

# Voluntary Review Shadow Report (VRSR) on the status of implementation of the Global Compact for safe, orderly and regular Migration (GCM) in ASEAN, the Disability Migration Network (DMN)

International Migration Review Forum (IMRF) 2026

## (0) Introduction

The [Disability Migration Network \(DMN\)](#)<sup>1</sup> is an Organisation of Persons with Disabilities (OPD)-led network that aims to advance disability-responsive migration in policy and practice, focusing on the right to freedom of movement for persons with disabilities. Under Articles 18 and 11 of the Convention on the Rights of Persons with Disabilities (CRPD), reaffirmed in the GCM (Preamble (2) footnote 4), persons with disabilities are entitled to liberty of movement on an equal basis with others and to protection and safety in situations of risk ([United Nations, 2006](#)).

The Asia-Pacific region hosts 58 percent of the world's 8.3 billion people, accounts for around one third of all international migrants ([ESCAP, 2024a](#)), and is home to more than 750 million persons with disabilities ([ESCAP, 2023a](#)). Migration in the region is predominantly intraregional, driven by people seeking security, opportunity and improved living conditions in response to poverty, inequality, discrimination, conflict and climate-related pressures ([ESCAP, 2024a](#)). As migration is projected to increase ([IOM, 2024](#)), the number of persons with disabilities migrating is also likely to grow, in contexts of heightened risks and vulnerability due to multidimensional forms of marginalisation ([ESCAP, 2023b](#); [Cote & Banks, 2025](#)).

Despite normative commitments under the CRPD and the GCM, structural disadvantages embedded within migration governance systems persist. Migrants with disabilities face exclusion through restrictive citizenship and immigration laws that limit effective enjoyment of rights; 'labour market theory' drives migration policies that privilege narrow conceptions of productivity and human capital; and enduring historical legacies that have legitimised exclusion on grounds such as 'mental incapacity', reinforcing perceptions of persons with disabilities as undesirable or burdensome (Soldatic, 2013; Burns, 2017; WHO & World Bank, 2011; Ellermann, 2020; McAdam, 2011; El Lahib & Wehbi, 2012; Joseph, 2022; cited in [DMN, 2025a](#)).

Evidence within ASEAN, from a DMN & ILO (forthcoming) study supports the proposition that structural disadvantages occur for persons with disabilities across the migration cycle. Analysis of an ILO-IOM Survey of 1,864 returned migrant workers from Lao PDR, Cambodia and Myanmar, migrating to Thailand and Malaysia, illustrates how persons with disabilities experience heightened and intersecting vulnerabilities from pre-departure through return. Using the Washington Group Questions Short Set (WGQ-SS), 9.5 percent of respondents were identified as persons with disabilities, with women slightly overrepresented within this group<sup>2</sup>.

From the outset of the migration process, persons with disabilities (vs persons without disabilities) were more likely to rely on informal (82.1 vs 76.9 percent) and higher-risk migration

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<sup>1</sup> DMN, is currently an informal network and not a registered entity.

<sup>2</sup> However, a key limitation is that WGQ-SS were reported at the time of interview, meaning the timing of disability onset within the migration cycle could not be determined (DMN & ILO, forthcoming).

channels, including: unlicensed brokers (37.6 vs 21.4 percent) and independent arrangements (9.6 vs 0 percent), compared to migrants without disabilities who utilised direct employer links (3.9 vs 21.0 percent). These pathways in turn exposed persons with disabilities to higher proportional rates of every reported problem elicited, from misinformation, delays, document irregularities, higher costs, deception, poorer employment opportunities, discrimination, harassment, complex procedures and bribery. Such early-stage disadvantages are not contained at the point of departure but may shape subsequent labour market outcomes in the country of destination. Migrant workers with disabilities reported longer working hours exceeding 13 per day (7.2 vs 4.6 percent), higher prevalence of seven-day work weeks (59.6 vs 44.1 percent), reduced access to work permits (43.2 vs 59.1 percent) and significantly higher levels of workplace discrimination (29.2 vs 10.6 percent) than migrant workers without disabilities. These patterns extend beyond employment conditions to influence return outcomes. Persons with disabilities were more likely to experience unplanned or negative returns, including related to pregnancy (9.6 vs 5.0 percent) and job loss (10.1 vs 4.6 percent), potentially reinforcing socioeconomic insecurity upon re-entry into the country of origin. Throughout the migration cycle, marginalisation is apparent and may accumulate, producing layered forms of risk that intensify inequalities and situations of vulnerability over time for persons with disabilities.

## (1) Methodology and process of review

This VRSR was prepared by the DMN as an independent civil society contribution to the IMRF 2026. It provides disability-related context for the implementation of the GCM across ASEAN from a disability rights perspective. While aligned with the IMRF reporting template, this report does not replicate official government reporting processes.

This review draws on two sources. First, a desk-based analysis of global trends, regional and national literature and institutional reports. Second, primary inputs were collected from DMN OPD members. Contributors reflected on their engagement with migration governance processes and shared their experiences and knowledge across the migration cycle. Primary data were collected through written submissions.

The analysis focuses primarily on labour migration and identifies patterns of discrimination, exclusion, accessibility barriers and emerging good practices. It adopts a regional lens, examining ASEAN collectively, drawing on examples from Member States and, where relevant, from selected countries of destination to highlight shared trends, structural barriers and implementation gaps. This review is qualitative in nature and is not intended to be exhaustive, but to provide disability focused insight into progress and pertinent issues under the GCM.

## (2) Policy and enabling environment

Since IMRF 2022, the Secretary-General Report has increasingly recognised migrants in vulnerable situations, including persons with disabilities, as facing heightened risks of human rights violations ([United Nations, 2024](#): II-B-26). However, disability-responsiveness remains weakly institutionalised within migration governance frameworks. While commitments to non-discrimination and protection exist at normative level, their translation into disability-responsive policy, coordination mechanisms and implementation plans remains limited.

Labour migration and disability intersect across the migration cycle: persons with disabilities may (i) seek to migrate (successfully or unsuccessfully), (ii) migrate for work, (iii) acquire disabilities during migration or (iv) age into disability over time; migration may also occur in

connection with disability through (v) caregiving roles abroad, (vi) reunite with family or (vii) remain behind as family members migrate (DMN & ILO, forthcoming; [DMN, 2025b](#)). Despite these realities, migration governance systems rarely anticipate disability as a cross-cutting dimension, layered and a cumulative risk. Institutional mechanisms, including fair and ethical recruitment systems, medical admissibility frameworks, administrative procedures and social protection arrangements, often lack accessibility standards, reasonable accommodation provisions and continuity of care measures, failing to remove disabling environmental, attitudinal, communicational and institutional barriers ([ILO, 2026](#); [DMN, 2025b](#); [ESCAP, 2024c](#)).

Regional and global processes, including those addressing fair recruitment and decent work, have advanced dialogue on ethical and fair labour migration ([IOM, 2024](#); ILO, [2024a](#); [2024b](#)). However, disability-responsiveness is not systematically embedded in these frameworks. Technical guidance, data collection, coordination mechanisms and tripartite processes generally lack disability specific indicators and expertise ([ILO, 2026](#); [DMN, 2025b](#); [ESCAP, 2024c](#)).

Despite the GCM's emphasis on gender and children, disability-responsive principles across non-discrimination, participation and inclusion, equality of opportunity and accessibility remain insufficiently articulated, weakening protection frameworks and allowing structural barriers in migration governance to persist ([DMN, 2025a](#); [DMN, 2026](#)).

### (3) Summary of progress and evaluation of measures taken so far

Analysis of 59 VNRs submitted in 2022 demonstrates that disability remains underrepresented in reporting on implementation of the GCM. Across the 59 VNRs analysed<sup>3</sup>, the term “disability” appeared 54 times across 22 submissions, represented in 37.3 percent of reviews. In comparison, “women” and “gender” were referenced 736 times and “children” and “youth” 1,174 times, each appearing in 89.8 percent of submissions. In over 60 percent of reviews, disability was not referenced at all.

Where disability was included, references were predominantly framed through a vulnerability or welfare lens. Disability-specific operational measures clustered around social security and insurance entitlements, including disability pensions, allowances and portability arrangements embedded in bilateral agreements or regional frameworks such as the Eurasian Economic Union. These measures typically regulate coverage for citizens abroad or define entitlements for non-citizens within national legal and policy frameworks ([Cabo Verde](#), [Kazakhstan](#), [Mauritius](#), [North Macedonia](#), [Spain](#)). A second cluster concerned targeted services, such as individualised support, personal assistance, employment incentives or referral systems in return, readmission and reintegration processes ([Armenia](#), [Turkmenistan](#), [Tajikistan](#)). Finally, disability was integrated within broader humanitarian tools, including the gender age disability markers ([Germany](#)), targeted anti trafficking fund ([Kenya](#)), or youth community initiative ([Arab Region GCM](#)) and residency permits ([UAE](#)). Direct reforms to migration status, admission criteria or core labour migration governance remain rare, indicating that disability continues to be framed largely as a welfare or vulnerability issue rather than a structural migration governance concern, likely due to disability not being a guiding principle.

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<sup>3</sup> Of the total submissions received for the 2022 GCM review, 59 VNRs were analysed (two each from Mauritius and Azerbaijan), those excluded were 27 non-English submissions or had broken links, 4 duplicate reports submitted in multiple languages where the English version was retained, and 6 documents that were not formal VNRs but notes or letters.

This trend is reflected across ASEAN. Evidence from the International Disability Alliance (IDA) compilation of CRPD Committee concluding observations under Article 18 highlights ongoing structural barriers affecting liberty of movement and nationality rights ([IDA, 2025](#)). For instance, gaps in birth registration and civil documentation in countries such as the Republic of Korea, Viet Nam, Lao PDR and Myanmar restrict access to legal identity, restricting access later to transnational mobility and essential services. Disability based discrimination in immigration law and practice, particularly for persons with intellectual and/or psychosocial disabilities, including entry restrictions and guardianship related travel limitations, further constrain cross border movement (Republic of Korea and Viet Nam). In addition, nationality linked disability identity systems and legislative restrictions on access to disability services exclude migrants with disabilities from entitlements and social protection (Thailand; Republic of Korea).

Progress since the 2022 IMRF has not yet translated into systematic disability-responsive policy frameworks. As shared in the DMN ([2026](#)) comments/ inputs/ recommendations in to the IMRF Roundtable, there is cross-cutting inclusion and meaningful participation gaps for OPDs, across all GCM implementation, including data collection, policy design and evaluation, such as in the (A) Pledging Initiative, (B) Workstreams and (C) Indicators. Other challenges include limited disaggregated data, fragmented institutional coordination and inclusion on disability within migration ministries, and lack of technical guidance for disability mainstreaming.

Disability-responsiveness does not occur automatically through general non-discrimination commitments. It requires explicit policy articulation, institutional accountability and technical capacity building. Priority areas for action include integrating disability across National Implementation Plans, embedding accessibility and reasonable accommodation standards within recruitment and admission systems, revising outdated immigration laws, strengthening job retention, continuity of care and portability of social protection, and ensuring meaningful participation of OPDs in migration policy design and monitoring.

#### (4) Conclusion and next steps

This VRSR highlights that migrants with disabilities and acquired disabilities remain largely invisible in migration governance across ASEAN. While migration discourse increasingly recognises the distinct risks faced by women migrant workers compared with men, far less attention has been given to how migrant workers with disabilities experience migration differently from migrant workers without disabilities.



Persistent barriers exist across the migration cycle. These include inaccessible information and recruitment processes, discriminatory immigration and medical screening practices, and limited disability-responsive access to basic services, social protection and reintegration support. These challenges are compounded by negative attitudes towards disability, limited disability-disaggregated migration data, and insufficient recognition of disability-related costs such as assistive devices, personal assistance and accessible communication. As a result, migrants with disabilities and acquired disabilities may face heightened risks of exclusion, marginalisation and exploitation, reducing access to regular migration pathways. To address these gaps, the DMN identifies the following priority actions:

- Strengthen the meaningful participation of OPDs in migration governance at regional, national and local levels and take into account disability-related costs of participation;



- Build OPD capacity to engage in migration policy and decision-making, recognising historical exclusion and applying a twin-track approach: (i) disability-specific initiatives and (ii) mainstreaming disability within migration programmes.
- Provide disability inclusion training for migration actors, including government officials and service providers.
- Ensure migration information, services and local support points are physically accessible and available in alternative communication formats, including sign language, Braille, and accessible digital platforms.
- UNNM and State Parties to strengthen migration data systems by incorporating the Washington Group Questions, with support from OPDs.


Finally, the DMN calls for the establishment of an OPD-led global forum on disability, migration and refugees to strengthen coordination, evidence and policy development in this area. While also **recognising disability, alongside gender and children, as a guiding principle of the GCM.**


## Annex 1 (Supplementary form, GCM objectives)

GCM Objective	Progress/ Situation	Practices to highlight
 <p>1 DATA</p>	<p>Disability is not mentioned in GCM Objective 1 utilising accurate and disaggregated data (17), making disability-responsiveness challenging if not impossible to measure and therefore difficult to produce evidence-based interventions (<a href="#">DMN, 2025a</a>).</p> <p>Nevertheless, Round Table 4 discussions (48) recognised amongst others, that data collection gaps for disability exist (<a href="#">United Nations, 2022</a>). While <a href="#">ESCAP (2024)</a> calls to improve national and international data collection, ensuring it is disaggregated by disability (5.7).</p> <p><b>Note:</b> understanding of disability varies across and within borders and migrants may be reluctant to disclose impairments due to fears about their migration status or stigma (<a href="#">Cote &amp; Banks, 2025</a>), hence it is best practice not to ask directly about disability.</p>	<p>Utilising the <a href="#">Washington Group Questions</a> (WGQ), such as the Short Set, Enhanced or Child Module(s) can provide a better picture both identifying persons with disabilities and comparing outcomes for persons with/without disabilities, such as that from ILO-IOM Survey on returning migrants, outlined in the introduction of this report. This approach may have been improved by developing a question for when functional limitations became apparent, e.g. pre-during-after migration.</p> <p>DMN members reported that they were generally unaware of whether governments systematically collect disability disaggregated migration data. However, in the Philippines, with support from ILO TRIANGLE and ASEAN ACT, OPD members have participated in consultations with the Philippines Department of Migrant Workers (DMW), including discussions on incorporating disability into unified intake forms and reintegration data systems. While OPDs advocated for the use of the WGQs, the final outcome of these consultations remains unclear. Other DMN members indicated that data collection may still rely on simplified questions such as “Do you have a disability? Yes or no”.</p>
 <p>2 MINIMIZE ADVERSE DRIVERS</p>	<p>Persons with disabilities share common drivers of migration as persons without disabilities, including employment, conflict and climate change, but also face disability specific factors that can intensify these motivations. For</p>	<p>DMN members highlighted structural drivers that can influence migration decisions among persons with disabilities. For example:</p> <p>In the Philippines, it was noted that limited national employment</p>

<p>instance, in rural areas; limited access to health care, rehabilitation, inclusive education, accessible transport and vocational training, can drive both rural to urban and international migration (WHO, 2022, WHO &amp; UNICEF, 2022, Sultana, 2021, Chabeda-Barthe et al, 2019, Dew, 2024, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p> <p>Discrimination and stigma, including disability-based persecution, such as witchcraft beliefs triggering attacks against persons with albinism, may also compel movement (<a href="#">OHCHR, 2016</a>; Warkentin, 2024, Tarusarira &amp; Tarusarira, 2023, Alsharaydeh et al, 2019, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p> <p>Climate change repercussions may lead to labour market restructuring and further heighten risks of exclusion from decent work, particularly where preexisting inequalities and discriminatory practices limit access to re-skilling and safe employment, for groups such as persons with disabilities (<a href="#">ITUC, 2026</a>).</p> <p><b>Note:</b> persons with disabilities likely have fewer opportunities to migrate due to limited socioeconomic capital, as they typically experience higher levels of poverty; limited access to accessible information, social connections and cultural knowledge; challenging and inaccessible travel routes; reduced decision-making autonomy; and dependent on informal support networks (<a href="#">Pisani &amp; Grech, 2015</a>; <a href="#">Hodge et al, 2017</a>; <a href="#">Cote &amp; Banks, 2025</a>).</p>	<p>opportunities for persons with disabilities may act as a push factor for migration.</p> <p>In Thailand, it was identified that the lack of access to essential services and experiences of discrimination as contributing factors. Noting that some countries of destination have clearer policies recognising persons with disabilities, including provisions allowing work according to ability and the provision of reasonable workplace accommodations.</p>
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 <p><b>3</b> INFORMATION PROVISION</p>	<p>Colombo Process Member States have reported progress under the working group on fair and ethical recruitment, contributing to GCM Objective 3 through strengthened pre-departure, pre-employment and post-arrival orientation programmes that provide information on labour rights, decent work and the risks of unsafe migration and unethical recruitment, including debt bondage and forced labour (<a href="#">IOM, 2024</a>).</p> <p>Persons with disabilities face heightened vulnerability across migration pathways often due to inaccessible information about recruitment systems, screening and medical assessment practices, transportation, and regular migration channels. Barriers in both the content and format of information limit awareness of labour rights, migration procedures and access to justice, increasing exposure to exclusion and exploitation (<a href="#">ILO, 2026</a>; <a href="#">DMN, 2025b</a>).</p>	<p>Governments have taken steps to ensure migrant workers and their families have access to information on labour and human rights, safe migration and recruitment regulations, using multiple dissemination channels, migrant resource centres (MRCs), orientation programmes and other media (<a href="#">IOM, 2024</a>). While these practices help reach a wider audience, disability-responsive communication likely remains limited, with few measures systematically providing accessible formats such as sign language interpretation, Easy Read, Braille, captioning, or accessible digital platforms.</p> <p>DMN members reported limited awareness of disability-responsive migration information initiatives. In the Philippines, participants noted that the Advocacy Committee under the Inter Agency Council Against Trafficking (IACAT) has proposed consulting OPDs to support accessible anti trafficking information campaigns. In Thailand, participants reported that migration related information remains largely inaccessible for persons with disabilities, with limited availability of formats such as Braille, sign language interpretation or accessible government websites.</p>
 <p><b>4</b> LEGAL IDENTITY AND DOCUMENTATION</p>	<p>Evidence indicates that persons with disabilities face heightened barriers in obtaining and naturalising legal status across the migration cycle. Often due to medical inadmissibility provisions, “excessive demand” clauses, and capacity requirements (<a href="#">DMN, 2025a</a>; <a href="#">Cote &amp; Banks, 2025</a>; <a href="#">ILO, 2026</a>).</p>	<p>A good praxis, to consider is from the VNR of <a href="#">UAE (2022; 12)</a>, which outlines “<i>children with disabilities are granted residency permits regardless of age</i>”.</p>

	<p>Structural discrimination in employment, income thresholds and sponsorship requirements further limits access to work visas, while documentation gaps, inaccessible procedures, lack of reasonable accommodation and discriminatory practices during application processes compound exclusion (Popo, n.d.; UNICEF, 2021, UNHCR, 2021 cited in <a href="#">Cote &amp; Banks, 2025</a>). While, <a href="#">IDA (2025)</a> reports gaps in birth registration and civil documentation, preventing future migration and access to services.</p>	
 <p><b>5</b> REGULAR PATHWAYS</p>	<p>Persons with disabilities continue to face persistent barriers in accessing regular migration pathways, including discrimination in citizenship and immigration processes, limited employment opportunities, workplace exclusion, disability related recruitment costs, communication barriers and inaccessible access to legal assistance and provision of reasonable accommodation (Burns, 2017, Govere et al, 2021, UNICEF, 2022, Thatcher, 2023, DMN, 2024, Jackson et al, 2024, cited in <a href="#">DMN, 2025a</a>).</p> <p>Restrictive immigration policies further limit opportunities, with countries enforcing ‘acceptable standard of health’ requirements to reject visas for persons with disabilities. For instance, Australia’s ‘significant cost threshold’ can deny visas or deport families if persons with disabilities projected healthcare costs are deemed too high (<a href="#">ESCAP, 2024</a>). Additionally, immigration laws in multiple other countries include caveats for denial of entry, using language like ‘mental defect’, ‘physical infirmity’ and</p>	<p>Regular migration pathways should align with the CRPD, including Articles 11 and 18, requiring the reform of discriminatory immigration and nationality laws and the removal of procedural barriers such as inaccessible application systems (United Nations, 2006, UNHCR, 2021, cited in <a href="#">Cote &amp; Banks, 2025</a>). Positive jurisprudence, including constitutional rulings that prohibit denying citizenship on the basis of disability, demonstrates emerging good practice, such as in Italy where denying citizenship for those unable to swear oaths of allegiance due to their disability is unconstitutional (<a href="#">Cote &amp; Banks, 2025</a>).</p> <p>Bilateral Labour Migration Agreements (BLMA) are a key mechanism for regulating and monitoring fair recruitment and should be developed through tripartite plus processes that include OPDs and embed disability-responsive provisions to protect migrant workers with disabilities and acquired disabilities (<a href="#">ILO, 2026</a>; <a href="#">IOM, 2024</a>).</p>

	<p>‘chronic illnesses’ which officials might conflate with disability (GovTH, 1979, IDA, 2022, cited in <a href="#">DMN, 2025b</a>).</p> <p>The absence of inclusive regular pathways increases reliance on informal routes, while frontline actors such as border officials and service providers often lack training on disability-responsiveness. Limited access to formal disability diagnosis contributes to under identification, and some migrants avoid disclosure due to stigma or fear of discrimination (Jackson et al, 2024; cited in <a href="#">DMN, 2025a</a>).</p>	<p>Strengthening legal and policy coherence with international human and labour standers, including through legislative reform and ratification of relevant ILO Conventions, is essential to advance equality and non-discrimination in recruitment and employment (<a href="#">ILO, 2026</a>).</p> <p>DMN members highlighted barriers in recruitment and medical assessment processes affecting access to regular migration pathways. Members reported discriminatory attitudes among recruiters and health professionals, including instances where applicants with disabilities are deemed “<a href="#">unfit to work</a>”, due to <a href="#">disability</a>. Medical waivers may also be required when examiners identify non-standard health conditions, though the content and implications of these waivers are often unclear to applicants, creating a two-tier system for persons with disabilities compared to persons without disabilities. Other OPD members also reported that hospitals may refuse to issue medical certificates for persons with disabilities, preventing the issuance of work visas. Furthermore, OPD members noted that visa application systems remain inaccessible, including the lack of accessible online application formats.</p>
 <p><b>6</b> RECRUITMENT AND DECENT WORK</p>	<p>Migrant workers with disabilities face significant barriers to fair and ethical recruitment and decent work. They experience discrimination, lack of reasonable accommodation and exclusion from job opportunities. Recruitment processes themselves are</p>	<p>Labour migration policies and legislation should align with international standards on fair and ethical recruitment. Monitoring and enforcement mechanisms must ensure recruitment actors comply with these regulations, including not only trade unions but OPDs</p>

frequently discriminatory, as persons with disabilities may be excluded at the application stage because recruiters assume they are incapable, without assessing their skills. Preexisting disadvantages, such as higher unemployment and lack of accessible information, also increase their vulnerability to exploitation, trafficking and forced labour. Fears around visa and immigration policies further restrict opportunities, as recruitment agencies are hesitant to put disability candidates forward (DMN, 2024, Jackson et al, 2024, cited in [DMN, 2025b](#); [ILO, 2026](#)).


Although international standards such as the ILO Multilateral Framework on Labour Migration call for non-discriminatory medical examinations, health checks in practice often act as gatekeeping tools (ILO, 2006; 2025, cited in [DMN, 2025b](#)). Disability is frequently equated with inability to work, rather than assessing individual capacity in unity with reasonable accommodation, leading to inconsistent and discriminatory decisions.



Disability related costs, including assistive devices, medical care and workplace adjustments, transport, are rarely considered within fair recruitment systems – as costs to prospective migrant workers with disabilities (Mont & Cote, 2020, Mont et al, 2022, cited in [DMN, 2025b](#)).






Migrant workers with acquired disabilities face heightened risks of exploitation and labour rights violations. For instance, in the Republic of Korea, over 8,000


with processes that are disability-responsive, rights-based and unbiased ([IOM, 2024](#)). Using BLMA and Standardised Employment Contracts (SEC) that ensure social protection and portability of benefits – particularly for migrants with acquired disabilities and decent work conditions, and provisions for workplace adaptations and job retention.






OPD members reported limited awareness of disability-responsive recruitment practices. It was noted that some persons with disabilities may conceal nonapparent impairments to pass recruitment screening, while recruitment agency facilities themselves may not be physically accessible. It was also highlighted that there can be a mismatch between job announcements and the tasks ultimately assigned to workers with disabilities, as well as unclear employment contracts, including instances where contracts are cancelled upon arrival. These practices increase risks of exploitation and undermine fair and ethical recruitment and decent work conditions for migrant workers with disabilities.


	<p>industrial accidents involving migrant workers were reported in 2022, likely less than 20 percent of actual cases, as many injuries go unreported due to employer pressure and fears over visa renewal or rising insurance premiums (Byungchan, 2024, cited in <a href="#">DMN, 2025b</a>). Furthermore, gender gaps in Republic of Korea are significant: 42.8 percent of men had medical costs covered by public insurance compared to 33.5 percent of women, while 15.9 percent of men lacked industrial accident insurance versus 42.1 percent of women; women apply for compensation at only 18 percent the rate of men and have lower approval rates, often 50 to 60 percent in domestic and care work cases (Kim, 2020, Lee, 2024, cited in <a href="#">DMN, 2025b</a>).</p>	
 <p><b>7</b> REDUCE VULNERABILITIES</p>	<p>Migrant workers are overrepresented in high risk sectors with elevated rates of occupational injury and illness, e.g. working at heights or exposure to harsh chemicals, contributing to disability acquisition and premature return, compounded by weak continuity of care after hospital discharge and limited employer retention of workers with acquired disabilities (<a href="#">ILO, 2026</a>; <a href="#">DMN, 2025b</a>; <a href="#">ESCAP, 2024c</a>).</p> <p>Language and communication barriers continue to limit migrants' ability to understand documentation, employment contracts and health care processes, affecting informed consent, autonomy and access to basic services. The absence of accessible communication, including sign language and other disability-responsive formats,</p>	<p>Protection should be accompanied with empowerment, which must be addressed together in migration governance: protective measures should enable, not restrict, the meaningful participation of OPDs is vital for achieving this. When safeguards are designed without accessibility, adequate resources or the participation of persons with disabilities, they can unintentionally reinforce exclusion through inaccessible information, restrictive practices and assumptions that persons with disabilities cannot migrate safely (<a href="#">DMN, 2026</a>).</p> <p>OPD members noted that in general migrant support services may exist but often lack disability-responsive components. For example, members indicated that available services largely follow a "one size fits all" approach and do not provide disability specific support.</p>


	<p>creates structural barriers for migrants with disabilities (<a href="#">DMN, 2026</a>).</p> <p>Persons with disabilities can have increased challenges during transit due to mobility difficulties, inaccessible transport and lack of support, while extended transit increases exposure to harm (Warkentin, 2024, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p> <p>Sudden displacement and harsh transit conditions often result in the loss of assistive devices and medication, as well as separation from family members and support networks (Crock et al, 2017, UNHCR, 2024, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p>	<p>Furthermore, it was shared that some employers recruiting migrant workers with disabilities may provide support throughout the migration process, including assistance with visa applications and accessible accommodation in the country of destination, which is good practice.</p>
 <b>8</b> SAVE LIVES	Blank box	Blank box
 <b>9</b> COUNTER SMUGGLING	Blank box	Blank box
 <b>10</b> ERADICATE TRAFFICKING	<p>Although research is limited, available evidence indicates that disability can heighten vulnerability to trafficking in persons, particularly where poverty, exclusion from education and discrimination in employment increase exposure to deceptive recruitment and exploitative work (<a href="#">Jackson et al, 2024</a>; <a href="#">Jackson et al, 2026</a>).</p> <p>Limited access to accessible information on rights and trafficking risks further compounds vulnerability.</p>	<p>Thailand's (<a href="#">IOM, 2025</a>) Screening Form for Identifying Indicators of Human Trafficking and Forced Labour or Services According to National Referral Mechanism (NRM):</p> <ul style="list-style-type: none"> <li>● Disability: Yes; No</li> <li>● Difficulty: Seeing; Hearing; Walking or climbing steps; Remembering or concentrating; Self-care, such as washing all over or dressing; Communicating</li> </ul> <p>Asking about disability directly will likely result in an undercount due to</p>

	<p>In the ASEAN region, identification of trafficked persons with disabilities is weak due to inadequate screening processes, limited disability disaggregated data and poor coordination between trafficking and disability actors, resulting in under recognition and restricted access to support services (<a href="#">Jackson et al, 2024</a>; <a href="#">Jackson et al, 2026</a>).</p> <p>Common vulnerabilities may include: mental health problems, intellectual disabilities or learning difficulties (<a href="#">IOM, 2025</a>).</p> <p><b>Note:</b> it is the unaccommodating society that causes the vulnerabilities, not the person with an impairment.</p>	<p>the stigma surrounding disability (refer to comment in GCM 01).</p> <p>OPD members noted that they are becoming increasingly involved in trafficking prevention and capacity-building initiatives. For instance, in the Philippines, with support from ASEAN ACT an OPD member has participated in IACAT governance events, providing training and guidance to frontline actors. In Thailand, OPDs have been included in consultations on migration issues by international organisations, contributing to disability-responsive approaches in trafficking prevention. The inclusion and empowerment of OPDs is a good practice, though engagement remains at the advocacy and capacity-building stage without direct service delivery.</p>
 <b>11</b> MANAGE BORDERS	Blank box	Blank box
 <b>12</b> SCREENING AND REFERRAL	Blank box	Blank box
 <b>13</b> ALTERNATIVES TO DETENTION	Blank box	Blank box
 <b>14</b> CONSULAR PROTECTION	Blank box	Blank box
 <b>15</b> ACCESS TO BASIC SERVICES	<p><b>Health:</b> migrants, and particularly migrants with disabilities face significant barriers to accessing health care, including rehabilitation, assistive products, and continuity of care that allows dignity and social</p>	<p>Migrants with disabilities require inclusive and accessible services throughout the migration process, including visa applications, health care, education, legal aid, language services, social protection, and</p>

	<p>inclusion. Migrants with disabilities may lose medical documentation in transit, struggle to navigate unfamiliar systems or avoid disclosing disabilities for fear of affecting immigration status (EUAA, 2024, Smith-Khan &amp; Crock, 2019, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p> <p><b>Education:</b> migrant children with disabilities encounter difficulties in accessing inclusive education, including reluctance to disclose needs, language barriers, unfamiliarity with education systems, and challenges in properly assessing learning and special education needs. These obstacles can lead to misdiagnosis or lack of support, affecting educational outcomes (Shifrer et al, 2011, Malloy et al, 2023, Jørgensen et al, 2021, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p> <p>Persons with disabilities may face persistent pre-requisite barriers accessing basic services throughout the migration cycle due to inaccessible transport and housing, limited access to provisions of reasonable accommodation. These challenges are exacerbated by fragmented health care and social protection systems across countries. As a result, disability related costs can restrict mobility and access to services, particularly for persons living in rural areas or those who acquire disabilities while abroad (<a href="#">DMN, 2026</a>).</p>	<p>reintegration support. Services must be physically accessible, provide information in alternative communication formats (e.g. sign language, Braille, Deafblind interpretation) and non-local languages, and meet disability-specific needs such as accessible housing, transport and coverage for disability-related costs (UNHCR, 2023, Alsharaydeh et al, 2019, Rfat et al, 2023, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p> <p>OPD members highlighted persistent gaps in disability-responsive services. In the Philippines, while education is available for migrant children, it is unlikely that there are targeted programs for children with disabilities, particularly those with intellectual or psychosocial needs. In Thailand, migrants with acquired disabilities face challenges accessing physiotherapy, especially in remote areas, due to travel costs and having to pay for support (two people), limited sessions, and service restrictions.</p> <p>OPD members, wanted to restate that <i>“Reasonable accommodation means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”</i> (<a href="#">United Nations, 2006</a>).</p>
 <p><b>16</b> INCLUSION AND SOCIAL COHESION</p>	<p>Blank box</p>	<p>Blank box</p>

 <p><b>17</b> ELIMINATE DISCRIMINATION</p>	<p>Persons with disabilities continue to face discriminatory attitudes and practices in their countries of origin, let alone countries of destination, from communities and public officials that question their capacity to work and migrate saying their only option is to 'beg' abroad', reinforcing harmful stereotypes and, in some cases, creating barriers in administrative processes such as passport applications (<a href="#">DMN, 2026</a>).</p>	<p>Blank box</p>
 <p><b>18</b> SKILLS DEVELOPMENT AND RECOGNITION</p>	<p>Blank box</p>	<p>Blank box</p>
 <p><b>19</b> MIGRANT AND DIASPORA CONTRIBUTIONS</p>	<p>Blank box</p>	<p>Blank box</p>
 <p><b>20</b> REMITTANCES</p>	<p>Global migration patterns affect persons with disabilities even when they do not migrate themselves, as family members can migrate to provide remittances to help offset disability related costs and income loss (Chabeda-Barthe, 2016, Grech, 2019, cited in <a href="#">Cote &amp; Banks, 2025</a>). In Indonesia, reduced earnings following disability onset and reduced livelihood opportunities have been partly compensated by increased remittances (Simeu &amp; Mitra, 2019, cited in <a href="#">Cote &amp; Banks, 2025</a>). However, migration may also result in the loss of unpaid care and support within households, creating additional pressures for persons with disabilities (Grech, 2019, von Reichert &amp; Berry, 2020, Pan &amp; Dong, 2020, cited in <a href="#">Cote &amp; Banks, 2025</a>).</p>	<p>OPD members noted that in the Philippines, online remittance platforms offer medium-level accessibility, while in Thailand, digital financial services have improved access for persons with disabilities, enabling more inclusive remittance transfers.</p>
 <p><b>21</b> DIGNIFIED RETURN AND REINTEGRATION</p>	<p>Returnees with disabilities and acquired disabilities through workplace injury, violence or abuse, late onset health condition, face</p>	<p>OPD members noted that returnees with acquired disabilities face inaccessible reintegration services, lack coverage for disability-related</p>

	<p>major reintegration barriers (ILO, n.d., cited in <a href="#">DMN, 2025b</a>). Firstly, the return may be undignified if its forced after disability acquisition, secondly, gaps between countries of origin and destination limit access to workers' disability compensation, health care and social protection, and benefits often are not portable or require complex reregistration (Wickramasekara, 2019, cited in <a href="#">Cote &amp; Banks, 2025</a>), thirdly, return and reintegration services in country of origin are frequently inaccessible, with limited support for rehabilitation, livelihood, skills recognition or independent living (<a href="#">DMN, 2025b</a>). Finally, returnees with disabilities may also experience discrimination and social isolation, particularly if their journeys are viewed as economically unsuccessful (<a href="#">Cote &amp; Banks, 2025</a>).</p>	<p>costs, and encounter transport and accessibility barriers for upskilling or support activities.</p>
 <p><b>22</b> SOCIAL PROTECTION</p>	<p>Because social protection is often not portable across borders, migrants with disabilities must bear many additional direct and indirect costs themselves, often without family support or access to necessary services while in the country of destination (<a href="#">DMN, 2025b</a>).</p> <p>While the GCM addresses portability for women and older persons (38c), it lacks specific provisions for migrants with disabilities and acquired disabilities, leaving them vulnerable to gaps in social protection implementation (<a href="#">DMN, 2025a</a>).</p>	<p>Strengthening bilateral and multilateral agreements, and integrating disability-responsive measures into administrative procedures, is essential to ensure safe, rights-based return, readmission and sustainable reintegration of migrants, with attention to age, gender, rural contexts, and labour market opportunities (<a href="#">United Nations, 2024</a>; <a href="#">ESCAP, 2024c</a>).</p> <p>OPD members noted that social protection schemes like social security systems may be contributed to, but portability abroad is unclear, and if they can access healthcare abroad even if they continue to contribute to their country of origin. It was highlighted that cross-border access is largely unavailable, as policies on</p>

		<p>portability of social welfare benefits remain challenging in practice.</p>
 <p><b>23</b> INTERNATIONAL COOPERATION</p>	<p>Migrants with disabilities are often overlooked within both migrant and disability communities, resulting in their experiences being excluded from related policies and programmes (Rau &amp; Baykara-Krumme, 2024 cited in <a href="#">Cote &amp; Banks, 2025</a>).</p>	<p>The ILO’s TRIANGLE in ASEAN programme has organised training in Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam with migrant and disability rights communities to address overlapping issues. ILO TRIANGLE have also supported the DMN to engage in capacity-building of OPDs in migration, looking at human and labour rights of migrant workers, through online and in-person formats for members of OPDs based in Cambodia, Lao PDR, Malaysia, Myanmar, the Philippines, Thailand, and Viet Nam (<a href="#">ILO, 2026</a>).</p> <p>In the Philippines, OPDs have been engaged through ASEAN ACT in IACAT and regional workshops, national committee meetings, and have now managed to establish the Coalition on disability-responsive CTIP (CDRC), while also contributing to the Philippine Migrant Health Network and migration-oriented civil society sessions. Nevertheless, there have been instances of inaccessible facilities, impacting upon participants dignity. In Thailand, OPDs have participated in national and regional consultations on migration policies for persons with disabilities, particularly through collaboration with the DMN.</p>

## Annex 2 (Optional supplementary form, GCM core indicators)

### Unemployment rate, by sex, age and persons with disabilities (SDG; GCM: 02, 06, 18)

Persons with disabilities (not disaggregated by migrant status) have persistently lower labour force participation rates in the region, with a median of 25.4 percent compared to 60.4 percent for persons without disabilities ([ESCAP, 2023a](#)).

**Table 1a:** Data around employment, not disaggregated by migrant status (percentage)

Country	Employment <sup>4</sup>		Youth idle <sup>5</sup>		Labour force participation rate	
	No Disability	Disability	No Disability	Disability	No Disability	Disability
Cambodia	79.7*	56.8*	7.9*	23.8*	-	-
Myanmar	61.9*	36.3*	28.0*	53.4*	65.4**	13.8**
Philippines	54.0*	47.0*	20.4*	28.4*	61.1**	21.4**
Viet Nam	75.9*	35.2*	12.7*	37.4*	-	-
Indonesia	-	-	-	-	66.5**	11.2**
Lao PDR	-	-	-	-	41.3**	11.2**
Thailand	-	-	-	-	71.2**	31.4**

Notes:

\* Data sources multiple, taken from: [DDI. Disability Statistics – Estimates Database \(DS-E Database\). Disability Data Initiative collective. Fordham University: New York, USA. 2024.](#)

\*\* Data sources multiple, taken from: [ESCAP, n.d.. Social Development Division.](#)

**Table 1b:** Data around employment, not disaggregated by migrant status (percentage)

Country	Manufacturing work <sup>6</sup>		Informal work <sup>7</sup>		Adults in informal work	
	No Disability	Disability	No Disability	Disability	Persons without functional difficulties	Persons with functional difficulties
Cambodia	13.5*	4.9*	68.0*	82.4*	79.0**	88.7**

<sup>4</sup> "Proportion of the adult population ages 15 and older who work for pay, profit (self-employed) or for a family business or farm (whether paid or unpaid)".

<sup>5</sup> "Proportion of youth ages 15 to 24 who are not enrolled in school and not employed".

<sup>6</sup> "Proportion of workers ages 15 and older who work in the manufacturing sector".

<sup>7</sup> "Proportion of workers ages 15 and older who do informal work. They could be self-employed, work for a microenterprise of five or fewer employees or in a firm that is unregistered or have no written contract with their employers. Family workers without pay are included as informal workers".

Myanmar	7.0*	4.5*	-	-	-	-
Philippines	7.7*	5.5*	37.0*	51.2*	38.3**	48.6**
Viet Nam	20.9*	10.8*	53.6*	72.1*	67.0**	85.6**
Indonesia	-	-	-	-	63.1**	80.1**

Notes:

\* Data sources multiple, taken from: [DDI. Disability Statistics – Estimates Database \(DS-E Database\). Disability Data Initiative collective. Fordham University: New York, USA. 2024.](#)

\*\* Data sources multiple, taken from: [ESCAP, n.d.. Social Development Division.](#)

Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable (SDG; GCM 02, 22).

**Table 2:** Data around social protection, not disaggregated by migrant status (percentage).

Country	Health Insurance <sup>8</sup>		Covered by any health insurance			
	No Disability	Disability	Children aged 2-4 years		Children aged 5-17 years	
			Persons with functional difficulties	Persons without functional difficulties	Persons with functional difficulties	Persons without functional difficulties
Cambodia	14.7*	19.7*	-	-	-	-
Viet Nam	-	-	91.9** <sup>9</sup>	98.0**	94.4**	96.3**
Lao PDR	-	-	8.8**	13.9**	-	-

Notes:

\* Data sources multiple, taken from: [DDI. Disability Statistics – Estimates Database \(DS-E Database\). Disability Data Initiative collective. Fordham University: New York, USA. 2024.](#)

\*\* Data sources multiple, taken from: [ESCAP, n.d.. Social Development Division.](#)

Whether or not there are holistic and easily accessible service points at the local level that offer relevant information on basic services in a gender- and disability-responsive as well as child-sensitive manner (New; GCM 15).

Accessibility in local service points requires information and services to be available in multiple formats and communication methods, including plain language, Sign Language Interpretation, captioning, Braille and accessible digital formats. Persons with disabilities often face pre-existing disadvantages, including lower levels of formal education (thus literacy barriers) and limited access to assistive technologies, which can restrict their ability to obtain and use information. Physical inaccessibility of service centres, transportation barriers and inaccessible digital

<sup>8</sup> "Proportion of adults ages 15 and older who live in households with health insurance".

<sup>9</sup> "The figure is based on 25–49 unweighted cases and should be interpreted with caution".

platforms can further limit access to migration related basic services. Without disability-responsive design, persons with disabilities cannot access information and basic services on an equal basis with others.

**Table 3a:** Data around accessible service points, not disaggregated by migrant status (percentage)

Country	Literacy <sup>10</sup>		Ever attend school <sup>11</sup>	
	No Disability	Disability	No Disability	Disability
Cambodia	88.7*	70.5*	86.8*	67.5*
Myanmar	91.3*	75.9*	87.6*	66.1*
Philippines	98.8*	96.0*	98.7*	96.1*
Viet Nam	95.3*	76.3*	97.4*	88.8*

Notes:

\* Data sources multiple, taken from: [DDI. Disability Statistics – Estimates Database \(DS-E Database\). Disability Data Initiative collective. Fordham University: New York, USA. 2024.](#)

**Table 3b:** Data around accessible service points, not disaggregated by migrant status (percentage)

Country	Number of reported national public TV channels that broadcast news	Total daily duration of reported news programmes (hrs.)	Daily duration of accessibility services (hrs.)			Percentage of duration of accessibility services (%)		
			Captioning	SLI	No accessibility services	Captioning	SLI	No accessibility services
Philippines	1**	6**	0**	1**	5**	0**	16.7**	83.3**
Singapore	6**	21**	6**	0**	15**	28.6**	0**	71.4**
Thailand	21**	31.5**	21**	21**	10.5**	66.7**	66.7**	33.3**

Notes:

\*\* Data sources multiple, taken from: [ESCAP, n.d.. Social Development Division.](#)

<sup>10</sup> "Proportion of adults 15 and older who can read and write in at least one language".

<sup>11</sup> "Proportion of adults ages 15 and older who have ever been to school".

## Annex 3 - OPDs Statement for Inclusion and Representation

The DMN calls for stronger integration of disability inclusion across implementation of the GCM. Migrants with disabilities and acquired disabilities face distinct and systemic barriers throughout the migration cycle that remain insufficiently addressed in policy and practice.

We urge Member States, the UNNM, and relevant tripartite and social partners to adopt inclusive, rights-based approaches that ensure equitable access to safe, orderly and regular migration and decent work. Disability must be mainstreamed across all areas, such as but not limited to recruitment systems, employment frameworks and reintegration measures.

OPDs must be recognised as essential stakeholders in migration governance and meaningfully engaged in the design, implementation and monitoring of migration policies. This includes participation in:

- Development and review of migration, labour and social protection laws and policies affecting migrants with disabilities and acquired disabilities;
- Oversight and accountability mechanisms addressing exploitation and abuse;
- Design of inclusive migration systems that ensure accessibility, reasonable accommodation, non-discrimination, equality of opportunity, job retention and effective redress, including social, financial and medical support for migrants with acquired disabilities.

Without structured participation of persons with disabilities and OPDs, migration governance frameworks risk perpetuating exclusion. Institutionalising disability-responsive measures and OPD engagement across GCM implementation is essential to uphold human rights commitments and ensure that no migrant is left behind.

Organisation	Name
Disability Migration Network	Ben Thatcher Co-convenor
Disability Migration Network	Dr. Jun Bernardino Co-convenor
Life Haven Center for Independent Living Philippines	Karla Henson Executive Director
Disability Service Center Laos	Aikeo Koomanivong Executive Director
Thailand Association of the Blind Thailand	Ekkamol Phaetthayanan President