health of migrant construction workers an integrated goal of their work.

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Table 1: Recommendations for multi-stakeholders and multi-sectoral action

	Host countries	***Involved industries and mega sporting organisations***	**Migrant-sending countries**	**Research**	**Media**	**Civil society**	**International organisations**
Health system: prevention, health care, public health, occupational health	*Ensure universal health coverage including financial risk protection and inclusive public health policies for all migrant construction workers* *Reduce or mitigate specific health risks related to mega sporting events*	*Ensure ccess to affordable healthcare for employees, including prevention, health care, screening, vaccination, etc. Provision must be made to ensure paid sick leave.* *Effective data collection to monitor injuries, deaths, mental health, infections, vaccination, and other health needs of migrant construction workers and returnees.* *Financial support and compensation mechanisms for returnees if suffering from an occupational ill-health or injury.* *Mitigate specific health risks related to mega sporting events*	Consider particular health risks of migrant construction workers (pre departure and on return to country) in health policies. Ensure ethical pre-departure screening and follow-up (including effective treatment). Health care support for returned migrant workers with injury or illness	Analyse existing health data Demand use of existing data Disaggregated data (e.g. by health issues, type of migrant group, sex)	Report on the heath of migrant construction workers prior to, during and following mega sporting events	Advocate the right to health of migrant construction workers, through advocacy and reporting	Promote the mainstreaming of migrant construction workers in health systems and public health policies Collaborate with existing institutions to promote sustainable changes
Social determinants of health: working, living and social conditions	*Safe working conditions in public sector and across departments and policies* *Ensure and enforce labour standards (ILO) in the public sector and private industries* *Ethical recruitment*	*Safe working conditions in industries to prevent occupational risks.* *Improve social and living conditions in labour compounds, e.g. addressing overcrowding, access to sanitation facilities.* *Uphold and require minimum labour standards (ILO/ host countries)* *Ethical recruitment*	Inform migrants about working, living and social conditions in the construction sector in other countries	Analyse and connect data linking health and social occupational and structural determinants of health	Report on the health and working, living and social conditions	Advocate for fair , working, living and social conditions Report on unfair conditions	Promote the mainstreaming of migrant construction workers across Collaborate with existing institutions to promote sustainable changes

Accountability	*Changes in legislation to ensure of the right to heath* *Hold health system, other sectors and industries accountable*	*Demand changes public policy and adhering to policies (when relevant): influence norm setting and practices.* *Hold host countries accountable to protect the health of migrant construction workers*	Demand changes public policy and adhering to policies in dialogue with host country and industries. Support and empower migrants to uphold their rights.	Uphold the responsibility of mega sporting host countries and industries	Reporting to hold countries, industries and other actors responsible Document best practices	Demand action by all stakeholders; and in particular host countries and industries.	Support countries and industries in their agendas to ensure the health of migrant construction work Demand changes in unacceptable policies or practices

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