

Managing Labour Migration and Public Health: *Key Public Goods in ASEAN*

Bangkok, 30 October – 04 November 2006

**Linking and Bridging the Gaps: Public Health Concerns
of Migrants and Host Communities**

Session: Migration Health
03 Nov 2006 0900-1230h

**Maria Nnette Motus, MD,
International Organization for Migration
Migration Health Services**



IOM • OIM

The views expressed in this paper are the views of the author and do not necessarily reflect the views or policies of the Asian Development Bank Institute (ADBI), the Asian Development Bank (ADB), or its Board of Directors, or the governments they represent. ADBI does not guarantee the accuracy of the data included in this paper and **accepts no responsibility for any consequences of their use**. Terminology used may not necessarily be consistent with ADB official terms.



IOM • OIM

Basic Figures

- 1 out of 35 persons is an international migrant (IOM, 2003)
- Annual flow of migrants- between 5 – 10 million people (including undocumented migrants)
- 48% of all migrants are women (IOM, 2000)
- 80-97 million migrant workers/dependents in countries outside their own; no less than 15% are irregular (ILO,2002)
- ~ no reliable statistics on human trafficking – > than 2M?
1.2 million children are trafficked every year world wide (UNICEF, 2003)



AIMS OF THE PRESENTATION

- To highlight linkage between migration health and population mobility
- To illustrate significant public health implications and the migration process
- To outline key health determinants and priorities in addressing management of migration health and public health policies and care



Changes in Migration Patterns

→ **PACE** - faster migration movement

→ move **DIVERSE** types of migrants

Globalization → ethnically diverse societies

= a **challenge** for decision makers and service providers to plan and provide effective and culturally appropriate, responsive, rights- based health services



HEALTH

WHO definition:

**‘a state of physical, mental and social well-being,
and not merely the absence of a disease or
infirmity’**

In the migration context,

**“ physical, mental and social well-being of
migrants and mobile populations’**



IOM • OIM

MIGRATION AND HEALTH

= **linked and interdependent**

= **dynamic processes**

= **evolving**



PUBLIC HEALTH

= ‘a science and art of promoting health, preventing disease and prolonging life through organized efforts of society’

(WHO, Adapted from Acheson, D (1998); Public Health in England, Cmnd 289, HMSO)

= in the migration context,

- Health of migrant workers/dependents
- Potential risks unhealthy migrants may bring to host communities
- Burden on the public health system



IOM • OIM

MIGRATION HEALTH

= Specialized field within the medical science

= focuses on the **WELL-BEING** of all types of migrants and mobile populations (immigrants, internally displaced, refugees, returnees, labour migrants, trafficked populations, irregular migrants, etc)

= through all phases of the migration **PROCESS**:

→ Pre-departure

→ Transit

→ Upon arrival

→ Upon return



IOM • OIM

MIGRANT HEALTH AND POPULATION MOBILITY

→ **Traditional medical screening: for a certain fraction of permanent resettlers**

[focus on infectious diseases at time of exams]

→ **Migrant and Mobile populations = health issues go beyond infectious diseases; think about non-infectious (ex: trauma, chronic diseases) and psychosocial illnesses**

[pre-departure, transit, arrival and upon return]



IOM • OIM

PUBLIC HEALTH IMPLICATIONS OF MIGRATION

- better recognition of relationship between population mobility and emergence of unknown/known diseases (ex: HIV/AIDS, SARS, TB, Avian Influenza)**
- But health care systems in place may not necessary recognize migrants' personal health history, beliefs, culture (integration concerns)**
- Access to health services (language-culturally –gender appropriate, affordable, accessible, aware that services are available)**
- other health risk factors related to travel conditions**
- Rights-based approach/considerations**



How health is affected

Personal history/ past events & beliefs, culture, etc

Existing health and risks of travelling

Health care access, availability, affordability
Acquired health risks/exposure and attitudes, behaviour
Other social risks and mobility events...



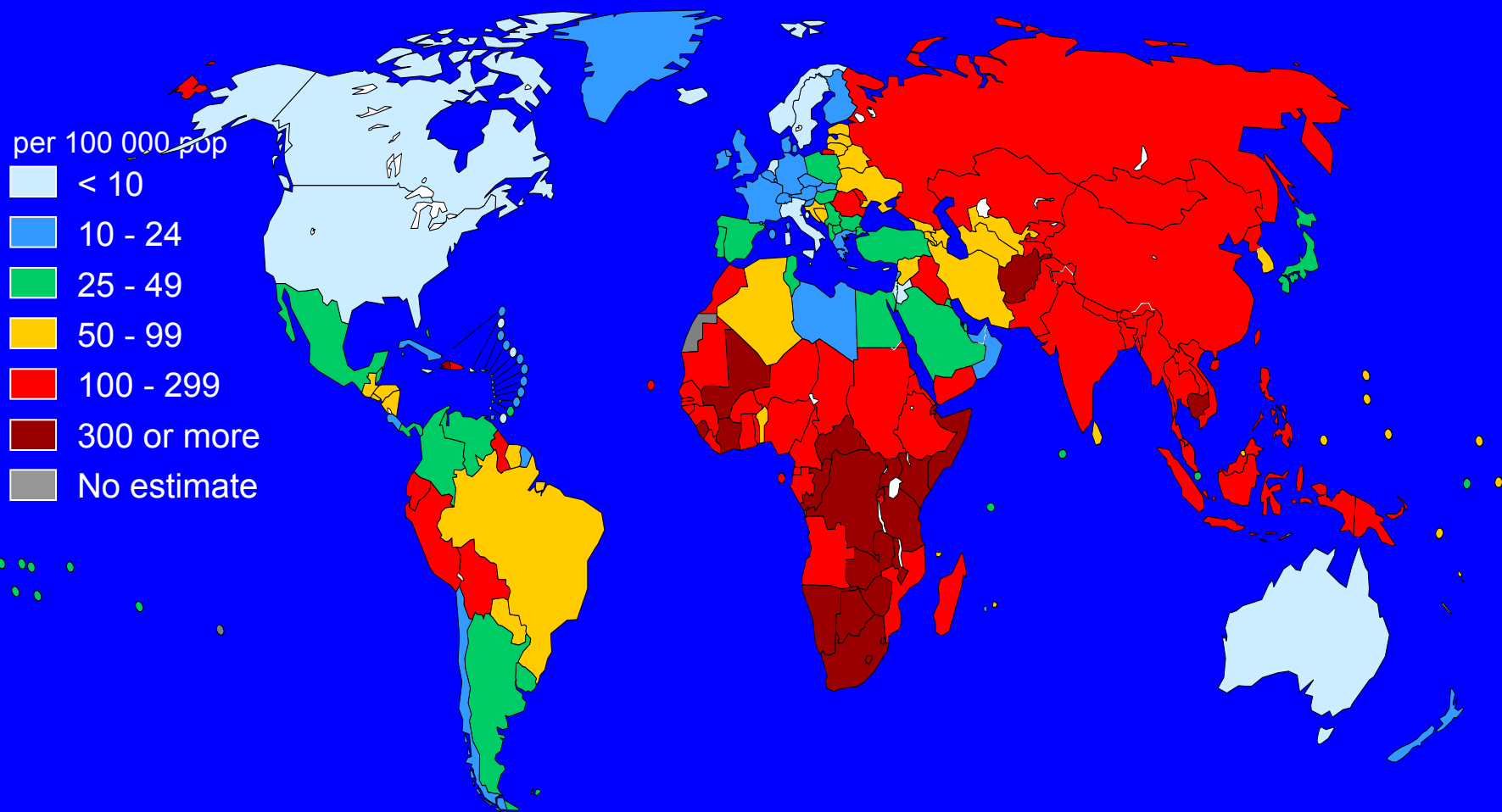
PUBLIC HEALTH IMPLICATIONS OF MIGRATION

Key examples:

- **Communicable Diseases**
 - **data showing migration from areas with high rates of TB, malaria, HIV/AIDS to areas with lower prevalence rates**
 - **higher cost implications and financial burden to the economy**



Estimated TB Incidence Rates, 2001

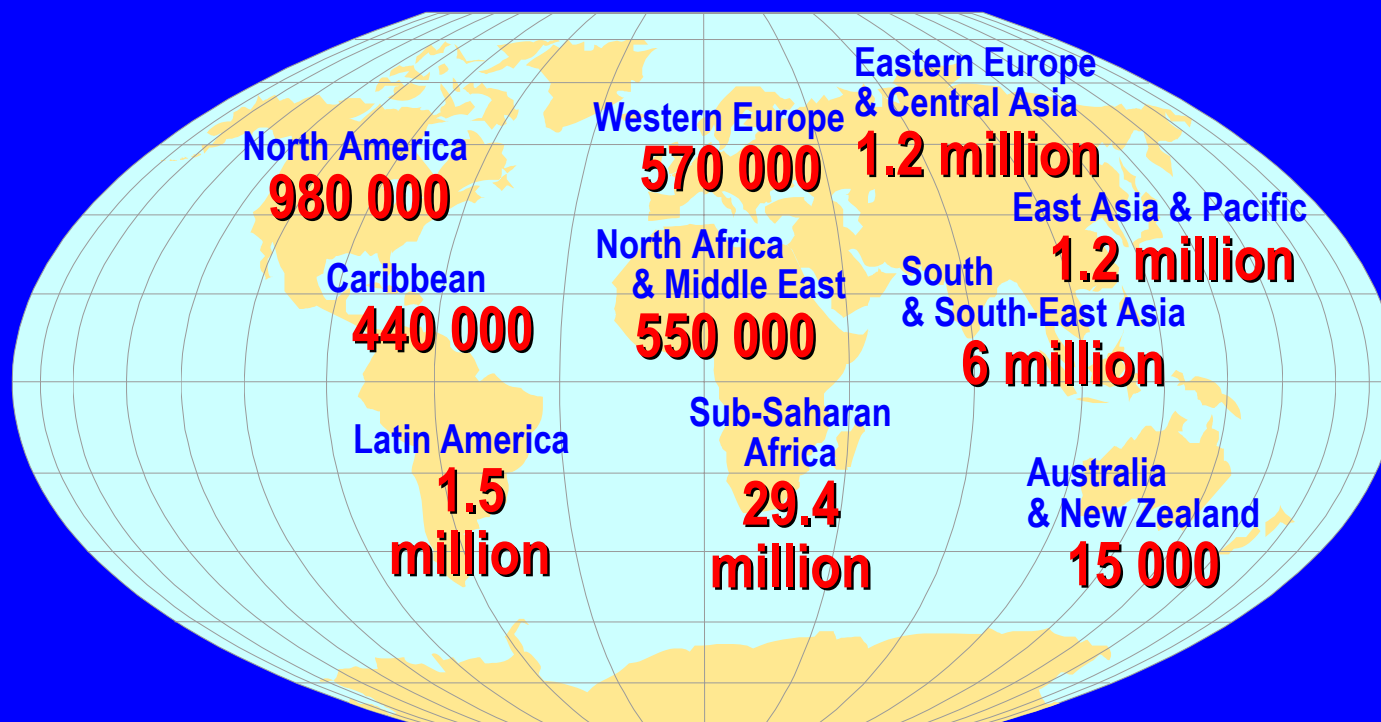


The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. White lines on maps represent approximate border lines for which there may not yet be full agreement.

© WHO 2003



Global Estimated Prevalence Rate HIV/AIDS, end 2002



42 MILLION

(UNAIDS)

PUBLIC HEALTH IMPLICATIONS OF MIGRATION

Examples:

- **Reproductive/sexual health and women's health**
 - = **higher vulnerability of women/children with increased feminization of migration**
 - = **victims of trafficking and other forms of exploitation**
 - = **women's rights need to take prominent place in advocacy and policy strategies**



IOM Indonesia Medical Recovery Center (March – July 2006)

71 % - Chlamydia trachomatis

9 % - Gonorrhea

6.5 % - Trichomoniasis

0.7 % - Syphilis

0.6 % - HIV positive (voluntary)



An illustration concerning labor migrants:

“If you wanted to spread a sexually transmitted disease, you’d take thousands of men away from their families, isolate them in single sex hostels and give them easy access to alcohol and commercial sex. Then to spread the disease, you’d send them home every once in a while to their wives and girlfriends.”

-- Mark Lurie, S African Medical Research Council, 1999

PUBLIC HEALTH IMPLICATIONS OF MIGRATION

Examples:

- **Mental Health**

= psychosocial problems underlie many other health problems experiences by migrants

= In a Korean study: migrant workers pointed to fighting among themselves, excessive alcohol intake

(may indicate emotional instability and aggressiveness due to difficult living/working environments)



KEY HEALTH DETERMINANTS

- Innate genetic make up
- Epidemiology from place of origin and experience of traumatic events prior to departure
- Social and economic status
- Knowledge of language of host community
- Similarities of cultural values between home and host communities
- Educational level
- Age
- Gender
- Legal status in host community
- Being alone or with family
- Health conditions of receiving community
- Existing policies, discrimination and attitudes of receiving community



PUBLIC HEALTH MEASURES, STRATEGIES, SERVICES (1)

- Migration Health Assessments : protection of public health and safety; reduction of burden on publicly funded health and social services
(medical history/physical exams; chest x-ray, blood, urine exams, specialist referrals, medical records)**
- Developing Integration and Prevention Strategies**
 - = decrease stigmatization and discrimination between migrants/host communities**
 - = language appropriate services (interpreters)**
 - = multilingual information technology**
 - = gender/cultural awareness between health providers and migrants**
 - = COMMUNITY participation in design/planning etc**



PUBLIC HEALTH MEASURES, STRATEGIES, SERVICES (2)

→ Improving Access to Health Care

= equal access, availability

= affordable?

= are you reaching out to more marginalized groups

→ Strengthening Information and Surveillance Systems

**= health authorities between sending/transit and
destination countries**



PUBLIC HEALTH MEASURES, STRATEGIES, SERVICES (3)

→ Capacity Building and Changes in Education

= within on countries (early warning systems, control of infectious diseases)

= health education for care providers, health planners, policy makers, medical educators on health care issues associated with migration

→ Supporting Public Health Research

evidence-based tools/instruments to support changes in policies and strategies



CHALLENGES

- How can policy makers/health authorities and practitioners plan and design more effective and inclusive public health interventions for all members within communities?
- Prioritize strengthening of public health policies at the national level and incorporated into the broader framework of migration policies
- Strong political will to include migration health issues into regional and international agreements to ensure equal access to health and social services for migrants and host communities.

