Regional Dialogue on the Health Challenges for Asian Labour Migrants
13-14 July 2010

International Organization for Migration (IOM)
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Overview of Migration

• The number of international migrants in the world has more than doubled since the 1960s and is currently standing at an estimated 214 million.
• In the past three decades, international mobility has become an increasingly important feature of the Asian landscape.
• Approximately 2.5 million Asian migrant workers leave their countries every year to work abroad.
Overview of Migration

- The estimated current stock of Asian migrant workers abroad is around 41.4 million (World Bank, 2008), including both within and beyond the Asian region.

Migration Status

- Some of the countries/areas that are most affected by international migration are in Asia.
- Countries in Asia can be roughly classified according to their international migration status
  - “mainly sending”
  - “mainly receiving”
  - “both significant receiving and sending”
Other Migration Status

- Thailand is considered to have “both significant receiving and sending.”
- Some countries such as Cambodia, China, Indonesia, the Philippines and Thailand are also considered transit countries.

Remittances to Asia (by year)

Global flows of international migrant remittances to Asia, 2000-2007 (USD billions)

Remittances (by country)

Remittances received in Asia by main countries of origin, 2007 (USD billions)


Migration Management

Globalization – generates mobility

People will follow
The wealth of poor people lies in their capacities and their assets. Of these, health is the most important. A sick, weak and disabled body is a liability both to the person affected and to those that must support them. Thus if health is an asset and ill-health a liability, protecting and promoting health care is central to the entire process of poverty reduction and human development.

(Chapter 10, Zambia's Poverty Reduction Strategic Paper, 2002)
Migration Health Myths

Common myths:
- Migrants are carriers of diseases
- Migrants are a burden on the health system

Reality:
- Migration bridges disparities
- Most migrants are healthy
- Migrants are very diverse – the health profile of a migrant depends on the characteristics of the migration process at all stages
- Conditions surrounding the migration process make migrants more vulnerable
- Migrants often underutilize services
- Migrants contribute hugely to development in sending and receiving countries

Potential health consequences of migration

- Sexual & Reprod
- Psychological
- Psycho somatic
- Psycho active substance abuse
- Social
- Infectious & unattended chronic conditions
- Occupational
- Physical trauma
- Health consequences
Migration as a Social Determinant of Health

Structural & Policy Factors

- Lack of targeted health information
- Gender norms
- Service availability, location, hours of operation
- Safety & security
- Relationship with “host” community
- Community leadership
- Sensitivity of services
- Living and working conditions
- Stigma, xenophobia, social exclusion

Contributing & Environmental Factors

- Policy and strategy across sectors
- Availability of strategic data for policy change

Individual Factors

- Language and cultural barriers
  - Health literacy
  - Immigration status
  - Health-seeking behaviours
  - Capacity to overcome service access barriers

- INBOUND immigration
  - Pre-departure
  - Travel
  - At destination
  - Return

- OUTBOUND emigration
  - Pre-departure
  - Travel
  - At destination
  - Return

- INTERNAL migration
  - Pre-departure
  - Travel
  - At destination
  - Return

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...)

Monitoring Migrant Health

Policy and Legal Framework

Migrant Sensitive Health Systems

Partnership, networks and Multi-country frameworks
Why a multi-sectoral dialogue on migrant health?

Labour/economic Sector

Migrants’ health

Immigration Sector

Foreign Affairs

Health Sector

Pre-departure phase: health vulnerabilities + stakeholders

- Migrants’ health status is influenced by the health determinants of their home country.

- Migrants have often to undergo mandatory entry health assessments.

- Portability of Health Insurance schemes

Stakeholders Country of Origin:
- Recruitment agencies
- Appointed Health Facilities that conduct health screening
- Migrant Families and Communities
- Min of Labour/Immigration

Stakeholders Country of Destination:
- Employers
- Min of Immigration/Labour
The Travel/Transit phase: health vulnerabilities+stakeholders

- Travel related conditions may cause health risks especially in case of irregular migration
- **Example:** transactional unprotected sex to pass through borders.

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<th>Stakeholders Country of Origin:</th>
<th>Stakeholders Transit Country:</th>
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<tbody>
<tr>
<td>Min of Immigration/Foreign Affairs</td>
<td>Min of Immigration/Justice, incl border officials</td>
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<td>Transport operators/smugglers</td>
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Arrival Phase/Destination: health vulnerabilities+stakeholders

- Less **access to health services**
- Lower **health seeking** behaviour;
- 3D jobs/ low **occupational health** & safety standards.
- **Separation** from family and socio-cultural norms

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<th>Stakeholders Country of Destination:</th>
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<tr>
<td>Min of Foreign Affairs (Consulates, Embassies)</td>
<td>Min of Immigration/Health/Labour</td>
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<td>Health services (private/public)</td>
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<td>Employer</td>
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<td>Local Community/migrant associations</td>
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Return phase: health vulnerabilities+stakeholders

- Reintegration of migrants into the community of origin
- Intra-family dynamics (STIs, depression etc)

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<td>Health system &amp; Social Services</td>
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<td>Families</td>
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Advocacy to Improve Societal Views Towards Migrants

Migration always has, and always will exist, and societies will become increasingly diverse.

The real health risks of migration – exclusion, denial, xenophobia

Integration of migrants into society is the key to improving equity:

- Fact-based advocacy that offers a more balanced view, including contribution of migrants to society and reversing misconceptions
- Serious consideration among policy-makers of the public-health benefits of integration
- Expanded international platforms for dialogue among stakeholders within and between sending and receiving countries
- School curricula on multiculturalism, media, national/global leaders
Conclusions

Given future trends of increased mobility and diversity of societies, concerted actions are required in order to reduce health disparities.

These need to identify and address the specific social determinants of health faced by diverse populations.

Health is a basis for furthering the debate on integration, and empowering migrants in health promotion is key to success on both fronts.

This is in turn key to social and economic development in an increasingly interdependent world.

Healthy Migrants in Healthy Communities!

Thank you!

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