Multi-stakeholder responses in migration health

Selected global perspectives

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Outline

- Migrant health & social epidemiology
- Multi-stakeholder responses to migrant health challenges
- Lessons learned
Migration, Disease and Health risks

- Policy across sectors (health, migration, labour, social security, etc.)
- Availability of critical data for policy change

**Individual Factors**
- Migrant-friendly health systems
- Targeted health information
- Service availability, location, hours of operation, mobility
- Relationship with “host” community
- Living and working conditions
- Stigma, xenophobia, social exclusion

**Individual Factors**
- Disease and risk factor burden, healthcare at origin
- Immigration status and social capital
- Language and cultural barriers, gender norms
- Health literacy
- Health-seeking behaviours
- Capacity to overcome service access barriers
Questions to support analysis of the health – migration nexus

- Are migrants more vulnerable to particular diseases than nationals?
- Does in- and out-migration affect the demand for health services in the country (increase or decrease)?
- Do migrants and their dependents have less (or more) access to healthcare while abroad compared to their access back home?
Questions to support analysis of the health – migration nexus

- Do female migrants find it more difficult or easier than male migrants to access health services, particularly keeping in mind their need for sexual and reproductive health services?
- Do migrant households that stay behind have access to health services / health insurance?
- Do return migrants have access to health/social services? Are social security benefits portable?
A Review example – NCD burden among South Asians in Europe

- Unique features of NCD burden and risk factors in South Asian populations
  - Rapid increase in risk factor prevalence, e.g. tobacco use.
  - Higher morbidity and mortality burden at lower levels of risk factors, e.g. glucose intolerance.
Health systems challenges

Supply-side and Demand-side

- ‘Migrant-sensitive’ capacity
- Low awareness levels among migrants
- Legal barriers to health service access
- Linguistic and cultural barriers
- Migrant healthcare financing concerns

And Some responses
MULTI-STAKEHOLDER RESPONSES
Factors to address in migration health response -

Pre departure factors

Travel health factors

MIGRANTS & FAMILIES

Return

Host community factors

Cross cutting factors
- age, gender, genetic make up,
- socio-economic status
Multiple stakeholders

--- Origin --- Transit ---

- Ministries of Labour/Immigration/Health/Foreign affairs/Justice
- Recruitment agencies
- Facilities for health screening
- Migrant Families
- Transport operators/traffickers

--- Destination --- Return –

- Ministries of Labour/Immigration/Health/Foreign affairs/Justice
- Employers
- Border officials
- Health & social services (private/public)
- Local Communities
- Migrant associations
Public health strategies

Ensure migrants' health rights

Reduce excess mortality & morbidity

Avoid disparities in health status & access

Minimize negative impact of the migration process
World Health Assembly Resolution on Health of Migrants (WHA 61.17)

Calls upon Member States:

“to promote equitable access to health promotion and care for migrants”
“to promote bilateral and multilateral cooperation on migrants’ health among countries involved in the whole migration process”
Health & Migration process

INBOUND immigration

OUTBOUND emigration

INTERNAL migration

Pre-departure -> Travel -> At destination -> Return

Monitoring Migrant Health

Policy and Legal Framework

Migrant Sensitive Health Systems

Partnership, networks and Multi-country frameworks

Cross cutting issues

Multi-sectoral action (e.g. health, labor, social protection, migration...)

Public Health aspects (e.g. communicable disease, social and health burden...)

Economic and Financial Aspects (remittances, who pays?, resource costs for health system..private/public..)
Migrant health monitoring
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| Health care system   | Key national health indicators        | • Under-five mortality rate (MDG 4.1)  
• Infant mortality rate (MDG 4.2)  
• Maternal mortality ratio (MDG 5.1)  
• Access to private and public healthcare in country (e.g. proportion of uninsured; availability and affordability of specialized healthcare);  
• Proportion of population with advanced HIV infection with access to antiretroviral drugs (MDG 6.5) | Migration (e.g. “brain drain” from state sector overseas and into private sector) may undermine public healthcare provision. Migration may spread health related knowledge and good practices. |
| Occupational accidents|                                      | • Occupational accidents by main sectors/industries, comparing migrant workers with non-migrant workers as affected by occupational accidents.                                                                      |                                                                                                                                                        |
| Health security       |                                      | • Implementation of relevant public health measures outlined in International Health Regulations (2005) by border management  
• Number of entry VISAs denied based on medical grounds.  
• Training for border staff in public health issues and emergency medical care management. | Population movement may be accompanied by increased disease transmission.                                                                               |
Policy and Legal frameworks
Social protection in migrant health

- Social security schemes, employer-based health insurance or tax-based schemes for healthcare.
  - Insurance schemes for overseas workers, in Sri Lanka and the Philippines
  - Migrant health scheme in Thailand
  - Access irrespective of status in Brazil, Spain, Portugal
  - Portable healthcare through Moroccan-German agreement
Inter-sectoral national response

Establishment of a National Coordinating Framework for Migration Health Development in Sri Lanka

IOM assisted the Ministry of Health to establish a permanent Migration Health Unit which acts as a 'hub' for administrative and technical coordination; a Migration Health Task Force which comprises of technical advisors/senior administrators from more than 9 Government departments and other stakeholders; and a high level National Steering Committee chaired by the Health Secretary to serve as the main policy making body in relation to migration health development in Sri Lanka.

The Sri Lanka National Research Project on Migration Health

National research agenda was launched to develop an evidence base for formulating Migration Health Policy for Sri Lanka. Three prominent Academic and Research Institutions were commissioned with undertaking research into the outbound, inbound, internal and families left behind categories.

Border Health Regulation

Upon request of the Controller General for Immigration and Emigration, and the MOH, IOM assisted in the development of technical guidelines and protocols for “Health requirements for long stay visa applicants”, and for the development of a Visa Health Unit for the Ministry of Health.

Ensuring a “Healthy Return” for Returning Sri Lankan Refugees

With the technical support of IOM, the Ministry of Health convened an expert subcommittee headed by the Additional Secretary of Health to develop a national plan for ensuring health protection to approximately 87,000 Sri Lankan refugee returnees from Southern India. A major element was for ensuring returnees are provided with health information in collaboration with the Indian Government and are linked to primary health care services upon return to Sri Lanka. Close observation of International Health Regulations and ensuring non-discrimination on health grounds were hallmarks of the ‘healthy return’ plan.

Stimulating Organizational and Academic Research in Linking Migration Health and Development

To enhance both the advocacy and research agenda surrounding human mobility, health and development, IOM sought to engage with and co-sponsor key public health sessions at national, regional and international public health conferences. For instance, academic sessions on Health and Migration were pre-

Promoting the Migration Health Agenda via Regional and Global Exchanges

IOM has supported and facilitated participation of key stakeholders at regional and global migration health fora, such as the Inter-governmental Group on Migration and Health (IGM) and the World Health Assembly (WHA) to promote national migration health strategies and policies.
Healthcare access policies

- Spain – All migrants and asylum-seekers entitled to health coverage, with registration and individual health cards.

- Italy – Registration with national health services allows for similar rights and duties as citizens. Coverage for children of non-nationals; urgent treatments.
Migrants in irregular status/detention

- Guidelines & Training materials for border officials and health professionals
- improve living conditions & enhance healthcare access for detained persons
- address occupational health concerns of staff
Migrant-sensitive health systems
Migrant-sensitive health

- Know your local population and their entitlements to care and educate patients about the NHS system.
- Assess new patients' likely health needs using the checklist provided and by reference to the country specific pages.
- Update immunizations according to the UK schedule.
- Be alert to the possibility of infectious diseases and other health concerns in migrants from at risk countries and test as appropriate.
- Opportunistically ask patients about any plans to visit friends and relatives in their family country of origin, and offer appropriate advice.
Building health professional capacity

Priorities identified by Assisting Migrants and Communities project

- Maternal and child healthcare for migrants
- Behavioural health for young adolescents
- Mental health practices for culturally diverse populations
LESSONS LEARNED for the way forward...
Migration health policies should be constantly informed by research and evaluation.

1. People-centred
2. Culturally competent
3. Focused on reducing disparities

Adapted from WHO-WPRO (2008) TCCP Training
Whether or not the best and most relevant research reaches the person with the problem depends on the efficiency of the communications links. Therefore . . . the usual prescription for improving the use of research is to improve the means of communication to policy makers.

Rarely will policy makers be able to cite the findings of a specific study that influenced their decisions, but they have a sense that social science research has given them a backdrop of ideas and orientations that has had important consequences.

Many of the social science understandings that gain currency are partial, oversimplified, inadequate, or wrong. There are no procedures for screening out the shoddy and obsolete.
Integration of migration indicators in health information systems

1. National health surveys
2. Demographic Health Surveys
3. AIDS Indicator Surveys
4. Monitoring of health-related MDG indicators
Migrant-sensitive systems...

**Availability:** functioning public health and health care facilities, goods, services and programmes in sufficient quantity in a timely manner

**Accessibility:** non-discrimination, physical accessibility, economic accessibility (affordability), information accessibility

**Acceptability:** respectful of medical ethics and culturally appropriate, sensitive to age and gender

**Quality:** scientifically and medically appropriate
Migrant-sensitive systems...

- Language services
- Culturally informed healthcare delivery
- Culturally tailored health promotion and disease control
- Migrant-friendly support staff
Strengthen migrants’ health agenda in Regional mechanisms

- IGAD in Eastern Africa - Regional HIV/AIDS Partnership Programme (IRAPP)
- Health Working Group of APEC
- SAARC Health and Population activities
Strengthen Bi-regional cooperation

E.g. Asia-Europe Meeting – ASEF Public health network

- Consider adopting plan of work towards implementation of the WHA 61.17 in Member countries
- Enhance cooperation among multiple sectors across the Regions to raise political will for action on migrants
Bringing Health & Migration together in the global policy agenda

- Migration in global health platforms (Social Determinants of health; Rio +20)

- Migration at High-Level Governmental health Dialogues - NCDs, HIV & AIDS

- Public health in Global migration platforms (GMG, GFMD)
Critical strategies

- ‘Spaces of vulnerability’ approach to improve health of migrants and communities along migration continuum
- Multi-sectoral cooperation for migrant health policy coherence
- Engagement of migrant groups in evidence generation and translation into policy & programmes
Thank You.

www.iom.int/jahia/Jahia/activities/by-theme/migration-health