



International Organization for Migration (IOM)
The UN Migration Agency

Migrant Health Financing Round Table



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Global Migration Trends



IOM DEFINITION OF A “MIGRANT”

IOM defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of

- 1) the person’s legal status;
- 2) whether the movement is voluntary or involuntary;
- 3) what the causes for the movement are; or
- 4) what the length of the stay is.

Migrant Terms

Migrant

Internal/domestic migrant

International migrant

Mobile population

Seasonal migrant worker

Job seeker migrant

Regular (legal) migrant

Irregular (illegal) migrant

Families/children left behind

Accompanying families/children

Unaccompanied minor (child)

Assisted migration

Spontaneous migration

Smuggled person

Trafficked person

IDPs

Refugee

Migration Mega-trend: 1 in 7

7 billion Population

One billion Migrants

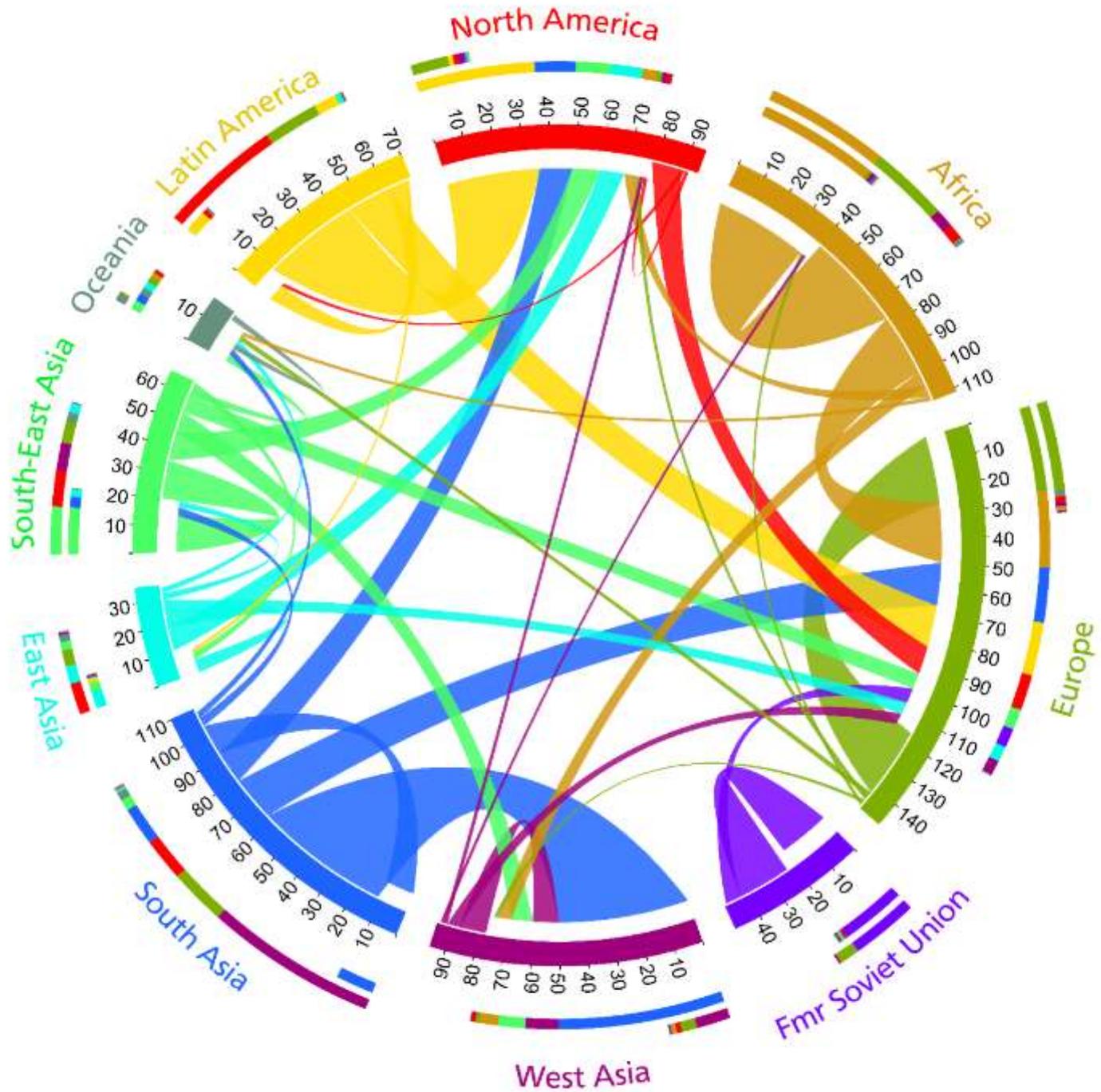


Urbanization 50%

Feminization ca. 50%

Forced Migration: 65.6 million (2016)





Economic Contribution of Migrants

3.4%

Migrants as a share of the world's population



9.4%

Share of global GDP contributed by migrants

Economic impact of migrants



Labor force

40–80% of labor force growth in top destinations between 2000 and 2014 was contributed by migrants



GDP

Migrants contributed **9.4%** of global GDP, or **\$6.7 trillion**—some \$3.0 trillion more than they would have produced in their origin countries



Productivity

Migrants of **all skill levels** contribute to the productivity effect in top destinations



Employment

Migrants **do not harm** the long-run employment or wages of native workers



Wages

The average wage gap between native and migrant workers with similar skills is **20–30%**

GLOBAL MIGRATION

1 billion migrants

(250 million international migrants; 750 million internal migrants)

LABOUR MOBILITY & ECONOMIC FACTORS

Economic disparities, employment opportunities ageing workforce in high income countries; or young surplus labor in low income countries

CONFLICT & NATURAL DISASTERS; EPIDEMICS

> 65.5 million forcibly displaced (UNHCR, end 2016); MERS-CoV, Ebola, Zika

CLIMATE CHANGE

Long term consequences: water scarcity, declining food production, growing populations → migration (> 200 Millions displaced by?)



Migration in the GMS

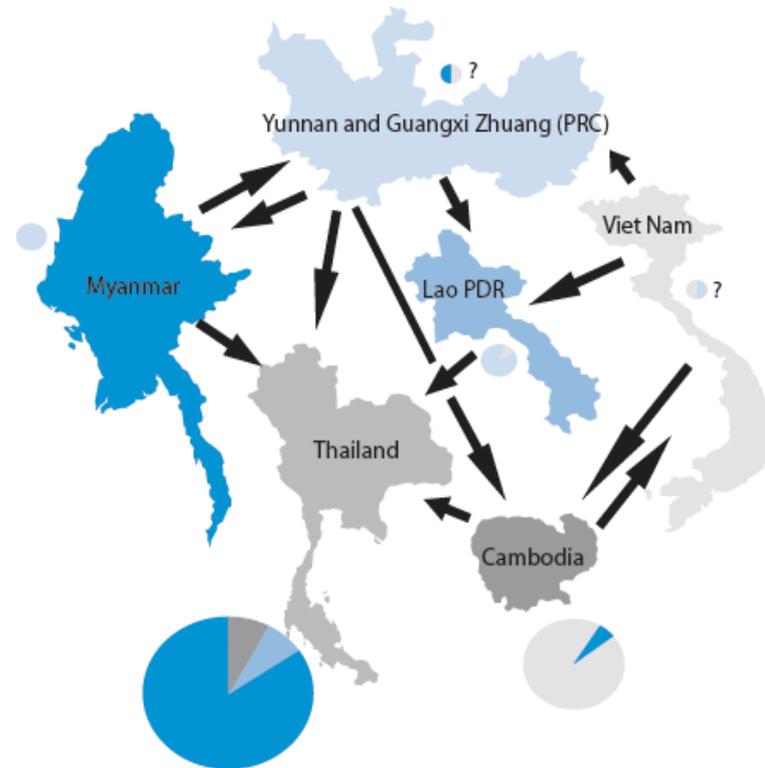


Regional Migration Trends

- There are an estimated **10,206,000** international migrants currently working and living in ASEAN (World Bank, 2015)
- Of these, **6,788,000** of them, (2/3) come from within the region (World Bank, 2015).
- ASEAN nationals living outside of their country of birth have been estimated at **21.3million** (World Bank, 2015).



Figure 1 Migration Flows and Stocks in the Greater Mekong Subregion



PRC = People's Republic of China, Lao PDR = Lao People's Democratic Republic.

Note: The circles illustrate the migrant stocks in each country (colors indicate the origin of migrants, the surface of the circle illustrates the size of the stocks). Question marks indicate uncertainty in the ratio.

Source: Drawn according to the data presented in this paper.

Figure 23. Map of the utilization of regular and irregular migration channels (%)



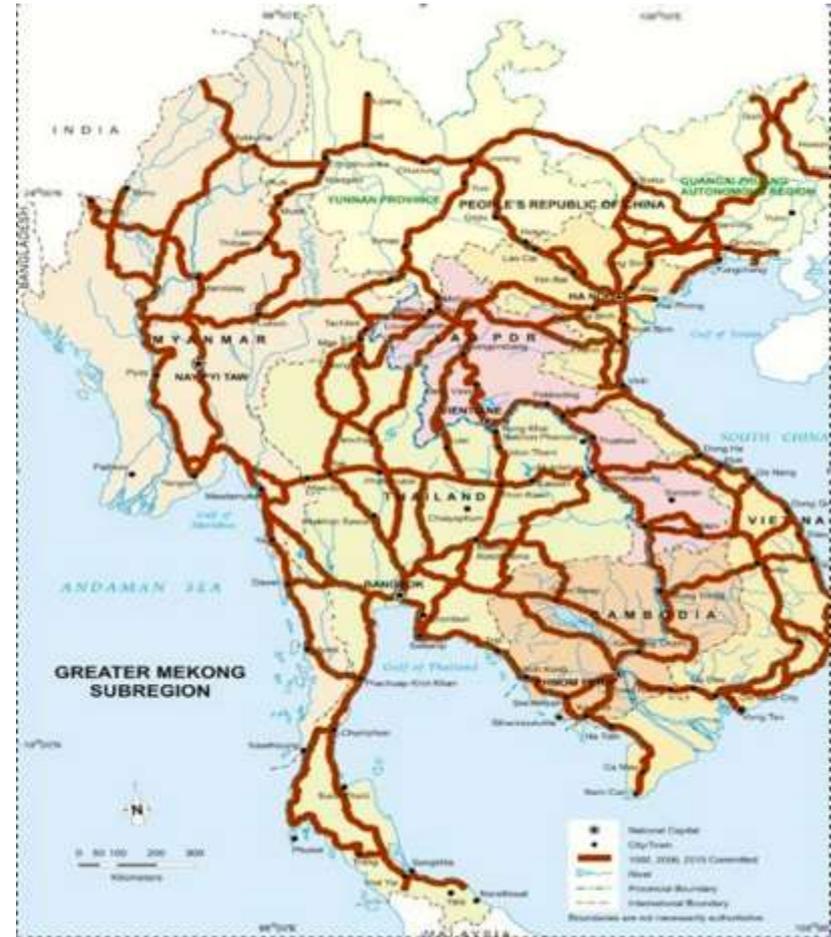
	International migrants residing in country (immigrants)	Nationals living abroad (emigrants)	Notes
Cambodia	76,329	1,064,840	
Lao PDR	45,466	1,313,365	*An additional estimated 20,000 Chinese workers will be working on a new railway construction project. These have not been included here
Thailand	<u>3,826,327¹</u>	902,928	
Myanmar	74,660	<u>4,250,000²</u>	*Does not include 688,000 persons from Rakhine state who have crossed into Bangladesh since august 2017.
Viet Nam	76,104	2,727,398	

Year	Major area, region, country or area of destination	Country or area of origin							
		Total	Cambodia	China	Lao PDR	Malaysia	Myanmar	Thailand	Viet Nam
2017	WORLD	257,715,425	1,064,840	9,962,058	1,313,365	1,855,615	2,894,741	902,928	2,727,398
2017	China	999,527	..	..	..	6,264	..	15,525	28,712
2017	Cambodia	76,329	..	1,566	268	177	53	31,791	37,601
2017	Lao PDR	45,466	3,568	13,951	..	..	259	3,428	19,716
2017	Malaysia	2,703,629	14,409	10,575	..	..	308,337	8,448	89,017
2017	Myanmar	74,660	..	34,276	..	..	..	..	..
2017	Thailand	3,588,873	680,686	76,595	923,050	1,352	1,835,106	..	7,255
2017	Viet Nam	76,104	1,035	3,141	7,272	133	11,695	12,077	..

	International migrants residing in country (immigrants)	Nationals living abroad (emigrants)	Population	Foreign nationals as % of population	Nationals living abroad as % of population
Cambodia	76,329	1,064,840	16,005,373	0.48%	6.65%
Lao PDR	45,466	1,313,365	6,858,160	0.66%	19.15%
Thailand	3,826,327	902,928	69,037,513	5.54%	1.31%
Myanmar	74,660	4,250,000	53,370,609	0.14%	7.96%
Viet Nam	76,104	2,727,398	95,540,800	0.08%	2.85%

Regional Migration Trends

- This map of the proposed ASEAN highway network demonstrates increasing investment in connective infrastructure.
- Opening up of travel and trade will promote increased mobility



Why Migrant Health



Why Focus on the Health of Migrants

1. Migrants are human beings, and have a **right to health**.
2. Migrant-inclusive health systems **improves public and global health outcomes**.
3. Healthy migrants **contribute to positive sustainable development outcomes**.



Migration Health Myths

Common myths:

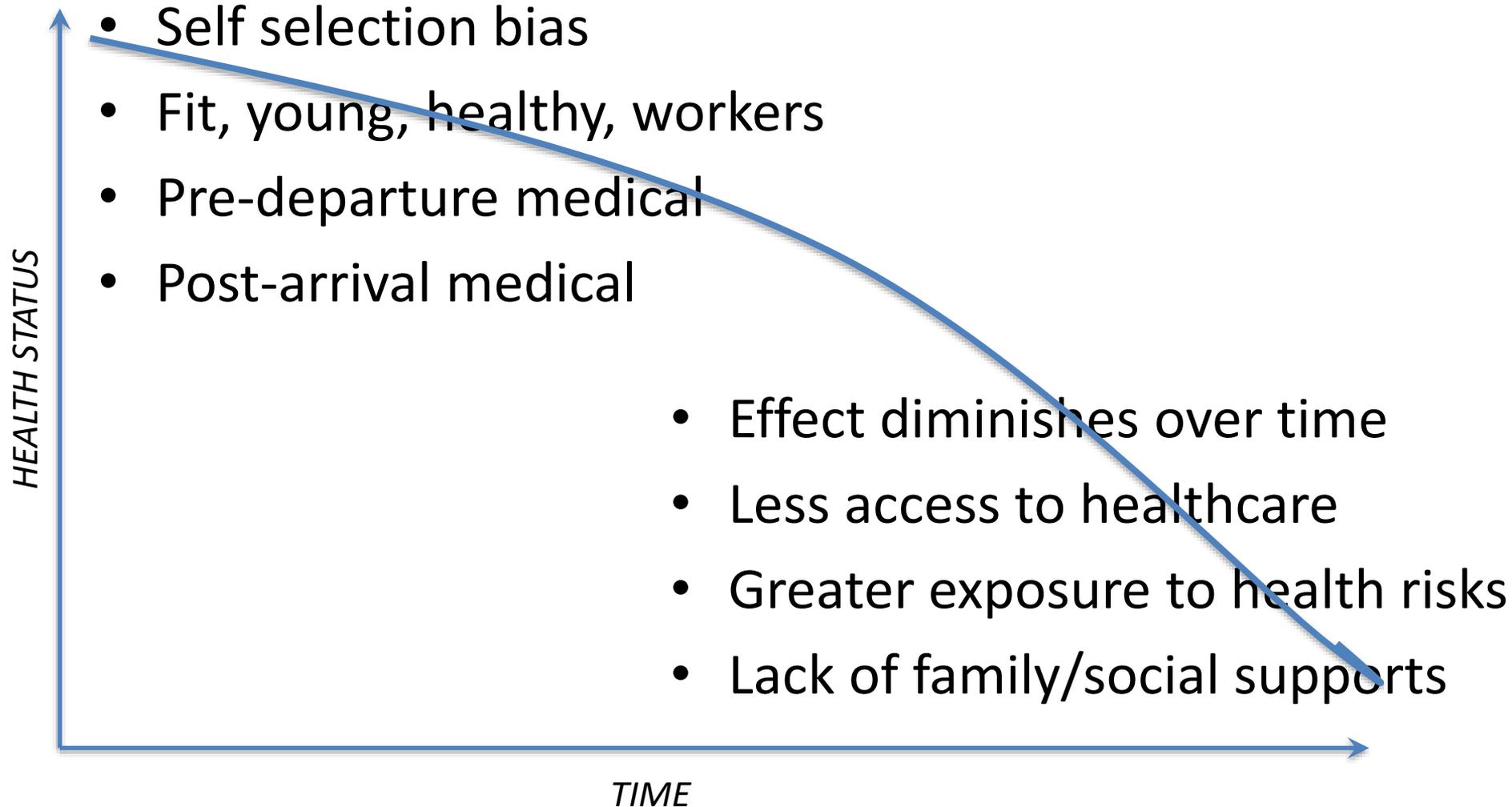
Migrants are carriers of disease

Migrants are a burden on the health system

Realities:

- Migrants can be more vulnerable than nationals to health risks.
- Migrants often underutilize services.
- Migrants contribute hugely to development.
- Migrants are very diverse – the health profile of a migrant depends on the characteristics of the migration process at all stages.

Healthy Migrant Effect

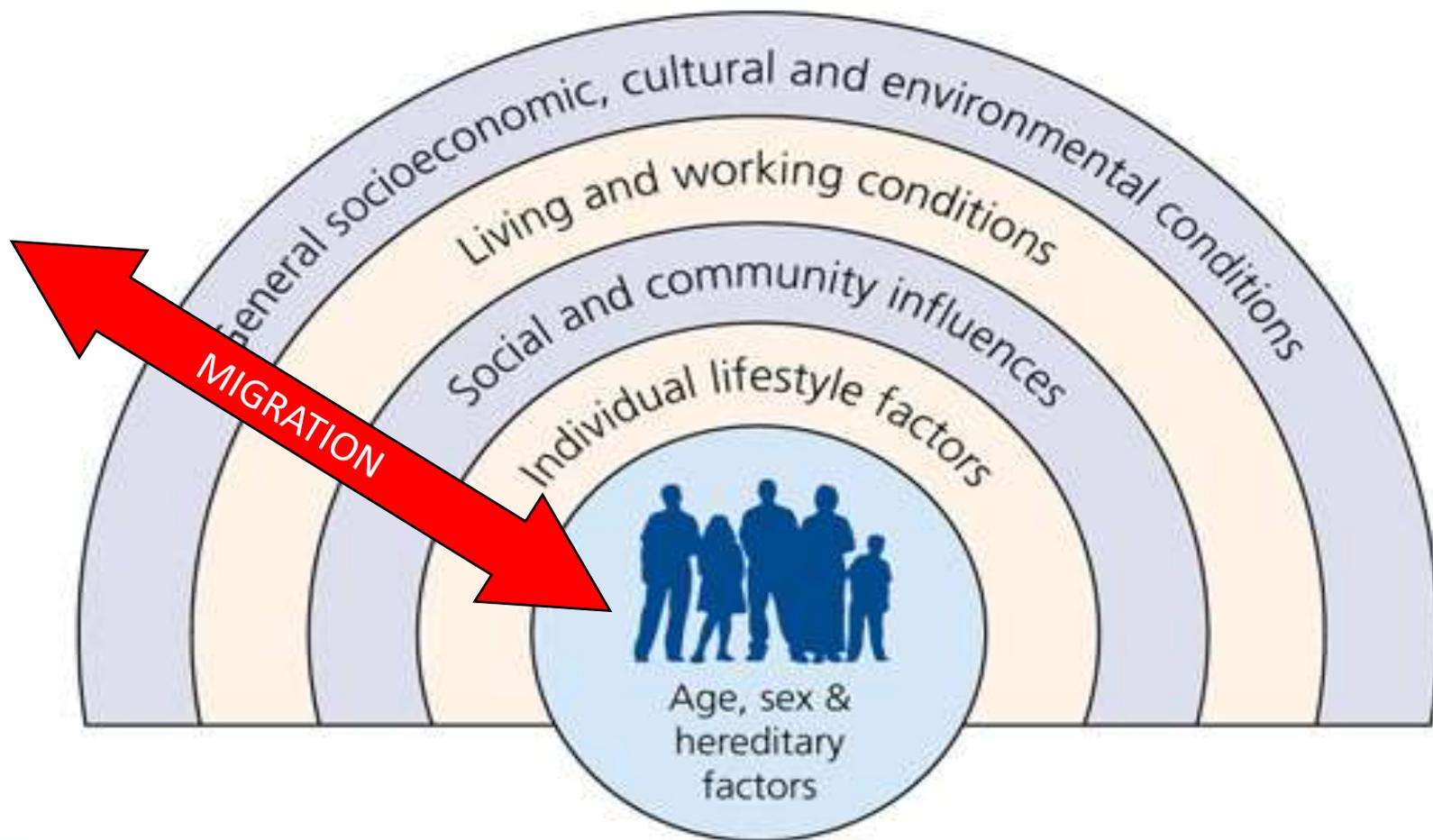


Why is Migrant Health important?

- Migrants are **NOT** simply ‘carriers of disease’ or burdens on the health system.
- Migration, in and of itself, is **NOT** a risk to health
- When migrating, people **connect** individual and environmental health factors **between communities**



Social Determinants of Health



What are key migration & Health issues?

- **Conditions surrounding the migration process can make migrants vulnerable**
 - > *Social Determinants of Health*
- **Inequalities in accessing health services**
 - > *Universal Health Coverage*
- **Negative outcomes for migrants and communities (i.e. health costs of migration)**
 - > *Public Health & Development*



Migrant Health Outcomes



Infectious Diseases

- Inadequate sanitation and hygiene
- Cramped and crowded living conditions
- Access to prevention and treatment, immunization

NCDs

- Availability (promotion) of unhealthy lifestyles
- Changes in physical activity
- Environmental and occupational health impacts

Physical Trauma

- Workplace injuries (3D jobs)
- Traffic accidents
- Violence including SGBV

Mental Health

- Isolation, stigmatization, discrimination
- Forced migration (IDPs, refugees, victims of trafficking)
- Stressors, exploitation, legal status, threat of eviction



MIGRATION

Access Barriers

- **Language.** Migrants have difficulty communicating their conditions to health care providers who speak in a foreign language.
- **Familiarity with the Health System.** Migrants are often unfamiliar with the health system in destination countries and face significant challenges in knowing when and how to access the correct services, who to contact, how to register and to which services they are entitled.
- **Mobility and Timing.** Because of the limited mobility of migrant workers, many are unable to seek healthcare when they need it. In most cases, the only available time for migrant workers to seek services is during their day off. However, not all countries have mandatory days off for migrant workers.

Access Barriers

- **Costs** are a major barrier, particularly when there are differential pricing schemes or lack of health insurance coverage for migrants. This can drive delayed health seeking care, avoidance of public services, and inability to complete recommended treatment. Note that costs can also include transport costs, loss of wages from time off work, additional fees in registration, and having to pay more in private sector. With most migrants migrating for economic reasons, health care costs can be catastrophic and plunge some women and families into poverty .
- **Attitude of employers** can also be a major factor including with harassment, discrimination and abuse. Lack of supportive environment or sick leave entitlements; punitive measures for pregnant women and threat of firing if found to be sick or requiring health care, maternity leave or just time off to visit health services.

Migrants and TB

- Migrants may experience an increased likelihood of TB exposure, infection and transmission due to **overcrowded living and working conditions, poverty and low levels of knowledge about TB** (Tomas et al, 2013)
- Migrants and mobile populations are likely to be **diagnosed late and have high treatment default rates**. (Tomas et al, 2013).
- Completion of DOTS was **as low as 67.2%** amongst internal migrant TB patients in Shandong province in China (Tobe et al, 2013)

Tobe RG et al. Factors affecting patient delay of diagnosis and completion of Direct Observation Therapy Short-course (DOTS) among the migrant population in Shandong, China. *BioScience Trends* 2013; 7(3):122-28

Tomas B et al. Tuberculosis in Migrant Populations: A systematic review of the qualitative literature. *PLoS One* 2013; 8(12):e82440

Migrants and TB

- Reasons for delays in diagnosis and treatment default **include social, economic and legal barriers to accessing health care, incompatibility of clinic hours with working times, lack of TB-related education and self-supervision on treatment.** (Tomas et al, 2013; Zhou et al, 2012; Kirwan et al, 2009; Chen, 2013)
- Higher treatment adherence is associated with **social support and case management** by family members or health care workers (Tomas et al, 2013; Zhou et al, 2012; Kirwan et al, 2009; Chen, 2013)
- Migrants with TB can face **substantial economic costs**, with TB treatment for example reducing the level of remittances they are able to send back home (Kirwan et al, 2009)

Chen J. Which urban migrants default from tuberculosis treatment in Shanghai, China? *PLoS ONE* 2013; 8(11):e81351

Kirwan et al. The social reality of migrant men with tuberculosis in Kathmandu: implications for DOT in practice. *Tropical Medicine and International Health* 2009; 14(12):1442-1447

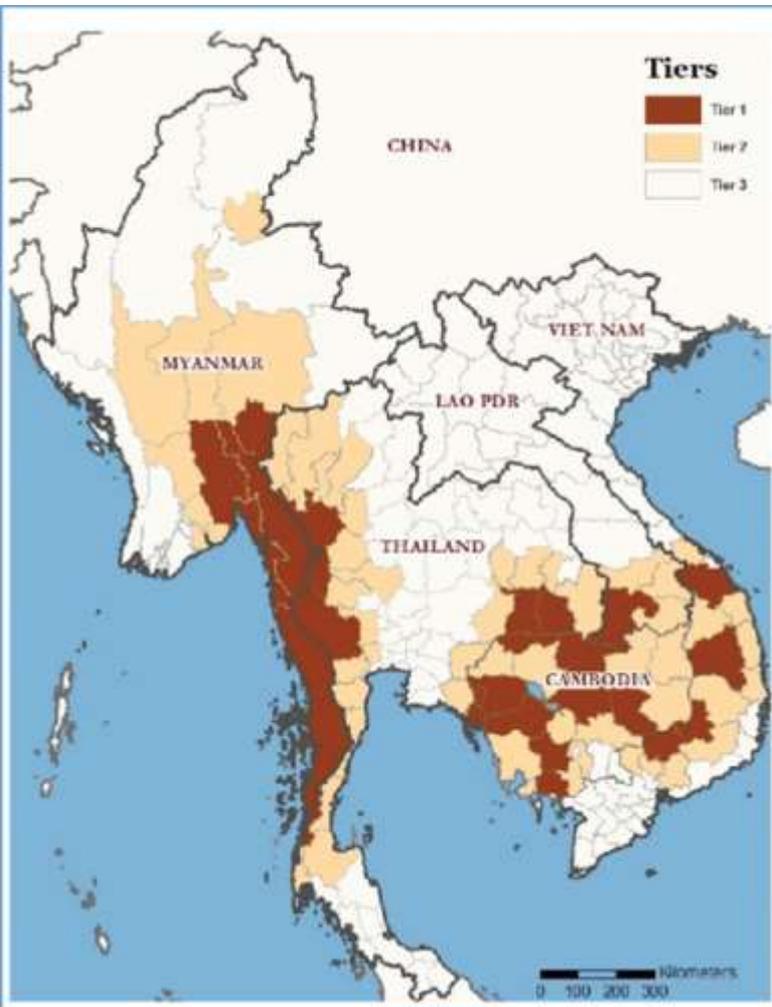
Tomas B et al. Tuberculosis in Migrant Populations: A systematic review of the qualitative literature. *PLoS One* 2013; 8(12):e82440

Zhou C et al. Adherence to tuberculosis treatment among migrant pulmonary tuberculosis patients in Shandong, China: A quantitative survey study. *PLoS ONE* 2012; 7(12):e52334

Migration and HIV

- While reliable data on HIV prevalence for migrants in the GMS is limited, studies indicate that the risk of **HIV can be linked to some occupations of high mobility**, to high-risk sexual or drug taking behaviour, to **certain geographical locations**, and to **limited access to affordable health care and HIV prevention and treatment**.
- Migrants in the GMS face specific **HIV vulnerability** due to exploitative living and working conditions, government policies that confine migrants to specific locations or employers, and high levels of stigma and discrimination.
- In 2010 the Integrated Biological-Behavioral Surveillance (IBBS) survey estimated the baseline HIV prevalence for migrant workers in Thailand at **0.8 percent**, but some migrants in Thailand have shown higher levels, including sex workers, fishermen, factory workers, male transport workers, and migrant women in some provinces.

Migrants and Malaria



		MOBILE MIGRANT LOCAL				
		9	7	5		
EXPOSURE INDEX SCORE	Forest Workers/Goers	9	27	25	23	9
	Construction/ Mine workers	7	23	21	19	7
	Security Personnel	7	23	21	19	7
	Seasonal Workers	6	20	18	16	5
	Visitors	4	16	14	12	3
		ACCESS INDEX SCORE				
		9	7	5		
		9	27	25	23	9
		7	23	21	19	7
		7	23	21	19	7
		6	20	18	16	5
		4	16	14	12	3

Migrants and SRH

Poorer outcomes for migrant women is a global phenomenon

- **Australia** – higher rates of Postpartum depression
- **Sweden** – lower rates of epidural analgesia during vaginal delivery
- **USA** – higher number of women with no prenatal care
- **Italy** – higher risk of complications of pregnancy
- **Netherlands** – higher rates of substandard care resulting in maternal deaths
- **Ghana**- higher maternal mortality
- **Peru** – less likely to have antenatal care
- **China** – lower rates of pre-conception counselling
- **Guatemala** – less contraceptive knowledge and use

Infectious Diseases

- Inadequate sanitation and hygiene
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- Access to prevention and treatment, immunization

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Physical Trauma

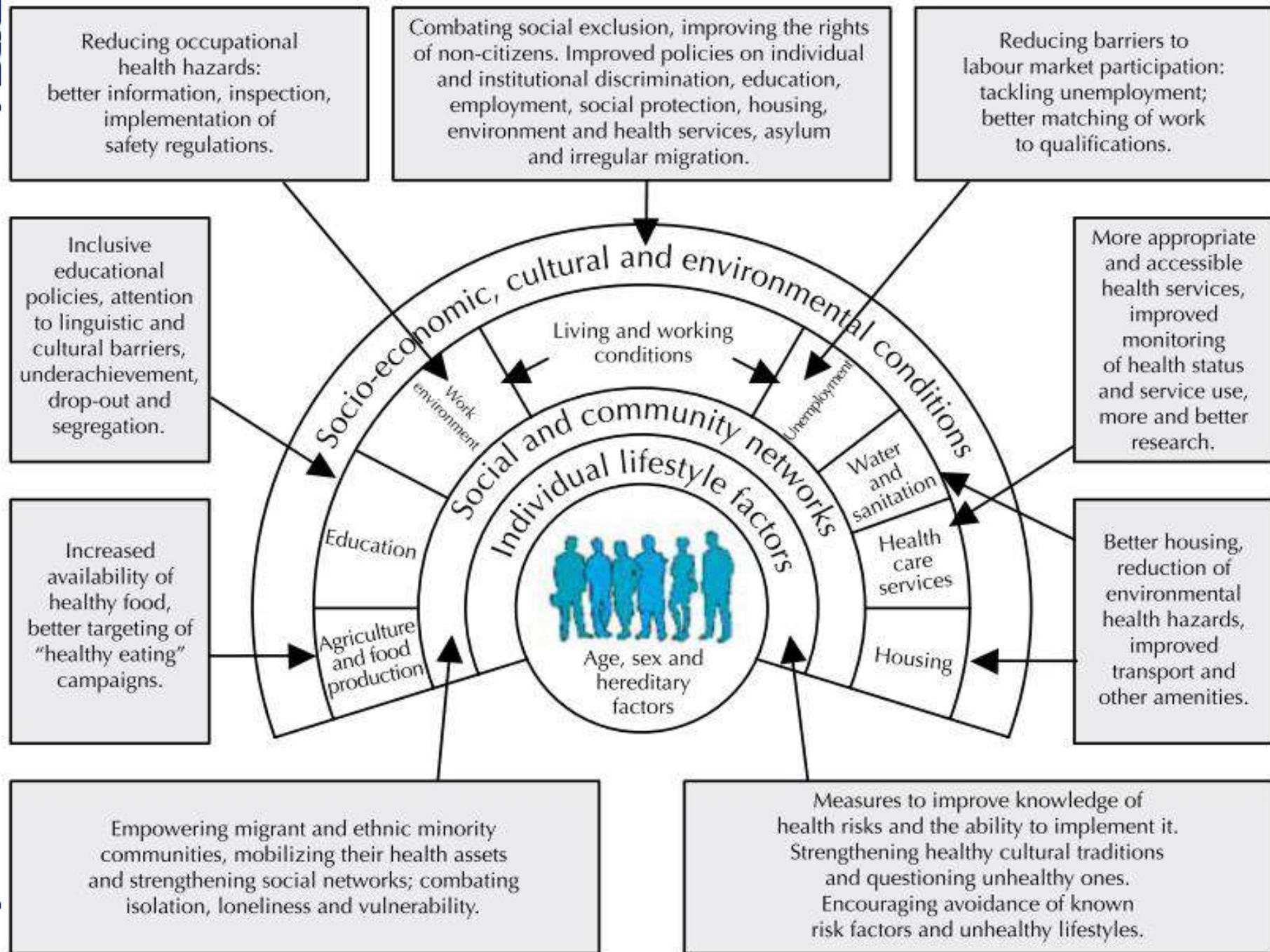
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MIGRATION



Reducing occupational health hazards: better information, inspection, implementation of safety regulations.

Combating social exclusion, improving the rights of non-citizens. Improved policies on individual and institutional discrimination, education, employment, social protection, housing, environment and health services, asylum and irregular migration.

Reducing barriers to labour market participation: tackling unemployment; better matching of work to qualifications.

Inclusive educational policies, attention to linguistic and cultural barriers, underachievement, drop-out and segregation.

More appropriate and accessible health services, improved monitoring of health status and service use, more and better research.

Increased availability of healthy food, better targeting of "healthy eating" campaigns.

Better housing, reduction of environmental health hazards, improved transport and other amenities.

Empowering migrant and ethnic minority communities, mobilizing their health assets and strengthening social networks; combating isolation, loneliness and vulnerability.

Measures to improve knowledge of health risks and the ability to implement it. Strengthening healthy cultural traditions and questioning unhealthy ones. Encouraging avoidance of known risk factors and unhealthy lifestyles.

How to Address Migrant Health?



WHA resolution 61.17

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;¹

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

Recalling the first plenary session of the United Nations General Assembly on migration issues and the conclusions of the High-level Dialogue on Migration and Development (New York, 14–15 September 2006) with their focus on ways to maximize the development benefits of migration and to minimize its negative impacts;

Recognizing that the revised International Health Regulations (2005) include provisions relating to international passenger transport;

Recalling resolutions WHA57.19 and WHA58.17 on international migration of health personnel: a challenge for health systems in developing countries, calling for support to the strengthening of health systems, in particular human resources for health;

Recognizing the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development;

Recognizing that health outcomes can be influenced by the multiple dimensions of migration;

Noting that some groups of migrants experience increased health risks;

Addressing Migrant Health

In 2008, the United Nations World Health Assembly Resolution on the Health of Migrants (61.17) called upon members to:

- *“promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants”*



WHA 61.17

Monitoring migrant health

- Develop health information systems, collect and disseminate data
- Assess, analyse migrants' health
- Disaggregate information by relevant categories

Policy-legal frameworks

- Promote migrant sensitive health policies
- Include migrant health in regional/national strategies
- Consider impact of policies of other sectors

Migrant sensitive health systems

- Strengthen health systems; fill gaps in health service delivery
- Train health workforce on migrant health issues; raise cultural and gender sensitivities

Partnerships, networks and multi-country frameworks

- Promote dialogue and cooperation among Member States, agencies and regions
- Encourage a multi-sectoral technical network

	CAMBODIA		LAO PDR		MYANMAR		THAILAND		VIET NAM	
	Internal- Outbound	Inbound								
Social and Health Protection Laws										
<i>Universal Health Coverage</i>	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗
<i>Social security</i>	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗
<i>Occupational Health and Safety*</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Occupational Malaria Intervention</i>	✓	✓	✗	✗	✓	✓	✗	✗	✓	✓
<i>Migrant Health Examination</i>	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗
<i>Pre-departure Orientation for Migrants</i>	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
<i>Migrant Health Insurance</i>	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗
<i>National Malaria Strategy</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Labour Laws										
<i>Worker's compensation</i>	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗
<i>Employment and job seekers protection</i>	✓	✗	✗	✗	✓	✗	✓	✓	✗	✗



**ASSOCIATION
OF SOUTHEAST
ASIAN NATIONS**

The Declaration on the Protection and Promotion of the Rights of Migrant Workers

- Signed during the 12th ASEAN Summit in 2007.
- It recognizes migrant workers as a vulnerable group whose rights requires protection.

The Declaration on Strengthening Social Protection

- Signed during the 13th ASEAN Summit in 2013.
- 'Migrant workers and other vulnerable groups are entitled to have equitable access to social protection'

Other Dialogues and Declarations:

- ASEAN Unity in Health Emergencies Declaration (2006)
- Healthy ASEAN Lifestyles Vientiane Declaration (2002)
- Regional Action Plan on Healthy ASEAN Lifestyles (2002)

Regional Legal Instrument	CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
ASEAN's Declarations					

Other Regional Instruments

The GMS MoU on Joint Action to Reduce HIV Vulnerability Related to Population Movement (2011)

GMS countries identified the following priority needs:

- improved understanding of **treatment and care across borders**, including treatment compatibilities across borders
- increased **joint implementation prevention and care programmes** at source and destination
- greater advocacy for **migrants' inclusion in universal coverage schemes**.

CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
				

The Extension of MoU among the Health Ministries of the Six Mekong Basin Countries on the Mekong Basin Disease Surveillance (MBDS) Cooperation 2015

MBDS countries signed an extension of this MOU in May 2015 agreeing:

- **Strengthened** national and regional capabilities in **disease surveillance**
- Considered **Malaria a priority disease** among others
- The scope of cooperation includes health system development, multi-sector collaboration, **cross-border activities and joint outbreak responses**

CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
				



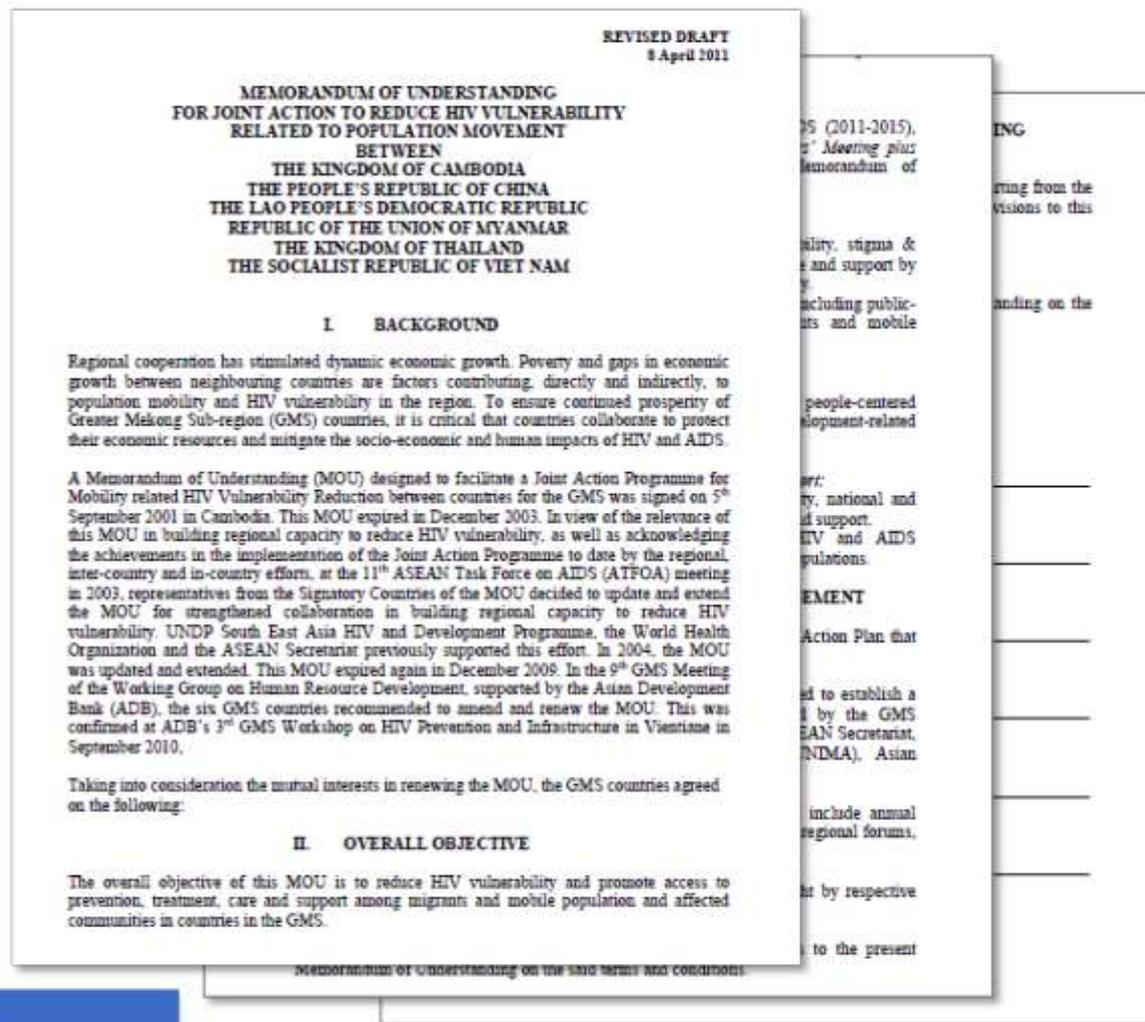


Ratification of ILO Conventions

ILO Conventions	Key obligations	CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
No. 97: Migration for Employment Convention (Revised), 1949	-Adequate medical attention during the migration process. -Same treatment as nationals in respect of social security					
No. 102: Social Security (Minimum Standards) Convention, 1952	-Provision of medical care (preventive or curative). -Same rights as nationals.					
No. 143: Migrant Workers Convention, 1975	-Respect basic human rights of migrant workers. -Same treatment as nationals.					
No. 155: Occupational Health and Safety Convention, 1981	-Develop occupational health services for all workers. -Surveillance of working conditions that may affect workers' health.					
No.181: Private Employment Agencies Convention, 1997	-Protection of workers: social security benefits, OHS and compensations for occupational accidents.					
No. 188: Work in Fishing Convention, 2007	-Ensure medical care, protection and social security of workers					
No.189: Domestic Workers Convention, 2011	-Human rights protection of domestic workers and same working conditions than other workers.					

2. MOU for joint action to reduce HIV vulnerability related to population movement between the GMS countries

- ▶ To reduce HIV vulnerability;
- ▶ To promote access to prevention, treatment, care and support among migrants and mobile population and affected communities in countries in the GMS.



Third MOU signed at the 4th GMS Summit in Myanmar in December 2011



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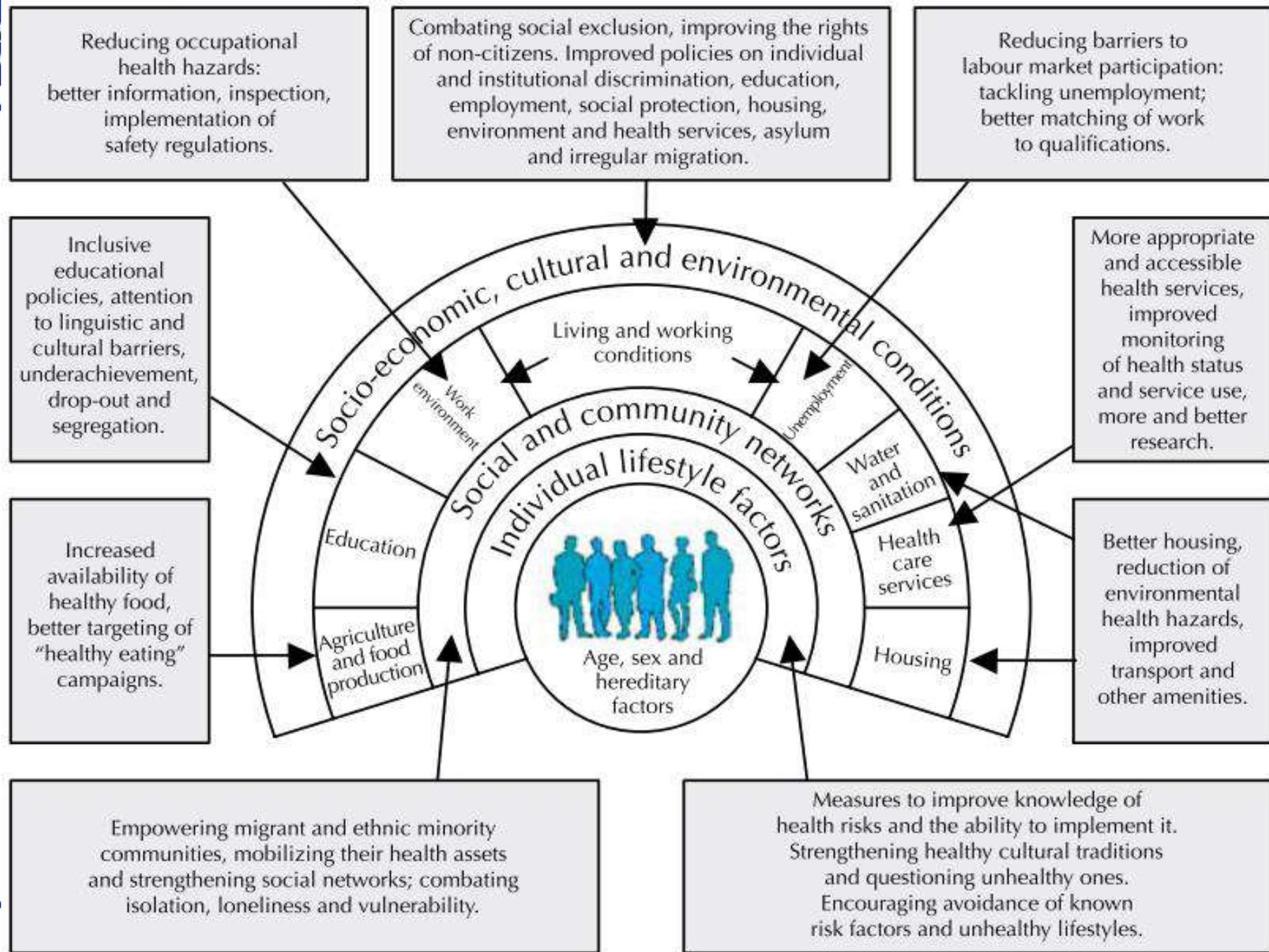
- ASEAN Unity in Health Emergencies Declaration (2006)
- Healthy ASEAN Lifestyles Vientiane Declaration (2002)
- Regional Action Plan on Healthy ASEAN Lifestyles (2002)

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
6. (MONITORING PROGRESS OF UHC WITH REGARDS TO SPECIAL POPULATION)/ DEVELOPMENT OF GUIDELINES ON HEALTH COVERAGE OF SPECIAL POPULATION*				
	<p>6.1 Advocacy targeted to sending countries on ensuring health coverage of documented migrants :</p> <p>6.1.1. Workshop to develop guidelines on health coverage for documented migrants and on sharing and recommendations for policy consideration</p>	<p>Expected output: Guidelines/ policy on health coverage for documented migrants</p> <p>Indicators: Guideline and health information available in English on ASEAN website by 2018</p>	<p>Philippines Thailand Indonesia</p>	<p>ILO IOM</p>



HEALTH OF MIGRANTS: RESETTING THE AGENDA

Report of the 2nd Global Consultation
Colombo, Sri Lanka, 21-23 February 2017



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Challenges for Addressing Migrant Health



1. Information system on migrants and health of migrants

- Disaggregated data on migration patterns, trends, irregular migration
- Health information (prevention, surveillance, health services) on migrants
- Monitoring and evaluation mechanisms on health of migrants
- Information sharing across the border

2. Communication, health education and prevention among migrants

- Migrants do not know about their rights
- Health prevention information (language, cultural sensitive) dissemination
- BCC interventions among migrants

3. Health care system development

- Capacity and attitude (anti-migrant sentiment) of health providers toward migrants
- Universal Health Coverage must be inclusive
- Provision of migrant friendly services (MHW, MHV)
- Usage and linkage of migrant's health information (monitoring, contact tracing)

4. Health care financing

- High burden on costs for health care and treatments for migrants (no health insurance and cannot afford their health costs)

5. Cross border collaborations

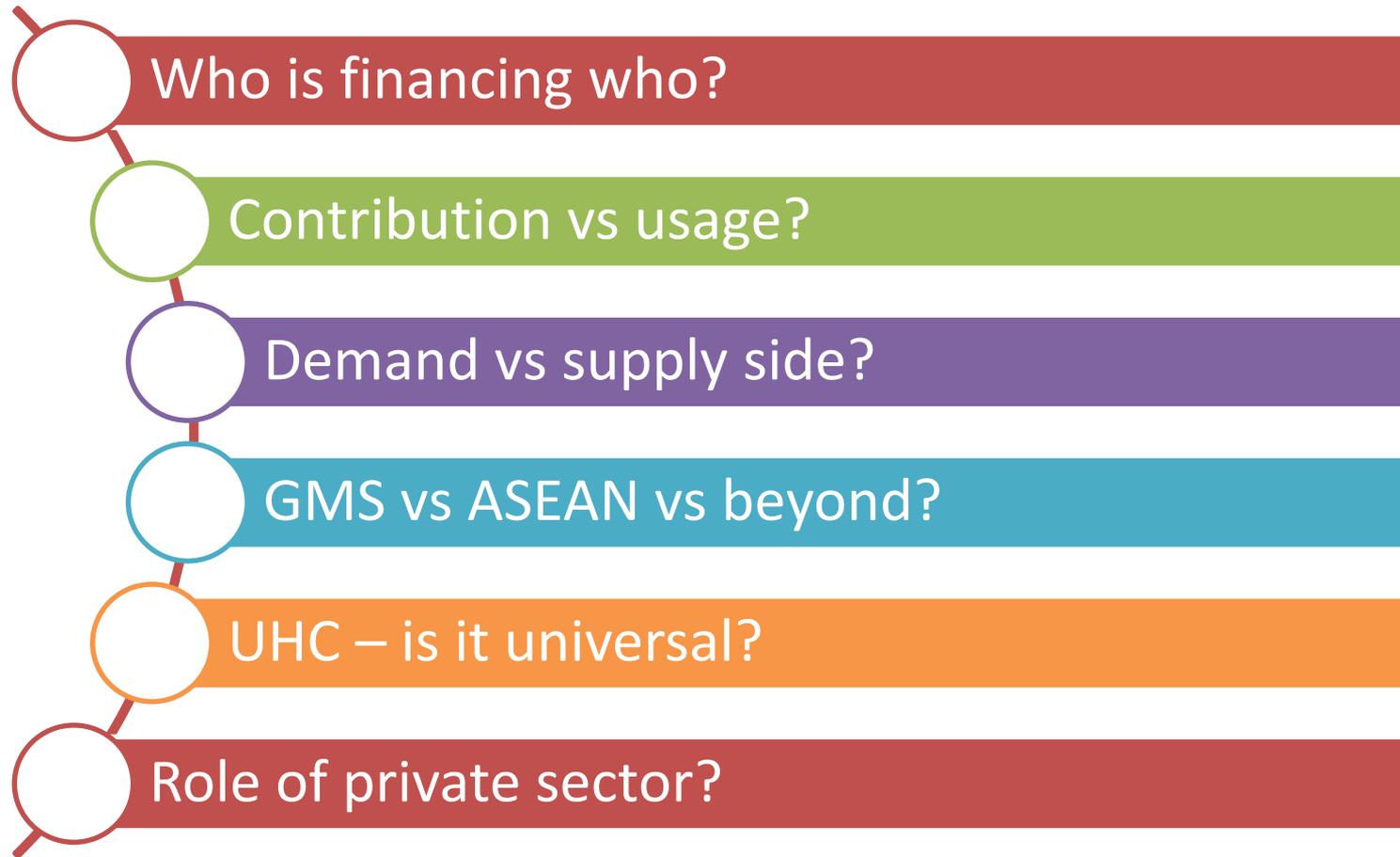
- Referral system across the countries (health system, transportation)
- Information sharing and usage of information

6. Collaboration with private sectors

- Private hospital in border provinces (information, surveillance)
- NGOs working with migrants
- Employer of migrants (access to health information and services)

Food for thought for today





Healthy Migrants for Healthy Communities

